

# ADULTS AND HEALTH COMMITTEE



**Thursday, 25 January 2024**

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

**14:00**

New Shire Hall  
Alconbury Weald  
Huntingdon  
PE28 4YE

**Red Kite Room**  
**[Venue Address]**

## **AGENDA**

**Open to Public and Press**

### **CONSTITUTIONAL MATTERS**

1. **Apologies for absence and declarations of interest**  
*Guidance on declaring interests is available at*  
<http://tinyurl.com/ccc-conduct-code>
2. **Adults and Health Committee Minutes - 14 December 2023** **5 - 36**
3. **Petitions and Public Questions**

### **DECISIONS**

4. **Business and Financial Plan 2024-2029** **37 - 136**

### **KEY DECISIONS**

- |    |   |                  |
|----|---|------------------|
| 5. | <b>Procurement of an All-Age Unpaid Carers Service</b>              | <b>137 - 150</b> |
| 6. | <b>Procuring additional Adult Social Care reassessment capacity</b> | <b>151 - 166</b> |

#### **OTHER DECISIONS**

- |    |   |                  |
|----|---|------------------|
| 7. | <b>Referral from Audit &amp; Accounts Committee</b> | <b>167 - 172</b> |
|----|---|------------------|

#### **INFORMATION AND MONITORING**

- |     |   |                  |
|-----|---|------------------|
| 8.  | <b>Adults Corporate Performance Report</b>  | <b>173 - 208</b> |
| 9.  | <b>Public Health Performance Report Quarter 2 2023-24</b>                               | <b>209 - 218</b> |
| 10. | <b>Adults and Health Committee Agenda Plan Training Plan and Committee Appointments</b> | <b>219 - 236</b> |
| 11. | <b>Exclusion of Press and Public (If required)</b>                                      |                  |

*To discuss appendix 1 of agenda item 5.*

*To resolve that the press and public be excluded from the meeting on the grounds that appendix 1 of agenda item 5 contains exempt information under Paragraphs 1 & 3 of Part 1 of Schedule 12A of the Local Government Act 1972, as amended, and that it would not be in the public interest for this information to be disclosed information relating to any individual, and information relating to the financial or business affairs of any particular person (including the authority holding that information)*

#### **Date of Next Meeting**

7 March 2024

The County Council is committed to open government and members of the public are welcome to attend Committee meetings. It supports the principle of transparency and encourages filming, recording and taking photographs at meetings that are open to the public. It also welcomes the use of social networking and micro-blogging websites (such as Twitter and Facebook) to communicate with people about what is happening, as it happens. These arrangements operate in accordance with a protocol agreed by the Chair of the Council and political Group Leaders which can be accessed via the following link or made available on request: [Filming protocol hyperlink](#)

Public speaking on the agenda items above is encouraged. Speakers must register their intention to speak by contacting [Democratic Services](#) no later than 12.00 noon three working days before the meeting. Full details of arrangements for public speaking are set out in Part 4, Part 4.4 of the Council's Constitution: [Procedure Rules hyperlink](#)

The Council does not guarantee the provision of car parking on the New Shire Hall site. Information on travel options is available at: [Travel to New Shire Hall hyperlink](#)

Meetings are streamed to the Council's website: [Council meetings Live Web Stream hyperlink](#)

The Adults and Health Committee comprises the following members:

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

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



## Adults and Health Committee Minutes

Date: 14 December 2023

Time: 10.00 am – 4.00 pm

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

Present: Councillors Chris Boden, Mike Black, Alex Bulat, Adela Costello, Steve Count, Claire Daunton, Corinne Garvie (Co-optee, part 2 only) Anne Hay, Keith Horgan (Co-optee, part 2 only), Mark Howell, Richard Howitt (Chair), Steve McAdam (Co-optee, part 2 only) Susan Van de Ven (Vice Chair) Graham Wilson, Geoffrey Seeff and Philippa Slatter.

### 209. Apologies for Absence and Declarations of Interest

Apologies received from Councillors Steve Corney, Dr Haq Nawaz (Part 2 only) and Rachel Wade (Part 2 only).

Councillor Claire Daunton declared an interest in item 13 on the agenda as she was the Council Representative Governor for the Cambridge and Peterborough Foundation Trust.

The Chair, on behalf of the committee, extended his best wishes to Councillor Mac McGuire who was currently unwell and was being replaced by Councillor Steve Count on the committee.

A member raised the issue of the closure of Beaumont Health Care and sought an update on the support that both the residents of the care homes and health workers, working for the company were receiving. He stated that he believed that there were 40 health workers still looking for positions. He asked that officers provide an update on the situation. The Chair stated that officers had been keeping both himself and the Vice Chair up to speed with the situation. The Executive Director, Adults, Health and Commissioning stated that the authority had been working with the provider and had reassigned all of the packages of care to other providers. He stated that 95% of the workers were through international recruitment and the authority had been working with external providers and the NHS to support these staff to be redeployed into other provision, and where possible, this has been successful, recognising that not all individuals had been able to find a role. He stated that Beaumont Care was a private company and whilst the authority had done all it could to maintain the workforce in a social care setting, they were not obliged to provide more support

than what they had already provided. The Chair stated that a communication was provided at the time and thanked the staff that had to move very quickly to help in this situation. A member queried if there was anything further the authority to do to go the extra mile to support workers that were still looking for positions as they had 60 days and queried whether there were any temporary positions they could be put in to. Officers stated that they made it their priority to retain as many of the staff locally as possible. They had engaged with the unions, other providers, health and other council services to recruit and retain as much of the workforce as possible and would be happy to provide the numbers to members. **Action Required.**

## 210. Adults and Health Committee Minutes 5 October 2023 and Action Log

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

## 211. Petitions and Public Questions

No petitions or public questions received.

## 212. Procurement of All-Age Carers Service

The committee received a report that set out the proposed approach to recommissioning of the all-age carers service.

The presenting officers highlighted;

- the report sought approval for the general procurement approach and the overall value of £6,315,616 based on (2023/24 values) over 3 years + up to a 12-month extension period if required of the all-age carers service and to delegate responsibility for awarding and executing contracts for the provision of the all-age carers service and extension periods to the Executive Director, Adults, Health and Commissioning in consultation with the Chair and Vice-Chair of the Adults and Health Committee.
- the tender needed to be published in January 2024 to ensure a continuity of service and would have three lots: Adults, Children and Young People and Adult Mental Health.
- a number of innovations would be introduced that had been developed by individuals with lived experience and highlighted in the ambitions of the All-Age Carers Strategy.
- unpaid carers had been invited to participate in the procurement process and would set an evaluate a question as part of the process.

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

- queried if young carers, thrust into a situation in an emergency manner, were helped to deal with household insurance and budget and where they also given an opportunity to enhance their skills which would help them into employment in later life. Officers explained that they were focusing the re-procurement on a risk-based approach with good response times to ensure support for young carers so that there is also independent access into all of the areas where young carers need support including schools. Officers explained that there was a specific service provided for young carers through Centre 33.
- questioned how the procurement of the service fitted in with the Care Together programme. Officers explained that the service was the foundation of the support for carers and that there were other elements that worked around the service such as emergency planning, counselling, short breaks and respite. Officers explained that around this there was also care together, which was a place-based service and looked for support in particular districts. Officers highlighted that the service was evolving to bring all of the different elements together in a more coherent process for carers.
- sought clarity on to what extent the authority satisfying the statutory obligation with the amount of money proposed. Officers explained that carers were offered an informal assessment around their support needs. Officers highlighted that across quarter 1 and 2, there had been 1,314 new referrals into the services for assessments and 1407 active carers within those organisations. Officers stated that they had last year's report that showed contacts and activity levels, and this could be circulated to members. **Action Required**
- queried what the outcomes would the service achieve and how will we know if we are getting value for money, and what data would be available to support this. Officers stated that through the service specifications they were looking at key performance indicators including focusing on the impact of services and feedback from the carers. Officers were working with carers to look at feedback loops through the service provision, ensuring that it was innovative and independent from the service providers.
- stated that it was difficult to value the current service and whether the authority was satisfied with the service provided now and how many people were currently employed by the service.
- sought clarity as to what extent there had been consideration of bringing the service in house and why this had not been recommended, and what in-house services currently supported unpaid carers. A member stated that they would like to see the in-house bid, including what it was and why it failed and what the plans were to ensure that in house bids would be successful in the future.
- highlighted that the report was not called unpaid carers and there needed to be further clarity on who the services covered. Officers explained that they had taken a decision to change the language to unpaid carers and were in the process of updating all of the authorities' systems and forms to reflect this.

- queried what would be different about what would be commissioned over and above the existing service. Officers stated that new elements of the service would include ensuring that transition for young carers into adulthood was clearer and also focusing on parent supporting carers of young disabled people. Officers explained that there was also a strategic aim for supporting domestic abuse in carers and recognising the prevalence of this in caring roles. Officers stated that they were taking a whole family approach in order to meeting changing needs of carers over time.
- sought clarity on why this was referred to as an “All Age” service but it was actually in three lots and questioned where the integration was. Officers stated that there was support for young carers transitioning into adulthood and was one of the strategic aims within the all age carers strategy. Officers explained that through the strategy there were seven clear intentions and needed specialist response to these intentions with the right connections across the community. Officers stated that this all reported into the Carers Board.
- questioned how listening to and learning from lived experience contributed to what was being commissioning and to give assurances that this was not just a tick box exercise. Officers explained that people with lived experience would be involved in the procurement exercise and that it would be more than a tick box exercise.
- the chair stated that he welcomed the fact that there has been a period of action from officers on how carers were supported and that they had been self-critical and accepted the challenge. He stated that it was good that the authority offered carers assessments and that the authority needed to be better at listening to carers support needs. He hoped that officers would reflect on this in the contracting in terms of following through the principal and aspiration. Officers explained that they were working with carers to develop key performance indicators so that improvements were targeted in the right areas.
- questioned the strength of the market and sought clarification on how market engagement would be carried out and the types of organisations that might be interested. Officers commented that the procurement was kept within three lots as the providers were mainly voluntary sector organisations and the market was therefore quite small. Officers had carried out some soft market testing as it was a niche market. Officers explained that it was difficult to know how many carers were out there and that most individuals would become a carer at some point in their lives.
- highlighted the need for more advanced forward planning in relation to contracts coming to an end. The chair also stated that in future contract reports officers needed to be clear about what was new and have an appraisal of the existing service and how improvements are built in, as a good learning point. Officers clarified that the strategy had been to the previous committee meeting and in terms of the forward procurement, this had been on the forward agenda plan since September 2023. Officers stated that spokes meetings would be used to discuss procurement in more detail and that if members had specific questions or comments on commissioning intentions at any time then they could be raised



with officers. Officers explained that for all recommissioning activity officers were agnostic about whether it was delivered in house or externally and the reports summarised the position and value for money. A member stated that he did not see the evidence that an in house bid had been considered. The chair asked officers to clarify whether it was the policy of the council to insource services were possible. Officers clarified that insourcing was considered as part of the procurement process. Officers stated that they could share the information with member on how they reached the conclusions and recommendations in the report. **Action Required** The Executive Director, Adults, Health and Commissioning stated that the questions brought forward by members had been helpful and insightful and that officers would review how they prepared reports in the background when we are asking for decisions and understanding the statutory obligations of the authority.

- stated that there was no clear justification on how the figure requested in the report had been derived and what the cost benefit margins were. Officers explained that the budget was around the engagement of the market itself and providers and the engagement of individuals with lived experience and allowed to change and flex the service through the contract. The chair requested an item at the next spokes meeting on the budget and value for money on the contract. **Action Required.**
- a member suggested the authority called the service 'Unpaid Carers Advice Service' and not 'Care Together'.

The chair brought the debate to a close and moved to the report recommendations.

- a member stated that there were a lot of unanswered questions and suggested that members did not approve the recommendations at this stage. The Executive Director, Adults, Health and Commissioning stated that not approving the recommendations now would cause difficulties as the authority had to recommission now, and they did not have the skills currently to bring the service in house and there was a need to progress with the procurement as there was a danger the authority would be in breach of contract.
- another member commented that they could not agree to a three-year contract at this stage but would be willing to agree to a shorter period.

Councillor Boden proposed the following amendment to the recommendations, seconded by Councillor Seeff.

- a) ~~approve the general procurement approach and the overall value of £6,315,616 based on (2023/24 values) over 3 years + up to a 12-month extension period if required of the all-age carers service.~~
- b) ~~delegate responsibility for awarding and executing contracts for the provision of the all-age carers service and extension periods to the Executive Director, Adults, Health & Commissioning in consultation with the Chair and Vice Chair of the Adults & Health Committee.~~

**defer the decision to the next committee in January 2024 due to the issues raised during the meeting.**

On being put to the vote, the amendment passed and became the substantive recommendation.

A member requested that the questions raised by members be captured and circulated to the committee. **Action Required.**

It was resolved unanimously to;

defer the decision to the next committee in January 2024 due to the issues raised during the meeting.

## 213. Commissioning Prevention in Primary Care Update

The committee received a report that asked members to consider Primary Care prevention interventions and the proposal to commission them through a Section 76 agreement with the Cambridgeshire and Peterborough Integrated Care Board (ICB).

The presenting officers highlighted;

- commissioning GPs to undertake prevention of obesity and its associated clinical risks such as high blood pressure had the advantage of their unique position, in terms of access to high risk patients, and through their ownership of data which could also identify patients at risk.
- proposed to establish a Section 76 with the ICB for it to commission this work, which aligned with ongoing work that the ICB was undertaking with primary care and would support the engagement of GP practices.
- There would be close scrutiny of the work as the Deputy Director of Public Health co-chaired the ICB Cardiovascular Disease Prevention Group. In addition the Director of Public Health co-chaired the Population Health Improvement Board which would also have oversight of the work.
- the ICB had provided additional funding which would enable a new data management system to be used that could more effectively target individuals and allow for monitoring of the services.

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

- queried where the cost benefit of the programme was evidenced in the report. That the evidence had been provided when the funding had first been allocated for Prevention in Primary Care. However the officer explained that there is a table that outlined all of the interventions and their cost benefits that could be circulated on request.

- highlighted the split in costs between the authority and the ICB.
- queried how the one-off investment would become embedded into the system when the funding finished. Officers stated that the funding would make sure that the ICB had the systems in place to take the programme forward and was effectively testing the model.
- questioned how the dedicated manager would work across a whole range of practices to ensure the programme was delivered. Officers explained that there was a whole team that worked with commissioning prevention and cardiovascular disease interventions, and this worked alongside Primary Care.
- queried how the funding would allow for additional access to offer the service as GPs time was scarce. Officers stated that cardiovascular disease had a high profile and this had benefitted the NHS Health Check activity which was making good recovery following the decrease during the pandemic. Officers also highlighted that there was a whole team at GP practices that could follow up on this type of intervention.
- a member stated that they did not understand why the authority was paying for this service and not the NHS and questioned what other things the money could be spent on. Officers explained that the service fitted with the Health and Wellbeing and Integrated Care Partnership work and was a priority. Officers highlighted that it was not just about obesity but the poor health outcomes that came with it, including high blood pressure. Officers stated that that over 60% of the population were obese or overweight and there were many people with high blood pressure, often as a consequence of being overweight or obese.
- welcomed the normalisation of the struggle to stay a healthy weight and establishing good habits.
- a member commented that the report did not show how many people would change their habits so it was not clear how effective this programme would be.
- questioned whether there was an opportunity to refer on to the public health services around weight management. Officers stated the Healthy You service was embedded in local practises and the referral rate was high at the moment.
- the chair stated that he felt that asking GPs to provide this service was the right thing to do and contracting this through the ICB. He explained that the ICB were putting more money into the scheme to make it more effective. He highlighted that the change in procurement rules by the government might affect the contracting and a report would be coming to members in the new year, outlining the changes when they were known.
- queried how practical the timeline was in relation to the signing of the section 76 agreement by 1 January 2024. Officers had already spoken to GPs as part of the consultation process and a draft section 76 document had already been prepared.

It was resolved unanimously to agree:

- a) the Primary Care prevention interventions.
- b) the establishment of a Section 76 with the ICB for Cambridgeshire County Council (CCC) and on behalf of Peterborough City Council (PCC) through a Delegation and Partnering Agreement.
- c) a Section 76 with a value of £1,000,000, £800,000 from CCC and £200,000 from PCC for it to commission the proposed prevention interventions.
- d) delegate responsibility to the Executive Director of Public Health for awarding and executing a Section 76 with the ICB for it to commission primary care prevention services starting January 1, 2024, and ending December 31, 2025.

## 214. Public Health Primary Care Commissioning and Procurement

The committee received a report that asked members to consider the proposals for the commissioning of public health services from primary care and approve the existing contractual arrangements.

The presenting officers highlighted;

- the arrangements currently in place went back to when Public Health was transferred to the Local Authority in 2013 as part of the Health and Social Care Act. Legal advice at that time was to use a waiver process and then make a direct award.
- in January 2024 the authority would be moving to the new Providers Selection Regime. This governance was to be used specifically for the procurement of health-related services. Public Health colleagues were working with colleagues in procurement on putting together guidance on this approach, which would affect the commissioning from primary care in 2024/25.
- Public Health services commissioned from primary care included the provision of medicines and devices. Practices provided the items that were funded by the Integrated Care Board which afforded the advantage of bulk NHS purchasing arrangements. The current re-charge arrangements had been the recommended route in 2023. However officers had sought legal advice regarding this approach. Although there was no clear legal route, the advice was to establish a Section 75 or an appropriate arrangement that would act as a local agreement for continuing this approach.

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

- commented that primary care was evolving in different ways and queried whether it fitted in to this space. Officers explained it was not a static situation and there was flexibility in the Provider Selection Regime to be flexible. There was a wider question regarding the implication in changes to primary care.

- sought confirmation that some of the longer term contracts may be caught by some of the provisions of the Provider Selection Regime. Officers stated that contract variations would be subject to the Provider Selection Regime regulations.

It was resolved unanimously to agree:

- a) the use of a waiver process to directly award contracts to individual primary care providers for delivery of Public Health services for 2023/24 and for future years in line with the Procurement Regulations current in the contractual period.
- b) to directly award contracts to primary care if in line with the regulations of the new Provider Selection Regime from 2024/25 onwards.
- c) the adoption of a Section 75 for the recharging of medicines and devices that are prescribed as part of the public health services provided by primary care.

## 215. Falls Prevention Strategy

The committee considered a report that asked them to endorse Cambridgeshire County Council's role within the Cambridgeshire and Peterborough Falls Prevention Strategy to enable the provision of clear strategic direction to prevent falls and falls-related injuries across the Integrated Care System.

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

- highlighted that the strategy was a good example of joint working with the integrated care system. Sought further clarity on how this related to care together. Officers stated that there was a prevention workstream in the Care Together Programme. This workstream was joint working with public health and adult social care on physical activities and increasing the number of over 65's who are accessing the services. Officers were looking at how community inclusion grants could be built into this work.
- queried if the strategy would consider public spaces and access to services, in particular issues with footpaths. A member queried how many falls took place outdoors on footpaths and whether there was joint working with the local highways officers. Officers explained that the Health in All Policy team were just starting work on a built environment needs assessment, and the impact on older adults and health was one aspect of the assessment, helping to build on evidence to prompt some recommendations going forward. Officers stated that there was some national data on fall and half of falls happen outdoors and half indoors and older adults were most likely to fall indoors in their home environment.
- requested more information in the strategy on the causes of falls and what the biggest causes were. Officers stated that a section 2.3 of the strategy covered

this but acknowledged that this information could be highlighted more within the strategy.

- sought clarity on how the authority could work with charities to promote the opportunities for scaling up physical activity. Officers explained that they had been working with Living Sport to look at how grass roots physical activity could be promoted across Cambridgeshire.
- highlighted the 'Health in All Policy' and queried whether there was cross committee work on this, working with the active travel and highways maintenance teams.
- a member noted that the report recommendation was around the authority's role within the system and sought clarity on whether there was an issue with the recommendation as the authority was not leading on the strategy. Officers explained that the strategy sat across the system and each organisation had an articulated role in the strategy. Officers explained that the recommendation was asking members to support the strategic approach to the overarching strategy and the role the authority played within it. Officers stated that Public Health chaired the systems Fall Prevention Strategy Group and gave advice on falls prevention.
- commented that no financial implications had been highlighted in the strategy. Officers stated that the actions would be built into business as usual. If as part of the actions, there were areas identified that required funding then this would be taken through the appropriate governance route.
- the chair highlighted that the council's lifeline service was one of its most successful services and this built on this strategy and really make a difference to people's lives.
- a member commented that they had seen a good package of information at a warm hub which included information on falls prevention and asked who distributed the pack and how widely available it was. Officers commented that this would have been the 'Stay well this winter' communications pack and officers could direct members to where this was made available. **Action Required.**
- questioned whether the county council should have its own strategy and what the strategy was across the county for fall prevention.

It was resolved unanimously to:

endorse Cambridgeshire County Council's role within the Cambridgeshire and Peterborough Falls Prevention Strategy.

## 216. Public Health Risk Report

The committee received a report that set out the Public Health risks.

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

- a member queried the likelihood score of risk H 'There is a risk of contract failure in our commissioned services' as he felt the score was too low.
- a member highlighted that there were increasingly overdue audit items of high importance that were not included on the risk report around the Integrated Drug and Alcohol Contract and the Healthy Child Programme Contract. He stated that both issues were raised at the last Audit and Accounts Committee and had been reported to the Audit and Accounts Committee on three separate occasions. He also stated that for the first time in many years that the issue was referred from the Audit and Accounts Committee to this Committee, and noted the referral was made on 1 December and that he was surprised that nothing had been included in the reports published for this committee on 8 December. The chair queried whether there could be an extra risk on budget management on the register. The Director of Public Health stated that she would add further information on budget management into risk H and stated that Public Health had satisfied all of the audit recommendations bar one which was reconciling accounts to original source data and officers had met with the Audit Manager to agree a plan to address this issue which required some of the Public Health team to take some training. She stated that this had been raised with NHS providers and that the authority was getting a lot of push back from them as they were not used to working in this way. The chair queried how this could be reported back and suggested that this was included in a future finance and performance report.
- a member highlighted risk E 'There is a risk that system staffing capacity will be insufficient to implement or maintain commissioned services', as there had been a debate at Full Council about the expected changes to the immigration system around the banning of dependants and that this risk needed to be reviewed in relation to the impact this would have on international recruitment in social care. Another member suggested that in light of these changes the impact score should be higher and that this needed to be highlighted as a risk across the whole authority. The Director of Public Health stated that there was a shortage of workforce in the healthy child programme and there were a lot of reasons behind this including training for specialist nurses and the attractiveness of the offer. She stated that they were looking at introducing a skills mix which would help to address the shortages and stated she would be happy to raise the impact score to four. **Action Required.**
- The chair queried whether the Adult and Public Health risk reports could be dealt with jointly and some of the risks applied to both.

It was resolved unanimously to note the Public Health risk.

## 217. Finance Monitoring Report – October 2023

The committee considered a report that set out the financial position of services within its remit as at the end of October 2023.

The presenting officers highlighted;

- in relation to public health reserves, the committee had previously had a delegation from the Strategy, Resources and Performance Committee around the use of reserves, but this delegation had now run out.
- that an update on debt reporting would be included in reports going forwards.

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

- a member noted that the public health reserve was increasing but welcomed the additional decisions for expenditure on public health which would almost keep up with the increases in reserve.
- a member noted the £365,000 projected shortfall on budget and the proposal to vire this from adults to children's budgets and also commented that he would expect to see more underspends on budget and stated that there was a proposed £10.8 million reduction in budgets for the next year and that this had not yet been debated and he could not see where the reductions would be coming from. The chair stated that no decisions had been taken about the budget and an overall set of proposals was going to the Strategy, Resources and Performance Committee in the next week, subject to the input of service committees in January where the proposals would be scrutinised ahead of Full Council in February. He clarified that in relation to the virement to children's budgets that it worked both ways in relation to balancing budgets within the authority. A member also commented that the authority was about to go out to consultation on the business planning proposals and he felt that the savings had been agreed already along with the fees and charges without any debate at committee. Officers explained that the transfer of budget was part of the social care grant and this covered children's and adults. Officers explained that the adults budgets had received funding from a number of different grants and children's was in a very different position. Adults were forecasting an underspend with the additional funding. Officers explained that many of the business planning proposals were about efficiencies and not cuts and this was the debate to be had in January.
- 
- a member questioned if it was reported anywhere in relation to what debt was written off throughout the year and concern was whether financial assessments were being done extensively enough at the beginning of the process. Officers explained that following a financial assessment, if a client is then assessed not to be able to afford the contribution, this was not written off, it was cancelled off the system. Officers stated that often they had to invoice for the money in order to get clients to engage with the authority to complete the assessment, so it was a difficult balance. Officers agreed to go back and find out the Adult Social Care debt write off figure for members. **Action Required.**
- the chair stated that it was the will of members that they would like to scrutinise the debt implementation plan but had been told by the Monitoring Officer that this was not the role of this committee. A member highlighted that the discussion at the last Audit and Accounts Committee that they would hear the issues raised by audit in relation to debt management and that then the directors in the relevant



service areas would feedback to the relevant service committee on the actions identified and progress with notification to Audit and Accounts Committee. The Chair commented that the Monitoring Officer stated that the scrutiny of the debt implementation plan could only take place at the Strategy, Resources and Performance Committee. Officers stated that the overall council debt was in a good place whereas the adult social care debt was in a more difficult place. The two largest areas of Adult Social Care debt were court of protection debt that had gone up significantly over the past few years, which was a national issue, and also debt awaiting probate which was another difficult area. Officers explained that many of the business planning proposals were about efficiencies and not cuts and this was the debate to be had in January 2024.

It was resolved to:

note the Adults, Health and Commissioning and Public Health Finance Monitoring Report as at the end of October 2023.

## 218. Adults Corporate Performance Report

The Chair announced that the report would be deferred to the January 2024 meeting.

## 219. Adult and Health Committee agenda plan, training plan and committee Appointments

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

Members noted the following reports had been added to the agenda for the January 2024 meeting.

- Adult Social Care reassessment work procurement for older people and for people with learning disabilities
- All Age Carers Service Tender
- Public Health - Performance Monitoring Report – Quarter 2
- Adults Performance Monitoring Report – Quarter 2

The Chair also requested that a report be brought to committee around the relevant Debt Implementation Plan but that this be reviewed to deem what would be appropriate for the committee to review. **Action Required**

The Chair also sought a report on the procurement process to include a preview looking at the year ahead so that the committee could give a steer. **Action Required**

Members sought further information on Care Together and it was clarified by the Chair that this would be included in the Care Together report scheduled for the March committee.

A member stated that he hoped the referral from the Audit and Accounts Committee would be considered separately in relation to the Healthy Child Programme Contract and the Integrated Drug and Alcohol Contract, and this was unusual to take place under the constitution and stated that it deserved a separate paper. The Chair explained that he had stated earlier in the meeting that this would be included in a future finance and performance report and hoped this would be acceptable. The members suggested that the Chair check with the Monitoring Officer whether this would be acceptable. **Action Required.** The Chair asked the committee if they wished to have a separate report on this which was agreed. **Action Required.**

In relation to the training plan, the Vice Chair stated she had asked the Executive Director to put some training/ seminar in place to discuss Care Together. **Action Required.**

A member requested training on care packages. The Chair commented that this was already scheduled in to take place in February 2023.

It was resolved unanimously to appoint Councillor Rachel Wade of Cambridge City Council as a non-voting co-opted member of the committee for health scrutiny business only.

## Health Scrutiny

### 220. Improving Health Outcomes for People with Learning Disabilities

The Committee welcomed Carol Anderson, Chief Nursing Officer for the Cambridgeshire and Peterborough Integrated Care Board. Children and Young People Committee Spokes had also been invited to join the session.

The Chief Nursing Officer reported that disparities in health outcomes for people with learning disabilities and autism had been recognised for some time. Despite work to address this that disparity remained evident in the latest needs assessment by the Public Health team.

The Chair read from a written submission from Healthwatch Cambridgeshire and Peterborough which contained feedback on people's lived experience which had been obtained through the Learning Disability Partnership Board. This highlighted the importance of annual health checks and providing healthcare information in an accessible format.

In discussion of the evidence presented individual members of the committee:

- welcomed the recognition that people with learning disabilities were not an homogenous group, but were individuals with different needs.
- suggested that carers receive enhanced training to enable them to carry out basic health checks such as mouth care and foot care inspections and to support good eating techniques to reduce the risk of aspiration. The Chief Nursing Officer welcomed the opportunity to explore this further with Council officers.

- noted that some communities might be less aware of the services available to support people with learning disabilities or less comfortable asking for support, and asked what steps were being taken to address this. The Chief Nursing Officer spoke of the importance of listening to different groups and hearing their experience and concerns. Good relationships had been built with a number of groups, but it was proving more difficult to build relationships with some Eastern European communities. Work was being taken forward with providers on how to meet that need.
- expressed shock at the disparity in premature mortality rates for people with learning disabilities in comparison to the general population in Cambridgeshire. The Chief Nursing Officer stated that co-morbidity and mortality figures for people with learning disabilities was a problem nationally, not just in Cambridgeshire. It was known that people were not taking up health screening opportunities and health service staff were looking at how this could be fed into annual health checks. Respiratory disease and cancer were the highest causes of mortality in people with learning disabilities and services were focusing on proactive and reasonable adjustments to encourage people to take up vaccinations and screening opportunities.
- noted that GPs were being encouraged to carry out annual health checks around a person's birthday. This enabled families to help people prepare for the check and talk through any questions or concerns they might have and gave primary care teams time to think about what adjustments would make the visit easier for that person. It also spread the workload more evenly across the year. So far, practices trialling the new approach were reporting a better process and better outcomes.
- noted the work being done around reasonable adjustments and ways of making practical improvements to individual's experience of health care, like creating a quiet space or looking at which times of the day worked better for them. The Chief Nursing Officer stated that work was taking place with PinPoint and Voiceability in relation to providing information in easy read and accessible formats.
- learned that transformational monies were being used to fund a pilot project to allocate key workers to people with learning disabilities and behavioural issues. Initial results were encouraging, with none of the people in the pilot study having needed hospital admissions during the period of its operation. The trial would be extended in the next financial year using funding from NHS England. The Chair of the Children and Young People Committee questioned whether the current service design model included sufficient focus on avoiding the cliff edges in the transition from children's to adult services, and encouraged the introduction of keyworkers earlier to support this transition. Another Member noted that children's care tended to be delivered by a consultant while adults were support by GP and primary care services, and suggested that primary care becoming involved earlier would ease the transition to adult services.

The Chief Nursing Officer stated that the key worker programme would be available to both adults children, and it was hoped that young people would transition with the same key worker. Mandated annual health checks started at 14 and the aim was to identify individual needs and risks and create an annual health plan to help people understand what would be happening and why in their health care during the following year. There were currently around 35 adults and 10 children in the key worker pilot project and it was hoped to triple that number next year, although this was dependent on recruiting the right people as key workers. This included attracting people with lived experience and from diverse communities.

- learned that two special schools were piloting the delivery of health services in school to minimise children's time out of education for healthcare. This initiative was being supported by consultants from Addenbrookes Hospital and the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT).
- highlighted the Integrated Care Strategy's focus on reducing inequalities and preventable deaths in under 75s, and described work to improve the health outcomes of people with learning disabilities as a prime example of this.
- learned more about expectations around the Oliver McGowan training programme. The training was not yet mandatory, although the majority of staff had done the online learning. Work was ongoing with the Integrated Care Board to identify the level of training required by different professionals and with Mencap to procure the face to face element. Much of this training would be around diagnostic overshadowing and the need to treat everyone with learning disabilities as an individual.
- learned that there had been an exponential increase in the number of mental health referrals relating to children and young people post-pandemic. There were not enough clinicians available nationally to meet this level of demand so there was a need to think about how to deliver support differently. Some families focused on the need to obtain a diagnosis as they believed this was the best way to attract additional support for their child, and healthcare professionals were working with the Director of Education to dispel this myth. This would allow those children who did need referrals to be seen quicker. The focus was on a needs-led service rather than diagnosis-led.
- welcomed the Chief Nursing Officer's acknowledgement of the contribution made by charitable organisations in supporting and advocating for people with learning disabilities, and their intention to do more work with charities in future.
- noted that The Hollies in-patient provision for people with learning disabilities had been described as not fit for purpose, and asked about in-patient provision for people with learning disabilities in Cambridge. The Chief Nursing Officer stated that the Hollies was an old building which had now closed. The aim was to move away from hospital care where possible and to think more holistically about the adjustments which could be made to support the needs of each individual. An

intensive support team and a crisis team had been created to support people who would have been placed in The Hollies.

The Chair thanked the Chief Nursing Officer for attending the session, and for the openness and candour of her answers. He placed on record the County Council's wish to make progress with Integrated Care Board partners in relation to the Learning Disability Partnership (LDP). The County Council did not want to see the LDP break up and was willing and waiting to discuss this, but had not seen the progress it had hoped in the last month. He asked that this should be fed back to the ICB.

It was resolved unanimously to delegate authority to the Democratic Services Officer, in consultation with Committee Spokes, to provide feedback and recommendations to the Integrated Care Board on improving health outcomes for people with learning disabilities.

[Councillors Boden and Goodliffe left the meeting at 3.00pm]

## 221. NHS Workforce Development: Primary Care and Nursing Workforce

The Chief People Officer of the Integrated Care System described a mixed picture in relation to the local primary care and nursing workforce. There was a national focus on access to primary care services, but Integrated Care Boards were under pressure to look critically at all aspects of their expenditure. Locally, the decision had been taken to maintain investment to improve access to primary care in the context of the Fuller Stocktake report. Workforce retention figures remained quite good and there had been 15% more GP contacts compared to the previous year. This compared favourably with the position in acute care. GP practice partners were an ageing demographic, but the number of GPs in training locally were at higher levels than seen elsewhere in the East of England and nationally. The local primary care nursing workforce was also growing at a higher rate than elsewhere in the region. This was attributed to the excellent work of the local training hub, which had recently received a three year quality mark for its strong performance. All integrated care systems had been mandated by the NHS to develop a system level primary care access recovery plan (PCARP) and this was strongly aligned with the NHS long term plan. This included a focus on training and retaining staff and reforming service delivery models to make the best use of primary care professionals. The challenge in communicating and re-setting expectations in order to make best use of GPs time was part of this shift to a multi-disciplinary approach to primary care.

In discussion of the evidence presented individual members of the committee:

- welcomed the focus on multi-disciplinary teams and advocated more multi-disciplinary training to develop mutual understanding and respect between professionals.
- sought clarification of the structural relationship between GPs and community nurses. The Chief People Officer explained that community nurses were employed by the Cambridgeshire and Peterborough NHS Foundation Trust

(CPFT) and were organised across nine areas of the county, working with multiple GP practices within their area. However, there was significant staff turnover within this group and learning was being taken from the arrangements for GP practice nursing.

[Councillor Reynolds left the meeting at 3.18pm]

- expressed concern at the number of GPs expected to retire in the next few years and asked whether flexible contracts were available to offer the option of reducing their working hours instead. The Chief People Officer explained that GPs were self-employed, so there was a need to make staying in practice an attractive option. Work was also being undertaken to look at ways of drawing on experienced GPs to provide training.
- welcomed the positive recruitment and retention figures and asked what percentage of the local primary care workforce was recruited internationally. A response on this was offered outside of the meeting. **Action required**
- noted that there was an on-going conversation around the shape of primary care, based on the Fuller Stocktake report. The Chief Medical Officer and Chief Nursing Officer were in discussion with GP practices about this, and there was a recognition that a 'one size fits all' approach was not appropriate. It was not known whether an analysis had been done of the percentage of GP appointments which could have been handled by a different type of practitioner.
- learned that there was a strong record of apprenticeships for nurses and nurse associates. This included an increased number of placements in primary care settings, and was closely aligned to the NHS Workforce Plan which envisaged increased funding for apprenticeship routes into healthcare professions. However, the cost of living in Cambridgeshire remained a challenge.
- asked whether it would be helpful to share the list of triage questions used by the 111 service publicly. The Chief People Officer stated that the triaging protocol was currently being reviewed, but it was recognised that there were times when a flexible approach might be needed. Care and compassion should be paramount in the service being delivered.
- welcomed confirmation that the need to ensure that those experiencing digital exclusion were able to access health care information and services. This could sometimes be done by relatives or carers offering support, but it would be important to understand the proportion of people and communities affected by this.
- asked whether text conversations might have a role to play in developing a two-way interaction with GPs. The Chief People Officer stated her sense that there were other ways to have that conversation and spoke of the need to protect GPs time.

- asked whether steps were being taken to shift the focus of resourcing from acute to primary and preventative care.
- noted that around 52% of services in GP practices were now being delivered by professionals other than GPs and asked whether it was a matter of educating the public about the alternatives available or winning public trust for these to be seen as positive alternatives. The Chief People Officer stated that public trust was the bridge to moving to new ways of working. Listening to the patient voice was key to this, and the offer should be based on collaboration and co-production. It was recognised that preventative measures and primary care services could reduce pressure on acute healthcare services and improve the health of the population.
- noted the impact locally of NHS industrial action, and the unusual situation whereby healthcare provider organisations were employers but were not responsible for their staff's pay and conditions. The Staff Survey 2023 had just closed and the results would be available in the new year. Providers were committed to listening to staff concerns and to look at what could be done locally, but large elements were outside of their control.
- received confirmation that the Chief People Officer would welcome the opportunity to explore opportunities for joint working, including in the context of the Council's newly established Workforce Academy. The NHS was also looking at careers which could traverse sectors and which offered flexibility in terms of career progression and advancement.
- noted the ICB's wish to engage with local authorities around housing and accommodation issues to enable healthcare professionals to remain in the local area. The Vice Chair noted that the Committee's co-opted members represented each of the local city and district councils and asked that they should take this point back to their respective Authorities.

The Chair placed on record the Committee's thanks for the Chief People Officer's time.

It was resolved unanimously to delegate authority to the Democratic Services Officer, in consultation with Committee Spokes, to provide feedback and recommendations to the Integrated Care Board in relation to the primary care and nursing workforce.

## 222. Health Scrutiny Work Plan

Members reviewed the health scrutiny work plan and suggested the following topics be included on the long list of potential future scrutiny sessions:

- i. CPFT waiting lists for those experiencing mental health issues and the referral system to access mental health support.
- ii. Dentistry workforce development and contracts and/ or what could be done at a local level to improve dentistry provision in Cambridgeshire. It was suggested that this should be considered early in 2024 with input to be sought from Cambridgeshire Community Services NHS Trust. It was noted that Councillor Bulat's Motion to Council on 12<sup>th</sup> December 2023 on dentistry had received unanimous support.

The Vice Chair suggested discussing the timing of the scrutiny of dental services at the next Integrated Care Board/ Healthwatch Liaison Group.

**Action required**

- iii. Planned transitions to the new Cambridge Children's Hospital and Cambridge Cancer Research Hospital, including the impact on Addenbrookes Hospital during this process.
- iv. Maternity Services at Cambridge University Hospital.
- v. Winter planning 2024/25: To develop a more robust understanding of winter planning in Cambridgeshire. There would be a role in this for the Integrated Care Board/ Healthwatch Liaison Group.
- vi. Health inequalities. The Chair would welcome the Director of Public Health's advice on how this might constructively be scrutinised. **Action required**
- vii. The East of England Ambulance Service (EEAST). Members noted that a bilateral meeting was being arranged between the Chair and Vice Chair and senior leaders at EEAST. They would feedback on potential scrutiny after that meeting. **Action required**

The afternoon of 25<sup>th</sup> January 2024 was now being used for a business planning discussion so an alternative date would be arranged for the proposed health scrutiny planning workshop.

It was resolved unanimously to:

- a) review and comment on the current Health Scrutiny Work Plan attached at Appendix 1.
- b) provide feedback on the potential criteria for prioritising health scrutiny topics attached at Appendix 2.
- c) agree to ~~use the afternoon of 25<sup>th</sup> January 2024 for~~ a virtual health scrutiny work planning workshop **in the new year, date to be arranged.**



## 223. Health Scrutiny Recommendations Tracker – December 2023

The Health Scrutiny Recommendations Tracker was reviewed and noted.



# ADULTS AND HEALTH COMMITTEE MINUTES - ACTION LOG

This is the updated action log as at 11 January 2024 and captures the actions arising from the most recent Adults and Health Committee meeting and updates Members on the progress on compliance in delivering the necessary actions

Meeting 9 March 2023						
Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
169.	Major Trauma in the East of England and the Potential Establishment of a Second Major Trauma Centre in Norwich	Richenda Greenhill	Requested forecast data on the number of patients which would be seen by the proposed NNUH (North Norwich University Hospital) development, rather than Addenbrookes, that had an injury severity score rating above 15 (indicating the injury was life threatening or life changing).	<p>20.04.23 request sent to NHS E for update awaiting response.</p> <p>09.05.23 Reminder sent.</p> <p>07.06.23 We have had confirmation that NHSE colleagues have left and are now chasing directly with Addenbrookes.</p> <p>25.09.23: A response will be requested at the next Cambridge University Hospitals Quarterly liaison meeting.</p> <p>15.01.24: Reminder sent.</p>	In progress	

Meeting 29 June 2023

Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
189.	Cambridgeshire and Peterborough Shared Care Record	Richenda Greenhill	Digitisation in relation to social care was identified as a key issue and the committee would like to see timetables on that outside of the meeting.	29.09.23: The Shared Care Record Phase 2 (including social care records) is being scoped between now and end of December 2023. A further update will be provided when this work is complete.	In progress	February 2024
190.	Access to GP Primary Care Services	Richenda Greenhill	Requested that a copy of the ICS report on lessons learnt from Priors Field be sent to the committee once completed.	20.09.23: It is expected that the report will be taken to the Integrated Care Board in November 2023. A copy will be made available to the committee at that time.  04.12.24: The report will be reviewed in January 2024, so the earliest date it is expected to be available is February 2024.	In progress	February 2024

Meeting 5 October 2023						
Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
195.b	Adult Social Care Workforce Provider Support Plan	Donna Glover	a member highlighted that it was unclear what the £800,000 would be spent on and that it was important that clear targets were set and agreed for the initiative and circulated to the committee. Officers agreed to review and come back to committee on progress.	Activity is underway and an update will be provided at the next committee once finalised and KPIs are in place	In progress	
206.	Cambridgeshire and Peterborough Integrated Care System Winter Plan 2023/24	Richenda Greenhill	A Rapid Review Group was established to pursue the lines of questioning discussed informally by committee members at their scrutiny pre-meet and to provide feedback to the ICS, in consultation with Spokes.	22.11.23: A provisional review meeting date has been set for 8 <sup>th</sup> December 2023.  16.01.24: A copy of the Rapid Review Group's feedback and recommendations was sent to the Chair of the Integrated Care Board on 16 <sup>th</sup> January 2-24.	Completed	
207.a	Health scrutiny training and future work plan	Richenda Greenhill	Data on the number of health scrutiny reports considered under the previous and current Administrations to be reviewed by Spokes.	23.11.23: Data submitted to Spokes meeting on 23 <sup>rd</sup> November 2023.	Completed	

207.c	Health scrutiny training and future work plan	Richenda Greenhill	An item on improving health outcomes for people with learning disabilities would be added to the agenda plan for December, with a member briefing session arranged before the public scrutiny session.	05.12.23: This item has been added to the agenda plan for December. Work is continuing to arrange a member briefing session in advance of the meeting.	Completed	
207.d	Health scrutiny training and future work plan	Richenda Greenhill	A training session around dentistry this would be beneficial.	10.10.23: Timing to be confirmed once the Committee's 2024/25 workplan has been agreed.	In progress	February 2024
207.e	Health scrutiny training and future work plan	Richenda Greenhill	Spokes would have a preliminary discussion around a possible future health scrutiny session on excess deaths around covid.	16.11.23: Included for discussion in the Health Scrutiny Update to the Spokes meeting on 23 <sup>rd</sup> November 2023.	Completed	

Meeting 14 December 2023						
Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
212.a	Procurement of All-Age Carers Service	Anne Betts-Walker	Officers stated that they had last years report that showed contacts and activity levels and this could be circulated to members	12-month rolling scorecard drafted and circulate to members on 11 January 2024	Completed	
212.b	Procurement of All-Age Carers Service	Anne Betts-Walker	Officers stated that they could share the information with member on how they reached the conclusions and recommendations in the report .	A&H Committee report for 25/01/24 updated to include this information. Confidential appendix detailing conclusions and recommendations	Completed	
212.c	Procurement of All-Age Carers Service	Anne Betts-Walker	The chair requested an item at the next spokes meeting on the budget and value for money on the contract.	Report at spokes on 8 January 2024	Completed	
212.d	Procurement of All-Age Carers Service	Anne Betts-Walker	A member requested that the questions raised by members be captured and circulated to the committee.	Circulated to the Committee on 19 December 2023	Completed	
215.	Falls Prevention Strategy	Emily Smith	Officers commented that this would have been the 'Stay well this winter' communications pack and officers could direct members to where this was made available	Circulated to Committee on 11 January 2024	Completed	

216.	Public Health Risk Report	Jyoti Atri	She stated that they were looking at introducing a skills mix which would help to address the shortages and stated she would be happy to raise the impact score to four (Risk E)	The risk register has been updated accordingly.	Completed	
217.	Finance Monitoring Report – October 2023	Justine Hartley	Officers agreed to go back and find out the debt right off figure for members.	From the latest debt report issued 12 January 2024: ASC debt write offs in 23/24 to end December: £366,025. This compares to a total of £1,072,746 of ASC debt written off in 2022/23. Its is expected that write off activity will increase as we approach year end and we are assuming a similar level of ASC debt write offs to last year in our forecasting for full year 2023/24.	Completed	



219.a	Adult and Health Committee agenda plan, training plan and committee appointments	Patrick Warren Higgs/Tamar Oviatt Ham	The Chair also requested that a report be brought to committee around the relevant Debt Implementation Plan but that this be reviewed to deem what would be appropriate for the committee to review.	<p>Response from Executive Director: Adults, Health and Commissioning: We will continue to report on the debt position through our financial reports.</p> <p>Response from Monitoring Officer: Social Care Debt scrutiny: Audit and Accounts Committee receive a six month report on debt management which they scrutinise as part of their role and debts relating to social care are included within that. The most recent update on social care debt having been provided to the committee on 1<sup>st</sup> December 2023. Strategy, Resources and Performance set the strategic intent in relation to recover of debt owed to the Council across all services areas.</p>	Completed	
219.b	Adult and Health Committee agenda plan, training plan and committee appointments	Patrick Warren Higgs	The Chair also sought a report on the procurement process to include a preview looking at the year ahead so that the committee could give a steer.	This will be taken through Spokes, to agree a series of training/member development sessions.	Completed	

219.c	Adult and Health Committee agenda plan, training plan and committee appointments	Jyoti Atri/Tamar Oviatt Ham	A member stated that he hoped the referral from the Audit and Accounts Committee would be considered separately in relation to the Healthy Child Programme Contract and the Integrated Drug and Alcohol Contract, and this was unusual to take place under the constitution and stated that it deserved a separate paper. The Chair explained that he had stated earlier in the meeting that this would be included in a future finance and performance report and hoped this would be acceptable. The members suggested that the Chair check with the Monitoring Officer whether this would be acceptable.	Report from Audit scheduled for Committee on 25 January	Completed	
219.d	Adult and Health Committee agenda plan, training plan and committee appointments	Jyoti Atri/Tamar Oviatt Ham	The Chair asked the committee if they wished to have a separate report on this which was agreed.	See action above	Completed	
219.e	Adult and Health Committee agenda plan, training plan and committee appointments	Patrick Warren Higgs	In relation to the training plan, the Vice Chair stated she had asked the Executive Director to put some training/ seminar in place to discuss Care Together.	PWH picking this up with Will Patten as part of a review of the wider training plan	In progress	

221.	NHS Workforce Development: Primary Care and Nursing Workforce	Claudia Iton, Chief People Officer, ICS	A note was offered after the meeting on what percentage of the local primary care workforce was recruited internationally	15.01.24: Reminder sent.	In progress	February 2024
222.	Health Scrutiny Work Plan	Richenda Greenhill	The Vice Chair suggested discussing the timing of the scrutiny of dental services at the next Integrated Care Board/ Healthwatch Liaison Group.	15.01.24: The liaison meeting scheduled for 19 <sup>th</sup> January 2024 is being re-arranged to a conflict in diaries.	In progress	February 2024
222.	Health Scrutiny Work Plan	Jyoti Atri	Health inequalities. The Chair would welcome the Director of Public Health's advice on how this might constructively be scrutinised.		In progress	
222.	Health Scrutiny Work Plan	Richenda Greenhill	The Chair and Vice Chair would feedback on potential areas for scrutiny relating to the East of England Ambulance Service after their meeting with the EEAST leadership team on 11 <sup>th</sup> March 2024.		In progress	March 2024



## Business and Financial Plan 2024-2029

To: Adults and Health Committee

Meeting Date: 25 January 2024

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

Electoral division(s): All

Key decision: No

Forward Plan ref: N/A

Executive Summary: This report summarises the business plan proposals, as presented to the Strategy, Resources and Performance Committee on 19 December as to the remit of this Committee according to its terms of reference. This includes proposals relating to:

- Adults, Health and Commissioning; and
- Public Health

Recommendations: The Committee is asked to:

- a) consider and scrutinise the proposals relevant to this Committee within the Business and Financial plan put forward by the Strategy, Resources and Performance Committee, 19 December 2023.
- b) recommend changes and /or actions for consideration by the Strategy, Resources and Performance Committee at its meeting on 30 January 2024 to enable a budget to be proposed to Full Council on 13 February 2024.
- c) Receive the fees and charges schedule for this Committee included at appendix 2.

Officer contacts: Director of Adults, Health and Commissioning  
Director of Public Health

Names: Patrick Warren-Higgs and Jyoti Atri

E-mail: [Patrick.warren-higgs@cambridgeshire.gov.uk](mailto:Patrick.warren-higgs@cambridgeshire.gov.uk)  
[Jyoti.atri@cambridgeshire.gov.uk](mailto:Jyoti.atri@cambridgeshire.gov.uk)

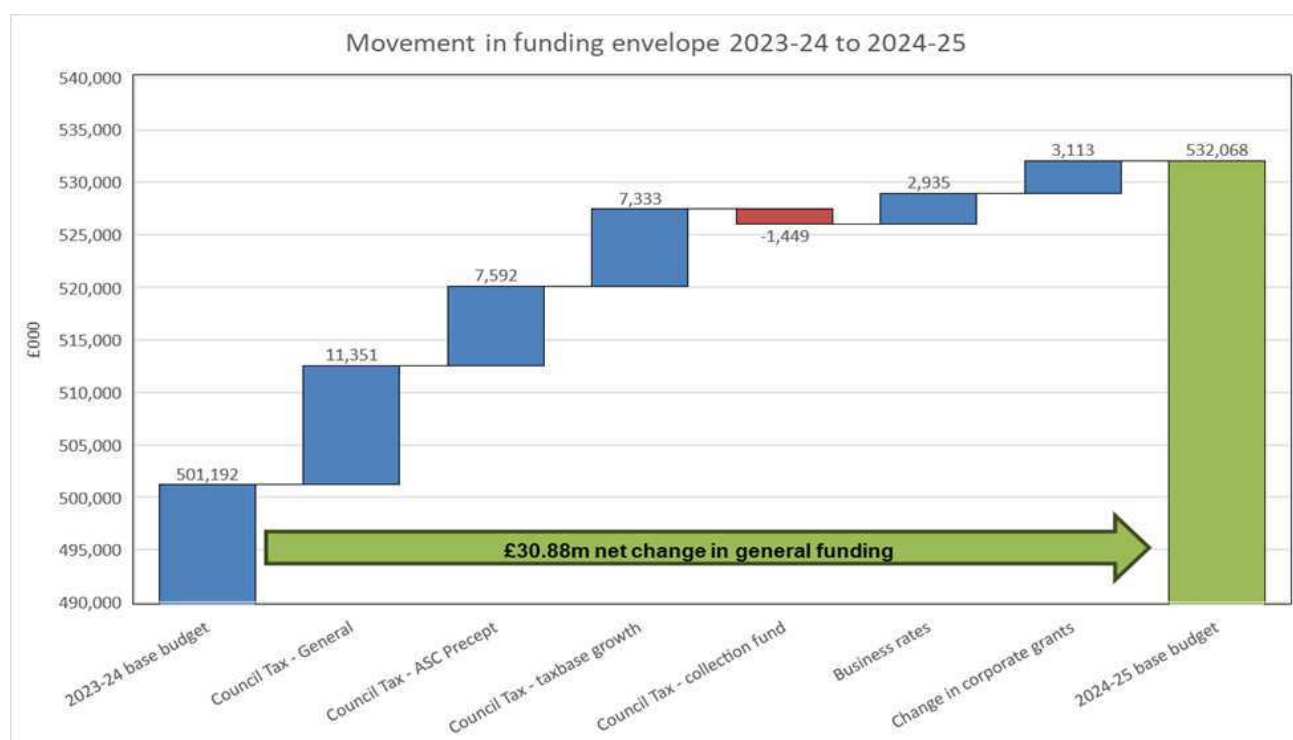
## 1. Creating a greener, fairer and more caring Cambridgeshire

- 1.1. The proposals presented to the Strategy, Resources and Performance Committee, 19 December, set out the Council's delivery and plans against its seven ambitions in the  Strategic Framework 2023-28.
- 1.2. This report provides an assessment to this committee, of the draft budget for 2024/25, as presented to Strategy, Resources and Performance Committee at its meeting on 19 December 2023. The council's budget takes account of the impact on Council Tax, the capital investment programme, schools' overall budgets, as well as Council reserves. The report sets out the corporate position, delivery of the strategic ambitions, investment in priorities and the proposed 2024/25 revenue and capital changes relevant to this committee.
- 1.3. This committee, alongside other Policy and Service committees will consider the draft budget proposals, and any feedback will be presented to Strategy, Resources and Performance Committee at its next meeting 30 January 2024 for consideration.

## 2. Overview of corporate position

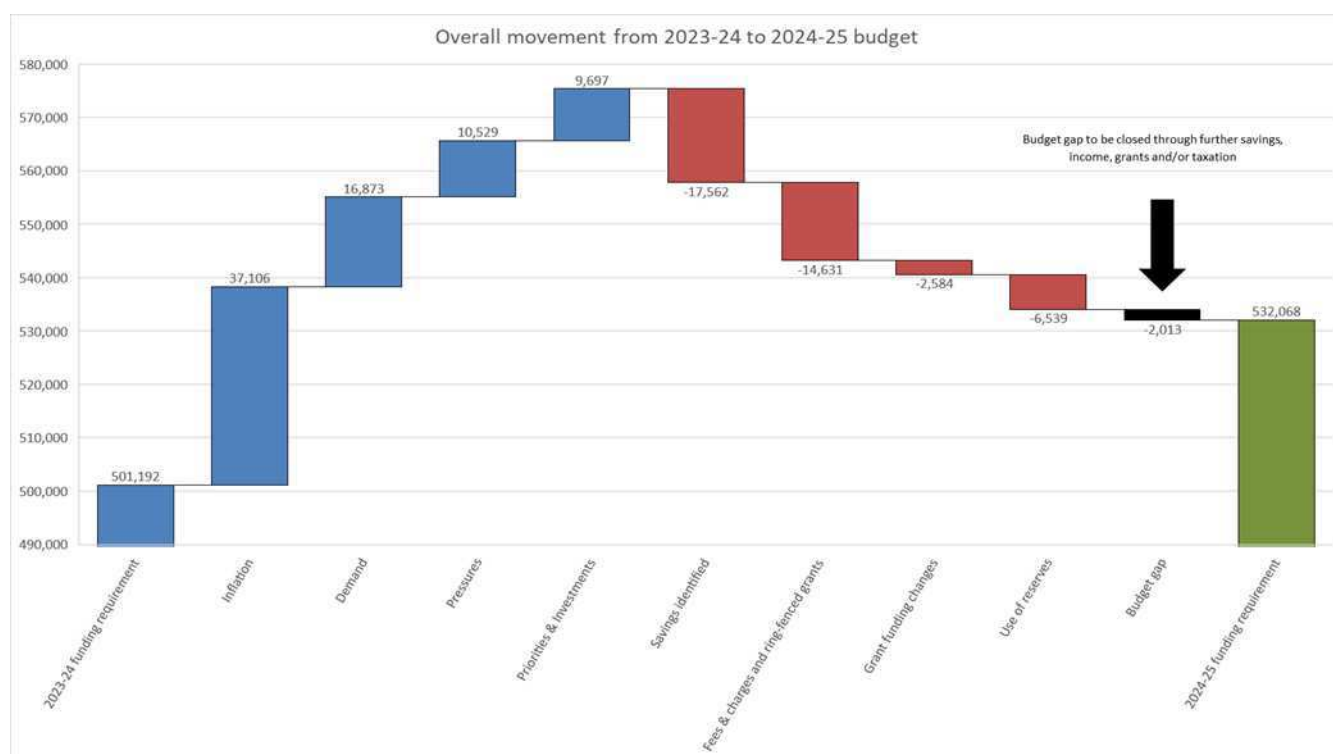
- 2.1 The Strategy, Resources and Performance Committee considered draft proposals in order to balance the 2024/25 budget as well as longer term business and financial planning priorities. Papers are available at the following link - Strategy, Resources and Performance Committee - Item 6: Business and Financial Plan 2024-29
- 2.2 Proposals cover a range of services provided by the Council. Each of the service and policy committees have been asked to provide scrutiny and feedback on proposals within their remit, in order to inform the Strategy, Resources and Performance Committee 30 January 2024 in its consideration of recommending budget proposals to Full Council on 13 February 2024.
- 2.3 The Council draws its funding from two main sources – Council Tax and government grants. The Council's government funding allocated for 2024/25 comprises of three elements; the first two make up what is referred to as Cambridgeshire's Settlement Funding Allocation (SFA), which is the Department for Levelling Up, Housing and Communities (DLUHC) calculation of what the Council's spending should be compared with other councils across the country. A third element of government funding is from additional grants, such as the social care support grant. The other main source of funding is from Council Tax. For 2024/25 it is forecast this will mean £30.9 million more income in 2024/25. This funding and the impact for Cambridgeshire are set out in more detail in the following chart 1 and represents the current assumptions from DLUHC, a 2% Adult Social Care Precept and a 2.99% Council Tax increase:

**Chart 1 – Movement in funding envelope 2023/24 to 2024/25**



- 2.4 In total, the Council is facing gross pressures, alongside the prioritisation being proposed and costs of borrowing of £74.2 million. That means that after accounting for the funding envelope noted above (£30.88 million as shown in Chart 1), there is a net financial gap to bridge of £43.3 million.
- 2.5 It is proposed that this financial gap is closed by £6.5 million of reserves to support the bottom-line position; £17.6 million of savings proposals identified to date and which are outlined at Section 9 and Appendix 1C of the Strategy, Resources and Procurement Committee 19 December 2023; plus, £17.2 million of other income through grants, fees and charges. That leaves a remaining gap of £2 million still to be addressed to achieve a balanced position. This is summarised in Chart 2:

**Chart 2 – Overall Movement from 2023/24 to 2024/25 Budget**



- 2.6 Against that context, the report includes a further forecast for 2025/26 to 2028/29. This brings into focus key change programmes that have begun or will begin in 2024 to help determine the future shape and funding of the Council to achieve a balanced budget in each of the years remaining of the current Strategic Framework.
- 2.7 The Council is continuing to invest capital spend in the County's infrastructure, such as schools, roads and social care facilities. We are proposing a capital programme for 2024-25 of £217.9 million, and a further £306 million across the following nine years and beyond, giving a total programme of £523.9 million. The capital programme will be funded from grants, capital receipts and borrowing, with £102.1 million of borrowing forecast for 2024-25, at a revenue cost in 2024-25 of £42 million. The total capital programme is summarised in the table 1 below.



**Table 1: Capital Programme by Directorate 2024-29**

Directorate	2024/25 £,000	2025/26 £,000	2026/27 £,000	2027/28 £,000	2028/29 £,000	Later years £,000	Total 2024-2029 £,000
CEF	95,885	83,227	34,128	12,725	4,836	26,487	230,801
AHC	14,481	20,205	10,670	15,005	15,005	30,188	75,366
P&S	100,176	46,027	19,534	19,561	19,584	17,361	204,382
F&R	5,547	2,288	1,116	1,116	1,008	4,320	11,075
S&P	1,810	7	-	-	-	-	1,817
<b>Total</b>	<b>217,899</b>	<b>151,754</b>	<b>65,448</b>	<b>48,407</b>	<b>40,433</b>	<b>78,356</b>	<b>523,941</b>

- 2.8 The cost of capital is expected to continue rising for the next two years with increases exceeding £2.5m in both 2025-26 and 2026-27. Although the capital programme has been prioritised to ensure that the expected cost of capital is within the prudential limit set by the capital strategy for 2024-25 and in the later years of the plan, it can be seen that in 2025-28 the budgeted cost is currently in excess of the prudential limit. Assuming costs of borrowing remain as currently projected, this will mean further prioritisation of investment may be necessary in future planning rounds.

### 3. Delivering the Council's Strategic Framework Ambitions and investing in its priorities

- 3.1 The Strategic Framework sets out the Council's vision to create a Greener, Fairer and more Caring Cambridgeshire. The following paragraphs note what progress Adults and Health has achieved in delivering these in the last nine months as well as plans and prioritisation of funding for the coming years.

#### **Ambition 1: Net Zero**

- 3.2 Adults and Health are supporting the delivery of this ambition through a number of priorities, including:
- The continued development of the Care Together programme, which is transforming the way that care is delivered, moving to paid carers delivering more care in local neighbourhoods. By supporting the development of more care micro-enterprises to increase local capacity, alongside recommissioning the model of home care we aim to reduce the

carbon footprint of Council commissioned home care provision through reduced travel.

- We are embedding net zero in commissioning and retendering approaches, supporting a reduction in our Council commissioned adult social care and Public Health carbon footprint.
- Exploring opportunities to improve and maximise digitalisation and the use of technology, whilst ensuring equity of access for all, to ensure that individuals and carers have the information and advice they need to access the support they need at a time that suits them.

### **Ambition 2: Travel across the county is safer and more environmentally sustainable**

- 3.3 Adults and Health promotes active travel through its commissioning and working with partners within the Council and externally.

### **Ambition 3: Health inequalities are reduced**

- 3.4 The Council will spend £36.8million on Public Health as well as other investment funded through Adult Social Care budgets in 2023/24.
- 3.5 In 2023/24 these funds have ensured that Public Health commissioned services have addressed the needs of the most vulnerable and shaped services to increase the acceptability and accessibility.
- The majority of clients accessing Drug and Alcohol Treatment services provided by 'Change Grow Live' experience health inequalities. The Service address their treatment needs but also the wider complex socio-economic factors that affect their treatment outcomes and ongoing needs. The service has most recently achieved a successful completion rate of 21.11% of those referred for treatment, marginally higher than the national completion rate of 20.32%.
  - The Behaviour Change services are shaped to increase uptake of those most at risk. Our health trainer offer has achieved its target of 30% of adults referred to the service from deprived areas.
  - Weight Management Services have had considerable success with the number of people accessing the services greatly outstripping the target and furthermore they have good outcomes with 45% of service users achieving the desired weight loss against a target of 30%.
  - NHS Health Checks is an important intervention and identifies those at risk of cardiovascular disease amongst 40–74-year-olds with no previous diagnosed condition. The numbers undertaken fell dramatically during the COVID-19 pandemic but are recovering well in 2023/24 and expected to exceed the pre-pandemic figures.
  - The Public Health Grant also funds services for children. The Healthy Child Programme for example supports family's where there is high

- level of need. There are different initiatives to support breastfeeding which has seen an increase in the number of children breastfeeding.
- Public Health also contributes to the identification of health inequalities and providing the evidence for interventions. Various needs assessment and Joint Strategic Needs Assessments have been undertaken. The Learning Disability Needs Assessment for example clearly identifies the Health Inequalities experienced by those with learning disabilities.
- 3.6 Strategically we are working at system level to address health inequalities especially across the areas of mental health, obesity, children, poverty (housing and employment) along all the wider determinants of health.
- 3.7 Public health has invested in several adult services, contributing £447k in 2023/24 towards services which have addressed health inequalities, including:
- The Good Life Service which provides a range of support and activities to decrease social isolation and loneliness, improve mental well-being and self-management of mental health, including information and signposting, good mood cafes, peer support and online self-help and counselling.
  - The Community Navigator service reaches out to people at risk of poor health and wellbeing, to support them and overcome barriers to access activities to support them to remain independent, safe and well. 99% of those accessing the service feel more independent and able to access support and information when they need it and 91% feel more connected to the community of their choice.
- 3.8 260 out of the 283 care settings across Cambridgeshire, graded Good or Outstanding at their most recent CQC inspection.
- 3.9 Ten settings that were in intervention due to a Requires Improvement or Inadequate inspections outcome have been reinspected throughout the year, all with an outcome of Good or better.
- 3.10 Over the last 12 months, as of November 2023, we have issued 75,770 pieces of community equipment which have helped to support people's independence in their homes.
- 3.11 The Quality-of-Life survey shows that 40% of residents struggled with physical health problems. Going forward into 2024/25 we recognise that there is a growing demand for services due to increasing numbers of people accessing services, alongside people's care needs becoming more complex. The need to balance health inequalities remains a key ambition for the Council. As such these proposals would see prioritisation of funding for:
- £38.3 million to enable Adult Social Care to meet inflation, demographic and increasing pressures to ensure they can continue to provide quality services to support Cambridgeshire people.

- 3.12 As we go forward through into 2025/26 and the latter part of this decade, we need to be mindful of the continued challenges we face with an ageing population considering how we strengthen community capacity and resilience, as well as improve our care and support offer. As a result, we will be working with our partners across the public, independent and voluntary sector to change the way we work across the whole care and health landscape of the county, such as bringing care closer to communities, exploring digital solutions, increasing reablement and developing accommodation-based options.

**Ambition 4 – People enjoy healthy, safe and independent lives through timely support that is most suited to their needs**

- 3.13 Key investments made at last year's budget have meant that in 2023/24 the Council has:
- Launched individual service funds in East Cambridgeshire, enabling more people to have greater choice and control of how their care and support is provided.
  - Begun to deliver a Self-Directed Support Programme, which is designed with people who use it and aimed at putting people in control of their lives and how they are supported.
  - Invested £19.7m in the care market to support providers to meet the costs of inflation and staff pay increases (NLW and RLW).
  - Invested an additional £8.9m of Market Sustainability and Improvement Funding in the care market to increase fee rates, as well as supporting the expansion of the adult's workforce programme and addressing waiting times for assessments and reviews.
- 3.14 The Council will continue to invest in supporting adults with learning disabilities, physical disabilities, mental health issues, along with older people to enjoy healthy, safe and independent lives. In 2024/25 this will include:
- £35 million to fund inflationary and demand pressures; of which,
  - £3.2 million to reflect increases in demand seen for older people's services in 2023/24, over and above the current budget.
- 3.15 In addition, the Council has committed capital investment in the development of Independent Living Support (ILS) for older adults, including those with nursing needs, and for people with learning disabilities and autism, designed to offer a wide range of supported needs to people to retain their independence. The capital programme includes £55 million of programmed works for adults' accommodation-based services during 2024-29.
- 3.16 Looking beyond 2024/25 the Council will focus on managing demand and increasing independence through the following priorities:
- Further developing the prevention agenda across the breadth of adult social care, to support people's independence and enable them to

have greater choice and control to live in their own homes for longer. This includes further expansion of the Care Together programme scope to offer a prevention and early intervention model for all ages which is delivered locally.

- Exploration of opportunities to enhance the Council's digital offer, to promote more self-service.
- Learning disabilities and mental health – supporting people to live independently in their communities, in line with the co-produced vision, including:
  - Strengthening our reablement offer for people with learning disabilities, supporting people with short-term goal-oriented support to maximise independence following a period of illness or hospital stay.
  - Exploring development of a local enablement offer, supporting young adults with learning disabilities to develop the skills to live independently.
  - Increasing the local mental health and learning disabilities accommodation offer, to ensure that we are able to provide greater choice and control to meet the needs of local people.
  - Decoupling of the LDP (Learning Disability Partnership) pooled budget arrangement with the ICB.
- Hospital discharge pathways – supporting effective 'home first' principles and maximising independence.
- Reviewing our in-house opportunities with a focus on identifying further growth and diversification, as well as considering other efficiencies and improving the effectiveness of our in-house services.

3.17 Public Health commissioned services all focus upon preventing poor health or enabling people to manage their health issues.

- Tobacco Control Services include preventing people smoking but also treating those who smoke and minimising their risks of poor health. In 2023/24 we have commissioned bespoke services in Fenland as part of the Closer to Communities Programme. There is a high smoking rate in the area, and we have developed specific interventions to address these. In 2024/25 we will receive additional funding to address smoking (circa £900k per annum for five years) funding that will need to be focused upon addressing smokers in population groups where smoking rates are higher and people are not accessing services, for example the homeless and people with learning disabilities. Some of the funding will also be invested in regulatory services including Trading Standards which will be important for the prevention of smoking and will address illegal sales of tobacco and vapes.
- Public Health commissioned Sexual and Reproductive Health Services play an important role in both preventing and treating poor sexual and reproductive health. They enable the prompt treatment of infections which prevents the spread to others. The services also support people

living with HIV to live their lives independently and to have the same life expectancy as others.

- Public Health has also invested in the prevention of falls amongst older people at risk and helps to keep them independent and well.

### **Ambition 5: Helping people out of poverty and income inequality.**

3.18 As the Quality-of-Life Survey showed, there is significant concern around the current cost of living crisis, with 86% of residents being concerned and 47% of those having made a change because of this (limiting heating, food or medicines). Delivering on this ambition has never been more key. In 2023/24, the Council has:

- Spent £1.3 million on extending the Real Living Wage to increase earnings for more of the adult social care workforce, including personal assistants.
- Invested £19.2m of inflation in the adult social care provider market to enable providers to invest in staff wages and address other inflationary pressures.
- Supported adults through the Household Support Fund. This has included continued work with Age UK to offer a dedicated package of support for residents of pensionable age to ensure they can access income maximisation support as well as access to £110 financial awards (for those who are eligible) towards food and fuel costs.

3.19 In 2024/25, the Council is investing £18.8m in the adult social care external provider market to meet inflationary pressures associated with National Living Wage (NLW), Real Living Wage and CPI increases. This includes a specific investment of £500k to support providers to continue to pay their staff the Real Living Wage, in line with the increase to £12 per hour for 2024/25. We have worked closely with all providers to ensure they are paying the RLW. Currently 87% of providers pay their staff the RLW and we will continue to work with those remaining providers, several of whom are out of county, and we have limited influence over due to our proportionality as a commissioner. As we recommission services, we will continue to build in the requirement for providers to pay their staff the RLW as part of the specification.

**Ambition 6: Places and communities prosper because they have a resilient and inclusive economy, access to good quality public services and social justice is prioritised.**

3.20 We have launched a number of pilot programmes across the County as part of our Care Together programme to assess how we can work closer with our communities. This has resulted in:

- The continued roll out of the Care Together programme, introducing an approach to commissioning care and support in the community, with dedicated commissioners established in each district across Cambridgeshire. The programme is supporting the creation and growth of voluntary, community and social enterprises to support people to remain living independently for longer in their communities. The programme is also reshaping the way we deliver home care to become more personalised, focused on individual outcomes and being locally delivered, introducing new and different providers into the market with a number of local care microenterprises already established and delivering.

3.21 In 2023/24, we have also:

- Supported 87% of residential and domiciliary care providers to pay their staff the Real Living Wage.
- We have focused on increasing fee rates to improve local market sustainability. As a result of this investment, fee rates have increased on average by 10.4% locally during 2024/25.
- A workforce development programme has been established to address the challenges of recruitment and retention of the local workforce. This has led to the recent launch of the CARE Academy which will provide a training and skills portal for external social care staff.
- We have committed to delivering more for the community through embedding social value in commissioning approaches and we have embedded Themes, Outcomes and Measures (TOMs) within tenders to measure and monitor the delivery of social value.

3.22 In 2024/25 the budget proposes to continue to invest and invest further in:

- Care Together, will continue to be extended across more communities within the county, offering greater choice and control to more people; working alongside providers to grow and increase their services within localities.
- Specific investment to continue to support providers to meet their costs of delivery, in particular paying their staff increases to the RLW. We will continue to include the RLW as a contractual term and condition within all newly commissioned services.
- We continue to build on embedding social value into commissioning, a key feature in our contract specifications, ensuring that we maximise opportunities for a social value return on investment.

- 3.23 Public Health works with its commissioned services to ensure that their staff have “fair” wages and that social value is embedded into any commissioning.
- 3.24 Public Health is working with the Integrated Care Board, the Department of Work and Pensions and other organisations to support people with a health condition or disability, back into or to stay in, work. This includes work with the Combined Authority to address skills’ barriers and to work with employers to improve the work environment.

**Ambition 7: Children and Young People have the opportunity to thrive**

- 3.25 The largest proportion of the Public Health Grant is spent on children (34%) and includes commissioning of the Healthy Child Programme, Healthy Schools Programme and some mental health programmes.
- 3.26 During 2024/25 Public Health will be re-commissioning the higher value services that is Sexual and Reproductive Health Services, Behaviour Change Services, Drug and Alcohol Services and the Healthy Child Programme which together account for around 85% (circa £27m) of the Public Health Grant. These re-commissions will enable us to ensure that services reflect the seven ambitions, other priority areas, offer value for money and achieve the desired outcomes.

## 4. Adults & Health Committee Revenue and Capital proposals

- 4.1 Overall, for 2024/25 there is a gross forecast pressure for Adults, Health and Commissioning (AHC) of £38.9 million. The main reasons for the pressure relate to an increase in demographic demand and the cost of care and support, for all people who draw on services, which has already seen an increase in numbers of people and the cost of meeting care needs (£12.1 million), alongside pay inflation, including provider uplifts, and general inflation across Adult Services.
- 4.2 Overall, there is a gross pressure forecast for Public Health of £563k. The main reasons for the pressure relate to pay inflation, including provider inflation.

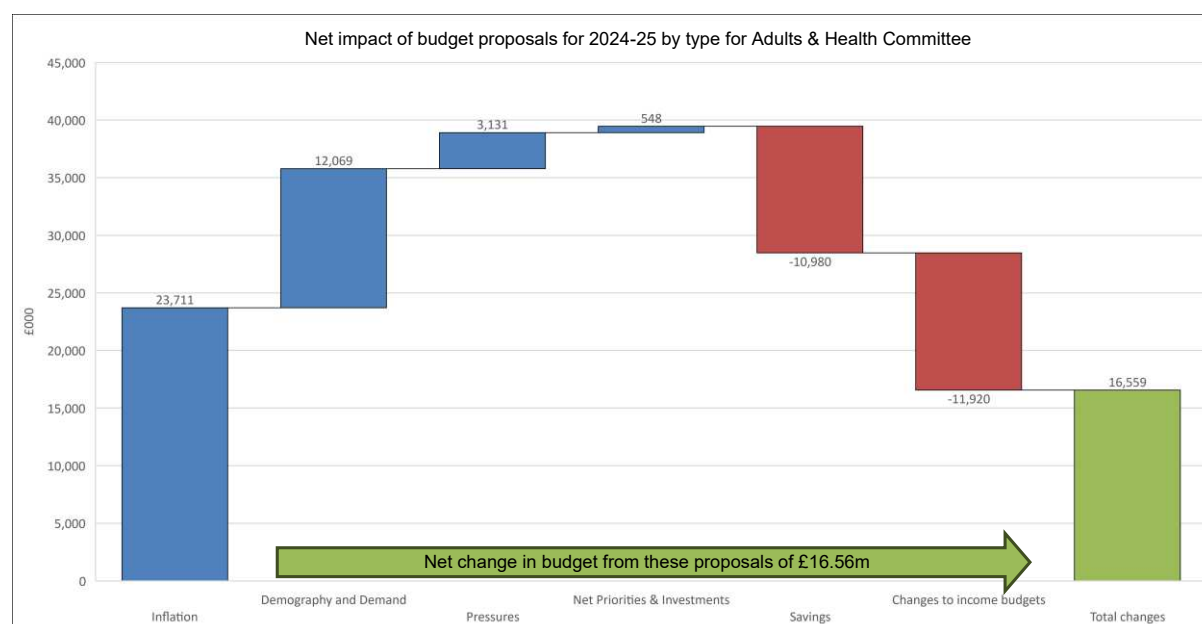


**Table 2: Adults, Health and Commissioning and Public Health Directorate draft proposed Medium Term Financial Plan 2024-29**

	<b>2024-25 Gross to Net</b>		<b>Net Budget</b>				
<b>Adults, Health &amp; Commissioning</b>	<b>Spend</b>	<b>Income</b>	<b>2024-25</b>	<b>2025-26</b>	<b>2026-27</b>	<b>2027-28</b>	<b>2028-29</b>
<b>Executive Director</b>	18,678	-52,984	-34,306	-34,876	-35,419	-35,255	-35,086
<b>Learning Disability Partnership and Prevention</b>	156,840	-40,389	116,451	119,345	125,219	133,326	142,376
<b>Care &amp; Assessment</b>	139,600	-34,594	105,006	114,262	124,688	135,931	147,912
<b>Commissioning</b>	58,462	-15,065	43,397	45,848	48,548	51,608	54,764
<b>Total Adults, Health &amp; Commissioning</b>	<b>373,580</b>	<b>-143,032</b>	<b>230,548</b>	<b>244,579</b>	<b>263,035</b>	<b>285,609</b>	<b>309,966</b>
<b>Public Health</b>	<b>Spend</b>	<b>Income</b>	<b>2024-25</b>	<b>2025-26</b>	<b>2026-27</b>	<b>2027-28</b>	<b>2028-29</b>
<b>Children's Public Health</b>	15,028	-4,150	10,878	10,878	10,878	10,878	10,878
<b>Other Public Health</b>	21,740	-32,618	-10,878	16,929	16,929	16,929	16,929
<b>Total Public Health</b>	<b>36,768</b>	<b>-36,768</b>	<b>0</b>	<b>27,807</b>	<b>27,807</b>	<b>27,807</b>	<b>27,807</b>

- 4.3 A more detailed breakdown of the table above can be found in Table 1s for Adults, Health and Commissioning and Public Health within Appendix 1.
- 4.4 This section provides an overview of the pressures, risks, savings and income proposals within the remit of the Committee. The detailed business cases supporting the principal items in this section are annexed at Appendix 3. The figures shown in the extracted narratives below are the impacts in the first year of the business plan (2024-25), please refer to the detailed appendices for the current forecast impact across the full period.

**Chart 3: Net impact of budget proposals for 2024/25 by type for Adults & Health**



- 4.5 The comprehensive record of the information summarised in the table above, and its allocation to council services, can be found in Table 3 within Appendix 1 of this report.

#### Demography and Demand

- 4.6 Demand continues to rise across most services. This has been particularly notable across older people's bed-based care where we have seen demand increase to pre-pandemic levels. As well, as increasing numbers of people accessing services, we are also seeing the levels of needs increasing in many instances which is leading to more complex and costly packages of care being sourced.
- 4.7 There is no demand growth included for Public Health services which are universally available although demand for many services is exceeding supply particularly for services related to weight management.

Budget Table 3 Reference	Title	2024- 25	2025- 29	Description
B/R.3.001	Additional funding for Older People demand	4,562	21,084	Additional funding to ensure we meet the demand for care amongst older people providing care at home as well as residential and nursing placements. In recent years, the impact of Covid-19 resulted in a shift away from bed-based care. However, we have seen demand rise again in 2023-24 at the sort of levels we were seeing pre-pandemic. This activity is expected to continue and current patterns of activity and expenditure is modelled forward, with account being taken of increasing complexity of cases coming through the service. B/R.4.002 reflects the pressure we will expect to see in 2024-25 from increased placement numbers in 2023-24 which were not budgeted for.
B/R.3.002	Funding for additional Physical Disabilities demand	839	3,946	Additional funding to ensure we meet the increased demand for care for people with physical disabilities. The current pattern of activity and expenditure is modelled forward using population forecasts and activity data. Account is then taken of increasing complexity as a result of increasing need, in particular, more hours of domiciliary care are being provided per person. This work has supported the case for additional funding of £839k in 2024-25 to ensure we can continue to provide the care for people who need it.
B/R.3.003	Additional funding for Autism and Adult Support demand	1,058	2,205	Additional funding to ensure we are able to support the increasing number of people with autism. Demand funding reflects both expected increases in numbers of people being supported and increasing needs of the existing cohort.
B/R.3.004a	Additional funding for Learning Disability demand attributable to CCC	3,297	16,731	Under the current Learning Disability Partnership (LDP) pooled budget arrangements, 76.78% of LDP costs are borne by the Council with the balance funded by Cambridgeshire & Peterborough ICB (C&P ICB). This line reflects additional CCC funding required to ensure we meet the rising level of needs amongst people with learning disabilities.
B/R.3.004b	Additional funding for Learning Disability demand attributable to C&P ICB	998	0	This line reflects additional ICB funding required to ensure we meet the rising level of needs amongst people with learning disabilities.

Budget Table 3 Reference	Title	2024-25	2025-29	Description
B/R.3.005	Funding for Older People Mental Health Demand	523	2,092	Additional funding to ensure we meet the increased demand for care amongst older people with mental health needs, providing care at home as well as residential and nursing placements. The current pattern of activity and expenditure is modelled forward using population forecasts to estimate the additional budget requirement for each age group and type of care. This work has supported the case for additional funding of £523k in 2024-25 to ensure we can continue to provide the care for people who need it.
B/R.3.006	Funding for Adult Mental Health Demand	758	3,032	Additional funding to ensure we meet the increased demand for care amongst working age adults with mental health needs. The current pattern of activity and expenditure is modelled forward using population forecasts and data relating to the prevalence of mental health needs. This data is showing particular growth in supported living placements. This work has supported the case for additional funding of £758k in 2024-25 to ensure we can continue to provide the care for people who need it.
B/R.3.007	Funding for additional demand for Community Equipment	34	140	Over the last five years, our strategy has seen a positive movement in supporting people to live at home for longer, maximising their independence through the use of community equipment as a key element of our prevention and early intervention approach. Additional funding is required to maintain the proportion of people supported to live independently, through the provision of community equipment and home adaptations. This requirement is important in the context of a rising population and the increasing complexity of the needs of the people in question.
		<b>12,069</b>	<b>49,230</b>	<b>Demography and Demand Total</b>

## Inflation

- 4.8 Inflation continues to be a considerable pressure for AHC, with £23.1m of investment going into the 2024/25 budget. This will support inflation across staff pay inflation, as well as inflation on external commissioned provider contracts; supporting providers to meet the National Living Wage (NLW), and additional investment to support providers to pay the RLW increases for staff, as well as addressing some of the additional inflationary pressures that they may be facing.

- 4.9 Inflation for Public Health is largely related to Agenda for Change staff pay uplifts which the Council will need to fund in provider services, as well as staffing inflation for Council employees and totals £563k.

Budget Table 3 Reference	Title	2024-25	2025-29	Description
B/R.2.001	Adult social care providers inflation	1,950	11,720	Forecast pressure from general inflation relating to care providers.
B/R.2.002	Impact of increases in the National Living Wage (NLW) on Adult Social Care Contracts	16,351	24,310	The National Living Wage will rise to £11.44 in 2024-25. This will have an impact on the cost of purchasing care from external providers. In addition, the Council has committed to paying the Real Living Wage (RLW), and an additional investment of £500k is being made to allow providers to continue to pay RLW (B/R.5.008). This reflects the fact that the RLW is growing at a higher % rate than NLW for 2024/25. NLW pressures in later years follow OBR estimates and assume a 3% increase each year.
B/R.2.003	AHC inflation - miscellaneous other budgets	435	849	Forecast pressure for inflation relating to miscellaneous other budgets
B/R.2.004	CCC Staff pay inflation on AHC budgets	2,542	8,327	Assumed 5% increase for 2024-25 and 3.5% thereafter
B/R.2.005	Provider inflation on Learning Disability services attributable to Cambridgeshire and Peterborough Integrated Care Board (C&P ICB)	1,771	0	Under the current Learning Disability Partnership (LDP) pooled budget arrangements, 76.78% of LDP costs are borne by the Council with the balance funded by C&P ICB. The Council's share of provider inflation on services to people with learning disabilities is included in B/R.2.001 and 2,002 above.
B/R.2.006	Staffing and other inflation on Learning Disability services attributable to C&P ICB	99	0	C&P ICB contribution to staffing inflation on services for people with learning disabilities. The Council's share of staffing and other inflation on services to people with learning disabilities is included in B/R.2.003 and 2,004 above.
F/R.2.001	CCC Staff pay inflation on PH budgets	175	543	Assumed 5% increase for 2024-25 and 3.5% thereafter.
F/R.2.002	Provider inflation related to 2023/24 Agenda for Change uplifts	304	0	Inflation to be paid to providers of Public Health services for 2023-24 Agenda for Change uplifts on staff pay. These costs were funded through the Integrated Care Board on a one-off basis in 2023-24.
F/R.2.003	Provider inflation not related to Agenda for Change uplifts	82	0	Estimated inflation to be paid to providers not related to Agenda for Change uplifts on staff pay.
F/R.2.004	Public Health - miscellaneous other inflation	2	8	Forecast pressure for inflation relating to miscellaneous other budgets
		<b>23,711</b>	<b>45,757</b>	<b>Inflation Total</b>

## Prioritisation & investments

- 4.10 The below table outlines the proposed investment in AHC. This includes £3.2m of one-off investment to support delivery of the AHC savings over the next three years, which is being funded from a combination of Just Transition Fund and Adults reserves. This investment will support the necessary additional capacity and resource required to ensure we are able to deliver on a significant programme of transformation.
- 4.11 £500k of additional recurrent funding has been committed for 2024/25 onwards to support the ongoing commitment to the Real Living Wage. This will support providers to continue to pay their staff the Real Living Wage in line with the increase to £12 per hour for 2024/25.

Budget Table 3 Reference	Title	2024-25	2025-29	Description
B/R.5.001	Adults Retention Payments	-62	-39	An investment was made into retention payments in previous years; this line reflects the planned reduction of the new budget required for that over time as other costs come down.
B/R.5.002	Reviews of Learning Disability packages	-280	0	Repayment of one-off investment for reviews of the care and support provided to people with learning disabilities to ensure the right level of care is provided (links to B/R.6.005)
B/R.5.003a	CCC Investment in commissioners to support development of supported living offer	108	0	Investment in 2 full-time equivalent (FTE) commissioners to support development of supported living offer to manage future demand - links to saving B/R.6.014
B/R.5.003b	C&P ICB share of costs of commissioners to support development of supported living offer	32	0	Under the current Learning Disability Partnership (LDP) pooled budget arrangements, 76.78% of net LDP costs are borne by the Council with the balance funded by C&P ICB. A share of the costs of investments and any savings delivered within the pooled budget will also be in part attributable to the ICB. Links to saving B/R.6.014
B/R.5.004a	Commissioning manager to manage Learning Disability voids	53	0	Investment in commissioning manager to deliver savings from voids in properties where people with learning disabilities have tenancies - links to saving B/R.6.007
B/R.5.004b	C&P ICB share of costs of commissioning manager for LD voids	16	0	Under the current LDP pooled budget arrangements, 76.78% of LDP costs are borne by the Council with the balance funded by C&P ICB.
B/R.5.005a	Investment in staffing to deliver cost avoidance savings	150	-150	Investment from reserves to support Residential / nursing project - investment in 1 commissioner / Broker, and 2 social worker posts into Duty team to deliver cost avoidance by increasing independence for mental health placements. - links to saving B/R.6.009

<b>Budget Table 3 Reference</b>	<b>Title</b>	<b>2024- 25</b>	<b>2025- 29</b>	<b>Description</b>
B/R.5.005b	Investment into review of In-house provision and opportunities	100	-100	One off investment funded from reserves to support scoping of opportunities associated with delivery of in-house services savings - links to savings B/R.6.030 - B/R.6.032
B/R.5.005c	Investment into review of Discharge pathways	500	-500	One off investment funded from reserves to undertake a diagnostic review of local hospital discharge pathways to ensure we are embedding the home first approach and maximising opportunities to support people to optimise their recovery and independence post discharge. Links to savings B/R.6.027 - B/R.6.029.
B/R.5.005d	Investment into review of prevention agenda	363	-363	One off investment funded from reserves to support expansion of Care Together programme to deliver an all-age locality prevention strategy to manage demand. This includes further developing the prevention agenda across the breadth of adult social care, to support people's independence and preventing people needing to access adults' services. It also includes exploration of opportunities to enhance the council's digital offer, to promote more self-service. Links to saving B/R.6.024.
B/R.5.005e	Investment into review of Learning Disability spend	498	-498	One off investment funded from reserves to ensure capacity and resource to support delivery of change in services for people with learning disabilities. Links to savings B/R.6.016 - B/R.6.019.
B/R.5.005f	Investment in expansion of LD Shared Lives outreach	104	-104	One off investment funded from reserves in additional resource to support the expansion of the outreach service for people with learning disabilities. Links to saving B/R.6.020a.
B/R.5.005g	Investment required for decoupling of Learning Disability pooled budget	1,115	-1,115	One off investment funded from reserves in CCC capacity and resource to support the work needed to decouple the Learning Disability Partnership pooled budget arrangement with C&P ICB. Links to saving B/R.6.038
B/R.5.005h	Funding from Adults reserves for invest to save schemes	-510	510	Investment from Adults reserves funding to contribute towards the cost of one-off investments to support delivery of adults' savings. Links to investments B/R.5.005a-g.
B/R.5.005i	Funding from Just Transition Fund for invest to save schemes	-2,320	2,320	Investment from Just Transition funding to contribute towards the cost of one-off investments to support delivery of adults' savings. Links to investments B/R.5.005a-g.
B/R.5.006	C&P ICB share of investment into review of learning Disability spend	150	-150	Under the current Learning Disability Partnership (LDP) pooled budget arrangements, 76.78% of LDP costs are borne by the Council with the balance funded by C&P ICB. Links to savings B/R.6.016-B/R.6.019
B/R.5.007	C&P ICB share of investment in LD Shared Lives outreach	31	-31	Under the current Learning Disability Partnership (LDP) pooled budget arrangements, 76.78% of LDP costs are borne by the Council with the balance funded by C&P ICB. Links to saving B/R.6.020a.



Budget Table 3 Reference	Title	2024-25	2025-29	Description
B/R.5.008	Investment to support continuing payment of the Real Living Wage	500	0	We are making specific investment to enable providers to pay their staff the Real Living Wage. This will enable providers to increase staff pay in line with the increase in Real Living Wage to £12 per hour for 2024/25.
		<b>548</b>	<b>-220</b>	<b>Net Priorities &amp; Investments Total</b>

## Pressures

- 4.12 £3.1m of pressures are proposed to be funded for 2024/25. This is predominantly due to the 2023/24 budget pressure we have seen due to increased demand for older people's bed-based care, which is now returning to pre-pandemic levels of demand.

Budget Table 3 Reference	Title	2024-25	2025-29	Description
B/R.4.001	Adult Social Care market pressures - workforce development	-64	-88	Ending of one-off funding to support workforce development in the Adult Social Care market. Total investment £240k over 2 years.
B/R.4.002	Older People pressure from additional growth in 2023-24	3,195	0	Full year impact of unexpectedly high growth in Older People placement numbers in 2023-24
		<b>3,131</b>	<b>-88</b>	<b>Pressures Total</b>

## Savings

- 4.13 £10.8m of savings opportunities have been identified for AHC that focus on managing demand for services with a focus on prevention and maximising independence.
- 4.14 £174k of savings opportunities have identified for Public Health across Health in all Policies, alongside some minor underspends and recommissioning savings.

Budget Table 3 Reference	Title	2024-25	2025-29	Description
B/R.6.001	Independent Living Service - Huntingdonshire	0	-114	We are exploring alternative models of delivery for residential and nursing care provision, including a tenancy-based model that offers more choice and control for people at a lower cost to the council.
B/R.6.002	Expansion of Direct Payments	-32	-60	Savings generated by investment in 2022-23 to increase the uptake of Direct Payments To secure delivery of this saving the Self-Directed Support Programme has



Budget Table 3 Reference	Title	2024- 25	2025- 29	Description
				been reviewed to re-focus on delivery over the course of 2024/25 and 2025/26 with clear timescales and responsibilities set. This work will cover a range of activities including market shaping and development activities, improvement of processes and systems, practice improvements, a focus on the use of direct payments as part of the transition process from childrens' to adults' services and further development of Individual Service Funds.
B/R.6.003	Decommissioning of block contracts for car rounds providing homecare	-2,473	-100	We currently have provision to deliver homecare in the county using cars, enabling people to return from hospital, and providing care for people in hard-to-reach places. However, with demand being met by mainstream homecare providers, the 26 homecare cars have a very low level of use and are no longer cost effective. Decommissioning of these contracts will be phased from January onwards. Due to good capacity in the market to meet demand, alongside local models of delivery being developed through our Care Together programme, the decommissioning should have no negative impacts for people requiring home care.
B/R.6.004	Mental Health section 75 vacancy factor	100	0	Savings from vacant posts due to staff turnover in our section 75 agreement with health partners were taken on a one-off basis in 2023-24. This aligned with the vacancy factors we carry across our own staffing teams recognising that there will always be some posts vacant as people leave and new people are recruited. But in the longer term we are looking to full recruitment for this team.
B/R.6.005a	Learning Disability mid-cost range placement review	-203	0	Review of the care and support provided to people with learning disabilities packages to ensure the right level and type of support is provided to allow people to be as independent and connected to their own communities as possible - links to B/R.5.002
B/R.6.005b	ICB share of Learning Disability mid-cost placement reviews	-61	0	Under the current LDP pooled budget arrangements, 76.78% of LDP costs are borne by the Council with the balance funded by C&P ICB. A share of the costs of investments and any savings delivered within the pooled budget will also be in part attributable to the ICB - links to B/R.5.002
B/R.6.006	Mental Health supported accommodation	-137	-267	Savings on retendering and restructuring of mental health supported accommodation provision.

Budget Table 3 Reference	Title	2024- 25	2025- 29	Description
B/R.6.007a	Learning Disability Voids Saving	-230	0	Savings from ensuring best use of pre-paid contracted capacity when finding accommodation for people with learning disabilities, reducing void rates and the use of spot placements. Saving attributable to the Learning Disability Pooled budget arrangements - links to investment B/R.5.004.
B/R.6.007b	ICB share of LD voids saving	-70	0	Under the current LDP pooled budget arrangements, 76.78% of LDP costs are borne by the Council with the balance funded by C&P ICB. - links to investment B/R.5.004
B/R.6.008a	Reduction in 1 day of care	-398	0	Adjustment in number of days budgeted for in 2023-24 and creation of sinking fund to accommodate future leap year increases and decreases in costs
B/R.6.008b	ICB share of reduction of 1 day of care (day 366)	-58	0	ICB share of the LD element of the saving in care costs as a result of there being one less day in 2024-25 than in 2023-24. And creation of sinking fund to accommodate future leap year increases and decreases in costs.
B/R.6.009	Mental Health residential and community	-357	-619	A three-year investment to deliver savings, focused on three key areas for improvements in the current commissioned provision of mental health social care services: Sharing resources with existing residential or nursing placements, for example adding one-to-one care in addition, where required, rather than isolated packages; Rolling out the Step Care model for early intervention to promote independence and help reduce escalation in needs - links to investment B/R.5.005
B/R.6.010	Block beds void management	-380	0	Making best use of block contract capacity when making placements, reducing the rate of voids and the number of spot placements being made.
B/R.6.011	Reablement surplus following restructure	-91	0	Surplus budget following restructure of teams
B/R.6.012	Historic saving from ending of Lifelines service	-70	0	Historic savings target now achievable
B/R.6.013a	Prevent, reduce and delay needs presenting - reablement	-480	-465	Our reablement service provides short term support for up to six weeks to help people regain their independence, for example after an illness or a stay in hospital, preventing the need to go into longer term care support. We aim to achieve greater capacity in the service to allow more reablement activity to be undertaken and support more people to continue living in their own homes for longer. This work will be further refined in year by the outcomes of the review of hospital discharge

Budget Table 3 Reference	Title	2024-25	2025-29	Description
				pathways to improve outcomes for people leaving hospital. See 6.027-29.
B/R.6.013b	ICB share of Prevent, reduce and delay needs presenting - reablement	-45	0	Under the current LDP pooled budget arrangements, 76.78% of LDP costs are borne by the Council with the balance funded by C&P ICB. A share of the costs of investments and any savings delivered within the pooled budget will also be in part attributable to the ICB.
B/R.6.014	Accommodation - Supported Living, core and cluster capacity	0	-460	Development of supported living offer to manage future demand. Ensuring local capacity to meet needs at sustainable costs, reducing the need for more costly out of area placements. - links to investment B/R.5.003.
B/R.6.015	Prevention Agenda - Digital Innovation	-300	0	Front door process and practice. Maximising opportunities for digitalisation, web based, self-serve and Artificial Intelligence (AI) tools to support self-management and manage demand and support efficiencies in the service. This will build on a range on non-digital access options, so people feel supported with a range of options and are not digitally excluded.
B/R.6.016a	Learning Disability Low-Cost placement review	-130	-130	Review of packages to ensure the right level of care is provided and people are supported to be as independent as possible in their own homes. Links to investment B/R.5.006
B/R.6.016b	ICB share of Learning Disability - low-cost placement review	-39	0	Under the current LDP pooled budget arrangements, 76.78% of LDP costs are borne by the Council with the balance funded by C&P ICB. A share of the costs of investments and any savings delivered within the pooled budget will also be in part attributable to the ICB. Links to investment B/R.5.006
B/R.6.017	Learning Disability Vehicle Fleet Reduction	-50	0	Vehicle reduction by centralising day services fleet
B/R.6.018a	Learning Disability Respite Utilisation	-190	-95	Increase respite utilisation rates by optimising scheduling and maximising use of the service
B/R.6.018b	ICB share of Learning Disability - respite utilisation	-57	0	Under the current LDP pooled budget arrangements, 76.78% of LDP costs are borne by the Council with the balance funded by C&P ICB. A share of the costs of investments and any savings delivered within the pooled budget will also be in part attributable to the ICB.

<b>Budget Table 3 Reference</b>	<b>Title</b>	<b>2024- 25</b>	<b>2025- 29</b>	<b>Description</b>
B/R.6.019a	Learning Disability Negotiation with providers	-449	0	Stronger contract management and relationships with providers to support more robust oversight of contract monitoring and performance. This will ensure that we maximise capacity and get the best value for money.
B/R.6.019b	ICB share of Learning Disability - negotiation with providers	-136	0	Under the current LDP pooled budget arrangements, 76.78% of LDP costs are borne by the Council with the balance funded by C&P ICB. A share of the costs of investments and any savings delivered within the pooled budget will also be in part attributable to the ICB.
B/R.6.020a	Learning Disability Cambridgeshire Outreach	-200	0	Expand outreach services, to support people more effectively in local areas, reducing the demand on other services. Links to investment B/R.5.007.
B/R.6.020b	ICB share of Learning Disability - Cambridgeshire Outreach	-60	0	Under the current LDP pooled budget arrangements, 76.78% of LDP costs are borne by the Council with the balance funded by C&P ICB. A share of the costs of investments and any savings delivered within the pooled budget will also be in part attributable to the ICB.
B/R.6.021a	Learning Disability Enablement	-300	0	Development of an enablement offer for people with learning disabilities to support the skills and technology needed for people to live their lives as independently as possible.
B/R.6.021b	ICB share of Learning Disability - Enablement	-91	0	Under the current LDP pooled budget arrangements, 76.78% of LDP costs are borne by the Council with the balance funded by C&P ICB. A share of the any savings delivered within the pooled budget will also be in part attributable to the ICB.
B/R.6.024	Prevention Agenda - All Age Locality Strategy	-177	0	Improve commissioning opportunities, aligned to locality model to maximise delivery of home first model, and expansion of an all-age prevention and early intervention offer on a locality basis to manage future demand into services.
B/R.6.025	Mental Health Recommissioning Supported Accommodation	-75	-75	Savings on retendering and restructuring of Mental Health supported accommodation provision.
B/R.6.026	Independent Living Service - East Cambridgeshire	0	-119	We are exploring alternative models of delivery for residential and nursing care provision, including a tenancy-based model that offers more choice and control for people at a lower cost to the council.

Budget Table 3 Reference	Title	2024- 25	2025- 29	Description
B/R.6.027	Review discharge pathways - Pathway 3, Reduce bed-based care	-400	0	Opportunity to undertake a diagnostic of our hospital discharge pathways to ensure we are maximising support available, with a home first approach, to maximise independence with a focus on reducing reliance on referrals into long term bed-based care.
B/R.6.028	Review discharge pathways - Pathway 3, Reduce homecare	-400	0	Opportunity to undertake a diagnostic of our hospital discharge pathways to ensure we are maximising support available, in the correct setting, with a focus on reducing reliance on referrals into long term homecare.
B/R.6.029	Review discharge pathways - Pathway 2, Reduce bed-based care	-400	0	Opportunity to undertake a diagnostic of current arrangements for hospital discharge pathways to ensure we are maximising support available, with a home first approach, to maximise independence with a focus on reducing reliance on referrals into interim bed-based care.
B/R.6.030	Review in house services - Cost avoidance / efficiencies and new opportunities	-300	0	To include exploration of efficiencies in operations and opportunities for growth in in-house services, with a focus on maximising independence to deliver cost-avoidance and demand management savings and diversification of new opportunities.
B/R.6.031	Review in house services - supported living	-400	0	To include exploration of efficiencies in operations and opportunities for growth in in-house services, with a focus on supported living. Aligned with saving B/R.6.030.
B/R.6.032	Review in house services - Respite / residential	-300	0	To include exploration of efficiencies in operations and opportunities for growth in in-house services, with a focus on respite and residential services. Aligned with saving B/R.6.030.
B/R.6.033	Extra Care	-350	0	Savings due to recurring budget underspend. Budget has been reviewed in line with current forecast demand for services.
B/R.6.034	Advocacy contract recommissioning	-128	0	Savings on retendering and restructuring of advocacy contract.
B/R.6.035	Care Home Trusted Assessor service	-69	0	Savings on decommissioning of current service provision and restructuring to an alternative delivery model which has been brought in-house.
B/R.6.036	Adults, Health and Commissioning vacancy factor	-560	0	Like other areas of the Council there is a level of underspending in staffing budgets across Adults, Health and Commissioning due to a variety of factors, such as a time lag between resignations and

Budget Table 3 Reference	Title	2024- 25	2025- 29	Description
				appointments, as well as recruitment challenges. To reflect this, we have offered an additional vacancy saving for 2024/25 onwards.
B/R.6.037a	Day Opportunities	-200	0	Review of day opportunities for people with learning disabilities to ensure services represent an up to date offer that supports people to achieve their individual outcomes drawing on strengths and community assets as well as paid services where needed. The work will be co-produced and developed during 2024-25, with proposals arising for delivery in 25/26.
B/R.6.037b	ICB share of Day Opportunities	-60	0	Under the current LDP pooled budget arrangements, 76.78% of LDP costs are borne by the Council with the balance funded by C&P ICB. A share of the any savings delivered within the pooled budget will also be in part attributable to the ICB.
B/R.6.038	Savings from ending of Learning Disability pooled budget arrangements	0	-6,169	Ensuring appropriate health contributions to packages of care jointly funded by the council and the ICB following the ending of the current Learning Disability Partnership pooled budget arrangement with C&P ICB. Links to B/R.7.005a.
F/R.6.001	Health in all Policies	-125	0	The additional budget requirement added in the previous business plan is not needed to deliver on Health in All Policies as it is being addressed through existing capacity.
F/R.6.002	Public Health savings	-27	0	Public Health business planning for 2024-25 pulls together outstanding underspends and options for savings across several service areas. These will have minimal disruption as they are largely from services which are already underspending as a result of savings already made.
F/R.6.003	Savings from recommissioning of contracts	-22	-451	Savings from recommissioning of contracts.
		<b>-10,980</b>	<b>-9,124</b>	<b>Savings Total</b>

## Income

- 4.15 £11.509m of additional income has been identified for Adults, Health and Commissioning. This includes increases in ringfenced grants for 2024/25, including inflation to fees and charges.
- 4.16 £411k of additional income for Public Health has been identified for 2024/25, including £386k uplift in the Public Health Grant.

<b>Budget Table 3 Reference</b>	<b>Title</b>	<b>2024- 25</b>	<b>2025- 29</b>	<b>Description</b>
B/R.7.003	Fees and charges inflation	-292	-601	Increase in external charges to reflect inflationary increases
B/R.7.004	Client contributions inflation	-3,553	-4,268	Increase in anticipated contributions paid for care in line with the current charging policy and national regulations
B/R.7.005a	Learning Disability Partnership Pooled Budget - cost share	-1,469	0	In Cambridgeshire most spend on care for people with learning disabilities is currently paid for from the Learning Disability Partnership budget, to which both the council and NHS contribute. We have been seeking to re-establish the relative social care and health needs of the people supported by the Learning Disability Partnership to ensure that their care is funded by the correct organisation. Work on a sample of cases suggests a rebaselining will be in the council's favour. This line is based on the outcomes for that sample being representative, with some dampening in 2024-25. Beyond 2024-25 the shift in the Council's anticipated share of LDP costs is recognised as a saving (B/R.6.023) as the Council has served notice on the pooled budget arrangements. Links to B/R.6.038.
B/R.7.005b	Increased ICB contributions - share of net demand, inflation, investments and savings	-2,420	0	Contribution to Learning Disability demand, inflation, investments and savings attributable to C&P ICB in line with the current Learning Disability pooled budget arrangement.
B/R.7.006	Increased income from reducing Financial Assessments backlog	-931	-90	The financial assessments service currently has a significant number of backlog cases due to staff vacancies and increasing complexity of case management. We propose to invest in outsourcing a proportion of the case work to a third-party provider who can carry out the work on our behalf. In addition to reducing the uncertainty and stress for clients awaiting the assessment, it will positively address income to the council.
B/R.7.007	Increased Health income	0	-120	Increased Continuing Health Care capacity generating additional Health income
B/R.7.008	Income for Prisons end of life care	-45	0	Health income for end-of-life care
B/R.7.102	Uplift in Better Care Fund	-1,637	-1,287	The 2023-24 Better Care Fund uplift exceeded the budget set in the last Business Plan. In addition, an uplift for 2024-25 is anticipated. These annual uplifts enable us to utilise these funds to offset the demand pressures in Adult



				Social Care in line with the national conditions of the grant.
B/R.7.103	Adult Social Care Market Sustainability and Improvement Fund	-1,191	0	Increase in Adult Social Care Market Sustainability and Improvement Fund
B/R.7.105	Reduction in Social Care in Prisons grant	29	0	Reduction in Social Care in Prisons grant received in 2022-23 and impact on future year assumptions
B/R.7.107	Change in income reflecting end of Learning Disability pooled budget arrangements	0	33,353	Change in income reflecting end of Learning Disability pooled budget arrangements
F/R.7.200	Increased contribution from PCC	-25	-100	Inflation on shared posts costs with Peterborough City Council
F/R.7.201	Increase in Public Health grant	-386	0	Application of increase in the Public Health grant for 2024-25 to cover Agenda for Change uplifts and other provider inflationary pressures.
		<b>-11,920</b>	<b>26,887</b>	<b>Changes to income budgets - Total</b>

4.17 The total fees and charges budget within the remit for this Committee for 2024/25 is as follows:

Item	£000
<b>Fees and Charges by directorate</b>	
Adults, Health and Commissioning	92,343
Public Health	8,961

4.18 In accordance with the Council's scheme of financial management, Executive Directors are responsible for reviewing annually the levels of fees and charges, in consultation with the section 151 officer, and presenting a schedule of fees and charges to the relevant service committee. The planned fees and charges within the remit of this committee are included as Appendix 2.

- **Capital**

4.19 The below table provides an overview of the capital investment for Adults and Health.

Funding	Total funding £000	Previous Years £000	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 £000	2028-29 £000	Later Years £000
<b>Government Approved Funding</b>								
Disabled Facilities Grant	45,630	-	5,070	5,070	5,070	5,070	5,070	20,280



<b>Total – Government Approved Funding</b>	<b>45,630</b>	<b>-</b>	<b>5,070</b>	<b>5,070</b>	<b>5,070</b>	<b>5,070</b>	<b>5,070</b>	<b>20,280</b>
<b>Locally Generated Funding</b>								
Prudential Borrowing	60,740	816	9,411	15,135	5,600	9,935	9,935	9,908
<b>Total – Locally Generated Funding</b>	<b>60,740</b>	<b>816</b>	<b>9,411</b>	<b>15,135</b>	<b>5,600</b>	<b>9,935</b>	<b>9,935</b>	<b>9,908</b>
<b>TOTAL FUNDING</b>	<b>106,370</b>	<b>816</b>	<b>14,481</b>	<b>20,205</b>	<b>10,670</b>	<b>15,005</b>	<b>15,005</b>	<b>30,188</b>

4.20 The capital programme for this committee comprises £14.5m of expenditure in 2024-25 and a further £60.9m up to 2029. Full details are provided in tables 4 and 5 of the appendix 1 to this report. This includes:

- £43.4m for Independent Living Services across Cambridgeshire and a further £12m for specialist accommodation services for people with complex or challenging needs.
- £2m for community equipment to allow people to sustain their independence; and a further £25.4m is for adaptations to the homes of people with disabilities and is largely channelled through Disabled Facility grants awarded by the District Councils in Cambridgeshire.
- Capital variation budget of -£8.3m
- Capitalisation of interest costs £0.9m

## 5. Significant Implications

### Resource Implications

5.1 The proposals set out the response to the financial context and the need to review our service offer and model to maintain a sustainable budget. The full detail of the financial proposals and impact on budget will be described in the financial tables of the business plan. Proposals will seek to ensure that we make the most effective use of available resources and are delivering the best possible services with the money allocated.

### 5.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications for the proposals set out in this report. Details for specific proposals will be set out in the business cases. All required procurement activity will be fully compliant with the Council's Contract Procedure Rules.

- 5.3 Statutory, Legal and Risk Implications  
The proposals set out in this report respond to the statutory duty on the Local Authority to deliver a balanced budget. Cambridgeshire County Council will continue to meet the range of statutory duties for supporting our residents.
- 5.4 Equality and Diversity Implications  
Each of the proposals will be developed alongside an Equality Impact Assessment, where required, to ensure we have discharged our duties in line with the Equality Act 2010, including the Public Sector Equality Duty, as well as met our commitment to implementing the Socio-economic Inequalities Duty.
- 5.5 Engagement and Communications Implications  
Our Business Planning proposals are informed by the CCC public consultation and will be discussed with a wide range of partners throughout the process. The feedback from consultation will continue to inform the refinement of proposals. Where this leads to significant amendments to the recommendations a report would be provided to Strategy and Resources Committee.
- 5.6 Localism and Local Member Involvement  
As the proposals develop, we will have detailed conversations with Members about the impact of the proposals on their localities. We are working with members on materials which will help them have conversations with Parish Councils, local residents, the voluntary sector and other groups about where they can make an impact and support us to mitigate the impact of budget reductions.
- 5.7 Public Health Implications  
Any public health implications will vary depending on the detail of each of the proposals. Any positive or negative impacts will have been considered for each proposal as part of its development. The Quality-of-Life Survey provides some useful information on physical and mental health outcomes that could usefully inform ongoing business planning.
- 5.8 Climate Change and Environment Implications on Priority Areas  
The climate and environment implications will vary depending on the detail of each of the proposals. Any positive or negative impacts will have been considered for each proposal as part of its development.

Have the resource implications been cleared by Finance? Yes  
Name of Financial Officer: Stephen Howarth

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the Head of Procurement and Commercial? 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: Emma Duncan

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: Christine Birchall

Have any localism and Local Member involvement issues been cleared by your Service Contact? Yes

Name of Officer: Joe Lacey-Holland

Have any Public Health implications been cleared by Public Health? Yes

Name of Officer: Jyoti Atri

If a Key decision, have any Climate Change and Environment implications been cleared by the Climate Change Officer? Yes

Name of Officer: Emily Bolton

## 6. Source Documents

### 6.1 Appendix 1a – Adults, Health & Commissioning Indicative budget tables

Appendix 1b – Public Health Indicative budget tables

Appendix 2 – Adults and Health proposed Fees and charges

Appendix 3 – Adults & Health Draft Business Cases

Appendix 4 – Glossary of terms





# Appendix 1: Detailed Finance Tables

Revenue: 2024-29

Capital: 2024-34



## Detailed Finance Tables

### Introduction

There are five types of finance tables in our Business Plan. Tables 1-3 relate to all directorates for revenue, while only some directorates have tables 4 & 5 showing the capital programme. Tables 1, 2 & 3 show a directorate's revenue budget in different presentations.

- Table 1 shows the combined impact of budget changes on directorates and service budget line. over the five year medium-term.
- Table 2 shows the impact of changes in the first year on each directorate and service budget line.
- Table 3 shows the detailed changes, line-by-line, to each directorate's budget

Tables 4 and 5 outline directorates' capital budget, with Table 4 detailing capital expenditure for individual proposals, and Table 5 showing how individual capital proposals are funded.

### Table 1

This presents the net budget split by service budget line for each of the five years of the Business Plan. It also shows the revised opening budget and the gross budget, together with fees, charges and ring-fenced grant income, for 2024-25 split by service budget line. The purpose of this table is to show how the budget for a directorate changes over the period of the Business Plan.

### Table 2

This presents additional detail on the net budget for 2024-25 split by service budget line. The purpose of the table is to show how the budget for each line has been constructed: inflation, demography and demand, pressures, investments, savings and income are added to the opening budget to give the closing budget.

## Table 3

Table 3 explains in detail the changes to the previous year's budget over the period of the Business Plan, in the form of individual proposals.

The numbers for proposals in table 3 need to be read recurrently – in other words a budget increase in a given year is taken to be permanent (because it adds to the closing budget, which becomes the next year's opening budget). A one-off or temporary budget change is shown with a number that contrasts the original entry. For example a one-off saving of £500k in 2024-25 would show as a -£500k in 2024-25 and a reversing entry of +£500k in 2025-26.

At the top Table 3 takes the previous year's gross budget and then adjusts for proposals, grouped together in sections, covering inflation, demography and demand, pressures, investments and savings to give the new gross budget. The gross budget is reconciled to the net budget in Section 7. Finally, the sources of funding are listed in Section 8. An explanation of each section is given below:

- **Opening Gross Expenditure:**

The amount of money available to spend at the start of the financial year and before any adjustments are made. This reflects the final budget for the previous year.

- **Revised Opening Gross Expenditure:**

Adjustments that are made to the base budget to reflect permanent changes in a directorate. This is often to reflect a transfer of services from one area to another, or budget changes made in-year in the previous year.

- **Inflation:**

Additional budget provided to allow for pressures created by inflation. These inflationary pressures are particular to the activities covered by the directorate, and also cover staffing inflation.

- **Demography and Demand:**

Additional budget provided to allow for pressures created by demography and increased demand. These demographic pressures are particular to the activities covered by the directorate. Demographic changes are backed up by a robust programme to challenge and verify requests for additional budget.

- **Pressures:**

These are specific additional pressures identified that require further budget to support.

- **Priorities & Investments:**

These are proposals where additional budget is provided to support the ambitions and priorities of the council

- **Savings:**

These are savings proposals that indicate services that will be reduced, stopped or delivered differently to reduce the costs of the service. They could be one-off entries or span several years.

- **Total Gross Expenditure:**

The newly calculated gross budget allocated to the directorate after allowing for all the changes indicated above. This becomes the Opening Gross Expenditure for the following year.

- **Fees, Charges & Ring-fenced Grants:**

This lists the fees, charges and grants that offset the directorate's gross budget. The section starts with the carried forward figure from the previous year and then lists changes applicable in the current year.

- **Total Net Expenditure:**



The net budget for the directorate after deducting fees, charges and ring-fenced grants from the gross budget.

- **Funding Sources:**

How the gross budget is funded – funding sources include cash limit funding (central funding from Council Tax, business rates and government grants), fees and charges, and individually listed ring-fenced grants.

#### Table 4

This presents a directorate’s capital schemes, across the ten-year period of the capital programme. The schemes are summarised by start year in the first table and listed individually, grouped together by category, in the second table. The third table identifies the funding sources used to fund the programme. These sources include prudential borrowing, which has a revenue impact for the Council.

#### Table 5

Table 5 lists a capital scheme and shows how each scheme is funded. The schemes are summarised by start year in the first table and listed individually, grouped together by category, in the second table.

## Section 3 - B: Adults, Health & Commissioning

Table 1: Revenue - Summary of Net Budget by Operational Division

Budget Period: 2024-25 to 2028-29

Net Revised Opening Budget 2023-24 £000	Service	Gross Budget 2024-25 £000	Fees, Charges & Ring-fenced Grants 2024-25 £000	Net Budget 2024-25 £000	Net Budget 2025-26 £000	Net Budget 2026-27 £000	Net Budget 2027-28 £000	Net Budget 2028-29 £000
-32,517	<b>Executive Director</b>							
3,324	Executive Director - Adults, Health & Commissioning	14,668	-52,968	-38,300	-38,988	-39,653	-39,615	-39,575
514	Performance & Strategic Development	3,471	-16	3,455	3,554	3,656	3,762	3,871
	Principal Social Worker	539	-	539	558	577	597	618
<b>-28,678</b>	<b>Subtotal Executive Director</b>	<b>18,678</b>	<b>-52,984</b>	<b>-34,306</b>	<b>-34,876</b>	<b>-35,419</b>	<b>-35,255</b>	<b>-35,086</b>
	<b>Service Director – LDP and Prevention</b>							
379	Service Director – LDP and Prevention	353	-28	325	244	252	259	267
11,070	Prevention & Early Intervention	12,491	-1,085	11,407	11,812	12,230	12,663	13,110
2,340	Transfers of Care	2,463	-	2,463	2,555	2,651	2,749	2,851
2,901	Autism and Adult Support	4,303	-137	4,165	4,851	5,476	6,151	6,882
	<i>Learning Disabilities</i>							
7,095	Head of Service	7,315	-309	7,006	1,244	1,170	1,105	1,050
46,496	LD - City, South and East Localities	53,033	-2,584	50,449	39,733	41,829	44,769	48,084
44,044	LD - Hunts and Fenland Localities	49,984	-2,216	47,768	37,527	39,517	42,313	45,465
15,095	LD - Young Adults Team	16,953	-392	16,562	12,956	13,401	14,345	15,407
9,316	In House Provider Services	9,944	-285	9,659	8,423	8,693	8,971	9,260
-29,464	NHS Contribution to Pooled Budget	-	-33,353	-33,353	-0	-0	-0	-0
<b>109,274</b>	<b>Subtotal Service Director – LDP and Prevention</b>	<b>156,840</b>	<b>-40,389</b>	<b>116,451</b>	<b>119,345</b>	<b>125,219</b>	<b>133,326</b>	<b>142,376</b>
	<b>Service Director – Care &amp; Assessment</b>							
891	Service Director - Care & Assessment	934	-	934	967	1,001	1,036	1,073
5,231	Assessment & Care Management	5,504	-43	5,461	5,633	5,812	5,996	6,187
1,536	Safeguarding	1,596	-	1,596	1,642	1,688	1,737	1,787
2,003	Adults Finance Operations	2,102	-10	2,092	2,159	2,229	2,300	2,375
	<i>Older People's and Physical Disabilities Services</i>							
33,791	Older Peoples Services - North	53,507	-15,009	38,498	42,132	46,403	50,965	55,836
37,161	Older Peoples Services - South	60,046	-17,653	42,393	46,333	50,691	55,480	60,604
5,667	Physical Disabilities - North	7,317	-758	6,560	7,203	7,896	8,628	9,399
6,466	Physical Disabilities - South	8,593	-1,120	7,473	8,193	8,969	9,788	10,653
<b>92,746</b>	<b>Subtotal Service Director – Care &amp; Assessment</b>	<b>139,600</b>	<b>-34,594</b>	<b>105,006</b>	<b>114,262</b>	<b>124,688</b>	<b>135,931</b>	<b>147,912</b>
	<b>Service Director - Commissioning</b>							
1,064	Service Director - Commissioning	1,032	-21	1,011	1,133	1,318	1,509	1,705
2,617	Adults Commissioning - Staffing	2,946	-	2,946	3,037	3,131	3,228	3,328

## Section 3 - B: Adults, Health & Commissioning

Table 1: Revenue - Summary of Net Budget by Operational Division

Budget Period: 2024-25 to 2028-29

Net Revised Opening Budget 2023-24 £000	Service	Gross Budget 2024-25 £000	Fees, Charges & Ring-fenced Grants 2024-25 £000	Net Budget 2024-25 £000	Net Budget 2025-26 £000	Net Budget 2026-27 £000	Net Budget 2027-28 £000	Net Budget 2028-29 £000
7,312	Adults Commissioning - Contracts	10,747	-5,803	4,944	5,101	5,196	5,294	5,396
1,376	Children's Commissioning - Staffing	1,443	-	1,443	1,494	1,546	1,599	1,655
5,909	Housing Related Support	7,110	-596	6,513	6,738	6,968	7,205	7,448
2,101	Integrated Community Equipment Service	8,297	-6,059	2,239	2,383	2,468	2,557	2,647
	<i>Mental Health</i>							
3,734	Mental Health - Staffing	4,060	-57	4,003	4,130	4,261	4,397	4,537
2,775	Mental Health Commissioning	3,321	-549	2,772	3,013	3,121	3,233	3,347
6,967	Adult Mental Health	8,574	-432	8,143	8,849	9,845	10,865	11,911
8,464	Older People Mental Health	10,931	-1,549	9,382	9,972	10,694	11,720	12,789
<b>42,319</b>	<b>Subtotal Service Director - Commissioning</b>	<b>58,462</b>	<b>-15,065</b>	<b>43,397</b>	<b>45,848</b>	<b>48,548</b>	<b>51,608</b>	<b>54,764</b>
<b>215,660</b>	<b>Adults, Health &amp; Commissioning Budget Total</b>	<b>373,580</b>	<b>-143,032</b>	<b>230,548</b>	<b>244,579</b>	<b>263,035</b>	<b>285,609</b>	<b>309,966</b>

## Section 3 - B: Adults, Health & Commissioning

**Table 2: Revenue - Net Budget Changes by Operational Division**

Budget Period: 2024-25

Service	Net Revised Opening Budget £000	Net Inflation £000	Demography & Demand £000	Pressures £000	Priorities & Investments £000	Savings £000	Income Adjustments £000	Net Budget £000
<b>Executive Director</b>								
Executive Director - Adults, Health & Commissioning	-32,516	76	-	-	110	-3,136	-2,834	-38,300
Performance & Strategic Development	3,324	131	-	-	-	-	-	3,455
Principal Social Worker	514	25	-	-	-	-	-	539
<b>Subtotal Executive Director</b>	<b>-28,678</b>	<b>232</b>	<b>-</b>	<b>-</b>	<b>110</b>	<b>-3,136</b>	<b>-2,834</b>	<b>-34,306</b>
<b>Service Director – LDP and Prevention</b>								
Service Director – LDP and Prevention	379	10	-	-64	-	-	-	325
Prevention & Early Intervention	11,070	542	-	-	-	-161	-45	11,407
Transfers of Care	2,340	123	-	-	-	-	-	2,463
Autism and Adult Support	2,901	218	1,058	-	6	-5	-13	4,165
<i>Learning Disabilities</i>								
Head of Service	7,095	10	-	-	-99	-	-	7,006
LD - City, South and East Localities	46,496	3,425	1,890	-	-	-1,361	-	50,449
LD - Hunts and Fenland Localities	44,044	3,253	1,804	-	-	-1,333	-	47,768
LD - Young Adults Team	15,095	1,097	601	-	-	-231	-	16,562
In House Provider Services	9,316	343	-	-	-	-	-	9,659
NHS Contribution to Pooled Budget	-29,464	-	-	-	-	-	-3,889	-33,353
<b>Subtotal Service Director – LDP and Prevention</b>	<b>109,274</b>	<b>9,019</b>	<b>5,353</b>	<b>-64</b>	<b>-93</b>	<b>-3,091</b>	<b>-3,947</b>	<b>116,451</b>
<b>Service Director – Care &amp; Assessment</b>								
Service Director - Care & Assessment	891	43	-	-	-	-	-	934
Assessment & Care Management	5,231	230	-	-	-	-	-	5,461
Safeguarding	1,536	60	-	-	-	-	-	1,596
Adults Finance Operations	2,003	89	-	-	-	-	-	2,092
<i>Older People's and Physical Disabilities Services</i>								
Older Peoples Services - North	33,791	2,531	2,235	1,396	100	-1,147	-408	38,498
Older Peoples Services - South	37,161	2,706	2,327	1,799	110	-1,327	-384	42,393
Physical Disabilities - North	5,667	542	396	-	17	-34	-28	6,560
Physical Disabilities - South	6,466	614	443	-	19	-37	-32	7,473
<b>Subtotal Service Director – Care &amp; Assessment</b>	<b>92,746</b>	<b>6,815</b>	<b>5,401</b>	<b>3,195</b>	<b>246</b>	<b>-2,545</b>	<b>-852</b>	<b>105,006</b>
<b>Service Director - Commissioning</b>								
Service Director - Commissioning	1,064	445	-	-	12	-509	-	1,011
Adults Commissioning - Staffing	2,617	120	-	-	209	-	-	2,946
Adults Commissioning - Contracts	7,312	125	-	-	-	-1,011	-1,482	4,944
Children's Commissioning - Staffing	1,376	67	-	-	-	-	-	1,443
Housing Related Support	5,909	587	-	-	17	-	-	6,513
Integrated Community Equipment Service	2,101	106	34	-	-	-	-2	2,239
<i>Mental Health</i>								
Mental Health - Staffing	3,734	169	-	-	-	100	-	4,003

### Section 3 - B: Adults, Health & Commissioning

**Table 2: Revenue - Net Budget Changes by Operational Division**

Budget Period: 2024-25

Service	Net Revised Opening Budget £000	Net Inflation £000	Demography & Demand £000	Pressures £000	Priorities & Investments £000	Savings £000	Income Adjustments £000	Net Budget £000
Mental Health Commissioning	2,775	275	-	-	8	-75	-210	2,772
Adult Mental Health	6,967	567	758	-	18	-157	-10	8,143
Older People Mental Health	8,464	777	523	-	21	-382	-21	9,382
<b>Subtotal Service Director - Commissioning</b>	<b>42,319</b>	<b>3,237</b>	<b>1,315</b>	<b>-</b>	<b>285</b>	<b>-2,034</b>	<b>-1,725</b>	<b>43,397</b>
<b>Adults, Health &amp; Commissioning Budget Total</b>	<b>215,661</b>	<b>19,303</b>	<b>12,069</b>	<b>3,131</b>	<b>548</b>	<b>-10,806</b>	<b>-9,358</b>	<b>230,548</b>

## Section 3 - B: Adults, Health & Commissioning

**Table 3: Revenue - Overview**

**Budget Period: 2024-25 to 2028-29**

Ref	Title	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 £000	2028-29 £000	Description
<b>1</b>	<b>OPENING GROSS EXPENDITURE</b>	<b>339,882</b>	<b>373,580</b>	<b>355,989</b>	<b>376,308</b>	<b>400,103</b>	
B/R.1.001	Permanent Virements - PVs	1,780	-	-	-	-	- Virements making permanent changes to budgets during 2023-24
B/R.1.002	Transfer of Function - Local Assistance Scheme	-300	-	-	-	-	- The movement of services between Directorates during 2023-24.
B/R.1.003	Adult Social Care Market Sustainability and Improvement Fund	43	-	-	-	-	- Increased expenditure budget related to this ringfenced grant, not otherwise captured in increases in spend listed below
B/R.1.004	Adult Social Care Discharge Fund	1,418	-	-	-	-	- Increased expenditure budget relating to this ringfenced grant
B/R.1.005	Public Health Grant	53	-	-	-	-	- Change in base budget relating to the costs funded by the Public Health grant.
B/R.1.006	Social Care in Prisons Grant	-29	-	-	-	-	- Reduction in Social Care in Prisons grant received in 2022-23 and impact on future year assumptions.
B/R.1.007	Improved Better Care Fund	-1	-	-	-	-	- Minor adjustment in system budget for this grant
B/R.1.008	Base adjustment for ending of Learning Disability Partnership pooled budget	-	-33,353	-	-	-	- Base adjustment for ending of Learning Disability Partnership pooled budget
B/R.1.009	Transfer of 2023-24 pay award funding – AHC	2,644	-	-	-	-	- This allocates funding permanently for the cost for the 2023-24 pay award.
<b>1.99</b>	<b>REVISED OPENING GROSS EXPENDITURE</b>	<b>345,490</b>	<b>340,227</b>	<b>355,989</b>	<b>376,308</b>	<b>400,103</b>	
<b>2</b>	<b>INFLATION</b>						
B/R.2.001	Adult social care providers inflation	1,950	2,581	2,802	3,041	3,296	Forecast pressure from general inflation relating to care providers.

## Section 3 - B: Adults, Health & Commissioning

**Table 3: Revenue - Overview**

**Budget Period: 2024-25 to 2028-29**

Ref	Title	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 £000	2028-29 £000	Description
B/R.2.002	Impact of increases in the National Living Wage (NLW) on Adult Social Care Contracts	16,351	5,388	5,816	6,297	6,809	The National Living Wage will rise to £11.44 in 2024-25. This will have an impact on the cost of purchasing care from external providers. In addition, the Council has committed to paying the Real Living Wage (RLW), and an additional investment of £500k is being made to allow providers to continue to pay RLW (B/R.5.008). This reflects the fact that RLW is growing at a higher % rate than NLW for 2024-25. NLW pressures in later years follow OBR estimates and assume a 3% increase each year.
B/R.2.003	AHC inflation - miscellaneous other budgets	435	214	201	215	219	Forecast pressure for inflation relating to miscellaneous other budgets
B/R.2.004	Staff pay inflation	2,542	1,979	2,046	2,115	2,187	Assumed 5% increase for 2024-25 and 3.5% thereafter
B/R.2.005	Provider inflation on Learning Disability services attributable to Cambridgeshire and Peterborough Integrated Care Board	1,771	-	-	-	-	Under the current Learning Disability Partnership (LDP) pooled budget arrangements, 76.78% of LDP costs are borne by the Council with the balance funded by C&P ICB. The Council's share of provider inflation on services to people with learning disabilities is included in B/R.2.001 and 2,002 above.
B/R.2.006	Staffing and other inflation on Learning Disability services attributable to C&P ICB	99	-	-	-	-	C&P ICB contribution to staffing inflation on services for people with learning disabilities. The Council's share of staffing and other inflation on services to people with learning disabilities is included in B/R.2.003 and 2,004 above.
<b>2.99</b>	<b>Subtotal Inflation</b>	<b>23,148</b>	<b>10,162</b>	<b>10,865</b>	<b>11,668</b>	<b>12,511</b>	
<b>3</b>	<b>DEMOGRAPHY AND DEMAND</b>						
B/R.3.001	Additional funding for Older People demand	4,562	4,960	5,162	5,372	5,590	Additional funding to ensure we meet the demand for care amongst older people providing care at home as well as residential and nursing placements. In recent years the impact of Covid-19 resulted in a shift away from bed based care. However, we have seen demand rise again in 2023-24 at the sort of levels we were seeing pre-pandemic. This activity is expected to continue and current patterns of activity and expenditure is modelled forward, with account being taken of increasing complexity of cases coming through the service. B/R.4.002 reflects the pressure we will see in 2024-25 from increased service user numbers in 2023-24 which were not budgeted for.

## Section 3 - B: Adults, Health & Commissioning

**Table 3: Revenue - Overview**

**Budget Period: 2024-25 to 2028-29**

Ref	Title	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 £000	2028-29 £000	Description
B/R.3.002	Funding for additional Physical Disabilities demand	839	943	971	1,001	1,031	Additional funding to ensure we meet the increased demand for care for people with physical disabilities. The current pattern of activity and expenditure is modelled forward using population forecasts and activity data. Account is then taken of increasing complexity as a result of increasing need, in particular, more hours of domiciliary care are being provided per person. This work has supported the case for additional funding of £839k in 2024-25 to ensure we can continue to provide the care for people who need it.
B/R.3.003	Additional funding for Autism and Adult Support demand	1,058	585	505	539	576	Additional funding to ensure we are able to support the increasing number of autistic adults. Demand funding reflects both expected increases in numbers of people being supported, and increasing needs of the existing cohort.
B/R.3.004a	Additional funding for Learning Disability demand	3,297	3,665	4,200	4,311	4,555	Under the current Learning Disability Partnership (LDP) pooled budget arrangements, 76.78% of LDP costs are borne by the Council with the balance funded by Cambridgeshire & Peterborough ICB (C&P ICB), This line reflects additional CCC funding to ensure we meet the rising level of needs amongst people with learning disabilities.
B/R.3.004b	Additional funding for Learning Disability demand attributable to C&P ICB	998	-	-	-	-	This line reflects additional ICB funding to ensure we meet the rising level of needs amongst people with learning disabilities.
B/R.3.005	Funding for Older People Mental Health Demand	523	523	523	523	523	Additional funding to ensure we meet the increased demand for care amongst older people with mental health needs, providing care at home as well as residential and nursing placements. The current pattern of activity and expenditure is modelled forward using population forecasts to estimate the additional budget requirement for each age group and type of care. This work has supported the case for additional funding of £523k in 2024-25 to ensure we can continue to provide the care for people who need it.
B/R.3.006	Funding for Adult Mental Health Demand	758	758	758	758	758	Additional funding to ensure we meet the increased demand for care amongst working age adults with mental health needs. The current pattern of activity and expenditure is modelled forward using population forecasts and data relating to the prevalence of mental health needs. This data is showing particular growth in supported living placements. This work has supported the case for additional funding of £758k in 2024-25 to ensure we can continue to provide the care for people who need it.



## Section 3 - B: Adults, Health & Commissioning

**Table 3: Revenue - Overview**

**Budget Period: 2024-25 to 2028-29**

Ref	Title	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 £000	2028-29 £000	Description
B/R.3.007	Funding for additional demand for Community Equipment	34	35	35	35	35	Over the last five years, our strategy has seen a positive movement in supporting people to live at home for longer, maximising their independence through the use of community equipment as a key element of our prevention and early intervention approach. Additional funding is required to maintain the proportion of people supported to live independently, through the provision of community equipment and home adaptations. This requirement is important in the context of a rising population and the increasing complexity of the needs of the people in question.
<b>3.99</b>	<b>Subtotal Demography and Demand</b>	<b>12,069</b>	<b>11,469</b>	<b>12,154</b>	<b>12,539</b>	<b>13,068</b>	
<b>4</b>	<b>PRESSURES</b>						
B/R.4.001	Adult Social Care market pressures - workforce development	-64	-88	-	-	-	Ending of one off funding to support workforce development in the Adult Social Care market. Total investment £240k over 2 years.
B/R.4.002	Older People pressure from additional growth in 2023-24	3,195	-	-	-	-	- Full year impact of unexpectedly high growth in Older People placement numbers in 2023-24
<b>4.99</b>	<b>Subtotal Pressures</b>	<b>3,131</b>	<b>-88</b>	<b>-</b>	<b>-</b>	<b>-</b>	
<b>5</b>	<b>PRIORITIES &amp; INVESTMENTS</b>						
B/R.5.001	Adults Retention Payments	-62	10	-49	-	-	- An investment was made into retention payments in previous years; this line reflects the planned reduction of the new budget required for that over time as other costs come down.
B/R.5.002	Reviews of Learning Disability packages	-280	-	-	-	-	- Repayment of one-off investment for reviews of the care and support provided to people with learning disabilities to ensure the right level of care is provided (links to B/R.6.005)
B/R.5.003a	Investment in commissioners to support development of supported living offer	108	-	-	-	-	- Investment in 2 full-time equivalent (FTE) commissioners to support development of supported living offer to manage future demand - links to saving B/R.6.014
B/R.5.003b	C&P ICB share of costs of commissioners to support development of supported living offer	32	-	-	-	-	- Under the current Learning Disability Partnership (LDP) pooled budget arrangements, 76.78% of net LDP costs are borne by the Council with the balance funded by C&P ICB. A share of the costs of investments and any savings delivered within the pooled budget will also be in part attributable to the ICB. Links to saving B/R.6.014

## Section 3 - B: Adults, Health & Commissioning

**Table 3: Revenue - Overview**

**Budget Period: 2024-25 to 2028-29**

Ref	Title	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 £000	2028-29 £000	Description
B/R.5.004a	Commissioning manager to manage Learning Disability voids	53	-	-	-	-	- Investment in commissioning manager to deliver savings from voids in properties where people with learning disabilities have tenancies - links to saving B/R.6.007
B/R.5.004b	C&P ICB share of costs of commissioning manager for LD voids	16	-	-	-	-	- Under the current LDP pooled budget arrangements, 76.78% of LDP costs are borne by the Council with the balance funded by C&P ICB.
B/R.5.005a	Investment in staffing to deliver cost avoidance savings	150	-	-	-150	-	- Investment from reserves to support Residential / nursing project - investment in 1 commissioner / Broker, and 2 social worker posts into Duty team to deliver cost avoidance by increasing independence for mental health placements. - links to saving B/R.6.009
B/R.5.005b	Investment into review of In house provision and opportunities	100	-100	-	-	-	- One off investment funded from reserves to support scoping of opportunities associated with delivery of in-house services savings - links to savings B/R.6.030 - B/R.6.032
B/R.5.005c	Investment into review of Discharge pathways	500	-500	-	-	-	- One off investment funded from reserves to undertake a diagnostic review of local hospital discharge pathways to ensure we are embedding the home first approach and maximising opportunities to support people to optimise their recovery and independence post discharge. Links to savings B/R.6.027 - B/R.6.029.
B/R.5.005d	Investment into review of prevention agenda	363	-305	-58	-	-	- One off investment funded from reserves to support expansion of Care Together programme to deliver an all-age locality prevention strategy to manage demand. This includes further developing the prevention agenda across the breadth of adult social care, to support people's independence and preventing people needing to access adults services. It also includes exploration of opportunities to enhance the council's digital offer, to promote more self-service. Links to saving B/R.6.024.
B/R.5.005e	Investment into review of Learning Disability spend	498	-498	-	-	-	- One off investment funded from reserves to ensure capacity and resource to support delivery of change in services for people with learning disabilities. Links to savings B/R.6.016 - B/R.6.019.
B/R.5.005f	Investment in expansion of LD Shared Lives outreach	104	-58	-46	-	-	- One off investment funded from reserves in additional resource to support the expansion of the outreach service for people with learning disabilities. Links to saving B/R.6.020a.
B/R.5.005g	Investment required for decoupling of Learning Disability pooled budget	1,115	-1,115	-	-	-	- One off investment funded from reserves in capacity and resource to support the work needed to decouple the Learning Disability Partnership pooled budget arrangement with C&P ICB. Links to saving B/R.6.038

## Section 3 - B: Adults, Health & Commissioning

**Table 3: Revenue - Overview**

**Budget Period: 2024-25 to 2028-29**

Ref	Title	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 £000	2028-29 £000	Description
B/R.5.005h	Funding from Adults reserves for invest to save schemes	-510	256	104	150	-	- Investment from Adults reserves funding to contribute towards the cost of one off investments to support delivery of adults savings. Links to investments B/R.5.005a-g.
B/R.5.005i	Funding from Just Transition Fund for invest to save schemes	-2,320	2,320	-	-	-	- Investment from Just Transition funding to contribute towards the cost of one off investments to support delivery of adults savings. Links to investments B/R.5.005a-g.
B/R.5.006	C&P ICB share of investment into review of learning Disability spend	150	-150	-	-	-	- Under the current Learning Disability Partnership (LDP) pooled budget arrangements, 76.78% of LDP costs are borne by the Council with the balance funded by C&P ICB. Links to savings B/R.6.016-B/R.6.019
B/R.5.007	C&P ICB share of investment in LD Shared Lives outreach	31	-31	-	-	-	- Under the current Learning Disability Partnership (LDP) pooled budget arrangements, 76.78% of LDP costs are borne by the Council with the balance funded by C&P ICB. Links to saving B/R.6.020a.
B/R.5.008	Investment to support continuing payment of the Real Living Wage	500	-	-	-	-	- We are making specific investment to enable providers to pay their staff the Real Living Wage. This will enable providers to increase staff pay in line with the increase in Real Living Wage to £12 per hour for 2024/25.
<b>5.99</b>	<b>Subtotal Priorities &amp; Investments</b>	<b>548</b>	<b>-171</b>	<b>-49</b>	<b>-</b>	<b>-</b>	
<b>6</b>	<b>SAVINGS</b>						
B/R.6.001	Independent Living Service - Huntingdonshire	-	-114	-	-	-	- We are exploring alternative models of delivery for residential and nursing care provision, including a tenancy based model that offers more choice and control for people at a lower cost to the council.
B/R.6.002	Expansion of Direct Payments	-32	-60	-	-	-	- Savings generated by investment in 2022-23 to increase the uptake of Direct Payments
B/R.6.003	Decommissioning of block contracts for car rounds providing homecare	-2,473	-100	-	-	-	- We currently have provision to deliver homecare in the county using cars, enabling people to return from hospital, and providing care for people in hard-to-reach places. However, with demand being met by mainstream homecare providers, the 26 homecare cars have a very low level of use and are no longer cost effective. Decommissioning of these contracts will be phased from January onwards. Due to good capacity in the market to meet demand, alongside local models of delivery being developed through our Care Together programme, the decommissioning should have no negative impacts for people requiring home care.

## Section 3 - B: Adults, Health & Commissioning

**Table 3: Revenue - Overview**

**Budget Period: 2024-25 to 2028-29**

Ref	Title	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 £000	2028-29 £000	Description
B/R.6.004	Mental Health section 75 vacancy factor	100	-	-	-	-	Savings from vacant posts due to staff turnover in our section 75 agreement with health partners were taken on a one-off basis in 2023-24. This aligned with the vacancy factors we carry across our other CCC teams recognising that there will always be some posts vacant as people leave and new people are recruited. But in the longer term we are looking to full recruitment for this team.
B/R.6.005a	Learning Disability mid-cost range placement review	-203	-	-	-	-	Review of the care and support provided to people with learning disabilities packages to ensure the right level and type of support is provided to allow people to be as independent and connected to their own communities as possible - links to B/R.5.002
B/R.6.005b	ICB share of Learning Disability mid-cost placement reviews	-61	-	-	-	-	Under the current LDP pooled budget arrangements, 76.78% of LDP costs are borne by the Council with the balance funded by C&P ICB. A share of the costs of investments and any savings delivered within the pooled budget will also be in part attributable to the ICB - links to B/R.5.002
B/R.6.006	Mental Health supported accommodation	-137	-267	-	-	-	Savings on retendering and restructuring of mental health supported accommodation provision.
B/R.6.007a	Learning Disability Voids Saving	-230	-	-	-	-	Savings from ensuring best use of pre-paid contracted capacity when finding accommodation for people with learning disabilities, reducing void rates and the use of spot placements. Saving attributable to the Learning Disability Pooled budget arrangements - links to investment B/R.5.004.
B/R.6.007b	ICB share of LD voids saving	-70	-	-	-	-	Under the current LDP pooled budget arrangements, 76.78% of LDP costs are borne by the Council with the balance funded by C&P ICB. - links to investment B/R.5.004
B/R.6.008a	Reduction in 1 day of care	-398	-	-	-	-	Adjustment in number of days budgeted for in 2023-24 and creation of sinking fund to accommodate future leap year increases and decreases in costs
B/R.6.008b	ICB share of reduction of 1 day of care (day 366)	-58	-	-	-	-	ICB share of the LD element of the saving in care costs as a result of there being 1 less day in 2024-25 than in 2023-24. And creation of sinking fund to accommodate future leap year increases and decreases in costs.

## Section 3 - B: Adults, Health & Commissioning

**Table 3: Revenue - Overview**

**Budget Period: 2024-25 to 2028-29**

Ref	Title	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 £000	2028-29 £000	Description
B/R.6.009	Mental Health residential and community	-357	-357	-262	-		A three-year investment to deliver savings, focused on three key areas for improvements in the current commissioned provision of mental health social care services: Sharing resources with existing residential or nursing placements, for example adding one-to-one care in addition, where required, rather than isolated packages; Rolling out the Step Care model for early intervention to promote independence and help reduce escalation in needs - links to investment B/R.5.005
B/R.6.010	Block beds void management	-380	-	-	-		Making best use of block contract capacity when making placements, reducing the rate of voids and the number of spot placements being made.
B/R.6.011	Reablement surplus following restructure	-91	-	-	-		Surplus budget following restructure of teams
B/R.6.012	Historic saving from ending of Lifelines service	-70	-	-	-		Historic savings target now achievable
B/R.6.013a	Prevent, reduce and delay needs presenting - reablement	-480	-465	-	-		Our reablement service provides short term support for up to six weeks to help people regain their independence, for example after an illness or a stay in hospital, preventing the need to go into longer term care support. We aim to achieve greater capacity in the service to allow more reablement activity to be undertaken and support more people to continue living in their own homes for longer. This work will be further refined in year by the outcomes of the review of hospital discharge pathways to improve outcomes for people leaving hospital. See 6.027-29.
B/R.6.013b	ICB share of Prevent, reduce and delay needs presenting - reablement	-45	-	-	-		Under the current LDP pooled budget arrangements, 76.78% of LDP costs are borne by the Council with the balance funded by C&P ICB. A share of the costs of investments and any savings delivered within the pooled budget will also be in part attributable to the ICB.
B/R.6.014	Accommodation - Supported Living, core and cluster capacity	-	-230	-230	-		Development of supported living offer to manage future demand. Ensuring local capacity to meet needs at sustainable costs, reducing the need for more costly out of area placements. - links to investment B/R.5.003.
B/R.6.015	Prevention Agenda - Digital Innovation	-300	-	-	-		Front door process and practice. Maximising opportunities for digitalisation, web based, self serve and Artificial Intelligence (AI) tools to support self-management and manage demand and support efficiencies in the service. This will build on a range of non-digital access options, so people feel supported with a range of options and are not digitally excluded.

## Section 3 - B: Adults, Health & Commissioning

**Table 3: Revenue - Overview**

**Budget Period: 2024-25 to 2028-29**

Ref	Title	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 £000	2028-29 £000	Description
B/R.6.016a	Learning Disability Low Cost placement review	-130	-130	-	-	-	- Review of packages to ensure the right level of care is provided and people are supported to be as independent as possible in their own homes. Links to investment B/R.5.006
B/R.6.016b	ICB share of Learning Disability - low cost placement review	-39	-	-	-	-	- Under the current LDP pooled budget arrangements, 76.78% of LDP costs are borne by the Council with the balance funded by C&P ICB. A share of the costs of investments and any savings delivered within the pooled budget will also be in part attributable to the ICB. Links to investment B/R.5.006
B/R.6.017	Learning Disability Vehicle Fleet Reduction	-50	-	-	-	-	- Vehicle reduction by centralising day services fleet
B/R.6.018a	Learning Disability Respite Utilisation	-190	-95	-	-	-	- Increase respite utilisation rates by optimising scheduling and maximising use of the service
B/R.6.018b	ICB share of Learning Disability - respite utilisation	-57	-	-	-	-	- Under the current LDP pooled budget arrangements, 76.78% of LDP costs are borne by the Council with the balance funded by C&P ICB. A share of the costs of investments and any savings delivered within the pooled budget will also be in part attributable to the ICB.
B/R.6.019a	Learning Disability Negotiation with providers	-449	-	-	-	-	- Stronger contract management and relationships with providers to support more robust oversight of contract monitoring and performance. This will ensure that we maximise capacity and get the best value for money.
B/R.6.019b	ICB share of Learning Disability - negotiation with providers	-136	-	-	-	-	- Under the current LDP pooled budget arrangements, 76.78% of LDP costs are borne by the Council with the balance funded by C&P ICB. A share of the costs of investments and any savings delivered within the pooled budget will also be in part attributable to the ICB.
B/R.6.020a	Learning Disability Cambridgeshire Outreach	-200	-	-	-	-	- Expand outreach services, to support people more effectively in local areas, reducing the demand on other services. Links to investment B/R.5.007.
B/R.6.020b	ICB share of Learning Disability - Cambridgeshire Outreach	-60	-	-	-	-	- Under the current LDP pooled budget arrangements, 76.78% of LDP costs are borne by the Council with the balance funded by C&P ICB. A share of the costs of investments and any savings delivered within the pooled budget will also be in part attributable to the ICB.
B/R.6.021a	Learning Disability Enablement	-300	-	-	-	-	- Development of an enablement offer for people with learning disabilities to support the skills and technology needed for people to live their lives as independently as possible.

## Section 3 - B: Adults, Health & Commissioning

**Table 3: Revenue - Overview**

**Budget Period: 2024-25 to 2028-29**

Ref	Title	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 £000	2028-29 £000	Description
B/R.6.021b	ICB share of Learning Disability - Enablement	-91	-	-	-	-	Under the current LDP pooled budget arrangements, 76.78% of LDP costs are borne by the Council with the balance funded by C&P ICB. A share of the any savings delivered within the pooled budget will also be in part attributable to the ICB.
B/R.6.024	Prevention Agenda - All Age Locality Strategy	-177	-	-	-	-	Improve commissioning opportunities, aligned to locality model to maximise delivery of home first model, and expansion of an all-age prevention and early intervention offer on a locality basis to manage future demand into services.
B/R.6.025	Mental Health Recommissioning Supported Accommodation	-75	-75	-	-	-	Savings on retendering and restructuring of Mental Health supported accommodation provision.
B/R.6.026	Independent Living Service - East Cambridgeshire	-	-	-119	-	-	We are exploring alternative models of delivery for residential and nursing care provision, including a tenancy based model that offers more choice and control for people at a lower cost to the council.
B/R.6.027	Review discharge pathways - Pathway 3, Reduce bed based care	-400	-	-	-	-	Opportunity to undertake a diagnostic of current arrangements for hospital discharge pathways to ensure we are maximising support available, with a home first approach, to maximise independence with a focus on reducing reliance on referrals into long term bed-based care.
B/R.6.028	Review discharge pathways - Pathway 3, Reduce homecare	-400	-	-	-	-	Opportunity to undertake a diagnostic of current arrangements for hospital discharge pathways to ensure we are maximising support available, in the correct setting, with a focus on reducing reliance on referrals into long term homecare.
B/R.6.029	Review discharge pathways - Pathway 2, Reduce bed based care	-400	-	-	-	-	Opportunity to undertake a diagnostic of current arrangements for hospital discharge pathways to ensure we are maximising support available, with a home first approach, to maximise independence with a focus on reducing reliance on referrals into interim bed-based care.
B/R.6.030	Review in house services - Cost avoidance / efficiencies and new opportunities	-300	-	-	-	-	To include exploration of efficiencies in operations and opportunities for growth in in-house services, with a focus on maximising independence to deliver cost-avoidance and demand management savings and diversification of new opportunities.
B/R.6.031	Review in house services - supported living	-400	-	-	-	-	To include exploration of efficiencies in operations and opportunities for growth in in-house services, with a focus on supported living. Aligned with saving B/R.6.030.

## Section 3 - B: Adults, Health & Commissioning

**Table 3: Revenue - Overview**

**Budget Period: 2024-25 to 2028-29**

Ref	Title	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 £000	2028-29 £000	Description
B/R.6.032	Review in house services - Respite / residential	-300	-	-	-	-	- To include exploration of efficiencies in operations and opportunities for growth in in-house services, with a focus on respite and residential services. Aligned with saving B/R.6.030.
B/R.6.033	Extra Care	-350	-	-	-	-	- Savings due to recurring budget underspend. Budget has been reviewed in line with current forecast demand for services.
B/R.6.034	Advocacy contract recommissioning	-128	-	-	-	-	- Savings on retendering and restructuring of advocacy contract.
B/R.6.035	Care Home Trusted Assessor service	-69	-	-	-	-	- Savings on decommissioning of current service provision and restructuring to an alternative delivery model.
B/R.6.036	Adults, Health and Commissioning vacancy factor	-560	-	-	-	-	- Like other areas of the Council there is a level of underspending in staffing budgets across Adults, Health and Commissioning due to a variety of factors, such as a time lag between resignations and appointments, as well as recruitment challenges. To reflect this, we have offered an additional vacancy saving for 2024/25 onwards.
B/R.6.037a	Day Opportunities	-200	-	-	-	-	- Review of day opportunities for people with learning disabilities to ensure services represent an up to date offer that supports people to achieve their individual outcomes drawing on strengths and community assets as well as paid services where needed. This work will be co-produced and developed during 2024-25.
B/R.6.037b	ICB share of Day Opportunities	-60	-	-	-	-	- Under the current LDP pooled budget arrangements, 76.78% of LDP costs are borne by the Council with the balance funded by C&P ICB. A share of the any savings delivered within the pooled budget will also be in part attributable to the ICB.
B/R.6.038	Savings from ending of Learning Disability pooled budget arrangements	-	-3,717	-2,040	-412	-	- Ensuring appropriate health contributions to packages of care jointly funded by the council and the ICB following the ending of the current Learning Disability Partnership pooled budget arrangement with C&P ICB.
<b>6.99</b>	<b>Subtotal Savings</b>	<b>-10,806</b>	<b>-5,610</b>	<b>-2,651</b>	<b>-412</b>	<b>-</b>	
	<b>TOTAL GROSS EXPENDITURE</b>	<b>373,580</b>	<b>355,989</b>	<b>376,308</b>	<b>400,103</b>	<b>425,682</b>	



## Section 3 - B: Adults, Health & Commissioning

**Table 3: Revenue - Overview**

**Budget Period: 2024-25 to 2028-29**

Ref	Title	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 £000	2028-29 £000	Description
<b>7</b>	<b>FEES, CHARGES &amp; RING-FENCED GRANTS</b>						
B/R.7.001	Previous year's fees, charges & ring-fenced grants	-124,755	-143,031	-111,409	-113,272	-114,493	Previous year's fees and charges for the provision of services and ring-fenced grant funding rolled forward.
B/R.7.002	Changes to Fees and Charges from previous year	-5,021	-	-	-	-	- Adjustment for permanent changes to income expectation from decisions made in 2023-24
B/R.7.003	Fees and charges inflation	-292	-149	-143	-154	-155	Increase in external charges to reflect inflationary increases
B/R.7.004	Client contributions inflation	-3,553	-1,067	-1,067	-1,067	-1,067	Increase in anticipated contributions paid for care in line with the current charging policy and national regulations
B/R.7.005a	Learning Disability Partnership Pooled Budget - cost share	-1,469	-	-	-	-	In Cambridgeshire most spend on care for people with learning disabilities is currently paid for from the Learning Disability Partnership budget, to which both the council and NHS contribute. We have been seeking to re-establish the relative social care and health needs of the people supported by the Learning Disability Partnership to ensure that their care is funded by the correct organisation. Work on a sample of cases suggests a rebaselining will be in the council's favour. This line is based on the outcomes for that sample being representative, with some dampening in 2024-25. Beyond 2024-25 the shift in the Council's anticipated share of LDP costs is recognised as a saving (B/R.6.023) as the Council has served notice on the pooled budget arrangements. Links to B/R.6.038.
B/R.7.005b	Increased ICB contributions - share of demand, inflation, investments and savings	-2,420	-	-	-	-	- Contribution to Learning Disability demand, inflation, investments and savings attributable to C&P ICB in line with the current Learning Disability pooled budget arrangement.
B/R.7.006	Increased income from reducing Financial Assessments backlog	-931	-90	-	-	-	- The financial assessments service currently has a significant number of backlog cases due to staff vacancies and increasing complexity of case management. We propose to invest in outsourcing a proportion of the case work to a third-party provider who can carry out the work on our behalf. In addition to reducing the uncertainty and stress for clients awaiting the assessment, it will positively address income to the council.
B/R.7.007	Increased Health income	-	-120	-	-	-	- Increased Continuing Health Care capacity generating additional Health income
B/R.7.008	Income for Prisons end of life care	-45	-	-	-	-	- Health income for end of life care

## Section 3 - B: Adults, Health & Commissioning

**Table 3: Revenue - Overview**

**Budget Period: 2024-25 to 2028-29**

Ref	Title	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 £000	2028-29 £000	Description
B/R.7.101	Change in Public Health Grant	-329	329	-	-	-	- Change in ring-fenced Public Health grant to reflect expected treatment as a corporate grant from 2025-26, due to anticipated removal of ring-fence.
B/R.7.102	Uplift in Better Care Fund	-1,637	-634	-653	-	-	- The 2023-24 Better Care Fund uplift exceeded the budget set in the last Business Plan. In addition, an uplift for 2024-25 is anticipated. These annual uplifts enable us to utilise these funds to offset the demand pressures in Adult Social Care in line with the national conditions of the grant.
B/R.7.103	Adult Social Care Market Sustainability and Improvement Fund	-1,191	-	-	-	-	- Increase in Adult Social Care Market Sustainability and Improvement Fund
B/R.7.104	Adult Social Care Discharge Fund	-1,418	-	-	-	-	- Increase in Adult Social Care Discharge Fund
B/R.7.105	Reduction in Social Care in Prisons grant	29	-	-	-	-	- Reduction in Social Care in Prisons grant received in 2022-23 and impact on future year assumptions
B/R.7.106	Adjustment to Improved Better Care Fund income	1	-	-	-	-	- Technical adjustment relating to this grant for 2023-24.
B/R.7.107	Change in income reflecting end of Learning Disability pooled budget arrangements	-	33,353	-	-	-	- Change in income reflecting end of Learning Disability pooled budget arrangements
<b>7.99</b>	<b>Subtotal Fees, Charges &amp; Ring-fenced Grants</b>	<b>-143,031</b>	<b>-111,409</b>	<b>-113,272</b>	<b>-114,493</b>	<b>-115,715</b>	
	<b>TOTAL NET EXPENDITURE</b>	<b>230,549</b>	<b>244,580</b>	<b>263,036</b>	<b>285,610</b>	<b>309,967</b>	

FUNDING SOURCES							
<b>8</b>	<b>FUNDING OF GROSS EXPENDITURE</b>						
B/R.8.001	Budget Allocation	-230,548	-244,579	-263,035	-285,609	-309,966	Net spend funded from general grants, business rates and Council Tax.
B/R.8.002	Fees & Charges	-92,343	-60,416	-61,626	-62,847	-64,069	Fees and charges for the provision of services
B/R.8.003	Better Care Fund (BCF) Allocation for Social Care	-21,147	-21,781	-22,434	-22,434	-22,434	The NHS and County Council pool budgets through the Better Care Fund (BCF), promoting joint working. This line shows the revenue funding flowing from the BCF into Social Care.

## Section 3 - B: Adults, Health & Commissioning

**Table 3: Revenue - Overview**

**Budget Period: 2024-25 to 2028-29**

Ref	Title	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 £000	2028-29 £000	Description
B/R.8.004	Social Care in Prisons Grant	-330	-330	-330	-330	-330	Care Act New Burdens funding.
B/R.8.005	Improved Better Care Fund	-15,170	-15,170	-15,170	-15,170	-15,170	Improved Better Care Fund grant.
B/R.8.006	Adult Social Care Market Sustainability and Improvement Fund	-10,168	-10,168	-10,168	-10,168	-10,168	Adult Social Care Market Sustainability and Improvement Fund
B/R.8.007	Adult Social Care Discharge Fund	-3,545	-3,545	-3,545	-3,545	-3,545	Adult Social Care Discharge Fund
B/R.8.008	Public Health Funding	-329	-	-	-	-	Funding transferred to Service areas where the management of Public Health functions will be undertaken by other County Council officers, rather than directly by the Public Health Team.
<b>8.99</b>	<b>TOTAL FUNDING OF GROSS EXPENDITURE</b>	<b>-373,580</b>	<b>-355,989</b>	<b>-376,308</b>	<b>-400,103</b>	<b>-425,682</b>	

## Section 3 - B: Adults, Health and Commissioning

**Table 4: Capital Programme**  
Budget Period: 2024-25 to 2033-34

Ref	Scheme	Description	Linked Revenue Proposal	Scheme Start	Total Cost £000	Previous Years £000	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 £000	2028-29 £000	Later Years £000
<b>B/C.1</b>	<b>Adult Social Care</b>											
B/C.1.001	Disabled Facilities Grant	Funding provided through the Better Care Fund, in partnership with local housing authorities. Disabled Facilities Grant enables accommodation adaptations so that people with disabilities can continue to live in their own homes.		Ongoing	45,630	-	5,070	5,070	5,070	5,070	5,070	20,280
B/C.1.002	Integrated Community Equipment Service	Funding to continue annual capital investment in community equipment that helps people to sustain their independence. The Council contributes to a pooled budget purchasing community equipment for health and social care needs for people of all ages.		Ongoing	3,600	-	400	400	400	400	400	1,600
B/C.1.003	Independent Living Service : East Cambridgeshire	Independent Living Service accommodation in Ely for 65 people and an additional 15 health beds.	A/R.6.180, C/R.7.119	Committed	22,200	816	10,384	11,000	-	-	-	-
B/C.1.004	Independent Living Services	Independent Living Service accommodation in Fenland, Huntingdonshire and South Cambridgeshire, providing accommodation for 80 people in total across the three schemes.	TBC	2027-28	22,000	-	-	-	-	11,000	11,000	-
B/C.1.005	Specialist Accommodation Schemes	Specialist accommodation service providing accommodation for people with complex or challenging needs who have to be accommodated in single service accommodation or settings with a small number of other people.		2025-26	12,000	-	-	6,000	6,000	-	-	-
	<b>Total - Adult Social Care</b>				<b>105,430</b>	<b>816</b>	<b>15,854</b>	<b>22,470</b>	<b>11,470</b>	<b>16,470</b>	<b>16,470</b>	<b>21,880</b>
<b>B/C.2</b>	<b>Capital Programme Variation</b>											
B/C.7.001	Variation Budget	The Council includes a service allowance for likely Capital Programme slippage, as it can sometimes be difficult to allocate this to individual schemes due to unforeseen circumstances. This budget is continuously under review, taking into account recent trends on slippage on a service by service basis.		Ongoing	-	-	-1,558	-2,550	-900	-1,650	-1,650	8,308

## Section 3 - B: Adults, Health and Commissioning

**Table 4: Capital Programme**  
Budget Period: 2024-25 to 2033-34

Ref	Scheme	Description	Linked Revenue Proposal	Scheme Start	Total Cost £000	Previous Years £000	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 £000	2028-29 £000	Later Years £000
B/C.7.002	Capitalisation of Interest Costs	The capitalisation of borrowing costs helps to better reflect the costs of undertaking a capital project. Although this budget is initially held on a service basis, the funding will ultimately be moved to the appropriate schemes once exact figures have been calculated each year.		Ongoing	940	-	185	285	100	185	185	-
	<b>Total - Capital Programme Variation</b>				<b>940</b>	<b>-</b>	<b>-1,373</b>	<b>-2,265</b>	<b>-800</b>	<b>-1,465</b>	<b>-1,465</b>	<b>8,308</b>
	<b>TOTAL BUDGET</b>				<b>106,370</b>	<b>816</b>	<b>14,481</b>	<b>20,205</b>	<b>10,670</b>	<b>15,005</b>	<b>15,005</b>	<b>30,188</b>

Funding	Total Funding £000	Previous Years £000	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 £000	2028-29 £000	Later Years £000
<b>Government Approved Funding</b>								
Specific Grants	45,630	-	5,070	5,070	5,070	5,070	5,070	20,280
<b>Total - Government Approved Funding</b>	<b>45,630</b>	<b>-</b>	<b>5,070</b>	<b>5,070</b>	<b>5,070</b>	<b>5,070</b>	<b>5,070</b>	<b>20,280</b>
<b>Locally Generated Funding</b>								
Prudential Borrowing	60,740	816	9,411	15,135	5,600	9,935	9,935	9,908
<b>Total - Locally Generated Funding</b>	<b>60,740</b>	<b>816</b>	<b>9,411</b>	<b>15,135</b>	<b>5,600</b>	<b>9,935</b>	<b>9,935</b>	<b>9,908</b>
<b>TOTAL FUNDING</b>	<b>106,370</b>	<b>816</b>	<b>14,481</b>	<b>20,205</b>	<b>10,670</b>	<b>15,005</b>	<b>15,005</b>	<b>30,188</b>

### Section 3 - B: Adults, Health and Commissioning

**Table 5: Capital Programme - Funding**

Budget Period: 2024-25 to 2033-34

Ref	Scheme	Linked Revenue Proposal	Net Revenue Impact	Scheme Start	Total Funding £000	Grants £000	Develop. Contr. £000	Other Contr. £000	Capital Receipts £000	Prud. Borr. £000
<b>B/C.1</b>	<b>Adult Social Care</b>									
B/C.1.001	Disabled Facilities Grant			Ongoing	45,630	45,630	-	-	-	-
B/C.1.002	Integrated Community Equipment Service			Ongoing	3,600	-	-	-	-	3,600
B/C.1.003	Independent Living Service : East Cambridgeshire	A/R.6.180, C/R.7.119		Committed	22,200	-	-	-	-	22,200
B/C.1.004	Independent Living Services	TBC		2027-28	22,000	-	-	-	-	22,000
B/C.1.005	Specialist Accommodation Schemes			2025-26	12,000	-	-	-	-	12,000
	<b>Total - Adult Social Care</b>		-		<b>105,430</b>	<b>45,630</b>	-	-	-	<b>59,800</b>
<b>B/C.2</b>	<b>Capital Programme Variation</b>									
B/C.7.001	Variation Budget			Ongoing	-	-	-	-	-	-
B/C.7.002	Capitalisation of Interest Costs			Ongoing	940	-	-	-	-	940
	<b>Total - Capital Programme Variation</b>		-		<b>940</b>	-	-	-	-	<b>940</b>
	<b>TOTAL BUDGET</b>				<b>106,370</b>	<b>45,630</b>	-	-	-	<b>60,740</b>



# Appendix 1: Detailed Finance Tables

Revenue: 2024-29

Capital: 2024-34



## Detailed Finance Tables

### Introduction

There are five types of finance tables in our Business Plan. Tables 1-3 relate to all directorates for revenue, while only some directorates have tables 4 & 5 showing the capital programme. Tables 1, 2 & 3 show a directorate's revenue budget in different presentations.

- Table 1 shows the combined impact of budget changes on directorates and service budget line. over the five year medium-term.
- Table 2 shows the impact of changes in the first year on each directorate and service budget line.
- Table 3 shows the detailed changes, line-by-line, to each directorate's budget

### Table 1

This presents the net budget split by service budget line for each of the five years of the Business Plan. It also shows the revised opening budget and the gross budget, together with fees, charges and ring-fenced grant income, for 2024-25 split by service budget line. The purpose of this table is to show how the budget for a directorate changes over the period of the Business Plan.

### Table 2

This presents additional detail on the net budget for 2024-25 split by service budget line. The purpose of the table is to show how the budget for each line has been constructed: inflation, demography and demand, pressures, investments, savings and income are added to the opening budget to give the closing budget.



## Table 3

Table 3 explains in detail the changes to the previous year's budget over the period of the Business Plan, in the form of individual proposals.

The numbers for proposals in table 3 need to be read recurrently – in other words a budget increase in a given year is taken to be permanent (because it adds to the closing budget, which becomes the next year's opening budget). A one-off or temporary budget change is shown with a number that contrasts the original entry. For example a one-off saving of £500k in 2024-25 would show as a -£500k in 2024-25 and a reversing entry of +£500k in 2025-26.

At the top Table 3 takes the previous year's gross budget and then adjusts for proposals, grouped together in sections, covering inflation, demography and demand, pressures, investments and savings to give the new gross budget. The gross budget is reconciled to the net budget in Section 7. Finally, the sources of funding are listed in Section 8. An explanation of each section is given below:

- **Opening Gross Expenditure:**

The amount of money available to spend at the start of the financial year and before any adjustments are made. This reflects the final budget for the previous year.

- **Revised Opening Gross Expenditure:**

Adjustments that are made to the base budget to reflect permanent changes in a directorate. This is often to reflect a transfer of services from one area to another, or budget changes made in-year in the previous year.

- **Inflation:**

Additional budget provided to allow for pressures created by inflation. These inflationary pressures are particular to the activities covered by the directorate, and also cover staffing inflation.

- **Demography and Demand:**

Additional budget provided to allow for pressures created by demography and increased demand. These demographic pressures are particular to the activities covered by the directorate. Demographic changes are backed up by a robust programme to challenge and verify requests for additional budget.

- **Pressures:**

These are specific additional pressures identified that require further budget to support.

- **Priorities & Investments:**

These are proposals where additional budget is provided to support the ambitions and priorities of the council

- **Savings:**

These are savings proposals that indicate services that will be reduced, stopped or delivered differently to reduce the costs of the service. They could be one-off entries or span several years.

- **Total Gross Expenditure:**

The newly calculated gross budget allocated to the directorate after allowing for all the changes indicated above. This becomes the Opening Gross Expenditure for the following year.

- **Fees, Charges & Ring-fenced Grants:**

This lists the fees, charges and grants that offset the directorate's gross budget. The section starts with the carried forward figure from the previous year and then lists changes applicable in the current year.

- **Total Net Expenditure:**

The net budget for the directorate after deducting fees, charges and ring-fenced grants from the gross budget.

- **Funding Sources:**

How the gross budget is funded – funding sources include cash limit funding (central funding from Council Tax, business rates and government grants), fees and charges, and individually listed ring-fenced grants.

## Section 3 - F: Public Health

Table 1: Revenue - Summary of Net Budget by Operational Division

Budget Period: 2024-25 to 2028-29

Net Revised Opening Budget 2023-24 £000	Service	Gross Budget 2024-25 £000	Fees, Charges & Ring-fenced Grants 2024-25 £000	Net Budget 2024-25 £000	Net Budget 2025-26 £000	Net Budget 2026-27 £000	Net Budget 2027-28 £000	Net Budget 2028-29 £000
7,632	<b>Children Health</b>							
	Children 0-5 PH Programme	11,161	-3,315	7,846	7,846	7,846	7,846	7,846
1,734	Children 5-19 PH Programme - Non Prescribed	2,511	-778	1,734	1,734	1,734	1,734	1,734
341	Children Mental Health	341	-	341	341	341	341	341
441	Drug & Alcohol Misuse – Young People	460	-	460	460	460	460	460
350	Children's Weight Management	328	-	328	328	328	328	328
169	Childrens Integrated Lifestyles	227	-58	169	169	169	169	169
<b>10,667</b>	<b>Subtotal Children Health</b>	<b>15,028</b>	<b>-4,150</b>	<b>10,878</b>	<b>10,878</b>	<b>10,878</b>	<b>10,878</b>	<b>10,878</b>
	<b>Drugs &amp; Alcohol</b>							
4,939	Drug & Alcohol Misuse	6,118	-1,179	4,939	4,939	4,939	4,939	4,939
<b>4,939</b>	<b>Subtotal Drugs &amp; Alcohol</b>	<b>6,118</b>	<b>-1,179</b>	<b>4,939</b>	<b>4,939</b>	<b>4,939</b>	<b>4,939</b>	<b>4,939</b>
	<b>Sexual Health &amp; Contraception</b>							
3,720	SH STI testing & treatment - Prescribed	5,606	-1,816	3,791	3,791	3,791	3,791	3,791
1,086	SH Contraception - Prescribed	1,086	-	1,086	1,086	1,086	1,086	1,086
392	SH Services Advice Prevention/Promotion - Non-Prescribed	423	-31	392	392	392	392	392
<b>5,198</b>	<b>Subtotal Sexual Health &amp; Contraception</b>	<b>7,115</b>	<b>-1,847</b>	<b>5,268</b>	<b>5,268</b>	<b>5,268</b>	<b>5,268</b>	<b>5,268</b>
	<b>Behaviour Change / Preventing Long Term Conditions</b>							
2,219	Integrated Lifestyle Services	3,087	-867	2,219	2,219	2,219	2,219	2,219
-	Post Covid weight management services	-	-	-	-	-	-	-
664	Smoking Cessation GP & Pharmacy	664	-	664	664	664	664	664
704	NHS Health Checks Programme - Prescribed	704	-	704	704	704	704	704
242	Other Health Improvement	246	-4	242	242	242	242	242
<b>3,830</b>	<b>Subtotal Behaviour Change / Preventing Long Term Conditions</b>	<b>4,701</b>	<b>-871</b>	<b>3,830</b>	<b>3,830</b>	<b>3,830</b>	<b>3,830</b>	<b>3,830</b>
	<b>General Prevention Activities</b>							
1	General Prevention Activities	1	-	1	1	1	1	1
87	Falls Prevention	87	-	87	87	87	87	87
<b>88</b>	<b>Subtotal General Prevention Activities</b>	<b>88</b>	<b>-</b>	<b>88</b>	<b>88</b>	<b>88</b>	<b>88</b>	<b>88</b>

## Section 3 - F: Public Health

Table 1: Revenue - Summary of Net Budget by Operational Division

Budget Period: 2024-25 to 2028-29

Net Revised Opening Budget 2023-24 £000	Service	Gross Budget 2024-25 £000	Fees, Charges & Ring-fenced Grants 2024-25 £000	Net Budget 2024-25 £000	Net Budget 2025-26 £000	Net Budget 2026-27 £000	Net Budget 2027-28 £000	Net Budget 2028-29 £000
214	<b>Adult Mental Health &amp; Community Safety</b> Adult Mental Health & Community Safety	417	-203	214	214	214	214	214
<b>214</b>	<b>Subtotal Adult Mental Health &amp; Community Safety</b>	<b>417</b>	<b>-203</b>	<b>214</b>	<b>214</b>	<b>214</b>	<b>214</b>	<b>214</b>
-25,060	<b>Public Health Directorate</b> Public Health Directorate Staffing and Running Costs	3,302	-28,519	-25,216	2,591	2,591	2,591	2,591
125	Health in All Policies	-	-	-	-	-	-	-
	- Household Health & Wellbeing Survey	-	-	-	-	-	-	-
	- Social Marketing Research and Campaigns	-	-	-	-	-	-	-
	- Enduring Transmission Grant	-	-	-	-	-	-	-
	- Contain Outbreak Management Fund	-	-	-	-	-	-	-
<b>-24,935</b>	<b>Subtotal Public Health Directorate</b>	<b>3,302</b>	<b>-28,519</b>	<b>-25,216</b>	<b>2,591</b>	<b>2,591</b>	<b>2,591</b>	<b>2,591</b>
<b>0</b>	<b>Public Health Budget Total</b>	<b>36,768</b>	<b>-36,768</b>	<b>-0</b>	<b>27,807</b>	<b>27,807</b>	<b>27,807</b>	<b>27,807</b>

## Section 3 - F: Public Health

**Table 2: Revenue - Net Budget Changes by Operational Division**

Budget Period: 2024-25

Policy Line	Net Revised Opening Budget £000	Net Inflation £000	Demography & Demand £000	Pressures £000	Priorities & Investments £000	Savings £000	Income Adjustments £000	Net Budget £000
<b>Children Health</b>								
Children 0-5 PH Programme	7,632	214	-	-	-	-	-	7,846
Children 5-19 PH Programme - Non Prescribed	1,734	-	-	-	-	-	-	1,734
Children Mental Health	341	-	-	-	-	-	-	341
Drug & Alcohol Misuse – Young People	441	19	-	-	-	-	-	460
Children's Weight Management	350	-	-	-	-	-22	-	328
Childrens Integrated Lifestyles	169	-	-	-	-	-	-	169
<b>Subtotal Children Health</b>	<b>10,667</b>	<b>233</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-22</b>	<b>-</b>	<b>10,878</b>
<b>Drugs &amp; Alcohol</b>								
Drug & Alcohol Misuse	4,939	-	-	-	-	-	-	4,939
<b>Subtotal Drugs &amp; Alcohol</b>	<b>4,939</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>4,939</b>
<b>Sexual Health &amp; Contraception</b>								
SH STI testing & treatment - Prescribed	3,720	70	-	-	-	-	-	3,791
SH Contraception - Prescribed	1,086	-	-	-	-	-	-	1,086
SH Services Advice Prevention/Promotion - Non-Prescribed	392	-	-	-	-	-	-	392
<b>Subtotal Sexual Health &amp; Contraception</b>	<b>5,198</b>	<b>70</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>5,268</b>
<b>Behaviour Change / Preventing Long Term Conditions</b>								
Integrated Lifestyle Services	2,219	-	-	-	-	-	-	2,219
Post Covid weight management services	-	-	-	-	-	-	-	-
Smoking Cessation GP & Pharmacy	664	-	-	-	-	-	-	664
NHS Health Checks Programme - Prescribed	704	-	-	-	-	-	-	704
Other Health Improvement	242	-	-	-	-	-	-	242
<b>Subtotal Behaviour Change / Preventing Long Term Conditions</b>	<b>3,830</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>3,830</b>
<b>General Prevention Activities</b>								
General Prevention Activities	1	-	-	-	-	-	-	1
Falls Prevention	87	-	-	-	-	-	-	87
<b>Subtotal General Prevention Activities</b>	<b>88</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>88</b>
<b>Adult Mental Health &amp; Community Safety</b>								
Adult Mental Health & Community Safety	214	-	-	-	-	-	-	214
<b>Subtotal Adult Mental Health &amp; Community Safety</b>	<b>214</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>214</b>

## Section 3 - F: Public Health

**Table 2: Revenue - Net Budget Changes by Operational Division**

Budget Period: 2024-25

Policy Line	Net Revised Opening Budget £000	Net Inflation £000	Demography & Demand £000	Pressures £000	Priorities & Investments £000	Savings £000	Income Adjustments £000	Net Budget £000
<b>Public Health Directorate</b>								
Public Health Directorate Staffing and Running Costs	-25,060	259	-	-	-	-27	-389	-25,216
Health in All Policies	125	-	-	-	-	-125	-	-
Household Health & Wellbeing Survey	-	-	-	-	-	-	-	-
Social Marketing Research and Campaigns	-	-	-	-	-	-	-	-
Enduring Transmission Grant	-	-	-	-	-	-	-	-
Contain Outbreak Management Fund	-	-	-	-	-	-	-	-
<b>Subtotal Public Health Directorate</b>	<b>-24,935</b>	<b>259</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-152</b>	<b>-389</b>	<b>-25,216</b>
<b>Public Health Budget Total</b>	<b>0</b>	<b>563</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-174</b>	<b>-389</b>	<b>0</b>

## Section 3 - F: Public Health

**Table 3: Revenue - Overview**

**Budget Period: 2024-25 to 2028-29**

Ref	Title	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 £000	2028-29 £000	Description
<b>1</b>	<b>OPENING GROSS EXPENDITURE</b>	<b>34,488</b>	<b>36,768</b>	<b>36,793</b>	<b>36,818</b>	<b>36,843</b>	
F/R.1.001	Base Adjustments	1,412	-	-	-	-	Adjustment for changes in budget arising through budget preparation for 2023-24, including fully reflecting other grant funded lines in the gross and net budgets
F/R.1.002	Public Health Grant - Base Adjustment	926	-	-	-	-	Increase in Public Health grant in 2023-24 announced after the publication of the 2023-28 Business Plan
F/R.1.003	Public Health Grant - Base Adjustment	-447	-	-	-	-	Base adjustment to Public Health grant increase for 2023-24 to be spent outside of the Public Health Directorate
<b>1.99</b>	<b>REVISED OPENING GROSS EXPENDITURE</b>	<b>36,379</b>	<b>36,768</b>	<b>36,793</b>	<b>36,818</b>	<b>36,843</b>	
<b>2</b>	<b>INFLATION</b>						
F/R.2.001	Staff pay inflation	175	129	133	138	143	Assumed 5% increase for 2024-25 and 3.5% thereafter
F/R.2.002	Provider inflation related to 2023/24 Agenda for Change uplifts	304	-	-	-	-	Inflation to be paid to providers for 2023-24 Agenda for Change uplifts on staff pay but funded through the Integrated Care Board on a one off basis in 2023-24.
F/R.2.003	Provider inflation not related to Agenda for Change uplifts	82	-	-	-	-	Estimated inflation to be paid to providers not related to Agenda for Change uplifts on staff pay.
F/R.2.004	Miscellaneous other inflation	2	2	2	2	2	Forecast pressure for inflation relating to miscellaneous other budgets
<b>2.99</b>	<b>Subtotal Inflation</b>	<b>563</b>	<b>131</b>	<b>135</b>	<b>140</b>	<b>145</b>	
<b>3</b>	<b>DEMOGRAPHY AND DEMAND</b>						
<b>3.99</b>	<b>Subtotal Demography and Demand</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	
<b>4</b>	<b>PRESSURES</b>						
<b>4.99</b>	<b>Subtotal Pressures</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	
<b>5</b>	<b>PRIORITIES &amp; INVESTMENTS</b>						
<b>5.99</b>	<b>Subtotal Priorities &amp; Investments</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	



## Section 3 - F: Public Health

**Table 3: Revenue - Overview**

**Budget Period: 2024-25 to 2028-29**

Ref	Title	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 £000	2028-29 £000	Description
<b>6</b>	<b>SAVINGS</b>						
F/R.6.001	Health in all Policies	-125	-	-	-	-	The additional budget requirement added in the previous business plan is not needed to deliver on Health in All Policies as it is being addressed through existing capacity
F/R.6.002	Public Health savings	-27	-	-	-	-	Public Health business planning for 2024-25 pulls together outstanding underspends and options for savings across several service areas. These will have minimal disruption as they are largely from services which are already underspending as a result of savings already made.
F/R.6.003	Savings from recommissioning of contracts	-22	-106	-110	-115	-120	Savings from recommissioning of contracts.
<b>6.99</b>	<b>Subtotal Savings</b>	<b>-174</b>	<b>-106</b>	<b>-110</b>	<b>-115</b>	<b>-120</b>	
	<b>TOTAL GROSS EXPENDITURE</b>	<b>36,768</b>	<b>36,793</b>	<b>36,818</b>	<b>36,843</b>	<b>36,868</b>	
<b>7</b>	<b>FEES, CHARGES &amp; RING-FENCED GRANTS</b>						
F/R.7.001	Previous year's fees, charges, other income & ring-fenced grants	-34,488	-36,768	-8,986	-9,011	-9,036	Fees and charges expected to be received for services provided and Public Health ring-fenced grant from Government.
F/R.7.002	Fees, Charges & Ring-fenced Grants base adjustments	-2,338	-	-	-	-	Base adjustments advised through the budget preparation process and increase in Public Health Grant 2023-24
F/R.7.003	Base Adjustments	447	-	-	-	-	Increase in 2023-24 Public Health grant to be spent outside of the Public Health Directorate
F/R.7.200	Increased contribution from PCC	-25	-25	-25	-25	-25	Inflation on shared posts costs with Peterborough City Council
F/R.7.201	Increase in Public Health grant	-386	-	-	-	-	Application of increase in the Public Health grant for 2024-25 to cover Agenda for Change uplifts and other provider inflationary pressures.
F/R.7.202	Change in spend funded by Public Health Grant	22	27,807	-	-	-	Reduction in spend within the Public Health Directorate in 2024-25, and assumption that the Public Health grant ring-fence will remain in place until 2024-25 but be removed thereafter.
<b>7.99</b>	<b>Subtotal Fees, Charges &amp; Ring-fenced Grants</b>	<b>-36,768</b>	<b>-8,986</b>	<b>-9,011</b>	<b>-9,036</b>	<b>-9,061</b>	

Section 3 - F: Public Health

Table 3: Revenue - Overview

Budget Period: 2024-25 to 2028-29

Ref	Title	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 £000	2028-29 £000	Description
	TOTAL NET EXPENDITURE	-	27,807	27,807	27,807	27,807	

FUNDING SOURCES							
8	FUNDING OF GROSS EXPENDITURE						
F/R.8.001	Budget Allocation	-	-27,807	-27,807	-27,807	-27,807	Net spend funded from general grants, business rates and Council Tax or reserves.
F/R.8.101	Public Health Grant	-27,807	-	-	-	-	Direct expenditure funded from Public Health grant. As the ring-fence is assumed to be removed in 2025-26, the grant will be treated corporately and replaced with budget allocation for Public Health services.
F/R.8.102	Fees, Charges and Other Income	-8,961	-8,986	-9,011	-9,036	-9,061	Income generation (various sources).
8.99	TOTAL FUNDING OF GROSS EXPENDITURE	-36,768	-36,793	-36,818	-36,843	-36,868	

Schedule of Fees & Charges: Proposed rates for 2024-25 relating to Adults and Health Committee

Unless otherwise specified, prices for 2024-25 start from 1st April 2024

Directorate	Reporting Committee	Policy Line	Service	Description of charge	Stat / non stat	Current charge for 2023-24	Proposed Charge for 2024-25 6% increase recommended for non-stat rates	Full Cost Recovery, Agreed Discount or Statutory Limit	Additional information
Adults, Health & Commissioning	Adults & Health	Adults, Health & Commissioning	Adults, Health & Commissioning	Deferred payment set up / administration charge	Non-Statutory	£219 for setting up the agreement  £81 for a change in the agreement  £133 for closing	£238 for setting up the agreement  £88 for a change in the agreement  £144 for closing	Full Cost Recovery	Uplift to cover increase in operating costs.
Adults, Health & Commissioning	Adults & Health	Adults, Health & Commissioning	Adults, Health & Commissioning	Self funder arrangement fee	Non-Statutory	£490 Annually recurring charge.	£521.51 annually recurring charge	Full Cost Recovery	For those that have capital above the LA funding threshold (£23k) but would like their care arranged by CCC
Adults, Health & Commissioning	Adults & Health	Adults, Health & Commissioning	Adults, Health & Commissioning	Transport to and from day care centres / day activities	Non-Statutory	£2.25 return journey per day	Minimum £3.00 return journey per day	Full Cost Recovery	2024-25 price increase reflects that prices have not been uplifted for some time.
Adults, Health & Commissioning	Adults & Health	Adults, Health & Commissioning	Adults, Health & Commissioning	Learning Disability Training provision	Non-Statutory	£80 per person per day	£85 per person per day	Full Cost Recovery	Covers training fees for training external providers. New Members of staff require 2 days training, then annual 1 day refresher
Adults, Health & Commissioning	Adults & Health	Adult Social Care Client Funds	Adult Social Care Client Funds	Appointeeship fees	Non-Statutory	Currently no set up fee  £11 per week residential, £14 per week community  Currently no "wind up" fee	Set Up resi £106 Set Up community £152  £12 per week residential £15 per week community  Wind Up fee £359	Full Cost Recovery	
Adults, Health & Commissioning	Adults & Health	Adult Social Care Client Funds	Adult Social Care Client Funds	Appointeeship fees	Non-Statutory	Currently where we are awaiting a Deputyship order to be granted, we are managing the client under an appointeeship at no charge.  However, where the client is deceased and we were waiting for the order, we charge out of the client's estate.	£12 per week residential £15 per week community	Full Cost Recovery	

Schedule of Fees & Charges: Proposed rates for 2024-25 relating to Adults and Health Committee

Unless otherwise specified, prices for 2024-25 start from 1st April 2024

Directorate	Reporting Committee	Policy Line	Service	Description of charge	Stat / non stat	Current charge for 2023-24	Proposed Charge for 2024-25 6% increase recommended for non-stat rates	Full Cost Recovery, Agreed Discount or Statutory Limit	Additional information
Adults, Health & Commissioning	Adults & Health	Adult Social Care Client Funds	Adult Social Care Client Funds	Deputyship fees	Non-Statutory	Set up fee £745 (set by the Court of Protection)  Currently no "wind up" fee  Property management £300	Set up fee £745 (set by the Court of Protection)  Wind Up fee £359  Property management £300	Full Cost Recovery	
Adults, Health & Commissioning	Adults & Health	Across Care policy lines	Adult Social Care	Client contributions	The Care Act 2014 provides the legal framework for charging for care and support.	Charges are based on assessed ability to pay	Charges are based on assessed ability to pay	Charges are based on assessed ability to pay	Client contributions towards the cost of care are covered by a separate charging policy which is available here: <a href="https://www.cambridgeshire.gov.uk/asset-library/Adult-Social-Care-charging-policy-April-2020-updated-July-2023.pdf">https://www.cambridgeshire.gov.uk/asset-library/Adult-Social-Care-charging-policy-April-2020-updated-July-2023.pdf</a>
Adults, Health & Commissioning	Adults & Health	Across Care policy lines	Adult Social Care	Peace of Mind charge	Non-Statutory	£16.90	£16.90	N/A	No change for 24/25. Charge to remain at £16.90

## Draft Business Cases for Adults and Health

This appendix includes the outline business cases for proposed savings and investments for this committee that total over £500k for the five years of the business plan.

Business Case Title	Category	Amount £000
Real living wage	Investment	500
Investment in Adult Social Care to deliver savings	Invest to save	3,234
Mental Health residential and community	Invest to save	-976
Decommissioning of block contracts for car rounds providing home care	Savings	-2,573
Prevent, reduce, delay needs presenting – Reablement	Savings	-945
Adults, Health and Commissioning vacancy factor	Savings	-560
Increased income from reducing financial assessments backlog	Income	-1,021

## Investment to support continuing payment of the Real Living Wage.

<b>Proposal Title (Business Plan Description):</b>	Investment to support continuing payment of the Real Living Wage		
<b><u>Relevant Ambition(s)</u></b>	Ambitions 4 and 5		
<b>Directorate:</b>	Adults Health and Commissioning		
<b>Service:</b>	Commissioning		
<b>Type:</b>	Investment		
<b>Recurrent or One Off:</b>	Recurrent		
<b>BP Reference No:</b>	B/R.5.008		
<b>Date:</b>	21.12.2023	<b>Version</b>	1

### Proposal Summary

<p><b>Summary / details of Proposal:</b></p> <p>The Real Living Wage (RLW) is a minimum income standard which is based on what people need to earn to maintain an acceptable standard of living within the UK. It is calculated on an annual basis by an independent body called the Living Wage Foundation which is made up of leading living wage employers, trade unions and academic partners amongst others. Following the announcement on 24 October 2023, the RLW is due to increase in 2024/25 from £10.90 per hour to £12 per hour outside London (a 10.1% increase).</p> <p>The RLW is a key priority for the joint administration within Cambridgeshire, who are seeking to drive up the quality and dignity of care work and services, as well as improve training, career development, pay and conditions for frontline care workers.</p> <p>Included in the Council's 2022/23 and 2023/24 Business Plan was specific funding into the adult social care budget to allow the RLW to be paid. This investment was over and above inflation monies already built in to cover National Living Wage and CPI inflationary increases. The distribution of the RLW investment in 2022/23 was targeted to providers who were known to not be paying the RLW through individual negotiated approach. The 2023/24 RLW investment was incorporated into our provider uplift strategy, alongside the expectation of providers to pay staff the RLW being embedded in uplift negotiations, and it is our intention to continue this approach into 2024/25.</p> <p>To enable providers to continue to pay their staff the RLW in line with the 2024/25 increases, £500k of additional investment is being made in 2024/25. This will be incorporated into the overall inflationary investment proposed for 2024/25, to support fee uplifts to the care market.</p>
---

Has an EqIA been completed?	Not Applicable
-----------------------------	----------------

<b>Proposed Start Date:</b>	1/4/2024
-----------------------------	----------

## Summary Business Plan Revenue Financial Information (Business Plan Format £000):

Type	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29
Investment		500				
<b>Total</b>		<b>500</b>				

### Capital link

<b>Is there a linked capital proposal?</b>	No
--	----

## Proposal benefits and impacts

Benefit < List the benefits that will be realised as a result of this Business Case. Include financial, non-financial and dis-benefits.>	Which ambition does it contribute towards? Select which ambition this contributes towards or if it is enabling, put 'enabler' e.g Ambition 4	Measurement & Evaluation <How will you measure the benefits? Will there be internal or external evaluation – by who and when>
Improved recruitment and retention – enabling the Council to work with providers to create a 'career in care' which is more attractive and creates longevity.	Ambition 4 Ambition 5	Vacancy rates across social care  Turnover rates across social care  Capacity within the market to respond to demand for services
Quality Improvement – due to improved motivation and morale amongst employees	Ambition 4	Reduction in quality concerns Improvement in local Care Quality Commission (CQC ratings)

Type of impact	Details <i>Summarise any positive or negative impacts anticipated</i>
Environmental Impact	None
Social Impact	Positive - As a major employer and commissioner of services, the Council can positively impact on in work poverty and social mobility challenged often arising amongst the lowest paid segments of the adult social care workforce. This will not only increase quality of life but will increase spending levels in turn boosting local communities and economies.
Health Impact	Positive - Improved health and wellbeing: low income has been found to have a direct impact on the conditions into which we are born, grow, live, work and age – which result in unfair and unjust inequalities in length and quality of life. Addressing income levels so they reflect the cost-of-living crisis rather than surviving has a positive impact on this.



## Investment in Adult Social Care invest to save schemes

<b>Proposal Title (Business Plan Description):</b>	Investment in adults invest to save schemes		
<b><u>Relevant Ambition(s)</u></b>	Ambition 4		
<b>Directorate:</b>	Adults Health and Commissioning		
<b>Service:</b>	All		
<b>Type:</b>	Investment		
<b>Recurrent or One Off:</b>	One off		
<b>BP Reference No:</b>	B/R.5.005a through to B/R.5.005i		
<b>Date:</b>	21/12/2023	<b>Version</b>	1

### Proposal Summary

<p><b>Summary / details of Proposal:</b></p> <p>The level of savings delivery contained within the 2024/25 business plan for Adults, Health and Commissioning represents a significant programme of transformational work, which will require one-off resource and capacity investment to ensure we are able to mobilise delivery in a timely manner, ensuring full year delivery of savings next financial year.</p> <p>The focus of the Directorate is managing demand and increasing independence through the following priorities:</p> <ul style="list-style-type: none"> <li>• Prevention agenda – supporting people to remain independent in their own homes for as long as possible, including the expansion of Care Together to deliver an all-age locality-based prevention and early intervention model.</li> <li>• Learning Disabilities and Mental Health – maximising opportunities for independence, including increasing our local accommodation offer, improved transition pathways and a stronger community and enablement offer.</li> <li>• Discharge pathways – undertaking a diagnosis to understand our current arrangements to ensure effective home first principles are embedded and we are maximising opportunities to support people's independence.</li> <li>• In house services – efficiencies and effectiveness of operations, including value for money and opportunities for growth / diversification and in-sourcing.</li> </ul> <p>It is expected most, if not all, of the above will consider the opportunities for digital developments, including the use of Artificial Intelligence.</p> <p>To deliver on this commitment, £3.234m of investment is required to support delivery of the following savings over the next three years, as outlined in the below table.</p>
---

Business Planning reference	Saving	Investment £000	Saving £000				
			2024/25	2025/26	2026/27	2027/28	2028/29
B/R.6.009	Mental Health – residential and community	450	-357	-357	-262	-	-
B/R.6.030 B/R.6.031 B/R.6.032	Review in-house	100	-1,000	-	-	-	-
B/R.6.027 B/R.6.028 B/R.6.029	Review discharge pathways	500	-1,200	-	-	-	-
B/R.6.015 B/R.6.024	Prevention agenda – all age locality strategy & digital innovation	421	-477	-	-	-	-
B/R.6.016a – B/R.6.021b & B/R.6.037a/b	Learning Disabilities	648	-1,962	-	-	-	-
B/R.6.038	Learning Disabilities Pool – ending of pooled budget arrangements	1,115	-1,469	-3,717	-2,040	-412	
	<b>TOTAL</b>	<b>3,324</b>	<b>-6,465</b>	<b>-4,074</b>	<b>-2,302</b>	<b>-412</b>	

This is to be funded from a combination of £2.320m of Just Transition Funding and £914k of Adults reserves.

This supports the Just Transition Funding priority of Sustainable Economy and Public Spending, by producing tangible savings, further income generation or reducing demand for services to ensure sustainability for the Council's finances.

Has an EqIA been completed?

Not Applicable

**Proposed Start Date:**

01/04/2024

## Summary Business Plan Revenue Financial Information (Business Plan Format £000):

Type	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29
Investment	2,830	-2,576	-104	-150		
Breakdown of funding for investment:						
Adults reserves	-510	256	104	150		
Just Transition fund	-2,320	2,320				
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Capital link

Is there a linked capital proposal?	No
-------------------------------------	----

### Proposal benefits and impacts

Benefit < List the benefits that will be realised as a result of this Business Case. Include financial, non-financial and dis-benefits.>	Which ambition does it contribute towards? Select which ambition this contributes towards or if it is enabling, put 'enabler' e.g Ambition 4	Measurement & Evaluation <How will you measure the benefits? Will there be internal or external evaluation – by who and when>
Delivery of the savings contained within the business plan over the next three years	Enabler	Financial tracking
Change programme implemented to ensure we are maximising opportunities to support people to remain independent in their own homes for as long as possible.	Ambition 4	Individual outcomes Number of long-term and short-term care packages and associated financial spend

Type of impact	Details <i>Summarise any positive or negative impacts anticipated</i>
Environmental Impact	Neutral / None
Social Impact	Positive - Our approach to managing demand, is a continued focus on prevention and early intervention, supporting people to remain independent in their own homes for as long as possible, aiming to improve their health, wellbeing and quality of life.
Health Impact	Positive - Our approach to managing demand, is a continued focus on prevention and early intervention, supporting people to remain independent in their own homes for as long as possible, aiming to improve their health, wellbeing and quality of life.

## Mental Health residential and community

<b>Proposal Title (Business Plan Description):</b>	Mental Health Improved Commissioned Services - Residential and Community		
<b><u>Relevant Ambition(s)</u></b>	Ambition 4		
<b>Directorate:</b>	Adults, Health and Commissioning		
<b>Service:</b>	Commissioning		
<b>Type:</b>	Multiple		
<b>Recurrent or One Off:</b>	Three-year investment to deliver recurrent savings		
<b>BP Reference No:</b>	B/R.6.009		
<b>Date:</b>	19/09/2023	<b>Version</b>	0.1

### Proposal Summary

Summary / details of Proposal:
<p>Key Adult Social Care Priority that this business case supports:</p> <ul style="list-style-type: none"> <li>• We will maximise people's opportunities and independence.</li> <li>• We will promote choice and personalised services.</li> </ul> <p>The Council commissions the provision of statutory mental health social care services from Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), and these delegated functions are managed through a section 75 agreement. This includes activities covered under the Care Act 2014, such as assessment of need, care and support planning, reviews and section 42 safeguarding adult enquiries. The service enables access to appropriate community-based resources, care and support delivery within the home and registered care provision where required.</p> <p>This proposal has identified three key areas for improvements in current commissioned provision:</p> <ul style="list-style-type: none"> <li>• <b>Residential/Nursing</b> Cost avoidances are generated based on economies of scale. Instead of considering high value packages in isolation in a service, the proposal is to share resources with existing packages in a service with a focus on additional one-to-one (121) care on top of the placement. This is an area that has been clearly identified as a growing pressure on costs.</li> <li>• <b>Home Care</b> Greater focus and management of the Home Care Framework to identify the number of providers who deliver mental health support. This will enable us to have greater oversight of the providers who are able to provide mental health support and maximise</li> </ul>

this capacity when making placements. This will reduce the number of package breakdowns where a provider is unable to support or continue to support and reduce the need to go off framework to spot provision. This will also enable improved management of quality, supporting better outcomes for individuals.

- **Social Care Prevention**

Following learning from other local authorities, the roll-out of the Step-Care model started in 2022/23. The early intervention and strengths-based preventative approaches in this service promote independence and avoid deterioration and escalation in need. This is supported by the social work approach by the mental health social work team, working collaboratively with health partners and the new Step-Care teams. This will support people to better manage their mental health and wellbeing, preventing the need for crisis interventions.

Has an <a href="#">EqIA</a> been completed?	Yes
---	-----

<b>Proposed Start Date:</b>	01/04/2024
-----------------------------	------------

## Summary Business Plan Revenue Financial Information (Business Plan Format £000):

Type	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29
Saving		-357	-357	-262		
<b>Total</b>		<b>-357</b>	<b>-357</b>	<b>-262</b>		

### Capital link

Is there a linked capital proposal?	No
-------------------------------------	----

### Proposal benefits and impacts

Benefit < List the benefits that will be realised as a result of this Business Case. Include financial, non-financial and dis-benefits.>	Which ambition does it contribute towards? Select which ambition this contributes towards or if it is enabling, put 'enabler' e.g Ambition 4	Measurement & Evaluation <How will you measure the benefits? Will there be internal or external evaluation – by who and when>
<b>Residential/Nursing</b> Saving on 121 costs reducing care budget for cohort	Ambition 4	Internal evaluation – monthly placement analysis by Brokerage and Commissioning and care cost analysis by Finance.
<b>Residential/Nursing</b> Appropriate placement to ensure high quality care and support is delivered and reduce risk of breakdown of care	Ambition 4	Internal evaluation – monthly placement analysis by Brokerage and Commissioning.
<b>Domiciliary</b> Higher quality homecare placements with the right providers that reduces care costs and exemptions	Ambition 4	Internal evaluation – monthly placement analysis by Brokerage and Commissioning and care cost analysis by Finance.
<b>Social Care</b> Integrated approach that gives wider access to all appropriate services available and manages costs	Ambition 4	Primarily through mental health social work monthly reporting linked to monthly financial reporting.

Type of impact	<b>Details</b> <i>Summarise any positive or negative impacts anticipated</i>
Environmental Impact	Neutral – minimal impact.
Social Impact	Positive – individual's care packages are more robust, reducing the risk of a care breakdown and that packages can be sustained for longer. This will also support family and carer support.
Health Impact	Positive – stronger support is in place that can maintain and improve individual's health and reduce or delay the risk of a decline in health and reliance on other interventions or hospital admittance.



## Decommissioning of block contracts

<b>Proposal Title (Business Plan Description):</b>	Decommissioning of block contracts for car rounds providing homecare		
<b><u>Relevant Ambition(s)</u></b>	Ambition 4		
<b>Directorate:</b>	Adults Health and Commissioning		
<b>Service:</b>	Commissioning		
<b>Type:</b>	Saving		
<b>Recurrent or One Off:</b>	Recurrent		
<b>BP Reference No:</b>	B/R.6.003		
<b>Date:</b>	22.09.23	<b>Version</b>	0.1

### Proposal Summary

<b>Summary / details of Proposal:</b>
<p>Key Adult Social Care Priority that this business case supports:</p> <ul style="list-style-type: none"> <li>• We will maximise people's opportunities and independence.</li> <li>• We will work with our local communities to build trusting relationships.</li> </ul> <p>The "block car" provision delivers homecare to people in the county and allows the Council to meet the needs of service users quickly and effectively. The purchase of block hours allows Brokerage to source care in the following circumstances:</p> <ul style="list-style-type: none"> <li>• To enable people to return home from hospital as soon as possible once a person is medically fit;</li> <li>• To provide care for people who are in hard-to-reach areas or to fulfil hard-to-place packages of care.</li> </ul> <p>Improvement in the homecare market is a key priority within the Council's Care Together Programme, which is focused on transforming the way we commission and deliver community-based care and support to enable more older people to remain living happily at home for longer. As part of this, we are working to develop and shape the homecare market to ensure this service is delivered closer to communities, more focused on individual outcomes and able to offer a diverse range of delivery options. We also recognise that stability and sustainability of the market is key to their ability to support this transformation and have therefore made additional investment through inflationary uplifts and funding to support embedding of the real living wage.</p> <p>Through this programme, a review of 'block car' provision has been undertaken and has found that this provision is not always the most efficient use of money, although it can be an effective way of supporting the hospital discharge process and aiding pressures in the system when demand changes quickly and the market cannot meet the increase in demand. This programme also supports the aims of the Care Together programme highlighted above.</p>

Currently we commission 26 block homecare cars. Year on year we have been reducing capacity of these cars as demand for homecare services on discharge from hospital has been met by mainstream homecare providers as this market capacity has improved.

Due to the current low utilisation levels of this capacity, alongside the following mitigation actions, the decommissioning of these cars should have little to no impact on people who require domiciliary care. Mitigations to offset any potential impact of this include the following:

1. The market is currently responding well to demand, with a good response rate to current package requests, which means most people are receiving usual homecare services in a timely manner.
2. We have hospital discharge incentive payments for homecare packages, funded from our local allocation of government discharge funding grant, which has improved the response rate from the market.
3. We plan to reopen the mainstream homecare framework and anticipate that this will result in a significant increase in providers joining the framework, increasing capacity further.

Due to notice periods on contracts, decommissioning of contracts will be phased from January 2024 onwards. The table below provides details of the contract end dates for all cars.

Number of cars	Type	End Date	Location
3	Single	30 January 2024	East Cambridgeshire
3	Single	30 January 2024	City and South
2	Double	30 January 2024	East Cambridgeshire
1	Double	30 January 2024	Huntingdonshire
2	Single	30 January 2024	Huntingdonshire
2	Double	20 February 2024	City and South
3	Single	20 February 2024	East Cambridgeshire
1	Double	3 June 2024	East Cambridgeshire
2	Morning	Already ended	East Cambridgeshire
1	Morning	Already ended	Huntingdonshire
2	Single	2 June 2024	City and South
1	Morning	2 June 2024	City and South
3	Single	2 June 2024	Huntingdonshire
<b>Total Cars: 26</b>			

Has an <a href="#">EqIA</a> been completed?	Yes
---	-----

<b>Proposed Start Date:</b>	In stages from January 2024
-----------------------------	-----------------------------

## Summary Business Plan Revenue Financial Information (Business Plan Format £000):

Type	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29
Saving	0	-2,473	-100	0	0	0
<b>Total</b>	<b>0</b>	<b>-2,473</b>	<b>-100</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Capital link

<b>Is there a linked capital proposal?</b>	No
--	----

## Proposal benefits and impacts

Benefit <i>&lt; List the benefits that will be realised as a result of this Business Case. Include financial, non-financial and dis-benefits.&gt;</i>	Which ambition does it contribute towards? <i>Select which ambition this contributes towards or if it is enabling, put 'enabler' e.g Ambition 4</i>	Measurement & Evaluation <i>&lt;How will you measure the benefits? Will there be internal or external evaluation – by who and when&gt;</i>
Financial Saving	Ambition 4	Direct saving would not require further evaluation
Non-financial benefit – the Council continues to offer people a range of quality homecare to meet their needs	Ambition 4	Service requirements continue to be picked up by homecare dynamic purchasing system (DPS) framework providers without delay. There are no concerns regarding the level of capacity across mainstream homecare providers to respond to demand as outlined previously in this business case and associated mitigations are in place. But market capacity will continue to be monitored on an ongoing basis through our Brokerage, Placement and Commissioning teams.

Type of impact	<b>Details</b> <i>Summarise any positive or negative impacts anticipated</i>
Environmental Impact	Neutral – Although it will reduce travel on our contract and support CCC's net zero targets, the travel may be displaced into mainstream providers resulting in no overall net-emissions change regarding the Net zero 2045 target.
Social Impact	None
Health Impact	None

## Prevent, reduce and delay needs presenting - reablement

<b>Proposal Title (Business Plan Description):</b>	Prevent, reduce, and delay needs presenting - reablement		
<b><u>Relevant Ambition(s)</u></b>	Ambitions 1, 2, 3, 4		
<b>Directorate:</b>	Adults, Health and Commissioning		
<b>Service:</b>	Reablement		
<b>Type:</b>	Saving		
<b>Recurrent or One Off:</b>	Recurrent		
<b>BP Reference No:</b>	B/R.6.013		
<b>Date:</b>	21.11.2023	<b>Version</b>	0.1

### Proposal Summary

<b>Summary / details of Proposal:</b>
<p>This business case supports the following key adult social care priorities:</p> <ul style="list-style-type: none"> <li>We will maximise people's opportunities and independence</li> </ul> <p>The reablement service provides a short-term support service for up to six weeks to help people regain their independence. By providing goal focused support following a period of illness or a stay in hospital, reablement aims to support people to return to independence, preventing the need for longer term care support.</p> <p>The reablement service has historically delivered significant cost avoidance savings, by avoiding or delaying the need for domiciliary care for people accessing the service. Currently, due to ongoing workforce recruitment and retention challenges, the team has been operating at a vacancy rate of approximately 20%. Through a dedicated approach to recruitment and retention the team aims to recruit to these vacancies, with a focus on improving attractiveness of support worker roles. This will mean that there will be an increase in the number of reablement hours that can be delivered, enabling the opportunity to deliver more cost avoidance savings.</p> <p>We will also review the use of IT systems in reablement to ensure efficiencies are maximised, introducing new ways of working between Mosaic and Total Mobile to ensure that the system aids reablement decision making and information flow.</p> <p>The review of Total Mobile will also release reablement hours as we can manage the service more effectively. Introducing EMAR (electronic recording) for medication administration will reduce travel and contribute towards the carbon footprint corporate outcome (Ambition 1). This will also improve errors in medication administration.</p>

Has an <a href="#">EqIA</a> been completed?	N/A
---	-----

<b>Proposed Start Date:</b>	1/4/2024
-----------------------------	----------

## Summary Business Plan Revenue Financial Information (Business Plan Format £000):

Type	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29
Saving	0	-480	-465	0	0	0
<b>Total</b>	<b>0</b>	<b>-480</b>	<b>-465</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Capital link

<b>Is there a linked capital proposal?</b>	No
--	----

## Section C: Proposal benefits and impacts

Benefit < List the benefits that will be realised as a result of this Business Case. Include financial, non-financial and dis-benefits.>	Which ambition does it contribute towards? Select which ambition this contributes towards or if it is enabling, put 'enabler' e.g Ambition 4	Measurement & Evaluation <How will you measure the benefits? Will there be internal or external evaluation – by who and when>
Increase in reablement capacity to enable us to prevent longer term needs.	Ambition 3 Ambition 4	Monitoring of statutory return data (Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement)  Numbers of people who are independent at the end of a period of reablement and require no ongoing support  Numbers of care packages reduced
Better use of IT systems to ensure that the team is as effective as possible.	Ambition 1 Ambition 2 Ambition 3 Ambition 4	Evaluation through staff surveys  Increase in reablement capacity

Type of impact	<b>Details</b> <i>Summarise any positive or negative impacts anticipated</i>
Environmental Impact	Positive - with potential to reduce travel, having more staff working in a place-based way. Use of system to improve reduction in mileage.
Social Impact	Positive - more people enjoying healthy, safe and independent lives through timely support that is most suited to their needs.
Health Impact	Positive - more people enjoying healthy, safe and independent lives through timely support that is most suited to their needs.

# AHC Vacancy Factor

<b>Proposal Title (Business Plan Description):</b>	Adults, Health and Commissioning vacancy factor		
<b><u>Relevant Ambition(s)</u></b>	Ambition 4		
<b>Directorate:</b>	Adults, Health and Commissioning		
<b>Service:</b>	Commissioning		
<b>Type:</b>	Saving		
<b>Recurrent or One Off:</b>	Recurrent		
<b>BP Reference No:</b>	B/R.6.036		
<b>Date:</b>	8/12/2023	<b>Version</b>	0.1

## Proposal Summary

<b>Summary / details of Proposal:</b>			
<p>Like other areas of the Council, there is a level of underspending in staffing budgets across the Adults, Health and Commissioning (AHC) directorate due to a variety of factors, such as a time lag between resignations and appointments, as well as recruitment difficulties and delays.</p> <p>We have an existing vacancy savings target on the AHC budgets of £1.3m for 2023/24, against an overall staffing budget of £31m (excluding Learning Disability and reablement services which have their own targets). For the past three years we have significantly over-delivered on our vacancy savings target, as shown in the below table, and we are forecast to deliver at a similar rate for 2023/24 also.</p>			
Financial year	<b>2020/21</b>	<b>2021/22</b>	<b>2022/23</b>
Vacancy savings target	-1,104,287	-1,104,287	-1,104,287
Vacancy savings achieved	-1,430,442	-2,266,503	-2,838,485
<b>Variance</b>	<b>-326,155</b>	<b>-1,162,216</b>	<b>-1,734,198</b>
<p>An additional vacancy factor of £560k has been put forward for 2023/24. In reality the actual level of underspend from vacant posts is likely to be higher but will be partially offset by the use of higher cost interims for some essential posts.</p>			

Has an <a href="#">EqIA</a> been completed?	N/A
---	-----

<b>Proposed Start Date:</b>	01/04/2023
-----------------------------	------------



## Summary Business Plan Revenue Financial Information (Business Plan Format £000):

Type	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29
Saving		-560	0	0	0	0
<b>Total</b>		<b>-560</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Capital link

Is there a linked capital proposal?	No
-------------------------------------	----

## Section C: Proposal benefits and impacts

Benefit < List the benefits that will be realised as a result of this Business Case. Include financial, non-financial and dis-benefits.>	Which ambition does it contribute towards? Select which ambition this contributes towards or if it is enabling, put 'enabler' e.g Ambition 4	Measurement & Evaluation <How will you measure the benefits? Will there be internal or external evaluation – by who and when>
Financial benefit based on level of underspend in staffing budgets across the Adults, Health and Commissioning (AHC) directorate due to a variety of factors, such as a time lag between resignations and appointments, as well as recruitment difficulties and delays.	Ambition 4	Staffing budget spend through monthly finance monitoring reporting.

Type of impact	Details Summarise any positive or negative impacts anticipated
Environmental Impact	None
Social Impact	None
Health Impact	None

## Increased income from reducing Financial Assessments backlog

<b>Proposal Title (Business Plan Description):</b>	Increased income from reducing Financial Assessments backlog		
<b><u>Relevant Ambition(s)</u></b>	Ambition 4		
<b>Directorate:</b>	Adults, Health & Commissioning		
<b>Service:</b>	Adults Finance Operations		
<b>Type:</b>	Saving		
<b>Recurrent or One Off:</b>	Recurrent		
<b>BP Reference No:</b>	B/R.7.006		
<b>Date:</b>	18 September 2023	<b>Version</b>	1.0

### Proposal Summary

<b>Summary / details of Proposal:</b>
<p>This business case supports the following adult social care priorities:</p> <ul style="list-style-type: none"> <li>We will promote choice and personalised services</li> </ul> <p>The Financial Assessments service has a backlog of approximately 1,000 cases that have accrued due to staff vacancies and increasing complexity of case management. Delays in Financial Assessments can cause stress, anxiety and frustration for our clients, resulting in complaints, escalations and, in some cases, clients refusing the care they need. The proposal is to invest in outsourcing a proportion of the backlog case work to a third-party provider, who has capacity to perform assessments on the council's behalf. The primary benefit will be to reduce uncertainty and anxiety for clients, and positively address income to the council.</p> <p>The secondary benefit will be to create 'breathing space' for the service, while it undertakes process redesign to improve efficiency and effectiveness to meet demand. The commissioned third-party will undertake and conduct assessments using the same business process tools as used by the council function: Mosaic, and via contact by post, telephone and email. Therefore, there would be no difference from a client perspective in completion of their financial assessment.</p> <p>The proposal is to invest £100k in outsourcing, to secure £931k of client contributions held within backlog casework in year 1 and a further £90k in year 2.</p> <p>The investment element of this business case will be funded through the Market Sustainability and Improvement Workforce Fund, so no investment is being requested through business planning.</p>

Has an <a href="#">EqIA</a> been completed?	Yes
---	-----

<b>Proposed Start Date:</b>	Oct/Nov 2023
-----------------------------	--------------

## Summary Business Plan Revenue Financial Information (Business Plan Format £000):

Type	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29
Saving		-931	-90	0	0	0
<b>Total</b>	<b>0</b>	<b>-931</b>	<b>-90</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Capital link

<b>Is there a linked capital proposal?</b>	No
--	----

## Section C: Proposal benefits and impacts

Benefit < List the benefits that will be realised as a result of this Business Case. Include financial, non-financial and dis-benefits.>	Which ambition does it contribute towards? Select which ambition this contributes towards or if it is enabling, put 'enabler' e.g Ambition 4	Measurement & Evaluation <How will you measure the benefits? Will there be internal or external evaluation – by who and when>
Financial: The Council will correctly invoice for income due under the Adult Charging Policy	Enabler	Measurement will be through Finance, Activity and Performance Board, measuring Client Contributions.
Non-Financial: Clients will experience reduced stress, anxiety and frustration, through earlier understanding of their Client Contribution due.	Ambition 4	Measurement will be through number of Complaints received, where the prime issue is delay in financial assessment.
Non-Financial: Fewer complaints from Clients in respect of delays in their Financial Assessment	Enabler	Measurement will be through number of Complaints received, where the prime issue is delay in financial assessment.

Type of impact	Details <i>Summarise any positive or negative impacts anticipated</i>
Environmental Impact	N/A
Social Impact	Positive <ul style="list-style-type: none"> <li>• Reduce uncertainty and anxiety for clients in reducing the time taken to complete their Financial Assessment.</li> <li>• Clients less likely to refuse care, where prompter completion of Financial Assessment provides clarity of client contribution.</li> </ul>
Health Impact	Positive <ul style="list-style-type: none"> <li>• Reduce uncertainty and anxiety for clients in reducing the time taken to complete their Financial Assessment.</li> <li>• Clients less likely to refuse care, where prompter completion of Financial Assessment provides clarity of client contribution.</li> </ul>

## Glossary of terms

<b>SFA</b>	<b>Settlement Funding Assessment</b>	The Settlement Funding Assessment consists of the local share of business rates, and Revenue Support Grant and is part of the Council's funding.
<b>RSG</b>	<b>Revenue Support Grant</b>	Revenue Support Grant is a central government grant given to local authorities which can be used to finance revenue expenditure on any service. For Cambridgeshire County Council this grant was reduced to zero from 2021/22.
<b>DSG</b>	<b>Dedicated Schools Grant</b>	<p>The grant is paid in support of the local authority's schools budget. It is the main source of income for the schools budget.</p> <p>Local authorities are responsible for determining the split of the grant between central expenditure and the individual schools budget (ISB) in conjunction with local schools forums. Local authorities are responsible for allocating the ISB to individual schools in accordance with the local schools' funding formula.</p>
<b>NNDR</b>	<b>National Non-Domestic Rates</b>	Also referred to as business rates. In Cambridgeshire, NNDR is collected by District Councils and 50% of this money is retained by the County Council, District Councils and the Hereford and Worcester Fire and Rescue Authority as part of their funding. The remaining 50% is returned to Central Government for redistribution elsewhere across local government.
<b>MTFS</b>	<b>Medium Term Financial Strategy</b>	The Strategy that sets out the future ways in which the Council will manage its finances, considering pressures, funding and available resources.
<b>MTFP</b>	<b>Medium Term Financial Plan</b>	The Financial Model covering the next three years based on assumptions within the MTFS

### Glossary of terms, continued

<b>GFR</b>	<b>General Fund Reserve</b>	Reserves held for non-specific purposes, to manage risks as / if they arise during the year.
<b>EMR</b>	<b>Earmarked Reserve</b>	Reserves held for specific purposes.
<b>CPI</b>	<b>Consumer Price Index</b>	Measures changes in the price level of market basket of consumer goods and services purchased by households.
<b>RPI</b>	<b>Retail Price Index</b>	A measure of inflation published monthly by the Office for National Statistics. It measures the changes in the cost of a representative sample of retail goods and services.
<b>SEND</b>	<b>Special Educational Needs &amp; Disabilities</b>	A focused service on helping a child or young person in learning where that individual has a disability or special educational needs, for example dyslexia or physical ability, that requires additional support.
<b>ILS</b>	<b>Independent Living Support</b>	A focus to help young adults with learning disabilities and autism to live independently in their own homes / accommodation.
<b>AHC</b>	<b>Directorate of Adult, Health and Commissioning Services</b>	Directorate of the Council providing services such as care for the elderly, adults with disabilities, mental health and integration with health partners
<b>CEF</b>	<b>Children, Education &amp; Families Directorate</b>	Directorate of the Council providing services such as care placements, education, SEND, libraries and arts.
<b>P&amp;S</b>	<b>Place &amp; Sustainability Directorate</b>	Directorate of the Council providing services such as highways, waste and transport.
<b>S&amp;P</b>	<b>Strategy &amp; Partnerships Directorate</b>	Directorate of the Council providing services such as human resources, legal and communications.
<b>F&amp;R</b>	<b>Finance &amp; Resources</b>	Directorate of the Council responsible for Finance (Insurance, Accounting, Procurement

	<b>Directorate</b>	& Financial Transactions); IT and Customer Services and Property.
<b>BCF and iBCF</b>	<b>Better Care Fund and Improved Better Care Fund</b>	A programme spanning both the NHS and local government which seeks to join up health and care services, so that people can manage their own health and well-being and live independently in their communities for as long as possible and avoid delayed transfers of care (DTOCs).
<b>HSF</b>	<b>Household Support Fund</b>	Independent living is a service designed to help people with a wide range of support needs retain their independence by being supported in their own home. People in independent living have their own tenancy and are responsible for their own bills and cost of living.
<b>PFI</b>	<b>Private Finance Initiative</b>	A way of creating 'public – private partnerships where private firms are contracted to fund, complete and manage public projects, predominantly building related.
<b>DLUHC</b>	<b>Department for Levelling Up, Housing &amp; Communities</b>	Government Funding Departments
<b>DfE</b>	<b>Department for Education</b>	Government Funding Departments
<b>DfT</b>	<b>Department for Transport</b>	Government Funding Departments
<b>DWP</b>	<b>Department for Work &amp; Pensions</b>	Government Funding Departments
<b>HO</b>	<b>Home Office</b>	Government Funding Departments





## Procurement of an All-Age Unpaid Carers Service

To:	Adults and Health Committee
Meeting Date:	25 January 2024
From:	Patrick Warren-Higgs, Executive Director, Adults, Health & Commissioning
Electoral division(s):	All
Key decision:	Yes
Forward Plan ref:	2024/038
Outcome:	Unpaid carers of all ages in Cambridgeshire can access information and support to enable them to maintain their caring role.
Recommendation:	<p>Adults and Health Committee are being asked to:</p> <ul style="list-style-type: none"><li>a) approve the procurement approach and the overall value of £6,315,616 based on 2023/24 values over 3 years plus a 12-month extension period of the all-age carers service.</li><li>b) delegate responsibility for awarding and executing contracts for the provision of the all-age carers service to the Executive Director, Adults, Health &amp; Commissioning in consultation with the Chair and Vice-Chair of the Adults &amp; Health Committee.</li></ul>

Officer contact:  
Name: Anne Betts Walker  
Post: Commissioning Manager - Adults  
Email: [Anne.bettswalker@cambridgeshire.gov.uk](mailto:Anne.bettswalker@cambridgeshire.gov.uk)

# 1. Background

- 1.1 The Care Act 2014 defines an unpaid carer as: “someone who helps another person, usually a relative or friend, in their day-to-day life. This is different from someone who provides care professionally or through a voluntary organisation.”
- 1.2 Unpaid carers are an asset in society, helping to support people’s independence and meet their social care needs. The value of unpaid care in England and Wales now exceeds the value of the NHS budget in England, which was £156 billion for 2020-21<sup>1</sup>. The contribution of unpaid carers is estimated to be worth £162 billion per year demonstrating just how significant their impact is. Taking the same approach, the value of self-identified unpaid carers contribution is currently estimated to be £1.69 billion annually in Cambridgeshire (see Appendix 1). Whilst providing care can be a rewarding experience, it can also have an impact on the carer's own health, education, ability to remain employed, relationships and social life. [Cambridgeshire All-Age Carers Strategy 2022- 2026](#)
- 1.3 Under the Care Act 2014, the Council has a statutory duty to “recognise unpaid carers in law in the same way as those they care for”. The Act sets out unpaid carers’ legal rights to assessments and support. It relates predominantly to adult carers, as young carers under the age of 18 years are assessed and supported under the Children and Families Act 2014. The Council delivers its statutory duty through provision of care assessments for both the carer and “cared for” person through in-house operational and social work teams, and providing access to a range of early intervention and prevention support including:
- support offered by the commissioned All-Age Carers service
  - direct payments to the unpaid carer
  - access to a range of Technology Enabled Care (TEC) such as movement sensors, the emergency lifeline service, and digital alerts for hard of hearing carers enables carers to feel less anxious about their loved one
  - access to the Carers UK digital app offering a range of services to Cambridgeshire unpaid carers<sup>2</sup>. This support includes access to online learning, a care co-ordination app and Carers UK guides
- 1.4 The Council recognises the importance of providing early support to unpaid carers. The earlier we can identify unpaid carers and connect them to information, advice and planned and emergency support, the longer they can continue caring for their loved ones in their homes and communities. By taking a proactive approach to supporting unpaid carers, we hope to prevent, reduce, and delay carer, and family crises. Supporting people in this way advances Cambridgeshire’s strategic ambitions 4 and 7 for both unpaid carers of all ages and those they care for<sup>3</sup>.
- 1.5 The commissioned unpaid carers service that we are seeking to re-procure is a key part of the Council’s statutory offer for unpaid carers, as required by the Care Act 2014<sup>4</sup>, and can be accessed whether a carer has had a formal care act assessment or not. It delivers a

---

<sup>1</sup> Petrillo & Bennett (2023) “Value of unpaid care now exceeds that of the NHS budget” Available at [Value of unpaid care in England and Wales now exceeds that of NHS budget - the Centre for Care](#) (Accessed 03/11/23)

<sup>2</sup> [Carers UK](#)

<sup>3</sup> [Economic Case for Local Investment in Unpaid Carers](#) (Accessed 19/12/23)

<sup>4</sup> [Carers and the Law - Care Act 2014](#) (Accessed 03/01/24)

significant proportion of support to carers in the community. More information on the current service can be found in section 2.

- 1.6 In June 2023, Adults & Health Committee approved a new All-Age Carers Strategy. The strategy encompasses all unpaid carers, including adult carers, parent carers and young carers. It sets out key priorities, gathered through engagement with carers, professionals and partners working with carers. Unpaid carers are a priority for the council and the strategy has informed the specification of this carers service re-procurement. In this way, the council has built on feedback and learning from the current service provision.
- 1.7 The Council's Care Together programme has also contributed to increasing support for unpaid carers during 2023/24. Care Together has invested £30,000 with NHS partners from Ely Primary Care Network (who contributed £70,000) to jointly fund a social prescriber for unpaid carers for 3 years. These professionals will help identify and support unpaid carers in the community. Care Together has also invested £250k of seed funding in local voluntary organisations and groups to increase support for older people living at home. Several of the funded initiatives such as community hubs and memory cafes are benefitting older people who are also unpaid carers for their loved ones, by offering places they can go together and reducing social isolation.
- 1.8 The contracts for the current all-age carers service will expire on 31<sup>st</sup> July 2024 and the Council's Contract Procedure Rules together with the Public Contract Regulations 2015 require the service to be re-procured using a formal tender process.

## 2. Main Issues

### Current provision

- 2.1 Cambridgeshire County Council and Peterborough City Council currently have a joint all-age unpaid carers service which was commissioned in August 2020. The total value of this service over the 4 years of the contract is £5,906,952. The service is divided into 3 lots: adult carers, young carers, and carers for adults with mental health issues. The 3-lot structure reflects the specialisms and particular expertise required of the providers. It also allowed small and Voluntary Community Sector Organisations (VCSO) to bid competitively for the award.
- 2.2 The service is currently delivered by three providers:
  - **Adult Carers** is provided by Caring Together, a charity operating across Norfolk and Cambridgeshire and is based in St. Ives
  - **Young Carers** is provided by Centre 33, a charity operating across Cambridgeshire and Peterborough City is based in Cambridge
  - **Carers for Adults with Mental Health Needs** is provided by Making Space, a charity based in Cheshire with a local office in St. Neots. It operates across Cambridgeshire and Peterborough City
- 2.3 Together, the service offers a range of support to unpaid carers including:
  - Conversations to guide unpaid carers to advice, information, and the support available to make life easier for them

- Counselling, training and short breaks to enable carers to take a break, talk about their experience privately and develop approaches to enable them to balance their own needs as well as the needs of the “cared for” person
- Community support groups and place-based carer groups offering peer support
- Information and advice including a helpline which outlines carers rights and provides guidance on what support they can access and where
- Support with emergency planning through the provision of What if! Plans which help carers put an emergency plan in place to ensure the needs of the “cared for” person are met in the event of a crisis
- For young carers, an online offer of support groups and peer groups are provided

### **Current Service Activity**

- 2.4 The current service has supported 1800 active users from April-September 2023 and supports, on average, 1459 active users at any one time. Of these active service users, 731 requested signposting to other services and support and 643 were supported to set up a What If! emergency plan. The high level of signposting demonstrates the value of early information and support to enable carers to continue in their caring role.

The service received 1300 new referrals during the same period, leading to a projection of 2600 new unpaid carer referrals over the course of this year.

- 2.5 During the existing contract term, exacerbated by the pandemic, the service faced an increase in demand. This led to an increase in waiting times for counselling and the development of What If! Emergency plans. To address this, in 2022 an additional £216,000 was invested in the service to increase capacity to meet demand. This appears to have been sufficient as there is currently no waiting list for emergency planning, or for carer breaks. The service triages carer referrals based on information received and prioritises accordingly.

Waiting times for counselling are improved but there are still occasional waits of up to 12 weeks. Further investment has been made into the service during 2023/24 to address this using Market Sustainability and Improvement funding (MSIF). This funding has also been incorporated into the budget for the new service.

### **Value for money and impact**

- 2.6 The service delivers value for money by supporting carers to continue in their caring roles. Without the work of unpaid carers, the demand for long term social care would be much higher. To illustrate this, during April-September 2023, records suggest 32 “cared for” people avoided entry to residential care due to support from the service which enabled their carer to continue in their caring role. The cost to the Council of 32 residential care placements is £25,312 per week and £1,316,224 per year at current average CCC fee rates. This falls just below the annual budget of the service itself. It is estimated that a further 36 “cared for” individuals were able to remain at home and did not require admission to hospital over the same period, contributing to further cost avoidance across the health and social care system.
- 2.7 Feedback from local carers suggests the current service is having a positive impact and is

well regarded. This is evidenced through the Personal Social Services Survey of Adult Carers in England 2021-22 in which the views of local carers' are sought on their experiences of support. The current service has contributed to increased levels of support for local carers.

- 2.8 The [Personal Social Services Survey of Adult Carers in England 2021- 2022](#) reported that in Cambridgeshire progress made supporting unpaid carers includes:
- Carers reporting better knowledge and understanding of how to access information, advice, and support services
  - Carers feeling better supported in their caring role
  - Identification of a large number of previously hidden carers
  - Increased numbers of 'What If' plans<sup>5</sup> being registered and activated
  - Carers having a strong voice through Healthwatch Partnership Boards
  - Timely access to advocacy and promotion of self-advocacy to enable carers to be confident to speak for themselves in future

The current service for young carers delivered by Centre 33 is ranked 5<sup>th</sup> amongst counties in the 2023 Schools Census in the identification of young carers.<sup>6</sup>

- 2.9 Feedback from carers themselves suggests that they find great benefits from the service. A carer following counselling support noted that before counselling they were on the brink of walking away from their caring role and the support received has left them feeling more positive and more empowered than before and they find they can now cope much better<sup>7</sup>.

A case study from work undertaken at one of the community hubs for carers run by the service highlights how a carer can use the information, advice and support offered to benefit their own and their "cared for" persons wellbeing<sup>8</sup>.

- 2.10 The positive impact and achievements of the current service has been integrated into the commissioning plans to ensure this progress is built upon. However, a review of the service and stakeholder feedback, along with the priorities identified in the All-Age Carers Strategy 2022-26, has indicated that there are areas of development which will be addressed through this re-procurement.

## **Commissioning Approach**

- 2.11 The re-procurement of the all-age carers service provides an opportunity to progress the Council's ambitions to increase support for carers and address areas for improvement identified within the current contract. Central to the proposed commissioning approach are the key priorities identified in the new All-Age Carers Strategy 2022-2026. These include:
- Identification of and support for Parent carers
  - Identification of and support for young carers
  - Young carers to be supported when moving into adulthood
  - Support for carers at risk of domestic abuse

---

<sup>5</sup> <https://www.caringtogether.org/support-for-carers/adult-carers/whatifplan/>

<sup>6</sup> <https://centre33.org.uk/cambridgeshire-2023-schools-census>

<sup>7</sup> [Carer feedback following counselling support Nov 2023.docx](#)

<sup>8</sup> [Case Study - Carers Community Hub Oct 2023](#)

- Supporting the emotional and psychological wellbeing of all carers
- Joint working across health and social care for all carers
- Ensuring our webpages support easy access to information

2.12 Proposals for the new service draw upon the latest best practice guidance for adult carers published by The National Institute of Health and Care Excellence (NICE) Guidance for adult carers. The re-procurement will also seek to address some gaps identified by people with lived experience and ensure the service delivers against the new All-Age Carers Strategy by adding to the existing support offer.

Additions to the specification will include:

- **Increasing support for young adult carers to transition into adult service** - It is important that the adult carers and young adult carers providers work together to enable young carers to successfully make this transition in a way that best supports their needs.
- **Increasing awareness and signposting for carers in situations of domestic abuse/violence** - This can relate to both carer and “cared for” person. The council has ensured that carers and the “cared for” person can access safeguarding services regardless of statutory eligibility
- **Increasing support for adult carers caring for people with dementia and Alzheimer’s diagnoses** - With the success of improved health care, people are living longer and healthier lives, which in turn increases the number of elderly people living with Alzheimer’s and Dementia and those caring for them<sup>9</sup>.
- **Taking “Whole family” approaches with an intensive focus on high-risk young carers and services tailored to the needs, maturity, abilities, and choices of young carer** - It is important to understand the contribution of young carers in their family context so that support offered does not disrupt the family whilst supporting the young carer in a way that best supports their needs.

Linking to the Carer’s Strategy, key service outcomes will include:

Increase in the number of carers identified and offered early support
Improvements in carer’s psychological wellbeing
Increase in the proportion of carer’s who report having as much social contact as they want
Increase in carer satisfaction with support received
Young carers' education, employment and training outcomes match their non-caring peers
Increase in the number of young carers supported through transition into becoming an adult carer
More carers or cared for people experiencing domestic abuse are identified early and receive appropriate help or intervention
Carers and their families can find all the information they need independently as it is accessible, up to date and available in a form that is understood, regardless of social, economic or cultural background.

<sup>9</sup> [Dementia & Alzheimer’s statistics - Alzheimer’s Disease International](#)

- 2.13 To ensure the new all-age carers service really does meet the needs and outcomes of local unpaid carers and their families, the service has been designed in collaboration with unpaid carers and people with lived experience of a caring role. This reflects the importance placed on the voices of experts-by-experience, carer groups, VCSOs and other partner organisations in shaping how we support carers.

A variety of approaches have been taken to engage with unpaid carers including survey questions, working with our established Carers Partnership Board and workshops with system partners and people with lived experience of caring.

It is expected that the service will develop and flex to support unpaid carers' needs through the life of the contract in line with delivery of the strategy. This will include more co-production and co-design working in partnership with people with lived experience and other partners organisations.

- 2.14 The All-Age Carers Strategy 2022 – 26 will be reviewed in Spring 2024 with a view to connecting its implementation with the plans held by local NHS partners to ensure a more joined up approach to support for unpaid carers. This will include consideration of how to better include unpaid carers in hospital discharge processes to ensure the transition from hospital to home is as seamless as possible. The carers service will be reviewed and updated as required as part of this process. This impending change will be noted in the tender documents and will be subject to contract change processes.

### **Service Performance Management**

- 2.15 Unpaid carer support is a key strategy for public sector organisations and as such will come under CQC (Care Quality Commission) scrutiny. It is important the service can evidence how it supports unpaid carers and demonstrate responsiveness to their requirements, aligned to the Carers Strategy.
- 2.16 The overall outcome for this service is to ensure a range of support is available to unpaid carers to enable them to continue caring for their loved one in the community, and that young carers are supported to overcome the negative impacts of their caring roles while aspiring to the same future life opportunities as their peers.
- 2.17 To achieve this outcome and enable effective decision making in the future, Key Performance Indicators (KPIs) will be developed with service providers and experts by experience. Aligned to NICE guidance for adult carers, the KPIs will have a greater focus on measuring outcomes and impact of the service. This will ensure the Council understands the impact of the service it commissions and its contribution to the Council's aspirations to improve support for unpaid carers.

### **Procurement Approach**

- 2.18 It is proposed to re-procure the all-age carers service for Cambridgeshire County Council on a 3 plus 1-year contract term. This is the standard contract term required by the

Voluntary Sector Compact<sup>10</sup> which the Council has signed, and the preferred contract length indicated by the local market. It will enable the successful provider to embed and develop the service. There is an expectation that the service delivered will be continuously developed over time so that services are modified to meet the changing needs of unpaid carers.

- 2.19 The service will be re-procured in 3 lots - Adult Carers, Children and Young Carers and Carers for Adults with Mental Health needs. All Lots will work to the same principles and ethos. This will ensure the provision commissioned by the Council is tailored to the specific needs of different carers. For example, engaging and supporting young carers requires a different specialism and skillset to supporting adult carers.
- 2.20 The local market is small, and SME dominated. However, there are no issues with its sustainability, strength, and quality. Our current providers are local, specialist and experienced in working in Cambridgeshire. Soft market testing indicated that a few organisations in bordering counties may also consider bidding for the award.
- 2.21 In keeping with the commitment made within the All-Age Carers Strategy to involve people with lived experience, unpaid carers will be invited to participate in the procurement. They will be included in setting an evaluation question which they will evaluate.
- 2.22 All bidders will be required to demonstrate how their proposed service solution will deliver social value. Responses will be evaluated, and delivery of commitments monitored. Bidders' social value offer will be weighted at 10% and evaluated by the Social Value Portal.

### **Contract value**

- 2.23 The proposed contract value is £6,315,616 over the 3+1-year contract term and is broken down as below.

	Total per annum	MSIF funding Year 1 (8 months pro-rata)	Value over 3 years + 12 months
Lot 1 Adult Carers	£1,078,504	£30,888	£4,344,904
Lot 2 Children and Young Adult Carers	£355,700	£30,888	£1,453,688
Lot 3 Adults Mental Health	£121,534	£30,888	£517,024
Total	£1,555,738	£92,664	£6,315,616

- 2.24 This is £408,664 (over the contract term) higher than the existing service budget to fund the delivery of innovations and additional requirements included in the specification in response

<sup>10</sup> [HM Government - The Compact](#) (Accessed 14/12/23)



to stakeholder feedback (as outlined in paragraphs 2.12 and 2.17). This increase is being funded from the budget allocation for unpaid carers and additional funding from the Market Sustainability and Improvement Fund.

Feedback from adult social care providers following engagement by Commissioning and Contract Managers along with indicative market feedback suggests this resource envelope is sufficient to deliver the requirement.

#### Future investment in Carer's Services

2.25 As implementation of the Carer's Strategy progresses, a longer-term commissioning plan will be developed with experts-by-experience to understand what else may be required to support unpaid carers in Cambridgeshire. This may include further investment in the All-Age Carers service during its 3+1-year term. The Council will continue to explore other funding avenues to increase support for unpaid carers, including MSIF funding if made available in 2025/26. The Council is also seeking to invest in digital support for unpaid carers through an Accelerated Reform fund (ARF) bid with system partners.

2.26 Alternative procurement options considered and excluded include:

##### **2.26.1 In-house provision for the all-age carers service: This option is not recommended.**

We have considered delivering this service inhouse, but a cost comparison demonstrates VCSO providers deliver better value for money compared to an equivalent inhouse service (see Confidential Annex A). In summary, a reduction in service provision would be required to remain within budget if the service were delivered inhouse. Alternatively, additional investment would be required to maintain the same level of service provision, creating a budgetary pressure for the Council.

The local VCSO market also contains providers with the specific expertise, infrastructure and capability to deliver the range of activities to support unpaid carers in Cambridgeshire. The council does not currently have the capability or infrastructure required to deliver this service in-house currently even if costs were neutral. However, we can look to develop these skills and attributes over time.

##### **2.26.2 Doing nothing and allow the contract to expire: This option is not recommended.**

The service is a critical part of the Council's approach to meeting its statutory duties to support carers and plays a key role in helping to manage demand for long term adult social care. To allow the current service to expire without a replacement would create a substantial gap in support for unpaid carers leaving approximately 6000 unpaid carers per year without support. This option would likely result in significant increases in carer breakdown.

It is difficult to accurately forecast the cost of this option but as per 2.6, without the service in place the council would be likely to incur additional residential care fees of £1.3m, almost the value of the service annually. Furthermore, of the 1459 active service users at any given time, if 10% (n=146) of informal caring arrangements broke down and required new

homecare packages, (based on the current average homecare package costs of £335 per person per week as of October 2023) that would cost the Council in the region of a further £2.54m pa. If that was increased to 20% of service users, the cost would be c.£5.086m.

2.27 The key milestones for the procurement are set out below:

Specifications and consultation	Mid-December 2023
Tender Go Live	9 <sup>th</sup> February 2024
Tender return	11 – 15 <sup>th</sup> March 2024
Evaluation	18 <sup>th</sup> March – 5 <sup>th</sup> April 2024
Moderation	8 <sup>th</sup> -12 <sup>th</sup> April 2024
Decision to award/standstill period	Mid – end April 2024
Implementation and mobilisation	1 <sup>st</sup> week of May 2024
Contract Go Live	1 <sup>st</sup> August 2024

2.28 Should it be decided not to approve the procurement as outlined in this report, it will be necessary to extend the contracts of current service providers beyond the contract expiry date of 31/07/2024 for a further 6 months to 31/01/2025. This will need approval from Adults and Health Committee. This will ensure the local authority continues to deliver its statutory duty to Cambridgeshire carers while alternative solutions are found.

### 3. Alignment with ambitions

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

Method questions will include a question that supports the councils net zero carbon emissions for Cambridgeshire 2045 ambitions.

3.2 Travel across the county is safer and more environmentally sustainable

There are no significant implications for this ambition.

3.3 Health inequalities are reduced

There are no significant implications for this ambition.

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

The report above sets out the implications for this ambition in [1.4], [1.5], [1.7], [2.4], [2.6] and [2.9]

3.5 Helping people out of poverty and income inequality

The following bullet point sets out details of implications identified by officers:

Unpaid carers are likely to reduce the hours they work or may even leave work entirely

because of the demands of their caring role. This can result in unpaid carers being pushed into poverty while providing care and enabling their loved one to remain at home in their community. The carers service offers information and advice to help unpaid carers understand what support they can access and how they can access it including the financial support and benefits they may be entitled to. This is in line with the current budget allocated for the support of carers.

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

There are no significant implications for this ambition.

- 3.7 Children and young people have opportunities to thrive

The report above sets out the implications for this ambition in [1.4], [2.2], [2.3], [2.8] and [2.12]

## 4. Significant Implications

- 4.1 Resource Implications

The report above sets out details of significant implications in [2.23]

- 4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

The report sets out details of significant implications in [1.8], [2.18], [2.19] and [2.22]

- 4.3 Statutory, Legal and Risk Implications

The following bullet point sets out details of significant implications identified by officers:

The priorities within the service are in alignment with duties placed on local authorities by the Care Act (2014) and Children and Families Act (2014) in respect of assessment and support planning for carers and wider duties around information and advice and market shaping within the Care Act (2014).

- 4.4 Equality and Diversity Implications

The public sector equality duty has been considered as part of the service development and an EQIA (Equality Impact Assessment) has been completed

- 4.5 Engagement and Communications Implications

There are no significant implications within this category.

- 4.6 Localism and Local Member Involvement

There are no significant implications within this category.

- 4.7 Public Health Implications

The following bullet point sets out details of significant implications identified by officers:

It is important to recognise the contribution that unpaid carers make to supporting the health and wellbeing of those that they care for. The all-age carers' service includes actions relating to supporting unpaid carers in these areas to improve health outcomes for those that they care for.

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

##### 4.8.1 Implication 1: Energy efficient, low carbon buildings.

Positive/neutral/negative Status: Neutral

Explanation: No change

##### 4.8.2 Implication 2: Low carbon transport.

Positive/neutral/negative Status: Neutral

Explanation: No change

##### 4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats, and land management.

Positive/neutral/negative Status: Neutral

Explanation: No change

##### 4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.

Positive/neutral/negative Status: Neutral

Explanation: No change

##### 4.8.5 Implication 5: Water use, availability, and management:

Positive/neutral/negative Status: Neutral

Explanation: No change

##### 4.8.6 Implication 6: Air Pollution.

Positive/neutral/negative Status: Neutral

Explanation: No change

##### 4.8.7 Implication 7: Resilience of our services and infrastructure and supporting vulnerable people to cope with climate change.

Positive/neutral/negative Status: Neutral

Explanation: No change

## 5. Source documents guidance

### 5.1 Source documents - None

Have the resource implications been cleared by Finance? Yes

Name of Financial Officer: Justine Hartley

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the Head of Procurement and Commercial? 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: Karen White – Pathfinder Legal

Have the equality and diversity implications been cleared by your EqIA Super User?  
Yes

Name of Officer: Charlotte Knight

Have any engagement and communication implications been cleared by Communications?  
Yes

Name of Officer: Simon Cobby

Have any localism and Local Member involvement issues been cleared by your Service  
Contact? Yes

Name of Officer: Will Patten

Have any Public Health implications been cleared by Public Health? Yes

Name of Officer: Emily Smith

If a key decision, have any Climate Change and Environment implications been cleared by  
the Climate Change Officer? Yes

Name of Officer: Emily Bolton

## **Appendix 1**

Calculations for value of unpaid carer contribution in Cambridgeshire

Formula:

There are 5 million carers in England and Wales and their contribution has an estimated  
value of £162B

This means the contribution of each unpaid carer nationally is valued at an estimated  
£32,400

There are 52,236 self-identified unpaid carers in Cambridgeshire according to the 2021  
Census returns

$£32,400 \times 52,236 = £1,692,446,40$  estimated total value of contribution of self-identified  
unpaid carers in Cambridgeshire.



## Procuring additional Adult Social Care reassessment capacity

To: Adults and Health Committee

Meeting Date: 25 January 2024

From: Executive Director for Adults, Health and Commissioning

Electoral division(s): All

Key decision: Yes

Forward Plan ref: 2024/033

Executive Summary: People with eligible care and support needs will have their reassessments completed, ensuring their care and support needs are being met; and the Council will operate with a reduced work backlog.

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

- a) Delegate responsibility for awarding any contracts for the provision of Adult Social Care reassessment work commencing March 2024 to the Executive Director of Adults, Health and Commissioning
- b) Delegate responsibility for executing any contracts for the provision of Adult Social Care reassessment work starting middle of March 2024 to the Executive Director of Adults, Health and Commissioning.
- c) This work has an estimated contract value of £1,180,000 over the next 12 months.


Officer contact:

Name: Gurdev Singh

Post: Head of Service, Commercial, Contracts, and Brokerage.

Email: [Gurdev.singh@cambridgeshire.gov.uk](mailto:Gurdev.singh@cambridgeshire.gov.uk)

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

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

## 2. Background

- 2.1 In preparations for Care Quality Commission (CQC) inspection work of the Council's Adult Social Care services, the Council is implementing recommendations received from Local Government Association (LGA) Peer Review of Adult Social Care and Commissioning in 2022.
- 2.2 The Committee received a progress update on 5<sup>th</sup> October 2023.
- 2.3 Amongst the key recommendations and proposed actions included:
- 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.
- 2.4 We have been working at pace to reduce the backlogs of assessments however, more work is required. Given there remains an acute shortage of qualified and experienced social workers (approx. 20% - 26% vacancy rate), meeting our requirements for assessment work, means hiring support from outside companies.
- 2.5 This report explains the additional capacity required and how we might achieve this and how it might be funded.

## 3. Main Issues

### 3.1 Existing assessment work

A contract is in place with Eden Brown Limited (Trading as Eden Brown Synergy) via ESPO Strategic HR Framework 3S\_18. The value of the work under this contract is £391k. The contract will expire during the first half of 2024. The actual date will be dependent upon time taken to resolving each case. For example, some cases may present new and emerging care and support needs which require more time to detail and involve people's families and wider network and partners such as the ICB.

When the current work commenced, there was no plan to procure further assessment work nor was there any financial resource to draw down.

The work delivered has been to a high standard and meeting Cambridgeshire County Council's Code of Conduct for Social Workers and all relevant Professional Social Work Practice Standards as per Social Work England.



Whilst work continues to recruit permanent staff, to undertake this work, there remains a need to fulfil this duty and ensure capacity exists during this period.

### 3.2 Further assessment work

The requirements for further work are:

- assessing new people where referrals for social care have been made by the person or others, that includes carer assessments, mental capacity assessments, continuing health care checklists, that leads to commissioning the appropriate care and support services or advice.
- reassessing people as an outcome from their annual review or unplanned/pre-annual review where there is a significant change in their current situation which requires some or all aspects of the social care and support arrangements to be increased; includes better/different risk management activity and support.
- Carer support where identified, to enhance the cared for person's outcomes and support the carer which can result in a carers assessment or a review of any existing arrangements.
- annual reviews: existing care and support plans where no changes are identified/needed, or changes are needed, and all is working to plan/not working to plan, the person's care and support plan is updated in Mosaic to reflect the outcomes, which can include reducing/increasing previous care arrangements put in place to manage risks/improve outcomes. Where there is stability and the enhanced care is no longer required or necessary, care is reduced and agreed with all parties involved.

There are over 2,000 care assessments and reviews to be completed. This is made up of 700 back log assessments and 1,300 scheduled reviews where there is a capacity shortfall. This will help to be up to date with learning disabilities assessment work in relation to the Learning Disability Partnership Section 75 pooled budget financial risk share arrangements reported to Committee in October 2023 (forward plan reference 2023/097).

### 3.3 HR, procurement, finance, and contracts arrangements

Having reviewed current capacity, we do not have sufficient resources to complete the work through Acting Up / Secondments / Reallocation of work. Consequently, we shall be applying the Agency Worker and Interims Policy to complete the hiring of resources. We shall approach our partner OPUS.

In the event our usual approach to hiring resources, via OPUS, is unable to meet the requirements we shall explore using existing framework agreements in compliance with the Councils Contract Procedure Rules. Given the value and risk level involved we shall run a further competition.

The staff will be required to demonstrate how they deliver services in an outcome-based and person-centred care way. As the work is carried out by professional social workers and specialist staff, it is expected salaries will exceed the real living wage.

### 3.4 The overall requirement for this service is up to £1,180k which it is proposed to be funded from £400k base budget, £280k Transformation Funding reserves, and up to £500k up to

Market Sustainability and Improvement Fund grant. This proposed funded aligns with the current proposals within the paper considered by Strategy, Resources and Performance Committee on 19 December 2023, which is also scrutinised elsewhere on the same agenda as this paper. Work is estimated at £1,100 per assessment. This is a blended amount taking account of the work time and the range of skills involved. No inflationary price changes are applicable.

- 3.5 The process to hire interim staff would start from the beginning of February 2024. Consequently, a project go-live date is between middle of March 2024 and middle of April 2024.

## 4. Alternative Options Considered

- 4.1 Noting the work achieved and that the specification remains the same, we have considered the following three options to make efficient the use of CCC resources.

1. Do-nothing

The current work would be completed however a backlog will remain in place. Any inspection carried out by the CQC would show strong progress from the work done before an indefinite pause. This might be seen negatively by the CQC.

Further, as the backlog remains in place, it's reasonable to assume that people's needs may not be met with the right services. Consequently, this has the effect of inefficient use of long-term resources.

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

2. Start hiring resource to do work now

Work planning has taken place, and the support network remains in place from partners such as the ICB. This means we can evenly schedule our work and expand on the relationships that have formed. Further it means we can build on the work done and continue to reduce the backlog of assessments.

Any inspection carried out by the CQC would show strong progress from the work done before and a steady plan to continue to reduce the backlog of assessments.

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

3. Start hiring resource to do work later

The current work would be completed however a backlog will remain in place. Any inspection carried out by the CQC would show strong progress from the work done before a pause. This might be seen negatively by the CQC.

Work planning has taken place, and the support network remains in place from partners such as the ICB. Any delay is likely to mean the plan needs to be re-written and the partner network needs to be re-built. Consequently, this has the effect of inefficient use of long-term resources.

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

Option 2 is recommended. It offers the efficiency of building on work done whilst signalling to the CQC our commitment to continue to reduce assessment backlogs.

## 5. Conclusion and reasons for recommendations

- 5.1 By completing the reassessment work now for people, the Council can improve its ability to meet care and support needs in a timely manner. It offers the efficiency of building on work done whilst signalling to the CQC our commitment to continue to reduce assessment backlogs.

## 6. Significant Implications

### 6.1 Finance Implications

- There is a significant implication within this category.  
The overall requirement for this service is up to £1,180k which it is proposed to be funded from £400k base budget, £280k Transformation Funding reserves, and up to £500k up to Market Sustainability and Improvement Fund grant.

### 6.2 Legal Implications

- There are no significant implications within this category.

### 6.3 Risk Implications

- There are no significant implications within this category.

### 6.4 Equality and Diversity Implications

- There are no significant implications within this category. EqIA reference CCC570444241
- a) A completed Equality, Impact Assessment (EqIA) form ([Equality Impact Assessment Hub](#)) must be attached as an appendix to this report, if appropriate.

### 6.5 Climate Change and Environment Implications (Key decisions only)

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

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

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

6.5.4 Implication 4: Waste Management and Tackling Plastic Pollution.

neutral

Explanation: No change

6.5.5 Implication 5: Water use, availability and management:

neutral

Explanation: No change

6.5.6 Implication 6: Air Pollution.

neutral

Explanation: No change

6.5.7 Implication 7: Resilience of our services and infrastructure and supporting vulnerable people to cope with climate change.

neutral:

Explanation: No change

## 7. Source Documents

7.1 None

## **APPENDIX 1 – GUIDANCE AND CHECKLIST FOR IMPLICATIONS IN SECTION 4**

Report authors should decide whether in each category there are no, some or significant implications, considering each of the prompt questions. A commentary need only be included within the report where there are significant implications. Report authors will need to clear each implication category with the relevant officer. They may wish to do this before the drafting of a report particularly if the issue is contentious.

**A working definition of “significant”** is where the broader implications of a proposal are so evident /substantial that they need to be taken into consideration when Members are making a decision on the proposal.

All headings (in bold below) should be included. However, if the implications have been referenced earlier in the report, the detail does not need to be repeated – just a reference made to the relevant text.

<b>Finance/Resource Implications</b>	<ul style="list-style-type: none"><li>• What are the capital and revenue costs?</li><li>• What is the availability of current and future budget provision?</li><li>• Is the organisation delivering value for money?</li><li>• Is the best placed organisation delivering this service?</li><li>• What are the implications for our property assets?</li><li>• What are the implications for IT and data ownership?</li><li>• What are the impacts on human resources – employees’ Terms &amp; Conditions, work location, staffing levels, industrial relations, Human Resources (HR) policies and if so, has advice on the report been sought?</li><li>• Have we considered and are we in line with good practice?</li><li>• Is our performance as an authority or partnership impacted?</li><li>• Have we benchmarked cost and performance against neighbours?</li><li>• Include here consideration of any resource or financial implications, what they are, whether there is provision in existing budgets, whether the decision might give rise to expenditure at a later date, and whether there is the potential for income generation or savings. You should set out implications for both revenue and capital budgets. Any implications must be agreed with the Executive Director for Finance and Resources (or their nominee) so that issues relating to finance, staffing, property assets, procurement and ICT matters can be comprehensively reflected in the report as appropriate. If there are no resource or financial implications this should also be stated, i.e: ‘There are no resources or financial implications arising from the proposals.’</li></ul>
<b>Legal Implications</b>	<ul style="list-style-type: none"><li>• Please consult with the Pathfinder Legal Services or externally procured advice on completing this section.</li><li>• You must specify any legal/governance implications of any recommended or possible decision, you should try and complete these as much as you can prior to review by Pathfinder Legal Services. If there are no legal implications this must also be stated, i.e: ‘There are no legal implications arising from the proposals.’ It will be rare that there will be no implications.</li></ul>

<b>Risk Implications</b>	<ul style="list-style-type: none"> <li>For some reports, a relevant risk will already exist in the corporate risk register and it is appropriate to refer to it by including the risk reference and residual and inherent risk scores. Also, where a significant change is likely as a result of a recommendation, then it may be appropriate to create a new risk record in the risk register. However, for many reports Members need to be able to consider what specific risks to the Council may arise as a result of making, or indeed not making, the recommended decision. This may not be the same as identifying the more general corporate or service risks that would be recorded in the risk register, and simply cross referencing to a 'best fit' existing risk will not aid the decision-making process. Consider the recommendations being made in the report and ensure potential risks and the specific controls or actions that are being taken to mitigate the risks surrounding the decisions are identified. This helps Members to focus on the likelihood and the impact of their decision making. There will be more routine reports that contain recommendations that do not have significant risks - positive or adverse - associated with them. Where this is the case, the following sentence can be inserted: 'There are no significant risks arising from the proposed recommendations in this report.'</li> <li>For capital project risk implications the risk should be costed.</li> </ul>
<b>Equality and Diversity Implications</b>	<p>Provide a summary of the main impacts identified and any mitigating actions or opportunities to remove barriers, reduce negative impacts and ensure that our services, employment, and decision-making are inclusive.</p> <p><u>A completed EqIA form (downloaded from the EqIA e-form) must be attached as an appendix to this report.</u></p> <p>The completion of this paragraph demonstrates due regard to the Council's equalities duties under:</p> <ul style="list-style-type: none"> <li>The Public Sector Equality Duty within the Equality Act 2010</li> <li>Other relevant legislation such as The Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018,</li> <li>The Council's commitment to meet the Public Sector Equality Duty for Socio-economic Inequalities.</li> </ul> <p>Depending on the situation, it may also demonstrate due regard to the Council's duties under the Equality Act 2010 as it relates to our work as:</p> <ul style="list-style-type: none"> <li>An employer</li> <li>A service provider</li> <li>An education authority and/or</li> <li>A property owner</li> </ul> <p>As a public sector organisation we must remove unlawful discrimination, advance equal opportunities, and promote good relations between people.</p> <p>The Council has decided to use the Equality Impact Assessment (EqIA) process to help us demonstrate that we have met the above requirements.</p> <p>For more information on our duties and responsibilities, and guidance how to use the EqIA e-form etc, please see the <a href="#">CCC Equality Impact Assessment Hub</a></p>

<b>Climate Change and Environment Implications</b>	<p>Applicable to key decisions only.</p> <p>How does the recommendation support (or impede) delivery of the Council's seven carbon reduction, climate adaptation and nature targets? Targets available in the <a href="#">Climate Change &amp; Environment Strategy</a> - consideration of the below will support your answer:.</p> <p>Carbon &amp; Green &amp; House Gas emissions</p> <ul style="list-style-type: none"> <li>• Will the recommendation result in an increase in carbon dioxide or other greenhouse gas emissions? Quantify if possible.</li> </ul> <p>Energy efficient, low carbon buildings:</p> <ul style="list-style-type: none"> <li>• Will the proposal decrease energy use for the council and/or communities?</li> <li>• Will the proposal lead to a switch to low-carbon energy supply, including renewables?</li> </ul> <p>Low Carbon Transport:</p> <ul style="list-style-type: none"> <li>• Will the proposal decrease use/reliance on the private car?</li> <li>• Will the proposal encourage use of cleaner modes of transport? Eg. EV, cycling, walking.</li> <li>• Will the proposal increase use of public transport?</li> </ul> <p>Green spaces, peatland, afforestation, habitats, and land management:</p> <ul style="list-style-type: none"> <li>• Will the proposal encourage, incorporate, or implement tree planting?</li> <li>• Will the proposal prevent or minimise tree removal?</li> <li>• Will the proposal create, enhance, or reduce damage to green space or natural habitats?</li> <li>• Will the proposal improve the accessibility of green space or nature?</li> <li>• Will the proposal lead to the improvement of peatland condition or extent? E.g. sustainable agriculture, restoration</li> </ul> <p>Waste Management and Tackling Plastic Pollution:</p> <ul style="list-style-type: none"> <li>• Will the proposal reduce waste generated by the council and/or residents, increase recycling, or encourage use of sustainable materials?</li> <li>• Will the proposal reduce rubbish and waste, especially plastics, or reduce emissions from landfill?</li> </ul> <p>Water use, availability, and management:</p> <ul style="list-style-type: none"> <li>• Will the proposal lead to reduced risk of flooding?</li> <li>• Will the proposal promote and/or implement nature-based solutions to climate change (e.g balancing ponds, Sustainable Drainage solutions, tree planting etc) to manage the effects of climate change? E.g. Flood risk or heatwaves.</li> <li>• Will the proposal help minimise use and wastage of water at the council and/or for communities, or help secure water supplies for the future?</li> </ul> <p>Air Pollution:</p> <ul style="list-style-type: none"> <li>• Will the proposal lead to a reduction in air pollution or an improvement in air quality?</li> </ul> <p>Resilience of our services and infrastructure, and supporting vulnerable people to cope with climate change:</p>
--	---

	<ul style="list-style-type: none"> <li>• Will the proposal lead to our services having greater ability to cope with the effects of climate change? E.g. flooding or heatwaves</li> <li>• Will vulnerable people better cope with climate change?</li> </ul> <p>See the Climate Change and Environment strategy <a href="#">here</a> for further information on the Council's climate priorities.</p> <ul style="list-style-type: none"> <li>• Contact the Climate Change Officer if for advice on completing this section in the report: <a href="mailto:climate@cambridgeshire.gov.uk">climate@cambridgeshire.gov.uk</a>.</li> </ul>
--	---

## **GUIDANCE FOR SECTION 2**

Report authors when writing reports should incorporate the following in the main part of the report, if appropriate. They should then seek sign off from the relevant officer, only if appropriate. Officers are encouraged to contact the relevant officer early if they report relates to any of these activities.

<b>Procurement activity</b>	<a href="#">Procurement Guide to Writing Committee Papers</a> ;
<b>Public Health activity</b>	<ul style="list-style-type: none"> <li>• Will the proposal have an impact on the health of Cambridgeshire residents?</li> <li>• Will the proposal support improving the health of the worst off fastest?</li> <li>• Will the proposal impact on a key health and wellbeing need identified in the Cambridgeshire Joint Strategic Needs Assessment (JSNA)</li> </ul> <p>The suite of Cambridgeshire JSNA documents is available on the Council website at the following link: <a href="http://www.cambridgeshireinsight.org.uk/jsna">http://www.cambridgeshireinsight.org.uk/jsna</a></p> <p>Please consult with the Public Health Team for advice on completing this section. Contact number: 01223 699689.</p>
<b>Resource</b>	<ul style="list-style-type: none"> <li>• Please see Finance/Resource section on page 8.</li> </ul>
<b>Local engagement, communications and the involvement of Local Members</b>	<ul style="list-style-type: none"> <li>• Has there been community engagement / public consultation and if so, what were the results?</li> <li>• Has discussion on the proposals taken place across directorates and with other relevant councils / agencies?</li> <li>• What are the implications for engagement with voluntary/community sector?</li> <li>• Have affected employees been consulted?</li> <li>• Have you fully informed Local Members about matters affecting their divisions during the formative stages of policy development and discussion at informal meetings, as required by Part 5.3 – Member/Officer Relations of the Council's Constitution?</li> <li>• Where you are recommending changes that impact on a community, has an Equality Impact Assessment been carried out incorporating feedback from community engagement where appropriate? (See section on Equality and Diversity Implications, above)</li> </ul>



## **Appendix 2**

### **WHETHER A REPORT SHOULD BE PRIVATE AND CONFIDENTIAL**

There must be strong justification given as to why it is not in the public interest for a report to be in the public section of the agenda. When agreeing to exclude the press and public, a committee must consider whether the public interest of withholding a report from publication outweighs the public interest in disclosing the information.

Paragraph 11 of the Access to Information Rules (Constitution Part 4.2) lists the circumstances under which the Local Government Act 1972 allows exclusion of the press and public. These cover:

1. Information relating to any individual.
2. Information which is likely to reveal the identity of an individual.
3. Information relating to the financial or business affairs of any particular person (including the authority holding that information).
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.
5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.
6. Information which reveals that the authority proposes
  - (a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or
  - (b) to make an order or direction under any enactment.
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.

If the report does include information that falls into the above categories, where possible, if it is not vital information that the committee requires to make its decision, the information should be omitted from the body of the report (or only included as a confidential appendix) so that the report can be considered in public.

**The Monitoring Officer must be consulted if the whole report needs to be treated as confidential.**

The following heading and wording should be added as a header, so it appears on every page of the report.

***NOT FOR PUBLICATION*** *This document contains exempt information under Paragraph [insert here the relevant number(s) from the list above] of Part 1 of Schedule 12A of the Local Government Act 1972, as amended, and it would not be in the public interest for this information to be disclosed (information relating to [add here the relevant text from the relevant number(s) above])*

Under the Local Government Act, some information **must** be treated as confidential, and the press and public **must** be excluded. This applies to information given to the Council by a Government Department on terms which forbid its public disclosure or information which cannot be publicly disclosed by or under any enactment or by the order of a court.



# EQUALITY IMPACT ASSESSMENT - CCC570444241

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

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

**Your name:** Lisa Sparks

**Your job title:** Senior Commissioner

**Your directorate, service and team:**

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

**Your phone:** 07900163590

**Your email:** Lisa.Sparks@cambridgeshire.gov.uk

**Proposal being assessed:** Hiring of interim staff to complete Adult Social Care reassessment work for older people and for people with learning disabilities.

**Business plan proposal number:**

**Key service delivery objectives and outcomes:** Seeking to engage an external agency to assist in reducing the current backlog of assessments and reviews for older people and those with learning disabilities. This will ensure a more timely response for customers so we can ensure their needs are understood and met as quickly as possible. It will also support the Council in meeting element of the CQC inspection regime; Recommendation 4 - The Council should minimise backlogs of assessments including Deprivation of Liberty Safeguards and reviews. There are over 2,000 care assessments and reviews to be completed. This is made up of 700 back log assessments and 1,300 scheduled reviews where there is a capacity shortfall.

**What is the proposal:** The organisation engaged to undertake this work will be; assessing new people where referrals for social care have been made by the person or others, that includes carer assessments, mental capacity assessments, continuing health care checklists, that leads to commissioning the appropriate care and support services or advice. reassessing people as an outcome from their annual review or unplanned/pre-annual review where there is a significant change in their current situation which requires some or all aspects of the social care and support arrangements to be increased; includes better/different risk management activity and support. assessing Carer support where identified, to enhance the cared for person's outcomes and support the carer which can result in a carers assessment or a review of any existing arrangements. undertaking annual reviews: existing care and support plans where no changes are identified/needed, or changes are needed, and all is working to plan/not working to plan, the person's care and support plan is updated in Mosaic to reflect the outcomes, which can include reducing/increasing previous care arrangements put in place to manage risks/improve outcomes.

Where there is stability and the enhanced care is no longer required or necessary, care is reduced and agreed with all parties involved.

**What information did you use to assess who would be affected by this proposal?:**The assessment to be undertaken relates specifically to older people and those with learning disabilities who are currently awaiting an initial assessment or a review. Numbers are supplied from Mosaic and other social care data reporting systems.

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

**Does the proposal cover:** Specific teams, All service users/customers/service provision in specific areas/for specific categories of user

**Which particular employee groups/service user groups will be affected by this proposal?:** Social work teams dealing with assessments and reviews. Older people and people with learning disabilities currently awaiting an initial assessment or a review.

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

**Will people with particular protected characteristics or people experiencing socio-economic inequalities be over/under represented in affected groups:** Over represented

**Does the proposal relate to services that have been identified as being important to people with particular protected characteristics/who are experiencing socio-economic inequalities?:** Yes

**Does the proposal relate to an area with known inequalities?:** Yes

**What is the significance of the impact on affected persons?:**By engaging this additional resource, we will be able to ensure that older people and people with learning disabilities are assessed and reviewed more quickly, reducing their wait time and ensuring that we have accurate information to inform their care plans, Dols and Safeguarding reviews.

**Category of the work being planned:** Procurement

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

**Age:** The proposal relates to increasing capacity to undertake assessments and reviews. The assessment and review processes will not be changing, not the way in which people request an assessment. It will just enable us to respond more quickly to requests and ensure that reviews are taken within proper timeframes. This same positive impact will be delivered for those with disabilities.

**Disability:** See Age section

**Gender reassignment:**

Proposal relates specifically to social care needs assessments and reviews for older people and people with learning disabilities

**Marriage and civil partnership:** Proposal relates specifically to social care needs assessments and reviews for older people and people with learning disabilities

**Pregnancy and maternity:** Proposal relates specifically to social care needs assessments and reviews for older people and people with learning disabilities

**Race:** Proposal relates specifically to social care needs assessments and reviews for older people and people with learning disabilities. Race and cultural needs are already considered as part of assessment and reviews and the process is not being changed.

**Religion or belief (including no belief):** Proposal relates specifically to social care needs assessments and reviews for older people and people with learning disabilities. Religion or belief are already considered as part of assessment and reviews and the process is not being changed.

**Sex:** Proposal relates specifically to social care needs assessments and reviews for older people and people with learning disabilities. Any sex related social care needs are already considered as part of assessment and reviews and the process is not being changed.

**Sexual orientation:** Proposal relates specifically to social care needs assessments and reviews for older people and people with learning disabilities. Any social care needs linked to sexual orientation are already considered as part of assessment and reviews and the process is not being changed.

**Socio-economic inequalities:** Proposal relates specifically to social care needs assessments and reviews for older people and people with learning disabilities. Being able to complete initial assessment more quickly will enable those who are eligible for social care funded care to be identified and provided with a funded services therefore potentially reducing any eligible care related expenses they are currently incurring.

**Head of service:** Shauna Torrance

**Head of service email:** [shauna.torrance@cambridgeshire.gov.uk](mailto:shauna.torrance@cambridgeshire.gov.uk)

**Confirmation:** I confirm that this HoS is correct



## Referral from Audit & Accounts Committee

To:	Adults and Health Committee
Meeting Date:	25 January 2024
From:	Audit and Accounts Committee
Electoral division(s):	Not Applicable
Key decision:	No
Forward Plan ref:	N/A
Executive Summary:	At their meeting in December 2023, the Audit & Accounts Committee agreed to refer the matter “Contract management of the Healthy Child Programme and Integrated Drugs & Alcohol Systems contract management” set out in section 7.2.4 of the Internal Audit Progress Report to the attention of the Adults and Health Committee.
Recommendation:	The Adults & Health Committee consider the matter referred by the Audit & Accounts Committee.

### Officer contact:

Name: Mairead Claydon  
Post: Head of Internal Audit & Risk Management  
Email: Mairead.Claydon@cambridgeshire.gov.uk

## 1. Background

1.1 On the 1st of December 2023, the Audit & Accounts Committee meeting resolved to refer the “Contract management of the Healthy Child Programme and Integrated Drugs & Alcohol Systems contract management” to the Adults & Health Committee for further review.

1.2 The minutes of the meeting record that:

*“A Member advised that he had previously expressed concern on the contract management of the Healthy Child Programme and Integrated Drugs & Alcohol Systems contract management, and he was puzzled why there had been a failure to move forward on this in the appropriate timescale. Whilst welcoming the information on this matter set out in section 7.2 of this report. He asked if the revised target date of 30/04/24 looked like slipping, a report could be provided to the Audit & Accounts Committee. The Member further requested that the information in paragraph 7.2 be referred to the Adults and Health Committee. The Committee agreed to this request.”*

## 2. Main Issues

2.1 The contents of Section 7.2 of the Internal Audit Progress report are therefore replicated below, for the information of the Adults & Health Committee:

2.2 PUBLIC HEALTH OPEN BOOK CONTRACT MANAGEMENT:

2.3 At the previous meeting of this Committee, two outstanding audit actions from within the Public Health directorate were discussed. These actions related to implementing ‘open book’ contract monitoring provisions which are written into two existing contracts within Public Health.

2.4 The concept of ‘open book’ contract management builds on the practice of ‘open book’ accounting within public contracts:

- **Open Book Accounting** – A provision within the contract which ensures that the provider’s financial records relating to the service(s) provided are made available to the contracting authority. This includes all material data and information including staff costs, resources used, overhead calculations, payments to sub-contractors and providers, profit margins etc. etc. The use of this approach allows the contracting authority to verify that they are being charged a fair and accurate price for the service that is actually being delivered.
- **Open Book Contract Management** - Using the information provided through open book accounting alongside operational and performance data to promote collaborative contract management behaviour between the supplier and the contracting authority in order to achieve: a fair price for the supplier; value for money for the contracting authority; and performance improvement for both over the contract life. It provides a basis to be able to review performance, agree the impact of change and to bring forward ideas for efficiency improvements.



- 2.5 The Open Book Contract Management approach is recommended by the Chartered Institute of Public Finance & Accountancy as representing best practice in managing all major public contracts, to maximise the value obtained. Specifically within the health and care sector, under NHS England guidance, Integrated Care Systems (ICSs) are required to have in place a System Collaboration and Financial Management Agreement (SCFMA) which requires open book accounting and financial transparency between its partner organisations.
- 2.6 In two previous audits of contracts within the Public Health Directorate, Internal Audit noted that although the wording of the contract included the right for the Council to undertake open book review of provider costs to enable an open book approach to contract management, there was no evidence that these rights had been used by the service or that an open book approach was being taken by contract managers. In both instances, actions were agreed with the service to implement open book monitoring practices within these contracts. The wording of the actions is set out below:
- **Healthy Child Programme Contract Audit** – Recommendation 6 – Quarterly Open Book Monitoring Against New Pricing Schedule: “Once a detailed Pricing Schedule has been developed for the contract, the Public Health team should implement quarterly open-book monitoring against the pricing schedule. This should include a detailed breakdown of actual costs incurred by the providers, with this information being reviewed and challenged by the Authority. The service should also ensure the year-end reconciliation of reported costs to actuals takes place in line with the Section 75 Agreement document.” [Target Implementation Date: 30th June 2023]
  - **Integrated Drug & Alcohol Contract Audit** – Recommendation 8 – Budget Variances Are Not Reconciled to Prime Cost Evidence: “Public Health should alter financial monitoring so that, for budget variances as uncovered in the review of SMS reporting within quarterly contract monitoring meetings, are reconciled to prime evidence, as allowed by clauses 34.1 and 34.2 of the contract. This represents a shift to more open book financial reporting. To assist with this, Public Health should utilise the detailed pricing schedule which includes a detailed list of allowable costs against each pricing element. This pricing schedule can be the basis for challenge in contract monitoring meetings allowing for efficient detection of budget variances. It will also allow the council to distinguish costs that should be absorbed by CGL. If the Service considers this unfeasible, they should consult with the Head of Diligence and Best Value for advice and guidance on how to implement a more open book financial reporting approach.” [Target Implementation Date: 30th January 2023]
- 2.7 In both instances, the actions are currently outstanding for implementation. Internal Audit reported to the September meeting of this Committee that a discussion regarding open book accounting had been held at the Procurement Governance Board, and that the Public Health Directorate were exploring how to enhance the expertise within their service to implement an open book approach within these and other contracts. It was confirmed that a detailed update on progress would be sought from the Director of Public Health and brought back to this Committee.

- 2.8 On the 31<sup>st</sup> October, the Director of Public Health, the Deputy Director of Public Health, the Head of Procurement and Commercial and the Head of Internal Audit & Risk Management met to discuss these actions and open book contract management more generally.
- 2.9 The Director of Public Health noted that some NHS providers have expressed discontent at having to supply prime records to the Council despite this being a provision of the contract, which is a continuing challenge for the directorate to manage. Capacity is also an issue within Public Health due to staff turnover and the need for staff with sufficient expertise in open book contract management. Additionally, the open book provisions within the contracts are currently quite general, rather than being specific about a particular open book approach will be implemented. As a result, in order to implement these recommendations, that the commissioners for these contracts will need to conduct a risk assessment and identify an appropriate, detailed approach to open book contract management.
- 2.10 It was agreed that Commissioners within the Public Health Directorate should undertake formal training on open book contract management to help implement the approach throughout the directorate. It was also agreed that the service would report their plans for rolling out training to Procurement Governance Board, to identify whether other commissioning services may also wish to send staff on the training. In that case, it may be possible to arrange a larger-scale corporate training session which may be more cost-efficient and allow more staff to benefit from the training.
- 2.11 The Head of Procurement and Commercial noted that the Council's Commercial team have just opened a new Contract Management Teams channel to share best practice and it may be possible to use the channel to share information on open book approaches to contract management.
- 2.12 The audit recommendations regarding implementation of open book contract management within the two contracts highlighted above will therefore not be implemented until after this training has been rolled out to Commissioners. The Director of Public Health confirmed a revised target date for implementation of these actions is therefore 30<sup>th</sup> April 2024.

### 3. Alternative Options Considered

Not Applicable

### 4. Conclusion and reasons for recommendations

Not Applicable

### 5. Significant Implications

Not Applicable

#### 5.1 Finance Implications

Not Applicable

#### 5.2 Legal Implications

Not Applicable

### 5.3 Risk Implications

Not Applicable

### 5.4 Equality and Diversity Implications

Not Applicable

### 5.5 Climate Change and Environment Implications (Key decisions only)

Not Applicable

## 6. Source Documents

6.1 Internal Audit Progress Report - [IA Progress Report for Sept 2023 AAC - Draft \(cmis.uk.com\)](#)

Minutes of the Audit & Accounts Committee, December 2023 - [Document.ashx \(cmis.uk.com\)](#)



## Adults Corporate Performance Report

To: Adults & Health Committee

Meeting Date: 25 January 2023

From: Patrick Warren-Higgs – Executive Director for Adults, Health and Commissioning

Electoral division(s): All

Key decision: No

Forward Plan ref: N/A

Outcome: To provide the Committee with a performance monitoring information update.

Recommendation: The Committee is asked to:

a) Note and comment on performance information and act, as necessary

Officer contact:

Name: Appy Reddy

Post: Performance Lead

Email: [appy.reddy@cambridgeshire.gov.uk](mailto:appy.reddy@cambridgeshire.gov.uk)

# 1. Background

- 1.1 The Performance Management Framework sets out that Policy and Service Committees should:
- Set outcomes and strategy in the areas they oversee.
  - Select and approve the addition and removal of Key Performance Indicators (KPIs) for the committee performance report.
  - Track progress quarterly.
  - Consider whether performance is at an acceptable level.
  - Seek to understand the reasons behind the level of performance.
  - Identify remedial action.
- 1.2 This report, delivered quarterly, continues to support the committee with its performance management role. It provides an update on the status of the selected Key Performance Indicators (KPIs) which track the performance of the services the committee oversees.
- 1.3 The report covers the period of quarter two 2023/24, up to the end of September 2023.
- 1.4 The most recent data for indicators for this committee can be found in the dashboard at Appendix 1. The dashboard includes the following information for each KPI:
- Current and previous performance and the projected linear trend.
  - Current and previous targets. Please note that not all KPIs have targets, this may be because they are being developed or the indicator is being monitored for context.
  - Red / Amber / Green / Blue (RAGB) status.
  - Direction for improvement to show whether an increase or decrease is good.
  - Change in performance which shows whether performance is improving (up) or deteriorating (down).
  - The performance of our statistical neighbours. This is only available, and therefore included, where there is a standard national definition of the indicator.
  - KPI description.
  - Commentary on the KPI.
- 1.5 The following RAGB criteria are being used:
- Red – current performance is 10% or more from target.
  - Amber – current performance is off target by less than 10%.
  - Green – current performance is on target or better by up to 5%.
  - Blue – current performance is better than target by 5% or more.
  - Baseline – indicates performance is currently being tracked in order to inform the target setting process.
  - Contextual – these KPIs track key activity being undertaken, to present a rounded view of information relevant to the service area, without a performance target.
  - In development - KPI has been agreed, but data collection and target setting are in development.

## 2. Main Issues

### 2.1 Current performance of indicators monitored by the Committee is as follows:

Status	Number of KPIs	Percentage of KPIs*
Red	0	0%
Amber	0	0%
Green	0	0%
Blue	0	0%
Baseline	0	0%
Contextual	0	0%
In Development	11	100%
Suspended	0	0%

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

### 2.2 Commentary on the indicators is as follows:

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

New client contacts per 100,000 of population increased across all 4 quarters in 2022/23 compared to 2021/22. The demand continues to grow the lowers number of contacts in covid periods have not been sustainable and currently we are receiving a higher percentage of calls in to ASC requesting for support and remain on par with the equivalent quarters for 2021/22.

Cambridgeshire recorded a higher number of new client contacts in 2022/23 compared to the previous two financial years. In part this is attributable to the new reporting processes implemented in the latter part of the 2021/22 financial year, as well as normal statistical variation. However, there has been a level of increase in new client contacts that is felt to be linked to need in the community (see indicator 231), reflected in the increased numbers of new client assessments for care and support being undertaken (2021/22 monthly average of completed assessments/reassessments: 330, 2022/23 monthly average = 392).

Part of the increase in contact numbers may also be due to proactive work with primary care social prescribers to increase awareness of prevention and early intervention services such as lifeline alarms. During the 2022/23 financial year, Cambridgeshire implemented a system to receive electronic referrals from GP and social prescribing systems to improve the referral route and increase the quality of information received.

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

The percentage of new client contacts not resulting in long-term care and support has shown a decreasing trend over the last year but has now stabilised around 88%. This figure is slightly higher than the overall percentage for 2021/22 but remains below the equivalent quarter last year. When interpreted in line with indicator 230, which presents slightly less contacts for Q2 2023/24 compared to 2022/23, the overall picture is that the need for Long

Term services remains high compared to 2021/22 but has provisionally stabilised in terms of contact numbers and the % progressing to Long Term support.

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

The % of clients at the end of Q2 2023/24 with no review in the last 12 months is the lowest across the last 3 financial years.

During 2022/23, there was a significant level of activity undertaken to clear review backlogs that built up during the pandemic. An external agency was commissioned from March 2022 to work through the backlog of reviews for clients receiving long-term services. This additional capacity significantly increased the number of reviews being completed; in 2021-22 there was an average of 294 reviews completed per month, increasing to an average of 472 reviews for the completed financial year 2022-23.

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

A move away from carers assessments by default to a more constructive and timely conversation accounts for the lower volume of carers assessments. This should be seen alongside our carers conversation and carers triage activity. During Q2 2023/24 we have completed 152 assessments and reviews. A paper of carers recommissioning is being presented to committee which will set the road map for future carers provision.

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

We continue to have reporting gaps for safeguarding. New dashboards are currently in development meaning not all the data needed to inform these indicators is available for routine use by staff.

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

The percentage of people receiving direct payments in Q2 2023/24 continues to be low, reflecting the challenge in making direct payments an attractive solution. The general decrease in performance across the last year compared to 2021/22 is mostly driven by an increase in the number of people using social care rather than the number of people receiving direct payments, which has remained relatively stable (828 at the end of Q4 2021/22 compared to 808 at the end of the latest quarter). The alternative options like individual service funds are being explored to increase choice of control to Adults receiving care in the community.

Our work with Community Catalyst around micro enterprises seeks to build more opportunities for people to use direct payments to access care and support opportunities local to them.

The council has recently introduced Individual Service Funds, a personal budget managed by a provider of the persons choice rather than held by themselves. This alongside the



work to develop place based micro-enterprises within the Care Together programme should help to build on the range of options available.

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

The proportion of people not requiring long-term support after a period of reablement remains high compared to the national and statistical neighbour average. Q2 2023/24 has decreased showing the complexity of cases coming through needing further support following a short-term intervention.

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

The percentage of clients accessing long term support in the community aged 18-64 has remained relatively static over the last 12 months but increased slightly to 90.77% in Q2 2022/23. The overall number of community-based clients has also increased, from 2243 in Q2 2022/23 to 2360 in Q2 2023/24. Increasing need for long term services in general and community clients specifically has been experienced throughout the last year for 18-64 clients.

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

The percentage of clients aged 65+ accessing long term support in the community had increased during 2022/23 but has now dropped to a comparable rate with last year (62% in Q2 2022/23, 61% in Q2 2023/24). The number of clients receiving long term support and support in the community specifically have both increased marginally in the last 12 months.

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

Performance in this area continues to be high and comparable with national and statistical neighbour averages (96% in Q2 of 2023-24)

We continue to have reporting gaps for safeguarding. New dashboards are currently in development meaning not all the data needed to inform these indicators is available for routine use by staff. However, current performance suggests that the Making Safeguarding Personal agenda is fully imbedded in the safeguarding process.

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

We have been consistent in our approach and have been managing risk well and in over 88% of safeguarding cases risk is removed or reduced. Safeguarding pathways are being revisited to increase the number of S42's to give further considerations to risks.

### **3. Alignment with ambitions**

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

There are no significant implications for this ambition.

3.2 Travel across the county is safer and more environmentally sustainable

There are no significant implications for this ambition.

3.3 Health inequalities are reduced

There are no significant implications for this ambition.

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

The following bullet points set out details of implications identified by officers:

- The indicators proposed here provide an overview of performance in key priority areas, to enable appropriate oversight and management of performance.

3.5 Helping people out of poverty and income inequality

There are no significant implications for this ambition.

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

There are no significant implications for this ambition.

3.7 Children and young people have opportunities to thrive

There are no significant implications for this ambition.

## 4. Significant Implications

4.1 Resource Implications

There are no significant implications within this category.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category.

4.3 Statutory, Legal and Risk Implications

There are no significant implications within this category.

4.4 Equality and Diversity Implications

There are no significant implications within this category.

4.5 Engagement and Communications Implications

There are no significant implications within this category.

4.6 Localism and Local Member Involvement

There are no significant implications within this category.

4.7 Public Health Implications

There are no significant implications within this category.

4.8 Climate Change and Environment Implications on Priority Areas:

4.8.1 Implication 1: Energy efficient, low carbon buildings.

Positive/neutral/negative Status: There are no significant implications within this category.

Explanation: There are no significant implications within this category.

4.8.2 Implication 2: Low carbon transport.

Positive/neutral/negative Status: There are no significant implications within this category.

Explanation: There are no significant implications within this category.

4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats and land management.

Positive/neutral/negative Status: There are no significant implications within this category.

Explanation: There are no significant implications within this category.

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.

Positive/neutral/negative Status: There are no significant implications within this category.

Explanation: There are no significant implications within this category.

4.8.5 Implication 5: Water use, availability and management:

Positive/neutral/negative Status: There are no significant implications within this category.

Explanation: There are no significant implications within this category.

4.8.6 Implication 6: Air Pollution.

Positive/neutral/negative Status: There are no significant implications within this category.

Explanation: There are no significant implications within this category.

4.8.7 Implication 7: Resilience of our services and infrastructure, and supporting vulnerable people to cope with climate change.

Positive/neutral/negative Status: There are no significant implications within this category.

Explanation: There are no significant implications within this category.

Have the resource implications been cleared by Finance?

Name of Financial Officer: N/A

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the Head of Procurement and Commercial?

Name of Officer: N/A

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or Pathfinder Legal?

Name of Legal Officer: N/A

Have the equality and diversity implications been cleared by your EqIA Super User?

Name of Officer: N/A

Have any engagement and communication implications been cleared by Communications?  
Name of Officer: N/A

Have any localism and Local Member involvement issues been cleared by your Service Contact?  
Name of Officer: N/A

Have any Public Health implications been cleared by Public Health?

Name of Officer: N/A

If a Key decision, have any Climate Change and Environment implications been cleared by the Climate Change Officer?

Name of Officer: N/A

## 5. Source documents guidance

### 5.1 Source documents

Adults Corporate Performance Report Appendix 1 Quarter 1 2023/24

Adults Corporate Performance Report Appendix 2 Quarter 2 2023/24

Produced on: 17 August 2023



# Performance Report

## Quarter 1

### 2023/24 financial year

#### Adults and Health Committee

Governance & Performance  
Cambridgeshire County Council  
[Governanceand Performance@cambridgeshire.gov.uk](mailto:GovernanceandPerformance@cambridgeshire.gov.uk)

## Key



Data Item	Explanation
<b>Target / Pro Rata Target</b>	The target that has been set for the indicator, relevant for the reporting period
<b>Current Month / Current Period</b>	The latest performance figure relevant to the reporting period
<b>Previous Month / previous period</b>	The previously reported performance figure
<b>Direction for Improvement</b>	Indicates whether 'good' performance is a higher or a lower figure
<b>Change in Performance</b>	Indicates whether performance is 'improving' or 'declining' by comparing the latest performance figure with that of the previous reporting period
<b>Statistical Neighbours Mean</b>	Provided as a point of comparison, based on the most recently available data from identified statistical neighbours.
<b>England Mean</b>	Provided as a point of comparison, based on the most recent nationally available data
<b>RAG Rating</b>	<ul style="list-style-type: none"> <li>• <b>Red</b> – current performance is off target by more than 10%</li> <li>• <b>Amber</b> – current performance is off target by 10% or less</li> <li>• <b>Green</b> – current performance is on target by up to 5% over target</li> <li>• <b>Blue</b> – current performance exceeds target by more than 5%</li> <li>• <b>Baseline</b> – indicates performance is currently being tracked in order to inform the target setting process</li> <li>• <b>Contextual</b> – these measures track key activity being undertaken, to present a rounded view of information relevant to the service area, without a performance target.</li> <li>• <b>In Development</b> - measure has been agreed, but data collection and target setting are in development</li> </ul>
<b>Indicator Description</b>	Provides an overview of how a measure is calculated. Where possible, this is based on a nationally agreed definition to assist benchmarking with statistically comparable authorities
<b>Commentary</b>	Provides a narrative to explain the changes in performance within the reporting period
<b>Actions</b>	Actions undertaken to address under-performance. Populated for 'red' indicators only
<b>Useful Links</b>	Provides links to relevant documentation, such as nationally available data and definitions

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

[Return to Index](#)

December 2023

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	96.3%	93.9%	Improving
Statistical Neighbour Mean	England Mean	RAG Rating		
97.1%	95.4%	In Development		

## Indicator Description

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

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

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

Calculation:

$(X/Y) \times 100$

Where:

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

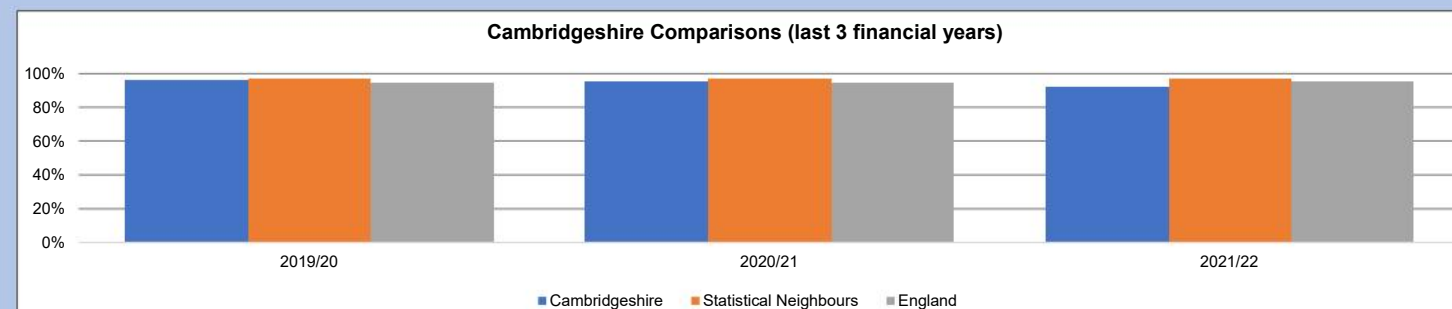
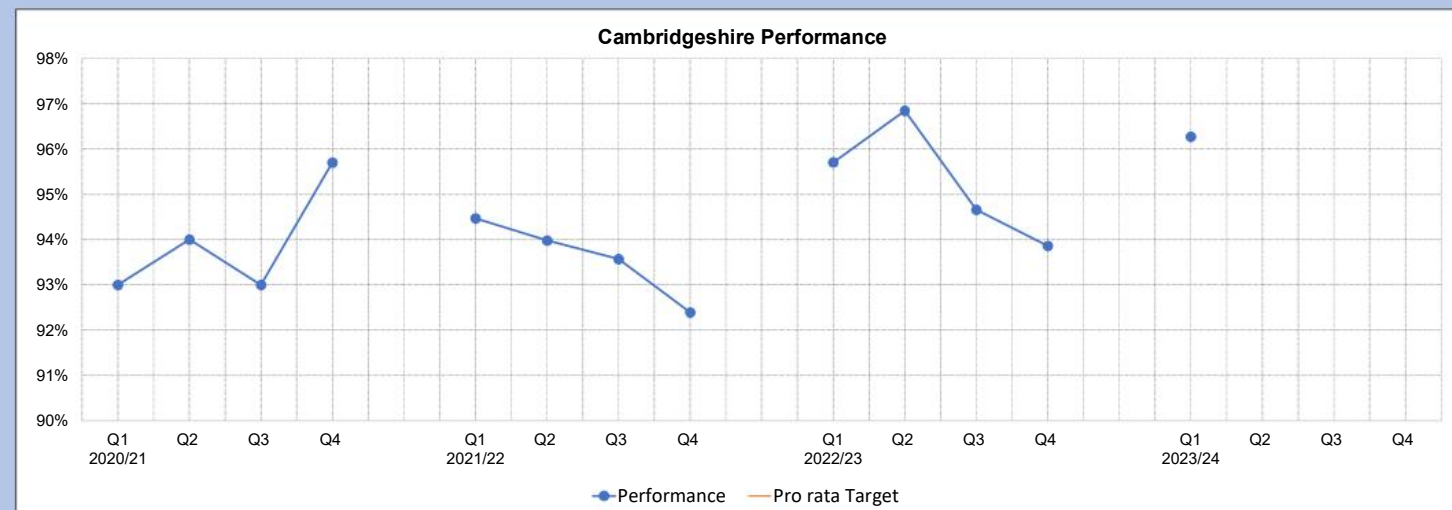
Y = The number of concluded enquiries where the adult(s) expressed desired outcomes.

## Useful Links

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

[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)



## Commentary

Performance for quarter 1 2023/24 was better than the previous 2 quarters and above the England average. Making Safeguarding Personal and ensuring we hear the voice of the person throughout is a key priority for the service. A lack of regular reporting has impacted our ability to track in the previous couple of years, however this is now available and hence will ensure a clearer focus.

## Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q4 onwards

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

[Return to Index](#)

December 2023

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	17.8%	19.3%	Declining
Statistical Neighbour Mean	England Mean	RAG rating		
27.6%	26.7%	In Development		

## Indicator Description

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

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

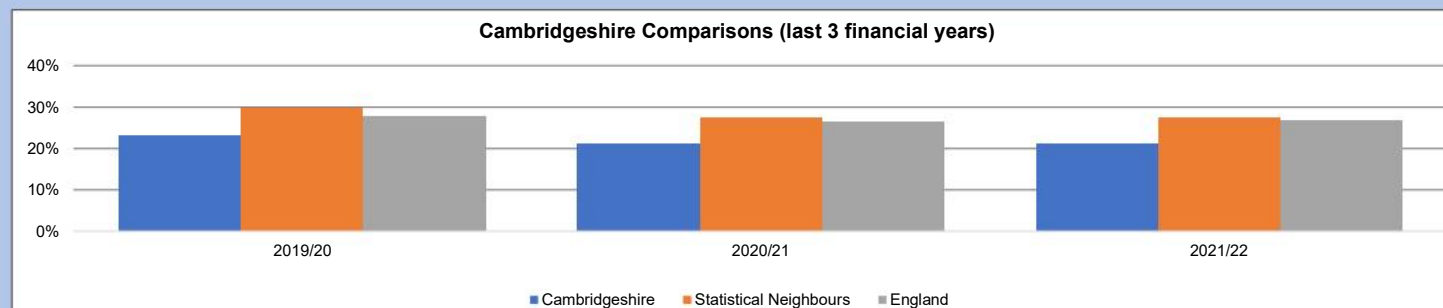
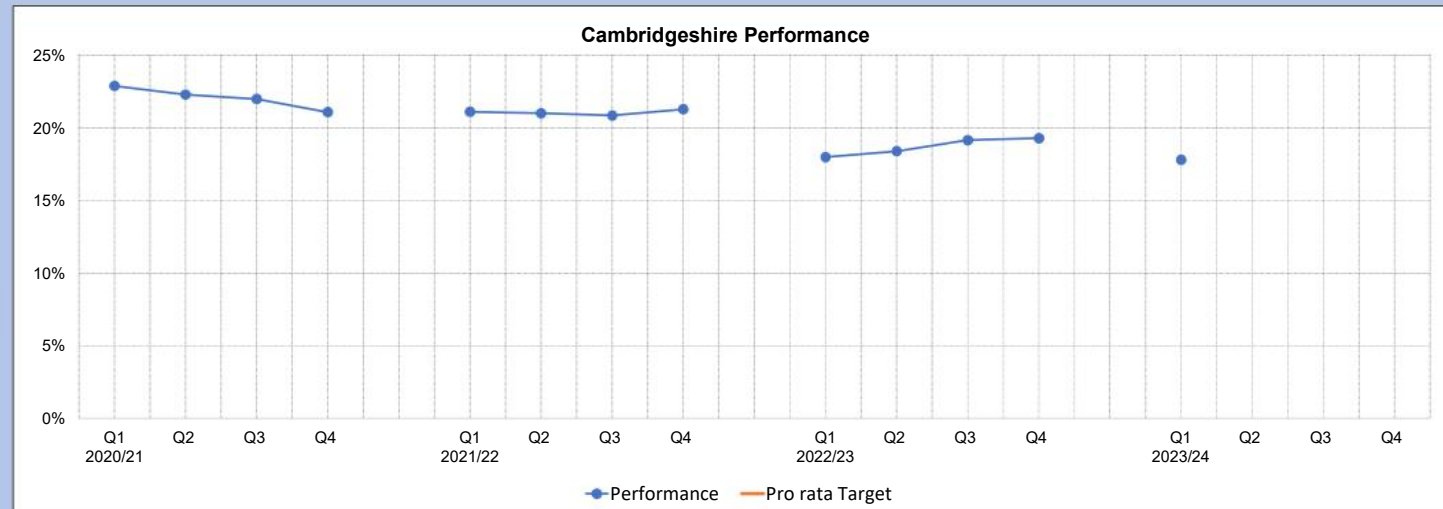
Both measures for self directed support and direct payments have also been split into two. They will focus on users and carers separately. This measure reflects the proportion of people who receive a direct payment either through a personal budget or other means.

Calculation:

$$(X/Y)*100$$

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

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



## Commentary

The percentage of people receiving direct payments in Q1 2023/24 continues to be low, reflecting the challenge in making direct payments an attractive solution. This is a key area for improvement on our improvement plan with a programme of work including the following actions:

Our work with Community Catalyst around micro enterprises seeks to build more opportunities for people to use direct payments to access care and support opportunities local to them.

The council has recently introduced Individual Service Funds, a personal budget managed by a provider of the persons choice rather than held by themselves. This alongside the work to develop place based micro-enterprises within the Care Together programme should help to build on the range of options available. Although numbers appears to have decreased this is in part due to one off payments only coming in the year they are made and it being early in the currently financial year.

## Useful Links

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

[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)

## Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q4 onwards. We now have a programme manager in place to oversee the work to increase direct payments and hopefully this will support progress to begin to deliver a noticeable impact.



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

[Return to Index](#)

December 2023

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	87.9%	85.3%	Improving
Statistical Neighbour Mean	England Mean	RAG Rating		
79.3%	77.6%	In Development		

## Indicator Description

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

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

Calculation:

$(X/Y) \times 100$

Where:

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

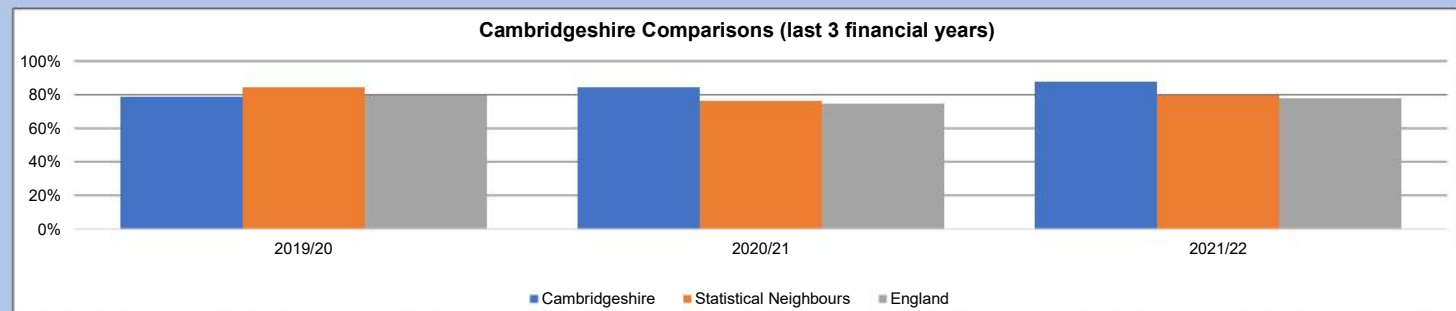
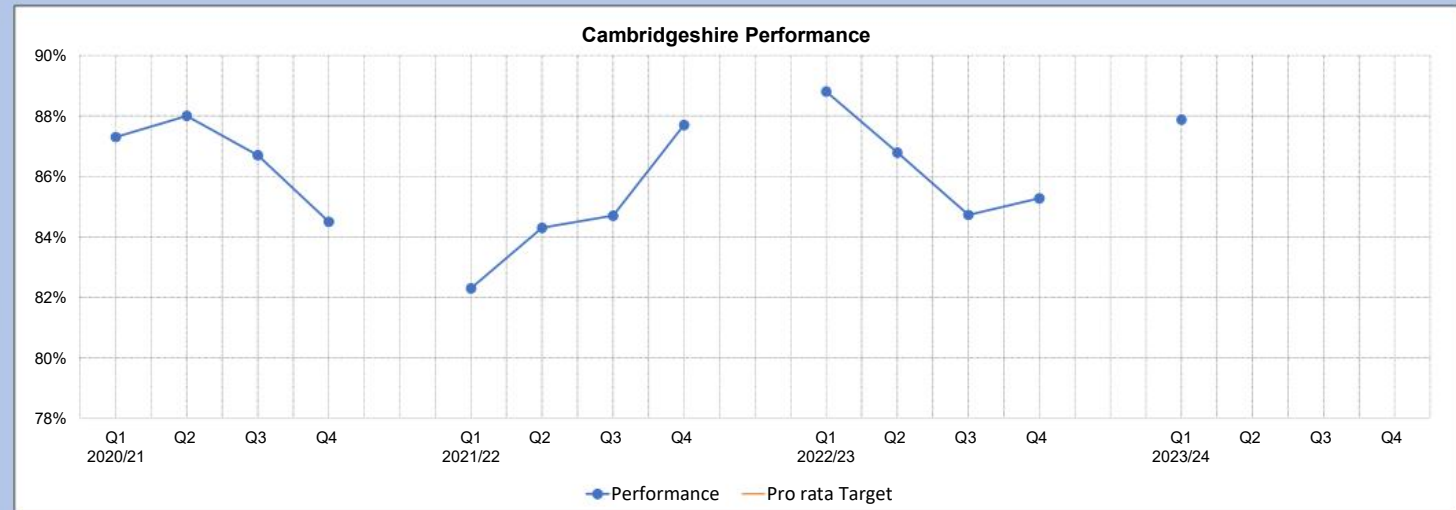
Y = Number of new clients who had short term support to maximise independence. Clients with a sequel of either early cessation due to a life event, or who have had needs identified but have either declined support or are self funding are not included in this total.

## Useful Links

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

[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)



## Commentary

The proportion of people not requiring long-term support after a period of reablement remains high compared to the national and statistical neighbour average. The higher percentages in Quarter 1 represent a larger proportion of reablement referrals coming from the hospitals, which more frequently result in no long term care and support. The aim is to be able to take more referrals from the community where we can limit the rather than fully remove reliance on long term care and support.

## Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q4 onwards

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

[Return to Index](#)

December 2023

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	91.7%	87.5%	Improving
Statistical Neighbour Mean	England Mean	RAG Rating		
92.0%	91.2%	In Development		

## Indicator Description

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

Calculation:

$$(X/Y)*100$$

Where:

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

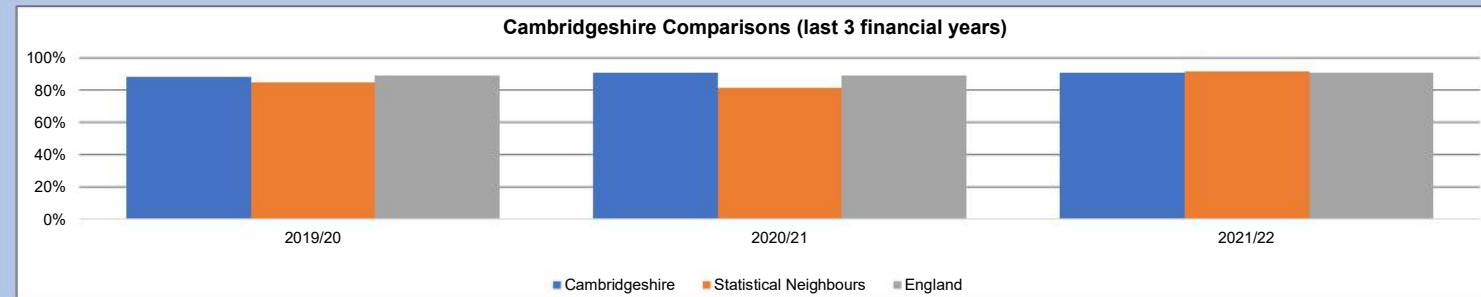
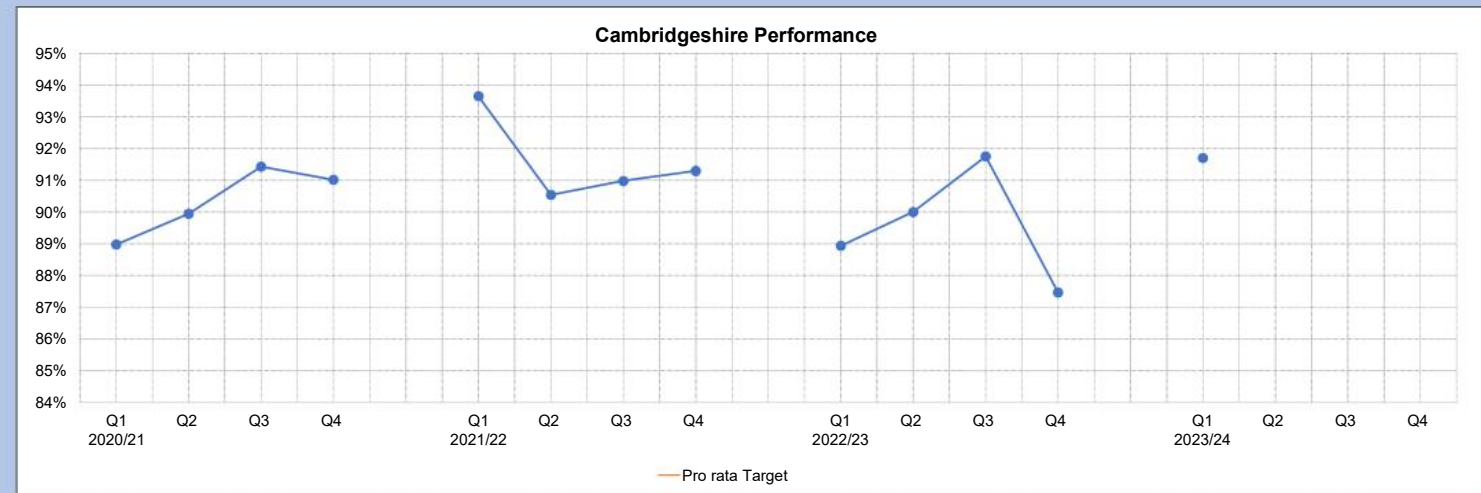
Y = The number of concluded enquiries where a risk was identified

## Useful Links

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

[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)



## Commentary

Performance has increased from 88.94% in Q1 2022/23 to 91.18% in Q1 2023/24. Within the last year, staff have been supported by new interactive dashboards to manage performance. In comparison to statistical neighbours we look slightly low but this is in part due to our MASH processes and the use of a information gathering step to investigate and resolve issues where appropriate to do so outside of a full Section 42 safeguarding enquiry this means that the issues going into a full enquiry are more likely to be complex.

## Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q4 onwards

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

[Return to Index](#)

December 2023

Pro Rata Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	1060.9	4560.4	Declining
Statistical Neighbour Mean	England Mean	RAG Rating		
4477.9	4450.5	In Development		

Indicator Description

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

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

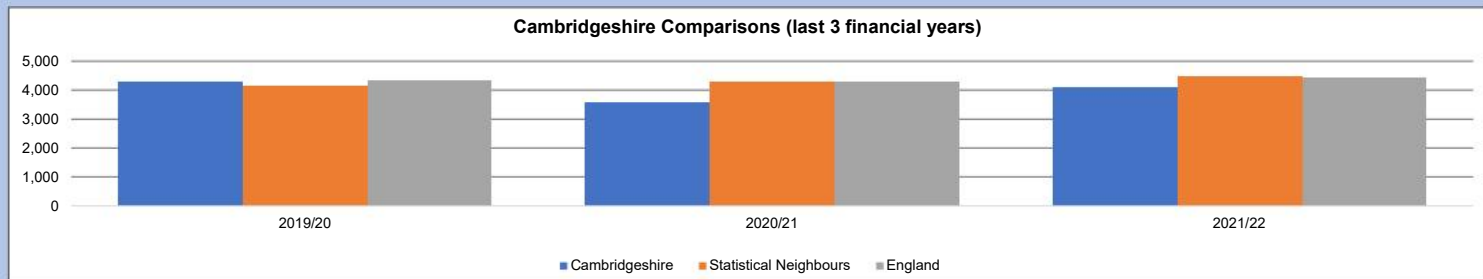
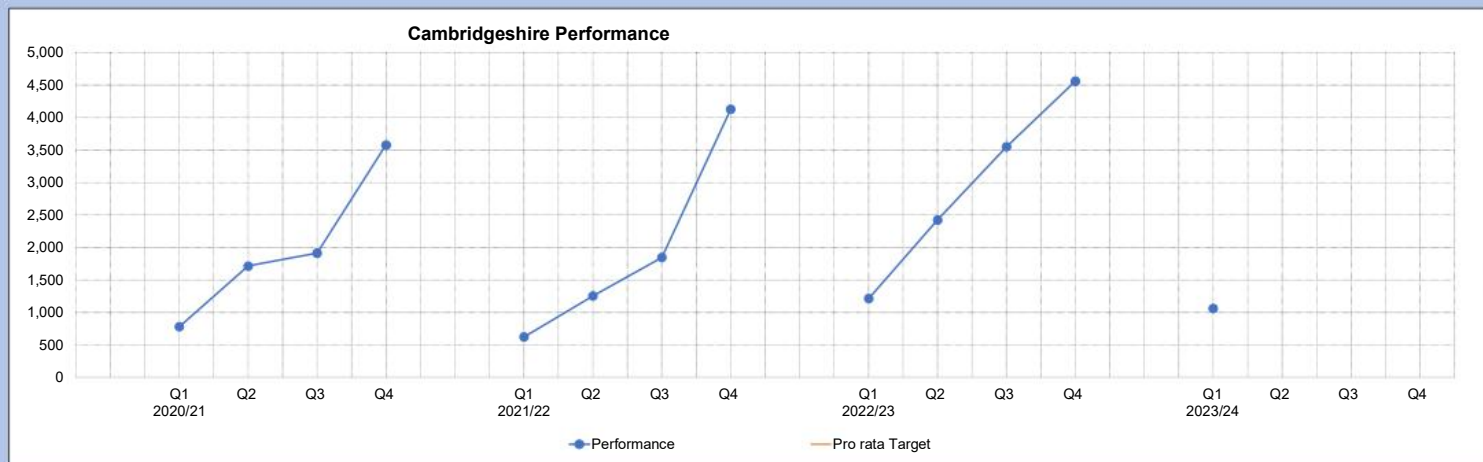
Calculation:

$$(X/Y) \times 100,000$$

Where:

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

Y = 18+ population



Commentary

New client contacts per 100,000 of population increased across all 4 quarters in 2022/23 compared to 2021/22. The figures have decreased slightly in Q1 2023/24 compared to last year, but still remain above the equivalent quarters for 2020/21 and 2021/22. Cambridgeshire recorded a higher number of new client contacts in 2022/23 compared to the previous two financial years. In part this is attributable to the new reporting processes implemented in the latter part of the 2021/22 financial year, as well as normal statistical variation. However, there has been a level of increase in new client contacts that is felt to be linked to need in the community (see indicator 231), reflected in the increased numbers of new client assessments for care and support being undertaken (2021/22 monthly average of completed assessments/reassessments: 330, 2022/23 monthly average = 392). Part of the increase in contact numbers may also be due to proactive work with primary care social prescribers to increase awareness of prevention and early intervention services such as lifeline alarms. During the 2022/23 financial year, Cambridgeshire implemented a system to receive electronic referrals from GP and social prescribing systems in order to improve the referral route and increase the quality of information received. - We can see this has continued to be the case in 2023/24.

Useful Links

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

[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)

Actions

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

[Return to Index](#)

December 2023

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	87.6%	87.6%	Improving
Statistical Neighbour Mean	England Mean	RAG Rating		
91.7%	91.8%	In Development		

## Indicator Description

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

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

Calculation:

$$(X/Y)*100$$

Where:

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

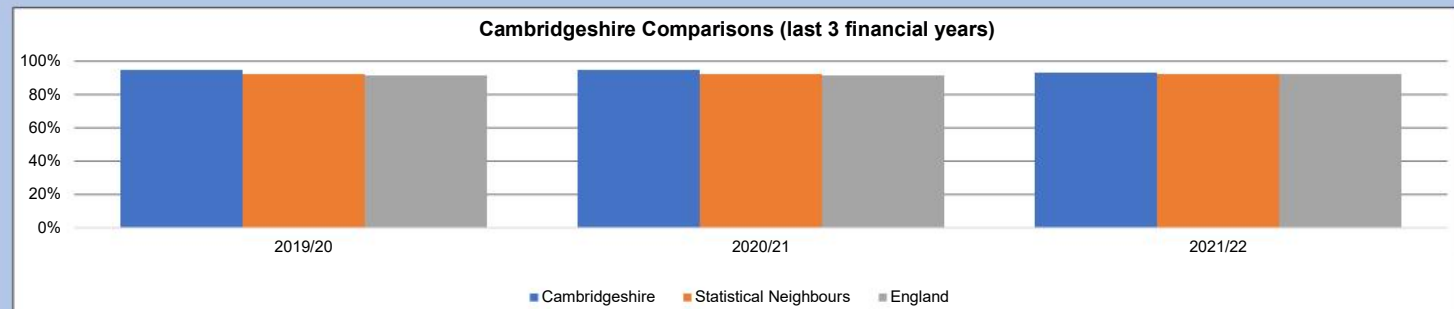
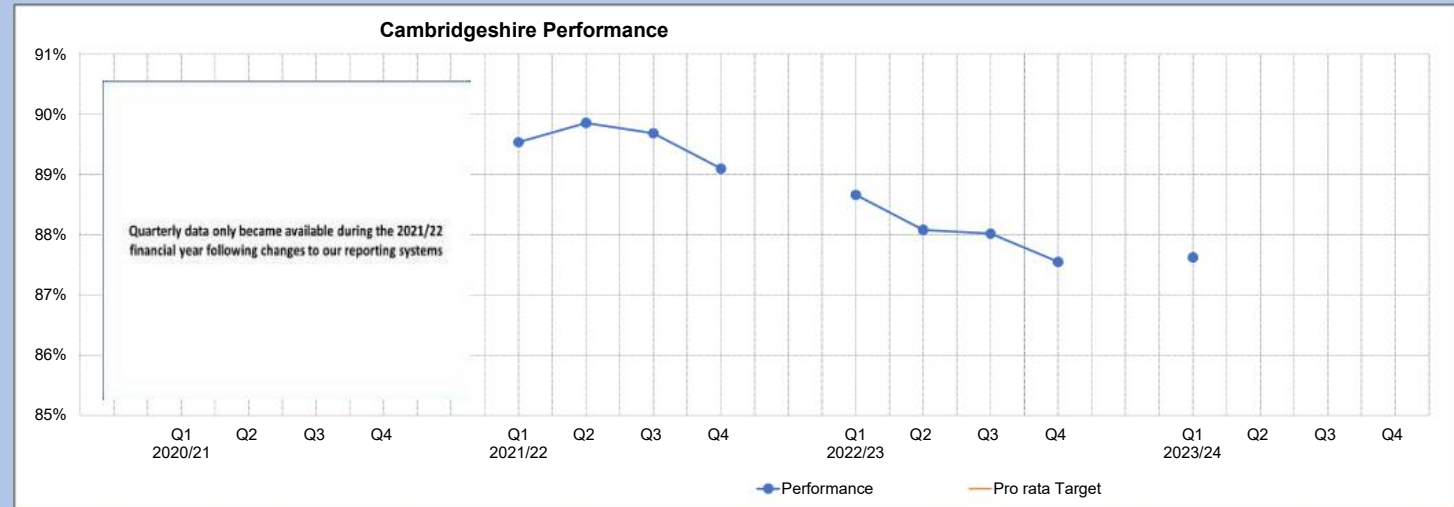
Y = Total number of new requests for support from people aged 18+ as defined by SALT guidance (tables STS001 1a and STS001 1b)

## Useful Links

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

[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)



## Commentary

The percentage of new client contacts not resulting in long-term care and support has shown a decreasing trend over the last year, although rising slightly in Quarter 1 demand from new clients remains high. When interpreted in line with indicator 230, the overall picture is that the need for Long Term services remains high compared to 2021/22, the increase is predominantly by growth in demand from people in the community as hospital discharges have been quite static.

## Actions

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↓	19.3%	25.2%	Improving
Statistical Neighbour Mean	England Mean	RAG Rating		
41.3%	45.0%	In Development		

### Indicator Description

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

Calculation:

$$(X/Y)*100$$

Where:

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

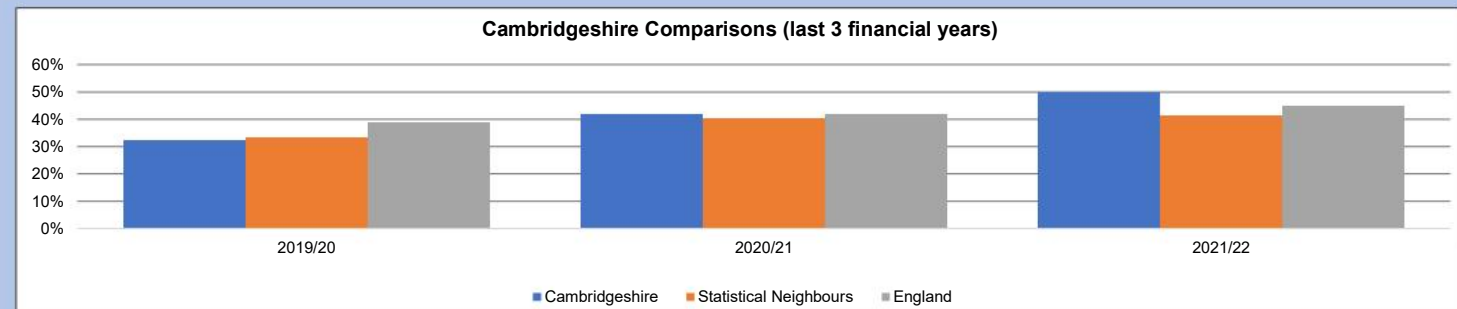
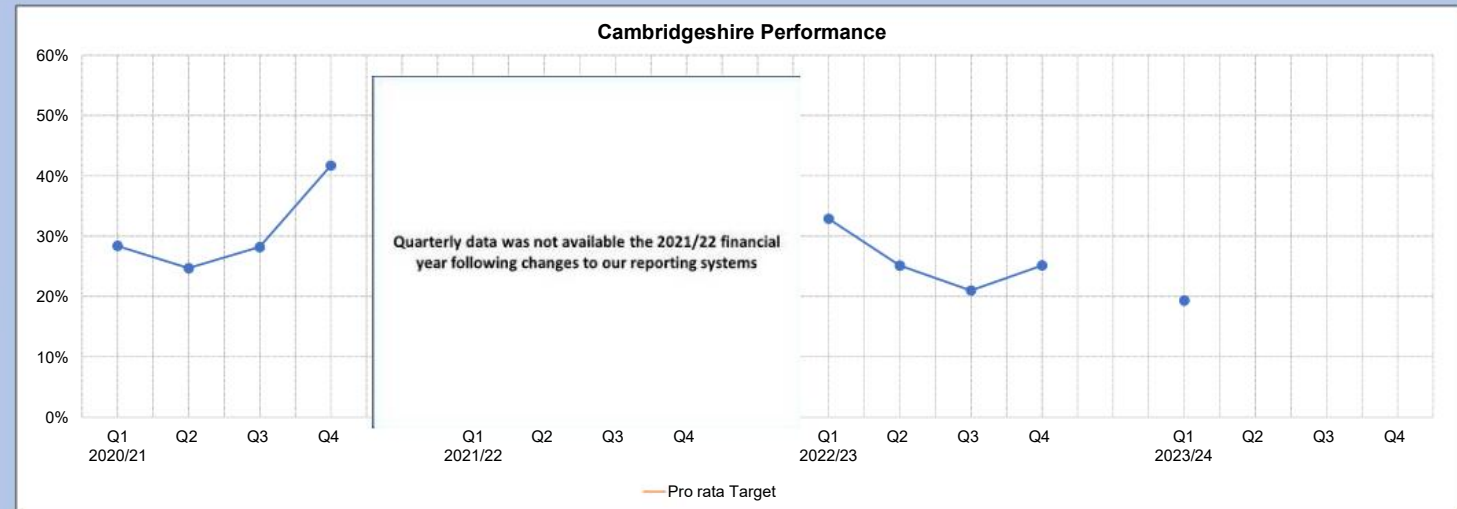
Y = Total number of people receiving long-term support for over 12 months at the end of the period

### Useful Links

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

[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)



### Commentary

The % of clients at the end of Q1 2023/24 with no review in the last 12 months is the lowest across the last 3 financial years.

During 2022/23, there was a significant level of activity undertaken to clear review backlogs that built up during the pandemic. An external agency was commissioned from March 2022 to work through the backlog of reviews for clients receiving long-term services. This additional capacity significantly increased the number of reviews being completed; in 2021-22 there was an average of 294 reviews completed per month, increasing to an average of 472 reviews for the completed financial year 2022-23. In Q1 2023/24, there were 457 reviews completed on average per month, partly due to the continued involvement of the ASC external team.

### Actions

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

[Return to Index](#)

December 2023

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	14.1	87.0	Declining
Statistical Neighbour Mean	England Mean	RAG Rating		
440.8	1398.3	In Development		

## Indicator Description

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

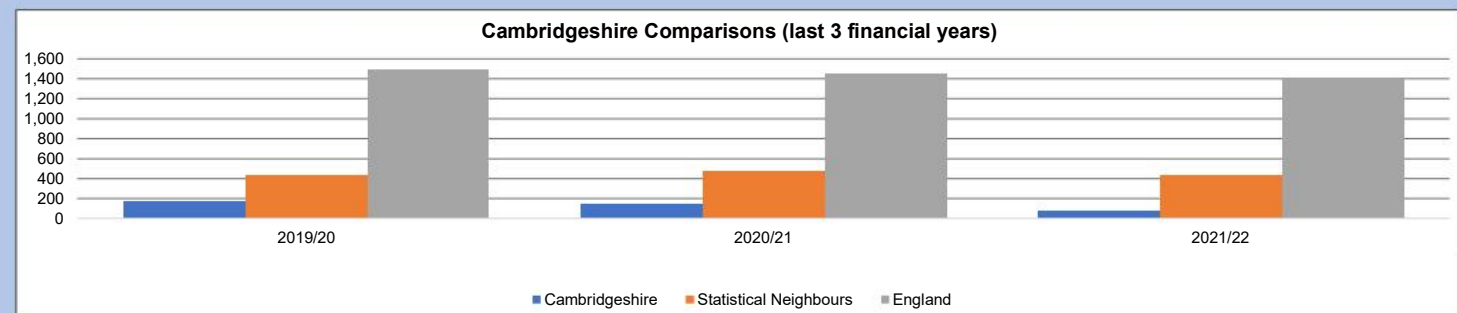
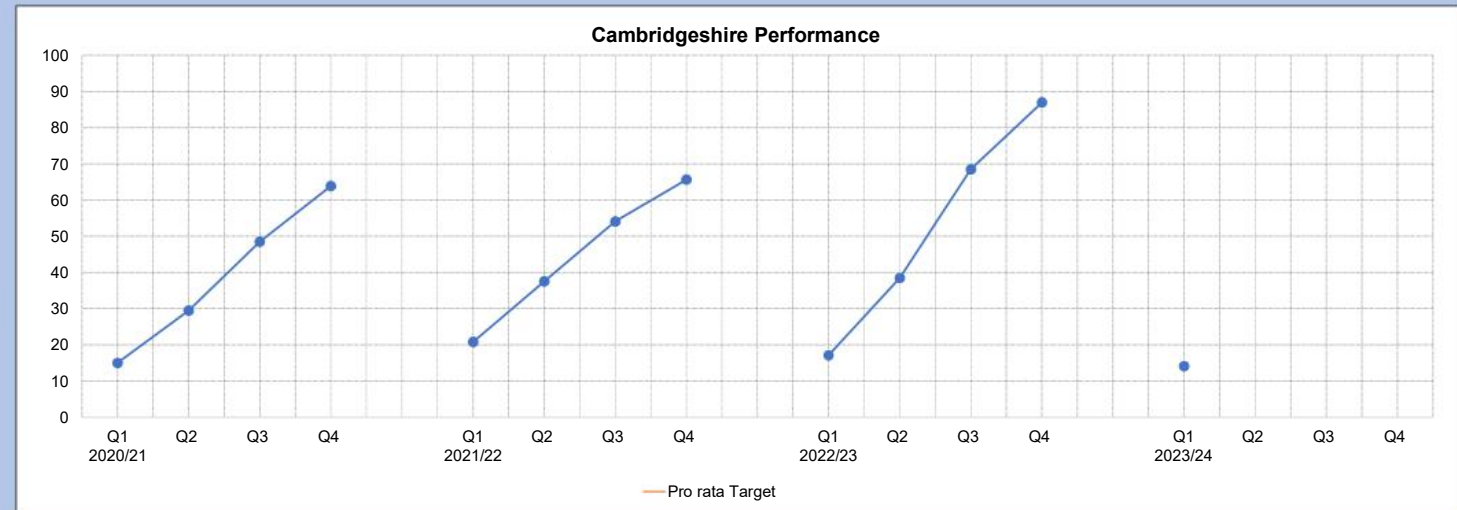
Calculation:

$$(X/Y) \times 100,000$$

Where:

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

Y = 18+ population



## Commentary

A move away from carers assessments by default to a more constructive and timely conversation accounts for the lower volume of carers assessments. This should be seen alongside our carers conversation and carers triage activity. During Q1 2023/24 we have completed:

- 64 carers assessments

- 13 carers reviews

- 798 carers conversation steps (often completed when assessing the cared-for service user - see bullet point below)

The number of carers assessed or reviewed in the period is significantly below the national average, and the average of our statistical neighbours. This is due to how carer activity is recorded in Cambridgeshire and a reflection of our process. Activity by teams supporting carers can be recorded as carers conversations, which would not be counted in the above measure. As part of our revised carers strategy and related action plan we would expect to see an increase in carers assessments and reviews as we look to increase carers breaks options.

## Useful Links

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

[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)

## Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q4 onwards



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

[Return to Index](#)

December 2023

Target	Direction for Improvement	Current Month	Previous Month	Change in Performance
In Development	↑	90.7%	90.7%	Declining
Statistical Neighbour Mean	England Mean	RAG Rating		
82.4%	84.7%	In Development		

## Indicator Description

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

Calculation:

$$(X/Y)*100$$

Where:

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

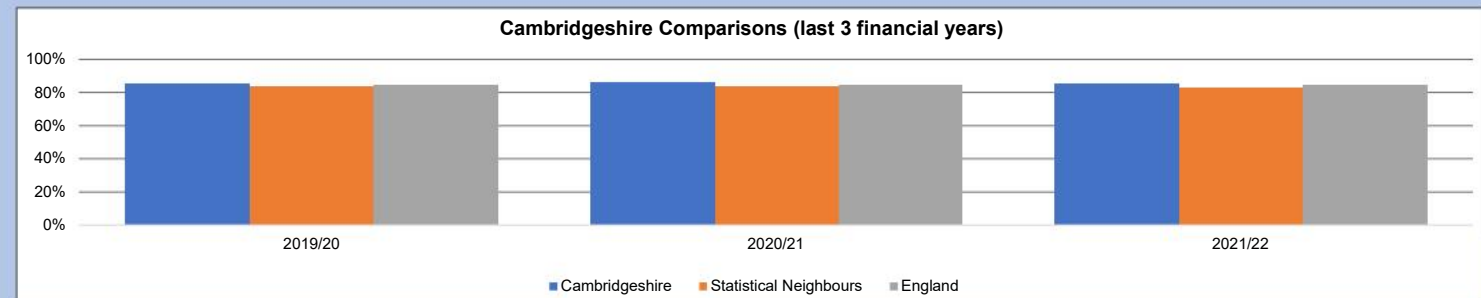
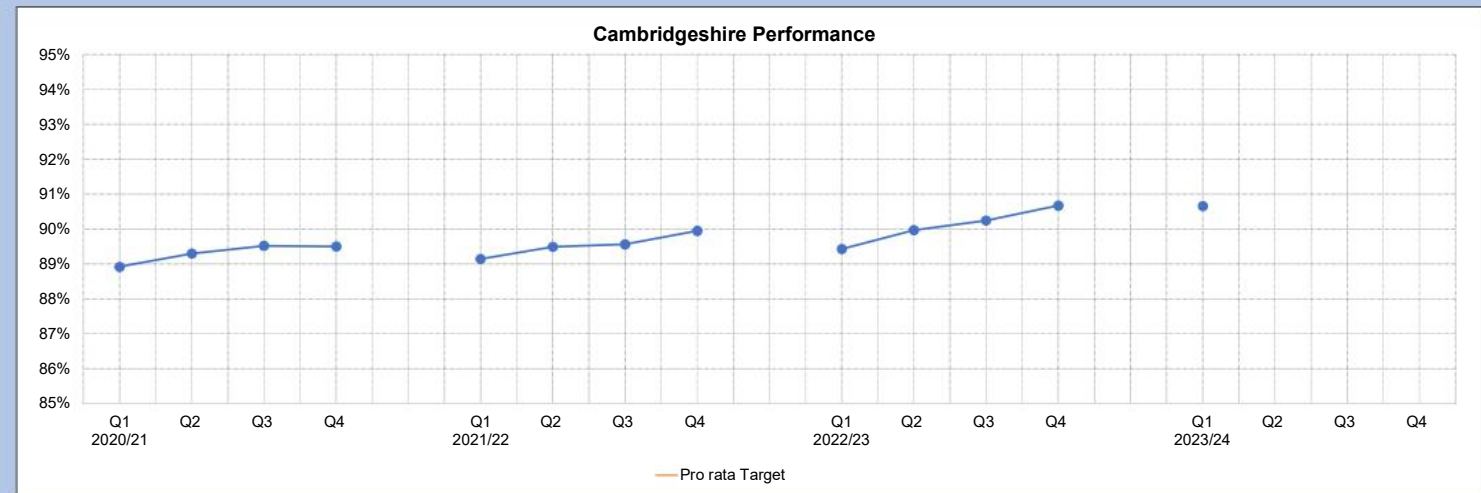
Y = Total number of people accessing long-term support aged 18-64

## Useful Links

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

[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)



## Commentary

Please note, Q4 data for Cambridgeshire is only provisional and will be updated to reflect statutory returns once published. Annual comparisons with statistical neighbours and England will also be available further to the national publication of statutory data for 2022/23.

The percentage of clients accessing long term support in the community aged 18-64 has remained relatively static over the last 12 months, but increased slightly from 89.4% in Q1 2022/23. The overall number of community based clients has also increased, from 2157 in Q1 2022/23 to 2271 in Q1 2023/24. Increasing need for long term services in general and community clients specifically has been experienced throughout the last year for 18-64 clients.

## Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q4 onwards

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

[Return to Index](#)

December 2023

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	60.7%	64.5%	Declining
Statistical Neighbour Mean	England Mean	RAG rating		
59.3%	62.4%	In Development		

## Indicator Description

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

Calculation:

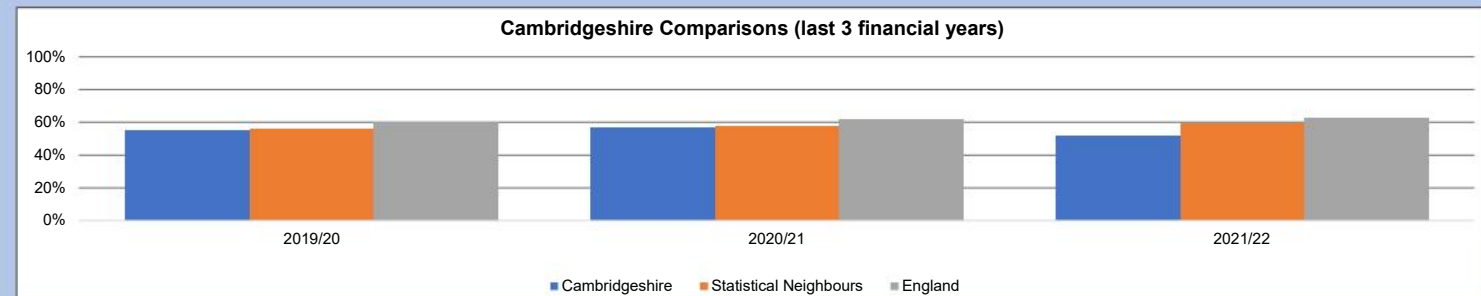
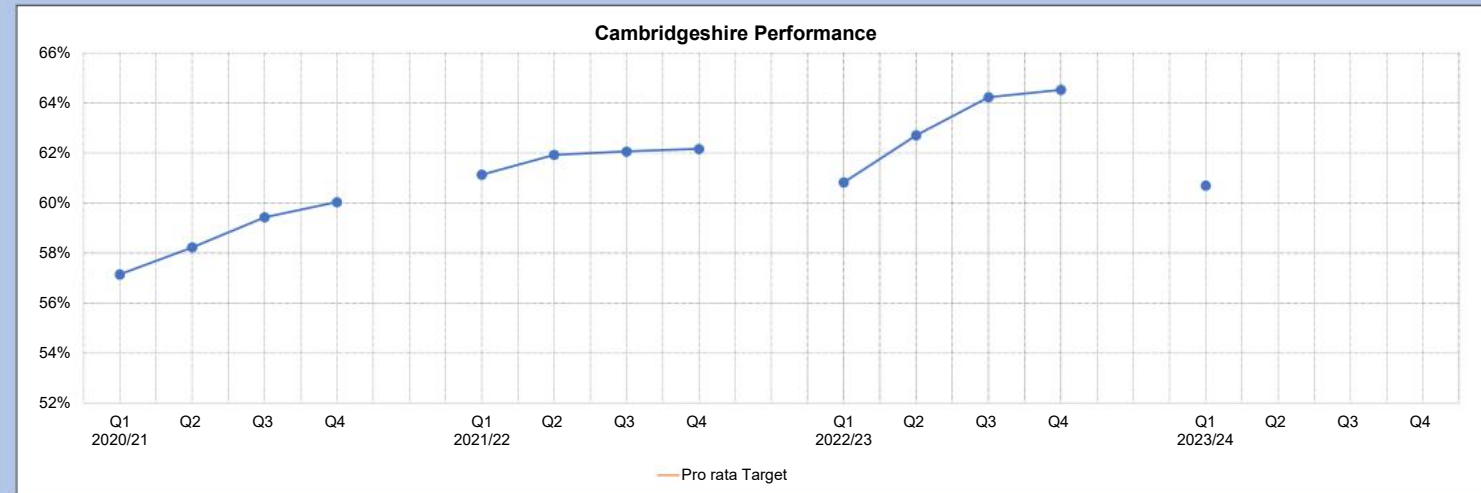
$$(X/Y)*100$$

Where:

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

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

## Useful Links

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


## Commentary

Please note, Q4 data for Cambridgeshire is only provisional and will be updated to reflect statutory returns once published. Annual comparisons with statistical neighbours and England will also be available further to the national publication of statutory data for 2022/23.

The percentage of clients aged 65+ accessing long term support in the community had increased during the course of 2022/23, but has now dropped to a comparable rate with last year (60.83% in Q1 2022/23, 60.69% in Q1 2023/24). The number of clients receiving long term support and support in the community specifically have both increased marginally in the last 12 months.

## Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q4 onwards



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

[Return to Index](#)

December 2023

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	96.4%	87.2%	Improving
Statistical Neighbour Mean	England Mean	RAG Rating		
81.6%	79.7%	In Development		

## Indicator Description

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

Calculation:

$$(X/Y)*100$$

Where:

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

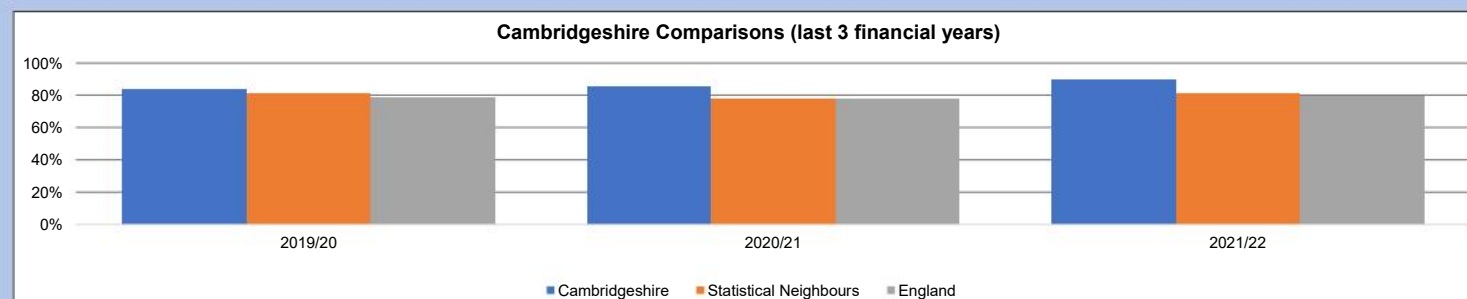
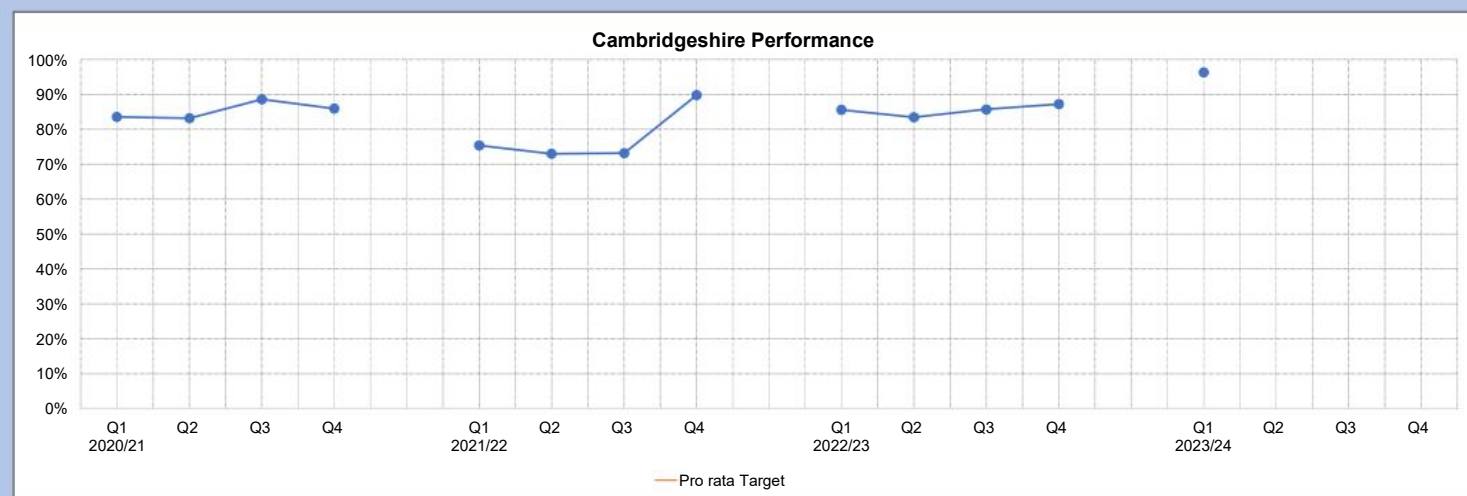
Y = The number of concluded enquiries

## Useful Links

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

[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)



## Commentary

Please note, Q4 data for Cambridgeshire is only provisional and will be updated to reflect statutory returns once published. Annual comparisons with statistical neighbours and England will also be available further to the national publication of statutory data for 2022/23.

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

We continue to have reporting gaps for safeguarding. New dashboards are currently in development meaning not all the data needed to inform these indicators is available for routine use by staff. However, current performance suggests that the Making Safeguarding Personal agenda is fully imbedded in the safeguarding process.

## Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q4 onwards



Produced on: 05 December 2023



# Performance Report

## Quarter 2

### 2023/24 financial year

#### Adults and Health Committee

Governance & Performance  
Cambridgeshire County Council  
[business.intelligence@cambridgeshire.gov.uk](mailto:business.intelligence@cambridgeshire.gov.uk)

## Key



Data Item	Explanation
<b>Target / Pro Rata Target</b>	The target that has been set for the indicator, relevant for the reporting period
<b>Current Month / Current Period</b>	The latest performance figure relevant to the reporting period
<b>Previous Month / previous period</b>	The previously reported performance figure
<b>Direction for Improvement</b>	Indicates whether 'good' performance is a higher or a lower figure
<b>Change in Performance</b>	Indicates whether performance is 'improving' or 'declining' by comparing the latest performance figure with that of the previous reporting period
<b>Statistical Neighbours Mean</b>	Provided as a point of comparison, based on the most recently available data from identified statistical neighbours.
<b>England Mean</b>	Provided as a point of comparison, based on the most recent nationally available data
<b>RAG Rating</b>	<ul style="list-style-type: none"> <li>• <b>Red</b> – current performance is off target by more than 10%</li> <li>• <b>Amber</b> – current performance is off target by 10% or less</li> <li>• <b>Green</b> – current performance is on target by up to 5% over target</li> <li>• <b>Blue</b> – current performance exceeds target by more than 5%</li> <li>• <b>Baseline</b> – indicates performance is currently being tracked in order to inform the target setting process</li> <li>• <b>Contextual</b> – these measures track key activity being undertaken, to present a rounded view of information relevant to the service area, without a performance target.</li> <li>• <b>In Development</b> - measure has been agreed, but data collection and target setting are in development</li> </ul>
<b>Indicator Description</b>	Provides an overview of how a measure is calculated. Where possible, this is based on a nationally agreed definition to assist benchmarking with statistically comparable authorities
<b>Commentary</b>	Provides a narrative to explain the changes in performance within the reporting period
<b>Actions</b>	Actions undertaken to address under-performance. Populated for 'red' indicators only
<b>Useful Links</b>	Provides links to relevant documentation, such as nationally available data and definitions

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

[Return to Index](#)

December 2023

Pro Rata Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	2150.7	1060.9	Improving
Statistical Neighbour Mean	England Mean	RAG Rating		
4477.9	4450.5	In Development		

## Indicator Description

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

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

Calculation:

$$(X/Y) \times 100,000$$

Where:

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

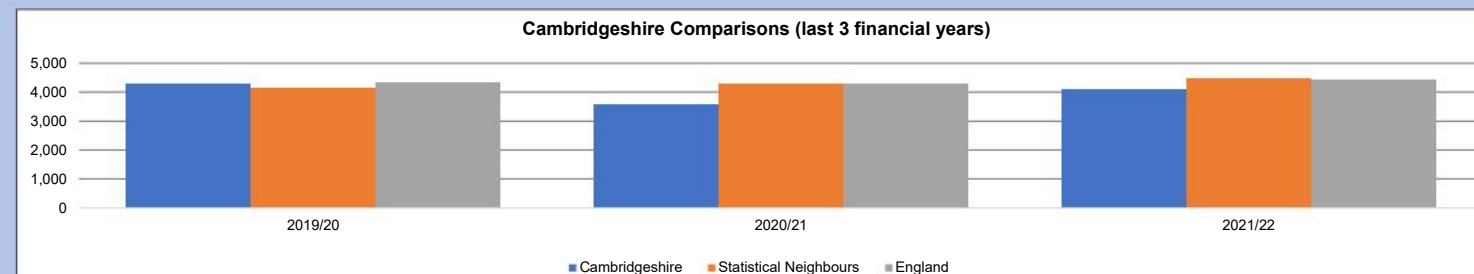
Y = 18+ population

## Useful Links

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

[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)



## Commentary

Please note, Q4 data for Cambridgeshire is only provisional and will be updated to reflect statutory returns once published. Annual comparisons with statistical neighbours and England will also be available further to the national publication of statutory data for 2022/23.

New client contacts per 100,000 of population increased across all 4 quarters in 2022/23 compared to 2021/22. The demand continues to grow the lowers number of contacts in covid periods have not been sustainable and currently we are receiving a higher percentage of calls in to ASC requesting for support and remain on par with the equivalent quarters for 2021/22.

Cambridgeshire recorded a higher number of new client contacts in 2022/23 compared to the previous two financial years. In part this is attributable to the new reporting processes implemented in the latter part of the 2021/22 financial year, as well as normal statistical variation. However, there has been a level of increase in new client contacts that is felt to be linked to need in the community (see indicator 231), reflected in the increased numbers of new client assessments for care and support being undertaken (2021/22 monthly average of completed assessments/reassessments: 330, 2022/23 monthly average = 392). Part of the increase in contact numbers may also be due to proactive work with primary care social prescribers to increase awareness of prevention and early intervention services such as lifeline alarms. During the 2022/23 financial year, Cambridgeshire implemented a system to receive electronic referrals from GP and social prescribing systems to improve the referral route and increase the quality of information received.

## Actions

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

[Return to Index](#)

December 2023

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	88.3%	87.6%	Improving
Statistical Neighbour Mean	England Mean	RAG Rating		
91.7%	91.8%	In Development		

## Indicator Description

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

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

Calculation:

$$(X/Y)*100$$

Where:

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

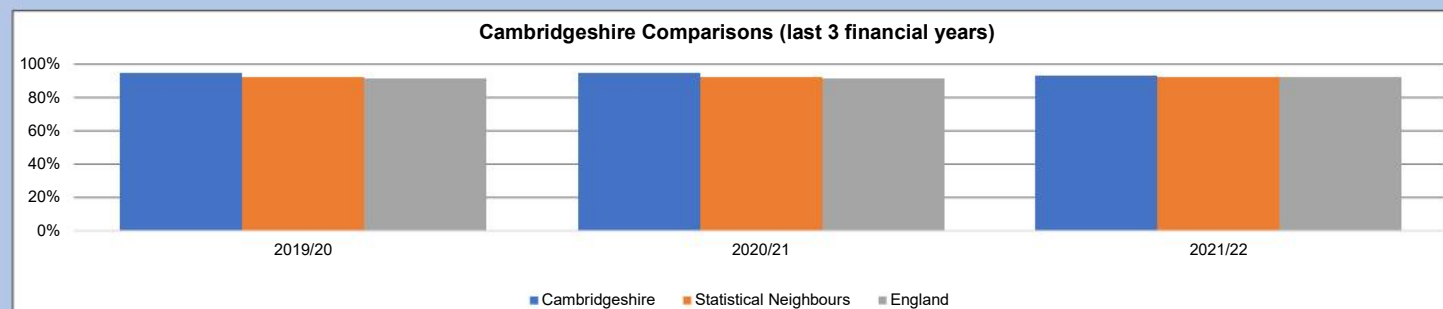
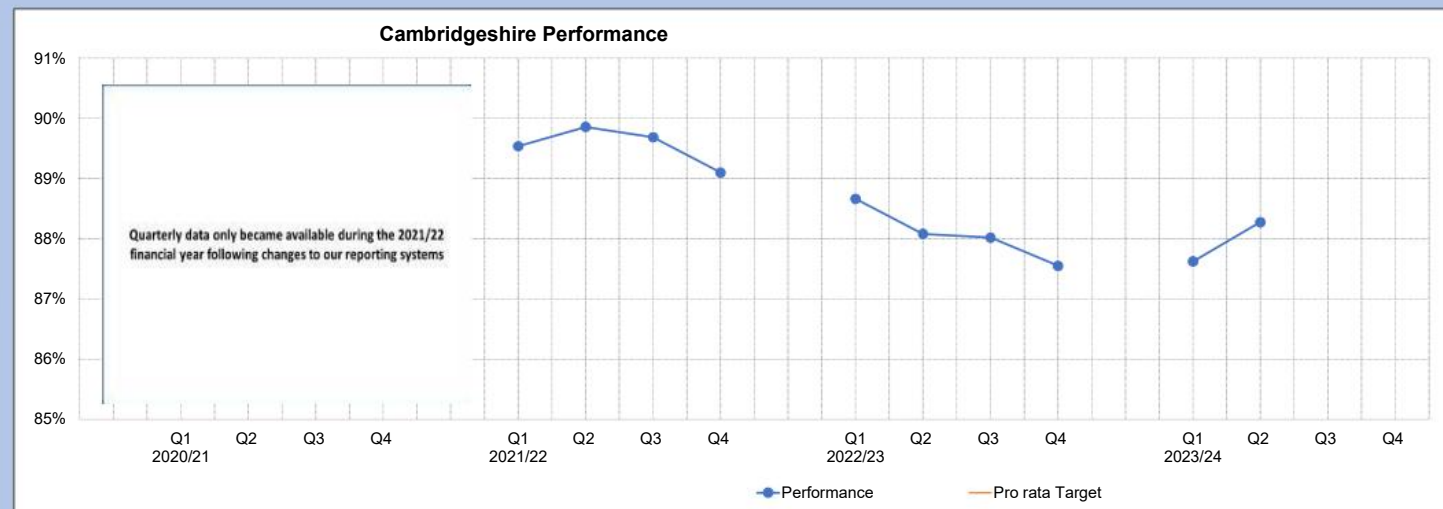
Y = Total number of new requests for support from people aged 18+ as defined by SALT guidance (tables STS001 1a and STS001 1b)

## Useful Links

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

[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)



## Commentary

Please note, Q4 data for Cambridgeshire is only provisional and will be updated to reflect statutory returns once published. Annual comparisons with statistical neighbours and England will also be available further to the national publication of statutory data for 2022/23.

The percentage of new client contacts not resulting in long-term care and support has shown a decreasing trend over the last year but has now stabilised around 88%. This figure is slightly higher than the overall percentage for 2021/22 but remains below the equivalent quarter last year. When interpreted in line with indicator 230, which presents slightly less contacts for Q2 2023/24 compared to 2022/23, the overall picture is that the need for Long Term services remains high compared to 2021/22 but has provisionally stabilised in terms of contact numbers and the % progressing to Long Term support.

## Actions

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↓	18.3%	19.3%	Improving
Statistical Neighbour Mean	England Mean	RAG Rating		
41.3%	45.0%	In Development		

### Indicator Description

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

Calculation:

$$(X/Y)*100$$

Where:

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

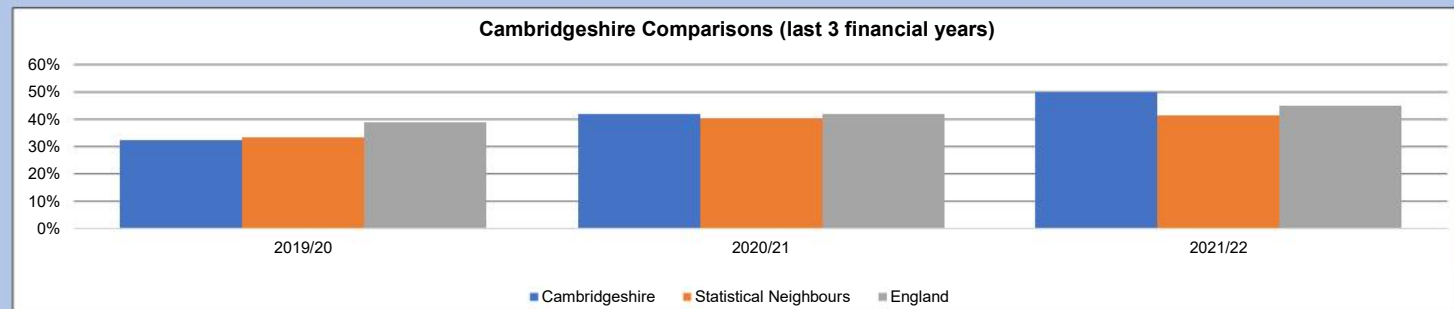
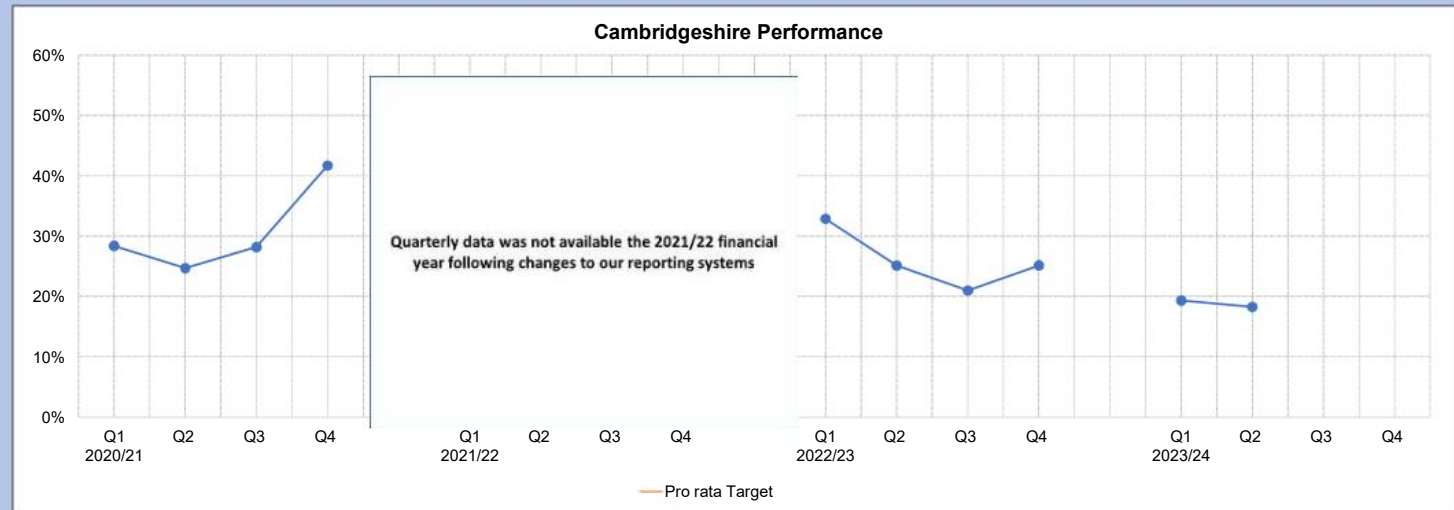
Y = Total number of people receiving long-term support for over 12 months at the end of the period

### Useful Links

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

[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)



### Commentary

Please note, Q4 data for Cambridgeshire is only provisional and will be updated to reflect statutory returns once published. Annual comparisons with statistical neighbours and England will also be available further to the national publication of statutory data for 2022/23.

The % of clients at the end of Q2 2023/24 with no review in the last 12 months is the lowest across the last 3 financial years.

During 2022/23, there was a significant level of activity undertaken to clear review backlogs that built up during the pandemic. An external agency was commissioned from March 2022 to work through the backlog of reviews for clients receiving long-term services. This additional capacity significantly increased the number of reviews being completed; in 2021-22 there was an average of 294 reviews completed per month, increasing to an average of 472 reviews for the completed financial year 2022-23.

### Actions

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

[Return to Index](#)

December 2023

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	27.9	14.1	Improving
Statistical Neighbour Mean	England Mean	RAG Rating		
440.8	1398.3	In Development		

## Indicator Description

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

Calculation:

$$(X/Y) \times 100,000$$

Where:

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

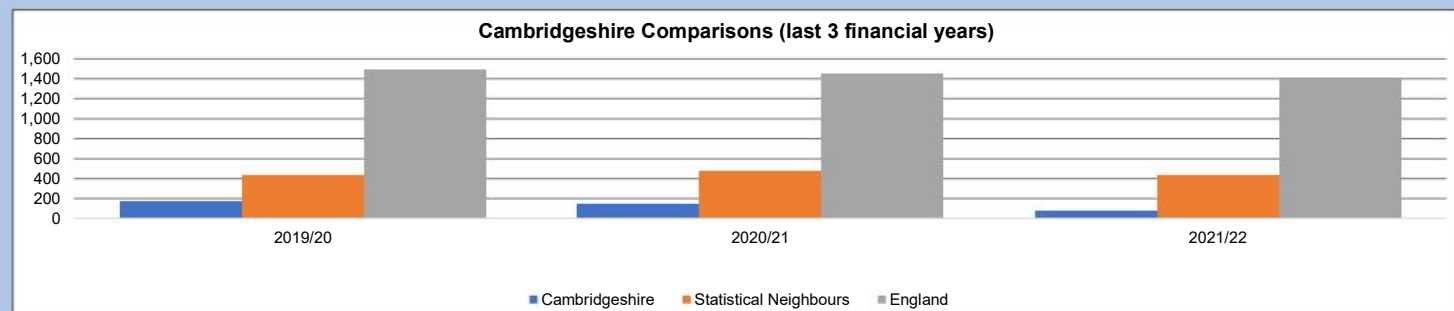
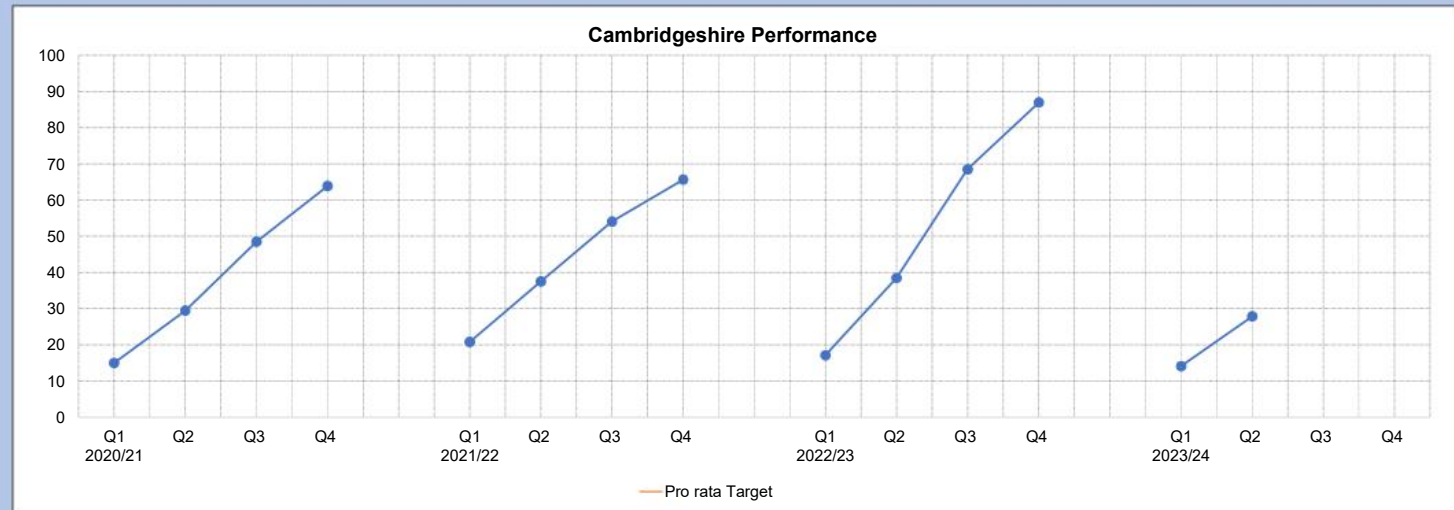
Y = 18+ population

## Useful Links

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

[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)



## Commentary

Please note, Q4 data for Cambridgeshire is only provisional and will be updated to reflect statutory returns once published. Annual comparisons with statistical neighbours and England will also be available further to the national publication of statutory data for 2022/23.

A move away from carers assessments by default to a more constructive and timely conversation accounts for the lower volume of carers assessments. This should be seen alongside our carers conversation and carers triage activity. During Q2 2023/24 we have completed 152 assessments and reviews. A paper of carers recommissioning is being presented to committee which will set the road map for future carers provision.

## Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q4 onwards



Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	95.1%	96.3%	Declining

Statistical Neighbour Mean	England Mean	RAG Rating
97.1%	95.4%	In Development

### Indicator Description

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

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

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

Calculation:

$$(X/Y)*100$$

Where:

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

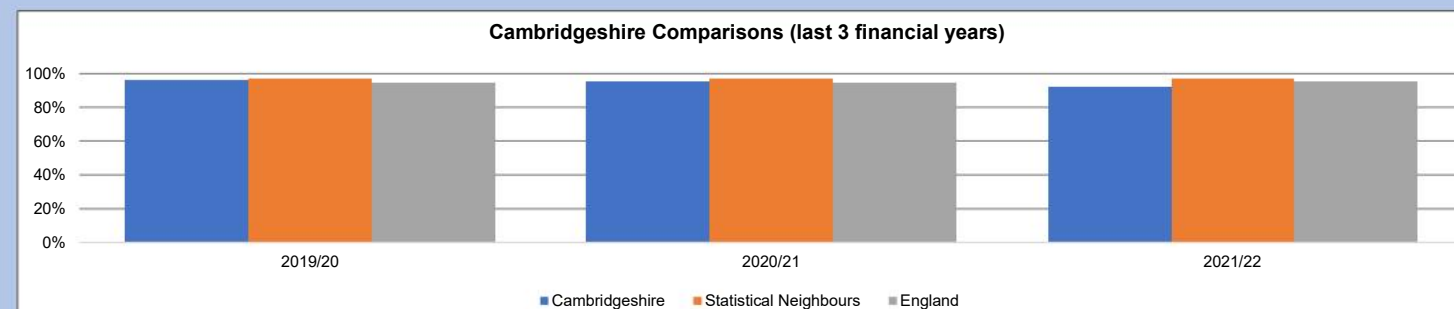
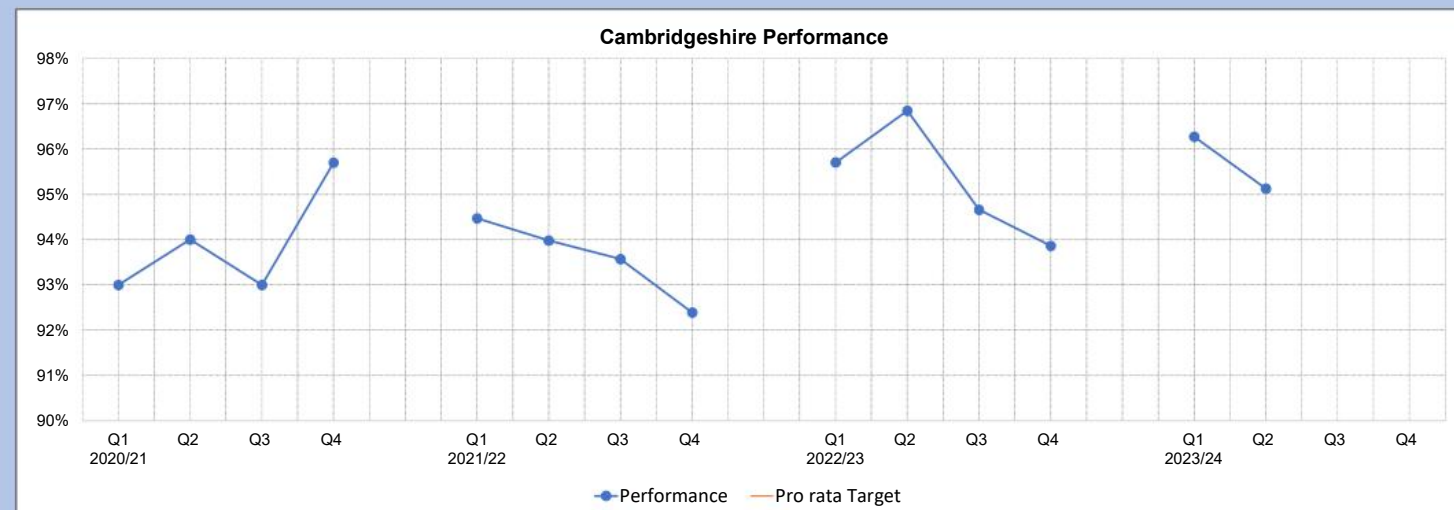
Y = The number of concluded enquiries where the adult(s) expressed desired outcomes.

### Useful Links

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

[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)



### Commentary

Performance in this area continues to be high and comparable with national and statistical neighbour averages. The % of fully or partially achieved outcomes for Q2 2023/24 (95%) is slightly lower than for Q2 2022/23 (96%). Overall figures for the number of enquiries where outcomes were expressed and the number with fully or partially achieved outcomes remained fairly stable.

We continue to have reporting gaps for safeguarding. New dashboards are currently in development meaning not all the data needed to inform these indicators is available for routine use by staff.

### Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q4 onwards

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

[Return to Index](#)

December 2023

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	17.2%	17.8%	Declining
Statistical Neighbour Mean	England Mean	RAG rating		
27.6%	26.7%	In Development		

## Indicator Description

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

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

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

Calculation:

$(X/Y) \times 100$

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

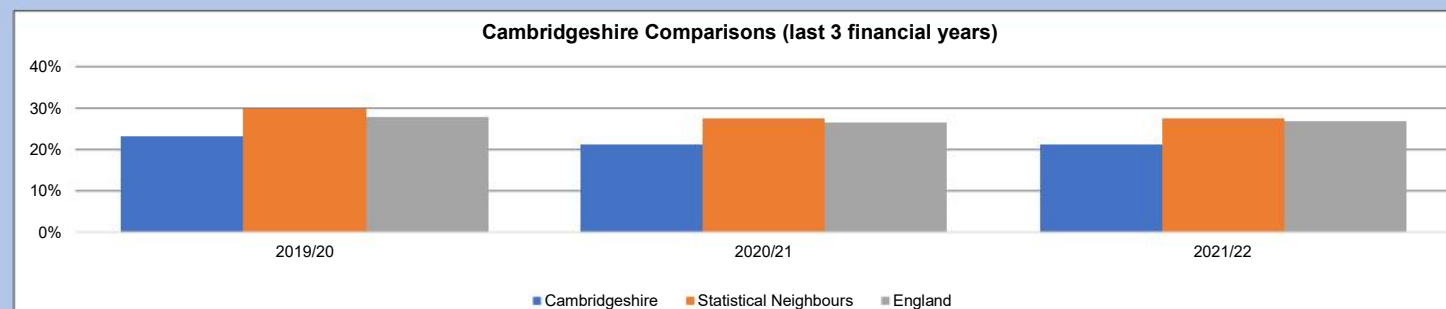
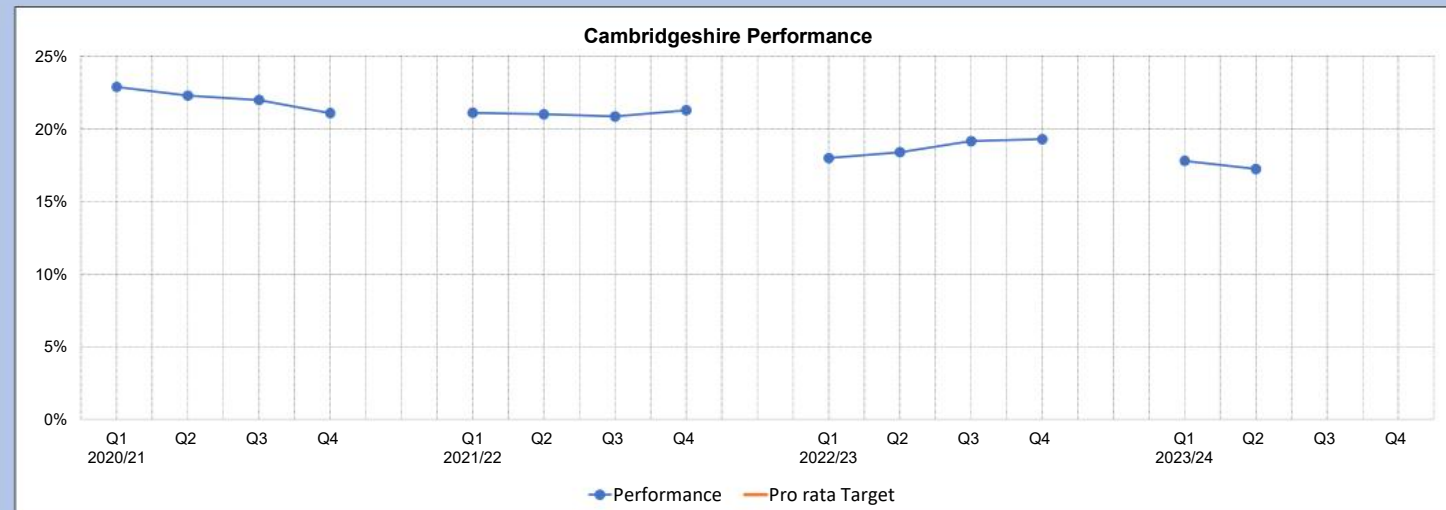
Y = Clients aged 18 or over accessing long term support at the end of the period.

## Useful Links

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

[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions](#)



## Commentary

Please note, Q4 data for Cambridgeshire is only provisional and will be updated to reflect statutory returns once published. Annual comparisons with statistical neighbours and England will also be available further to the national publication of statutory data for 2022/23.

The percentage of people receiving direct payments in Q2 2023/24 continues to be low, reflecting the challenge in making direct payments an attractive solution. The general decrease in performance across the last year compared to 2021/22 is mostly driven by an increase in the number of people using social care rather than the number of people receiving direct payments, which has remained relatively stable (828 at the end of Q4 2021/22 compared to 808 at the end of the latest quarter). The alternative options like individual service funds are being explored to increase choice of control to Adults receiving care in the community.

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

## Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q4 onwards. We now have a programme manager in place to oversee the work to increase direct payments and hopefully this will support progress to begin to deliver a noticeable impact.

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

[Return to Index](#)

December 2023

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	86.7%	87.9%	Declining
Statistical Neighbour Mean	England Mean	RAG Rating		
79.3%	77.6%	In Development		

## Indicator Description

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

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

Calculation:

$(X/Y) \times 100$

Where:

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

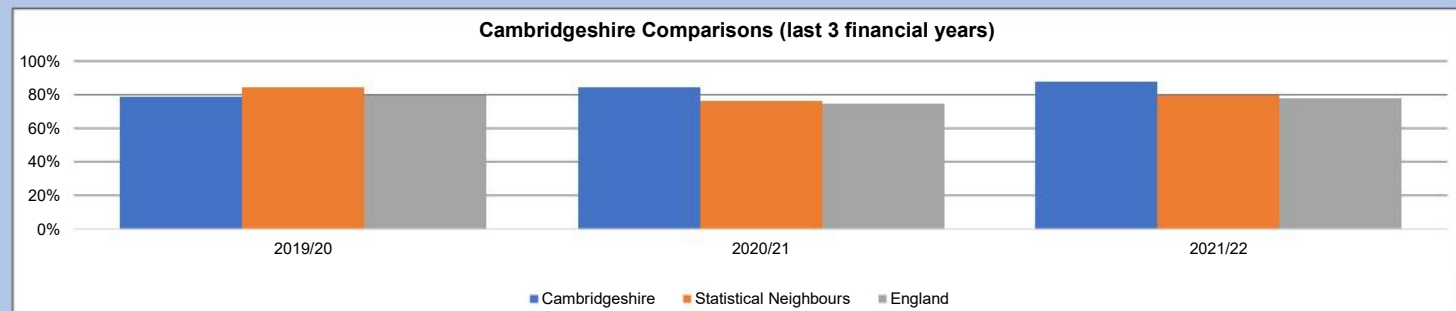
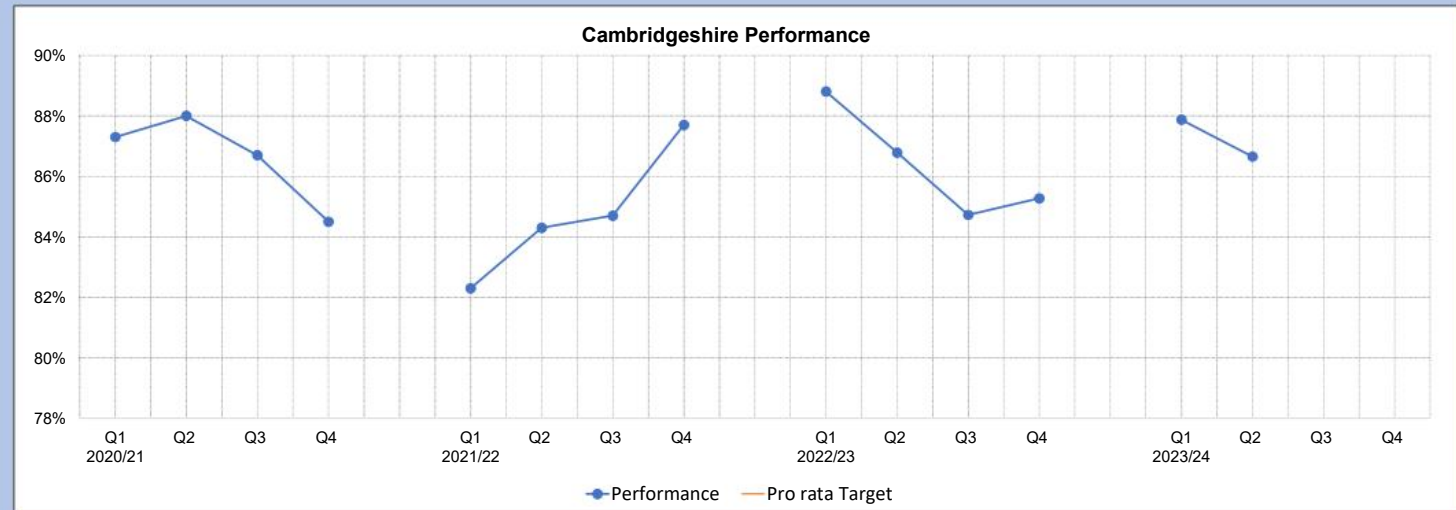
Y = Number of new clients who had short term support to maximise independence. Clients with a sequel of either early cessation due to a life event, or who have had needs identified but have either declined support or are self funding are not included in this total.

## Useful Links

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

[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)



## Commentary

Please note, Q4 data for Cambridgeshire is only provisional and will be updated to reflect statutory returns once published. Annual comparisons with statistical neighbours and England will also be available further to the national publication of statutory data for 2022/23.

The proportion of people not requiring long-term support after a period of reablement remains high compared to the national and statistical neighbour average. Q2 2023/24 has decreased showing the complexity of cases coming through needing further support following a short-term intervention.

## Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q4 onwards

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

[Return to Index](#)

December 2023

Target	Direction for Improvement	Current Month	Previous Month	Change in Performance
In Development	↑	90.8%	90.7%	Improving
Statistical Neighbour Mean	England Mean	RAG Rating		
82.4%	84.7%	In Development		

## Indicator Description

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

Calculation:

$(X/Y) \times 100$

Where:

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

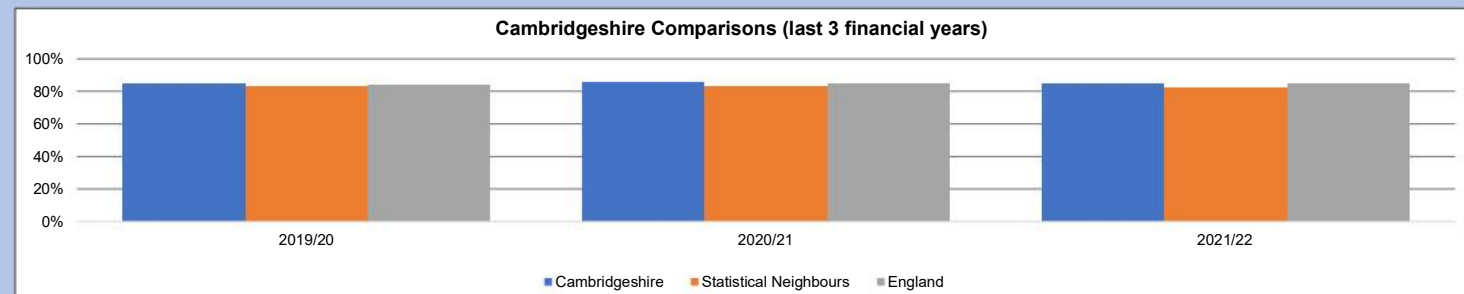
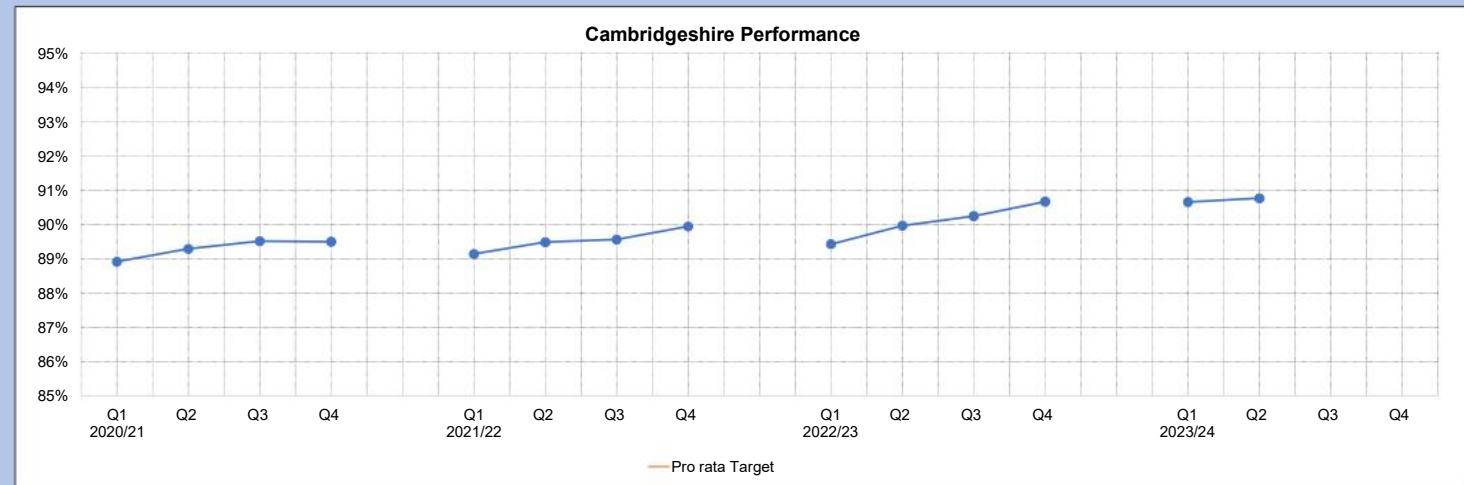
Y = Total number of people accessing long-term support aged 18-64

## Useful Links

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

[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)



## Commentary

Please note, Q4 data for Cambridgeshire is only provisional and will be updated to reflect statutory returns once published. Annual comparisons with statistical neighbours and England will also be available further to the national publication of statutory data for 2022/23.

The percentage of clients accessing long term support in the community aged 18-64 has remained relatively static over the last 12 months but increased slightly to 90.77% in Q2 2022/23. The overall number of community-based clients has also increased, from 2243 in Q2 2022/23 to 2360 in Q2 2023/24. Increasing need for long term services in general and community clients specifically has been experienced throughout the last year for 18-64 clients.

## Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q4 onwards

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

[Return to Index](#)

December 2023

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	61.9%	60.7%	Improving
Statistical Neighbour Mean	England Mean	RAG rating		
59.3%	62.4%	In Development		

## Indicator Description

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

Calculation:

$(X/Y) \times 100$

Where:

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

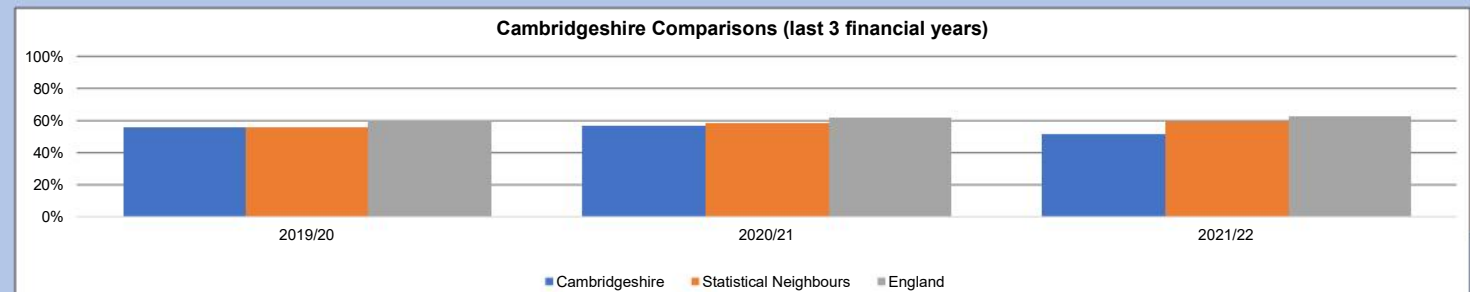
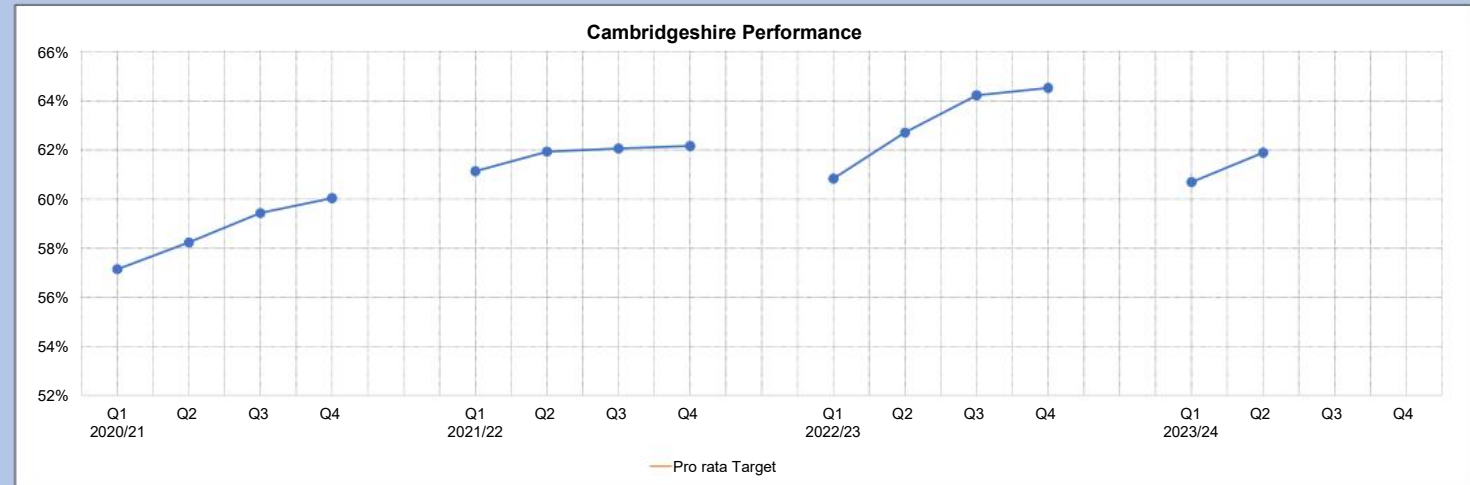
Y = Total number of people accessing long-term support aged 65 and over

## Useful Links

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

[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)



## Commentary

Please note, Q4 data for Cambridgeshire is only provisional and will be updated to reflect statutory returns once published. Annual comparisons with statistical neighbours and England will also be available further to the national publication of statutory data for 2022/23.

The percentage of clients aged 65+ accessing long term support in the community had increased during 2022/23 but has now dropped to a comparable rate with last year (62% in Q2 2022/23, 61% in Q2 2023/24). The number of clients receiving long term support and support in the community specifically have both increased marginally in the last 12 months.

## Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q4 onwards

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

[Return to Index](#)

December 2023

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	96.0%	96.4%	Declining
Statistical Neighbour Mean	England Mean	RAG Rating		
81.6%	79.7%	In Development		

## Indicator Description

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

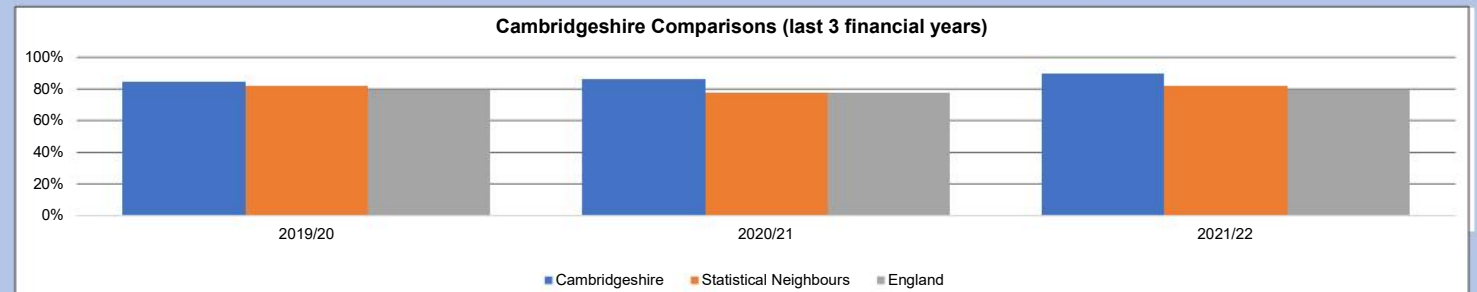
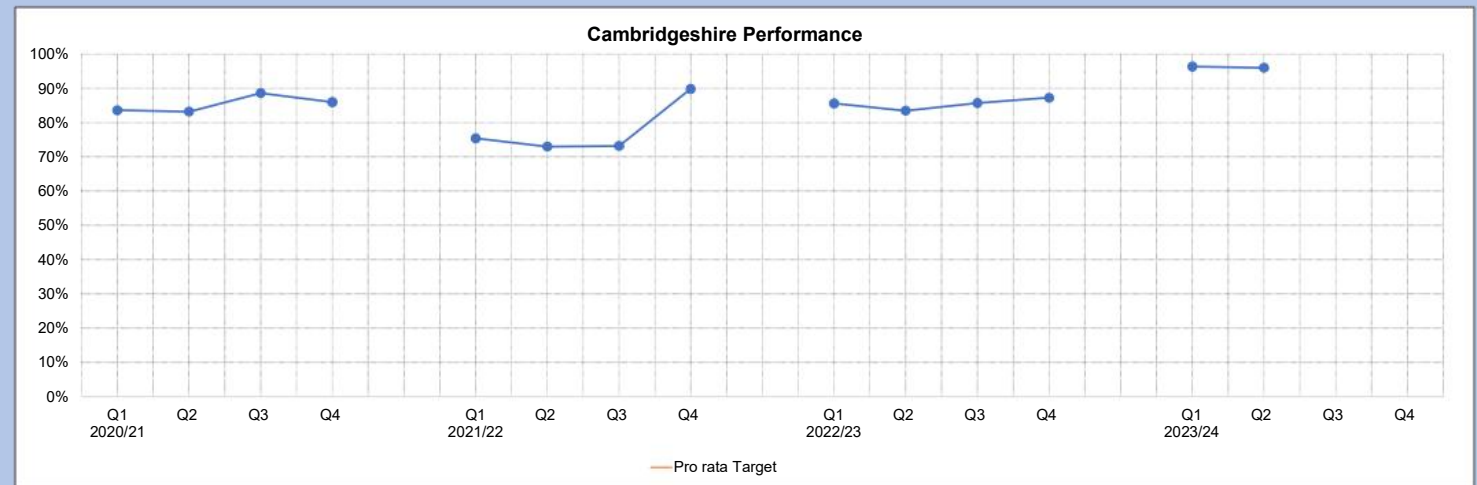
Calculation:

$(X/Y) \times 100$

Where:

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

Y = The number of concluded enquiries



## Commentary

Please note, Q4 data for Cambridgeshire is only provisional and will be updated to reflect statutory returns once published. Annual comparisons with statistical neighbours and England will also be available further to the national publication of statutory data for 2022/23.

Performance in this area continues to be high and comparable with national and statistical neighbour averages (96% in Q2 of 2023-24)

We continue to have reporting gaps for safeguarding. New dashboards are currently in development meaning not all the data needed to inform these indicators is available for routine use by staff. However, current performance suggests that the Making Safeguarding Personal agenda is fully imbedded in the safeguarding process.

## Useful Links

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

[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions](#)

## Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q4 onwards



**Indicator 229: Percentages of safeguarding enquiries where risk has been reduced or removed**[Return to Index](#)

December 2023

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	88.5%	91.7%	Declining
Statistical Neighbour Mean	England Mean	RAG Rating		
92.0%	91.2%	In Development		

**Indicator Description**

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

Calculation:

$$(X/Y)*100$$

Where:

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

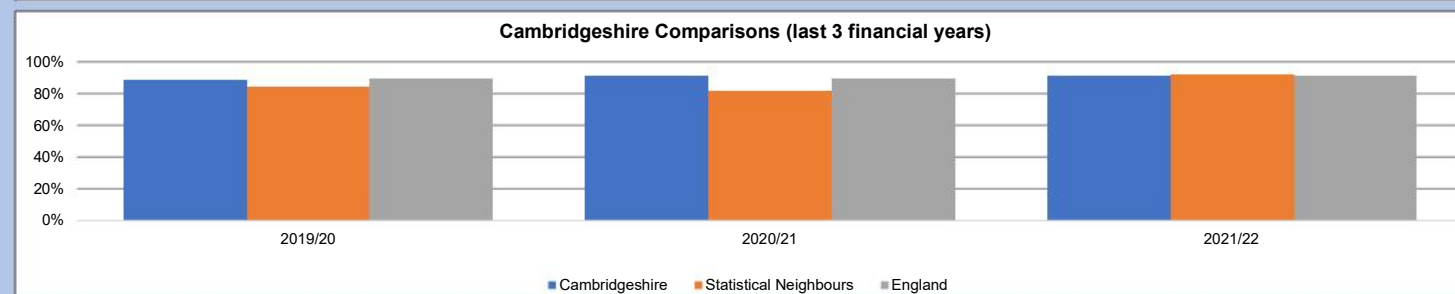
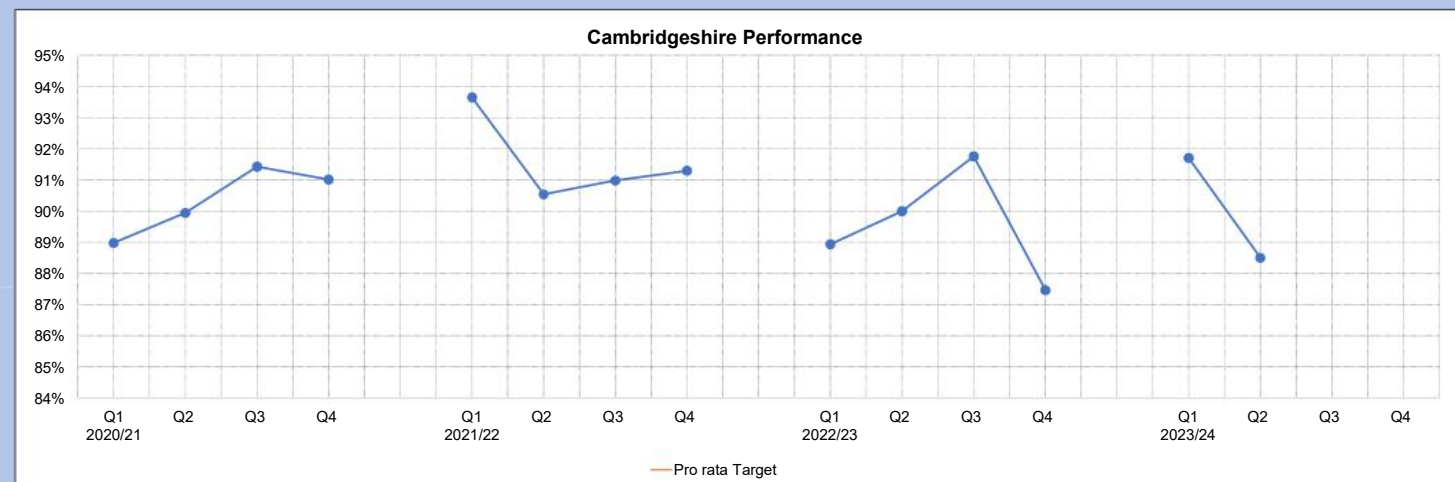
Y = The number of concluded enquiries where a risk was identified

**Useful Links**

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

[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)

**Commentary**

Please note, Q4 data for Cambridgeshire is only provisional and will be updated to reflect statutory returns once published. Annual comparisons with statistical neighbours and England will also be available further to the national publication of statutory data for 2022/23.

We have been consistent in our approach and have been managing risk well and in over 88% of safeguarding cases risk is removed or reduced. Safeguarding pathways are being revisited to increase the number of S42's to give further considerations to risks.

**Actions**

Data contained in this report will be used to inform a target setting process and targets will be reported from Q4 onwards





## Public Health Performance Report: Quarter 2 2023/24

To: Adults and Health

Meeting Date: 25 January 2024

From: Executive Director of Public Health

Electoral division(s): All

Key decision: No

Forward Plan ref: Not Applicable

Executive Summary: The Report describes the performance of the main Public Health commissioned services for quarter 2 2023/24.

The Committee is asked to consider and comment on the Public Health Performance Report.

Recommendation: The Committee is asked to:

- a) Acknowledge the performance achievements
- b) Support the actions undertaken where improvements are necessary.

Officer contact:

Name: Val Thomas

Post: Deputy Director of Public Health

Email: [val.thomas@cambridgeshire.gov.uk](mailto:val.thomas@cambridgeshire.gov.uk)

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

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

1.2 This Report reflects the Council's seven ambitions.

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

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

Travel across the county is safer and more environmentally sustainable.

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

Health inequalities are reduced.

- The services do impact health inequalities this is not detailed in the report.

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

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

Helping people out of poverty and income inequality.

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

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

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

Children and Young People have opportunities to thrive.

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

## 2. Background

- 2.1 The Performance Management Framework sets out that Policy and Service Committees should:
- Set outcomes and strategy in the areas they oversee
  - Select and approve addition and removal of Key Performance indicators (KPIs) for the committee performance report
  - Track progress quarterly
  - Consider whether performance is at an acceptable level
  - Seek to understand the reasons behind the level of performance
  - Identify remedial action
- 2.2 This report presents performance against the selected KPIs for Public Health commissioned services at the end of Quarter 2, 31st October 2023.

## 3. Main Issues

- 3.1 These indicators reflect our high value contracts that are primarily preventative or provide treatment e.g., Drugs and Alcohol Treatment Service. They include both locally set targets and national where applicable. There are key performance indicators for the Healthy Child Programme that is funded from the Public Health Grant. As these are not currently monitored by the Children and Young People's Committee (CYP) Committee they are included here as priority indicators. There are 9 priority indicators in this set.

Indicators are 'RAG' rated where targets have been set.

- **Red** – current performance is off target by more than 10%
- **Amber** – current performance is off target by 10% or less.
- **Green** – current performance is on target by up to 5% over target.
- **Blue** – current performance exceeds target by more than 5%
- **Baseline** – indicates performance is currently being tracked against the target.

## Drug and Alcohol Services

Indicator	FY 22/23	National average (latest Q)	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Status
<b>201: % Achievement against target for drug and alcohol service users who successfully complete treatment.</b> (Benchmarked against national average)	21.2%	20.3%	21.8%	21.2%	22.2%	21.1%	Blue
Please note that performance data is extracted from the national dataset (NDTMS). The 23/24 drug/alcohol treatment data are restricted statistics and as such must not be released into the public domain until an agreed published date. Recent performance data is available to commissioners and is used for local performance monitoring and service planning. Q1 & Q2 23/24 performance data for this indicator remains strong and the Cambridgeshire service, provided by CGL, is performing above national average.							

## Health Behaviour Change Services

Indicator	FY 22/23	Q1 23/24	Q2 23/24	Q3	Q4	Status
<b>82: Tier 2 Weight Management Services:</b> % achievement of the target for Tier 2 Weight Management adult service users who complete the course and achieve a 5% weight loss. <b>Target: 30% of those in treatment</b> <b>Consistently above target and improving.</b>	49%	45%	54%			Blue
<b>237: Health Trainer: (Structured support for health behaviour change):</b> % achievement against target for adult referrals to the service received from deprived areas. <b>Target: 30%</b> <b>Remains on target.</b>	35%	30%	33%			Green

<b>56: Stop Smoking Services:</b> % achievement against target for smoking quitters who have been supported through a 4-week structured course. <b>Annual Target: 1906 quitters.</b> <b>Below target</b>	<b>683 quits</b> <b>(31% of annual target)</b>	<b>180 quits</b> <b>(38% of quarterly target)</b>	<b>158 quits</b> <b>(33% of quarterly target)</b>			<b>Red</b>
<b>53: NHS Health Checks (cardiovascular disease risk assessment)</b> Achievement against local target set for completed health checks. The ambition is to work over the next three years to meet the national target of 37,000 p.a. <b>Target: 20,000</b> <b>Below target but improving</b>	<b>13,763</b> <b>(69% of annual target)</b>	<b>3,960</b> <b>(79% of quarterly target)</b>	<b>4,778</b> <b>(96% of quarterly target)</b>			<b>Red</b>

#### Commentary on performance:

##### Indicator 82: Tier 2 Adult Weight Management.

Referrals into the Tier 2 services continue to be very high with 1,747 referrals received in Q2 against a target of 469 (372% of target). This is due to the continuation of the enhanced specification whereby GP practices receive a financial incentive for each referral to a weight management service.

The target number of referrals commencing on a course has been exceeded in Q2 (416 against a target of 399). The percentage of completers achieving 5% weight loss continues to far exceed the target of 30%, with 54% achieving a 5% weight loss in Q2.

##### Indicator 237: Health Trainer.

Referrals into the Health Trainer service are on target, with 678 referrals received in Q2 against a target of 656 meaning 33% of these referrals are from the 20% most deprived areas which is in line with the target. This target is being consistently achieved.

##### Indicator 56: Stop Smoking Services

Stop Smoking performance data are always two months behind the reporting period. This is due to the intervention taking two months in total to complete. This means the complete 23/24 quarter 2 data are not available. During quarter 1 23/24 the Behaviour Change Service/Stop Smoking Service achieved 92% of its trajectory 4-week quitter target which is an increase of 32% compared to quarter 1 22/23.

GP practices are still experiencing demand pressures and are finding it challenging to provide stop smoking services. In addition, two of the main smoking cessation pharmacotherapies (Champix and Zyban) have been withdrawn due to safety issues, there have been national shortages of multiple nicotine replacement therapies. These issues combined are impacting the

overall 4-week quit numbers. New stop smoking projects are being developed in Fenland and the NHS Neighbourhood Managers have committed support to promote and develop local clinics.

**Indicator 53: NHS Health Checks**

NHS Health Checks are primarily delivered in GP practices. Delivery was significantly impacted by the pandemic with only 46% of the local target achieved in 21/22, this increased to 69% in 22/23. Programme recovery continues to improve with Q2 data indicating 4,778 NHS Health Checks were completed, which is 96% of the quarterly target and a year-to-date trajectory at 87%. The commissioning of NHS Health Checks has been diversified with GP Federations\* and our behaviour change services - *Healthy You* - supporting the delivery on behalf of some practices; as well as offering opportunistic NHS Health Checks in the community. Based on historical performance data it is expected that Q3 delivery will be, at least, on target and that Q4 will significantly exceed target, as it is the busiest quarter of the year. On this basis, a year-end 10% over-achievement has been modelled.

\*A GP Federation is a group of general practices or surgeries forming an organisational entity and working together within the local health economy.

## Healthy Child Programme

Indicator	FY 22/23	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Status
<b>59:</b> Health visiting mandated check - Percentage of births that receive a face-to-face New Birth Visit (NBV) within 14 days, by a health visitor.  <b>Local target: 95%</b> <b>Below target but rising quickly</b>	40%	75% (Rising to 96% including those completed after 14 days)	85% (Rising to 97% including those completed after 14 days)			Amber
<b>60:</b> Health visiting mandated check – percentage of children who received a 6–8-week review by 8 weeks.  <b>Local target: 95%</b> <b>Below target but rising quickly</b>	38%	39% (Rising to 93% including those completed after 8 weeks)	77% (Rising to 95% including those completed after 8 weeks)			Red
<b>62:</b> Health visiting mandated check - Percentage -of children who received a 2-2.5-year review.  <b>Local target: 90%</b> <b>Below target but improving</b>	54%	72% (Rising to 81% including those after 2.5 years old)	73% (Rising to 80% including those after 2.5 years old)			Red
<b>57: % of infants breastfeeding at 6 weeks</b>  <b>Local Target: 56%</b> Need to achieve 95% coverage to pass validation	56%	57%	60%			Green

### Commentary on performance:

#### Indicators 59 & 60: Health visiting mandated checks (New Birth Visit & 6-8 check).

The Health Visiting service have been working hard to bring key contacts with families back into nationally set timescales following timescales being stretched as a pandemic response. Performance data for Quarter 2 shows that 85% of families now receive their new birth visit within 14 days, up from 40% in Q4 last year.

There has also been a significant improvement at the 6-8 week contact with 77% now been seen within 8 weeks, again up from 38%.

For both these key contacts, the overall percentage of families seen remains very high at 97% and 95% respectively when you include those families seen later than the mandated period.

**Indicator 62: Health visiting mandated check (2.2.5-year review).**

The improvements on the delivery of this contact that were seen throughout 22/23 have been maintained during the first 2 quarters of 23/24. We are currently working with our provider colleagues and public health intelligence team to take a detailed look at the results from the ASQ development assessments that form a part of this check to identify any health inequalities.

The learning from this work will form part of the Children's JSNA that will be completed next April.

**Indicator 57: % of infants breastfeeding at 6-8.**

The overall breastfeeding prevalence of 60% is higher than the national average of 49% and is meeting the locally agreed stretch target. Breastfeeding rates, which include both exclusive breastfeeding and mixed feeding, do however continue to vary greatly across the county. Broken down by districts, breastfeeding rates for 2023/24 Q2 stand at 74% in Cambridge City, 69% in South Cambridgeshire, 54% in East Cambridgeshire, 56% in Huntingdonshire, and 40% in Fenland.

We continue to move forward on the actions identified in the [Infant Feeding strategy](#) which we report on as part of the Family Hubs transformation programme. Highlights from that during this period include:

- Launching a new Peer Support service across the districts of Huntingdon & Fenland to address inequalities and to mirror the NWAFT geographical footprint. The new service encompasses infant feeding and emotional wellbeing peer support.
- A new training offer for staff across the early childhood workforce to develop their confidence in supporting families with infant feeding.
- Introducing Family Foods workshops are now up and running across Cambridgeshire Child and Family Centres, supported by the Health Visiting infant feeding team.

## 4. Alternative Options Considered

Not applicable

## 5. Conclusion and reasons for recommendations

- 5.1 The performance of the Public Health commissioned services described in this paper is generally positive. The key areas of improvement are NHS Health Checks and the Healthy Child Programme, both have had considerable improvements on the 2022/23 performance and are moving closer to target. Tier 2 Weight Management Services continue to achieve above target driven by a very high demand for services. Currently measures are being taken to manage this high level of demand which exceeds current resources.



The main area of concern is Stop Smoking Services Recent national additional funding has been allocated for expanding and developing stop smoking and the wide tobacco control services. These are currently being developed and there will be focus on population groups that have high rates of smoking and regulatory services to address illegal tobacco sales and vaping.

## 6. Significant Implications

### 6.1 Finance Implications

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

### 6.2 Legal Implications

There are no current legal implications in this report.

### 6.3 Risk Implications

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

### 6.4 Equality and Diversity Implications

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

### 6.5 Climate Change and Environment Implications (Key decisions only)

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

## 7. Source Documents

### 7.1 None



## Adults and Health Policy and Service Committee Agenda Plan

Published 2 January 2024

Updated 16 January 2024

### Notes

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

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

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

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

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

Committee date	Agenda item	Lead officer	Reference if key decision	Timings	Deadline for reports	Agenda despatch date
25/01/24	Business Planning - Scrutiny and overview of Adults and Health proposals	P Warren Higgs/ J Atri	Not applicable		12/01/24	17/01/24
	Procuring additional Adult Social Care reassessment capacity	G Singh	2024/033			
	Procurement of an All-Age Unpaid Carers Service	A Bourne/ A Betts-Walker	2024/038			
	Public Health - Performance Monitoring Report – Quarter 2	V Thomas	Not applicable			
	Adults - Performance Monitoring Report – Quarter 2	A Reddy	Not applicable			
	Referral from Audit & Accounts Committee	M Claydon	Not applicable			
07/03/24	Re-commissioning Sexual and Reproductive Health Services	Val Thomas	2024/005		23/02/24	28/02/24

Committee date	Agenda item	Lead officer	Reference if key decision	Timings	Deadline for reports	Agenda despatch date
	Re-commissioning Behaviour Change Services	Val Thomas	2024/010			
	Occupational Therapy Section 75 Agreement with CPFT	D Mackay	2024/007			
	Future Accommodation Programme	L Sparks	2024/008			
	Finance Monitoring Report	J Hartley	Not applicable			
	Adults - Performance Monitoring Report – Quarter 3	A Reddy	Not applicable			
	Health - Performance Monitoring Report – Quarter 3	V Thomas	Not applicable			
	Public Health Risk Register	J Atri	Not applicable			
	Adults Risk Register	P Warren Higgs	Not applicable			
	<b>Health Scrutiny items</b>					
	Approval process for responses to NHS Quality Accounts 2023/24	R Greenhill	Not applicable			
	Health scrutiny work plan	R Greenhill	Not applicable			
	Health scrutiny recommendations tracker	R Greenhill	Not applicable			
25/04/24 Reserve Date					12/04/24	17/04/24
27/06/24	Finance Monitoring Report	J Hartley			14/06/24	19/06/24
	Adults - Performance Monitoring Report – Quarter 4	A Reddy	Not applicable			
	Health - Performance Monitoring Report – Quarter 4	V Thomas	Not applicable			

Committee date	Agenda item	Lead officer	Reference if key decision	Timings	Deadline for reports	Agenda despatch date
	Block Bed Tender (T3)	L Hall	2024/014			
Moved from March	Care Together - Place Based Homecare Phase 1	J Melvin / A Belcheva	2024/006			
Moved from March	Learning Disability Supported Living Services	D Mc Murray	2024/041			
	<b>Health Scrutiny items</b>					
	Health scrutiny work plan	R Greenhill	Not applicable			
	Health scrutiny recommendations tracker	R Greenhill	Not applicable			
19/09/24 Reserve Date					06/09/24	11/09/24
10/10/24	Finance Monitoring Report	J Hartley			27/09/24	02/10/24
	Adults - Performance Monitoring Report – Quarter 1	A Reddy	Not applicable			
	Health - Performance Monitoring Report – Quarter 1	V Thomas	Not applicable			
	Public Health Risk Register	J Atri	Not applicable			
	Adults Risk Register	P Warren Higgs	Not applicable			
	<b>Health Scrutiny items</b>					
	Health scrutiny work plan	R Greenhill	Not applicable			
	Health scrutiny recommendations tracker	R Greenhill	Not applicable			
12/12/24	Finance Monitoring Report	J Hartley			29/11/24	04/12/24

Committee date	Agenda item	Lead officer	Reference if key decision	Timings	Deadline for reports	Agenda despatch date
	Adults - Performance Monitoring Report – Quarter 2	A Reddy	Not applicable			
	Health - Performance Monitoring Report – Quarter 2	V Thomas	Not applicable			
	<b>Health Scrutiny items</b>					
	Health scrutiny work plan	R Greenhill	Not applicable			
	Health scrutiny recommendations tracker	R Greenhill	Not applicable			
23/01/25	Business Planning - Scrutiny and overview of Adults and Health proposals	P Warren Higgs/ J Atri	Not applicable		10/01/25	15/01/25
06/03/25	Finance Monitoring Report	J Hartley			21/02/25	26/02/25
	Adults - Performance Monitoring Report – Quarter 3	A Reddy	Not applicable			
	Health - Performance Monitoring Report – Quarter 3	V Thomas	Not applicable			
	<b>Health Scrutiny items</b>					
	Health scrutiny work plan	R Greenhill	Not applicable			
	Health scrutiny recommendations tracker	R Greenhill	Not applicable			
19/06/25	Finance Monitoring Report	J Hartley			06/06/25	11/06/25
	Adults - Performance Monitoring Report – Quarter 4	A Reddy	Not applicable			

Committee date	Agenda item	Lead officer	Reference if key decision	Timings	Deadline for reports	Agenda despatch date
	Health - Performance Monitoring Report – Quarter 4	V Thomas	Not applicable			
	<b>Health Scrutiny items</b>					
	Health scrutiny work plan	R Greenhill	Not applicable			
	Health scrutiny recommendations tracker	R Greenhill	Not applicable			

Please contact Democratic Services [democraticservices@cambridgeshire.gov.uk](mailto:democraticservices@cambridgeshire.gov.uk) if you require this information in a more accessible format.





## Adults and Health Committee Training Plan 2022/23

Below is an outline of topics for potential training committee sessions and visits for discussion with the new Adults and Health Committee.

The Adults & Health Committee induction recording can be sent to Members by contacting [democraticservices@cambridgeshire.gov.uk](mailto:democraticservices@cambridgeshire.gov.uk)

Date	Timing	Topic	Presenter	Location	Notes	Attendees
<b>On Request</b> <b>Monday 20<sup>th</sup> June 2022</b>  Amundsen House 10.00 – 12.00  Scott House 13.00 – 15.00	1 day or 2 half days	<b>CCC</b> Overview of the Adult Social Care Customer Journey including Prevention & Early Intervention Services and Long-Term Complex Services.  At this session you will start the day at Amundsen House and be introduced to our Prevention & Early Intervention services, where many of our customers start their journey. You will have the opportunity to listen into live calls and get to know more about Adult Early Help, Reablement and Technology. In the afternoon, you will visit our Social Work Teams for Older People and the Learning Disability partnership in Scott House and have the opportunity to experience case work.	Head of Prevention & Early intervention, Head of Assessment & Care Management, Social Work Teams	Amundsen House & Scott House	<b>ASC Session:</b>  Maximum attendance of 4 Members & can be arranged on request	Attended by Cllr Richard Howitt Cllr Susan van de Ven Cllr Claire Daunton (am only) Cllr Graham Wilson

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

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

**\*Please note that the training plan will be reviewed in light if the new Executive Director: Adults, Health and Commissioning taking up post in June 2023.\***

## GLOSSARY OF TERMS / TEAMS ACROSS ADULTS & COMMISSIONING

More information on these services can be found on the Cambridgeshire County Council

Website: <https://www.cambridgeshire.gov.uk/residents/adults/>

ABBREVIATION/TERM	NAME	DESCRIPTION
<b>COMMON TERMS USED IN ADULTS SERVICES</b>		
Care Plan	Care and Support Plan	A Care and Support plans are agreements that are made between service users, their family, carers and the health professionals that are responsible for the service user's care.
Care Package	Care Package	A care package is a combination of services put together to meet a service user's assessed needs as part of a care plan arising from a single assessment or a review.
DTOC	Delayed Transfer of Care	These are when service users have a delay with transferring them into their most appropriate care (ie; this could be from hospital back home with a care plan or to a care home perhaps)
<b>KEY TEAMS</b>		
AEH	Adults Early Help Services	This service triages requests for help for vulnerable adults to determine the most appropriate support which may be required
TEC	Technology Enabled Care	TEC team help service users to use technology to assist them with living as independently as possible
OT	Occupational Therapy	
ASC	Adults Social Care	This service assesses the needs for the most vulnerable adults and provides the necessary services required
Commissioning	Commissioning Services	This service provides a framework to procure, contract and monitor services the Council contract with to provide services such as care homes etc.
TOCT	Transfer of Care Team (sometimes Discharge Planning)	This team works with hospital staff to help determine the best care package / care plan for individuals being discharged from hospital back home or an appropriate placement elsewhere
LDP	Learning Disability Partnership	The LDP supports adults with learning disabilities to live as independently as possible
MASH	Multi-agency Safeguarding Hub	This is a team of multi-agency professionals (i.e. health, Social Care, Police etc) who work together to assess the safeguarding concerns which have been reported

MCA DOLs Team	Mental Capacity Act Deprivation of Liberty Safeguards (DOLS)	When people are unable to make decisions for themselves, due to their mental capacity, they may be seen as being 'deprived of their liberty'. In these situations, the person deprived of their liberty must have their human rights safeguarded like anyone else in society. This is when the DOLS team gets involved to run some independent checks to provide protection for vulnerable people who are accommodated in hospitals or care homes who are unable to no longer consent to their care or treatment.
PD	Physical Disabilities	PD team helps to support adults with physical disabilities to live as independently as possible
OP	Older People	OP team helps to support older adults to live as independently as possible
Provider Services	Provider Services	Provider Services are key providers of care which might include residential homes, care homes, day services etc
Reablement	Reablement	The reablement team works together with service-users, usually after a health set-back and over a short-period of time (6 weeks) to help with everyday activities and encourages service users to develop the confidence and skills to carry out these activities themselves and to continue to live at home
Sensory Services	Sensory Services	Sensory Services provides services to service users who are visually impaired, deaf, hard of hearing and those who have combined hearing and sight loss
FAT	Financial Assessment Team	The Financial Assessment Team undertakes assessments to determine a person's personal contribution towards a personal budget/care
AFT	Adult Finance Team	The Adult Finance Team are responsible for loading services and managing invoices and payments
D2A	Discharge to Assess	This is the current COVID guidance to support the transfer of people out of hospital.

Carers Triage	Carers Triage	A carers discussion to capture views and determine outcomes and interventions such as progress to a carers assessment, what if plan, information, and/or changes to cared for support
DP	Direct Payment	An alternative way of providing a person's personal budget
DPMO	Direct Payment Monitoring Officer	An Officer who audits and monitors Direct Payments
Community Navigators	Community Navigators	Volunteers who provide community-based advice and solutions

## GLOSSARY OF TERMS / TEAMS ACROSS PUBLIC HEALTH

ABBREVIATION/TERM	DESCRIPTION
<b>Common Terms Used in Public Health</b>	
Accreditation	The development of a set of standards, a process to measure health department performance against those standards, and some form of reward or recognition for those agencies meeting the standards.
Assessment	One of public health's three core functions. The regular collection, analysis and sharing of information about health conditions, risks, and resources in a community. Assessment is needed to identify health problems and priorities and the resources available to address the priorities.
Assurance	One of the three core functions in public health. Making sure that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services. The services are assured by encouraging actions by others, by collaboration with other organisations, by requiring action through regulation, or by direct provision of services.
Bioterrorism	The intentional use of any microorganism, virus, infectious substance, or biological product that may be engineered as a result of biotechnology, or any naturally occurring or bio-engineered component of any such microorganism, virus, infectious substance, or biological product, to cause death disease, or other biological malfunction in a human, an animal, a plant, or another living organism in order to influence the conduct of government or to intimidate or coerce a civilian population
Capacity	The ability to perform the core public health functions of assessment, policy development and assurance on a continuous, consistent basis, made possible by maintenance of the basic

	infrastructure of the public health system, including human, capital and technology resources.
Chronic Disease	A disease that has one or more of the following characteristics: it is permanent, leaves residual disability, is caused by a non-reversible pathological alteration, requires special training of the patient for rehabilitation, or may be expected to require a long period of supervision, observation or care.
Clinical Services/Medical Services/Personal Medical Services	Care administered to an individual to treat an illness or injury.
Determinants of health	The range of personal, social, economic and environmental factors that determine the health status of individuals or populations
Disease	A state of dysfunction of organs or organ systems that can result in diminished quality of life. Disease is largely socially defined and may be attributed to a multitude of factors. Thus, drug dependence is presently seen by some as a disease, when it previous was considered to be a moral or legal problem.
Disease management	To assist an individual to reach his or her optimum level of wellness and functional capability as a way to improve quality of health care and lower health care costs.
Endemic	Prevalent in or peculiar to a particular locality or people.
Entomologist	An expert on insects
Epidemic	A group of cases of a specific disease or illness clearly in excess of what one would normally expect in a particular geographic area. There is no absolute criterion for using the term epidemic; as standards and expectations change, so might the definition of an epidemic, such as an epidemic of violence.
Epidemiology	The study of the distribution and determinants of diseases and injuries in human populations. Epidemiology is concerned with the frequencies and types of illnesses and injuries in groups of people and with the factors that influence their distribution.
Foodborne Illness	Illness caused by the transfer of disease organisms or toxins from food to humans.
Health	The state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity. Health has many dimensions-anatomical, physiological and mental-and is largely culturally defined. Most attempts at measurement have been assessed in terms of morbidity and mortality
Health disparities	Differences in morbidity and mortality due to various causes experience by specific sub-populations.
Health education	Any combination of learning opportunities designed to facilitate voluntary adaptations of behaviour (in individuals, groups, or communities) conducive to health.

Health promotion	Any combination of health education and related organizational, political and economic interventions designed to facilitate behavioural and environmental adaptations that will improve or protect health.
Health status indicators	Measurements of the state of health of a specific individual, group or population.
Incidence	The number of cases of disease that have their onset during a prescribed period of time. It is often expressed as a rate. Incidence is a measure of morbidity or other events that occur within a specified period of time. See related prevalence
Infant Mortality Rate	The number of live-born infants who die before their first birthday per 1,000 live births.
Infectious	Capable of causing infection or disease by entrance of organisms (e.g., bacteria, viruses, protozoan, fungi) into the body, which then grow and multiply. Often used synonymously with “communicable
Intervention	A term used in public health to describe a program or policy designed to have an effect on a health problem. Health interventions include health promotion, specific protection, early case finding and prompt treatment, disability limitation and rehabilitation.
Infrastructure	The human, organizational, information and fiscal resources of the public health system that provide the capacity for the system to carry out its functions.
Isolation	The separation, or the period of communicability, of known infected people in such places and under such condition as to prevent or limit the transmission of the infectious agent.
Morbidity	A measure of disease incidence or prevalence in a given population, location or other grouping of interest
Mortality	A measure of deaths in a given population, location or other grouping of interest
Non-infectious	Not spread by infectious agents. Often used synonymously with “non-communicable”.
Outcomes	Sometimes referred to as results of the health system. These are indicators of health status, risk reduction and quality of life enhancement.
Outcome standards	Long-term objectives that define optimal, measurable future levels of health status; maximum acceptable levels of disease, injury or dysfunction; or prevalence of risk factors.
Pathogen	Any agent that causes disease, especially a microorganism such as bacterium or fungus.
Police Power	A basic power of government that allows restriction of individual rights in order to protect the safety and interests of the entire population
Population-based	Pertaining to the entire population in a particular area. Population-based public health services extend beyond medical treatment by targeting underlying risks, such as tobacco, drug and alcohol use; diet and sedentary lifestyles; and environmental factors.
Prevalence	The number of cases of a disease, infected people or people with some other attribute present during a particular interval of time. It often is expressed as a rate.



Prevention	Actions taken to reduce susceptibility or exposure to health problems (primary prevention), detect and treat disease in early stages (secondary prevention), or alleviate the effects of disease and injury (tertiary prevention).
Primary Medical Care	Clinical preventive services, first contact treatment services and ongoing care for commonly encountered medical conditions.
Protection	Elimination or reduction of exposure to injuries and occupational or environmental hazards.
Protective factor	An aspect of life that reduces the likelihood of negative outcomes, either directly or by reducing the effects of risk factors.
Public Health	Activities that society does collectively to assure the conditions in which people can be healthy. This includes organized community efforts to prevent, identify, pre-empt and counter threats to the public's health.
Public Health Department	Local (county, combined city-county or multi- county) health agency, operated by local government, with oversight and direction from a local board of health, which provides public health services throughout a defined geographic area.
Public Health Practice	Organisational practices or processes that are necessary and sufficient to assure that the core functions of public health are being carried out effectively.
Quality assurance	Monitoring and maintaining the quality of public health services through licensing and discipline of health professionals, licensing of health facilities and the enforcement of standards and regulations.
Quarantine	The restriction of the activities of healthy people who have been exposed to a communicable disease, during its period of communicability, to prevent disease transmission during the incubation period should infection occur.
Rate	A measure of the intensity of the occurrence of an event. For example, the mortality rate equals the number who die in one year divided by the number at risk of dying. Rates usually are expressed using a standard denominator such 1,000 or 100,000 people.
Risk Assessment	Identifying and measuring the presence of direct causes and risk factors that, based on scientific evidence or theory, are thought to directly influence the level of a specific health problem.
Risk Factor	Personal qualities or societal conditions that lead to the increased probability of a problem or problems developing.
Screening	The use of technology and procedures to differentiate those individuals with signs or symptoms of disease from those less likely to have the disease.
Social Marketing	A process for influencing human behaviour on a large scale, using marketing principles for the purpose of societal benefit rather than for commercial profit.

Social Norm	Expectations about behaviour, thoughts or feelings that are appropriate and sanctioned within a particular society. Social norms can play a powerful role in the health status of individuals.
Standards	Accepted measure of comparison that have quantitative or qualitative value.
State Health Agency	The unit of state government that has leading responsibility for identifying and meeting the health needs of the state's citizens. State health agencies can be free standing or units of multipurpose health and human service agencies.
Surveillance	Systematic monitoring of the health status of a population.
Threshold Standards	Rate or level of illness or injury in a community or population that, if exceeded, call for closer attention and may signal the need for renewed or redoubled action.
Years of Potential Life lost	A measure of the effects of disease or injury in a population that calculates years of life lost before a specific age (often ages 64 or 75). This approach places additional value on deaths that occur at earlier ages.
<b>Health and Care Organisations in Cambridgeshire &amp; Peterborough</b>	
<b>CAMHS</b>	Community Child and Adolescent Mental Health Services <a href="https://www.mind.org.uk/information-support/for-children-and-young-people/understanding-camhs/?gclid=EAlaIqobChMir_P53PKW8QIV_4FQBh1GmgBYEAAYASAAEgl2Q_D_BwE">https://www.mind.org.uk/information-support/for-children-and-young-people/understanding-camhs/?gclid=EAlaIqobChMir_P53PKW8QIV_4FQBh1GmgBYEAAYASAAEgl2Q_D_BwE</a>
<b>CAPCCG</b>	Cambridgeshire and Peterborough Clinical Commissioning Group <a href="https://www.cambridgeshireandpeterboroughccg.nhs.uk">https://www.cambridgeshireandpeterboroughccg.nhs.uk</a>
<b>CCC</b>	Cambridgeshire County Council <a href="https://www.cambridgeshire.gov.uk">https://www.cambridgeshire.gov.uk</a>
<b>CCS</b>	Cambridgeshire Community Services NHS Trust <a href="http://www.cambscommunityservices.nhs.uk/">http://www.cambscommunityservices.nhs.uk/</a>
<b>CHUMS</b>	Mental Health & Emotional Wellbeing Service for Children and Young People <a href="http://chums.uk.com/">http://chums.uk.com/</a>
<b>CPFT</b>	Cambridgeshire and Peterborough NHS Foundation Trust (Mental health, learning disability, adult community services and older people's services) <a href="http://www.cpft.nhs.uk/">http://www.cpft.nhs.uk/</a>
<b>CQC</b>	Care Quality Commission (The independent regulator of health and social care in England) <a href="http://www.cqc.org.uk/">http://www.cqc.org.uk/</a>
<b>CUH</b>	Cambridge University Hospitals NHS Foundation Trust (Addenbrooke's and the Rosie) <a href="https://www.cuh.nhs.uk">https://www.cuh.nhs.uk</a>

<b>EEAST</b>	East of England Ambulance Service NHS Trust <a href="http://www.eastamb.nhs.uk">http://www.eastamb.nhs.uk</a>
<b>HH</b>	Hinchingbrooke Hospital (Provided by North West Anglia NHS Foundation Trust – NWAFT) <a href="https://www.nwangliaft.nhs.uk">https://www.nwangliaft.nhs.uk</a>
<b>HUC</b>	Herts Urgent Care (provide NHS 111 and Out of Hours) <a href="https://hucweb.co.uk/">https://hucweb.co.uk/</a>
<b>ICS</b>	Integrated Care Systems
<b>Helpful NHS Terminology Links</b>	
<a href="https://www.nhsconfed.org/acronym-buster">https://www.nhsconfed.org/acronym-buster</a>	The NHS uses a number of acronyms when describing services this acronym buster may be of some help.
<a href="https://www.kingsfund.org.uk/audio-video/how-does-nhs-in-england-work">https://www.kingsfund.org.uk/audio-video/how-does-nhs-in-england-work</a>	The Kings Fund have produced a good video explaining how the NHS in England works. The Kings Fund website in general contains many resources which you may find helpful.
<a href="https://www.england.nhs.uk/learning-disabilities/">https://www.england.nhs.uk/learning-disabilities/</a>	NHS terms used in the field of disabilities
<a href="https://www.thinklocalactpersonal.org.uk/Browse/Informationandadvice/CareandSupport/JargonBuster/">https://www.thinklocalactpersonal.org.uk/Browse/Informationandadvice/CareandSupport/JargonBuster/</a>	Think Local Act Personal jargon buster search engine for health and social care.

