ADULTS AND HEALTH

Cambridgeshire County Council

Thursday, 24 June 2021

Democratic and Members' Services
Fiona McMillan
Monitoring Officer

10:00

Shire Hall
Castle Hill
Cambridge
CB3 0AP

The Corn Exchange - Cambridge
Wheeler Street, Cambridge, CB2 3QE

AGENDA

Open to Public and Press by appointment only

CONSTITUTIONAL MATTERS

1.	**Notification of the appointment of the Chair and Vice-Chair**	
2.	**Apologies for absence and declarations of interest** *Guidance on declaring interests is available at http://tinyurl.com/ccc-conduct-code*	
3.	**Co-option of District Members**	
4.a	**Adults Committee Minutes - 18 March 2021**	**5 - 12**
4.b	**Health Committee Minutes - 11 March 2021**	**13 - 22**
5.	**Petitions and Public Questions**	

HEALTH SCRUTINY

Date of Next Meeting

Wednesday 22 September 2021

The Adults and Health comprises the following members:

For more information about this meeting, including access arrangements and facilities for people with disabilities, please contact

COVID-19

The legal provision for virtual meetings no longer exists and meetings of the Council therefore take place physically and are open to the public. Public access to meetings is managed in accordance with current COVID-19 regulations and therefore if you wish to attend a meeting of the Council, please contact the Committee Clerk who will be able to advise you further.

Councillor Richard Howitt (Chair) Councillor Susan van de Ven (Vice-Chair) Councillor David Ambrose Smith Councillor Gerri Bird Councillor Chris Boden Councillor Steve Corney Councillor Adela Costello Councillor Claire Daunton Councillor Lorna Dupre Councillor Nick Gay Councillor Mark Goldsack Councillor Anne Hay Councillor Kevin Reynolds Councillor Philippa Slatter and Councillor Graham Wilson Councillor Sarah Baigent (Appointee) Councillor Sam Clark (Appointee) Councillor Lis Every (Appointee) Councillor Corinne Garvie (Appointee) Councillor Mairead Healy (Appointee) Councillor Sarah Wilson (Appointee)

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

Adults Committee Minutes

Date: Thursday 18 March 2021

Time: 2.00 p.m. to 3.40 p.m.

Present: Councillors A Bailey (Chairwoman), D Ambrose-Smith (Vice-Chairman), A Costello, M Goldsack, N Harrison, M Howell, L Jones, D Wells and G Wilson

Apologies: Councillor S Crawford

342. Apologies for Absence, Declarations of Interest and Announcements

Apologies received from Councillor Crawford.

Councillor Wilson declared an interest in item 5 as he is a Governor on CPFT Board of Governors.

Councillor Jones declared an interest in item 5 as she is the County Council representative on the Papworth Hospital Board of Governors.

343. Minutes of the Meeting Held on 14 January 2021

The minutes of the meeting held on 14 January 2021 were agreed as a correct record.

344. Action Log

The action log was noted.

345. Petitions and Public Questions

There were no petitions or public question

346. Transitioning to an Integrated Care System

The Committee received a presentation from the Interim Chair of the Local Sustainability and Transformation Partnership (STP) on transitioning to an Integrated Care System. The presentation can be found at appendix 1 of the minutes.

In discussing the presentation Members;

- Queried issues with cross border flows with specialist hospitals and how this would work across the system in the future. The Interim Chair of the STP stated that there was no simple answer to this and that there was a network of

STPs across the region that collaborated and that the aim was to try and avoid patients going out of the East of England in to London, which would be a much better quality statement and would help with the financial deficit.

- Highlighted that the funding for discharge to assess ended at the end of March and queried how this would be taken forward in the future. The Interim Chair of the STP commented that discussions were ongoing in relation to this.

- Questioned the ICS strategic commissioning function in terms of what it meant in practice and whether it was value for money.

- Queried how much the success of the integration relied on Government coming forward with a national strategy for social care. The Interim STP Chair stated that this was a big question and that the Government white paper was eagerly awaited.

The Committee noted the presentation.

347. Integrated Community Equipment Service Procurement

The Committee considered a report that sought approval to proceed to tender the Integrated Community Equipment Service.

Introducing the report officers highlighted several points in the report:

- The contracted service was responsible for the purchasing, delivery, installation, collection, recycling, repair and maintenance of a large range of health and social care equipment which helped people to remain as independent as possible in the community and in the home of their choice.

- The contract had been in place since 2014 and was extended for two years in 2019 and again last year due to Covid for a further year. The current contract was due to expire at the end of March 2022.

- Approval to proceed with the tender of the Integrated Community Equipment Service was sought with a proposed contract term of 5+3+2 years, with a total contract value of £47m.

Discussing the report Members:

- Expressed their support for the proposals. The Chairwoman stated that she had personal experience of the service and it was highly valued.

- Queried the feedback of 71% of individuals saying the equipment helped them to reduce the amount of help they need from others and questioned why it was not higher. Officers explained that the equipment supported long term conditions as well as preventative support and it was also used for end of life care.

- Questioned how the Council would engage with the wider market in terms of carbon neutral goals, and how this was worked into the procurement process, as this would be challenging for smaller providers. Officers explained that a lot of companies that provided this type of service were experts in logistics and utilised route planning software and were looking at deploying electric and hybrid vehicles.

It was resolved unanimously to:

a) Approve to proceed with the tender of the Integrated Community Equipment Service. Proposed contract term of 5+3+2. Total contract value is £47m.

b) Delegate the award of the new contract to the Executive Director of People and Communities.

348. Mental Health Section 75 Partnership Agreement: Annual Report

The Committee received a report that outlined the Mental Health Section 75 Partnership Agreement including service activity, financial performance and the future form of agreement by way of an extension of the existing arrangement to be agreed for a further four years enabling the delivery of vital mental health services to those who need it.

Discussing the report Members;

- Queried the reduction in care packages due to block provision in relation to the Good Life Service transfer (page 41 of the agenda pack). Officers stated that a number of individuals had been given social inclusion support and the contracting arrangements had changed and this was now being delivered through The Good Life Service provided by CPSL MIND.

- Questioned why the care package figures outlined were almost a year out of date. Officers stated that this annual update report has been delayed in its presentation to Adults Committee to ensure a fuller picture of figures from 2019-20 had been included. Updated figures will be provided within the next annual update.

- Requested more detail on the types of complaints received and if there were any trends for identification in future reports.

- Queried why the Multi-agency Safeguarding Hub (MASH) had been transferred back to Cambridgeshire County Council. Officers explained that the MASH arrangements had been reviewed and streamlined during 2020-21 and this piece of work had supported the full transfer of MASH responsibilities to the County Council's MASH Team from 1 January 2021, to ensure the safe and effective discharge of statutory safeguarding adults' duties to be achieved. Officers stated that further work was ongoing during 2020-21 within

the Trust to establish clear and robust structures for the delivery of safeguarding duties and regulatory requirements.

It was resolved unanimously to:

a) Endorse the report as a full account of service and financial performance, activity and outcomes under the Mental Health Section 75 Partnership Agreement.

b) Approve the continuation of the Mental Health Section 75 Partnership Agreement, including secondment arrangements, commencing from 1st April 2021.

c) Approve the amendment to the Mental Health Section 75 Partnership Agreement to revise the term of the agreement to 4 years commencing 1st April 2021 for a maximum value of £5.5M.

349. Adults Social Care transport exemption request

The Committee considered a report which sought approval for an exemption waiver for an additional £1.3m of funding to enable the expired medium to long term contracts for Adults Social Care transport to remain in place for one further year (in line with section 5 of the Cambridgeshire County Council Contract Procedure Rules 2020).

Introducing the report officers explained that the exemption waiver would allow for a detailed tendering plan to be drawn up which would be informed by the work of the transformation team which would then be brought back to Committee for approval.

Discussing the report Members;

- Queried how the Council's low carbon priorities would be built into the tendering process. Officers explained that when the re-tendering takes place there would be a specification in the contract specifically in relation to the Council's Carbon Neutral goals.

- Questioned if the extension for the last 12 months was in relation to Covid and whether an extension of another 12 months was a necessary requirement. Officers explained that Covid had impacted on the retendering process and the extension for another 12 months was to allow for the transformation work to take place on the tendering plan.

It was resolved unanimously to:

a) Approve an exemption waiver for an additional £1.3m of funding to enable the expired medium to long term contracts to remain in place for one further year (in line with section 5 of the Cambridgeshire County Council Contract Procedure Rules 2020); and

b) Receive a report later in 2021/22 detailing the tendering plan for approval, which will result in contracts to supersede the exemption waiver. This report will be informed by the transformation teamwork.

350. Housing Related Support (HRS) Update and Approach

The Committee received a report that gave an update- on the redesign of the Housing Related Support Services for Adults.

Introducing the report officers explained that they were seeking approval for new timescales for the planned procurement exercise and that the current contracts be extended in line with the procurement timetable and that a further update report would come back to Committee in July 2021.

Discussing the report Members;

- Sought assurances that smaller providers had been taken into consideration in relation to the procurement exercise as there had been situations recently where place based and community expertise had been lost. The Chairwoman stated that there had been some concern from District colleagues on this point. Officers reassured Members that there had been ongoing discussions and had signalled to the market quite early in order that there was a focus on partnerships and ensuring there was time in terms of the bidding process. The Chairwoman stated that officers needed to be very careful that proper recognition and time was given to partnerships to move over to new ways of working.

The Chairwoman thanked officers for their work on the redesign and stated that it had been a valuable and necessary process.

It was resolved unanimously to:

a) Note and comment on the update provided.

b) Approve the new timescale for Procurement.

c) Approve the requested extensions for HRS contracts.

351. Adult Social Care Service User Survey results

The Committee considered a report that gave an overview of the findings of the 2020 Adult Social Care Statutory Service User Survey the results of which were published in December 2020.

Introducing the report officers explained that the survey was a national survey that was run annually using nationally set parameters. Officers stated that the survey ran between February and March 2020, at the start of the Covid pandemic whilst the

levels of anxiety where rising. Officers explained that this was likely evidenced in the reduced response rate. Officers highlighted a number of points in the report including:

- There had been a worsening of responses around the level of health and care needs. Officers stated this could be because the Council was more effective in its prevention services meaning people had high levels of need by the time they needed long term care, or this could be in relation to levels of anxiety during the pandemic.

- The Council had performed less well on access to information and advice.

- There had been an improvement in the overall satisfaction rating.

- The report set out details of the way the survey fed into the work of the Council.

Discussing the report Members;

- Questioned what the very best authorities did to score highly that Cambridgeshire did not do. Officers explained that some of the authorities may be in a better financial position but also that some of the questions were focused on the experience of public services including the NHS. Officers also stated that the ADASS network was strong so there were opportunities for authorities to challenge each other and share experience.

- Highlighted that people with physical disabilities had stated they were less happy and queried if there were any particular issues in this area. Officers explained that there was a connection between quality of life indicators and demographics and there was a marked difference between client categories which would be reviewed further through an analysis of the comments.

It was resolved unanimously to:

Consider the content of the report and note how the survey has been linked into the development of Adult Social Care in Cambridgeshire.

352. Adults Safeguarding Board Annual Report

The Committee received the Safeguarding Adults Partnership Board 2019-20 Annual Report.

Introducing the report officers highlighted a number of key points in the paper including:

- Partnership Board Governance
- Key learning from safeguarding reviews
- Training needs

- Thematic Reviews

Discussing the report Members;

- Queried the average length of time it took to complete a safeguarding review. Officers explained that cases were large and very complex and there needed to be confidence that the process had been undertaken thoroughly. Officers clarified that there was also a need to ensure that the person undertaking the review had the right skills and expertise to support a robust process and sometimes this can create a delay. Officers were looking at alternative ways of undertaking the reviews whilst still ensuring that a robust process is followed. The Chairwoman commented that if there were any new processes identified then the Committee would welcome an update.

- Highlighted the importance of the reviews and welcomed the contents of the report.

- Questioned why Members were only seeing the 2019-20 report now. The Chairwoman explained that due to Covid the report had been rescheduled on the agenda.

It was resolved unanimously to:

Receive and note the contents of the 2019-20 Annual Report.

353. Workforce Capacity Grant

The Committee considered a report that outlined the decision made under emergency powers by the Chief Executive of Cambridgeshire County Council and Peterborough City Council in consultation with the Chairwoman of the Adults Committee, to allocate the Workforce Capacity Grant provided by central government.

Introducing the report officers clarified that an amendment to the report (section 4.2) had been circulated and published prior to the meeting. Officers explained that the decision had been taken by the Chief Executive as the funding from Government had to be spent by 3 March 2021. Officers stated that they had consulted a wide range of stakeholders to determine how the funding should be spent and the funding allocations were highlighted in table 1 of the report. Officers explained that it had been agreed that to drive forward the recruitment campaign within the short timescales set by the conditions of the grant, a contract for £192,500 had been directly awarded to CPL Ltd. Officers clarified that the contract would be jointly funded through the grant allocated across Cambridgeshire County Council (£134,750) and Peterborough City Council (£57,750). Officers highlighted that this organisation had evidenced achievement of positive outcomes in successfully undertaking equivalent activities previously.

Discussing the report Members;

- Queried whether the opposition party lead members had been consulted before the decision made. Officers confirmed that all Lead Members had been consulted.
- Sought further clarification in relation to the awarding of the contract for the recruitment campaign. Officers stated that to drive forward the recruitment campaign quickly and effectively external expertise was required. Officers explained that CPL Ltd had successfully managed the Reablement recruitment campaign and had a robust understanding of the sector.

It was resolved unanimously to:

note the decision made under emergency powers by the Chief Executive of Cambridgeshire County Council and Peterborough City Council in consultation with the Chairwoman of the Adults Committee, to allocate the Workforce Capacity Grant provided by central government.

354. Adults Committee Agenda Plan

The Committee noted the Agenda Plan.

In bringing the meeting to a close the Chairwoman thanked all members and officers for their commitment and hard work, to the Committee over the past four years.

HEALTH COMMITTEE: MINUTES

Date: 11th March 2021

Time: 13:30 – 15:17

Venue: Virtual Meeting

Present: Councillors David Connor, Lorna Dupré, Lynda Harford, Anne Hay, Peter Hudson, Linda Jones, Kevin Reynolds, Mandy Smith, Susan van de Ven.

East Cambridgeshire District Councillor David Ambrose-Smith, Fenland District Councillor Sam Clark, Huntingdonshire District Councillor Sally Smith, South Cambridgeshire District Councillor Geoff Harvey, Cambridge City Councillor Nicky Massey.

364. Apologies for Absence and Declarations of Interest

Apologies were received from Huntingdonshire District Councillor Sarah Wilson, who was substituted by Cllr Sally Smith. No declarations of interest were made.

Cllr Massey was present from Item 2 of the agenda.

365. Minutes – 11th February 2021

The minutes of the meeting held on 11th February 2021 were agreed as a correct record and would be signed by the Chairman before the next election.

366. Action Log

Members noted the action log.

367. Petitions and Public Questions

No petitions or public questions were received.

368. Cambridge Cancer Research Hospital – Project and Engagement Update

The Committee received a report detailing the engagement and involvement of patients in the production of Cambridge Cancer Research Hospital. It also sought to invite two councillors to join the Cambridge Cancer Research Hospital project as 'liaison councillors' to represent the Health Committee.

The reporting officer presented and interpreted the Cambridgeshire Cancer Network diagram, visible in 2.4.1 of the report. The officer explained that the Network was a bespoke, virtual group which would ensure patients and stakeholders were aware of, and involved in, the development of the hospital. The Network would use a multi-faceted approach to co-production and engagement, gaining involvement through

surveys, questions and committee meetings. The officer stated anyone would be able to join, and that invitations will be distributed to stakeholder representative groups and patients.

After a successful trial with the Joint Delivery Board, the officer explained that there would be two patient representatives embedded within the workstreams for Cambridgeshire Cancer Research Hospital. It was anticipated these representatives would be rotated on a six-monthly basis to diversify the patient voice and prevent the professionalisation of the patient representative viewpoint. The representatives would also belong to Patient Advisory Groups so that their experiences could feed directly into the Joint Delivery Board.

The reporting officer drew attention to the two considered compositions of the Patient Advisory Groups:

Scenario 1 – The Patient Advisory Group as a sub-committee of existing Addenbrookes Cancer Patient Partnership Group (CPPG).

Scenario 2 – The Patient Advisory Group as independent of the CPPG.

The officer reported that patient consultation would affect the decision, but that officers favoured Scenario 1 as the CPPG was already effective, 50 members large, and has experience working in co-production.

Throughout the presentation officers reinforced the service-wide desire for patient involvement and engagement.

In response to Members comments, officers:

- Detailed measures that would be in place to prevent the professionalisation of representatives and ensure diversity. These included: a large pool of potential patient representatives, six-monthly rotation of roles and flexible involvement.

- That equity of access with regard to both physical hospital accessibility and location-inclusive early cancer detection would be reflected in the hospital's ethos and planning. The officer reinforced the importance of diverse patient representation to ensure accessibility.

- Stated that £150 million had been provided as funding for the hospital, but that further funding through philanthropy, charity, Cambridgeshire University and industry (including AstraZeneca) would be necessary. The officer stated that a full business case would be developed, but further consultation with staff, patients, planners and teams was needed to finalise designs. It was then that the financial gap in funding will be known.

In response to the report Members:

- Expressed pleasure that patient representatives worked in pairs, reducing isolation in an otherwise professional network.

- Were pleased about the patient-centred approach.

- Encouraged those with long-contracted funding to donate towards the hospital.

- Committed to appointing ‘liaison councillors’ after the commencement of the new municipal year following the upcoming election, in order to ensure continuity of appointments.

It was resolved unanimously to:

a) Note the report and confirm that formal consultation was not required in the development of the Cambridge Cancer Research Hospital.

b) Appoint two members of the committee onto the Cambridge Cancer Research Hospital project as ‘liaison councillors’ post-election.

369. Briefing Paper in Response to Childhood Immunisation Uptake During COVID-19

The Committee received a report regarding the promotion of childhood immunisation uptake during the Coronavirus pandemic and using data to establish how the Coronavirus pandemic has impacted childhood immunisation uptake, including the winter flu vaccination. During the presentation, officers summarised information from each section of the report:

Section 3, Infant and Early Childhood Immunisations – Officers reported that Cambridgeshire infant and early childhood immunisation numbers had kept within the Public Health Framework’s guidance of a 90% uptake, and predominantly within Public Health England’s recommendations for a 95% uptake [see table 3 in the report]. This was above regional and national averages. The reporting officer stressed that while NHS England did not directly commission the childhood vaccination programme, they had a responsibility to promote uptake by responding to complications caused by the pandemic, such as clinic closures and parental anxiety about attending clinics.

Section 4, School Aged Children – Officers reported that school immunisations were typically provided by CSAIS. However, school closures and staff redeployment had resulted in increasing provision by community clinics. The officer noted there would be a prioritisation of older children for vaccination.

Section 5, Seasonal Flu Vaccination Programme – The officer explained that lower annual flu rates in Cambridgeshire resulted from both an increased flu vaccination uptake and coronavirus infection-prevention measures. In Cambridgeshire, uptake has

been higher than national average, but the officer stated that the report explains methods that would be used to further increase uptake.

In response to members' questions, officers:

- Noted the effect that Peterborough's below average vaccination uptake rate could have on Cambridgeshire – this had been a proposed area of study prior to the coronavirus outbreak. Officers stated that community groups and Best Start in Life pilots were promoting vaccination in Peterborough.

- Informed members that Public Health data was limited to that which was within the public domain.

- Stated that Cambridgeshire Community Service Delivery had developed a catch-up vaccination plan following schools' reopening. No children's vaccination services staff had been redeployed into COVID-19 vaccination centres, so this would not affect school vaccinations.

- Explained that BCG vaccinations (Tuberculosis vaccinations) were given at birth to children whose mother's country of origin had a high rate of Tuberculosis. At the time of the meeting, NHS England was monitoring these eligible families through antenatal records.

- Reported that vaccination data was held by the CCG. With regard to CCG records of low-uptake groups, data existed on areas of economic deprivation but less on ethnicity.

During the debate, Members stressed the importance of finding how to encourage the public to vaccinate.

It was resolved to note and comment on the actions undertaken to date in responding to the impact of the ongoing Coronavirus pandemic on childhood immunisation uptake.

The Chairman exercised his discretion and amended the running order of the agenda. Item 8 on the agenda was re-ordered to enable the reporting officer to attend.

370. Cambridgeshire County Council Response to COVID-19

Given the rapidly changing situation and the need to provide the Committee and the public with the most up to date information possible, the Chairman reported that he had accepted this as a late report on the following grounds:

1. Reason for lateness: To allow the report to contain the most up to date information possible.

2. Reason for urgency: To enable the Committee to be briefed on the current situation in relation to the Council's response to Covid-19.

The Chief Executive introduced a report updating the Committee on the Council's public health response to COVID-19, which impacts outcomes for individuals and communities. In particular, she referred to:

2.1, Confirmed Cases – The officer highlighted the inequity of coronavirus case rates around Cambridgeshire. At the time the paper was submitted, Cambridge City, East Cambridgeshire and South Cambridgeshire had reduced rates of 30 cases per 100,000 – well below the national average (although still considered high with comparison to summer numbers). Meanwhile, rates were well above average in Huntingdonshire and North Cambridgeshire, including Fenland and Peterborough. The officer reported that in Huntingdonshire the raised numbers were temporary, caused by specific outbreaks, and were expected to return to the national average.[1] However, the aforementioned areas of North Cambridgeshire had an enduring transmission rate - Peterborough with the 6th highest rate in the Country.

3.9, Enduring Transmission – Notably, the cabinet office had visited Peterborough and Fenland in a collaboration to uncover the causes behind enduring transmission rates. The officer could therefore report that enduring rates were being affected by factors including maintained work placements caused by insecure or key employment; necessary work such as agricultural, construction and food distribution; multigenerational housing; multi-adult housing; and carpooling. As a result of these inequities, the officer pressed the importance of returning to work done prior to the pandemic on removing the root causes of Health inequality throughout Cambridgeshire.

3.4, Testing – The officer stated that community rapid testing delivery should have a positive impact, but specific data on the impact had not yet been produced.

3.8, Outbreak Management – The officer reported that an updated Local Outbreak Management plan would be submitted to the Regional Test and Trace Team on 13th March 2021.

3.11, Supporting Covid-19 Vaccination Uptake – By the 28th February Cambridgeshire, Peterborough and STP areas were reported to have given over 250,000 doses of the vaccination. The officer reported that hospital admissions were lowering, particularly for those over 80. This was put to the vaccination programme as well as lockdown restrictions.

While this is positive, Members and the public were reminded that it takes 2-3 weeks to gain immunity after being vaccinated; and that the vaccination does not create enough antibodies for immunity in 100% of people.

The reporting officer concluded by stressing that many people have to continue work unvaccinated and therefore it is the responsibility of Members, officers and the public to follow national guidelines in order to keep those necessary workers, themselves and others safe.

In response to members' questions, officers:

[1] It was confirmed that Huntingdonshire rates had returned to the national average in the Advance Health Committee Chair's and Lead Meeting on the 15th March 2021.

- Showed support for the roadmap out of lockdown and the four tests to be met at each stage, stating that it had been constructed using analysed data and with consideration for the potential of a fourth wave. Stressed that, alongside the roadmap, the lessening of restrictions should also consider contemporary data.

- Advised Members and the public to expect an increase in the R-rate and transmission as each restriction is lifted, but that this impact is difficult to predict - hence the five-week gap between restriction lifts.

- Reported that during January there had been an excess of deaths caused by COVID-19, but that had now fallen. Stated that the general coronavirus deathrate increase throughout the pandemic was, in part, due to the accuracy of death registration - in the first wave many excess deaths were not registered as being caused by coronavirus.

Action required: Circulation of excess deaths chart.

Members commented:

- Liz Robin, Director of Public Health, should be thanked for her years of service.

- That other Members should contact Bill Handley as a Member of the Local Outbreak Engagement Board.

- That the roadmap out of lockdown is behaviour dependent.

- That guidance was available for councillors advertising for the election. The link for which can be found here.

- Stressed the importance of caution after reports finding that those vaccinated but with Cancer remain with a low-level of antibodies.

- Stressed the need to promote health in all policies to remove health inequalities.

The committee resolved to:

a) Note the progress made to date in responding to the impact of the Coronavirus.

b) Note the public health service response.

371. Public Health Joint Commissioning Unit COVID-19 Impact Update

The Committee received a report detailing the impact of COVID-19 upon Public Health commissioned services.

In presenting the report, officers noted:

That, in response to the pandemic, services had adapted to virtual platforms. This had resulted in increased user appointments, but fewer clients.

The reporting officer stressed the success of partnership collaborations, drawing attention to the housing of homeless individuals – a collaboration between drug and alcohol services, sexual health services, mental health services, and housing services. As a result, the general health of this demographic had improved.

2.4, Sexual Health Services – The officer reported that this area had been severely impacted: sexual health staff have been redeployed and access to long-acting, reversible contraception challenged, with prioritisation for high-risk women. At the time of the meeting, it was too early to understand the impact that the reduction of sexual health services has had on teenage pregnancy, but the officer established that this was being monitored.

2.1, Change Grow Live Adult Drug and Alcohol Service and 2.6, Lifestyle Services – The officer reported on the large impact that the pandemic has had on lifestyle services: the National Child Measurement Programme had not happened this year due to school closures; obesity has increased; and drug and alcohol users increasingly demonstrated complex needs. The officer reported that lifestyle services were being challenged by the need for group meetings to move online, and by restricted access to lifestyle venues and GP services. However, she also noted that virtual lifestyle support packages and telephone stop-smoking services had been received well.

2.7, Primary Care Services - Primary Care services were reported as being severely challenged and initially extremely limited. Yet, the officer could also report that national NHS health checks had restarted, and postal prescriptions had proved successful.

The officer concluded by stating that while the services had adapted well, patients still valued face-to-face contact. Looking to the future, the officer reported services would need to catch up and meet the demand for face-to-face contact, while staying safe.

In response to members' questions, officers:

- Stated that there were similar user numbers for drug and alcohol, and sexual health services. She expected these figures to rise as a result of societal changes caused by COVID-19 and stressed again the importance of re-engaging lifestyle services through remote groups sessions and information delivery.

- Explained that there had been a surge in obesity, despite reports of increasing exercise. This was because the data produced for these reports was largely affected by an increasing activity amongst those already exercising. The officer therefore promoted the re-engagement of lifestyle services by reinitiating the socially

distanced community health walks that had occurred outside of lockdown and encouraging primary services to continue with referrals to lifestyle services.

- Clarified that the additional Task Force funding had been secured for Cambridge City and Peterborough.

- Confirmed that accommodation provision for the homeless remained a focus for the Housing Board and local initiatives, with collaboration from across housing authorities. This initiative would use funding specifically given for sustaining housing service delivery, as well as from drug and alcohol services. The officer informed Members that another similar funding application had also been submitted. To aid this cause, it was reported that Public Health would focus on obtaining secure tenancies for people and ensuring aid can be sustained while a person was homeless.

- Stated that many drug and alcohol service users found the structured programme of the gradual reduction of prescribed drugs used at the start of lockdown destabilising and unmanageable.

- Acknowledged that the relationship between the use of street drugs and prescribed drugs was not yet fully understood, nor was the cause behind the increase in abstinence rates. Possible factors included accommodation provision and access to prescribed drugs having been more difficult.

During the questions and debate, Members:

- Thanked for the thorough evidence gathering.

- Thanked organisations such as DIVERSE and Change Grow Live for their role in aiding services throughout the pandemic.

- Expressed concern regarding accessibility to LARC (contraception services).

- In view of the potential harm that injecting possibly contaminated substances caused, suggested exploring a possible link between a pause in the reduction of detoxification medication and the reduction in use of street acquired drugs in addition to prescribed medication.

- Expressed concern for face-to-face GP consultations becoming a ‘postcode lottery’ should virtual consultations be Practice-dependent.

The committee resolved to:

a) Consider the impact of COVID-19 upon delivery of Public Health commissioned services.

b) Note the responses and adaptations to service delivery made by providers in response to the challenges created by the pandemic.

372. General Purposes Committee Agenda Plan, Training Plan and Appointments to Outside Bodies and Internal Advisory Groups and Panels

The Committee noted the agenda plan. A scrutiny of Papworth Hospital services, the Health in all Policies Agenda and Councillor appointments noted in Item 5 would be added to the agenda plan. Other potential forward agenda items – inviting the Heart and Lung Research Unit, the Sustainability Transformation Partnership (STP) and Road Safety for scrutiny - would also be discussed at the Advanced Chair and Lead Members' meeting Monday 15th March 2021.

Action Required

Chairman

Report title: Impact of COVID-19 on Residents and Communities

To:	Adults and Health Committee
Meeting Date:	24 June 2021
From:	Charlotte Black, Director of Adults and Safeguarding Val Thomas, Deputy Director of Public Health
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	N/A
Outcome:	The Council's strategy and response to Coronavirus will have a significant impact on outcomes for individuals and communities.
Recommendation:	Note and comment on the strategy and approach to date in responding to the impact of Coronavirus on Cambridgeshire's residents and communities.

Officer contact:
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Tel: 07775 800209

Officer contact:
Name: Val Thomas
Post: Deputy Director Public Health
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Tel: 01223 727990

Member contacts:
Names: Councillors Howitt and van de Ven
Post: Chair/Vice-Chair
Email: Richard.Howitt@cambridgeshire.gov.uk, susanvandeven5@gmail.com
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1. Background

1.1 Over the past 15 months we have continued to respond to the Coronavirus pandemic, including a second wave of Coronavirus and a second lockdown.

1.2 The impact of the pandemic has affected all areas of life. The purpose of this paper is to provide the Adults and Health Committee with an overview of the impact on residents and communities across Cambridgeshire and the County Council and partner responses.

2. Main Issues

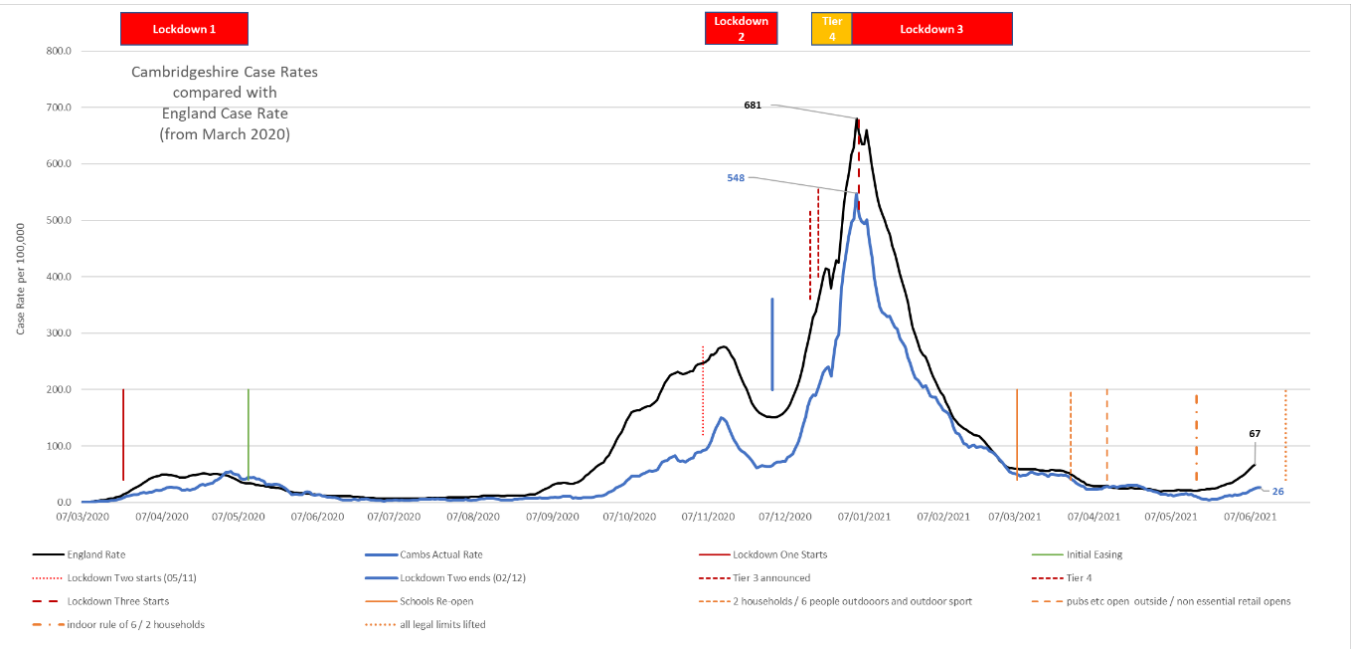
2.1 Coronavirus has impacted on the whole population with some specific impacts on different groups of people, some clear and obvious, some known to public services, and others more hidden. This aligns with the national context, which has seen Coronavirus take an extraordinary toll on the nation's health, with a disproportionate impact on the most disadvantaged groups.

COVID-19: Public Health Impacts in Cambridgeshire

2.2 The immediate impact of the pandemic in Cambridgeshire is demonstrated through case rates, mortality, hospitalisation and vaccination information.

Case rates

Figure 1: Case Rates per 100,000 population in Cambridgeshire compared with England (March 20-June 21)



Source: https://coronavirus.data.gov.uk/

In term of district impacts the following are the headline facts.

- Cambridgeshire's case rate peaked on 4th January 2021 at 548 per 100,000 compared with an England peak of 681 per 100,000 on the same day.

- Cambridge City district had the highest peak case rate at 595 per 100,000 and South Cambridgeshire the lowest at 507 per 100,000.

- The Cambridgeshire case rate at 9th June is 25 per 100,000 compared with an England rate of 67 per 100,000.

- Currently case rates in Cambridgeshire are increasing with a 7day doubling rate on average over the last 7 days.

The most recent rates for Cambridgeshire are shown below until the 10th of June 2021. Throughout May there had been a continued decrease in cases, however we started to see an increase recently which is being monitored carefully and the Outbreak Control Teams are working heard to take immediate steps to reduce the risk of transmission.

Table 1: COVID-19 Incidence and Positivity Data (all ages and 60+ age groups)

Incidence and Positivity data					
Area	Weekly Incidence (cases/100,000) & trend vs previous 7 days		7-day change in case rate (%)	Weekly incidence - 60+ years (cases per 100,000) & trend vs previous 7 days	
Data to date	10-Jun		10-Jun	10-Jun	
Cambridge	29.6	↑	85.0%	4.6	↓
East Cambridgeshire	15.6	↑	133.3%	8.5	↑
Fenland	25.5	↑	73.3%	10.1	↓
Huntingdonshire	23.0	↑	5.1%	4.3	↓
South Cambridgeshire	32.7	↑	333.3%	5.0	↓
Cambridgeshire	26.0	↑	84.8%	6.2	↓
EAST OF ENGLAND	33.5	↑	45.2%	7.5	↑
ENGLAND	69.9	↑	57.5%	12.6	↑

NOTE: Provisional adjusted weekly incidence rates are subject to change with the inclusion of additional cases on subsequent days. Figures are rounded to nearest whole number to account for possible minor discrepancies with national data.

Source: https://coronavirus.data.gov.uk/

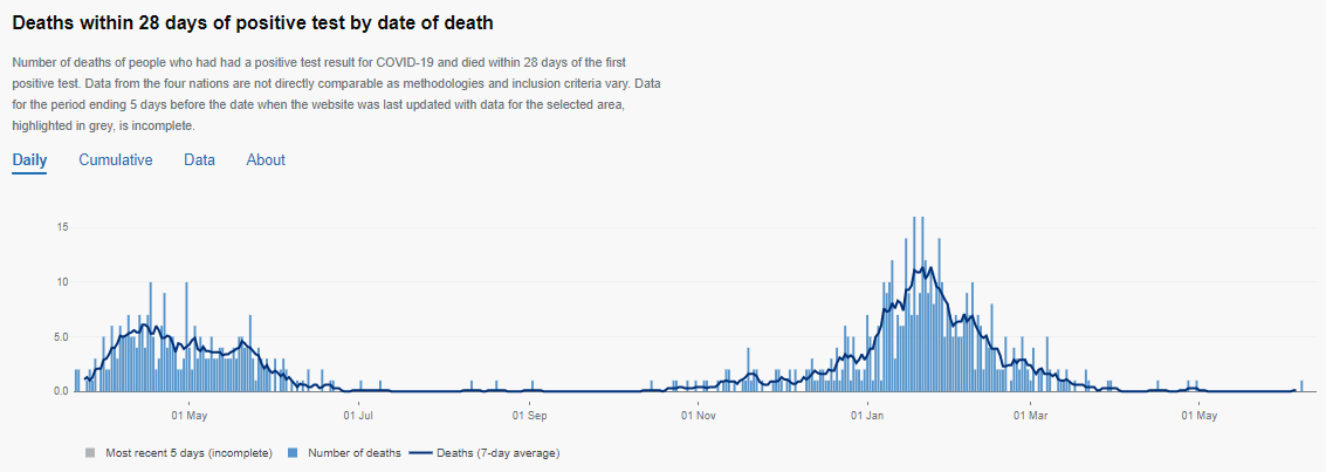
2.4 Deaths (Mortality rates)

Public Health England (PHE) data shows that there have been 802 deaths from Covid-19 (deaths within 28 days of a positive case) amongst Cambridgeshire residents. This is a rate of 122.7 per 100,000 population. For comparison, the East of England cumulative Covid-19

mortality rate for deaths within 28 days of a positive test is 215.6 per 100,000 population and the England rate is 199.9 per 100,000 (Data up to 14 June 2021).

PHE data also reports that 983 deaths amongst Cambridgeshire residents have been reported with Covid-19 on the death certificate. This is a rate of 150.4 per 100,000 population. For comparison, the East of England cumulative Covid-19 mortality rate for deaths with Covid-19 on the death certificate is 243.3 per 100,000 residents and the England rate is 231.5 per 100,000 (Data from March up to 14 June 2021).

Figure 2: Deaths within 28 days of having a positive COVID-19 test



Source: https://coronavirus.data.gov.uk/

Cambridgeshire, and each of the Cambridgeshire districts were statistically significantly lower or statistically similar to the England average for the rate (DASR) of all-cause deaths and the rate (DASR) of Covid-19 related deaths for the 13 month period March 2020-March 2021, for persons, males, and females.

Table 2: Numbers of deaths and directly age-standardised rates (DASR) per 100,000 for deaths from all-causes, people, registered March 2020 – March 2021 (13 months)

Cause of Death	Area	13 month total (March 2020 to March 2021)											
		Persons				Male				Female			
		Deaths	Rate	Lower CI	Upper CI	Deaths	Rate	Lower CI	Upper CI	Deaths	Rate	Lower CI	Upper CI
All Causes	Cambridge	902	855.3	798.8	911.9	445	998.1	904.7	1,091.4	457	745.4	674.8	816.0
	East Cambridgeshire	922	879.3	822.4	936.1	467	1,052.0	954.6	1,149.3	455	752.1	682.2	821.9
	Fenland	1,475	1,103.5	1,046.9	1,160.2	762	1,329.1	1,233.7	1,424.6	713	921.6	852.6	990.7
	Huntingdonshire	1,852	922.1	880.0	964.1	928	1,059.9	990.3	1,129.6	924	805.7	753.5	857.8
	South Cambridgeshire	1,488	812.1	770.8	853.5	748	963.6	893.6	1,033.6	740	695.9	645.3	746.6
	Cambridgeshire	6,639	909.2	887.3	931.1	3,350	1,071.2	1,034.5	1,108.0	3,289	780.5	753.5	807.5
	Peterborough	1,962	1,105.0	1,055.8	1,154.2	1,019	1,333.5	1,249.5	1,417.6	943	933.4	873.2	993.5
	EAST	**74,064**	**1,027.2**	**1,019.7**	**1,034.6**	**37,273**	**1,207.3**	**1,195.0**	**1,219.7**	**36,791**	**879.2**	**870.1**	**888.3**
	ENGLAND	**645,767**	**1,082.5**	**1,079.8**	**1,085.1**	**328,504**	**1,278.2**	**1,273.8**	**1,282.6**	**317,263**	**921.5**	**918.3**	**924.7**

Table 3 indicates the numbers of deaths and directly age-standardised rates (DASR) per 100,000 for deaths from Covid-19 that were registered between March 2020 – March 2021 (13 months)

Table 3: Numbers of deaths and directly age-standardised rates (DASR) per 100,000 for deaths from Covid-19 registered March 2020 – March 2021 (13 months)

Cause of Death	Area	13 month total (March 2020 to March 2021)											
		Persons				Male				Female			
		Deaths	Rate	Lower CI	Upper CI	Deaths	Rate	Lower CI	Upper CI	Deaths	Rate	Lower CI	Upper CI
Covid-19	Cambridge	119	111.6	91.3	132.0	59	134.7	102.4	173.9	60	92.0	69.4	119.4
	East Cambridgeshire	96	90.8	73.6	111.0	56	125.7	94.3	164.0	40	65.4	46.5	89.3
	Fenland	210	155.3	134.2	176.4	114	199.9	162.8	236.9	96	122.1	98.5	149.6
	Huntingdonshire	245	122.3	106.9	137.6	136	160.6	133.0	188.3	109	94.7	76.9	112.6
	South Cambridgeshire	176	95.2	81.1	109.2	89	116.1	93.0	143.3	87	79.3	63.4	98.0
	Cambridgeshire	846	115.4	107.6	123.1	454	147.0	133.3	160.7	392	91.3	82.2	100.5
	Peterborough	314	177.0	157.4	196.7	169	222.7	188.4	257.0	145	141.6	118.4	164.9
	EAST	**13,450**	**185.6**	**182.5**	**188.8**	**7,324**	**238.2**	**232.7**	**243.8**	**6,126**	**145.4**	**141.7**	**149.1**
	ENGLAND	**115,840**	**193.9**	**192.8**	**195.0**	**63,211**	**248.7**	**246.7**	**250.6**	**52,629**	**151.6**	**150.3**	**152.9**

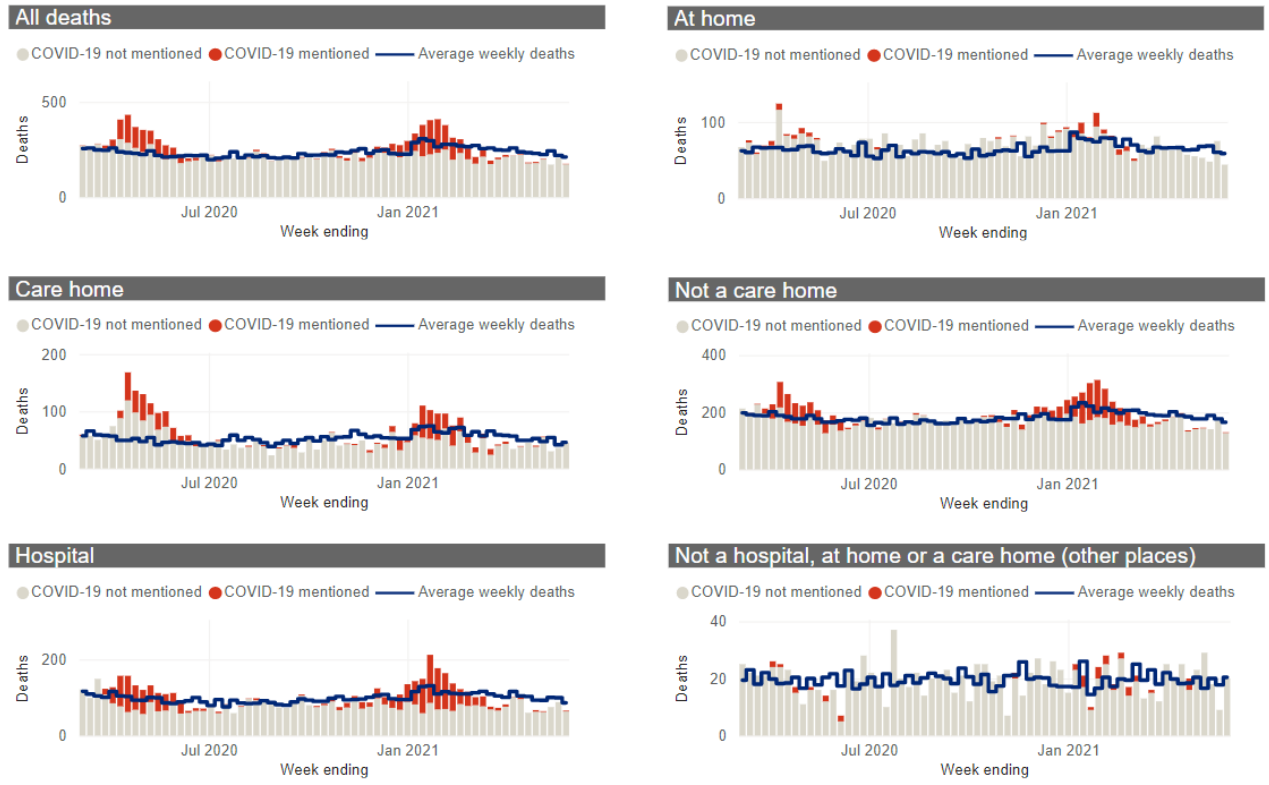
Statistically significantly higher than the England average
Statistically similar to the England average
Statistically significantly lower than the England average

Source: Deaths in Cambridgeshire data.gov.uk

Excess mortality or deaths is term used to refer to the number of deaths from all causes during a crisis above and beyond what we would have expected in normal conditions.

The excess mortality charts below show that there have been two predominant peaks to date, where the number of weekly deaths in Cambridgeshire exceeded the average weekly deaths (the 5-year average).These are approximately April 2020-June 2020 and December 2020- March 2021. Data shows that these peaks are largely due to Covid-19 related deaths.
Care homes had increased numbers of excess deaths in the Apr-June 2020 peak compared to the second peak, Dec 2020 - Mar 2021.

Figure 3: Excess deaths by place of death - Cambridgeshire

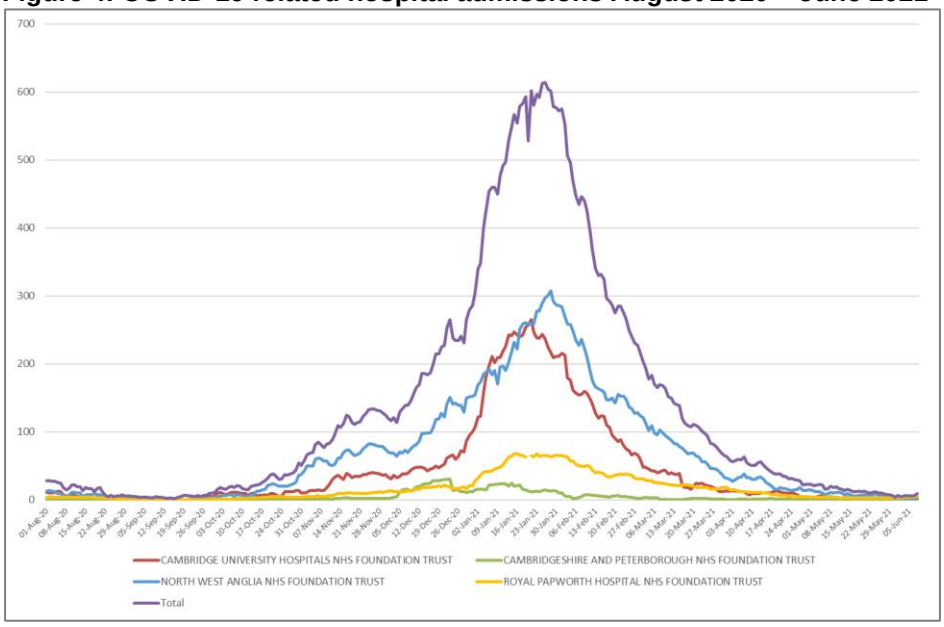


Source: Deaths registered weekly in England and Wales, provisional, ONS

2.5 Hospitalisations

Since the vaccination programme commenced there has been fall in the number of COVID-19 hospital admissions with in-hospital patient numbers reduced from observed highs of late January to very low levels in the most recent weeks.

Figure 4: COVID-19 related hospital admissions August 2020 – June 2021



Source: NHS Digital, https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/

The following are the key points relating to hospital admissions for COVID-19 over the course of the pandemic.

- Hospitalisations at Cambridgeshire trusts peaked on the 26th January 2021 with 614 covid-19 patients occupying a hospital bed.
- CUHFT reached a peak of 265 patients on the 21st January, with the peak at NWAFT following soon after on the 28th January with a total of 308 covid-19 patients in a hospital bed.
- During the first wave the number of covid-19 patients in hospital peaked at 299 on the 19th April 2020.

2.6 Vaccinations

Figure 5 shows the percentage of Cambridgeshire residents that have had at least one dose of their vaccine as at 6th June 2021, which is above the national figure.

Figure 5: Percentage of Cambridgeshire residents who have received their first vaccination at June 6th 2021

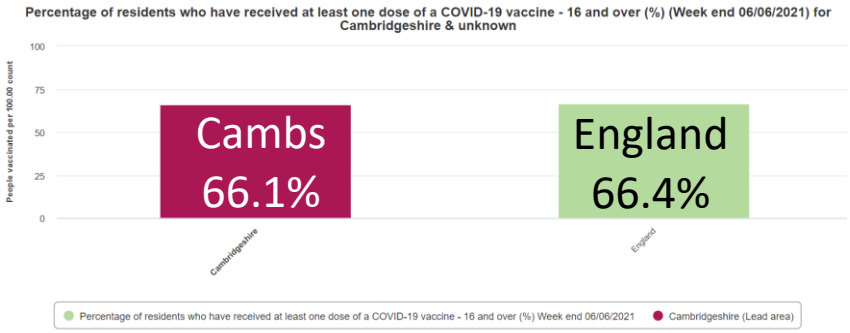
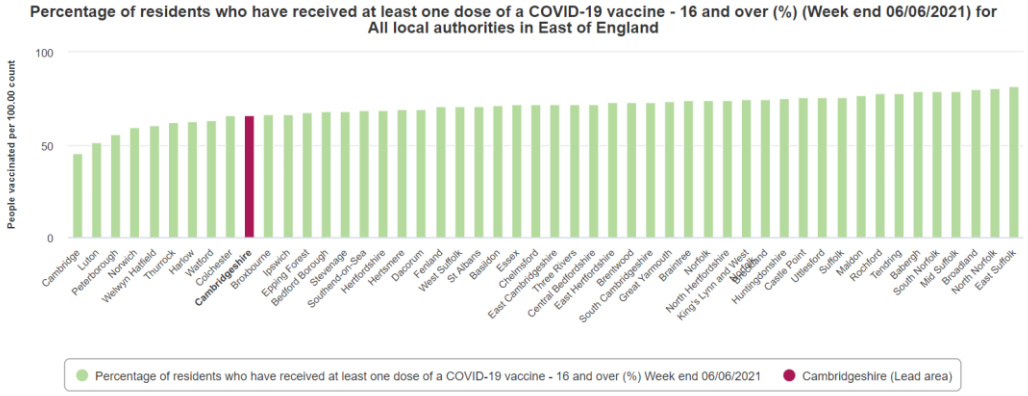


Figure 6 compares those who have had at least one dose of the vaccine in Cambridgeshire with other local authorities in the East of England which indicates that Cambridgeshire has lower rates many other authorities with Cambridge City having the lowest rate in the East of England.

Figure 6 : Percentage of residents aged over 16 years of age who have received at least one dose of vaccine as at 6th June 2021



In terms of those residents who have had their second vaccination the Cambridgeshire figure is around the same as England's.

Figure 6: Percentage of Cambridgeshire residents who have received two doses of the vaccine as at June 6th, 2021

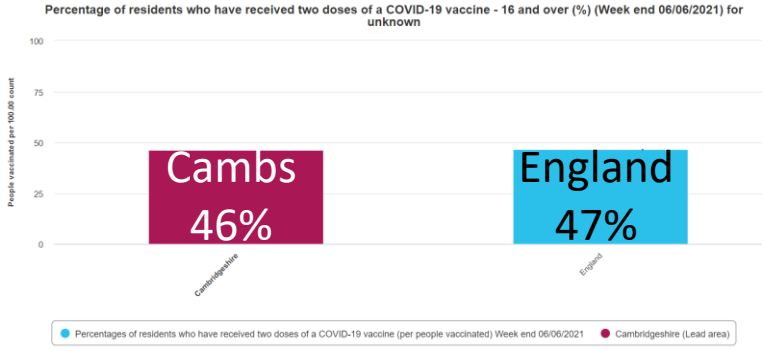
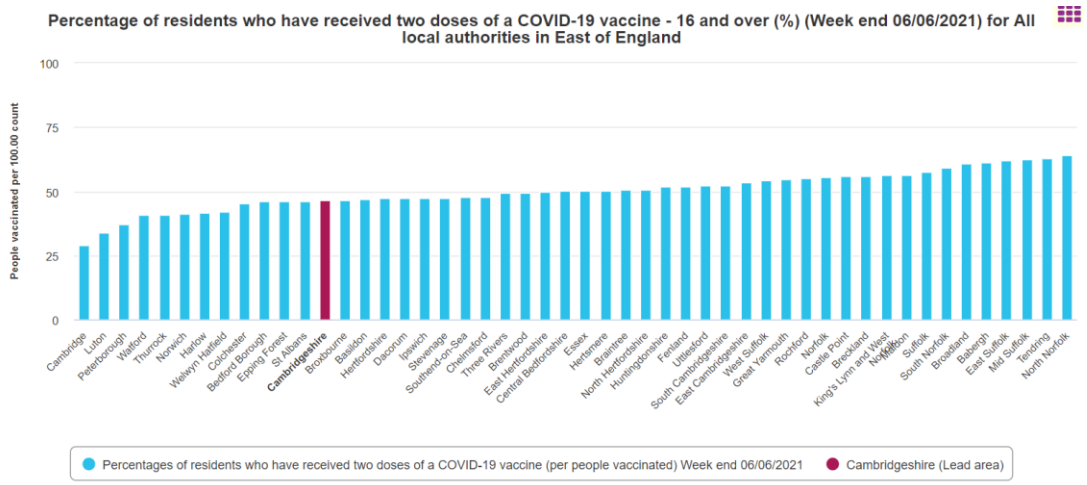


Figure 7 compares the Cambridge rate for the second dose of vaccine with that of other local authorities in the East of England, which is similar to the situation for the first dose.

Figure 7 : Percentage of residents aged over 16 years of age who have received two doses of vaccine as at 6th June 2021



Source: All vaccination data from LG Inform

2.7 Impact on Health Services

The effect of COVID-19 on health services and especially hospital services has been well documented, and the impacts are ongoing.
The following information which has been provided by the Clinical Commissioning Group highlights some of impacts on local services up until the end of March and April 2021.

Figure 8: Acute Hospital Activity until the 18th March 2021

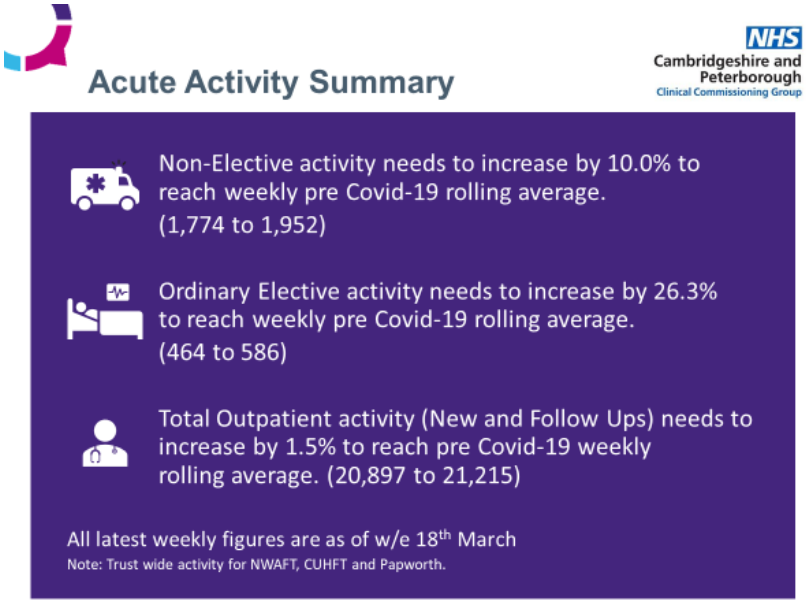


Figure 9: Waiting lists for treatment until the 19 April 2021

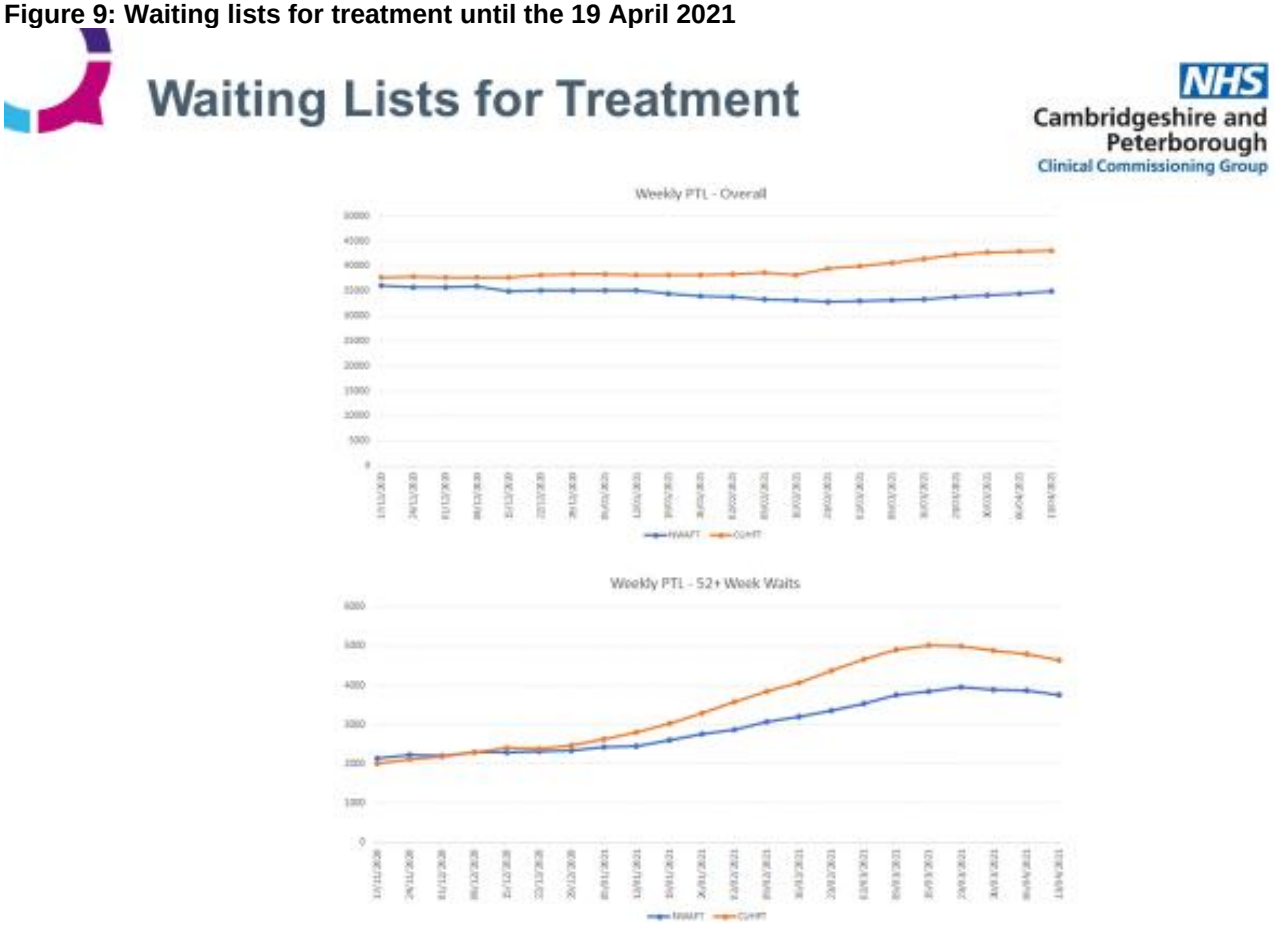
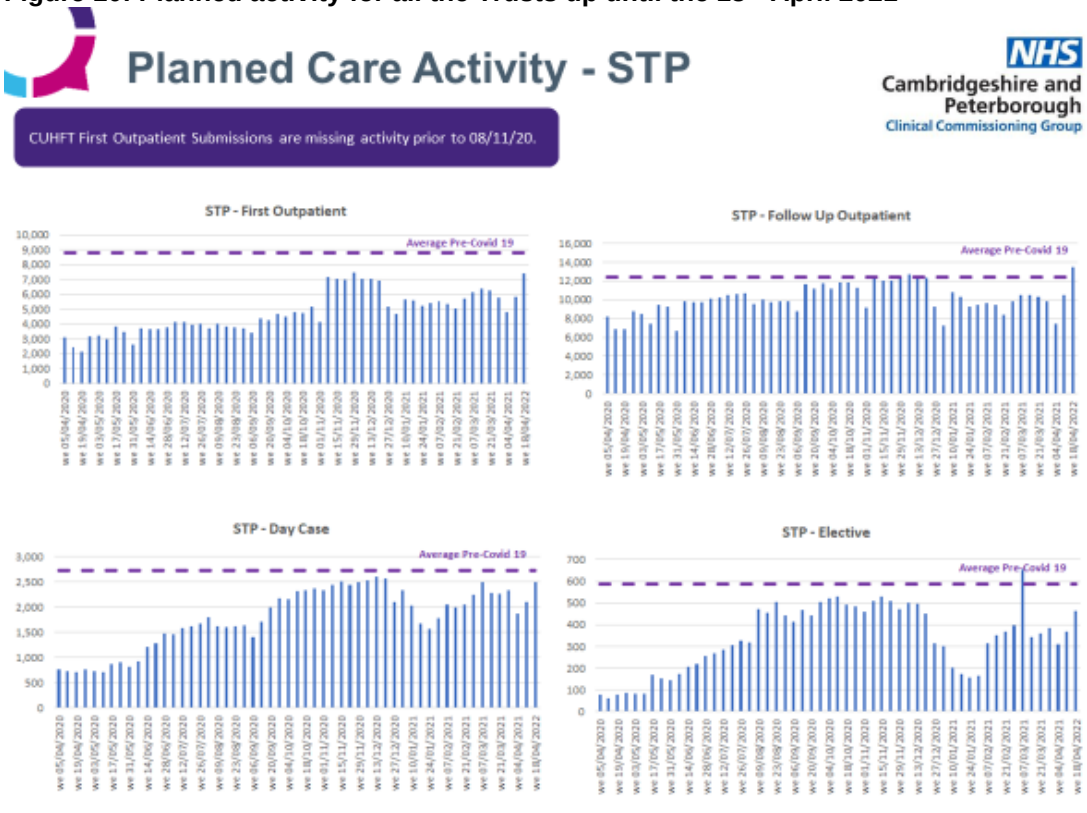


Figure 10: Planned activity for all the Trusts up until the 18th April 2021



It is clear from these examples how health services have been impacted upon by the pandemic and especially during the periods when there have increased rates of COVID-19

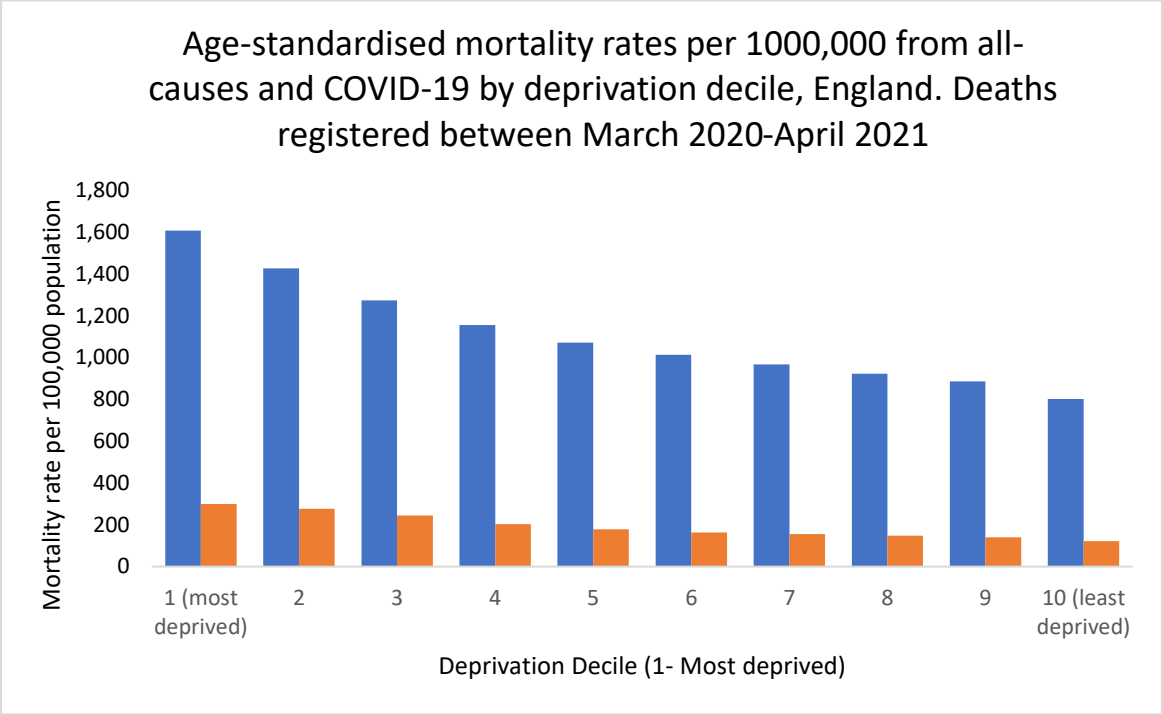
COVID-19 impact upon Health Outcomes

2.8 Work was undertaken by Business Intelligence in the summer of 2020 to identify the impacts of health upon health and wellbeing outcomes. Then in October 2020 the Public Health and Prevention sub- group of the Local Resilience Forum (LRF) Recovery Group identified produced a strategic overview of the public health implications for Cambridgeshire across all sectors.

However, the full impact of coronavirus on health outcomes is not yet fully understood and evidence continues to emerge. National and local analysis to date indicates that health outcomes have been negatively affected but there is only limited local data for some indicators due to interruption of data collection during the pandemic. However current intelligence has highlighted the need to focus on prevention, assessing the population health impact of the pandemic and key public health priorities going forward. Reviews of commissioned services in February and March 2021 have provided further insight into how coronavirus has and is continuing to impact upon health outcomes.

2.9 The coronavirus pandemic shone a harsh light on health inequalities and showed that deprivation is a major risk factor for getting severe illness and dying from the complications of the viral infection. The black and minority ethnic (BAME) populations also are at greater risk and while this is complicated by the co-existence of relative poverty, poor housing and occupational/environmental exposure there remains concerns about the impact of structural determinants.
Currently we do not have local rates of COVID-19 by deprivation but the figure below which describes the impact nationally on more deprived areas of COVID-19. As well as higher rates of deaths for all causes there is higher rate for COVID-19 amongst more deprived communities.

Figure 11 : Deaths (Mortality) rates by deprivation.



2.10 Local reviews of vaccination, immunisation and screening programmes found that childhood rates had not decreased, and equity remained unchanged. Although, as the pandemic has continued, childhood immunisations and vaccinations have been adversely affected. In other age groups, there were examples of serious reductions in uptake in all population age groups, but also by deprivation and ethnicity. Currently we do not have confirmed local rates for the pandemic period but reports from services indicate lower uptake during the pandemic and an intensive catch up programme has commenced.

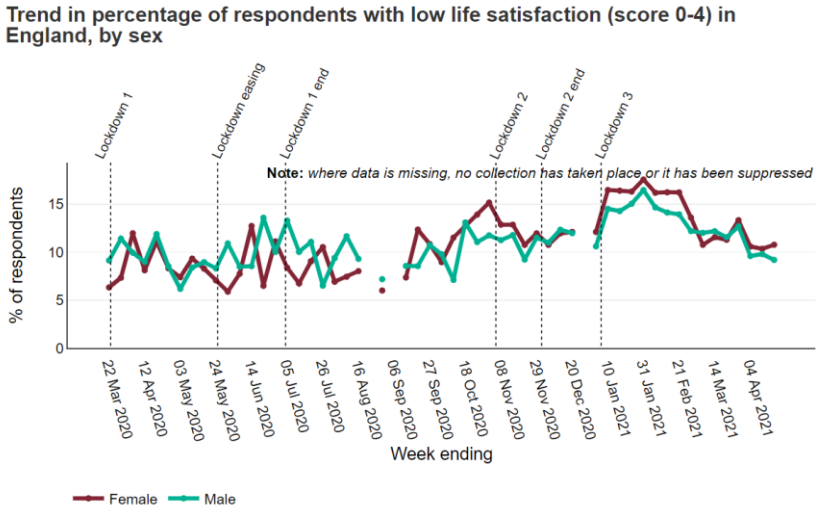
2.11 Coronavirus has also impacted upon screening programmes, as some programmes ceased during the lockdown period. As with vaccinations and immunisations, there were pre-existing inequalities, but the impact of the drop in screening is likely to emerge with delayed diagnoses in cancers such as bowel, breast and cervical cancer with some emerging new intelligence which highlights some cultural/ethnic disparities.

2.12 The health-related behaviours, physical activity, diet, and obesity, smoking and drugs/alcohol have changed unavoidably during the coronavirus period. As with other determinants, there are pre-existing inequalities. The pandemic has had an adverse impact on many of these risk factors with early trends in increasing physical activity in lockdown reducing over time potentially linked to the reduction in organised sport and recreational activity. This may be linked to more sedentary behaviours at home and snacking/drinking more alcohol than before. The National Childhood Measurement Programme, which is a good indicator of adult weight, was affected by school closures in March 2020. The published report found that obesity prevalence had increased in both reception and Year 6, with children living in more deprived areas being twice as likely to be obese than those living in less deprived areas. Survey information also suggests that alcohol intake has increased in those individuals who already drank at high levels but not amongst those who

consume little or no alcohol. There are some unexpected benefits with smoking rates and some drug behaviours showing some signs of improvement. Health related behaviours are captured through annual surveys; however, their coverage was limited during COVID-19 and data relating to these behaviours is not available or not robust. However, there is ongoing work nationally and locally to secure a better understanding of change and to model the likely impacts upon health outcomes.

2.13 The pandemic has had a serious impact on mental health, with the call to stay at home and social distance affecting mental wellbeing, such as increased loneliness and anxiety/depression. The chart below is taken from the Public Health England (PHE) Wider Impacts of COVID-19 on Health (WICH), which looks at the indirect impacts upon health through population surveys. The impact of lockdown is clearly seen, and low life satisfaction percentages are lower than at the start of the first lockdown in March 2020.

Figure 12: Percentage of respondents with low life satisfaction

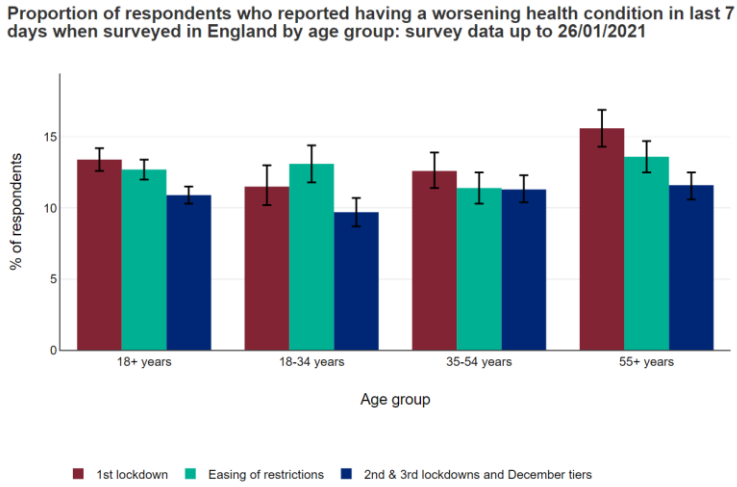


Source: PHE Wider Impacts of COVID-19-19 on Health (WICH) 2021

2.14 Associated with mental health are environmental considerations which have emerged as the risk in urban areas without easy access to green spaces and playgrounds. This is particularly difficult for families living in crowded and low-quality housing with poor internet accessibility, no garden and difficult access to play space/green spaces along with being challenging if requested to self-isolate.

2.15 The immense pressure on the NHS, its impacts are described above, during the pandemic has affected access to care for many with new or ongoing health conditions. The situation has improved nationally and locally, with wide ranging efforts to address the situation but there are residual challenges. The chart below is again from the PHE Wider Impacts of COVID-19 on Health (WICH), which looks at the indirect impacts and indicates how access to care has affected people's health.

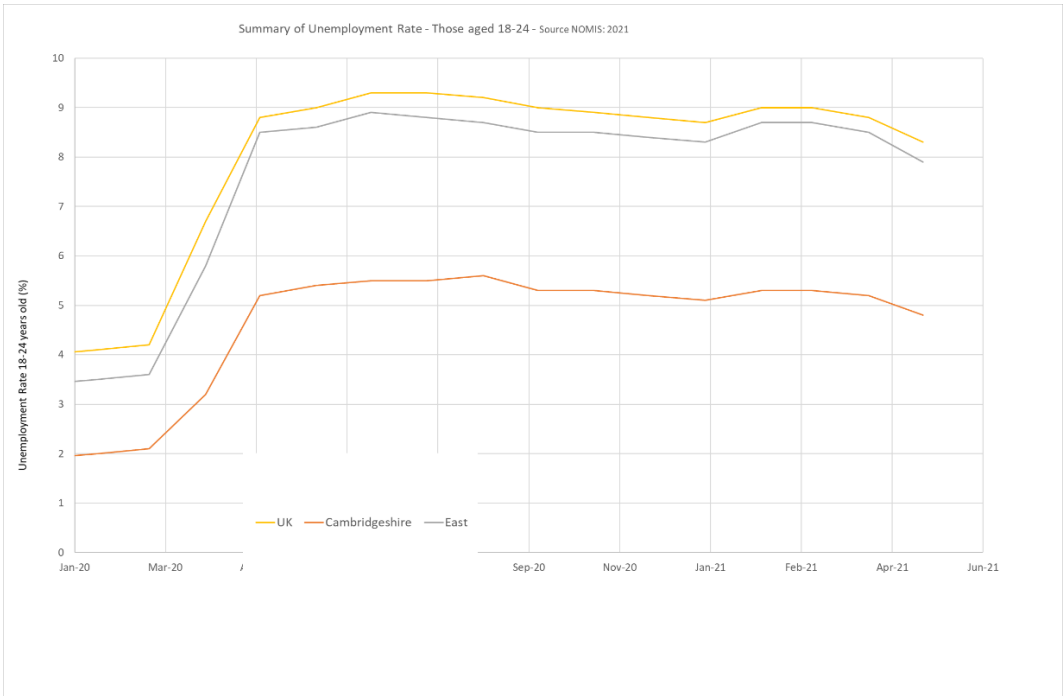
Figure13: Self-reported worsening health conditions



PHE Wider Impacts of COVID-19-19 on Health (WICH) 2021

2.16 The economic impact of the pandemic will be experienced for some time and most acutely amongst younger Prior to lockdown, youth unemployment had already been rising with over 700,000 people aged 16-24 not in education, employment or training nationally.

Figure 14: Unemployment rate Ages 18-24 January 2020 – June 2021



2.17 There have been positive impacts however especially with regard to the effects on communities and community cohesions with communities and the voluntary sector making

a very positive contribution to tackling the pandemic. This effort was along with the increased collaboration across all sectors.

At the start of the pandemic, Cambridgeshire County Council established a combined response with our District and City Council colleagues to support local community needs. The hub network provided neighbourhood-based leadership and coordination in the fight against Covid, to ensure communities were protected from harm, vulnerable residents were getting the help they needed, and our services were able to operate despite immense demand.

The role and function of the hubs has needed to evolve and adapt to the changing challenges of the pandemic - however, at their core has been the immense partnership effort that has ensured we have been able to reach more people more often with practical help and support. Notably, and beyond statutory partners, a huge array of voluntary sector partners has actively delivered support throughout, including help with food, essential supplies, befriending, practical household help, managing and distributing PPE supplies, marshalling at testing sites, and more recently supporting vaccination clinics. Parish and town councils have coordinated their own local activities, knowing best of all who might need support and how best to deliver it. Faith groups too have supported us with practical help as well as helping promote vaccine confidence. Behind all of these partners there have been thousands of volunteers - people already associated with agencies, people who signed up to be part of our local arrangements or the national NHS Responder scheme, and people who just came forward to offer their support because they wanted to help.

The focus of this effort on vulnerable adults or those at greatest risk of harm caused by the pandemic has helped ensure our NHS has been able to manage the demand it has faced and that our social care services can be sustained. This Committee would like to place on record its immense thanks to each and every one of them, as well as our wider network of partners, for this incredible effort. Committee is aware of the work now being driven forward through the Communities, Social Mobility, and Inclusion Committee to build further on this work as we begin to plan for and deliver our recovery programmes.

2.18 We are very much aware of the need to fully understand the impact of COVID-19 locally, national data provides a signal, but a more granular understanding is required. Consequently, a joint piece of work is being undertaken by CCC Public Health Intelligence and Business Intelligence along with the CCG Intelligence team to undertake "COVID-19: Review of emerging evidence of Needs and Impacts on Cambridgeshire & Peterborough". This will gather evidence of impacts of COVID 19 and emerging needs in Cambridgeshire and produce a living suite of evidence. It will include

- Direct health impacts of Covid-19
- Indirect health impacts of Covid-19
- Mental health impacts
- Prevention pathway impacts
- Social and educational impacts

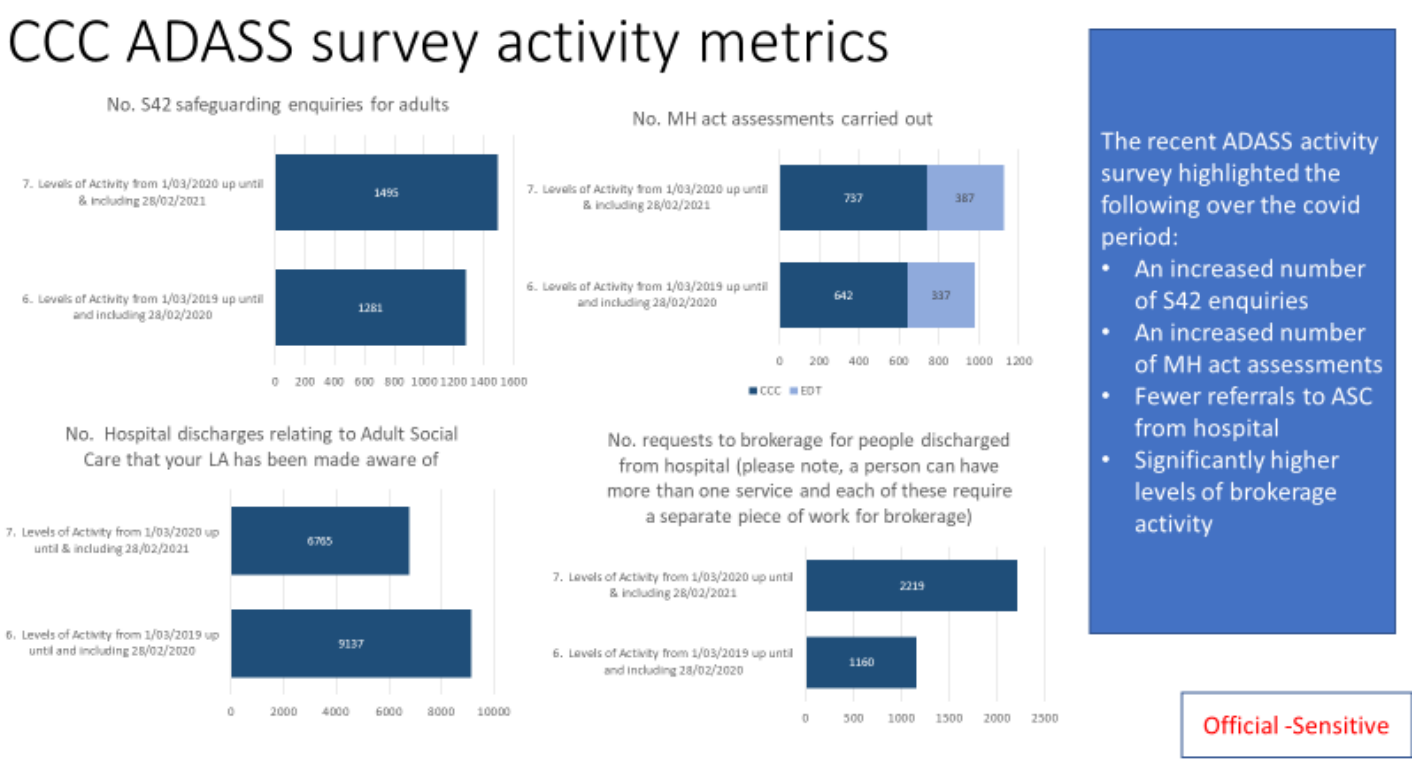
- Economic impacts
- Environmental impacts
- Crime and Criminal Justice System impacts
- Impacts upon key vulnerable groups
- Incorporates views as to whether past impacts have been on need and/or demand

3.0 In Summer 2020, as part of Business Planning, Cambridgeshire County Council modelled the potential impacts on services from Coronavirus, which included the following assumptions:

- Population decrease – high rates of deaths due to Coronavirus.
- People deconditioning – either because of illness or lockdown restricting the services they access, health and wellbeing worsens and social care needs rise as a result.
- Provider support – providers have increased costs because of infection control and staffing impacts.
- Fewer people in care homes – people don't want to go to care homes and need other forms of care, increasing the number of community clients.
- Carer breakdown – stress on carers because of lockdown and pandemic restrictions, increasing the risk of carer strain.

3.1 In practice we are seeing varying patterns of impact on service provision, which are hard to forecast and careful monitoring will be needed going forward. Current data across Adult Social Care services in Cambridgeshire highlights the following issues:

- Higher numbers of safeguarding enquiries
- Increased number of mental health act assessments
- Increased number of referrals from community settings for care and Reablement, with less referrals from hospitals
- Increase in the number of people contacting Adult Early Help
- Referrals we are receiving are often more complex, where needs are greater and require longer or more complex packages of care.
- Decreases in bed-based care, which is probably due to a combination of death rates, NHS paying for care through the 'discharge to assess' programme and people choosing to stay away from social care due to Coronavirus concerns.
- Increased demand for respite for carers, especially those caring for people with Learning Disabilities, and increased hospital admissions within this client group.
- Increased workforce and financial pressures on private adult social care providers, leading to increased costs of care.



3.2 The demands and impacts of Coronavirus have affected Public Health activity in Cambridgeshire across all its functions and services.

- Worsening of health inequalities, with the rate of infection considerably higher in more deprived areas and BAME communities.
- Public Health Intelligence has focused upon Coronavirus surveillance as it has played a key role in the management of the pandemic. This has been at the expense of identifying health needs and trends in health and wellbeing in the population and a pause in the production of Joint Health Needs Assessments for example.
- Public Health commissioned services have a strong focus on primary and secondary prevention. Demand for these services has decreased, although different models of service delivery have evolved that have retained service users and attracted others.
- The pandemic has influenced health related behaviours, access to health and wellbeing services along with socio-economic factors that all have an impact on health, which will play out over time.
- Public Health strategy is essentially focused upon prevention and health inequalities. The Health and Well Being Strategy, alongside the Integrated Care System (ICS), is a key strategy for addressing these issues but both have been delayed by the pandemic.

3.3 Learning from the first and second waves of Coronavirus showed us that rates were unprecedented, unpredictable and exceeded the 'reasonable worst-case scenarios' modelled. National modelling undertaken in April 2021 (Imperial, Warwick, LSHTM) which looked at the impact of the steps of the Government 'Roadmap out of Lockdown' concluded the following:

- Step 2 is unlikely to put unsustainable pressure on NHS through increase hospital admissions or deaths
- Step 3/4 – all models showed that it is highly likely that there will be a further resurgence in cases, hospitalisations and deaths after the later stages of the roadmap, given the easing of restrictions prior to comprehensive vaccination roll out
- The scale, shape and timing of any resurgence remain highly uncertain
- Peak could occur in summer or late summer/autumn
- Seasonality could flatten resurgence but unlikely to prevent it
- Most scenarios modelled showed a smaller peak than January 2021, though pessimistic vaccine efficacy or limited transmission reduction after Step 4 show hospitalisations at a similar scale to January 2021
- Maintaining baseline measures to reduce transmission after Step 4 is key

The assumptions in the modelling are that it does not account for waning immunity or vaccine escape variants, along with high vaccine coverage in <50s (90%), 50-80-year olds (95%) and a slower vaccine roll out.

3.4 The implications for Cambridgeshire are:

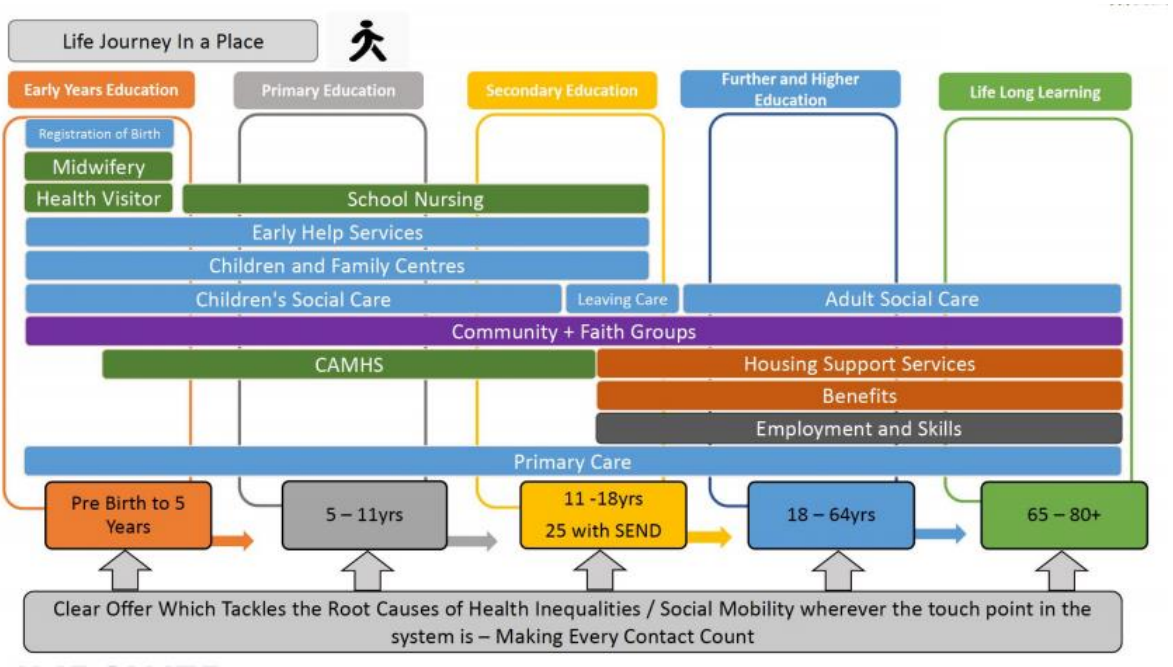
- Any plans need to consider the likely increase in cases and the potential increase in hospitalisations in the summer/autumn
- It is key to have good vaccine uptake in over 50-year olds to limit pressure in the winter

4.0 Strategy and Current Context

4.1 Whilst we have faced many challenges due to the pandemic, the Think Communities programme which is a programme we have developed jointly with partners to drive forward place based working, has thrived and developed in this time through the Community Hubs, prevention and early intervention model, giving us an even stronger platform to develop further from, recognising that:

- The system is complex and is sometimes impenetrable.
- We need to work together to make it simpler for residents and easier for communities to influence support and create opportunity relevant to their local needs
- Over the last 2 years the Cambridgeshire Local Partnership approach has been building momentum across local councils, the public sector, health, and the voluntary, community and faith sector
- Through the last few months, the experience of Coronavirus has shown us practically how we can work together more closely to put our residents at the centre of what we do

4.2 Think Communities is at the heart of our model and delivery going forward, building on the strengths in local communities to develop local place-based solutions to support local people throughout their life journey (see below diagram). It provides a platform for real change, putting people at the heart of everything we do.



4.3 The Life Journey approach sees local councils, public health, health, public services, the community and voluntary sector working together with people at the heart of the system. The focus being addressing the absolute root causes of inequality. The approach is to create the right conditions for people to take greater control and to make informed choices about their own future. To achieve this, our aspiration is that:

- Place teams exist – multi-disciplinary, multi-organisational, multi-age range
- Integrated approaches for the prevention of ill health that address the local determinants of health and lever resources to enable individuals and communities to take steps to prevent ill health and improve their health.
- Holistic assessments, triage and changing the conversation are applied across all services
- A whole-family, whole-person, whole-place approach is embedded
- Interdependencies across services are understood, and impacts of decisions are owned by the whole place team
- Barriers to improved social mobility are understood by all
- When intervention is needed, this leads to the right level of support being offered in the right setting at the right time
- Information is shared to ensure services are joined up meet the needs of local communities

- Community connectors and primary care based social prescribers are embedded into the place team to support community opportunities

4.4 Examples of this in practice, include:

- Place-based, multi-agency approach to early years support and opportunity through the Best Start in Life programme
- Transformational adult social care delivery, shifting the emphasis towards independence and strengths-based interventions, through the Adults Positive Challenge programme
- Finding new ways to commission a more person-centred, local domiciliary care service through place-based commissioning
- Using libraries as the shopfront for Technology Enabled Care

Persona 1: Family 1 – URBAN

Just About Managing (e.g. combination of benefits and low paid work)

Persona	Current Opportunities	Think Communities aspirations
2 parent family with three children aged 7/9/11		• Family units are identified, and needs understood – making the most of data. Holistic assessment is undertaken consent is gained for combined response
Living in social housing recently fallen in to rent arrears Family are experiencing ASB within their community, there is a regular fly-tip at the back of their home.	Working with housing officer to reduce arrears with a repayment agreement to avoid eviction Silo support for ASB / Fly-tipping issues via District council and Police	• Social landlord makes supportive contact at first missed rent payment episode. Housing/LA/CAB to support with debt management, income maximisation. As a result of assessment warm handover to DWP is arranged to investigate employment prospects. • Data sharing arrangements are robust but sensitive to the purpose, enabling offers of support to be effective and sustainable • Social landlord worker remains in contact with family as lead worker creating a 'two-way' conversation with the family and services, so family feel 'ownership' of their property and have the autonomy to work with the offers • improved local support mechanisms for ASB / fly-tipping
• Father employed on 0 hours contract • Father's hours have been significantly reduced over the past 12 months (normal hours 40 +overtime, now averaging 20 hours) • Mother currently not working • 11 year old has struggled at school with behaviour, has disengaged and is at risk of exploitation. • In receipt of UC • Delay in changes in benefit due to fluctuation in salary • During lockdown, children have been at home, which has led to increased fuel and food bills • Mother has a history of mental health illness	• DWP – additional support with benefits • DWP/Libraries - provide support with training and employability • DWP - Continue to supply documents to ensure they are receiving the payments • CAB – support with rent arrears and budgeting • DWP - Continue to supply documents to ensure they are receiving the payments • CCC and District– Winter Support Grant – fuel voucher and emergency food parcel • CAB – budgeting advice • GP involvement • Social Prescribing – health and wellbeing • Community support groups to receive peer support	• DWP offer a range of support to help Father negotiating better arrangements with his current employer, the opportunity to re-train, up skill and to seek alternative employment. • Mum attended the DWP session with Father at the local library, While she was there the DWP worker suggested that she have a look at the volunteering opportunities board, Mum struggles with anxiety, but because all the library staff are trained in Mental Health First aid the conversation was positive and mum started volunteering at the local community centre play group. • Due to the great relationships with the Local Authority and businesses, conditions of employment have generally remained more favourable than in the rest of the country. • As part of the new Local Place Team meeting the Social landlord worker discussed support for 11 year old son who is struggling in school, parents are also struggling with boundaries– the placed based Early Help Worker made an appointment to see Mum at the community centre café after her volunteering and gave information about local Youth Groups and Parenting Courses. Mum gave information about local issues in the area which was passed back to CSP, as a result of the intel and data the place team PES and Youth Offending workers met with the local resident's association and groups to put in to place a joint action plan to quickly address the fly tipping, ASB and reporting around local gang issues.
During lockdown, children have been at home, which has led to increased fuel and food bills In receipt of FSM and children normally attend breakfast club.	CCC and District– Winter Support Grant – fuel voucher and emergency food parcel CAB – budgeting advice Food vouchers provided (incl. half-term)	• DWP automatically share information with Education to ensure that the family are getting the right support via Free School Meals. The family visit the local gardening project on occasion as a family activity, in exchange for working on the allotments they get to take away a box of fresh veg. This really seems to have helped with Mums mental health and the children's health and wellbeing.
Family only own 1 laptop – this is really impacting on home schooling. They also regularly run out of data and end up overspending on 4G which is more expensive.	School – support with laptops and digital inclusion	• Cambridgeshire Digital Partnership is set up as the gateway for digital inclusion solutions school makes a referral and family can received an additional laptop as well as support to get them on to a cheap unlimited internet contract. The family picked up their laptop from the same library where mum and dad went for DWP appointment. They also were shown how to go on cambridgeshire insight and found that free wifi was going to be available in their area soon. The library said when this happens just to pop back in and they would show them how to sign up.

4.5 We have been developing Public Health services and aligned them to the Primary Care Networks, which has led to the development of collaborative prevention work. Public Health is working with the North and South Alliance and linked in with the development of the emerging priorities along with sitting on a number of Integrated Neighbourhood Boards.

4.6 In support of local place based delivery, the publication of the White Paper 'Integration and innovation: working together to improve health and social care for all' (11 Feb 2021) sets out the importance of place as being key for effective join up of care and support, via the implementation of Integrated Care Systems (ICS). The White Paper echoes our local approach, with a focus on integration, place and prevention. The development of the ICS for Cambridgeshire and Peterborough presents us with an immediate opportunity to work differently with our wider system health colleagues to develop integrated services focused on local communities.

Where are we going: We have developed a consistent operating model to provide high quality integrated services, delivered as closely to residents as possible

We recognise one of critical success factors to continue to provide safe, joined-up care and improve population outcomes is a consistent operating model. We have already established architecture at system, place, and neighbourhood, built on the principle of subsidiarity.

Integrated Care Systems

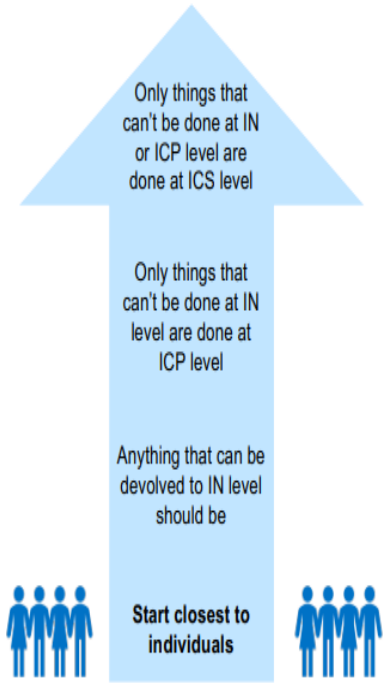
- The ICS will take a bird's eye view of challenges and health and social care needs across C&P. It will determine distribution of financial and other resources to meet those needs.
- The C&P CCG will transition to deliver an ICS strategic commissioning function, with devolution of relevant functions to the ICPs and other provider collaboratives. The ICS SC will commission some specialised services and agree outcomes for each ICP.

Integrated Care Partnerships

- ICPs are partnerships at the place-level, serving populations of approximately 500,000 people, that works to address wider determinants of health to improve health outcomes.
- Two Integrated Care partnerships will be developed in C&P, building on the work of the North and South Alliances. Additional provider collaboratives for CYP and MH will also be developed.

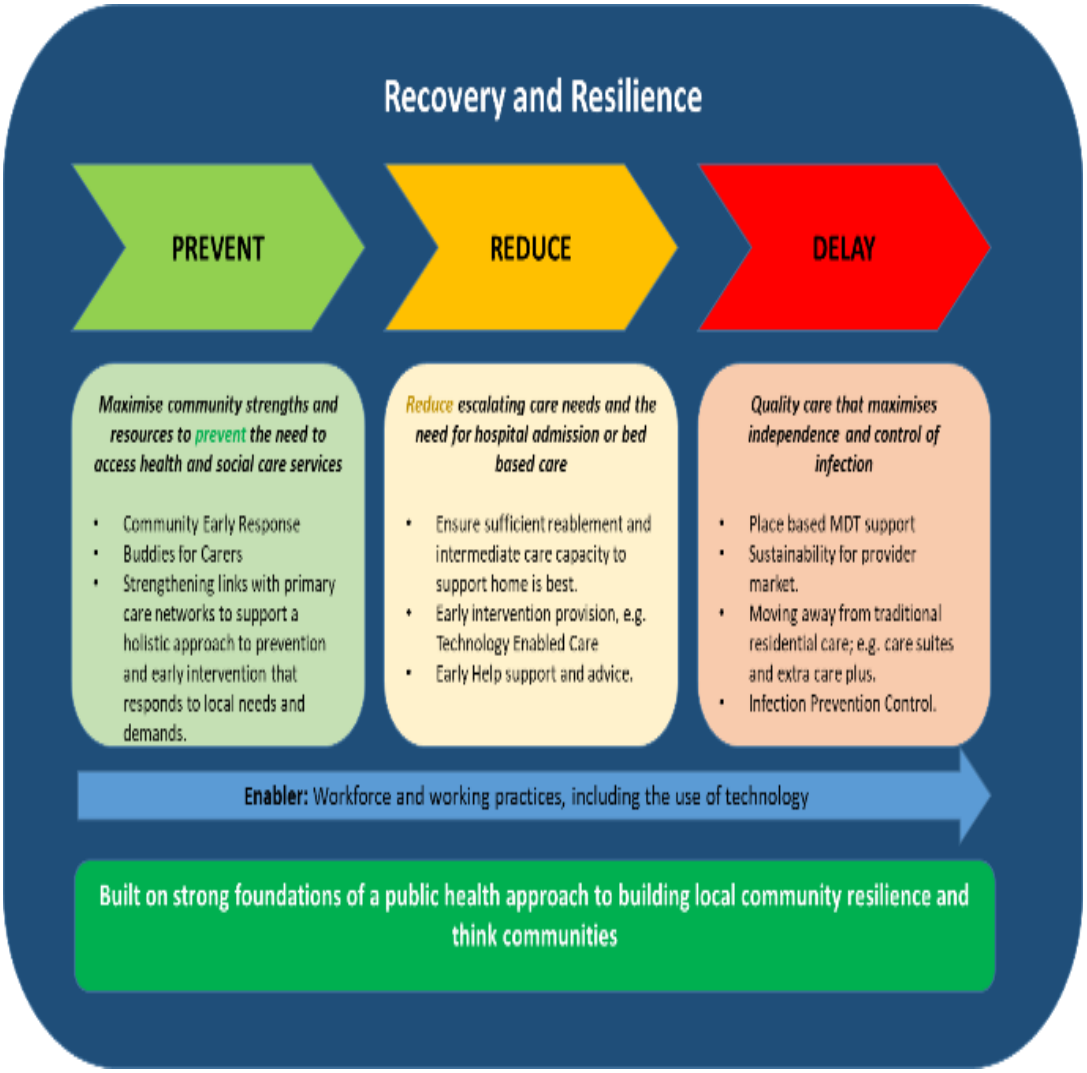
Integrated Neighbourhoods

- With GPs at the core, INs serve populations of 30,000 – 50,000. They will be enabled by new contracts, which support delivery of primary care at neighbourhood level.
- The 21 PCNs in C&P will mature to be INs, building partnerships to integrate all health and care services within their communities.



5.0 Adult Social Care Approach and response to Coronavirus

5.1 Our approach for adult social care is outlined as a 'prevent-reduce-delay model', as can be seen in the below diagram.



5.2 Whilst this approach is still relevant, Adult Social Care functions and the Adults Positive Challenge Programme (APCP) are increasingly linked into the Think Communities Programme of work, developing and sharing joint delivery plans in key areas. Prior to the pandemic, APCP was in the final year of a transformation programme, focusing on demand management through strengths-based practice. However, Coronavirus significantly impacted delivery of the programme, leading to the extension of the programme for a further year in 2021/22. APCP provides a useful platform regarding our approach going forward.

5.3 Moving forward, the below table provides an overview of the key areas of focus for APCP over the next 12 months, which are also reflected in the Council's business plan:

Workstream	Description
Changing the Conversation	Continue to focus on having the right conversations at the right time, widening the scope to partners and providers with a specific focus on Mental Health and Learning Disabilities. Team Manager audits and periodic impact logs will support tracking of these practice changes over time to understand the outcomes delivered. The focus of the work stream in 2021/22 will be on working with our partners, such as occupational therapists, place-based co-ordinators and social care providers, to widen the number of strengths-based conversations taking place.
Carers	During the pandemic we have been aware that carers were often under extreme pressure. The carers workstream was active throughout, building links with the community hubs and the Cambridgeshire Local programme to identify and support carers. This resulted in proactive support being offered to a significant number of carers over the course of the year, supported by redeployed staff. For 2021/22, a joint delivery plan has been developed with Cambridgeshire Local to co-ordinate the support for carers across adult social care, health, the voluntary sector and communities. The delivery plan has a range of shared actions under four outcomes: • Reduced levels of carer breakdown • Maximise the effectiveness of commissioned services to support carers • Carers feeling and being more linked to local support and opportunities • To enable the cared for person to remain in their family / community.
Technology Enabled Care (TEC)	Throughout the pandemic the TEC first approach has continued to be the default. The Council has also focused on building up the Lifeline provision through direct delivery of a Lifeline service. TEC 'huddles' continue as a means of keeping practitioners up to date with new TEC, which is constantly emerging. The pandemic emphasised more than ever, the need for digital resilience to go hand in hand with TEC. For 2021/22, a joint TEC and digital resilience plan has been developed with Cambridgeshire Local, incorporating a range of shared actions around the following four outcomes:

	• Focus on prevention and early intervention opportunities • Development of a consistent TEC model and build on best practice • Link with the existing digital resilience offer • Establishing a place-based pilot in Fenland in collaboration with the North Alliance
Independence and Wellbeing	This workstream was particularly challenged during the pandemic due to the reduction in referrals from hospitals and the need to reconfigure the Reablement service to be Coronavirus safe. However, this has been an opportunity to increase the number of referrals from the community into the service and this has enabled more people to be supported through this route throughout the past year. The focus for 2021/22 will be fully realising the benefits of the Total Mobile solution. This will include supporting more efficient use of resources and ensuring that the Reablement workers have access to latest information at the point of visit. Other areas for development are enhancing the Emergency Response Service (ERS), and working with Public Health, CPFT and primary care to develop the falls prevention offer.
Preparing for Adulthood	Young people and their carers have been significantly impacted by Coronavirus and the huddles and practices introduced into 0-25 Teams supporting children with disabilities. Targeted reviews have continued with a focus on supporting carers and considering TEC.
Day Opportunities	Day opportunities provision has been significantly impacted by Coronavirus and the social distancing requirements. However, we have seen some good examples of digital and outreach offers being put in place. There is a significant piece of work underway now to maximise the operational capacity of day services whilst adhering to Coronavirus related restrictions.

5.4 The following are the key areas of focus for Public Health and includes ongoing recovery of Public Health commissioned services, a strategic focus upon key Public Health challenges and ensuring that they are reflected in the ICS model and supporting the delivery of the Health and Well Being Strategy. However, ongoing uncertainty around the pandemic and its continuing emergency status means that public health will continue to play a leadership role and deliver key functions that are part of the Local Outbreak Management Plan.

Workstream	Description
Outbreak Management	Rates of infection have fallen locally and hospital admissions are very low. However, there are potential threats and this improved picture may change, with a possibility of another surge. Over the past year,

	Public Health has led the Local Outbreak Management Programme (LOMP) with specific responsibility for managing outbreaks, surveillance, contact training and testing. These will continue, but alongside these functions, Public Health is focusing upon its other roles of system leadership and advice, prevention and health improvement commissioning.
Enduring Transmission Pilot	This has arisen from Coronavirus and has focused attention upon lower paid workers, those on zero-hour contracts or no recourse to public funds. It followed a Cabinet Office visit brought about enduring transmission in Fenland. Lack of income and contractual/job security are known to be associated with a lack of compliance with testing and self-isolation. It is one of 11 funded programmes in the country and is intended to inform policy. It is a system wide programme that includes providing income security and working with employers to explore levers to increase contract security.
Assessment of Coronavirus impact and emerging needs/Joint Strategic Needs Assessment	A system approach is being used to gathering evidence of impacts of Coronavirus and the emerging needs in Cambridgeshire. Public Health Intelligence is working jointly with Business Intelligence colleagues in the Council and Clinical Commissioning Group (CCG) to identify the direct health impacts, indirect health impacts and wider impacts of Coronavirus in Cambridgeshire. This collaborative programme of intelligence work will generate a live suite of evidence over Summer- Autumn 2021 to inform strategic action to identify needs and emerging needs early and inform preventative approaches. Public Health Intelligence also leads on the Joint Strategic Needs Assessment (JSNA). It is a statutory requirement for the Health and Wellbeing Board to use the JSNA to inform the development of the Health and Wellbeing Strategy.
Population Health Management	The experience of the pandemic has underlined the importance of a population health management approach. Population health management improves population health by data driven planning and delivery of preventative and proactive care, enabling the reduction of health inequalities by targeting interventions. It includes a focus on the wider determinants of health and acknowledges that less than 20% of a person's health outcomes are attributed to access to good quality healthcare. It recognises the crucial role of communities and local people and assets. The programme seeks to use widely based data to design

	new models of proactive care and deliver improvements in health and wellbeing through better use of collective resources. For it to be effective it is key that this incorporates the wider determinants of health along with health and care services. In December 2020, Cambridgeshire and Peterborough were accepted for the Wave 3 population health management programme supported by NHSE/Improvement. Public Health Intelligence is a key part of this process, working with Business Intelligence and the CCG Intelligence Team, with an especial focus around prevention and wider determinants.
Strategic leadership for Health Inequalities and Prevention.	The pandemic has increased and heightened awareness of health inequalities and the need for prevention. Population Health Management will aid our understanding of these, which will help inform the strategic approaches for addressing them. This is alongside providing the evidence for the most effective interventions for improving outcomes. Public Health is focused upon playing a key role in influencing emerging recovery strategies across the system. Central to this will be the Health and Well Being Board and the ICS. We want to ensure that wherever possible new strategies and their delivery have considered the opportunities for improving public health and reducing health inequalities.
Obesity	The Integration and innovation: working together to improve health and social care for all White Paper released in February 2021 recognises obesity is currently the most important public health challenge. Integration and innovation: working together to improve health and social care for all (HTML version) - GOV.UK (www.gov.uk) Addressing obesity is clearly a system wide issue that calls for far reaching joined up local policy and interventions. Public Health has already been working on developing a framework for taking this work forward that reflects Health in all Policies approach and will require support from all parts of the system.
Public Health Commissioning	Public Health commissions a range of services from a wide range of providers including the NHS, General Practice, local authorities, voluntary and private sectors. Public Health aims to increase demand for its services, but this has been challenging during the pandemic. They have evolved in response to the pandemic, with new delivery models aiming to ensure that people engage with services. However, there are many people who have not accessed services during this period and this could potentially negatively compromise their health outcomes. A range of services are commissioned from primary care (both GPs and community pharmacists) which includes health checks, long

	acting reversible contraception and stop smoking services. Delivery of these services has been challenging during the pandemic as many practices were closed to everything except urgent treatment. Then primary care's involvement in the vaccination programme has also affected its ability to deliver services. Prior to the pandemic we were working with the Clinical Commissioning Group to develop a shared approach for developing primary care services based on a population health management approach with a focus upon developing services in areas of highest need. We have started to return to this developmental work, which aims to focus on those with the highest needs. At the start of the pandemic, we were finalising a collaborative Integrated Sexual and Reproductive Health Service commissioning pilot that involved Cambridgeshire County Council, Peterborough City Council, the CCG and NHS England. This was put on hold but has in recent months been taken forward. This provides an excellent opportunity for service users to access different related elements of care in one location. This first year is a development year and an opportunity to strengthen and grow these services for the benefit of the user. Adult and Young Persons Drug and Alcohol Treatment Services saw many new developments and have just been awarded over £1m of additional funding from PHE and the Ministry of Housing, Communities and Local Government (MHCLG) for improving services for drug and alcohol users, including prisoners on release from prison and wider harm reduction interventions. This additional grant finding provides an opportunity to develop for models of care that will inform future commissioning. There are a number of supported housing projects that are increasingly integrated with the drug and alcohol treatment service which Public Health commissions. These have operated well during the COVID-19-19 crisis with service users having their complex need needs addressed through an integrated approach. Public Health is currently working with ASC's recommissioning of Adult Housing Related Support Services with the intention of jointly commissioning these services, which will improve and expand support options for drug and alcohol users. The Lifestyle Services are commissioned from different providers and are delivered in many settings. They provide support for behaviour change but also identifying and nurturing opportunities for people to make changes. Services include health trainers, weight management, community based physical activity programmes, school and workplace programmes. The majority of these services were re-commissioned just as the pandemic commenced and had to adapt significantly to provide services. During this period, it has not been possible to deliver face-to-face services and alternatives mostly

	virtual delivery methods have been employed. The services are keen to take the learning from this period to develop and grow in the recovery phase. There have been some key learning points and positive aspects across all these services that will be incorporate into the development of services going forward. • The closer working relationships that have developed between the services and key partners. Most notable were the stronger pathways developed with a range of partners including housing authorities and health in supporting street homeless clients who were housed in “COVID-19” hotels. There is a very much ‘can do’ attitude with a range of professionals coming together working collaboratively to support individuals in need. • The different style of working with clinical interventions delivered in different ways have brought benefits such as the ability to have more contact time through virtual communication. For example, contraception is sent to patients in the mail and increasingly there are more virtual consultations or weight management support. • The importance of listening to service users to identify how best to serve and support their individual needs during the pandemic has been key in shaping the response to the challenges that services and their used have and are encountering • Some services but especially the lifestyle services were developed to reflect a place-based approach and a focus upon community engagement and ownership. They have developed joint working with some of the Primary Care Networks with the aim of ensuring that services develop an integrated approach to prevention and health improvement.
Childrens’ Services	The Public Health team are working alongside colleagues in Education to support schools and Early Years settings with the ongoing management of Coronavirus cases and outbreaks. The time away from schools and settings will have had an impact on a number of children, which may take time to fully understand. Areas of concern include: Mental Health needs of children and young people with the system seeing increased referrals for support. Early development, particularly around social skills and speech and language development. Catching up with missed vaccinations and screening programmes, including vision screening for reception children. The Healthy Child Programme (HCP) is commissioned by Public Health and is the main universal health service for improving the health and wellbeing of children, through health and development reviews, health promotion and parenting support. Services within this programme include Health Visiting, School Nursing, Support for

	young parents (via the Family Nurse Partnership programme and a local enhanced young parents' pathway), and Vision Screening. Over the last year, the programme has seen increased demand for its services and has developed innovative new models of work to support local families. Moving forward key priorities will include: • Early identification of children's development needs and supporting families with any impacts from the pandemic • Building on the development of digital services for families to enhance the in-person support delivered. • Development of digital health questionnaires at key transition points to enable early identification of needs and support families to access information and advice in a timely way. • Improving the integration of HCP with wider system partners as a core service within the Best Start in Life programme, to achieve better outcomes for children and reduce inequalities.

6.0 *Provider Resilience & Sustainability*

6.1 The impact of Coronavirus on social care providers has been significant, both due to the additional demand on services, the impact on the health of the people being supported and cared for and the impact of the government guidance on the workforce. Working with social care providers to ensure sufficient, resilient capacity of good quality in the short, medium and long term is fundamental. Alongside this we have a key opportunity to reshape provision, including moving away from the traditional offering of residential home provision and care delivered at home to deliver more flexible, local, person centred solutions based around peoples' homes, that promote independence.

6.2 Examples of how we are adapting our commissioning approach and developing new models of delivery are outlined below:

- **Multi-disciplinary team (MDT) delivery based around place:** support to providers is coordinated through MDTs wrapped around care homes. These are responsible for ensuring that the right level of wraparound care and support is in place for residents, including primary care, community health, therapy and social care.
- **Care Home Support Team** In April this year the Council has established a ' Care Home Support Team' of Social Workers for a 2 year period who work alongside managers and staff in care homes and with the CCG Quality Team to drive up practice and quality.
- **Place based outcomes focused commissioning:** A shift away from the Home Care model and develop a place - based approach, which comprises:

- A community based, case management approach
- Carers who live and work in their own community
- Part of and integrated into local health and care teams and resources
- Investment in carers, reduces travel time, reduces attrition and improves career prospects and outcomes

Given the scale of transformation, the first phase will be the development of a single early adopter site – 'Happy at Home'. This is proposed to be launched in East Cambridgeshire and build upon and ensure continuation of Neighbourhood Cares investment in the area and target a mixture of rural and urban areas. Following successful evaluation, it is proposed to apply the learning from the early adopter site to successive districts across the county.

The focus of the Happy at Home launch will be improving the range of care and support available in the local community to enable more adults to remain living happily at home. The target group will be adults on the edge of care or in receipt of Council funded home care due to the specific challenges the Council faces in managing demand. Although the benefits will be applicable to all in the community including those who pay for their own care and support.

- **Build more care and support around peoples' homes:** A move away from the traditional residential model to develop a tenant-based model, which aims to:

    - Create tenancy-based living and care within communities
    - Wrap 'lifetime' health and care around individual needs in their own home
    - Improve living environment with an emphasis on maintaining independence and quality of life

    The model will also offer greater choice, control and care flexibility. The model is different to traditional care homes in that it is a tenancy model based around self-contained accommodation, offering larger rooms with their own front door and access to 24 hours care and support through on-site domiciliary and nursing care provision. Operating rather like a supported living model, service users hold a tenancy and can remain in their own accommodation as their needs increase, until the end of their life, negating the need to move on to other services as needs become more complex.

    Currently there are two pilot sites being developed, which includes Huntingdon and East Cambridgeshire. Timelines for these developments are for construction to start in 2022. This is work is also exploring delivery of provision at the Princess of Wales, in conjunction with the NHS.

- **Technology Enabled Care:** Increasing investment and opportunities to embed TEC, building on the breaking down of cultural barriers as a result of Coronavirus, including:

    - An online training offer that will be used for targeted training with external partners
    - Opportunities for TEC in Care Homes
    - Offer for people who fund their own care
    - Countywide Lifeline project

- **Provider Sustainability and Quality:** The approach to the longer-term sustainability of provision is fundamental. We will increase longer-term financial commitments with providers through a shift to significantly increasing the number of block purchased beds to spot purchased beds ratio.

  We will continue to provide ongoing support to providers to manage infection prevention and control (IPC), minimising potential outbreaks within care homes and the impact of transmission on the workforce and community. This will include ongoing information and support via contract management, to ensure business continuity planning is effective and resilient. This is alongside ensuring that national provider funding is passported efficiently and we work with providers to implement our uplift strategies to support sustainability whilst managing costs of care effectively.

7.0 Challenges

7.1 There are a number of potential challenges ahead, including:

- The long-term impacts of Coronavirus are not yet fully understood and demand is therefore difficult to predict. It is anticipated that demand will continue to fluctuate over the next 6-12 months as the impact of lock downs and reduced access to the NHS is experienced as well as and possible future waves
- National Coronavirus funding has been reactive and one off in nature, this makes it difficult to plan, as there is a level of uncertainty regarding funding arrangements.
- Private provider challenges due to the ongoing costs of Coronavirus impact on capacity and the costs of care and infection control.

7.2 Public Health - Challenging Opportunities

The Coronavirus legacy has left many challenges but has also presented many opportunities. It has provided learning and focus on many areas of public health and provided a sense of direction for the future, including:

- Population health management and the collaborative approach between Public Health Intelligence, Business Intelligence and the CCG Intelligence team will enable the analysis to interrogate needs and the barriers across the systems. It also provides the opportunity to strengthen and build data sharing agreements and the opportunities that

this affords.

- The clear evidence that Coronavirus has had a greater impact upon more upon deprived and BAME communities. This reflects to some degree pre-existing structural factors and pandemic has brought into focus these long-standing inequalities. This presents an opportunity in the context of the Health and Well Being Strategy and the ICS to have the necessary system wide approach to addressing the underlying structural factors that contribute to health inequalities along with embedding primary prevention into these efforts.

- The increased collaboration through the Coronavirus response across the system and the forging of stronger relationships at all levels will help drive the integration across the system and build on the public health initiatives already commenced. It facilitates a health in all policies approach that will bring a focus to the opportunities for improvements in public health at strategic and delivery levels.

- Engaging communities in their health and what they can do as individuals and as communities to improve their health is a fundamental part of the Cambridgeshire Local approach. It not just about behaviour change but it also supports them to promote their own needs and what they require to address them. The solutions are often local and require the “joined up place based” action embedded.

- The development and the associated learning brought to public health services will aid their ongoing development. This includes the innovative approaches and closer partnership working that have provided complementary opportunities.

- Coronavirus has prompted the re-organisation of Public Health services. PHE will be closed at the end of September and the national UK Health Security Agency and Office of Health Promotion will be created. How these will work with Local Authority Public Health is not currently clear, but it is envisioned that it provides opportunities to strengthen the Public Health agenda locally

- The White Paper ‘Integration and innovation: working together to improve health and social care for all’ states that with regard to public health NHS England will be directed to take on specific public health functions; help tackle obesity by introducing further restrictions on the advertising of high fat, salt and sugar foods; as well as a new power for ministers to alter certain food labelling requirements. The responsibility for the fluoridation of water in England will move from local authorities to central government. The stated ambition is that these public health measures will complement and augment the efforts of ICSs to make real inroads in improving population health in their areas, helping to tackle inequalities and ‘level-up’ across communities.

8. Alignment with corporate priorities

8.1 Communities at the heart of everything we do

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

- The impact of COVID-19 has and will have significant implications upon communities in all aspects of their lives but especially upon their physical and mental health. However, COVID has also brought many communities together and there is evidence that communities have played an important part in tackling the pandemic

8.2 A good quality of life for everyone

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

- The impact of COVID has significantly affected the quality of life for residents

8.3 Helping our children learn, develop and live life to the full

8.4 Cambridgeshire: a well-connected, safe, clean, green environment

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

The reduced traffic volume during pandemic decreased levels of pollution

8.5 Protecting and caring for those who need us

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

Organisations and communities worked and are continuing to work throughout the pandemic to provide support to those most in need.

9. Significant Implications

9.1 Resource Implications
The following bullet points set out details of significant implications identified by officers:

There will be significant economic impact upon Cambridgeshire that is currently being calculated.

9.2 Procurement/Contractual/Council Contract Procedure Rules Implications

- Any implications for procurement/contractual/Council contract procedure rules will be considered with the appropriate officers from these Departments and where necessary presented to the Adult and Health Committee before proceeding.

9.3 Statutory, Legal and Risk Implications

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

- Any implications for procurement/contractual/Council contract procedure rules will be considered with the appropriate officers from these Departments and where necessary presented to the Adult and Health Committee before proceeding.

9.4 Equality and Diversity Implications

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

- Any equality and diversity implications will be identified before any service developments are implemented

9.5 Engagement and Communications Implications

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

- Any equality and diversity implications will be identified before any service developments are implemented

9.6 Localism and Local Member Involvement
The following bullet point set out details of significant implications identified by officers:

- Services will require the ongoing support of local communities and members to address the health and wellbeing impacts of the pandemic.

9.7 Public Health Implications

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

The pandemic has had short- and long-term impacts on the health of the population and increased health inequalities

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

9.8.1 Implication 1: Energy efficient, low carbon buildings.
Status: Neutral
Explanation: Not influenced by the pandemic

10.8.2 Implication 2: Low carbon transport.
Status: Neutral

Explanation: Not influenced by the pandemic

10.8.3 Implication 3: Green spaces, peatland, afforestation, habitats and land management.
Status: Positive
Explanation: More use of green spaces for recreational purposes

10.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
Status: Neutral
Explanation: Not affected by the pandemic

10.8.5 Implication 5: Water use, availability and management:
Status: Neutral
Explanation: not influenced by the pandemic

10.8.6 Implication 6: Air Pollution.
Status: Positive
Explanation: Less traffic though lockdowns

10.8.7 Implication 7: Resilience of our services and infrastructure and supporting vulnerable people to cope with climate change.
Status: Neutral
Explanation: The pandemic has contributed supporting people in all aspects of their lives

Have the resource implications been cleared by Finance? Yes or No
Name of Financial Officer:

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement? Yes or No
Name of Officer:

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law? Yes or No
Name of Legal Officer:

Have the equality and diversity implications been cleared by your Service Contact?
Yes or No
Name of Officer:

Have any engagement and communication implications been cleared by Communications?
Yes or No
Name of Officer:

Have any localism and Local Member involvement issues been cleared by your Service Contact? Yes or No
Name of Officer:

Have any Public Health implications been cleared by Public Health?
Yes or No
Name of Officer:

Source documents guidance

5.1 Source documents

Sources

Deaths in Cambridgeshire | Coronavirus in the UK (data.gov.uk)

Deaths registered weekly in England and Wales, provisional, ONS https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/weeklyprovisionalfiguresondeathsregisteredinenglandandwales, analysis by PHE.

https://coronavirus.data.gov.uk/

NHS Digital, https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/

PHE Wider Impacts of COVID-19-19 on Health (WICH) 2021 Wider Impacts of COVID-19 (phe.gov.uk)

Realising the potential of the Integration of Health and Social Care

To:	Adults and Health Committee
Meeting Date:	24 June 2021
From:	Director of Adult Social Care Deputy Director of Public Health
Electoral division(s):	All
Key decision:	No
Outcome:	Opportunities for further integration of service delivery to provide our residents with more joined up services local to where they live. Increased opportunities for prevention and early intervention and a more seamless approach to meeting the needs of people supported by health and social care.
Recommendation:	It is recommended that the Adults and Health Committee; a) note and support the further integration of services b) note the national and local context and the opportunities presented by the establishment of an Integrated Care System (ICS) c) support the proposed focus on developing a neighbourhood-based approach and to explore the opportunities in more detail going forward as a Committee and with ICS partners

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Member contacts:
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1. Background

1.1 The purpose of this paper is to provide an overview of opportunities to further integrate service delivery to provide more joined up services to residents close to where they live. To consider how the development of an Integrated Care System will support these opportunities and drive our desire to focus on prevention and early intervention.

2. The national and local policy context

2.1 National Policy - The Integrated Care System (ICS)

2.1.1 The reforms set out in the White Paper 'Integration and Innovation' published in February 2021 and the creation of an Integrated Care System, offer an opportunity to transform health and social care at local and national level. In addition to significant changes to the way the NHS is organised, it signals support for integrated approaches through the creation of a system in which the County Council is a key partner. This includes a duty of cooperation, a move away from the internal market in the NHS and an expectation that the NHS will support social and economic development.

2.1.2 Central to the policy ambition is to achieve the triple aim to:

- Achieve equitable health and wellbeing improvements for the population
- Deliver better quality outcomes from integrated health and social care services
- Demonstrate resource management that is sustainable.
- Create more seamless coordinated services from a service user perspective
- Increase transparency and accountability

2.1.3 This provides an opportunity for increased transparency and local accountability about the way in which health and social care is funded and delivered locally. The development of Integrated Care Systems and Partnerships is being driven nationally and all health and care systems are working on this agenda but are at different stages of development. The ICS provides an opportunity to ensure that the local populations can engage at neighbourhood and small area levels while at the same time look for system reforms that can work at the following levels:

- Neighbourhood (Primary Care Network – GP's)
- Place (North and South Alliance – representing footprint of our two main hospital trusts (North West Anglia Foundation Trust and Cambridgeshire University Hospital)
- System (Cambridgeshire and Peterborough geography)

2.1.4 Health and Wellbeing Boards can play a key role in ICS strategy and governance and there is a growing role for overview and scrutiny committees. The detailed proposals are still being developed about how the health and social care transformation will be led and resourced and the relationship between the ICS and Health and Well Being Boards.

2.1.5 There will be two Boards locally – an NHS Board, which manages NHS resources and a Health and Care Partnership Board, which will oversee joint and integrated working. The NHS Board will oversee allocations of funding to Primary Care (GP's) and Provider Organisation; they will have a duty to collaborate with local partners, including local

authorities. They will also have a duty to promote the triple aim of better health, better care and lower cost.

2.2 Local policy context

2.2.1 Locally the proposals for an Integrated Care System for Cambridgeshire and Peterborough have been approved and work is now underway to define the priorities and next steps over the coming year.

2.2.2 The proposed Cambridgeshire & Peterborough ICS covers a population of nearly one million people with great diversity and many spatial and structural inequalities that have been recognised over time. The ICS provides an opportunity to be a vehicle for achieving greater integration of health and care services; improving population health and reducing inequalities; supporting productivity and sustainability of services; and helping the NHS to support social and economic development.

2.2.3 The ICS in Cambridgeshire and Peterborough will include two Integrated Care Partnerships (ICPs) in the North and South building on the existing North and South Alliances, North covering Peterborough, Fenland and parts of Huntingdonshire and South covering Cambridge City, South Cambs and East Cambs. The North and South Alliance have been in place for over 2 years and the County Council has always been part of the work of the Alliances. A key challenge for the ICS will be to address the underlying inequalities at neighbourhood level as well as structural ones at a spatial system level.

2.2.4 Integrated Neighbourhoods have been established in a number of specific areas. The Primary Care Network (population of 30-50K) is led by a Clinical Director taking a lead in developing local practice. These are still in their early stages and provide a test bed for innovation and integration and are adapting to and reflect local needs and demand. The Alliances and Integrated Neighbourhoods will increasingly be looked to for direction setting and leadership as part of the ICS, as the responsibilities of the current Clinical Commissioning Group are devolved to a local level.

2.2.5 There is also work underway to develop a number of ‘Provider Collaboratives’ and one of these will be focussed on Mental Health and Learning Disabilities. This will provide an opportunity to take the existing integrated model that we have in place for Learning Disability Services further.

2.2.6 Locally we are working with the Chair and Accountable Officer of the ICS to consider how we can streamline strategy and governance; including how the Health and Wellbeing Board and Health and Care Partnership may jointly work together towards the common aim of reducing health inequalities and how we can support people to experience more years of good health during their lives.

3. The current integrated arrangements involving Cambridgeshire County Council

3.1 The needs of our population and its communities

3.1.1 In Cambridgeshire we work continuously to understand the health and social care needs of our population. This is encapsulated by the aims to improve population health **and** reduce health inequalities. These aims are supported by robust evidence found in joint strategic needs assessments (JSNA). The JSNAs provide a holistic analysis into the complex needs of the population and local communities that reflect the social and economic determinants of health along with health and social care services they receive. The JSNAs are complimented by further analysis set out in the Public Health Outcomes Framework (PHOF) produced by Public Health England (PHE). This framework is dividing into outcomes influenced principally by

- Wider determinants of health and wellbeing
- Health improvement outcomes
- Health protection outcomes
- Health care public health and preventing premature mortality

3.1.2 The JSNAs and PHOF have been in existence for some time and influenced local decision makers on the Health and Wellbeing Boards to identify strategic priorities.

3.2 Current integrated services: Adult Social Care

3.2.1 Cambridgeshire County Council has a number of integrated services in place with NHS partners. Between 2003 and 2013 CCC did, like many other Councils, adopt a radical approach to integration and transferred all its Older People's Service staff and budgets to the NHS. Around 2012/13 a decision was made to transfer staff and budgets back to CCC due to concerns about loss of professional direction and financial control. This was a very significant decision to make at the time and there is certainly some learning from the experience.

3.2.2 One key learning point was that in the establishment of pooled budgets and transferring staff, the focus was on governance rather than practice, integrated pathways and delivery. The focus on structural change and TUPE transfer of staff was not enough to deliver change in the way that local people experienced services. The creation of pooled budgets to meet care costs was problematic as the level of financial scrutiny was reduced and significant projected overspends developed. Staff who were transferred reported loss of awareness and understanding of best practice in social care and loss of professional direction, whilst seeing the benefits of working alongside NHS colleagues. Significant work followed the transfer back of the staff to address these issues whilst maintaining strong multi-disciplinary arrangements at an operational level supported by continued co location. Co location has over the years been established locally and through national research as a key success factor in developing integrated practice and more important that structural integration.

3.2.3 A number of integrated arrangements were retained as beneficial and working in the interests of the people we support and the delivery of CCC's goals and responsibilities. These include

- Section 75 agreement between CCC and the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) for the delivery of **social work mental health support**. This is a legal agreement in which CCC delegates responsibility for the management and provision of Mental Health Social Work to CPFT. The main benefit of this arrangement

is that Social Workers form part of the multi-disciplinary team and work alongside clinicians and joint plans developed which consider someone's social care and health needs.

- Section 75 agreement between CCC and CPFT for **Occupational Therapy (OT) Services**. As for mental health CCC has delegated responsibility for the delivery of Occupational Therapy support which would normally be provides by the Council to CPFT. This means that there is a single OT service and the person being supported receives integrated support.
- **Learning Disability Partnership** which is an integrated delivery model with health and social care staff working in one team, co located with a single management structure managed by CCC. There is a Section 75 between Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and CCC which also includes a pooled budget and a Management Agreement between CPFT and CCC as CCC is managing CPFT employees. The evidence is that this model and the 'wrap around' support that is provided ensured the Learning Disability client group was well supported through the pandemic and the number of people admitted to hospital has been kept down due to the LDPs crisis response.
- **Integrated Community Equipment Service** (ICES) is a jointly commissioned service by CCC and the CCG and ensures a single approach to ensuring that community equipment needs are met in the community or when leaving hospital.
- **Assistive Technology/ Tech Enabled Care Service** is jointly funded by the CCG and CCC and has been a source of excellent practice and innovation and is essential to maintaining independence in the home.

3.2.4 In addition to the formal arrangements and delegated models, there are a number of teams and services delivering an integrated pathway or approach alongside NHS staff, without the need for any formal governance arrangement. Examples include

- Discharge to Assess pathway 1. This pathway includes CCC Reablement and CPFT Intermediate Care staff working in a complementary way. A recent review confirmed that the services have discreet skill sets and work well together to promote and maintain independence and prevent hospital admission or enable it to happen in a timely way.
- Transfer of Care Team- the Council has staff based in our 3 acute hospitals working with clinicians to plan discharge.
- Care Home Support Team and Brokerage Team worked closely throughout the pandemic with the CCGs Quality Team and Public Health as if a single team, supporting independent sector providers with quality, staffing or infection control issues and this approach has s continued.
- Multi-Disciplinary Teams (MDTs) with primary care- named Social Workers had been identified to work with Primary Care Network MDTs and advise and support decision-making, sharing information and planning together how to prevent need escalating.
- Neighbourhood Cares pilots moving into Integrated Neighbourhood working as part of the Integrated Care System (ICS). Neighbourhood Cares pilots were run for 2 years in Soham and St Ives and were a very valuable test bed for integrated working. A separate evaluation report is available and the Integrated Neighbourhoods are building on the best practice developed and are progressing it in the ICS context.

3.2.5 The Think Communities programme has also built on the Neighbourhood Cares principles and throughout the pandemic acted as a unifying force through the establishment of

Community Hubs to also strengthen local support networks across whole communities, rather than just those eligible for Adult Social Care.

3.3 **Current integrated services: Public Health**

3.3.1 Public Health services reflect the need to include consideration of the wider determinants of health and have developed close working relationships with partner organisations that include shared objectives and outcomes along with joint funding arrangement and varying degrees of integration

- In 2013 when Public Health moved to the local authority the funding and commissioning of sexual and reproductive health services was divided between local authorities, clinical commissioning groups and NHS England. This fragmented services with patients having to use different services for related needs. We have undertaken a collaborative commissioning pilot and this year we have a new service model that brings together services commissioned by Cambridgeshire County Council, Peterborough City Council, Clinical Commissioning Group (CCG) and NHS England into an integrated service through a Section 75.
- Public Health commissions a comprehensive lifestyle service that includes weight management services. Central to its role is the integration the prevention and management of obesity through collaborative working across primary care, the NHS, district local authorities and the lifestyle services. There is strong partnering with the CCG and Primary Care Networks and the lifestyle services delivery is are closely aligned their geographies. When Public Health moved to the local authority the funding for the intensive Tier 3 weight management services was transferred from the CCG to Public Health to continue the integrated model of service and the CCG has recently increased its funding allocation to the recently re-commissioned service.
- The CCG also provides funding to the drug and alcohol treatment services commissioned by Public Health for liaison posts that are based in hospital but facilitate integration of the care for drug and alcohol workers with the drug and alcohol treatment services, NHS mental health services and other support services.
- There are examples of joint funding not just with health, but also the Office of the Police and Crime Commissioner for healthy schools' services and Independent Sexual Violence Advisors. Although not health funding but they do embody the principle of an integrated approach is best to address often very complex needs.
- With regard to mental health Public Health has secured NHS funding and is leading the system wide Suicide Prevention Strategy and its delivery. A new mental health post has also been secured to identify mental health data from across the system, which will inform the development of new system wide mental health strategy. A loneliness network has been established with the district authorities, which is collating information to develop a loneliness strategy.
- There are also some good examples of internal integrated commissioning. Public Health commissions supported living accommodation for drug and alcohol treatment service users. We have worked with supported living services to develop an informal integrated approach to service delivery. This enables the complex needs of drug and alcohol users who are often homeless and require input from different services for these needs to be met. The current re-commission of supported living services includes the services commissioned by Public Health and will ensure that the needs of this vulnerable group are more holistically addressed.

3.4 **Commissioning and Governance**

The Commissioning Directorate has formal commissioning arrangements in place with the NHS which provide formal oversight of these services. In addition, the CCG and CCC have a Joint Commissioning Board, which is currently chaired by the Chair of Healthwatch and provides the governance for the Better Care Fund and oversight of other areas of integrated commissioning.

4. Local recent and current innovation - Think Communities and Neighbourhood Cares

4.1 In Adult Social Care a decision was made to see what could be achieved through integrated practice at the most local level, following the principles of the Buurtzorg approach to delivering community health services in Holland. Buurtzorg involves small teams of nursing staff providing a range of personal, social and clinical care to people in their own homes in a particular neighbourhood. There is an emphasis on one or two staff working with each individual and their informal carers to access all the resources available in their social networks and neighbourhood to support them to become more independent.

4.2 The Council committed resources over two years to test and learn from the Buurtzorg approach in two Neighbourhood Cares pilot (NCP) areas, Soham and St Ives, each with a population of 10,000. Despite our financial challenges Cambridgeshire invested £900k in NCP to deliver better outcomes and gather the evidence about impact to inform practice and integrated arrangements going forward.

4.3 The teams were given maximum autonomy, a virtual devolved budget and a mandate to develop new solutions focussed on early intervention and strengths-based practice. Their brief was to work with local partners and the local community in a way that would improve outcomes and manage demand on the budget. Cambridgeshire County Council was an early adopter in applying this approach to managing demand and improving outcomes in social care.

4.4 We wanted to:

- Learn from Buurtzorg and test a new approach to adult social care that would also be a catalyst for change in the wider system
- Improve social care workers' job satisfaction by making them part of 'the place', understanding its assets and empowering them to do the right thing at the right time
- Achieve the same or better outcomes in the most cost-effective way
- Develop and increase community assets where there were gaps, particularly in-home care

4.5 Neighbourhood Cares was independently evaluated by York Consulting, who said that

- NCPs achieved high quality outcomes, including some outstanding holistic support and care for people and their families.

  "She (client) had been very negative about things, but now she is much more cheerful and positive about life. If they (NCP) hadn't been involved I'm sure her

mental state would have deteriorated further. They didn't give up – even when she said no." Relative of an NCP client

"Knowing the team are so willing to help and try to make things easier has given me huge comfort. I love the way that they don't sit back and wait for things to happen." Family carer of an NCP client

- The key to achieving better outcomes was recognising that people are experts about themselves and having the time and space to have conversations about what is important to them and how it might best be provided
- Being embedded in the community and immediately accessible was critical
- Changing the conversation from 'needs' and 'eligibility' to 'strengths' and 'wellbeing' built trust and confidence between workers, people, communities and partners
- Job satisfaction and skills development in workers was high and all staff have moved to influential posts across the health and social care system
- As the pilots developed, we recognised 75% of the tasks could be carried out by staff other than social workers given the appropriate training and support
- The evaluation looked at four areas to assess the impact on managing demand and cost effectiveness, with evidence that this was achieved - preventing unplanned admissions to hospital, delaying the need for residential care, and mitigating the cost of loneliness and isolation
- The qualitative evidence indicated significant financial benefits to primary, community and acute healthcare care as well as significantly improved social care outcomes and enablement of self-funders to sustain their financial independence, thereby delaying the need for financial support from the Council

The full report can be found in the 'additional documents' section of the published reports.

5. Next steps and opportunities ahead

5.1 The establishment of the ICS provides the County Council with an opportunity to progress its commitment to integrated working at a neighbourhood level in partnership with the NHS. There are a number of real time challenges that need to be addressed across the health and social care system as we move beyond the worst of the pandemic. These include the need to reduce the number of avoidable hospital admissions and the need to ensure timely discharge takes place with the assessment process taking place in the community. There is also a need to continue to prevent people with Learning Disabilities being admitted to hospital in a crisis and requiring specialist placements outside the County rather than stay in their own home and community with 'wrap around' support from health and social care.

The following quote from Social Care Futures is useful in reminding ourselves what matters to the people we support

'***We all want to live in the place we call home with the people and things that we love, in communities where we look out for one another, doing the things that matter to us'***

5.2 **Taking forward the Neighbourhood Cares approach as part of the Integrated Neighbourhoods work by the ICS**

5.2.1 Cambridgeshire and Peterborough ICS are committed to developing an 'Integrated Neighbourhoods' model based on Primary Care Network footprints. The vision for Integrated Neighbourhoods is to bring together primary, secondary, community, and social care, housing, voluntary sector and other services to provide proactive and integrated care and improve quality, outcomes and value for money for local citizens. The Long-Term Plan includes an integrated delivery framework endorsing the principles learnt through the NCP and the approach advocated by Think Communities.

5.2.2 A new operating model could build on our 'Think Communities' and 'Neighbourhood Cares' programmes and will align to the Integrated Neighbourhoods approach being advocated by the ICS, to change the relationship between public services and local citizens. This would require a full commitment across the ICS and with partners such as District Councils and the Voluntary and Community Sector to deploy all available resources to a neighbourhood level. This would include the creation of a virtual or real place-based budget at neighbourhood level and drive whole system change in the way the public sector does its business responding to local needs and opportunities. This would result in:

- Intervening early to prevent needs increasing and escalating and improve outcomes at an individual and community level
- Strength-based conversations at citizen and community level becoming the norm
- Single cross-partnership conversations becoming business-as usual, based on clear profiles of local need and a shared understanding of the opportunities, risks and challenges
- Listening to individuals and communities to understand what matters to them
- Working with communities in ways that make sense to them, accepting that communities usually know best and that one size doesn't fit all
- Focusing on connecting people with their community to maximise independence and promote wellbeing

5.2.3 Discussions are currently underway about how we could as an ICS develop the role of Integrated Neighbourhood Teams to prevent people being admitted to hospital and enable people to be discharged from hospital in a timely way.

5.3 **Provider Collaboratives**

5.3.1 This is a term that is being used in the NHS to describe the disaggregation of the CCG commissioning functions and work is underway to develop proposals for a Provider Collaborative for Children and Young People, Mental Health and Learning Disabilities. Discussions have started with CPFT and the CCG about how we can use this as an opportunity to build on and strengthen existing integrated arrangements for Learning Disability and Mental Health.

5.3.2 The integrated model proved critical to managing the challenges arising throughout the pandemic and resulted in integrated case management in a crisis situation to avoid admission. The LDP provides a robust basis from which an integrated provider collaborative could be further developed.

5.4 Integrated Health and Care Record

A recent joint procurement process led by the STP – now ICS- has successfully identified a provider who will work with all ICS partners to enable the sharing of information across health and social care. This is in its early stages but will create a step change in the way that professionals from different sectors work together in the interests of the individual. In will take time to implement fully but a number of teams and service areas have been identified to start the work. This should mean that people only need to tell their story once and information will be shared in a proportionate way.

5.5 Improving health and reducing health inequalities

5.5.1 Generally, the Cambridgeshire population has relatively good health outcomes. However, there are underlying health inequalities that are often masked by the apparent affluence and good health outcomes. These health inequalities reflect the wider determinants of health and along with access to services are played out in the differing health outcomes found across geographies, communities and vulnerable groups.

5.5.2 The Coronavirus pandemic has shone a light on the widely reported pre-existing inequalities in our population and highlighted the need for recovery planning that will 'build back better and fairer'.

5.5.3 There is an opportunity to build integration not just across health and social care but to build integration across the wider system to enable the wider factors that have a critical impact upon health outcomes and health inequalities to be addressed and to shift the focus to primary prevention.

5.5.4 The pandemic has also seen the national public health reorganisation, which abolished Public Health England (PHE) to create a new UK Health Security Agency (UKHSA) and a separate Health Promotion Agency (HPA) linked with the Department of Health and Social Care (DHSC). This is a challenge for public health organisational arrangement at national, regional and local levels but it also provides an opportunity to strengthen the three domains of public health practice – health improvement, health protection and quality in health and social care. All these functions depend on an excellent Population Information Management System as we have seen in the surveillance system reporting, during the pandemic.

5.5.5 Population Health Management is an essential part of the contemporary reform agenda. The approach aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population. It includes a focus on the wider determinants of health and acknowledges that less than 20% of a person's health outcomes are attributed to access to good quality health care. It recognises the crucial role of communities and local people and assets. The programme seeks to use widely based data to design new models of proactive care and deliver improvements in health and wellbeing through better use of collective resources.

5.5.6 At a local level the so-called three Ps of - Population Health Management, Primary Care Networks (PCN) and Personalised Care - offer local people services tailored to their needs and delivered as close to home as possible. These 'best solutions' should address health and social care needs as well as the wider determinants that contribute to ill health and inequalities.

5.5.7 Delivering our vision will involve:

- Adopting a Population Health Management approach that will turn public sector information into wellbeing intelligence that will enable proactive primary prevention and early intervention
- Scaling up the prevention and wellbeing activities we know keep people away from specialist health and care services and connected to their communities
- Listening to communities and aligning the prevention and wellbeing offer in a way that works for them
- Working through Primary Care Networks to promote early intervention and prevention with people who are about to step on the path towards care services - the elderly, the isolated, those with long term conditions who are likely to need care and support with daily living at some point
- Having time to build relationships with people who may be in need but currently are not engaging until there is a crisis
- Identifying carers, recognising their contribution and supporting them well
- Transforming the care at home market and mitigating the growing risk of provider failure. We want to deliver a new placed-based, person centred, wellbeing-focused model for long term care

5.6 **Public Health**

Embedding a public health perspective into the ICS which includes ensuring that the following are part of the navigation of the complex policy questions that it poses.

- Define the populations concerned (local, organisational and at ICS level)
- Use Population Health Management intelligence and focus upon health inequalities.
- Apply a life course approach – early years to older people and end of life
- Think of health improvement programmes – addressing health behaviours such as smoking, alcohol, eating and physical activity
- Think of health protection such as water, air, climate change, infectious diseases and wider determinants such as income, housing and work
- Ensure joint working with health and social care, voluntary, community and social enterprise (VCSE) organisations to use best evidence of prevention and use of effective treatments
- Consider settings such as homes, schools and workplaces
- Use information and data to inform policy making and priority setting
- Support the role of a DPH to provide public health advice at a senior policy and executive levels
- Ensure emergency preparedness for Chemical, Biological, Radiological and Nuclear (CBRN) and infectious pandemics

6. Issues for debate and discussion by the Committee

The purpose of this paper is to provide an overview or recent and current developments and opportunities in relation to integration of health and social care and to stimulate debate about the way forward from a County Council perspective. The following are suggested areas for discussion by the Committee

i) Views about the aspirations of the Integrated Care system and the progress so far- how to maximise benefit from County Council involvement and outcomes for local residents
ii) How to maximise local democratic input to the ICS
iii) Support for the County Council's involvement in the 'provider collaborative' approach and the opportunity to build on the Learning Disability Partnership
iv) Support for neighbourhood and place based multi-disciplinary approaches building on the Neighbourhood Cares pilots
v) How to make these developments meaningful for the people we support, their carers and all local residents
vi) Further areas members suggest should be explored for further integration in the next phase

7. Alignment with corporate priorities

7.1 Communities at the heart of everything we do

The report above sets out the implications for this priority in Section 5.

7.2 A good quality of life for everyone
See wording under 7.1 above.

7.3 Helping our children learn, develop and live life to the full
See wording under 7.1 above.

7.4 Cambridgeshire: a well-connected, safe, clean, green environment
See wording under 7.1 above.

7.5 Protecting and caring for those who need us
See wording under 7.1 above.

Renewing Homecare Support for Hospital Discharge

To:	Adults and Health Committee
Meeting Date:	27 May 2021
From:	Will Patten, Service Director, People & Communities
Electoral division(s):	All
Key decision:	Yes
Forward Plan ref:	2021/034
Outcome:	People will be supported to return home and regain independence in a timely manner upon discharge from hospital as a result of immediately available homecare capacity. Sufficient homecare capacity to support hospital discharge is maintained through block provision whilst commissioners develop additional capacity in the local homecare market through working with communities and the voluntary community sector to co-produce more localised provision.
Recommendation:	It is recommended that the Adults and Health Committee: (a) approve the recommissioning of the block homecare provision to support hospital discharge on a 2+1+1+1 year basis at a value of £10,120,280 over 5 years. (b) delegate approval of award and extension periods to the Executive Director of People and Communities.

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Tel: 01223 706398

1. Background

1.1. ‘Homecare’ is considered any support service that a person might need in their own home. This may include shopping, cleaning, meal preparation, support taking medication and meeting their personal care needs. Provision of good quality homecare not only enables the Council to meet its statutory duties under the Care Act 2014, but it is also key to the prevention agenda in that it enables people to remain living independently within their own home for longer.

1.2. The availability of homecare services able to respond quickly and in a person-centred way is really important when supporting people to return home to recover on discharge from hospital. This support is currently delivered through two block homecare contracts which allow the Council to meet the needs of service users quickly and effectively. The contracts buy ‘blocks’ of time to deliver care, so we don’t have to spot purchase when we need care urgently, as the capacity is guaranteed and always available for people and family carers who require support.

1.3. The block purchasing of homecare allows the brokerage team to source care in the following circumstances:

- To enable an individual to return home from hospital as soon as is they are medically ready.
- To help people maintain their independence and avoid the need for admission to hospital.
- To provide care for people who are in hard to reach areas or to fulfil hard to place packages of care.

1.4. One of the Council’s block homecare contracts is coming to an end on 26th November 2021 and requires retendering following a previous 12 month extension. The current contract delivers 253 hours of single-handed care provision per week, across the county, with a budget of £2,024,056. Working alongside another block contract, the service has supported 964 people on discharge from hospital over the last 18 months accounting for approximately 64% of demand.

1.5. The service enables people to return home on discharge from hospital without delay by providing a short-term service which assists recovery in the community. The homecare provider supplying the block provision is highly responsive and outcome focused, enabling the people they support in the short term to effectively recover in the community. Care is tailored to each person’s specific needs so as they recover and become more independent, the level of care received may be reduced where appropriate. The provider supports each person to transition into a longer term or ‘mainstream’ homecare arrangement having undertaken this approach.

1.6. This service is jointly funded by the Council and the NHS through the Integrated Better Care Fund (IBCF). The IBCF sits within the wider Better Care Fund which is a single, pooled budget to support health and social care services to work more closely together. The IBCF was introduced as additional funding in 2017/18 to be spent on adult social care to support meeting adult social care needs, reduce pressure on the NHS and/or to stabilise the care market.

1.7. It is important this provision is maintained, to ensure the Council is able to meet its statutory responsibility to support the assessed needs of service users on discharge from hospital into the community with minimum delay.

2. Main Issues

2.1. Relevant research, analysis, engagement and feedback from stakeholders has been gathered to inform a new delivery model to improve support for hospital discharge in the county. The findings are summarised below as well as a breakdown of number of homecare rounds by cost and location in Fig.1.

Fig.1. Currently commissioned number of homecare rounds, hours per week and their value:

Number of Homecare Rounds	**Hours per week**	**Value per annum**
18	13 hours	£90,155
1	6 hours	£36,626.40
1	13 hours	£82,479

2.2. Block homecare provision is not currently distributed equally throughout the County, with more in some areas than others. The County is split into three areas, with relatively equal numbers of referrals: City and South Cambridgeshire, Huntingdonshire and East Cambridgeshire and Fenland. For both block contracts, there are currently 43 homecare rounds; 40 single carer homecare rounds (including a night round and a short six hour day round) and three double up carer homecare rounds. Each homecare round is 13 hours per day, seven days a week, totalling 91 hours per week (7am-10pm daily, with a two hour unpaid break after lunch).

2.3. Referrals: Over the last 18 months, 1506 people have been referred to and supported by the block provision across the two block contracts. Approximately 64% of those referred onto the block provision have come from the hospital discharge pathway. Of all hospital discharges requiring domiciliary care, 65% were referred to the combined block provision.

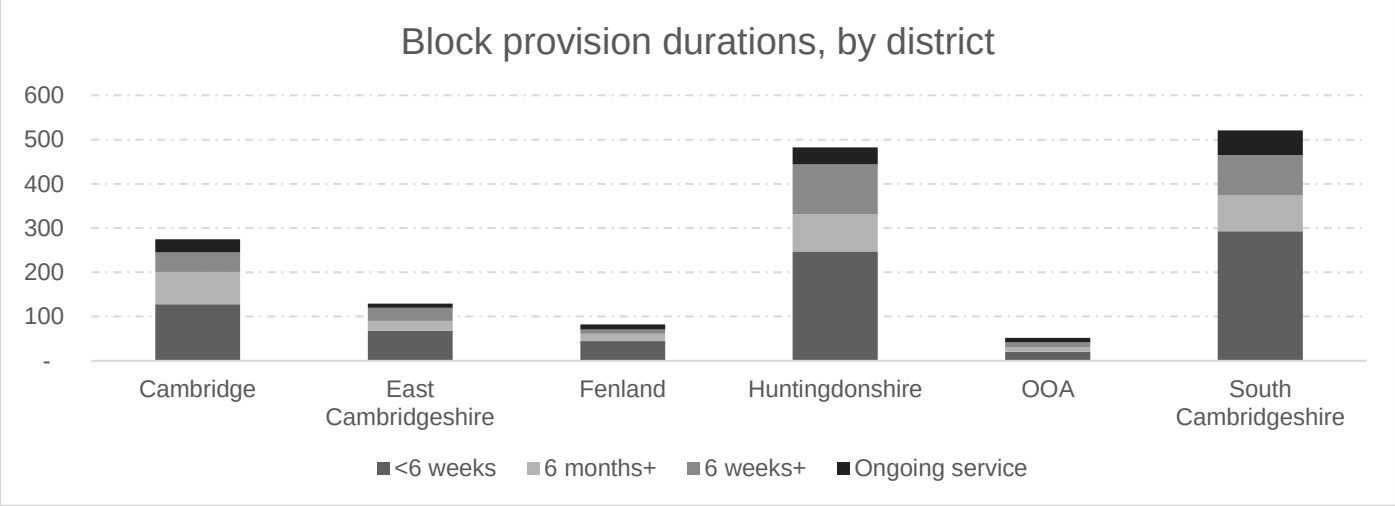
2.4. Capacity and cost effectiveness**:** In order to provide the flexibility needed to support hospital discharge, flow through this service into mainstream homecare support is critical. The provision must also have enough capacity to allow for travel around the county, and to

manage new packages of care required. This limits the utilisation levels which can be achieved at any one time (utilisation indicating the percentage of time used delivering calls, versus traveling or empty).

2.5. Availability: Local feedback and an assessment of need suggests a shortage of capacity to provide care to people who require two carers to meet their needs within the block provision due to the complexity of their care and support requirement. The existing contract largely only allows for single handed calls. A shortage in this area is leading to people who require two carers but are otherwise medically fit to return home, being placed into short term nursing bed provision. This approach does not achieve good outcomes for the individual.

2.6. Duration: The provision is commissioned as a short-term solution to support recovery of people when they return home from hospital. The provider will then support each person to transition into mainstream care within 6 weeks of accessing the service. However, this is not always the case. Across the County, only 50% of those placed onto the block provision transitioned into mainstream services within 6 weeks (see Fig.2. below). This issue must be addressed going forward to enable the service to continue to meet the need of people on discharge from hospital.

Fig.2. The durations of placement on the block provision by area and total client numbers.



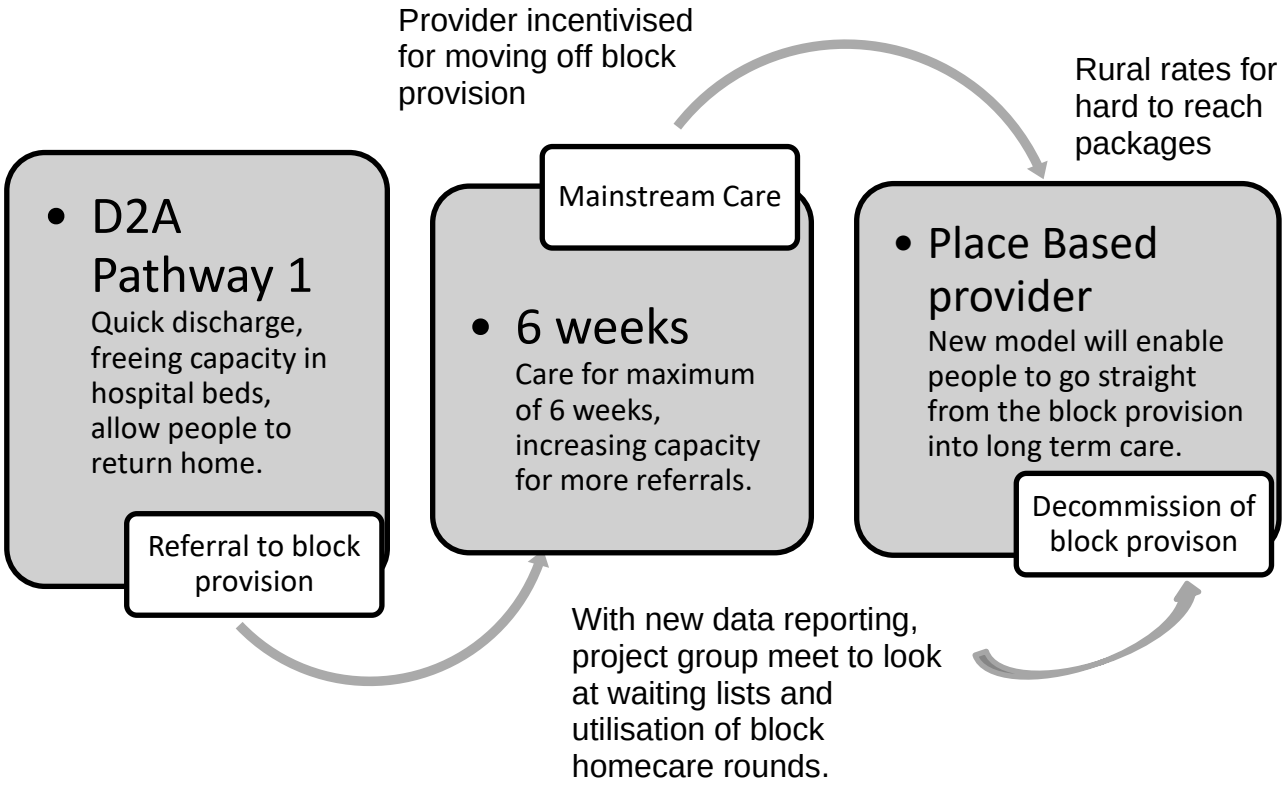
2.7. In summary, the combined block provision has provided a flexible, short term solution to meeting the needs of people on discharge from hospital in a responsive and flexible way. This is particularly the case where care is harder to source for people with more complex needs or due to rurality. Whilst not a long term solution in its current form, the provision has proven essential to managing discharge from hospital in a timely manner. They are needed to maintain capacity whilst commissioners work with stakeholders and partners to develop additional capacity.

Proposal

2.8. The future vision for homecare commissioning in Cambridgeshire is to create sufficient, affordable and accessible quality care provision available within local communities. Achieving great outcomes for individuals to enable them to be as independent as possible is at the heart of this approach. A review is underway to address this, including moving towards a more place-based approach and the transition away from block provision to address current gaps in homecare capacity. The focus will be on encouraging independent living and autonomy in community care, as well as placing emphasis on empowering people to be in control of their own care through Direct Payments, Individual Service Funds (ISF) and exploring micro-enterprises.

2.9. As part of this, our intention is to recommission and redesign the block provision to provide a service which is more focused on individual outcomes whilst ensuring it can meet the needs of as many people as possible. This requires the service to be dedicated solely to supporting hospital discharge and future Discharge to Assess pathways developed in partnership with the NHS through the pandemic, following the maximum six weeks of care guidelines. The aim of this provision will be to ensure more people return home with effective care in place that meets their needs as part of the hospital discharge process, freeing up hospital bed capacity. The new block provision will ensure timely transition of individuals into long term, mainstream homecare for those who need it (see process map in Fig.4.).

Fig.4. Process map for proposed block homecare provision within the new homecare commissioning model:



2.10. Through the recommissioning process, we will address the issues identified to ensure the service delivers the best possible outcomes for those supported by the block provision. The proposed commissioning and contractual improvements to be incorporated into the redesign and recommissioning of the block provision are summarised below:

- Increase the number of block homecare rounds with two carers from three in total, to nine across the county ensuring people with more complex needs have their needs met on their return home from hospital.

- The introduction of an incentive for the provider to support improvement in outcomes for people accessing their longer term arrangements.

- A focus on rationalisation of calls to reduce travel time and resulting in less carbon impact and air better quality. There will also be a requirement built into the procurement for providers to use hybrid and/or cars. Please note, this may require additional investment.

- Better data reporting and monitoring through contract management. Weekly reporting and monthly meetings to ensure consistency and address any arising issues.

- Stipulations that the provider must maintain a minimum of 75% utilisation of block hours.

- The decommissioning plan of block provision, should this be required following a period of robust monitoring. This will be supported by the addition of contract variation to include a three month notice period if block hours are not utilised.

- Regular rationalisation of packages to optimise the use of provision in certain areas and create closer ‘runs’.

- Addition of contract variation to include 3-month notice period if block provision is not utilised.

- Supplement the standard CCC hourly rate in the rural, hard to reach areas to free up the block provision.

- Introduction of a localised model of homecare commissioning, where there will be an allocated provider for each area, including the hard to place areas.

- The development of a rural and extra rural rate.

- The introduction of micro-enterprises (separate to this paper) in the harder to place areas.

- The redesign of the block provision to allow only those being discharged through the D2A pathway to be referred onto the provision.

Specification

2.11. To meet the demand for those being discharged from hospital needing double up care at home, the number of block homecare rounds with a single carer and two carers have been reviewed and optimised. This has resulted in the plan to recommission eleven homecare

rounds with one carer and six homecare rounds with two carers within the contract.

2.12. The table below sets out the numbers of homecare rounds within each area to be included in this contract:

Block Homecare Rounds	Total Cost
City & South	
2 double	£240,000
1 single	£90,000
Huntingdonshire	
1 double	£120,000
2 single	£180,000
East Cambs & Fenland	
3 double	£360,000
8 single	£720,000
6 doubles, 11 singles	**£1,710,000**

2.13. This proposal creates an annual underspend of £314,056 of the allocated IBCF grant. This will be used to incentivise providers to work with people flexibly and in an outcome focused way in supporting them into longer term ‘mainstream’ arrangements within six weeks.

Benefits

2.14. The benefits of this approach are summarised below:

- To support people to return home from hospital in a timely manner by providing a responsive homecare service.
- To increase joined up working with health and align arrangements to the development of Discharge to Assess.
- To enable people to return to their own homes and encourage autonomy and choice in care.
- To reduce reliance on bed based care whether that be in hospital or a care home.
- To address the areas for development in the current provision and provide better value for money for the Council.
- To provide support to the homecare market whilst the new homecare commissioning model is launched.

Procurement Approach and Timescales

2.15. The procurement of the block provision will be completed by utilising the Dynamic Purchasing System (DPS) in place within the Council, whereby all providers delivering

support within the framework can bid. Each provider will be required to demonstrate how they intend to provide 13 hours of care per day, 7 days per week, totalling 91 hours per week per vehicle. There will be a limit to three single homecare rounds and two double up homecare rounds per provider, per area. Each provider will be assessed on their ability to provide high quality, outcome-based care and are expected to submit evidence on how they deliver person centred care. Social value and environmental factors will also be assessed.

2.16. The table below outlines the proposed timeline for recommissioning the contract:

Activity	**Dates**
Research / evidence / development of care pathway	Dec '20 - Feb '21
Market engagement / PIN (Prior Information Notice)	Dec '20 - Jan '21
Specification / outcomes / budget development	Feb - Mar '21
Approvals – Joint Commissioning Board (JCB) / Adults Committee	23 Mar / 24 June '21
Procurement ITT (Invitation To Tender) Evaluation and Moderation	Jun - Sep '21 25 Jun '21 23 Jul – 13 Aug '21
JCB Approval to Award	24 Aug '21
Implementation	From 7 Sep '21
Contract starts	27 Nov '21

3. Alignment with corporate priorities

3.1. Communities at the heart of everything we do
There are no significant implications for this priority.

3.2. A good quality of life for everyone
The report above sets out the implications for this priority in 2.7., 2.8. and 2.9.

3.3. Helping our children learn, develop and live life to the full
There are no significant implications for this priority.

3.4. Cambridgeshire: a well-connected, safe, clean, green environment
There are no significant implications for this priority.

3.5. Protecting and caring for those who need us

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

- This service will ensure those who need it the most will be looked after and cared for by high quality provisions when being discharged from hospital with care needs at home.

4. Significant Implications

4.1 Resource Implications
The report above sets out the implications for this priority in 1.2., 2.14. and 2.15.

The following bullet points set out details of significant implications identified by officers: This provision will consider and support:

- Appropriate, expedited and safe discharge from hospital, supporting reablement and encouraging independence.

- Reducing the risk of inappropriate admission / re-admission to hospital with the right intervention at the right time, supporting people to stay at home and regain / retain independence.

- The annual funding allocated to this contract is £2,024,056 and is funded using the IBCF grant. As a result, there are no budget pressures anticipated from the recommission. However, the IBCF grant is currently not confirmed by government beyond the next financial year and has typically only been confirmed one year at a time. While the risk of government ending the grant is fairly low (it is such a large grant that its ending would cause major issues across local government), the commissioning of this block provision will be without total certainty the funding will be there for the second year of the first two year period.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications
The report above sets out the implications for this priority in 2.17.

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

4.8.1 Implication 1: Energy efficient, low carbon buildings.
Positive/neutral/negative Status:
Explanation: There are no significant implications within this category.

4.8.2 Implication 2: Low carbon transport.
Positive/neutral/negative Status: Neutral
Explanation: This service by definition provides funding to support those delivering support to traveling across the county by car. Within the procurement process, providers will be required demonstrate they are using hybrid and/or electric vehicles. The local authority is

also undertaking activity to rationalise and review the runs in specific geographical areas to ensure the routes are the most efficient possible (see 2.10.).

4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats and land management.
Positive/neutral/negative Status:
Explanation: There are no significant implications within this category.

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
Positive/neutral/negative Status:
Explanation: There are no significant implications within this category.

4.8.5 Implication 5: Water use, availability and management:
Positive/neutral/negative Status:
Explanation: There are no significant implications within this category.

4.8.6 Implication 6: Air Pollution.
Positive/neutral/negative Status: Neutral
Explanation: As stated in 4.8.2., this contract requires travel across the county in order to support people coming out of hospital. This will result in car emissions and air pollution. The longer-term homecare commissioning model will encourage local providers and local homecare staff to support people in a small geographical area or 'zone', reducing travel time and mileage, and consequently reducing emissions and air pollution.

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

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 LGSS Head of Procurement? Yes
Name of Officer: Henry Swan

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

Have the equality and diversity implications been cleared by your Service Contact? Yes
Name of Officer: Will Patten

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

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

Name of Officer: Will Patten

Have any Public Health implications been cleared by Public Health? Yes
Name of Officer: Kate Parker

If a Key decision, have any Environment and Climate Change implications been cleared by the Climate Change Officer? Yes
Name of Officer: Emily Bolton

5. Source documents guidance

5.1 Source documents

None.

Independent Living, Princess of Wales Development – Outline Business Case

To:	Adults and Health Committee
Meeting Date:	24 June 2021
From:	Wendi Ogle-Welbourn, Executive Director of Commissioning, People & Communities
Electoral division(s):	Ely North
Key decision:	Yes
Forward Plan ref:	2021/038
Outcome:	To enable further preparations and detailed design work for constructing the Council's own independent living service for older people who require care and support. The outcome required is to gain the Committee's agreement to proceeding to a full business case.
Recommendation:	It is recommended that the Adults and Health Committee:

a) give approval to:

- the proposed design principles employed for independent living services as set out in paragraph 2.2.3;
- put in place a formal agreement between NHS, CCC and a housing management provider about ways of working;
- the benefits case at this outline business case stage which affects Adult Social Care operating budgets;
- the general procurement approach for a contract value of £72.6m, and to procure and sign agreement with a housing management provider and a care provider; and
- delegate the award of the new contract to the Executive Director of People and Communities.

b) note and comment on:

- the plan to invite the Strategy and Resources Committee to approve:
    - recommended option as set out in paragraph 2.5.6 and its financial and social justification;

    - the overall capital investment case and in particular elements which affects land and property and the monies required for the next stage;
    - an addition capital provision into the 2021/22 Business Plan as set out in paragraph 1.8
    - delegate approval and sign-off of the inter-authority agreement and the non-binding Heads of Terms to the Chief Finance Officer and Commissioning Service Director; and
    - prepare and submit Planning Application for the construction works.
- the final financial investment forecast including the initial land valuation and plan to refresh both;
- revised timetable; and
- preparations on concept and detailed design, and co-production and consequently move towards full business case.

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Member contacts:
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Post: Chair and Vice-Chair
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1. Background

1.1 The cost of spot purchased Adults Older People residential and nursing care in Cambridgeshire has been rising by c.10% a year since 2016. This is due to factors including increasing costs of care, pressures on carers, recruitment challenges, a buoyant self-funder market, and shortages of the provision in parts of the county. There will be significant increases in the numbers of 65+ year olds within our local population by 2040. This brings with it an increase in demand for residential, dementia and nursing care.

1.2 To meet our statutory duty, we also need to ensure the market grows to meet the forecasted need for local authority funded care as well as the self-funder demand. Without action it will become increasingly difficult for the local authority to meet requirements under the Care Act 2014 of ensuring choice and control which are key determinants.

1.3 We will continue to support older people to remain living independently through community-based care. Alongside this, we are seeking to enhance the offer to local residential who may have a need for residential and nursing care by developing a tenancy-based model of care: Independent Living Service's (ILS's), as an alternative. Specifically, this supports older people being able to stay in their own tenancy longer as care can be stepped up as needs increased, unlike residential care where they may need to move to get increased care needs met.

1.4 Stimulating the development of new capacity in this way will generate the much-needed provision to meet population growth forecasts. It will also offer greater choice, control, and care flexibility for those people needing support to remain living safely at home.

1.5 During 2020, Cambridgeshire Community Services NHST (CCS) refreshed its business case on the redevelopment of the Princess of Wales hospital (PoW) site in Ely to develop a new local health and care hub, which will provide accommodation for a wide range of health and related services for people living in and close to Ely.

1.6 CCS agreed for CCC to explore delivering a health and care community-based provision at the PoW multi-disciplinary site that enables people to live independently with the care and support they need wrapped around them. As a first step, we have agreed a memorandum of understanding, which set out how collaborative working will take place to deliver a care accommodation-based facility for all parties.

1.7 To date we have received business case approval from JMT in December 2020. Subsequently the approach and work to date has been noted by Council Committees in January and February 2021.

1.8 CCC's Capital Programme Board (CPB), has also endorsed the programme resulting in a further £6.9m to £7.6m being included in the Business Plan from 2021/22 (original amount was £8.4m) with conditions. Those conditions required CCS business cases be approved through its governance arrangements. The conditions also require both the Adults and Health Committee and the Strategy and Resources Committee to approve the CCC's business case. Furthermore, CPB asked that all the programme risks are costed and included into the contingency section of the budget.

1.9 We have conducted more work to identify the potential benefits of acquiring land and building an accommodation-based service in Ely, which would meet both the Councils needs as well

as the needs of CCS. This opportunity will build 80 flats, of which space for 16 flats will be let out to CCS to be used as a hospital rehabilitation ward which will facilitate an integrated health and social care model. As CCC would own the building we can adapt its design to best meet the combined set of requirements. The report sets out the findings of that work incorporating an externally procured feasibility study, the key elements of the business case it informs, and the recommended proposal to deliver a CCC owned new service.

1.10 For clarity, the following definitions are being used within the report:

- Final business case (FBC) - a type of business case advocated by HM Treasury which leads all the details required to procure the recommendation.

- Independent living service (ILS) – is a tenancy-based service enabling independent living for life for high dependency older people who require care, support, and supervision.

- Nearly Zero Energy Building (NZEB) - The legal definition for which is a building that has 'a very high energy performance…, where the nearly zero or very low amount of energy required should be covered to a very significant extent by energy from renewable sources, including energy from renewable sources produced on-site or nearby''.

- Net present social value (NPSV) – a derivation from NPV which considers cost avoidances associated with delivering social benefits.

- Net present value (NPV) - a financial measure that allows money earned or spent in the future to be considered in today's terms. A programme indicating a positive NPV means it will earn more than it spends.

- Outline business case (OBC) – a type of business case advocated by HM Treasury which leads to a recommendation from a short list of options.

2. Main Issues

2.1. Requirements and location update

2.1.1. The ILS will focus on those people with high needs (usually but not exclusively aged 65+) who want to retain their independence but can no longer live in their own home. The ILS is person-centred and delivers this by providing the following:

- A flat with its own front door, accessible en-suite toilet and shower room, kitchenette and lounge area. The flat is typically twice the size of traditional residential and nursing home room;

- A personalised tenancy giving greater security;

- Availability of care to support people to remain up to the end of life. This means care being wrapped and tailored around individual needs rather than causing disruption to the way people live/where they live;

- Joint funding initiative ensures the local authority pays for care element of eligible individuals; rent and other costs are met from state benefits and nursing costs repatriated to the NHS;

- Significant tech enabled care systems supported by the provision of 1Gb internet to the site enabling wi-fi across the site;

- The provision recreational and leisure services, and facilities to allow maintaining independent living; and

- A low carbon building which means lower energy bills for tenants.

2.1.2. The rise in demand for ILS for life solution is consistent with the findings of a market test which took place in March 2021. At the event, made up of over 30 care providers, housing providers, developers, and investors, we took the opportunity to evaluate CCC's interpretation of how to deliver ILS. The market was supportive of CCC's position whilst parts were naturally apprehensive as it provides them with direct competition.

2.1.3. The rise in demand for ILS is consistent with the general views of nationally recognised expert health and social care consultants in Laing Buisson.

2.1.4. Based on population growth the demand for ILS beds in East Cambridgeshire is expected to increase by 600 by 2036. This is additional to demand generated from replacing older services which can no longer run efficiently. To date there are 130 new bed places currently being built by the private sector over the next 2-3 years. This means, despite the planned work, further solutions are needed to meet the shortfall in future capacity. Notably analysis of new buildings over the past five years suggests new services open with 60-120 beds.

2.1.5. The work done by CCC in assessing the site owned by the NHS in Ely suggests it would be suitable for an ILS. This is in part because of the strong housing developments nearby, good local transport links to the city centre, and a willingness from the NHS to sell the land to CCC. This means we can use local people to work in their own communities.

2.1.6. As part of our joint working with Health, the NHS has agreed to formalise the memorandum of understanding giving CCC a commitment to complete this development work. The resulting inter-authority agreement will provide CCC important assurances on funding related to nursing care flowing to care providers and the sale of the land earmarked for ILS.

2.2. Key findings from the Feasibility Report

2.2.1. A feasibility study demonstrates how the PoW site could accommodate the new social care and health care services. The brief was based on applying the HAPPI design principles for older person's housing.

2.2.2. The HAPPI principles are based on 10 key design criteria. Many are recognisable from good design generally - good light, ventilation, room to move around and good storage - but they have particular relevance to the spectrum of older persons' housing which needs to both offer an attractive alternative to the family home, and be able to adapt over time to meet changing needs.

2.2.3. The feasibility study report concluded the site can be developed to meet the brief. Which means the following notable point:

- A gross internal area (GIA) of 4,375 m2 over 3 floors would be allocated for tenant use.
- Communal spaces within the GIA is sufficient to allow for services such as salons, gym, and music services. This is in addition to a place to store and charge mobility vehicles.
- An external ground area of 2,013 m2 would be allocated for a private garden and 32 car parking spaces (inclusive of 5 electric vehicle charging points). This supplements the first and second floor terrace areas.
- A main bus stop within 20m of the building entrance. This will encourage the use of public transport.
- The building would meet all current and relevant legislative, statutory, and regulatory requirements, including the most up to date building design guidelines applying Department of Health & Social Care's Health Building Notes.
- The building would meet wheelchair standard throughout the building consequently opening it up to be flexible across client groups if ever required.
- Dementia friendly.
- Options are available to comply with near zero carbon emissions requirements through the design and build avoiding the need for retrofitting technologies.
- The desk top studies of the ground suggest it is acceptable for the proposed building. However, further assessment is required during the next stage of the programme.
- The building should be classified as a Type C2A Building for planning purposes.

The Committee should note the nearby bus stop is one option to enable independent travel. To help tenants to and from amenities, care worker assistance will be added to their care and support plans as required. For care workers (and indeed visitors) we shall also be incorporating electric vehicle charging points within the site. This and access to public transport will help with long term modal shift towards using sustainable transport. The work to assess the public transport network is scheduled to take place over the next several weeks. This work shall build on the detailed transport assessment and proposals made by the PoW project.

2.2.4. Work will commence with community groups such as Healthwatch, prospective tenants, and additional internal colleagues to refine and finalise the internal design. This body of knowledge will build on the benchmark information we have collected. Co-production is a critical step as it will ensure the services people want are developed and take local views into account. This will also be the time to engage with the Care Quality Commission to build a strong supportive relationship for the ILS.

2.2.5. With an outline design early versions of the specifications have been prepared. Further pre-tendering market engagement will take place to refine the specification and generate interest levels. This feedback will enable us to share change to the ILS work with the District Council.

2.2.6. Working collaboratively with the NHS on the same site brings about the opportunity to explore a professional development pathway for care workers and healthcare assistants. As this is a specialist work area operating in a regulatory environment we shall work with the NHS and a selected care provider to work through the details in time for the service opening.

2.3. Financial update

2.3.1. CCC's preferred approach is for it to finance and construct the CCC's own service of this type and negotiate with the NHS for the purchase of land. The lower costs of borrowing and greater control of a programme were significant factors. This means CCC can use its experience to manage risk rather than pass through to a third party for a premium fee. The delivery of care and housing services are highly regulated services which benefit from the knowledge and expertise of specialist providers. As a result, we propose to outsource the provision. This option also has the greatest opportunity to deliver CCC's non-financial and wider societal benefits (see paragraph 2.5) particularly as the type of contract we propose means we can still have effective control of the whole service (see paragraph 2.4.4).

2.3.2. Since the SBC was formulated, further benchmarking with active ILS and other similar services has been undertaken. That has resulted in changes to the specification, which had led to an increase in capital investment level required. The changes relate mostly to design of the ILS with increases in the size of the flats and communal areas, as well as more space required for the NHS. Costs have also increased due to enhancements in technology installation (to allow for a more future-proofed building), as well allowing for the significant inflation seen in the construction industry. The changes have also incorporated measures needed to reduce carbon emissions to the highest levels possible.

2.3.3. The revised capital request is £15.3m to £16.0m inclusive of contingencies fund. This includes substituting the early forecasts for land valuation and construction costs with information from an independent district valuer and the formal estimates from the Feasibility Report. The District Valuation Report is used solely for investment request and later in the programme CCC shall replace this with its own report. The revised report will be used as the basis to finalise land valuation and NHS rental income.

2.3.4. A financial model was created to factor in changes to investments, income, costs, and risks to the implications on CCC's budgets. The model predicts an approx. £937k pa benefit (this equates to 27% of the budget for this care provision if it were run under a standard care

home model). The projected NPV would be £4.41m, and the payback period would be 23.9 years. These levels are all improvements on projections made in December 2020. The savings would arise from:

- Separating the housing cost from the cost of care as housing costs would be charged to the tenants (for self-funders), or to the DWP in the form of housing benefit (for eligible service users); and

- From generating an income through leasing space to the NHS.

2.3.5. For assurance, Laing Buisson (well-known international experts in the Housing and Care market) were commissioned to review the financial model. They endorsed the model and its predictions noting that if anything CCC's projections for investments were overestimated; the operating costs were overestimated; and the operating income was underestimated. Their recommended changes have been incorporated into the OBC.

2.3.6. For further assurance, a financial sensitivity analysis was completed. This study looked at the key financial variables and key controllable risks to see how they may affect the overall NPV. It tells us if the overall affordability assessment is realistic and if not what more to add to the contingency plan.

2.3.7. Taking account of the assessed probabilities of the alternative scenarios, the probability weighted position is a £0.42m NPV surplus. This is very small, and the realistic conclusion is that the risks of unfavourable and favourable variances from the base NPV in the OBC are evenly balanced. The other non-significant factors also returned a small surplus. This means the OBC can assume its base NPV does not need to be adjusted.

2.4. Commercial update

2.4.1. Negotiations on the land acquisition and any subsequent leasing arrangements with the NHS were paused until the NHS had received planning approval from East Cambridgeshire District Council, and the NHS had submitted its own OBC for approval. Both happened by 3 June 2021 which means this work can now continue.

2.4.2. The report estimated a purchase price of the land at £2.15m plus stamp duty land tax. It estimated an annual rent for NHS services at £148k pa. Estimate was based on assumptions which have since changed, consequently CCC shall commission its own report. This will assist in negotiation on the land acquisition and any subsequent leasing arrangements which will be led by CCC's Property team. It is proposed that CCC shall pay CCS (the landowner) the full market value for the site. In return, CCS shall pay CCC a full market rent for the rehabilitation beds and any other dedicated floor space used by the CCS. Heads of Terms shall be drawn up in preparation for the FBC. Any revenues derived from the service would be used to support key Council services, supporting a good quality of life for residents.

The Committee should note the primary driver for the programme is to deliver a care services rather than a conventional return on the property investment. As a result, this business case neither claim to be nor should be considered as a viable return on property investment.

2.4.3. CCC has a selection of Corporate Contracts, Frameworks and other agreements created by the Central Procurement Team for goods, services and works where the prices and terms have been negotiated to achieve the Value for Money for the Council as a whole. The Council's procurement policy confirms procurement of any goods or services should be procured from the established corporate contracts or corporate frameworks. Where such contracts are not available tendering should follow in line with CCC Procurement rules. Consequently, there will be three broad procurements required for the delivering an ILS as set out in the table below:

Procured services	Procurement process	Annual gross contract value	Number of years (including extensions)	Total contract value
Design and Construction services	called-off pre-existing frameworks	-	-	£14.0m
Care and Support and Nursing services	open procurement exercise	£2.5m Plus 3% inflation	10+5	£46.5m
Housing services	open procurement exercise	£0.7m Plus 2% inflation	10+5	£12.1m
Total				**£72.6m**

2.4.4. The programme's procurement strategy has been endorsed by the Joint Commissioning Board which means Commissioners are ready to engage with providers to deliver the next stage detailed design work. We shall work with providers to encourage the widest possible participation. To this extent we will encourage and allow time for smaller organisations to form consortia, should they wish to collaborate with other organisations. The long-term nature of contracts means we can develop partnership relations with providers. In doing so we have greater opportunity to shape how services are delivered, problems resolved, and ideas developed without needing to revert to contracts.

2.5. Social value update

2.5.1. Social value is considered as a provision within a contractual relationship that brings added social, environmental, or economic benefit beyond the core service being delivered.

2.5.2. Government acknowledges adults in employment spend a large proportion of their time in work, our jobs and our workplaces can have a big impact on our health and wellbeing. Therefore, work and health-related worklessness are important public health issues, both at local and national level. Consequently, ILS's will pursue social value from the delivery of work to disadvantaged people. More specifically, the programme will look for employment for two people with a learning disability each for two years, and three people who are long term unemployed each for two years. Through the tendering process, we would look favourably at providers offering more. In practice this means we shall add this feature into the tender evaluation criteria. In addition, the programme will look to invest capital expenditure into the local economy.

ILS's can also contribute towards CCC's climate change mitigation strategy, with a large part of this related to the efficiency of the building aiming to achieve NZEB status. A report was commissioned to explore what is required for CCC to make the ILS a NZEB.

2.5.3. The Report presents three variants which build on the baseline option:

- Proposal 1: The baseline option and a 375m2 carport (including 5 electric vehicles charging points) with solar photovoltaic panels covering. With this installation it is predicted 28% of regulated electricity usage will be met by renewables onsite.

- Proposal 2: The baseline option and a 550m2 solar photovoltaic panels covering the main building roof. With this installation it is predicted 46% of regulated electricity usage will be met by renewables onsite.

- Proposal 3: The baseline option and a 925m2 solar photovoltaic panels covering the main building roof and the car port. With this installation it is predicted 74% of regulated electricity usage will be met by renewables onsite.

2.5.4. Dependent upon the selected proposal, the report estimates up to 10% of the capital cost for building works will be expenditure to allow for NZEB technologies. It is important to note that as this building will not be operated by CCC, the housing management company and the tenants will benefit from the energy bills savings from the NZEB technology.

2.5.5. Combining both the social and environmental benefits, it is predicted there is a potential to leverage £1.1m – £2.1m of net present social value (NPSV). This was incorporated into the financial model which meant we could take a broad view of value.

2.5.6. All the options positively contribute to CCC's Medium Term Financial Strategy, Commercial Strategy, and Adult Social Care Older People strategy. However, Proposal 3 most closely aligns with CCC's Climate Change scope 3 goals. Adopting Proposal 3 means CCC would make a step change in the care market by delivering a near zero emissions building.

2.6. Management and governance arrangements update

2.6.1. There are two distinct governance groups each with its own set of terms of reference:

- CCC Council Committees; and

- Older People Accommodation Board.

2.6.2. The governance groups will hold the programme team accountable to deliver its benefits realisation strategy and stakeholder engagement plan. The table below shows the key benefits expected from the ILS programme. These metrics will be refined for the FBC which can then lock in the expectations.

Benefits/Impacts	Change direction	From	To	Measure Frequency	Measure Date from	Comments
Care budget expenditure	Reduced average expenditure for tenants moving to ILS	£2.6m pa	£2.0m pa	Quarterly	01/04/2024	The reduction in care budget in addition to the income generated from rent.
NPV plus NPSV	Reduced average expenditure for tenants moving to ILS	Zero	£5.7m (estimated, subject to final OBC)	Once	01/04/2024	The net present value of the investment decision for the delivery of Affordable property and service (competitive in the market without displacing other market capacity).
Secure employment for disadvantaged groups	Addition of new jobs	Zero	5	Quarterly	01/04/2022	The day-to-day operations of ILS capital programme shall deliver new FTE jobs.
Future harms to public health	Reduction of carbon equivalents	No metric	100 tCO2e	Once	01/07/2024	The designing out and implementation of reduced carbon equivalent emitting features as measured against tenant's pre-ILS arrangements.
Secure employment for local care workers	Addition of new jobs	Zero	80-100	Quarterly	01/01/2024	The day-to-day operations of ILS shall deliver new FTE jobs covering nurses, management, care workers, and ancillary staff.
Day-to-day tenant energy consumption	Lower levels of energy consumption	No metric	60%	Once	01/07/2024	The review of tenants current and future energy bills.

The work to deliver the ILS programme is governed through the Older People's Accommodation Board within the Peoples and Communities service.

2.6.3. CCC is a member of the CCS Project Board, which means it can shape the success of an integrated health and care community.

2.6.4. We will continue to use a structured approach during the next phase of the programme. The ILS programme is applying the Cabinet Office's recommended methodology for the delivery of programmes and programmes. The work schedule translates into the following milestones for CCC's own ILS programme. This includes key decision points for land acquisition and planning submission for site development later in the year.

CCC Activity for PoW site	Milestone date
Transformation funding approval	January 2021
Land valuation for accommodation facility	March 2021
Feasibility study and cost estimates	April 2021
OBC completion	May 2021
Design work (RIBA stages 2 and 3)	June to December 2021
Housing and care tendering	June to December 2021

CCC Activity for PoW site	Milestone date
Planning approval	June 2022
Full Business Case completion	July 2022
Land acquired; Leases signed	August 2022
Construction preparation, site cleared, build start	Oct 2022
Service operational	July 2024

2.6.5. Committee is asked to note the Council commissioning services date is one more on from the information presented earlier in the year. This change is a result of CCC refraining from making commitments until there was greater clarity on the NHS agreement to proceed and its subsequent workplan.

2.6.6. Risk ownership is allocated across the programme team and wider stakeholder group. The programme team maintains an action, issues and costed risk log. Aside from the land access risk, highest value controllable programme risks contained in the log are shown below:

No	Risk	Revenue (R) / Capital (C)	Owner	Mitigation	Residual risk cost (£000's)	P	I	Score
R14	**IF** care homes tender in wanting to work exclusively without RSL's **THEN** RSL's may withdraw from tendering.	C	Commissioning Lead	Meet with district planners to explain the concept and proposals in advance of a planning application. Change tendering options.	67	2	5	10
R17	**IF** the location analysis is not assessed **THEN** market engagement will fail.	R	Commissioning Lead	Market test completed in March 21. Further work required with tenants, associations, and other interested parties.	60	1	2	2
R19	**IF** the CCG does not agree to pay FNC direct to the care provider **THEN** the benefits model will not work.	R	Programme Sponsor	CCS Project Board has endorsed the MoU. Formalise this into an Inter-authority agreement.	87	1	4	4
R29	**IF** there is a poor level of competition for any parts of the tendering exercise **THEN** prices will be higher.	R	Programme Manager	Early market engagement work tailored to different sectors.	75	2	5	10
R33	**IF** the tender exercise does not produce suitable quantity and quality of providers **THEN** prices will be higher.	R	Programme Manager	Early market engagement work is required reaching widest audience.	53	2	4	8

2.6.7. The ILS programme has uncontrollable risks, as the name suggests, these are the risks that arise due to the factors that are not under the business' control. They are considered important since these risks, which if materialized, will significantly affect the business case. The risks listed below are separated into those that affect the capital expenditure level and timing from those that affect revenue related benefits and timing:

Capital related:

- IF Covid-19 restriction policies continues THEN there will be delays to work.

- IF the NHS business case submission is not submitted end of Jun 21, THEN CCC will have to re-profile its capital expenditure plan and programme plan.

- IF ICSs are established driving system efficiencies, THEN the programme benefits will be increased. But no benefits are expected in the near term.

- IF the NHS chose not to sell the land (MoU is an intention to sign) THEN the programme will stop until new land is found.

- IF the procurement process is challenged THEN there will be a delay.

Revenue related:

- IF the care building planning classification is wrong THEN tenants will not get access to all their benefits.

- IF the DWP change the criteria agreed for HB payments for ILS THEN the programme benefits will be reduced.

- IF the Cabinet Office change to PCR15 THEN the programme benefits will be increased. But no benefits are expected in the near term.

- IF the DHSC change to ASC funding policy THEN the programme benefits will be increased. But no benefits are expected in the near term.

The programme team will continue to monitor these risks.

2.7. Summary and next stage programme

The OBC recommends investing £16.0m into building an 80-bed service supporting both CCC's ILS needs and the NHS's rehabilitation ward needs. This is inclusive of purchasing the freehold land from the NHS. Tenants will have access to a service where care and support levels will adjust to their needs which means they have a home for life and remain independent. The OBC forecast lifetime benefit, measured in present terms, of £5.7m overall value which includes £3.6m financial value.

2.7.1. The OBC presents significant contribution to CCC's Climate Change scope three goals. It proposes delivering a service which operates without fossil fuels and predicts 74% of regulated electricity usage for the new building will be met by renewables onsite. This means preventing 100 tCO2e pa emissions and so reduce future harm to public health.

2.7.2. The next stage of the programme will require an expenditure of £1.1m to complete detailed design works and present an FBC. The initial £0.4m (taking the programme to submitting the Planning Application) is irrecoverable. In the event the Planning Application were to be not successful for significant reasons, we would consider returning to Committee.

3. Alignment with corporate priorities

3.1 Communities at the heart of everything we do

The new service enables high dependency older people to remain within a community setting. It also means care workers from the community can support older people to remain living independently.

3.2 A good quality of life for everyone

The programme is expected to create 80-100 whole time equivalent jobs in the district. Detailed work is taking place with service colleagues to refine this estimate. This is anticipated to be ready for the FBC.

3.3 Helping our children learn, develop and live life to the full

There are no significant implications for this priority.

3.4 Cambridgeshire: a well-connected, safe, clean, green environment

The programme is expected to benefit public health by reducing future harms from climate change. Detailed work is taking place with the Energy Investment Unit to establish a carbon baseline level and target level. Initial estimates predict the new service will prevent 100 tCO2e pa emissions. Refinement of this information is scheduled to be ready for the FBC.

3.5 Protecting and caring for those who need us

See wording under 3.1 above.

4. Significant Implications

4.1 Resource Implications

See wording under section 2.7 above.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

See wording under section 2.4 above.

We have received advice and guidance from the Procurement team. The programme procurement strategy has been endorsed by the Joint Commissioning Board.

4.3 Statutory, Legal and Risk Implications

There is no significant impact within this category at this time. Work has started to assure stakeholders if the building classification of Type C2A Building for planning purposes has any disbenefits. None are expected.

4.4 Equality and Diversity Implications

There is no significant impact within this category at this time. A Community (Equality) Impact Assessment is scheduled for the next stage of the programme.

4.5 Engagement and Communications Implications

There is no significant impact within this category at this time. Advice and guidance will be sought later in the programme to complete a Community (Equality) Impact Assessment.

4.6 Localism and Local Member Involvement

There is no significant impact within this category at this time. Work will start towards the end of the next stage of the programme to actively increase local engagement.

4.7 Public Health Implications

The programme is expected to benefit public health by reducing future harms from climate change. Initial estimates predict the new service will prevent 100 tCO2e pa emissions affecting human health. Refinement of this information is scheduled to be ready for the FBC.

Collaborative working with the NHS is supporting their business case for a 16-bed rehabilitation ward sited within the ILS building. Benefits attributed to this have been excluded from this report.

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

The programme is expected to benefit public health by reducing future harms from climate change. Detailed work is taking place with the Energy Investment Unit to establish a carbon baseline level and target level. Initial estimates predict the new service will prevent 100 tCO2e pa emissions. Refinement of this information is scheduled to be ready for the FBC.

4.8.1 Implication 1: Energy efficient, low carbon buildings.

Positive/neutral/negative Status: Positive

Explanation: The report recommendation is to build Proposal 3 which will achieve net zero emissions when the National Grid decarbonises as it plans to:

- deliver a building to achieve an EPC rating of A or better;
- efficient lighting system;
- use air source heat pump technology; and
- not use any fossil fuel.

This option shall incorporate 925m2 solar photovoltaic panels. With this installation it is predicted 74% of regulated electricity usage will be met by renewables onsite. Initial

estimates predict the new service will prevent 100 tCO2e pa emissions. Refinement of this information is scheduled to be ready for the FBC.

4.8.2 Implication 2: Low carbon transport.

Positive/neutral/negative Status: Neutral

Explanation: There is no significant impact within this category at this time. We predict the provision of electric vehicle charging points will encourage the use of low carbon transport. Further detail will become available during the design phase.

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

Positive/neutral/negative Status: Neutral

Explanation: There is no significant impact within this category at this time. Further detail will become available during the design phase.

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.

Positive/neutral/negative Status: Neutral

Explanation: There is no significant impact within this category at this time. Further detail will become available during the design phase.

4.8.5 Implication 5: Water use, availability and management:

Positive/neutral/negative Status: Neutral

Explanation: There is no significant impact within this category at this time.

4.8.6 Implication 6: Air Pollution.

Positive/neutral/negative Status: Neutral

Explanation: There is no significant impact within this category at this time. Further detail will become available during the design phase.

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: There is no significant impact within this category at this time. By bringing services into the community and providing climate-ready buildings this would help ensure service delivery is less affected by future climate impacts. Further detail will become available during the design phase.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: Tom Kelly
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes Name of Officer: Henry Swan
Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law?	Yes Name of Legal Officer: Fiona MacMillan
Have the equality and diversity implications been cleared by your Service Contact?	Yes Name of Officer: Will Patten
Have any engagement and communication implications been cleared by Communications?	No Name of Officer: Eleanor Bell
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 Environment and Climate Change implications been cleared by the Climate Change Officer?	Yes Name of Officer: Emily Bolton

5. Source documents guidance

5.1 Source documents and their location

Source document	Location
1. HAPPI design principles for older person's housing	https://www.housinglin.org.uk
2. Nearly Zero Energy Building Requirements for New Public Buildings	https://cambridgeshire.cmis.uk.com (GPC)
3. Contract Procedure Rules	https://cambridgeshire.cmis.uk.com

	(Constitution)
4. BREEAM (Building Research Establishment Environmental Assessment Method, 2018)	https://www.breeam.com/

Procurement of Housing Related Support Services

To:	Adults and Health Committee
Meeting Date:	24 June 2021
From:	Wendi Ogle-Welbourn - Executive Director of People & Communities
Electoral division(s):	All
Forward Plan ref:	2021/028
Key decision:	Yes
Outcome:	To provide Committee with an understanding of the approach that will be taken to procure future Housing Related Support Services for homeless adults with support needs. To provide Committee with information on the timescales for the planned procurement. To seek approval from Committee to proceed with the proposed procurement approach.
Recommendation:	It is recommended that the Adults and Health Committee: a) Agree the proposed Procurement Approach. b) Approve the recommissioning of Housing Related Support services for homeless adults with support needs for a contract period of 7 years and total value of £11,069,695. c) Agree to delegate the responsibility to award the contract to the Executive Director of People and Communities.

Officer contact:
Name: Lisa Sparks
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Email: lisa.sparks@cambridgeshire.gov.uk
Tel: 07900 163590

Member contacts:
Names: Councillors Howitt and van de Ven
Post: Chair/Vice-Chair
Email: Richard.Howitt@cambridgeshire.gov.uk, susanvandeven5@gmail.com
Tel: 01223 706398

1. Background

1.1 Housing Related Support (HRS) services provide dedicated support staff who are able to deliver specialist support to individuals to enable them to develop independent living skills and maintain their accommodation. The support provided is tailored to meet the specific needs of each person with key examples including support to develop life skills and/or manage issues such as addiction, mental health issues and emotional wellbeing.

1.2 Cambridgeshire County Council continue to recognise the value of HRS services in helping people to address their support needs earlier, and therefore diverting them away from needing higher level care and support services. In helping those in need of support to develop and sustain their capacity to live independently in their accommodation, housing related support services can provide stability and ensure that people have the skills and support to secure and mange appropriate accommodation, allowing them to address other presenting needs more effectively.

1.3 Costs relating to accommodation, such as rent and service charges, are not covered by HRS funding.

1.4 The services do not deliver any statutory homelessness function. The statutory duty for homelessness sits with the District Councils. The funding provided by Cambridgeshire County Council ensures that there are support services available for those who have become homeless as a result of their support needs, and therefore require more than just a roof over their head to resolve the situation. Through working in close partnership with the District Councils, the County Council have ensured complete alignment between the housing and support elements.

1.5 A collaborative review of Housing Related Support (HRS) services was completed in 2018. Two of the key recommendations from this review were:

- Development of Housing Related Support Commissioning Strategy.
- To consider redesigning current support services for homeless adults and young people to move away from historical models and address some of the gaps identified by the review which are covered under section 2 of the report.

1.6 The Review identified a number of gaps within the commissioned provision:

- Access to transition support when leaving a service.
- Interim accommodation and support for those not ready for fully independent living.
- Need for some long term visiting support for people with enduring needs.
- Supported accommodation and community support for those with multiple and complex needs.
- Access to mental health support.

1.7 Specific issues were also identified by people with lived experience – these were:

- Having to tell your story over and over again each time you access a service.
- Having control over support received and ensuring all support is delivered in a 'trauma informed' way.
- Meeting the specific support needs of homeless females.

1.8 The review also highlighted the changing profile of clients, with services now supporting many more people with multiple and complex needs, most of whom will continue to need some going support when they leave that service.

1.9 The Housing Related Support Strategy developed after the review sets out the approach and principles used and highlights the service priorities for 2020 to 2022. These include a focus on redesigning services to move away from traditional delivery models and adopt a more innovative approach that reflects good practice models which improve the outcomes for people accessing these services.

2. Main Issues

Current Services

2.1 The table below details the HRS services currently being commissioned:

Service	Provider	District	Units
Accommodation based support services			
Jimmy's Assessment Centre and Abbey Street	Jimmy's Cambridge	Cambridge	24
451 Newmarket Road*	Jimmy's Cambridge	Cambridge	6
Willow Walk	Riverside Group	Cambridge	20
222 Victoria Road	Riverside Group	Cambridge	54
Corona House	CHS Group	Cambridge	6
Dispersed & Move-On Houses	Cambridge Cyrenians	Cambridge	73
Jubilee Project*	Cambridge Cyrenians	Cambridge	10
The Ferry Project	Places for People	Fenland	45
Princes Walk	Futures Housing Group	Fenland	9
Community based support services			
Street Outreach / Homeless Prevention Officer	Change Grow Live (CGL)**	Cambridge	Variable
Learning and Development (excluded adults)	Wintercomfort***	Cambridge	Variable

** Currently commissioned by Public Health*
*** Part of a joint contract arrangement with Cambridge City*
**** Part of a joint grant arrangement with Cambridge City*

2.2.1 Nearly all of these services have been in place for many years from local small and medium-sized enterprises (SME) and have generally been commissioned as individual services rather than viewed as a system working together to achieve the best possible outcomes for an individual.

2.3 With the exception of the Dispersed Accommodation, all of these services are based around a traditional hostel model of fixed accommodation sites with staff support delivered on site.

2.4 Whilst the current provision delivers good outcomes for many individuals, it does not cater for those who are not suited to a hostel environment (e.g. those whose needs make it difficult for them to comply with rules and requirements of communal living), and offers only limited community based options which enable support to be reduced as an individual gradually progresses towards fully independent living.

Proposed New Model

2.5 The proposed model has been developed in partnership with existing providers, partners, clients, key stakeholders and with input from the HRS Members Reference Group, which was a cross party Member group specifically convened to assist in development of the new model.

2.6 The model also provides an opportunity for a joint commisisoning approach with Public Health where services are focussed on a similar cohort of clients.

2.7 The new model seeks to move away from the current model of delivery which is focused on using ‘hostel’ type accommodation towards a more placed based, person centred approach able to meet a range of needs and requirements. Through adopting a ‘Hub and Spokes’ model instead, the Council will aim to achieve more localised solutions which are able to achieve better outcomes for people. This means services would focus on providing a range of accommodation options from larger units through to smaller units within local communities such as ‘shared houses’. (Please see Appendices A - C for further information about the model and service specification).

2.8 These smaller units can then be used flexibly as both an alternative to ‘hostel’ accommodation and to provide community based opportunities to reduce support over time for people on their journey out of homelessness.

2.9 The proposed model has been outlined in the Housing Related Support Strategy. The model also supports the sustained delivery of Housing First, an international best practice approach which focusses on supporting those with multiple disadvantage who present with a range of complex needs and frequently struggle to manage in a hostel or shared house environment. Housing First provides an offer of stable accommodation in the community alongside access to intensive person led support.

2.10 By developing the models in this way, it is envisaged this will be able to:

- Meet some of the gaps identified by the HRS Review and Arc4 Research.
- Deliver the vision and priorities included within the Housing Related Support Strategy.

- Move away from reliance on the traditional ‘hostel’ based model and adopt innovative and good practice service delivery models.

- Ensure services are as accessible as possible and that pathways work for customers and professionals.

- Ensure that new services are designed flexibly to enable them to respond to changing needs of people and demands.

- Allow opportunities for services to evolve during the contract period in order to maximise service potential and opportunities for development and innovation.

- Adopt more innovative approaches to commissioning with the aim of improving outcomes for people.

2.11 Maintaining the current delivery model would not address the vision and outcomes included within the Housing Related Support Strategy. There are a number of factors that mean that this would be a less preferable option:

- Services would retain a fixed number of accommodation units with support on site, meaning there would be few alternatives for those who are unable to manage in a hostel setting.

- Provision based predominantly around hostels, many of which are delivered within older buildings with shared facilities.

- Fixed accommodation locations reducing opportunities for people to choose the area they wish to live .

- Individual referral to a service resulting in duplication and people having to tell their story multiple times which can lead to frustration and a reluctance to engage with services.

- A lack of community-based units to which provide reducing levels of support to enable people to transition gradually to independence where required.

- Housing First could not be sustained and alternative support solutions would then need to be found for the existing clients.

Best Practice Approach

Joint commissioning

2.12 We are proposing to incorporate the new model outlined above into a service jointly commissioned with Cambridge City Council. Aligning resources and taking a joint commissioning approach will enable us to commisison a service which is able to meet a range of needs in a joined up and coordinated way.
Cambridgeshire County Council would lead on the procurement for this joint service.

Housing First

2.13 The current countywide Housing First service is delivered directly by the County Council through the Counting Every Adult Team. This service is currently funded by Central Government grant funding which will continue until April 2022.

2.14 Housing First is an integral element of the new models because of it's ability to support those with multiple disadvantage and complex needs who have previously struggled to engage with exisiting services and have a history of repeat homelessness and rough sleeping. These individuals often present with a range of physical and mental health needs, and as their needs intensify, are likely to require support and care from statutory services. Housing First delivers open ended support allowing people to engage on their own terms at a level they are comfortable with. The current Housing First service is supporting 20 clients in Housing First tenancies. Of these 20, 7 have already sustained their tenancy for over 6 months and a further 3 have sustained for more than 1 year. Feedback from a client of the service is included at Appendix D to outline some of the benefits to individuals that this service can deliver.

2.15 To ensure the service can continue to be sustainably funded at the end of the grant funded period, we propose that the use of £225,000 of the current HRS budget is approved to enable the continuation of the service post April 2022.

2.16 An annual amount of £100,000 has already been identified from the budget for Young Person's HRS services. The remaining amount would come from the current Adults HRS service budget, as per the breakdown below;

Area	**Amount per annum**
Fenland	£25,000
Cambridge City / South Cambridgeshire	£100,000
Total	***£125,000***

Procurement Approach

2.17 The procurement will focus around two seperate Lots. Lots have been determined based on exisiting demand and resource allocation.On-going Housing First delivery will sit outside of this procurement and will continue to be delivered as a countywide service directly by Cambridgeshire County Council.

2.18 Lot 1 – Fenland area: This Lot will consist of accommodation 'hubs' where support can be delivered on site alongside community based 'spokes' which allow individuals to be supported within a smaller shared house setting or within their own self contained accommodation.

2.19 Lot 2 – Cambridge area – The new jointly commissioned 'Streets to Homes' service will allow us to combine our resources and develop a single service that can offer a range of support and interventions to rough sleepers and homeless adults who require support in the Cambridge area. This will include the 'hub' and 'spoke' accommodation based support option (as per Lot 1), but also also community based support solutions, accommodation and

support for those with complex needs, access to dual diagnosis support and access to support around training, education and employment.

2.20 In addressing the requirements of the HRS Strategy, the procurement process provides both the County and District Councils with the opportunity to work with the provider market collaboratively to come up with a solution that meets the needs of service users and provides value for money. It tests the market in order to improve on what we already have in place and is an opportunity for all providers, including those already delivering services, to demonstrate how they can provide the best service possible. A significant amount of work has already taken place with the market to date and officers have seen good engagement throughout.

2.21 Re-commissioning should also take account of the learning from the Covid-19 pandemic and infection control protocols. The pandemic highlighted the particular challenges around large units with shared facilities, and therefore the County would seek to ensure that at least 50% of any larger units commissioned offer en-suite bathroom facilities.

2.22 The commissioning process would ensure that there is an agreed timeframe for embedding the changes to delivery models.

2.23 Given the level of change we are seeking through commissioning the new model of provision, our preferred procurement approach would be a 'Light Touch Dialogue' process. This process has been selected for the following key reasons:

- Gives bidders the opportunity to develop a model that meets the need, is innovative, adds social value and includes robust partnership arrangements - bidders that have participated in similar processes have fed back that they appreciated the opportunity to have in depth discussions with the Authority as part of the procurement process.

- Helps to mitigate particular areas of risk as these can be explored in more detail through the dialogue – e.g. robust partnership arrangements, availability/reliability of accommodation.

- In-house skills and experience available to support process.

2.24 This approach gives bidders the opportunity to have in depth discussions with the Council as part of the procurement process through delivering a three stage process:

- Stage 1 – Invitation to submit an initial tender - Bidders submit their response to the Selection Questionnaire (SQ) and an initial tender response.

- Stage 2 - Dialogue - A series of questions/topics can be sent to bidders in advance and then discussed during the dialogue sessions. Each dialogue is individual to the bidder and is focused around the areas of development that are needed for their submission.

- Stage 3 – Invitation to submit a final tender - Providers that participated in dialogue are invited to submit a final tender, amending their responses based on the dialogue.

2.25 The tender will contain the following key features:

- Focus on Quality and Social Value: The recommended quality to price ratio for this tender would be 70% quality to 30% price. By giving this greater weighting to quality we can incentivise providers to develop the best possible solution which is focused on quality and delivering the best possible outcomes for individuals, while ensuring price is also given appropriate consideration.

- Engagement from people with lived experience: The process will also include questions written and evaluated by people with lived experience. The evaluation of these will represent 10% of the quality score.

- Encourage partnership working: We want to ensure that the new models are delivered consistently across each area, with a joined-up approach delivering all elements of the model to enable the best possible outcomes for the individual client. Providers or partnerships of providers will be able to bid for a District area. This means that there will be 1 contract awarded for each area, rather than the current approach of having multiple contracts with different providers, who all deliver services in a different way and require clients to complete separate application for each service they wish to be considered for. Through the work undertaken with providers and partners to redesign services, we have encouraged all existing providers to consider a 'partnership' approach to delivering the models, and in several areas providers are already having discussions about how they might deliver the model jointly.

- Ensure the term of the contract reflects the scale of transformation required: To recognise the commitment required from the successful bidders in delivering the new model, we will be seeking a longer contract period of up to 7 years (including extensions) to enable providers to implement, embed, adapt and develop the new model.

2.26 The table below shows the proposed HRS budgets for each geographical area. This is based around current levels of funding attached to the services currently commissioned (as per para 2.1) and will be reviewed in line with demand trends over the life of the contract:

District area	**Annual Value**	**Contract Value (7yrs)**
Lot 1 - Fenland	£236,052	£1,652,364
Lot 2 - Cambrdge City & South Cambridgeshire	£1,345,333	£9,417,331
Total	**£1,581,385**	**£11,069,695**

Cambridge City will also be investing £496,364 per annum in the 'Streets to Homes' service, of which £371,364 will form part of the l Lot 1 annual budget.

Timetable:

2.27 The proposed timetable for the Procurement is shown below:

Activity:	**Date:**
Tender goes live	July 2021
Initial Tenders Submissions	August 2021
Final Tender Submissions	October 2021
Contract Award	December 2021
Contract Start Date	1st April 2022

Implementation

2.26 Given the scale of the change we are expecting the new models to deliver, a significant transition period will be required. On award of contract a transition plan will also be agreed with clear milestones for implementation. This will be monitored and managed using the contract.

3. Alignment with corporate priorities

3.1 Communities at the heart of everything we do
There are no significant implications for this priority.

3.2 A good quality of life for everyone
In redesigning services we are seeking to commission a more flexible service that can meet the needs of a greater range of people, including those with higher needs.

3.3 Helping our children learn, develop and live life to the full
There are no significant implications for this priority

3.4 Cambridgeshire: a well-connected, safe, clean, green environment
There are no significant implications for this priority.

3.5 Protecting and caring for those who need us
The report above sets out the implications for this priority in paragraphs 2.5 to 2.10 and in paragraph 2.14

4. Significant Implications

4.1 Resource Implications
The report above sets out details of significant implications in paragraph 2.26

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications
The report above sets out details of significant implications in paragraphs 2.17 to 2.25

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

4.4 Equality and Diversity Implications
A more flexible model which includes smaller shared units of community-based accommodation would enable clients with specific needs or characteristics to be accommodated together if this was their preference.

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 report above sets out details of significant implications in paragraphs 2.6 and 2.14

4.8 Environment and Climate Change Implications on Priority Areas

4.8.1 Implication 1: Energy efficient, low carbon buildings.
Status: Neutral
Explanation:

4.8.2 Implication 2: Low carbon transport.
Status: Neutral
Explanation:

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

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
Status: Neutral
Explanation:

4.8.5 Implication 5: Water use, availability and management:
Status: Neutral
Explanation:

4.8.6 Implication 6: Air Pollution.
Status: Neutral
Explanation:

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

Have the resource implications been cleared by Finance? Yes or No
Name of Financial Officer: No response received from Section Lead 16.06.21

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

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

Have the equality and diversity implications been cleared by your Service Contact? Yes
Name of Officer: Will Patten

Have any engagement and communication implications been cleared by Communications?
Yes or No
Name of Officer: No response received from Section Lead 16.06.21

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 Environment and Climate Change implications been cleared by the Climate Change Officer?
Yes or No
Name of Officer: No response received from Section Lead – 16.06.21

Introduction

Cambridgeshire County Council and Peterborough City Council continue to recognise the value of 'housing related support' services in helping people to address their support needs earlier, and therefore diverting them away from needing higher level care and support services.

In helping those in need of support to develop and sustain their capacity to live independently in their accommodation, housing related support services can provide stability and ensure that people have the skills and support to secure and mange appropriate accommodation, allowing them to address other presenting needs more effectively.

This strategy sets out Cambridgeshire County Council and Peterborough City Council's approach to the future commissioning of Housing Related Support (HRS) Services across both council areas.

Vision

The vision for housing related support services in Cambridgeshire and Peterborough is; *'To provide accessible, good quality and cost effective housing-related support that promotes independence, social inclusion, complements other services and reduces or prevents the need for access to crisis and high cost statutory services.'*

What is Housing Related Support?

A wide range of people may need 'housing related support' to prevent a loss of tenancy, to develop skills to move into and manage their own home, to increase their capacity for independent living or to prevent them moving to residential or institutional care. Housing related support services can offer long or short term support options, with the support activities tailored to a person's specific needs.

'Housing related support' activities may include:

- Assistance with housing and welfare benefits
- Tenancy management and sustainment
- Managing finances and accessing debt advice
- Advice, advocacy and liaison with other agencies
- Peer support and befriending
- Monitoring health and well-being
- Developing social and life skills
- Emotional support and mental wellbeing
- Resettlement when setting up and managing a new tenancy
- Assistance to access education, training and employment

While housing related support is different from social care, or housing management[1] and advice[2], it is able to effectively complement existing Health, Housing and Social Care provision through enabling a person to maintain stable accommodation so that they can effectively engage with other services, and ensuring they have effective support networks in place to continue to meet ongoing needs.

[1] Tasks carried out by landlord in relation to things such as rent payments, tenancy paperwork, neighbour disputes etc
[2] Statutory function of Housing Authorities – advice is provided to those who are homeless or at risk of homelessness and assistance provided where eligible.

Housing related support services can be used to support a wide range of people within the community who have support needs, including older people, adults, young people and families who are homeless, teenage parents, those fleeing domestic abuse and those who may also have social care needs such as people with learning or physical disabilities, mental health problems, or sensory impairments.

In 2010, Central Government removed the 'ring fence' for the 'Supporting People Grant', which was being used to deliver non-statutory Housing Related Support services. This funding then became part of the core funding for local authorities. Since this change there has been a steady decline in the amount being spent on housing related support services, particularly for groups such as single homeless people. In some cases, authorities have ceased to fund any HRS services in their area, using the funding to deliver savings or putting the funding towards the delivery of statutory services.

In Cambridgeshire and Peterborough, HRS budgets have been retained, but like most other Council budgets, the level of funding has reduced in response to the need to realise savings and make efficiencies.

Current position

A review of all Housing Related Support services across Cambridgeshire and Peterborough was undertaken in 2018. This review provided a good understanding of what services deliver and client needs and has helped in achieving the following;

- Identification of current gaps in provision
- Development of a Housing Related Support Commissioning Strategy for Cambridgeshire and Peterborough
- Established a Housing Related Support provider forum
- Identification of some opportunities for savings to Cambridgeshire services
- Delivery of £454k of savings for Cambridgeshire County Council
- Identification of opportunities for re-designing services for homeless adults and young people
- Identification of opportunities for joint working or joint service delivery with partners
- Wider research undertaken to look at 'Homelessness Transformation' across Cambridgeshire and Peterborough has been carried out by Arc4
- A successful bid to the Government's Rough Sleeper Initiative Fund for funding to develop a countywide Housing First offer with district housing partners
- Starting to develop 'Cost Benefit Analysis' tool for housing related support services in partnership with CHS group
- Established a multi-agency Redesign Working Group in Cambridge to facilitate redesign of homeless services for young people in Cambridge City
- Established a member reference group to facilitate engagement with members on the proposed delivery models.

The Covid 19 pandemic has significantly impacted on progress in relation to service redesign work, and as we move out of Covid 19 we will ensure that we;

- Offer meaningful opportunities for engagement with partners, providers and clients to enable us to collaboratively develop new models of service delivery
- Allow sufficient time for feedback to be provided on the HRS Commissioning Strategy and the arc4 Research Report
- Undertake an effective and robust procurement exercise

- Allow providers to be able to focus adequate time and resources on Covid Recovery
- Re-instate the Member Reference Group

Strategic Context

National Strategic Context

The importance of housing-related supported was recognised some time ago by Central Government, who stated that;

"For people experiencing or at risk of social exclusion, housing-related support plays an essential part in preventing or dealing with a crisis situation and restoring independence in a sustainable way."[3]

Housing related support is rooted within the government's promotion of prevention, social inclusion and choice, and has the potential to support both the Transforming Adult Social Care agenda and 'Think Communities' approach.

Estimating Housing Need (CLG, 2010), a piece of research commissioned by the Department for Communities and Local Government, also highlights the need to consider how housing related support services may impact on housing need when undertaking Housing Needs Assessments.

The **Care Act 2014** requires local authorities to ensure provision of preventative services and also introduces the Wellbeing Principle: *"The general duty of a local authority, in the case of an individual, is to promote that individuals wellbeing".*

The Act also sets out a number of key duties for local authorities including the provision of information and advice services to all people in the local authority area and to co-operate with other organisations and internal departments which have a function relevant to care and support (e.g. housing and public health).

The **Welfare Reform** changes that have been implemented over recent years have had a significant impact on homeless and other individuals with support needs. The introduction of the 'shared room' local housing allowance rate for those under 35yrs old has made it increasingly difficult for single people and couples in this age bracket to obtain affordable accommodation. 'Benefit sanctions' have also led to some of the most vulnerable benefits recipients losing significant levels of income and becoming at risk of homelessness again. 'Universal credit' has left some families struggling to manage their incomes and expenditure, resulting in greater numbers seeking advice as they are faced with potential homelessness. As further changes are implemented (e.g. extending universal credit to supported housing residents) it is anticipated that these will present new challenges for delivering and managing supporting housing services.

The **Homelessness Reduction Act 2017** introduced a greater focus on homelessness prevention and placed a new duty on public sector agencies, such as Health and Social Care Teams, to refer individuals or families who may be at risk of homelessness to local housing authorities. In Cambridgeshire and Peterborough this early intervention work is supported by the Homelessness Trailblazer. The Trailblazer project has encouraged agencies to work together collaboratively to address early signs of difficulty and prevent

[3] *Creating Sustainable Communities: Supporting Independence: consultation on a Strategy for Supporting People*, ODPM, 2005

homelessness wherever possible, in order to improve outcomes for clients and reduce public sector expenditure.

The **Children and Social Care Act 2017** is intended to improve support for looked after children and care leavers and promote the safeguarding and welfare of children.
The Act introduces Corporate Parenting Principles which requires the local authority to 'have regard to the need' to take certain actions in their work for children in care and care leavers, including preparing them "for adulthood and independent living".
The Act also introduced the requirement to publish a 'Local Offer' for care leavers, informing them about statutory services provided and anything else that may assist them in preparing for adulthood and independent living, including information around accommodation options.

The new **Domestic Abuse Bill** is currently going through parliament and is expected to become law from March 2021. This will place a statutory duty on Tier 1 Local authorities to provide safe accommodation and support (including some housing related support) for victims of domestic abuse.

Local Strategic Context

Housing Related Support services provide support to over 2,000 people across Cambridgeshire and Peterborough, including people who are homeless, older people, people with mental health problems, young people, ex-offenders and people who have substance misuse issues. This means that Housing Related Support services are able to contribute to a wide range of local strategic priorities and objectives relating to homelessness, offending, health, social care, prevention and wellbeing.

Homelessness System Transformation work is being undertaken jointly with the Cambridgeshire district councils and Peterborough to explore the potential for innovative future delivery, including opportunities for shared services and joint commissioning. This will also consider how we embed the early homelessness prevention work of the **Trailblazer** service, which works with partners, agencies and individuals across Cambridgeshire and Peterborough.

The County Council and partners are developing a **'Think Communities'** approach to delivering public services across Cambridgeshire and Peterborough. This will fundamentally change the relationship between the Public Sector and Communities and transform the way the public sector delivers services. It will require a 'change in the system' so that partners work together with each other and communities – listening, engaging and aligning services with the strengths and needs of each local community.

Rough Sleeping is a particular challenge for Cambridge, Fenland and Peterborough, although for Fenland this is a more recent issue, like Peterborough, their rough sleepers include a significant number of nationals from Eastern European countries.
East Cambs, Huntingdonshire and South Cambridgeshire have also identified rough sleepers in their areas, but numbers remain very low.

Local priorities around homelessness are captured in the **Homelessness Strategies and Action Plans** for each of the districts in Cambridgeshire and Peterborough. Whilst the focus differs across areas to match local needs, 'prevention' of homelessness is a common theme across all of them. There is also a focus on addressing rough sleeping for Cambridge City, Fenland and Peterborough.

Cambridgeshire County Council have also made a clear commitment to address homelessness and wider housing issues that affect its staff and communities. This includes a specific priority around homelessness which was endorsed by the Communities and Partnership Committee in January 2020;

Supporting victims and educing re-offending are key aims set out in the Cambridgeshire and Peterborough **Police and Crime Plan (2017-2021)**. The plan seeks to ensure that "victims have access clear pathways of support" and that "all agencies coming in to contact with offenders are ensuring they address the causes of criminality".

A recent inspection by HM Inspectorate of Probation - **Accommodation and support for adult offenders in the community and on release from prison in England** (July 2020) - highlights the links between homelessness and offending and the importance of having access to stable accommodation for those leaving prison. It also identifies that significant numbers of offenders and young offenders have drug, alcohol and mental health issues.

The draft framework (2017) **Working together for Mental Health in Cambridgeshire and Peterborough** focuses on;

- Prevention; promoting mental health and preventing mental illness
- Community-based care: developing an integrated approach to community-based person-centred care, focused on intervening early.
- Specialist care: timely acute, crisis and inpatient care when it's needed. Paying particular attention to admission and discharge processes,

The **draft Cambridgeshire and Peterborough Joint Health and Wellbeing Strategy (2019 – 2024**) has 3 priorities that which housing related support service can contribute towards;

- Places that support health and wellbeing
- Helping children achieve the best start in life
- Staying healthy throughout life

The **Cambridgeshire Older People's Strategy** includes a focus on 'helping people to help themselves' and 'preventing crisis and helping people to recover from crisis.

Cambridgeshire County Council is also undertaking an internal programme of work, **Adults Positive Challenge**, which is focused on managing demand, improving outcomes for people and enabling more people to be supported in and by their communities.

The **Cambridgeshire Single Equality Strategy (2018 - 2022)** includes a specific objective to "Promote equality and inclusion through fair and accessible services."

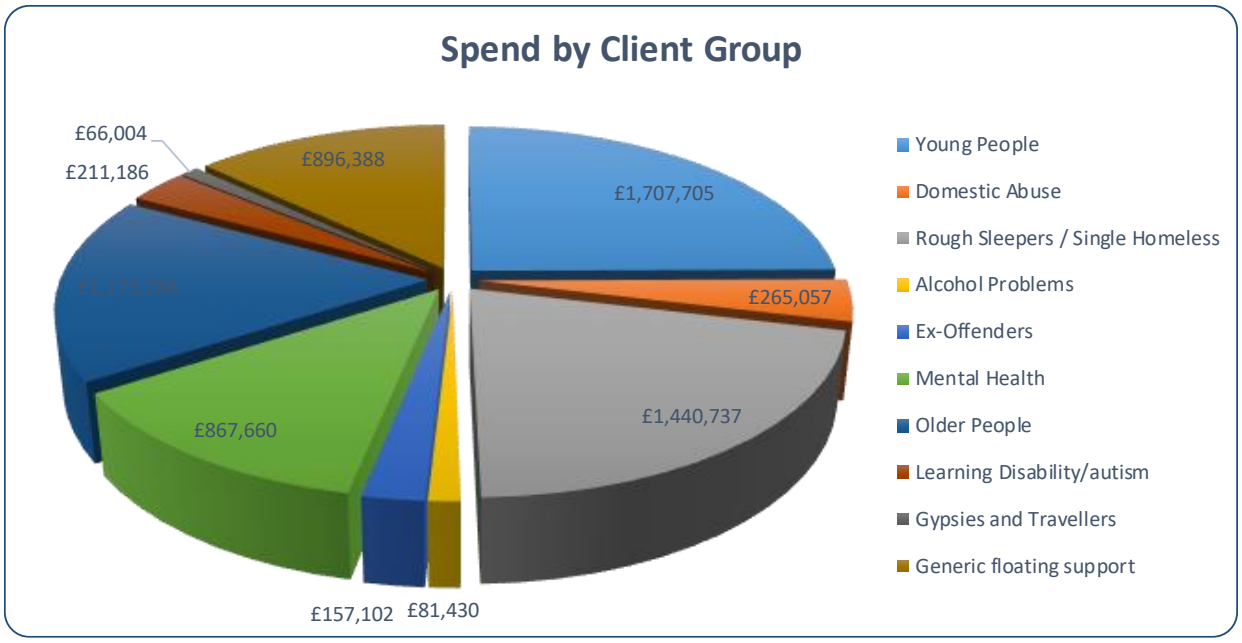
Current Services

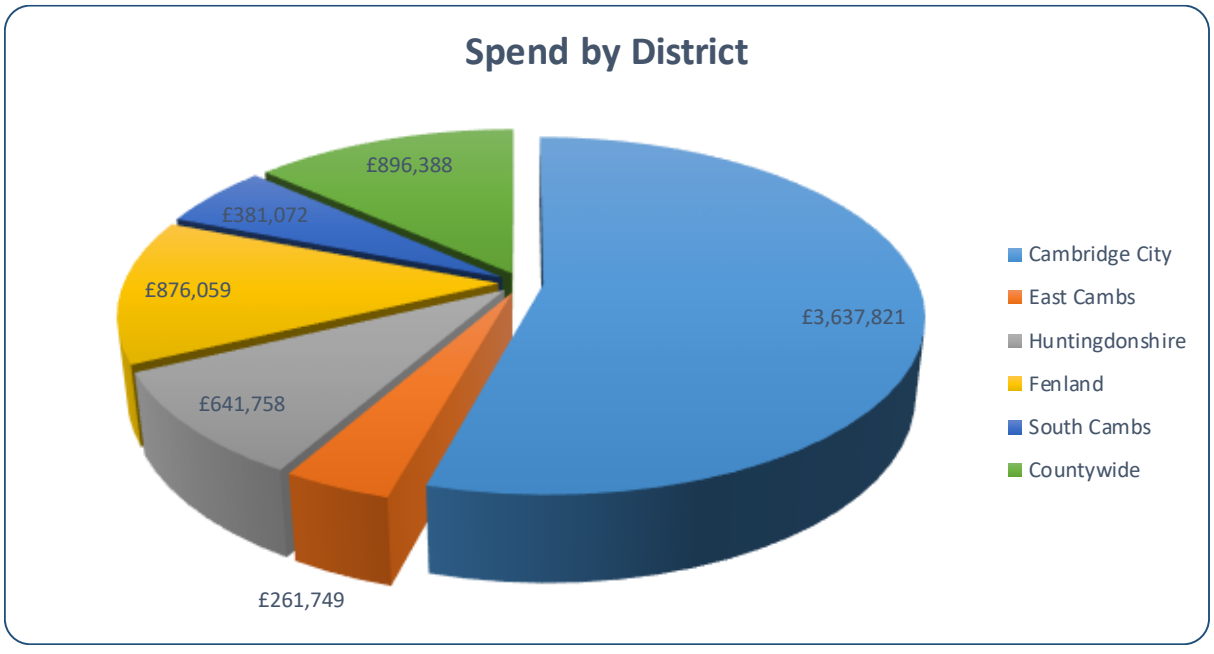
Cambridgeshire:

Service	Provider	Units	District	Client Group
Cambridge Youth Foyer	Riverside Group	32	City	Young People
Queen Anne House	YMCA Trinity	78	City	Young People
Whitworth House	Orwell Housing Assoc	13	City	Young People
Wisbech Foyer	Axiom (Longhurst Group)	19	FDC	Young People
Paines Mill Foyer	Axiom (Longhurst Group)	25	HDC	Young People
Kings Ripton Court	Salvation Army	36	HDC	Young People
Castle Project	Richmond Fellowship	14	City	Young People
Peter Maitland Court (young parents)	CHS Group	8	City	Young People
Railway House	CHS Group	12	City	Young People
Ely Young People's Project	CHS Group	15	EDC	Young People
The Staithe	CHS Group	21	FDC	Young People
Cambridge Refuge	Cambridge Women's Aid	11	City	Domestic Abuse
Hunts refuge	Refuge	9	HDC	Domestic Abuse
Fenland refuge	Refuge	11	FDC	Domestic Abuse
Extra Care	Multiple suppliers	variable	All Cambs	Older People
HRS OP South Cambs	SCDC	variable	SDC	Older People
HRS OP Fenland, Hunts & East	Age UK	variable	FDC / HDC / EDC	Older People
HRSOP	Cambridge City	variable	City	Older People
An Lac House	Abbeyfield Cambridge Vietnamese Society	10	City	Older People
Controlled Drinkers Project	Jimmy's	6	City	Alcohol Problems
Jimmy's Assessment Centre	Jimmy's	20	City	Rough Sleepers / Single Homeless
Abbey Street Move-On	Jimmy's	4	City	Single Homeless
222 Victoria Road	Riverside Group	54	City	Single Homeless
Willow Walk	The Riverside Group	20	City	Rough sleepers / Complex Needs
Housing Related Support Service	Cambridge Cyrenians	73	City	Single Homeless
Princes Walk	Futures HA	9	FDC	Single Homeless
The Ferry Project	Luminus	45	FDC	Single Homeless
Corona House	CHS Group	6	City	Single Homeless
Cambridge Cluster, Vicarage Terrace & Fern Court	Sanctuary Housing	147	City	Mental Health

Green Road	Suffolk Mind	14	SDC	Mental Health
Offender Accommodation	Luminus Group	12	HDC and FDC	Ex- Offenders
Jubilee Project	Cambridge Cyrenians	10	City	Ex- Offenders
Russell Street	CHS Group	21	City	Learning Disability / Physical Disability
Fenland Traveller Sites	FDC	64	FDC	Gypsies & Travellers
Hunts Traveller Site	Luminus	20	HDC	Gypsies & Travellers
Countywide Floating Support *	P3 (People, Potential Possibilities)	variable	All Cambs	Generic & specialist

The current funding for the delivery of these services is £6.9m. The diagrams below provide a breakdown of spend by client group and by district.





Peterborough:

Service	Provider	Units	District	Client group
Fair View Court	Longhurst Group	30	PCC	Rough sleepers / Complex Needs
New Haven	Longhurst Group	19	PCC	Single Homeless
Peterborough Foyer	Longhurst Group	54	PCC	Young People at Risk
Temporary Hostel provision	Cross Keys Homes	75	PCC	Homeless Families
Mayor's Walk	Futures HA	26	PCC	Single Homeless
Eastlands	Home Group	14	PCC	People with Mental Health Problems
Time Stop	YMCA Trinity Group	22	PCC	Young People at Risk
The Cresset	YMCA Trinity Group	89	PCC	Single Homeless
Women's Refuge	Peterborough Women's Aid		PCC	Domestic Abuse
Cambridge & Peterborough Floating Support *	P3	variable	PCC	Ex-offenders, substance misuse, mental health and chronically excluded

* These are elements of a single service jointly commissioned by CCC & PCC

The current funding for the delivery of these services is £1.1m.

Population Information

Population and ethnicity:

Both Cambridgeshire and Peterborough have seen significant population growth in recent years, and this is predicted to continue, with the greatest level of growth being in the over 75 age group.

In Cambridgeshire overall, natural change (e.g. births and deaths) accounts for more population growth than migration (61.2% compared to 48.4% respectively), whereas in Peterborough, migration accounts for slightly more population growth (47.2%) than natural change (42.5%).

Whilst the largest ethnic group across Cambridgeshire and Peterborough is White British, both Cambridge City and Peterborough have much greater levels of ethnic diversity than the other areas.

Local Authority	% White British population
Cambridge City	66
East Cambridgeshire	90
Fenland	90
Huntingdonshire	90
South Cambridgeshire	88
Peterborough	71

Further information regarding population and demography can be found here.

Deprivation:

Cambridgeshire overall has relatively less deprivation than England, but Peterborough has relatively more deprivation than England.
Across Cambridgeshire and Peterborough there are 62 Local Super Output Areas (LSOA's) which fall in to the 20% most relatively deprived nationally;

- Three in Cambridge City
- Two in Huntingdonshire (in Huntingdon predominantly)
- Eleven in Fenland - four of which are in the 10% most relatively deprived nationally (in Wisbech predominantly)
- Forty Six in Peterborough - sixteen of which are in the 10% most deprived nationally

Homelessness and Rough Sleeping:

In terms of homeless presentations, data shows that all local authorities have seen an increase in demand following the introduction of the Homelessness Reduction Act.

The main causes of homelessness across local authorities (LA's) are ending of private rented tenancy and family/friends evicting.

The table below shows the percentage of clients assessed as being owed prevention[4] and relief[5] duties.

Local Authority	% owed Prevention Duty	% owed Relief Duty
Cambridge City	48%	52%
East Cambs	78%	21%
Fenland	59%	41%
Huntingdonshire	61%	39%
Peterborough	40%	60%
South Cambs	68%	32%

(April 2018 to March 2019)

All of the LA's have seen an increase in the number of single people approaching the service, which mirrors the national picture.

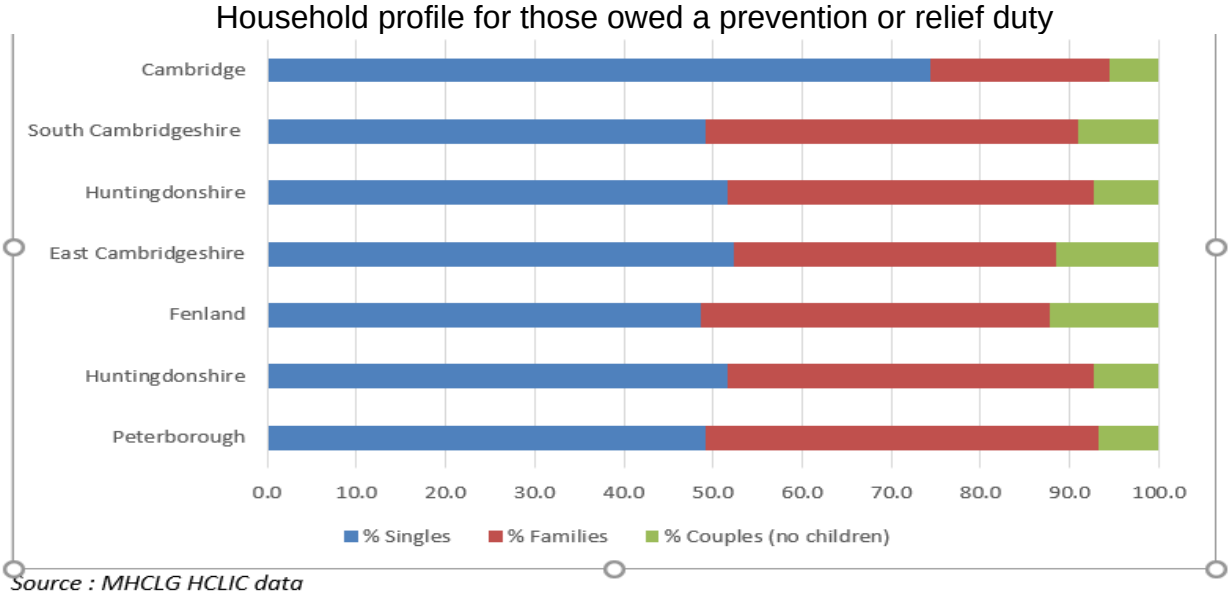
Single households are significantly over-represented at relief stage and are more likely to approach the service once they are already homeless. This is particularly acute in Cambridge City, where over 70% of those owed a prevention or relief duty are single people, as illustrated by the table and chart below.

Local Authority	% single households owed a duty	% single households owed a relief duty
Cambridge City	74%	81%
East Cambs	52%	69%
Fenland	48%	67%
Huntingdonshire	52%	67%

[4] If someone is owed a 'Prevention Duty', their Local Housing Authority will try and help them find a solution to prevent their homelessness – if it can't be prevented then they may be owed a 'Relief Duty'.
[5] If someone is owed a relief duty then their Local Housing Authority will provide assistance to secure suitable accommodation to resolve their homelessness.

Peterborough	49%	55%
South Cambs	49%	58%

(April 2018 to March 2019)



Source : MHCLG HCLIC data

Services may also find it harder to prevent homelessness for single people due to availability of accommodation and affordability thresholds.

Local Authorities are seeing an increase in the complexity of need that homeless clients are presenting with, most notably very poor mental health, care needs and dual diagnosis (substance misuse and mental health). In all geographical areas, mental health is identified as the most prevalent support need.

Rough sleeping is a particular challenge for Cambridge, Fenland and Peterborough. Whilst numbers are similar across the 3 areas, the profile of rough sleepers is distinctly different, with a significant number of nationals from Eastern European countries identified within Peterborough and Fenland.

	No. rough sleepers	
Local Authority	**2017**	**2018**
Cambridge	26	27
Fenland	9	23
Peterborough	31	29

Source: MHCLG, Rough Sleeping Statistics (England), 2018

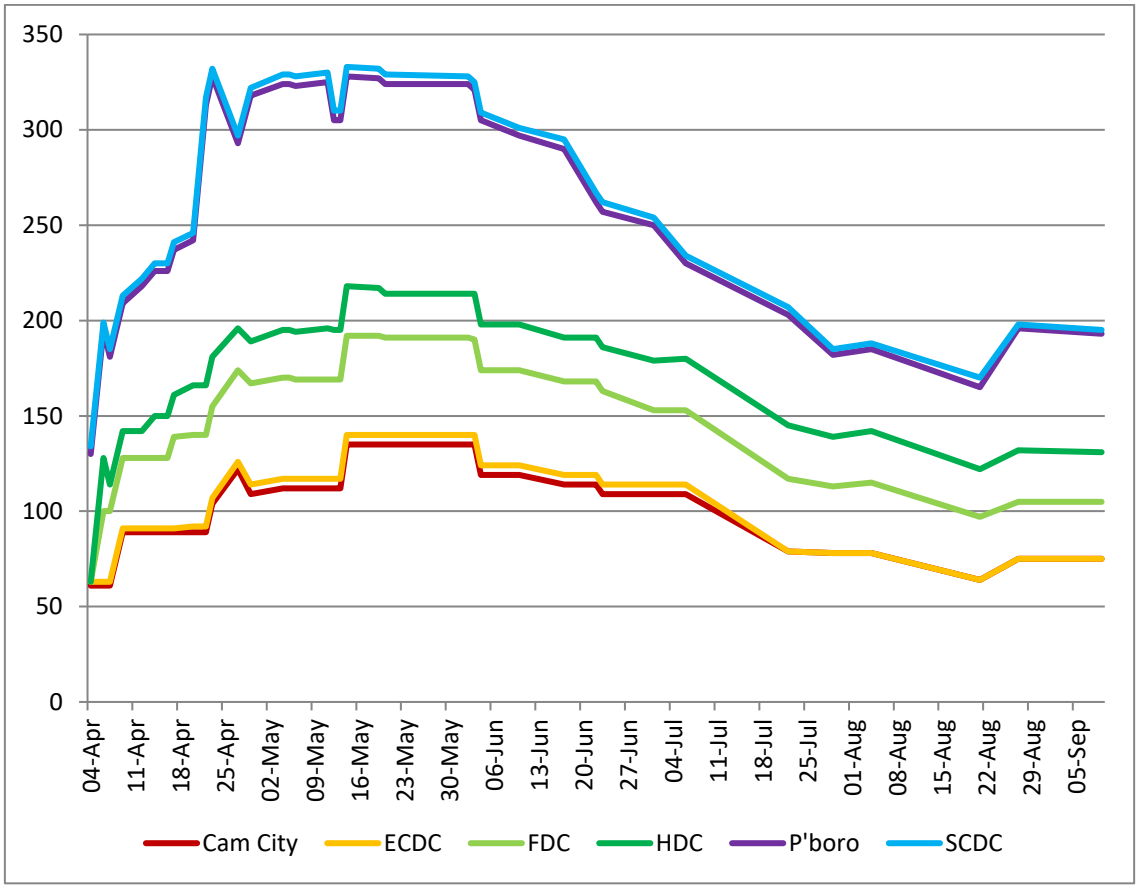
There is a view that rough sleepers from other parts of Cambridgeshire migrate to services in the City, but whilst there is evidence of some migration, numbers are very small.

In 2020 the number of people identified as rough sleeping increased dramatically as a result of the Covid 19 (Coronavirus) pandemic. The government's directive to accommodate all rough sleepers, and those at risk of rough sleeping, resulted in large numbers being accommodated across the area. Figures recorded for 14 May 2020, identified that 333 people were being accommodated in response to Covid 19, with the majority of these in Cambridge, Peterborough and Fenland, at the peak.

Local Authority	Number accommodated 14 May 2020
Cambridge City	135
East Cambridgeshire	5
Fenland	52
Huntingdonshire	26
South Cambridgeshire	5
Peterborough	110
Total	333

The majority of those accommodated, were identified as having a range of support and health needs, with a significant number presenting with complex needs, including dual diagnosis, and around 50% having substance misuse needs.

The graph below shown the cumulative use of emergency covid accommodation. As of 9th September 2020, 195 people were still being accommodated across the region.



Mental Health:

Prevalence data for mental health estimates that there are significant numbers of people with common mental health disorders in Cambridgeshire and Peterborough and these will rise as the population increases;

- 88,000 adults in Cambridgeshire and Peterborough aged 18-64 years have a common mental health disorder – by 2021 this figure will be 95,200, and by 2026 it will be 97,500
- 7% (50,417) of adults in Cambridgeshire and Peterborough were recorded by GP's as having depression in 2014/15

- 775 self-harm hospital admissions in people aged 10-24 years in 2014/15 (this rate is significantly higher than the England average)
- 7,048 patients registered in Cambridgeshire and Peterborough have a serious mental illness

Key links with Cambridgeshire & Peterborough Joint Strategic Needs Analysis (JSNA Core dataset 2018/19)

The rate of under 18 conception in Cambridgeshire as a whole is significantly lower than the England average, except in Fenland where it is comparable to the national average. In contract, for Peterborough, the rate of under 18 conception is significantly higher than the England average.

Birth rates to mothers aged under 18 are statistically similar in Cambridgeshire compared with the national average, but again in Peterborough they are significantly higher than the national average.

Within Cambridgeshire, Cambridge and Fenland have significantly worse child poverty rates than the Cambridgeshire average, while Peterborough's percentage of children aged under 16 living in poverty is significantly higher than England, but with a decreasing recent trend.

Within Cambridgeshire, 72.4% of 15 year olds are recorded as 'ever had an alcoholic drink', which is significantly higher than the England average, whereas in Peterborough the figures is 54.3% which is significantly better the England average.

Level of 'regular drinkers' for Cambridgeshire are similar to levels nationally, although Cambridge and Fenland have significantly higher rates of alcohol-related hospital admission episodes than England.

Level of 'regular drinkers' for Peterborough are significantly better than levels nationally, and rates of alcohol-related hospital admission episodes are similar to England, however Alcohol-specific mortality in Peterborough is significantly higher than the national rate.

In Cambridgeshire an estimated **33,500 people** were recorded as having **used drugs** at least once in the last year, with around 7,800 using them more than once a month. As of April 2020 there are 2369 adults in Cambridgeshire in structured treatment for substance misuse and 151 young people aged 12-18 in treatment.

In Peterborough an estimated **10,400 people** were recorded as having **used drugs** at least once in the last year, with around 2,400 using them more than once a month. As of April 2020 there are 1485 adults in Peterborough in structured treatment for substance misuse and 159 young people aged 12-18 in treatment.

Between 2016 and 2018 a total of 96 people were recorded as dying from drug misuse across Cambridgeshire and Peterborough (*source: ONS figures*).

Self-harm appears to be a particular issue across all of the Cambridgeshire districts and Peterborough with sustained high rates of emergency hospital admissions.

The rates for self-harm are also higher in females than males.

Significant numbers of children and young people experience mental health problems. One in eight (12.8%) 5 to 19 year olds had at least one mental disorder when assessed (equivalent to approx. 14,480 children and young people in Cambridgeshire and 4,860 in Peterborough). Emotional disorders were the most prevalent of these disorders.

In 2017/18 there were 4,453 children's social care referrals from Cambridgeshire and 2,618 from Peterborough. The table below shows numbers being supported on 31st March 2018;

	Cambridge City	East Cambs	Fenland	Huntingdon-shire	South Cambs	Peterborough
No. Childrens Social Care referrals	810	471	942	1107	745	2618
No. Children in Need being supported	592	333	675	754	522	1651
No. open Child Protection plans	93	59	117	88	61	228
No. Looked After Children	139	60	163	165	98	370

Recent Review and Research

A review of all Housing Related Support services across Cambridgeshire and Peterborough was undertaken in 2018.

Wider research to look at Homelessness Transformation across Cambridgeshire and Peterborough was undertaken by Arc4 in 2019/2020. This research was carried out in partnership with the District Housing Authorities across the area.

The key findings of the review and relevant findings form the wider Homelessness Transformation work are summarised below;

- The majority of Housing Related Support services being commissioned were being well utilised, were strategically relevant and were contributing positively towards the priorities of the County Council, Peterborough City Council and other statutory partners.
- The contribution that housing related support services made to the prevention agenda was clearly recognised
- Whilst current services were valued, it was acknowledged that changes were needed to ensure services are providing the right support for clients, including those with multiple complex needs.
- A variety of service delivery models are needed, including both accommodation based services and floating / visiting support.
- Services are supporting an increasing number of clients with higher or more complex needs and the most commonly identified need was around mental health
- There are gaps in the provision of support for those with poor mental health and/or dual diagnosis - many clients struggle to access these provisions and therefore supporting them effectively can become an even greater challenge.
- The increasing need profile of clients is impacting on clients length of stay, with significant numbers remaining in short term services beyond the expected 2 year maximum stay.
- Access to wrap around and welfare services such as mental health support, substance misuse services, education, training, and counselling are essential

elements of the support pathway, along with effective resettlement preparation to enable them to retain a tenancy going forward.

- The majority of those moving on from services will likely need some ongoing support at the point of move on, and a small number will need longer term, rather than transitional, support.
- Access to timely, appropriate and affordable move-on accommodation is a big challenge, and compounded by a lack of access to affordable private rented accommodation (particularly in Cambridge), and competing market pressures.
- Delays in moving people on mean that those in need of are not always able to access the support they require when needed, and this can result in needs escalating.
- Customer expectation and aspiration can be a barrier to prevention and relief work.
- Data suggested there are a significant number of clients moving between different supported housing/hostel services, rather than moving on to independent living.
- A number of clients do return to homeless services as a result of losing the accommodation they move on to - the reasons for this vary, but anecdotal evidence suggests that one of the reasons is clients transitioning from high to very low, or no support, when they move-on from supported housing/hostel services.
- Accommodation pathways need to flexible, particularly in Cambridge City, to ensure that they respond to individual client's support needs
- Consideration should be given to undertaking a more detailed 'Supported Housing Needs Assessment' to include modelling that identifies future need based on client group and area - this would need to be an in depth piece of work.
- Rural issues in some parts of the County can reduce the available housing options.
- One year grant funding of Peterborough HRS services presents challenges to providers around staffing and long term service planning and is a barrier to longer term investment in services
- There is a need to encourage clients to seek assistance from Housing Options/Advice Services at an earlier point to ensure opportunities for prevention and early intervention can be maximised.

Identified gaps*:*

- Access to move-on accommodation
- 'Step down' support / transition support
- Long term visiting support[6] / support placements
- Supported accommodation and community support for those with complex and/or enduring needs, including those with substance misuse issues
- Additional floating support[7] capacity (in some areas)
- Access to mental health support
- Need for services that can actually prevent people from sleeping rough in the first place, including an emergency offer of accommodation for anyone sleeping rough to ensure there is always access to a bed

Other Emerging Needs and Challenges:

The list below identifies other factors that will, or could, impact on Housing Related Support services, and therefore need to be considered within this strategy;

- The Covid 19 Pandemic has impacted dramatically on services and resulted in large scale changes to the way support has been delivered to clients, and presents

[6] Open ended (no time limit) support that is delivered to the person in their own home

[7] Short term/ time limited support delivered to the person in their own home

a unique opportunity to consider how some of the positives from these changes can be used to influence future delivery models and commissioning decisions
- Rough sleepers being identified in rural areas – low numbers at present, but increasing
- 'County Lines' continues to pose a significant risk to young people across parts of Cambridgeshire
- A number of the current services for rough sleepers and other homeless individuals are being provided by time limited funding from Central Government which is due to end in April 2021
- Significant numbers of people in some areas are ineligible for services due to their immigration status - whilst this status may not be a barrier to accessing HRS funded support, it can severely limit the interventions and support that can be offered as a result of being unable to claim benefits or not meeting eligibility criteria
- Effectiveness of the current Protocol for 16/17 year olds
- 'Duty to Refer' (Homelessness Reduction Act 2017) is not currently working well.
- An increase in TB cases (particularly in Cambridge City and Peterborough) – public health analysis identifies homelessness as being an increased risk factor both in contraction and potential spread of this disease
- The Government have indicated that they will be reviewing funding for supported housing/housing related support, however as yet there is no timescale for this

Commissioning

Commissioning Principles:

The housing related support services we commission should be focussed on ensuring that those using them have access to the information, tools and opportunities they need to enable them to live as independently as possible and enjoy a good quality of life.

To enable us to realise this aim the services we commission need to be;

- client led and allow individuals to have choice and control over the support they receive
- focussed on an individual's strengths and the goals that are important to them
- providing people with the tools and confidence they need to live independently and manage in their own accommodation
- helping people to avoid access to crisis or higher need statutory services for as long as possible
- innovative and responsive to changing needs and demands
- delivered in partnership with providers to ensure that the best outcomes can be achieved for people in our communities
- inclusive and meet the needs of our diverse population
- contributing positively to the priorities of Cambridgeshire County Council, Peterborough City Council and their partners
- providing value for money and delivering added social value
- sustainable and financially viable to deliver

These commissioning principles will underpin Cambridgeshire County Council and Peterborough City Council's approach to the future commissioning of Housing Related Support Services across both council areas.

Commissioning Approach:

Our approach to commissioning will be;

Transparent:

- The HRS Strategy forms a basis for future commissioning decisions.
- Proposals and decisions are evidence based, set out clearly and are developed in collaboration with partners and providers.
- Commissioning and decision making processes are openly shared and followed consistently.

Collaborative:

- Partners, providers and clients will be involved in service planning, service design and procurement
- Wherever possible, services and solutions will be 'co-produced'
- Regular input/attendance at partnerships and key meetings/groups will ensure good lines of communication are maintained
- Joint commissioning and joint working to support delivery of shared priorities and mutually beneficial services

Outcomes focussed:

- Services will be commissioned to deliver shared outcomes
- Service effectiveness will be demonstrated by outcomes achieved
- Outcomes will be proportionate, meaningful and achievable

Innovative:

- Service design and procurement will take account of local and national best practice
- Openness to exploring new ideas, new models and new ways of working
- Encouraging services to transform and adapt in order to continue to deliver the best outcomes and meet people's changing needs

Strategically aligned:

- Commissioned services contribute to relevant local strategies, priorities and approaches e.g. 'Think Communities'.
- Commissioned services support delivery of recognised good practice models.

Commissioning Priorities – 2020 to 2022:

Since the conclusion of Supporting People in 2010 there has already been some remodelling of housing related support services;

- Support for older people in Cambs moved away from just delivering support to specific sheltered housing tenants, to delivering visiting support through district wide services, enabling any older to access the support, wherever they live.
- Mental Health Supported Living and support services are transforming to ensure that they are delivering support and accommodation that meets current needs.
- The Countywide Floating Support service was re-tendered in 2018 enabling a new approach focussed on providing short, targeted, time limited support to people who are at risk of losing their home or need help to set up a new home, as well as 'drop-in' sessions to enable people to access ad hoc support for 'one off' issues.
- Domestic Abuse services have been recommissioned and continue to provide a safe environment and deliver essential support to those who are experiencing domestic abuse.

Our focus over the next few years will be on ensuring that services we commission for homeless adults, rough sleepers, offenders and young people at risk of homelessness are able to evolve to ensure they continue to effectively meet the needs of current and future customers.

Our aim is to move away from a predominantly hostel focussed approach and to commission a mix of provision that is better able to meet a range of support needs, is reflective of other established models of good practice and will enable us to meet some of the gaps in provision that have been identified.

Successfully delivering new service models across Cambridgeshire and Peterborough will mean;

- Working with providers, customers and partners on redesigning services to enable them to meet some of the gaps identified by the HRS Review and arc4 Research
- Being able to explore new, innovative and good practice service delivery models
- Ensuring services are as accessible as possible and that pathways work for customers and professionals
- Ensuring that new services are designed flexibly to enable them to respond to changing needs and demands
- Allowing opportunities for services to evolve during the contract period in order to maximise service potential and opportunities for development and innovation
- Ensuring that commissioned services operate in harmony with other local services to avoid duplication and maximise support opportunities for customers
- Ensuring there is a partnership approach to implementing changes that takes account of wider plans, policies and priorities
- Developing a monitoring framework which is meaningful and where success is measured on the basis of what has been achieved for customers and the positive impacts of the service
- Moving away from annual grant funding of HRS services in Peterborough and adopting a contracts based approach
- Adopting more innovative approaches to commissioning

We have already begun to work with our partners to expand the Housing First pilot developed by Cambridge City. Work is now underway to introduce this model across Cambridgeshire and Peterborough using short term funding secured through the Government's Rough Sleeping initiative Fund.

Housing First aims to support those with the most complex needs who are rough sleeping or have a history of repeat homelessness. Housing First provides individuals with access to stable accommodation so that they can then be offered intensive support to begin to address their other needs and issues in a way that is manageable for them.

There is also still a need to continue to invest in more traditional service models, such as hostels, to ensure that there are a range of services available to support those who are homeless and in need of support. Whilst HRS funding may contribute to the longer term delivery of Housing First, other sources of funding would also need to be identified to sustain the current model being developed.

Work has also started on looking at an alternative service model for young people who are experiencing homelessness. This work has been based around the St. Basil's Pathway, an established good practice model, which aims to provide a clear framework to better

prevent young people aged 16 – 25 from becoming homeless. It also sets out the sort of services and support needed to help young people who do become homeless to build a more positive future.

Implementation of this strategy

This strategy will be delivered by the Adults Commissioning Team with oversight from the following;

- Cambridgeshire County Council Adults Committee
- Cambridgeshire County Council Children and Young Peoples Committee
- Peterborough City Council – Cabinet Member Decision
- Cambridgeshire and Peterborough Housing Board

An agreed Delivery Plan will be developed and regularly monitored and reviewed.

Where there is an identified need to remodel, redesign or develop services, this will be undertaken collaboratively with district housing partners, providers, clients and other key stakeholders. This will include exploring opportunities for joint delivery or commissioning of services.

Given the level of change we are seeking to deliver through this strategy, there are a number of risks and challenges which also need to be acknowledged, and mitigated. These are highlighted in the table below;

Risk/Challenge	**Mitigations**
Communication: • Managing public expectations and responding clearly and consistently to public concerns around the changes • Ensuring local members are fully involved in the process for delivering change • Ensuring partners are fully involved in the process for delivering change • Ensuring partners are fully involved in the process for delivering change	• Public statements and briefings developed proactively and timely responses made to all public enquiries • Member Reference Group established, timely member briefings • Links with key groups such as Housing Board • Range of engagement opportunities for partners and stakeholders
Funding: • Reduced HRS budget • Need to make existing funding go further • Limited alternative funding sources available • Long term funding of 'Housing First' across all areas • Short term nature of some supporting funding streams e.g. Rough Sleeper funding • Still awaiting further information from Central Government on changes to the funding for supported housing	• Development of new delivery models to enable service to be delivered differently • Work with partners to identify alternative funding sources to address gaps • Continue to monitor for Central Government updates • Identify potential implications of Central Government changes as early as possible
Remodelling & Redesign: • New models will be also need to generate the required savings	• Investing adequate time in service re-design • New service delivery models that generate a wider range of provision

• New models need to be flexible so they can engage with a range of clients and provide appropriate levels of support • Long term funding of 'Housing First' • Ensuring that new models are robust and financially viable • Ensuring that services can evolve to continue to meet the needs of clients and take account of local and national changes	• Robust procurement process • Robust evaluation of initial 'Housing First' delivery to demonstrate value • Flexibility within contracts to enable fine tuning of services during contract period
Procurement: • Existing providers exiting the market with their expertise and accommodation • No bids or no suitable bids • Unrealistically low cost bids submitted to secure the contract • Delivery of the accommodation elements of the contracts • Ensuring that we can work collaboratively but still meet the requirement for a fair and competitive process	• Clear opportunities for local providers to influence service re-design • Seek 'Expressions of Interest' prior to full tender • Use of 'Soft Market Testing' to enable market to help shape models • Robust pricing evaluation that will consider low and high outliers • Provision of expert advice and guidance from Procurement Team

A risk log will be developed alongside the Delivery Plan to capture all known and emerging risks and any potential mitigations. This will then be regularly monitored and reviewed.

The Strategy and Delivery Plan will be reviewed annually by Cambridgeshire County Council, Peterborough City Council and partners.

Redesign of Housing Related Support services for Homeless Adults and Rough Sleepers

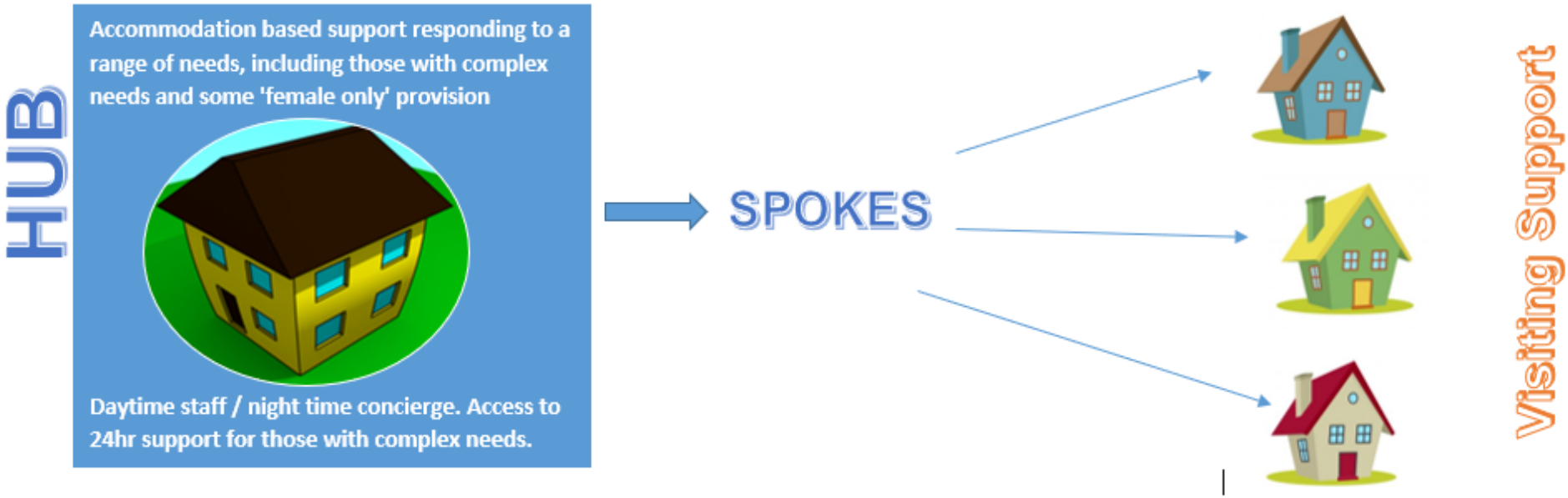
Lot 1 - Model for Fenland

Aim: To commission a model which;

- delivers a greater range of accommodation and support options for homeless adults with support needs
- takes account of good practice
- helps to address gaps identified by the HRS review available

Model:

- 'Hub and Spoke' model
- Staffed accommodation hub service providing a range of options to meet varying needs, including those with complex needs and provision of some 'female only' accommodation or support.
- 'Spoke' small dispersed units of shared accommodation located across the district – support delivered from hub
- Ability to target 'spokes' at specific need groups e.g. females or individuals from a particular ethnic group
- Flexible duration of stay/support to suit needs, but with a strong focus on 'move-on' and development of independence.
- Referrals directed through 'Hub'
- Single assessment process



Lot 2 - Cambridge 'Street to Homes' Model

Overview:
'Streets to Homes' (SH) aims to bring together the many different service and support elements that have evolved across Cambridge City to try and meet the needs to of those who are rough sleeping, homeless or choosing to live a street based life.

The SH model will ensure that a range of services are available to support clients in a way that works for them and with them.

The SH model will require that the range of services available are;

- informed by the experiences and feedback of clients
- delivered in a clear, consistent and coordinated way
- accessible to those who need them
- focussed on long term accommodation solutions and tenancy sustainment
- delivered in partnership not competition
- minimise duplication
- maximise the valuable contribution of the voluntary sector
- proactive, flexible and adaptable
- demonstrate good practice

SH seeks to depart from the current model which is reliant on hostel accommodation to deliver accommodation and support and assumes a set pathway through services. Instead, it aspires to a more community focussed model, where people are able to receive support in their own home or a more 'home like' environment.

The commissioned elements of the service are outlined below, but there will also be an expectation that 'non-commissioned' elements will also become part to the model, enabling the best possible support, opportunities and solutions for clients.

Assessment and Information Hub:
Providing a physical location that will be publicised so that anyone can turn up and access information and advice, or have an assessment if there is a need for support and accommodation. Cambridge City Council will also have a presence at this hub to provide access to general housing advice and homelessness assessments.

Assessments can also take place elsewhere in the community, where that is more appropriate for engaging with the individual e.g. undertaken by Street Outreach staff when visiting people on the streets.
There is also potential for other services to have a presence at the Assessment Hub to deliver things such as 'drop-ins', or to enable joint assessments to be undertaken with other agencies.

Support with Accommodation:
A large element of the model will be providing support and accommodation to people, or supporting them into independent accommodation.

At the start of the contract the range of accommodation options will include;

- larger 'Hubs' based on the hostel accommodation model which combine accommodation with the option of 'on site' support
- smaller 'Spokes' of community-based accommodation (likely to be shared, but possibly also some self-contained units), in a variety of locations, which can offer visiting support or the option to visit a 'Hub' to access support
- Resettlement support to assist people in moving on to independent accommodation (self-contained or shared) and ensure they have everything set up in relation to their tenancy, are linked in with other services they need and are aware of how to access support if issues arise.
- Housing First in Cambridge will be one element of the Cambridgeshire wide Housing First Service delivered. Those in Housing First properties will receive flexible, open-ended, support, delivered by a dedicated team of support workers using the MEAM approach.

The type of accommodation someone accesses will depend on preference, needs, risks and availability.

Accommodation with support attached, such as the 'hubs' and 'spokes' are intended as short-term accommodation. While the length of stay will be dependent of the client's need and circumstances, there must be a clear focus on securing long term, independent accommodation.

The duration of resettlement support will also be dependent on client need, but should not be viewed as permanent support.

Over the life of the contract, it is anticipated that the balance will move towards greater levels of community based support and few larger 'hub' units.

Street Outreach:
This will be delivered directly to people who are identified as rough sleeping or following a street based lifestyle. The aim will be to engage with people and help them to access appropriate accommodation and support. Street Outreach will also lead on verification of rough sleepers and identifying those who may be in need of 'reconnection' support.

Wraparound services:
For the purposes of the funding available, wraparound services will be focused on delivering meaningful day time opportunities with a focus on;

- General 'day to day' welfare support e.g. provision of food, access to laundry, access to a phone etc
- facilitating access to training, education and development of employment skills
- support to find and obtain employment

- volunteering opportunities
- signposting and referral

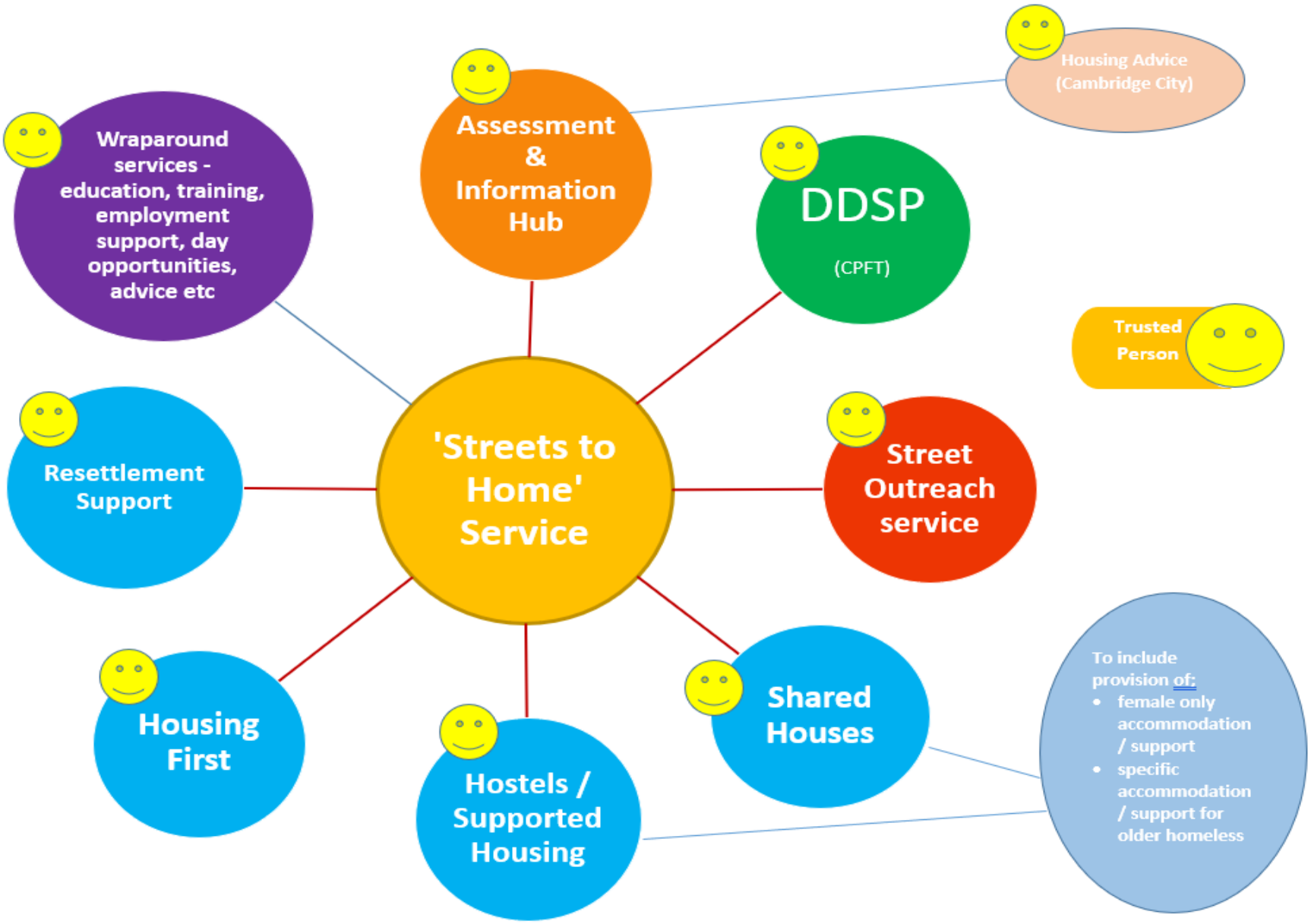
It is anticipated that many of the above elements will be delivered from a centrally located daytime ‘hub’, but there should also be some provision of co-located services such as ‘drop-in’ or scheduled sessions at other sites relevant to the client group.

The expectation is that the hub will also offer opportunities for other agencies to deliver ‘drop-in’ or scheduled sessions, or to meet clients outside of normal service settings.

Dual Diagnosis Street Partnership (DDSP):
The service will continue to be delivered by CPFT to ensure that the appropriate clinical governance is in place, along with access to relevant pathways and systems.

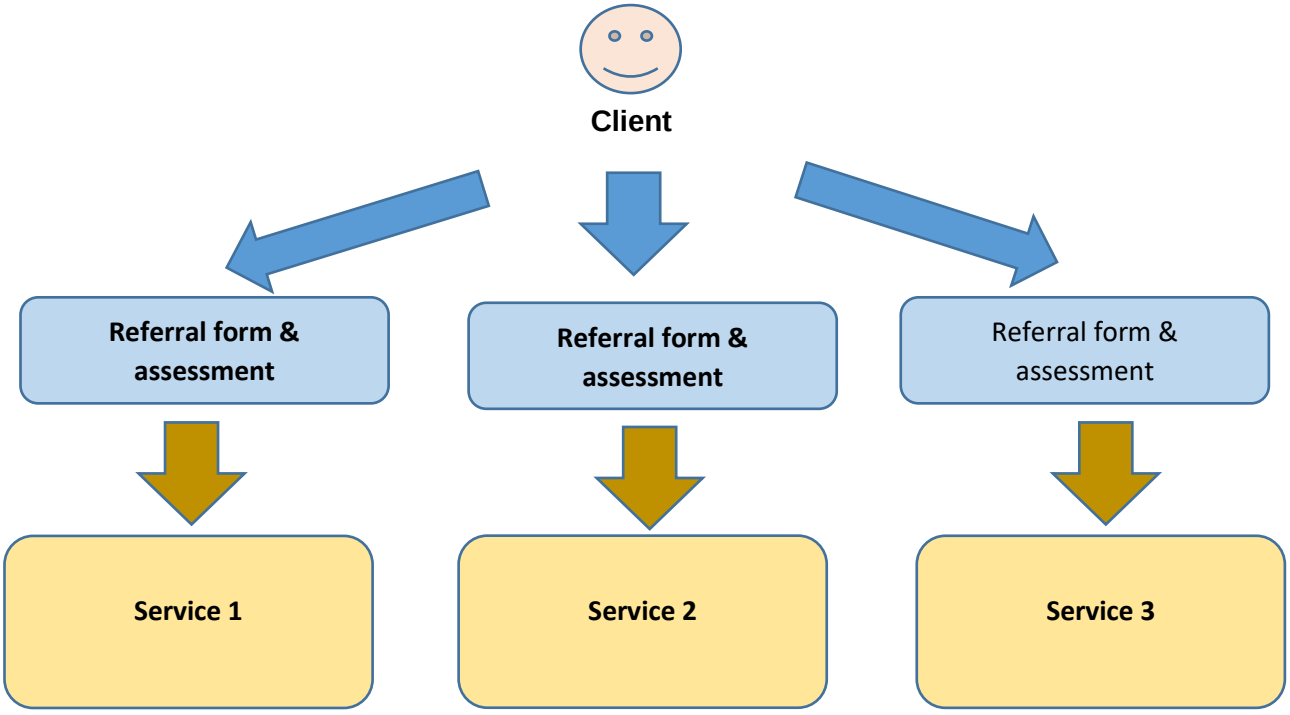
The service will be an integral part of the SH model providing advice, support and interventions to those with dual diagnosis issues, and the other professionals who are supporting them.

‘Trusted Person’:
Where a client has identified a ‘Trusted Person’ whom they would like to continue to be involved in supporting them, the detail of this person and the way in which they are supporting them should be noted within any support plan, and where requested by the client the person should be included in support discussions. The extent of the Trusted Person’s involvement will be determined by the client, but may include advocacy support, more practical support (e.g. assisting with referrals, benefits claims or appointments) or general welfare support (e.g. befriending, regular calls, meeting for coffee).
A Trusted Person could be anyone who has helped them in the past and who they have developed a trusting relationship with. This may be someone working in a voluntary capacity of someone in a paid role.

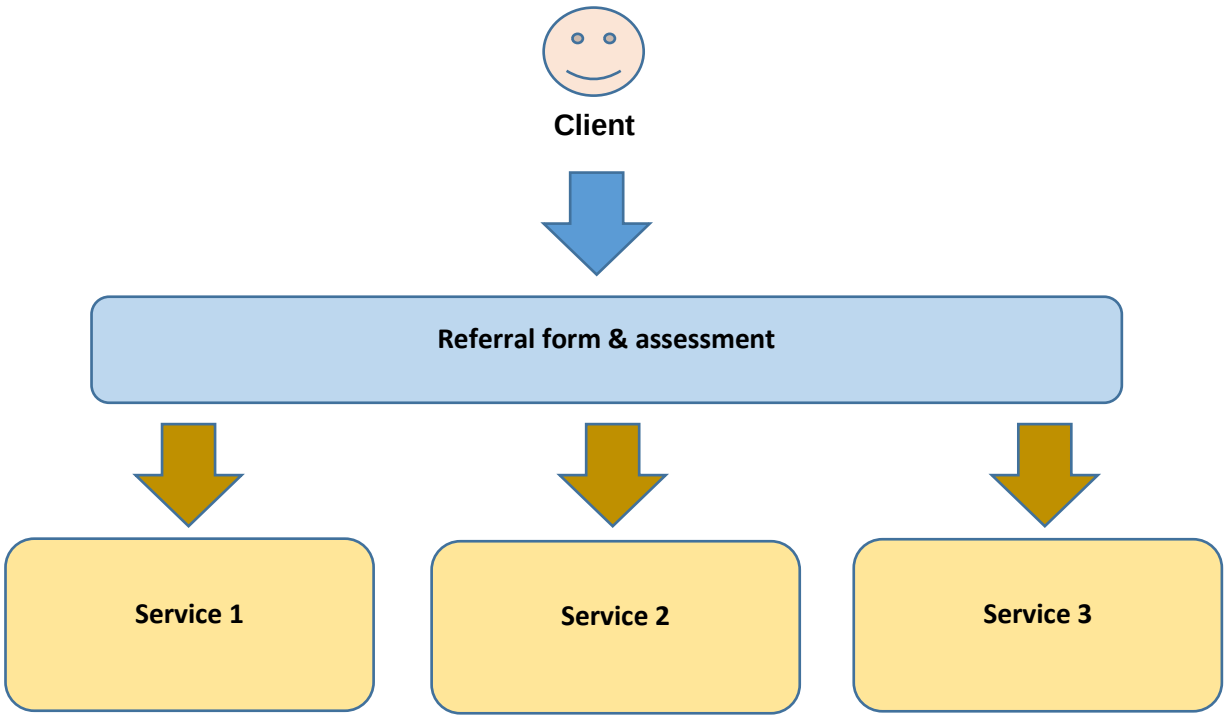

Housing Advice (Cambridge City)
Assessment & Information Hub
Wraparound services - education, training, employment support, day opportunities, advice etc
DDSP
(CPFT)
Trusted Person
'Streets to Home' Service
Resettlement Support
Street Outreach service
Housing First
Hostels / Supported Housing
Shared Houses
To include provision of:
female only accommodation / support
specific accommodation / support for older homeless

Single Referral and Assessment Process:
The illustration below shows how the current referral and assessment process would change under the new model

Current Referral and Assessment Approach:
Client has to submit a separate application and undergo a separate assessment for every service they want to be considered for



Proposed Redesign Approach:
Client submits one application for every service they want to be considered for and undergo only one assessment that can be shared with those services (with consent)



Outline Specification:

Section:	Key points:
Purpose and Objectives	Services commissioned will; • Be designed and delivered with a focus on the client • Take a trauma informed approach • Ensure support delivery is tailored to the needs of the client • Provide positive outcomes for clients • Work closely, or jointly, with other professionals to support clients to access services • Ensure that clients leaving the service have the skills, knowledge and information they need to be able to live as independently as possible and sustain their accommodation • Help chaotic and socially excluded individuals to reintegrate • Help clients to identify the best move-on options and to achieve them • Provide a service that is accessible to clients with protected characteristics and those from hard to reach groups
Service Delivery and Service Details	• Service will be expected to provide support to adults and rough sleepers who are homeless and in need of support to address the causes of their homelessness and be able to move on to sustainable, independent living. • The service will be able to support those with complex needs through to those with lower needs. • Those eligible for the service will be adults who are homeless or rough sleeping, including people with dual diagnosis, substance misuse issues, mental health problems or an offending history. • Services will use a single assessment process • The needs of each client will determine the level of support they require at any given time • Staffing levels need to be sufficient to enable levels of support to be flexible and responsive • Clients are active participants in all aspects of the support process • The duration of support will be determined by the needs of each client • The support service should be delivered by appropriately experienced workers who have a high level of understanding of the specific needs of their clients • The service will be flexible and responsive to individual needs, and should allow for some support offer to be available outside of core office hours and at weekends
Key Functions	• Receive, generate and process referrals • Adopt a standard Assessment process across all service elements • Update and maintain client information

	• Provide an individually tailored and flexible service to clients • Ensure continuity of support when the client moves or no longer requires support • Take a trauma informed approach to support delivery • Work in an outcome focussed manner based on client needs • Assess needs and risks of clients on an individual basis and be pro-active in identifying changing support needs • Assist client to access all relevant health care services • Form strong relationships with other local statutory and voluntary services • Provision of performance, monitoring and service information • Deliver a quality service in the most cost effective way • Robust internal quality assurance processes • Promotion of health and safety for clients and staff
Monitoring & Outcomes	• A full contract monitoring framework will be developed with the successful bidder/ bidders after commencement of the contract • Providers will be expected to actively record and monitor outcomes at a service and individual level. • Outcomes for individual clients will primarily be demonstrated through support plans, direct client feedback and case studies

Appendix D:

The feedback below has been provided by a Housing First client who moved into their Housing First tenancy in November 2020. It is written in their own words, and shows the positive impact that a Housing First approach can have for people with multiple disadvantage who have previously been unable to engage with existing services to access the support and help the need.

"I used to be homeless and addicted to a Class A Drugs. Outreach and the adult exclusion team used to visit me when I was rough sleeping. Because I had been on the streets for 20 years, I was seriously underweight and have health problems caused by sleeping rough. Housing First support is brilliant, in the 20 years of rough sleeping I have never come across or been offered anything like this at all.
Two years ago, I didn't want to live because the life I had was so chaotic on the streets, and now I have so much going for me now.
I think the Housing First team are amazing I feel privileged to be a client of Housing First I've had problems with hard drugs e.g. Heroin and homeless since the age of 16 I'm now 45 in a couple of weeks and I never even imagined myself alive let alone living in my own Home ,and have all the support I get from housing first. I've been through Homeless Systems none of them work how housing first works. For my support, my home my furnishings my benefits and my LIFE I THANK YOU HOUSING FIRST. "

Healthy Weight

To:	Adults and Health Committee
Meeting Date:	24 June 2021
From:	Val Thomas, Deputy Director of Public Health
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	N/A
Outcome:	The Healthy Weight Strategic Framework and its implications for the system.
Recommendation:	It is recommended that the Adults and Health Committee;

a) Endorse the outline Strategic Framework for Healthy Weight.
b) Endorse a time-limited review of the barriers and enablers for addressing Healthy Weight locally.
c) Support engaging system leaders in adopting the Healthy Weight framework and the learning from the review.
d) Support the delivery of an immediate programme of awareness and campaign targeting those most at risk of the poor outcomes from COVID-19 that are associated with obesity.

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Member contacts:
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Tel: 01223 706398

1. Background

1.1 There is a considerable focus upon obesity across national, regional and local systems reflecting concern with regard to its wide ranging impacts upon health and wellbeing outcomes but also more widely, across the determinants of health. Just prior to the start of the COVID 19 pandemic, work had commenced to refresh the Cambridgeshire Healthy Weight Strategy. Despite efforts focused upon COVID-19 over the past year there have been ongoing concerns about the need to address the issue. The Clinical Commissioning Group (CCG) launched at the end of 2020 its "BMI can do it campaign". The Health Committee also supported addressing obesity and achieving Healthy Weight. It supported a time-limited project to identify the barriers and enablers for addressing the issue in Cambridgeshire through a system wide approach along with agreeing priorities that will have the most impact.

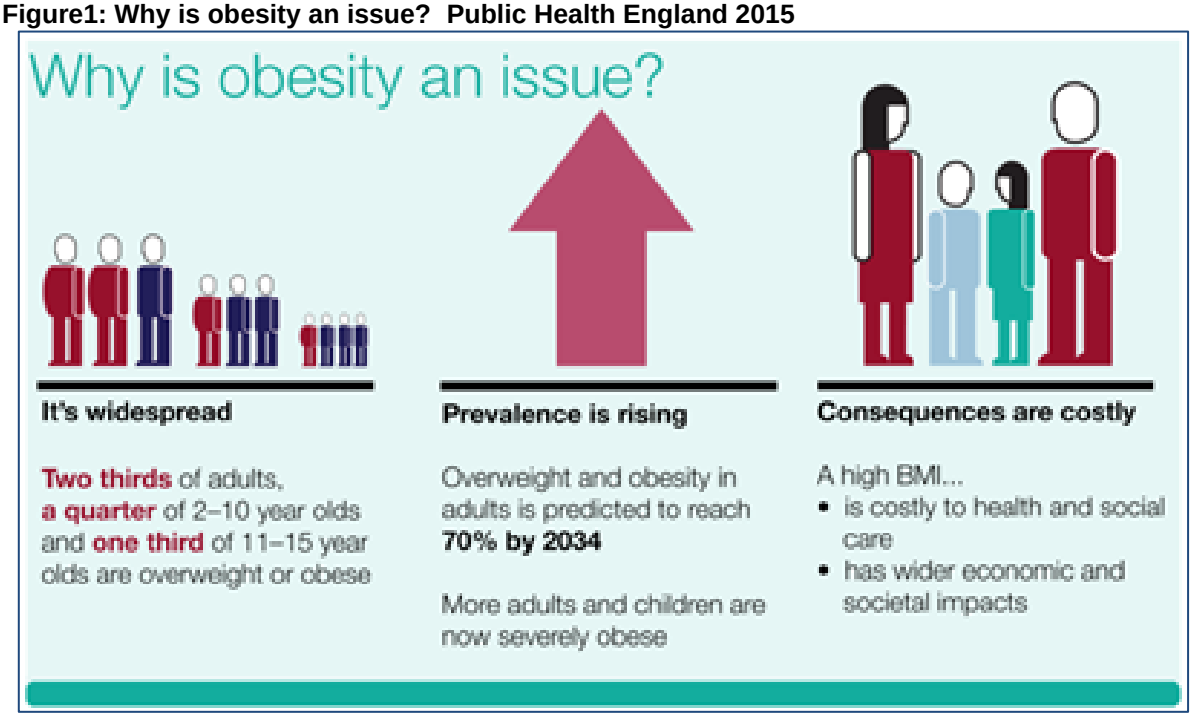
1.2 Due to the surge of COVID-19 and the necessary response both the local authority driven work and the CCG campaign were paused. However, given the levels of obesity and emerging evidence that COVID-19 has created both structural and behavioural changes that have exacerbated rates of obesity, this paper lays out an outline strategic framework for healthy weight and recommends actions for taking the work forward.

1.3 This paper describes the impact of obesity and the need to engage organisations from across the system to support the strategic framework for a healthy weight that is found in this paper. The support of the Committee will be important to drive this through and across organisations.

2. Main Issues

2.1 Obesity and malnutrition (especially in older people) are increasing. Being overweight or malnourished increases the risk of poor health, creating substantial implications for health, social care, and the economy. Obesity and malnutrition (especially in older people) are increasing.

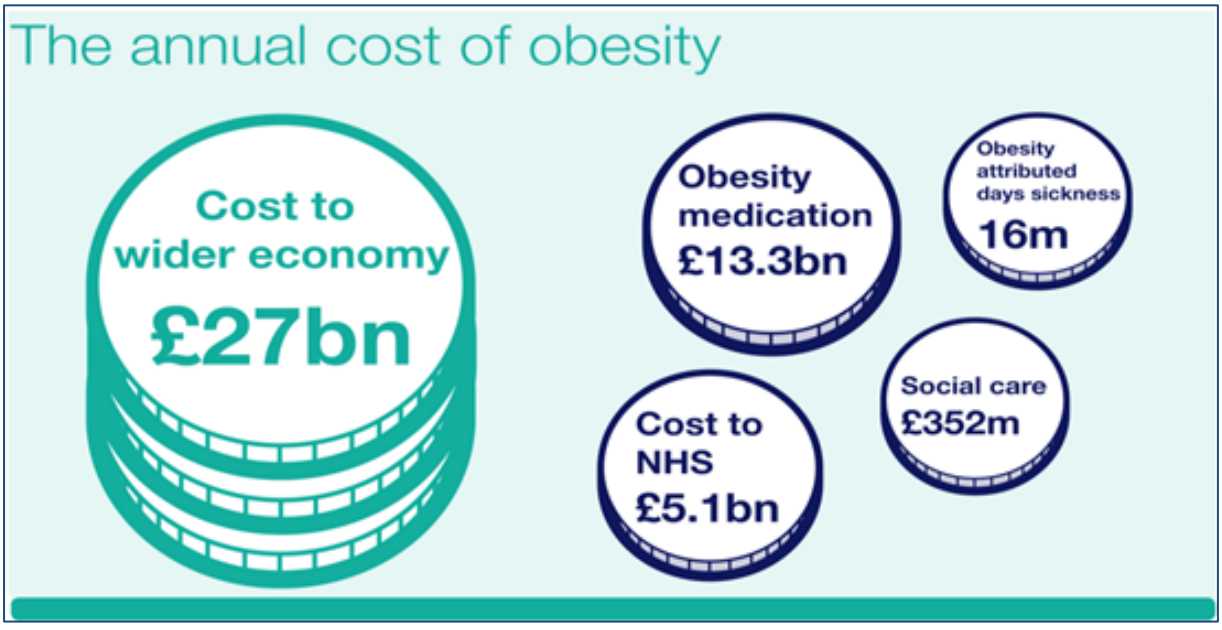
Figure1: Why is obesity an issue? Public Health England 2015



2.2 Obesity reduces life expectancy by three years on average, increasing to eight to ten years for morbid obesity. It increases the risk of developing serious diseases, including diabetes, heart disease and at least 12 types of cancer. It is also associated with have an adverse impact on mental health and increased hospital admission and death from COVID-19. Although the health impacts of obesity are more widely known in terms of healthy weight, the effects of malnutrition are also serious and make people more vulnerable to disease.

2.3 Obesity incurs significant direct annual costs of £5.1 billion, which increases to £27 billion if the costs to the whole system are included. The continuing increase in prevalence of excess weight will have a significant impact on the annual cost of obesity. An additional £2.51 billion a year in direct health costs alone is predicted by 2035. By 2035, the indirect costs of excess weight are predicted to be £13.98 billion.
Malnutrition cost an estimated £19.6 billion in 2011/12 in England. Of the total figure, older adults accounted for over half. Around two thirds of malnutrition cases are not recognised; the impacts include an increased burden of disease and treatment costs. The estimated cost has increased significantly from the previous estimate of £13 billion in 2007. The cost of malnutrition is anticipated to increase with an ageing population and rise in health and social care costs. In 2013 The National Institute for Health and Care Excellence (NICE) identified malnutrition as the sixth largest source for potential NHS savings; a reduction in costs to the NHS of £45.5 million a year could be made through early identification and treatment of malnutrition in adults, even after training and screening costs.

Figure 2: Public Health England Excess weight and COVID-19. 2020



2.4 Nationally, the majority of the adult population in England are overweight or obese (63% in 2018, later figures are not available due to the pandemic impact on data collection). Obesity prevalence increased steeply between 1993 and around 2000, with a slower rate of increase after that. The proportion of healthy weight adults has declined over this period and is predicted to continue to do so. Modelling suggests obesity levels could increase to 60% of men, 50% of women and 25% of children by 2050. Using current trends adult overweight and obesity will reach 72% by 2035 - almost three in four UK adults.

2.5 Excess weight includes those who are overweight and obese. In 2018/19, 62% of the population fell into the excess weight category. At that time, Fenland (71.5%) and Huntingdon (68.0%) had rates of obesity higher than the national average.

Table 1: Percentage of Adults with excess weight in Cambridgeshire. Source: Public Health Fingertips 2019/20

Area	% Excess weight	Versus England
Cambridge City	46.4%	16.4%
East Cambridgeshire	58.8%	4.0%
Fenland	74.5%	-11.7%
Huntingdonshire	64.8%	-2.0%
South Cambridgeshire	58.1%	4.7%
Cambridgeshire	60.2%	2.6%
England	62.8%	0.0%

2.6 Excess weight amongst children is a good predictor of adulthood obesity. The National Child Measurement Programme (NCMP) is an annual measuring of all children in school years reception and year 6. Due to COVID-19, the 2019/20 school year measuring was not completed and only about 75% of the data was collected consequently local level data is not deemed sufficiently robust at this coverage. However, the national headlines are that in reception, year 6 obesity prevalence has increased, and children living in deprived areas are twice as likely to be obese. The data for 2018/19 are found in the Table 2 below and reflect the impact of deprivation but also the doubling in rates between reception & year 6.

Table 2: Childhood obesity in Cambridgeshire NCMP 2018/19

Area	Percentage of Reception children overweight or obese	Percentage of Year 6 children overweight or obese
Cambridge City	6.10%	14.10%
East Cambridgeshire	6.60%	14.10%
Fenland	8.90%	20.20%
Huntingdonshire	7.30%	15.40%
South Cambridgeshire	6.20%	11.80%
Cambridgeshire	7.00%	14.80%
East of England	8.50%	17.70%
England	9.40%	19.90%

2.5 The two key health related behaviours that impact upon weight are physical activity and diet.

In Cambridgeshire, Fenland has the lowest rates of physically active adults, and it is statistically below the national average. The other Cambridgeshire districts are statistically significantly higher than the national average.

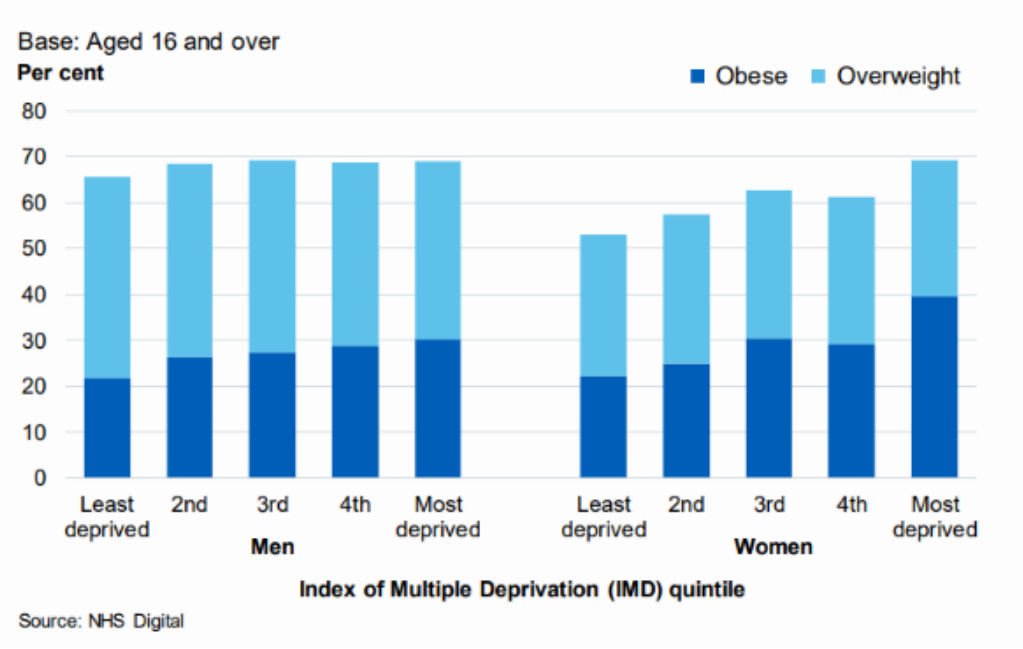
Table 3: Percentage of Physically Active Adults in Cambridgeshire & Peterborough.
Source: Public Health Fingertips 2018/19

Area	% inactive	Versus England
Cambridge City	75.0%	*-8.6%*
East Cambridgeshire	70.9%	-4.5%
Fenland	62.7%	3.7%
Huntingdonshire	71.4%	-5.0%
South Cambridgeshire	74.9%	*-8.5%*
Cambridgeshire	71.0%	-4.6%
England	66.4%	0.0%

2.6 Poor diet is a contributing factor of unhealthy weight. Data from the National Diet and Nutrition Survey (NDNS) show dietary intakes are below recommendations for fruit and vegetables, fibre and oily fish. Intakes of saturated fat and sugar are above recommended amounts. Adult men also tend to exceed recommended levels of red and processed meat. For most nutrients there has been little or no change in consumption in recent years; 28% of adults and 18% of children met the recommended '5 a day' fruit and vegetable consumption in 2018.

2.7 The striking factor about obesity is that it is national challenge affecting the population from childhood through adulthood to older age groups. However, the risk of obesity is higher for those people aged between 55-74 years, people living in deprived areas and in some Black, Asian and Minority Ethnic (BAME).

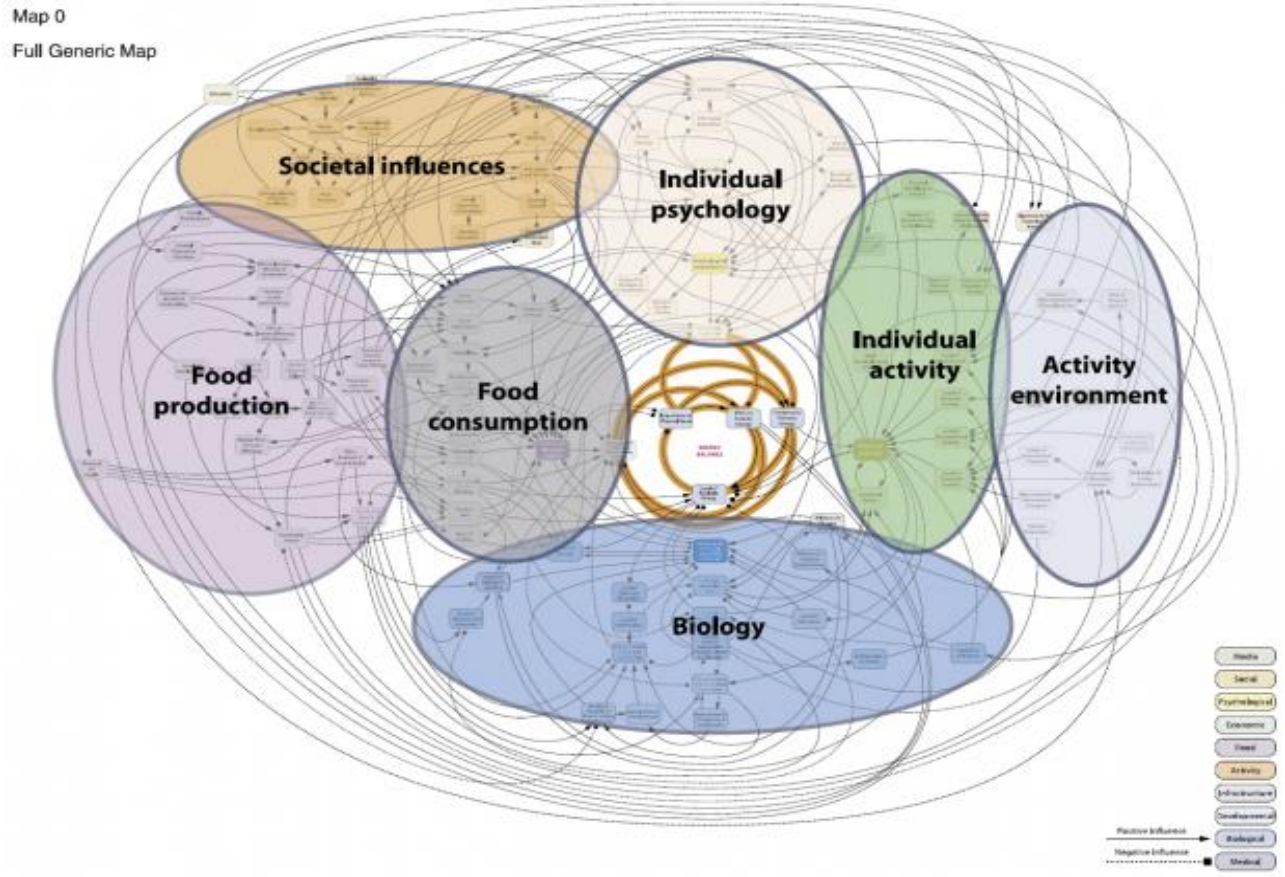
Table 4: Prevalence of obesity and overweight by IMD and sex (HSE 2019)



2.8 The influential Foresight Report (2007) provided clear evidence that obesity, which can be applied in many ways to malnutrition, is associated with multiple factors, which involve many levels of interactions between people, their determinants, and the social and physical environment.

It is the most famous of the Foresight images in Figure 3 that captures the need for a "whole systems" approach.

Figure 3: Foresight thematic causation of obesity. Foresight systems map Tackling Obesities: Future Choices Report 2007



The obesity system map has been instrumental in creating a balanced perspective about the roles of the individual and the environment. More specifically, the independent contributions of a poor diet and physical inactivity as drivers of excess weight gain, an awareness that some individuals are biologically more susceptible to weight gain, a recognition of the impact of the environment on personal 'choices', and hence much greater acknowledgement of the interactions between the environment and the individual.

However, there is the view held by many experts in the field that more could be to incorporate "systems" thinking into tackling obesity if the following five causes cited in the Report are to be tackled in any meaningful way.

- Biological
- Behaviour – Diet and Physical Activity
- Life course impacted but early life is critical
- The Environment
- Economic drivers of consumption

A whole systems approach to obesity provides unique opportunities to implement evidence-based effective changes, working collaboratively to successfully target and address the underlying causes of the problem and remove the barriers to achieving a Healthy Weight. Appendix 1 provides a synopsis of the evidence for addressing obesity and achieving a healthy weight.

The key features of successful whole system approaches included full engagement of relevant partners and community; strong leadership, embedding in broader policies and local evaluation.

2.9 The current system's landscape provides both strategic and operational imperatives along with opportunities or enablers that make taking forward a robust collaborative approach timely.

- There is emerging evidence that COVID-19 will increase rates of obesity. Lifestyle changes with decreased levels of activity, especially amongst those at greatest risk, increased alcohol consumption and diet changes are reported. In addition, structural factors especially income loss and increased hardship amongst the often already more deprived decreases opportunities for healthy diet choices.

- The COVID-19 pandemic has necessitated effective collaborative working across the system that remains palpable. The development and sustaining of this collaboration into the recovery period provides a strategic foundation for a system wide approach to tackling obesity.

- The pandemic has necessitated national and local policy changes. Addressing obesity also calls for national and local policy change. There is evidence that local environments and their associated local policies relating to, for example, open spaces or access to fast food all contribute to the adoption of healthier lifestyles.

- Nationally all local systems should have an Integrated Care System (ICS) in place by April 2022 and the local system is already developing this at pace. This provides a strong driver for addressing obesity both at primary prevention level but also across health and social care services. The health system costs, through the impact of obesity on rates of diabetes especially but also cardiovascular disease, provide a strong financial motivation to address obesity.

- The" Integration and innovation: working together to improve health and social care for all" White Paper released in February 2021" is essentially about ICSs. However, it recognises obesity is currently the most important public health challenge and that addressing it, is clearly a system wide issue that calls for far reaching joined up local policy and interventions. The Paper states that it will be taking forward national policy changes that will introduce further restrictions upon advertising and food labelling.

- The Think Communities approach provides the opportunity to embed preventative approaches to obesity at a local level with communities and services. Communities are ideally placed to provide support for their members to enable them to think about and change their lifestyles. Similarly, local services can be shaped to fit the needs of local communities. The conceptual thinking about place and communities provides a strong foundation for ensuring that this challenge is owned and driven at a local level.

- Many services, provided by organisations across the system, can make a difference through the messages they give their users and how their services are delivered. Within the local authority, both internal and commissioned services, there are many opportunities for developing interventions to tackle obesity.

- In Cambridgeshire, we already have solid foundations in place that support Healthy Weight and we must look to utilise these, and build on them where necessary, as well as identifying and working to fill any gaps in the system. Public Health through its Public Health Intelligence team monitors obesity related information and commissions a range of lifestyle services, which are provided in different settings but there are other initiatives across the system. Appendix 2 provides an overview of these services and initiatives

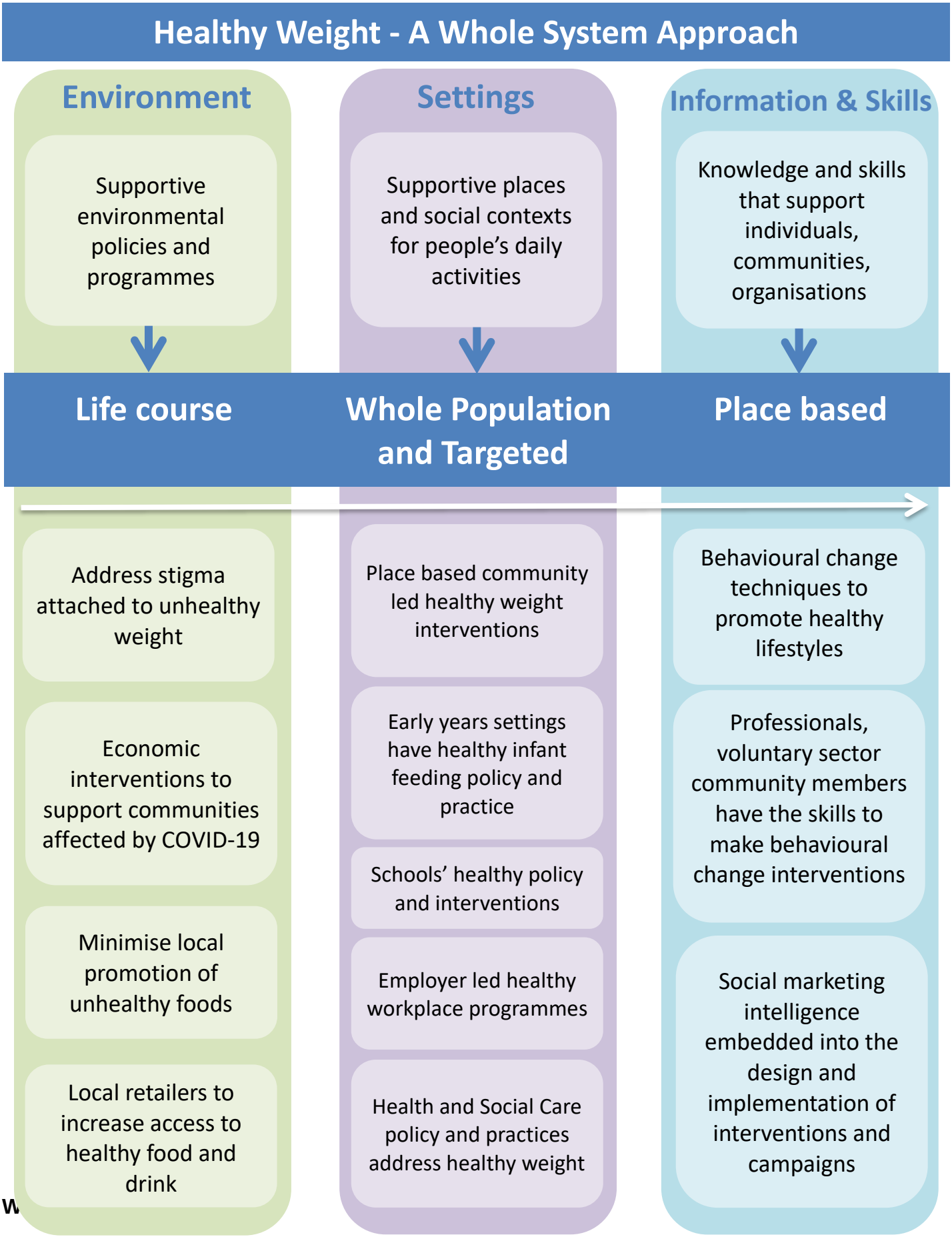
A Strategic Framework for Tacking Obesity

2.10 The following is a proposed strategic framework for tackling obesity. It includes a proposal that the term Healthy Weight is adopted, as it is a more holistic term and takes into that although obesity is the most prevalent unhealthy weight, malnutrition also requires consideration. In addition, obesity has negative connotations that are counter-productive to behaviour change. The interventions for achieving Healthy Weight are largely unchanged whatever the terminology.

2.11 The framework focuses upon the three evidence based areas for interventions that cut across the prevention and the treatment of obesity. It identifies three strategic areas and includes how these strategic approaches can be applied across the system. Locally there are existing interventions that reflect this framework. However, if these are to achieve maximum traction and for new evidence based interventions to be developed the whole system is required to engage and adopt the proposals.

Figure 4 is a Strategic Framework for tackling Healthy Weight and is followed by the rationale for adopting the proposed interventions – see next page

Figure 4: A Strategic Framework for tackling the prevention and management of Healthy Weight



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The Environment

Physical and built environment: there is evidence that policies that influence the physical or built environment such as ensuring the availability of green spaces or addressing safety and security have a positive effect upon physical activity through increasing access to opportunities to walk or cycle.

Food environment: evidence suggests that national fiscal and regulatory interventions affect consumption of, for example sugar-sweetened beverages and fast food at a population level. Recent evidence-based recommendations for a 5% level for sugar intake in school aged children and teenagers are not only associated with health benefits but also wider cost savings to the NHS.

Local policies affecting, for example, workplaces and restaurants are also associated with supporting behaviour change through access to wider range of healthy foods.

There is considerable concern with fast food outlets, which are usually more heavily concentrated in areas of higher deprivation and often near schools. There is growing evidence that links the proliferation of fast food outlets with adverse healthy eating behaviour and that policy can be effective in limiting their numbers.

Healthy Settings

Settings can be described as a place or social context where people engage in daily activities where environmental, organisational, and personal factors interact to affect health and wellbeing. A settings approach calls for a holistic and multi-faceted approach that enables the implementation of comprehensive strategies and provides an infrastructure for improving health. Often a life course approach is adopted, and the strategy addresses early years or under 5s, schools, workplaces and communities.

Early years: Evidence-based examples that support healthy behaviours include, for example, baby-friendly settings, which are associated with increased breastfeeding rates, policies that support healthy eating and physical activity in pre-school settings such as nurseries.

Schools: Policies that ensure that there is space and appropriate facilities have been found to be effective in the creation of supportive cultures. Practical interventions include the introduction of School Sports Clubs, nutrition education and gardening opportunities.

Workplaces: Workplaces are an important setting to access and influence the working age population. Loss of productivity due to obesity related conditions is well documented. There is evidence that creating healthy workplace policies, leadership, champions, management framework, culture and interventions can create an environment that can improve employee health. Typical programmes include travel plans, walking and cycling campaigns, a health check, and brief interventions (see below).

Community Settings: Creating a whole community culture and ethos for a healthy lifestyle where individuals and communities take responsibility for their health requires building community capacity and skills. It is about creating a social environment that supports and enables community members to adopt healthy behaviours. For example, a recent

comprehensive series of evidence reviews found community interventions are especially effective where women and low-income families have been involved.

Information and Skills for Healthy Behaviours

Central to the whole systems approach to healthy weight is behaviour change. Creating a supportive built and natural environment along with facilitative settings does not always result in the required behavioural changes in levels of physical activity and healthy eating. Evidenced based interventions for behavioural change focus upon the role of communications and professionals. They reflect underlying psychological models of human behaviour that describe the interface between knowledge, attitudes and behaviour. Examples of successful programmes are the behavioural change programme, Making Every Contact Count and physical activity programmes based in primary care.

2.12 This paper has presented an overview of the issues relating to obesity. Central is the focus upon a systems wide approach as being essential if we are to achieve substantial and enduring change. The proposed strategic framework provides a structure to the evidence-based interventions in terms of strategy and delivery. It requires adoption by the system and commitment to taking it forward.

Funding has been approved (£80,000) for a time-limited project to identify the barriers and enablers for addressing Healthy Weight in Cambridgeshire along with the priorities that will have the most impact. The output will be a system wide implementation plan that has partner commitment and involvement. Fig. 5 captures the steps that need to be included.

Figure 5: Getting to Healthy Weight

3 Alignment with corporate priorities

3.1 Communities at the heart of everything we do

The report above sets out the implications for this priority in 2.9, 2.11

3.2 A good quality of life for everyone

The report above sets out the implications for this priority in 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10, 2.9, 2.11

3.3 Helping our children learn, develop and live life to the full

The report above sets out the implications for this priority in 2.11

3.4 Cambridgeshire: a well-connected, safe, clean, green environment

The report above sets out the implications for this priority in 2.11

3.5 Protecting and caring for those who need us

The report above sets out the implications for this priority in 2.1, 2.2

4. Significant Implications

4.1 Resource Implications

The report above sets out details of significant implications in 2.3

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

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

- Any implications for procurement/contractual/Council contract procedure rules will be considered with the appropriate officers from these Departments and where necessary presented to the Adult and Health Committee before proceeding.

4.3 Statutory, Legal and Risk Implications

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

- Any implications for procurement/contractual/Council contract procedure rules will be considered with the appropriate officers from these Departments and where necessary presented to the Adult and Health Committee before proceeding.

4.4 Equality and Diversity Implications

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

- Any equality and diversity implications will be identified before any service developments are implemented

4.5 Engagement and Communications Implications

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

- Any equality and diversity implications will be identified before any service developments are implemented

4.6 Localism and Local Member Involvement

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

- Services will require the ongoing support of local communities and members to address the health and wellbeing impacts of the pandemic.

4.7 Public Health Implications

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

- The adoption of the Healthy Weight Strategic Framework will drive forward action to tackle obesity and other unhealthy weights that increase the risk of poor health outcomes.

4.8 Environment and Climate Change Implications on Priority Areas

4.8.1 Implication 1: Energy efficient, low carbon buildings.
Status: Neutral

Explanation: The adoption of the Healthy Weight Strategic Framework does not include actions that impact upon buildings

4.8.2 Implication 2: Low carbon transport.
Status: Positive

Explanation: The Healthy Weight Framework promotes increased physical activity and the adoption of schemes such as Active Travel.

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

Explanation: The Healthy Weight Strategy promotes the development of green spaces as means of promoting physical activity

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
Status: Neutral

Explanation: The adoption of the Healthy Weight Strategic Framework does not include actions that impact upon waste management and tackling plastic pollution.

4.8.5 Implication 5: Water use, availability and management:
Status: Neutral

Explanation: The adoption of the Healthy Weight Strategic Framework does not include actions that impact upon waste management and tackling plastic pollution.

4.8.6 Implication 6: Air Pollution.
Status: Positive

Explanation: The Healthy Weight Strategy encourages and promotes physical activity and less reliance on transport.

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

Status: Positive

Explanation: The Healthy Weight Strategy has focus upon those most at risk of an unhealthy weight, which is associated with higher rates amongst the more deprived and vulnerable communities. Individual and communities will be supported to adopt behaviours that will enable them to be more physically active and less reliant upon the use transport.

Have the resource implications been cleared by Finance? Yes or No
Name of Financial Officer:

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement? Yes or No
Name of Officer:

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law? Yes or No
Name of Legal Officer:

Have the equality and diversity implications been cleared by your Service Contact? Yes or No
Name of Officer:

Have any engagement and communication implications been cleared by Communications? Yes or No
Name of Officer:

Have any localism and Local Member involvement issues been cleared by your Service Contact? Yes or No
Name of Officer:

Have any Public Health implications been cleared by Public Health? Yes or No
Name of Officer:

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

5. Source documents guidance

5.1 Source documents

NHS, 2014, 'Obesity could 'rob you' of up to 20 years of health', https://www.nhs.uk/news/obesity/obesity-could-rob-you-of-20-years-of-health

Guh et al. (2009) The incidence of co-morbidities related to obesity and overweight: A systematic review and meta-analysis, BMC Public Health
New England Journal Med 2016; 375:794-798DOI: 10.1056/NEJMsr1606602
Luppino FS, de Wit LM, Bouvy PF, Stijnen T, Cuijpers P, Penninx BWJH, et al. (2010) Overweight, obesity, and depression: a systematic review and meta-analysis of longitudinal studies. Archives of General Psychiatry 2010;67(3):220-9

Public Health England. Excess weight and COVID-19. Insights from new evidence.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/287943/07-1469x-tackling-obesities-future-choices-summary.pdf

Scarborough P, Bhatnagar P, Wickramasinghe KK et al. The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006/07 NHS costs. J Public Health (Oxon) 2011;33(4):527-35

BAPEN and National Institute for Health Research. (2015). The cost of malnutrition in England and potential cost savings from nutritional interventions. Available at: http://www.bapen.org.uk/information-and-resources/publications-and-resources/bapen-reports/cost-of-malnutrition-in-england (Accessed: 31 March 2016)

National Institute of Clinical Excellence (2013). Benefits of Implementation: Cost saving guidance.
National Institute of Clinical Excellence (2006). National cost impact report to accompany CG32.

Department of Health (2011). Healthy Lives, Healthy People: A call to action on obesity in England. Available at: https://www.gov.uk/government/publications/healthy-lives-healthy-people-a-call-to-action-on-obesity-in-england (Accessed: 31 March 2016).

[1]Cancer Research UK (2016). Tipping the Scales: preventing obesity makes economic sense. Available at: http://www.cancerresearchuk.org/sites/default/files/tipping_the_scales_-_cruk_full_report11.pdf (Accessed: 31 March 2016).

NHS Digital. Health Survey for England 2019: Overweight and obesity in adults and children.
https://files.digital.nhs.uk/9D/4195D5/HSE19-Overweight-obesity-rep.pdf

Brunton G., Caird J., Stokes G., Stansfield C., Kneale D., Richardson M.,Thoms J., Community engagement for health via coalitions, collaborations and partnerships A systematic review Institute of Education EPPI-Centre report Review 1(2016)

Brunton G. Caird J., Kneale D., Thomas J., Richardson M. A systematic review Institute of Education EPPI-Centre report Review 2(2016)
https://www.nice.org.uk/guidance/ph6/chapter/Appendix-C-the-evidence

Integration and innovation: working together to improve health and social care challenge. Integration and innovation: working together to improve health and social care for all (HTML version) - GOV.UK (www.gov.uk)

Agenda Item No: 12

Additional Grant Funding for Drug and Alcohol Treatment Services

To:	Adults and Health Committee
Meeting Date:	June 24, 2021
From:	Val Thomas, Deputy Director of Public Health
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	N/A
Outcome:	The Committee is to consider the high value grant funding for the Drug and Alcohol Treatment Services, the benefits that it will bring to service users and need to commence the additional services as quickly as possible.
Recommendation:	It is recommended that the Adults and Health Committee: note the decision made under emergency powers by the Chief Executive of Cambridgeshire County Council.

Officer contact:
Name: Val Thomas
Post: Deputy Director of Public health
Email: val.thomas@cambridgeshire.gov.uk
Tel: 07884 183374

Member contacts:
Names: Councillors Howitt and van de Ven
Post: Chair/Vice-Chair
Email: Richard.Howitt@cambridgeshire.gov.uk, susanvandeven5@gmail.com
Tel: 01223 706398

1. Background

1.1 Cambridgeshire County Council has received two short-term grants for the Ministry of Housing, Communities and Local Government (MHCLG) and Public Health England (PHE) for additional services to target drug and alcohol users. Each grant has its set aims, objectives and outcome measures both involving consultation and close joint strategic planning with partners and along with requirements for immediate delivery.

1.2 The MHCLG/PHE Rough Sleeping Drug and Alcohol Treatment Grant is for Cambridge City only and runs over a 15-month period. It targets those rough sleepers placed in accommodation during COVID-19 who require drug and treatment along with other services to address their complex needs. Many of this group responded well to the accommodation with better treatment outcomes and overall improvements in health. The grant acknowledged that this accommodation would end. The funding is to address the concern that on leaving the accommodation additional treatment efforts would be needed to enable individuals to cope with the change and maintain any improvements.

1.3 The PHE Drug Treatment Crime and Harm Reduction Funding (Countywide) is for one-year 2021/22. It will increase capacity to address the needs of offenders and especially prisoners who require drug and alcohol treatment on release from prison. Prisoners released from prison are at high risk of falling into a “treatment gap” through limited interfaces between prison and community drug and alcohol services. This grant is to ensure that there is extra capacity to ensure better integration between prison and community services.

2. Main Issues

2.1 The Local Authority currently commissions Drug and Alcohol Treatment Services from Change Grow Live (CGL). Both grant applications were collaboratively developed with CGL as the current provider in line with the requirements of the grants. The aim is use both grants to secure additional services from CGL through a contract variation. The CGL contract runs until March 2024, which includes its extension options. Therefore, it can deliver these additional grant funded services within the contract period. Total value of the contract with variations is £28.6million including these grants.

2.2 CGL is currently delivering the services that are included in the terms of the two grants. The grant funding will enable it to develop and expand its services. Importantly it also ensures that the expanded services will be fully integrated into CGL and partner organisations’ current service delivery. CGL is a responsive provider that performs well and has the flexibility to deliver on both S31 grants across the Local Authority. It understands the short-term element to both funding streams and is willing to adopt new ways of working to benefit clients and the wider system.

2.3 The information about the grant awards was not clear with the final amounts not confirmed until the end of March and the beginning of April. The MGCLG/PHE Rough Sleeping Grant initial funding was £403k and it was awarded in January 2021. However, it was indicated that there was a strong possibility of additional funding with the additional £269k, which was not confirmed until April 2021. The PHE Crime and Harm Reduction award of £381k was at the end of March 2021.

2.4 The £403k and £381k were separate awards and under the £500k threshold. However, the additional funding of £269k for the Rough Sleeper work clearly exceeds the £500k threshold for a Committee Key Decision.

2.5 Procurement advised that the award could be made to the current provider, as it would be in line with current rules:

a. the need for the modification has been brought about by circumstances which a diligent contracting authority could not have foreseen.

b. the modification does not alter the overall nature of the contract

c. any increase in price does not exceed 50% of the value of the original contract.

2.6 With regard to the level of funding, procurement advice was that the combined value of £1,053,000 for the proposed contract variation required a key decision. The Adults and Health Committee would ordinarily have taken this decision. However, as there was not a meeting of the new Adults and Health Committee scheduled until 24th June 2021, the Chief Executive took the decision to make the award.

2.7 The Chief Executive decision reflected the grant conditions, which stipulate that the funding must be allocated, and delivery functions in place within 3 months. An urgent decision was therefore required to ensure that the grant agreement process was implemented, and funding distributed within the timescales set.

2.8 The Chief Executive consulted the Chair of Strategy and Resources Committee (Councillor Nethsingha), the other Group Leaders (Councillors Count, Meschini and Sanderson) and the Chair and Vice-Chair of Adults and Health Committee (Councillors Howitt and van de Ven). She obtained the approval of all the above Councillors to the document

3. Alignment with corporate priorities

3.1 Communities at the heart of everything we do

The report above sets out the implications for this priority in 1.2, 1.3

3.2 A good quality of life for everyone

The report above sets out the implications for this priority in 1.2, 1.3

3.3 Helping our children learn, develop and live life to the full

The report above sets out the implications for this priority in 1.2, 1.3

3.4 Cambridgeshire: a well-connected, safe, clean, green environment

There are no significant implications for this priority.

3.5 Protecting and caring for those who need us

The report above sets out the implications for this priority in 1.2, 1.3

4. Significant Implications

4.1 Resource Implications

The report above sets out details of significant implications in 2.1, 2.6

4.2 4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

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

- Any implications for procurement/contractual/Council contract procedure rules will be considered with the appropriate officers from these Departments and where necessary presented to the Adult and Health Committee before proceeding.

4.3 Statutory, Legal and Risk Implications

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

- Any implications for procurement/contractual/Council contract procedure rules will be considered with the appropriate officers from these Departments and where necessary presented to the Adult and Health Committee before proceeding.

4.3 Statutory, Legal and Risk Implications

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

- Any legal or risk implications will be considered with the appropriate officers from these Departments and where necessary presented to the Adult and Health Committee before proceeding

4.4 Equality and Diversity Implications

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

- Any equality and diversity implications will be identified before any service developments are implemented

4.5 Engagement and Communications Implications

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

- Any equality and diversity implications will be identified before any service developments are implemented

4.6 Localism and Local Member Involvement

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

- Services will require the ongoing support of local communities and members to address the health and wellbeing impacts of the pandemic.

4.7 Public Health Implications

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

- The MHCLG and PHE grant awards will significantly improve the services for vulnerable drug and alcohol users and contribute to improving health and well-being outcomes and reducing the health inequalities associated with this population.

4.8 Environment and Climate Change Implications on Priority Areas

4.8.1 Implication 1: Energy efficient, low carbon buildings.
Status: Neutral
Explanation: The grant awards will develop treatment services and will not have any implications for energy efficiency.

4.8.2 Implication 2: Low carbon transport.
Status: Neutral
Explanation: The grant awards will develop treatment services and will not have any implications for transport.

4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats, and land management.
Status: Neutral
Explanation: The grant awards will develop treatment services and will not have any implications for the areas indicated in this implication

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
Status: Neutral
Explanation: The grant awards will develop treatment services and will not have any implications for the areas indicated in this implication

4.8.5 Implication 5: Water use, availability, and management:
Positive/neutral/negative Status: Neutral
Explanation: The grant awards will develop treatment services and will not have any implications for the areas indicated in this implication

4.8.6 Implication 6: Air Pollution.
Status: Neutral
Explanation: The grant awards will develop treatment services and will not have any implications for the areas indicated in this implication

4.8.7 Implication 7: Resilience of our services and infrastructure and supporting vulnerable people to cope with climate change.
Status: Positive
Explanation: The grants will support vulnerable drug and alcohol users to address their complex needs and any issues that might affect them through climate change.

Have the resource implications been cleared by Finance? Yes or No
Name of Financial Officer:

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement? Yes or No
Name of Officer:

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law? Yes or No
Name of Legal Officer:

Have the equality and diversity implications been cleared by your Service Contact?
Yes or No
Name of Officer:

Have any engagement and communication implications been cleared by Communications?
Yes or No
Name of Officer:

Have any localism and Local Member involvement issues been cleared by your Service Contact? Yes or No
Name of Officer:

Have any Public Health implications been cleared by Public Health?
Yes or No
Name of Officer:

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

5. Source documents guidance

5.1 Source documents

Not applicable

Agenda Item No: 13

Infection Control Funding

To:	Adults and Health Committee
Meeting Date:	24 June 2021
From:	Wendi Ogle-Welbourn - Executive Director for People and Communities.
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	N/A
Outcome:	Adults and Health Committee are being asked to note the allocation of the Infection Control and Rapid Testing Grants. The grants aims to support adult social care providers to reduce the rate of COVID-19 transmission in and between care homes, support wider workforce resilience as well as the roll out of lateral flow testing
Recommendation:	It is recommended that the Adults and Health Committee: note the decision made under emergency powers by the Chief Executive of Cambridgeshire County Council to allocate the discretionary elements of the Infection Control and Rapid Testing Funds provided by central government.

Officer contact:
Name: Shauna Torrance
Post: Head of Adult Social Care Commissioning
Email: shauna.torrance@cambridgeshire.gov.uk
Tel: 07887 631 808

Member contacts:
Names: Councillors Howitt and van de Ven
Post: Chair/Vice-Chair
Email: Richard.Howitt@cambridgeshire.gov.uk, susanvandeven5@gmail.com
Tel: 01223 706398

1. Background

1.1 Adherence to infection control guidance put in place in response to the COVID-19 pandemic has had significant cost implications on service delivery across adult social care. In recognition of this, central government have released several rounds of grant funding throughout 2020/21 and into 2021/22. The funding essentially seeks to preserve choice and continuity of care for people in receipt of Adult Social Care Services through sustaining the independent sector in the face of increasing financial pressure. Responsibility for distributing grant funding to independent sector providers of these services has been given to the local authority with guidance stipulating this should be completed in a timely manner.

1.2 The latest round of Infection Control and Rapid Testing Funding were announced in March 2021. Both funds have been issued on a one-off basis and the table below outlines the level of funding received by Cambridgeshire County Council:

Infection Control Funding	**Rapid Testing Funding**
£2,007,140	£1,355,490

Table 1: Total grant allocation

1.3 Infection Control covers any activity which is focused on reducing the spread or transmission of a virus or disease such as COVID-19. In practical terms, this could include the use of additional Personal Protective Equipment (PPE), increasing the frequency of cleaning and decontamination, the use of single use equipment, use of self-isolation to manage cases of the virus amongst staffing groups delivering support and cohorting of staff within settings to manage spread where a service user has tested positive. All of the above have significant cost implications for the sector whether that been increasing the volume of PPE or equipment ordered, or funding required to secure additional staff to cover for periods of isolation required.

1.4 The purpose of the funding is to support adult social care providers, including those with whom the local authority doesn't contract, to:

- Reduce the rate of COVID-19 transmission within and between care settings through effective infection prevention control practices and increase uptake of staff vaccinations; and

- Conduct additional rapid testing of staff and visitors in care homes, high risk supported living and extra care settings, to enable close contact visiting where possible.

Central Government has specified the funding be allocated in accordance guidance issued and also outlined within Table 2 below:

Fund	Mandatory	Discretionary
Infection Control Fund	70% to CQC Registered Care Homes and Community Providers	30% local authority discretion to support other measures for the care sector, including supporting other care settings (e.g. community and day support

		services) or to support resilience of providers experiencing an outbreak.
Rapid Testing Fund	60% of the allocation to CQC Registered Care Homes on a per bed basis.	40% local authority discretion to support the rollout of lateral flow testing in extra care and supported living settings as well as other settings as identified by the Council.

Table 2: Grant Conditions

1.5 Use of the funding by providers needs to comply with clear guidance outlined by central government. Compliance with the conditions set will be assured through the use of a grant agreement. All local authorities have been given a directive to passport the funding through to services quickly to support the sustainability of the sector, with a completion date of 30th June 2021 being stipulated.

2. Main Issues

2.1 Officers sought the views of a wide range of internal and external stakeholders to inform the recommended allocation of the discretionary element of these funds. This has included local providers and care associations as well as internal teams.

This has resulted in an approach to allocation which aligns to previous iterations of the grant funding awarded. As these funds needed to be allocated and spent by 30th June 2021, a decision was made under emergency powers by the Chief Executive of Cambridgeshire County Council to allocate the funding in line with the breakdown shown within Table 3 below. An urgent decision has enabled the grant agreement process to be implemented and funding to be distributed to the market within the timescales set.

Fund	Amount	Discretionary
Infection Control Fund	£602,142	CQC Registered Community providers of domiciliary care, extra care and supported living as well as providers commissioned by the Council to deliver Day Services which are open and operational and Housing Related Support. The grant will be allocated to these providers on a per unit basis.
Rapid Testing Fund	£542,196	Extra Care and Supported Living providers in line with grant conditions set. Allocation will also be extended to voluntary sector providers commissioned by the Council where they are actively engaged in lateral flow testing outside of the wider community offer.

Table 3: Allocation of the discretionary elements of the grant funding

2.3 The Council need to ensure we comply with the United Kingdom's (UK) international obligations on subsidy control within the Department for Business, Energy and Industrial Strategy published on 31 December 2020. The Department for Health and Social Care considers that this grant and the measures it intends to support are consistent with the UK's international obligations on subsidy control. This is because the measures will help to detect COVID, hence reducing its incidence and spread, and are over and above that which care providers would normally be expected to provide.

3. Alignment with corporate priorities

3.1 A good quality of life for everyone

There are no significant implications for this priority.

3.2 Thriving places for people to live

There are no significant implications for this priority.

3.3 The best start for Cambridgeshire's children

There are no significant implications for this priority.

3.4 Net zero carbon emissions for Cambridgeshire by 2050

There are no significant implications for this priority.

3.5 Protecting and caring for those who need us

Implication are outlined in paragraph 1.1

4. Significant Implications

4.1 Resource Implications

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

- Grant Funding has been awarded by central government so will come at no additional cost to service budgets the Council. However, the Council have had to absorb and prioritise the administration of these grants within the Contract Management Team. The Council have the ability to recover and redistribute sums should an error based on the information provided be made.

- In the event of an underspend of either grant, the Council will review the proportion of underspend in each allocation and reapportion across all grant recipients.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

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

- The Grant carries with it a number of conditions. An outline of how this is being managed is within paragraph 1.4

4.3 Statutory, Legal and Risk Implications

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

- The Grant carries with it a number of conditions. An outline of how this is being managed is within paragraph 1.4.

The change to state aid requirements has been outlined within paragraph 2.3

4.4 Equality and Diversity Implications

There are no significant implications for this priority

4.5 Engagement and Communications Implications

There are no significant implications for this priority

4.6 Localism and Local Member Involvement

There are no significant implications for this priority.

4.7 Public Health Implications

There are no significant implications for this priority.

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

4.8.1 Implication 1: Energy efficient, low carbon buildings.
Positive/neutral/negative Status: Neutral
Explanation:

4.8.2 Implication 2: Low carbon transport.
Positive/neutral/negative Status:
Explanation:

4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats and land management.
Positive/neutral/negative Status: Neutral
Explanation:

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

4.8.5 Implication 5: Water use, availability and management:

Positive/neutral/negative Status: Neutral
Explanation:

4.8.6 Implication 6: Air Pollution.
Positive/neutral/negative Status: Neutral
Explanation:

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:

Implications

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 LGSS Head of Procurement? Yes
Name of Officer: Henry Swan

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

Have the equality and diversity implications been cleared by your Service Contact?
Yes
Name of Officer: Will Patten

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

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

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

If a Key decision, have any Environment and Climate Change implications been cleared by the Climate Change Officer?
Yes
Name of Officer: Emily Bolton

5. Source documents guidance

5.1 None

Finance Monitoring Report – May 2021/22

To:	Adults and Health Committee
Meeting Date:	24 May 2021
From:	Executive Director of People & Communities Director of Public Health Chief Finance Officer
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	N/A
Outcome:	The committee should have considered the financial position of services within its remit as at the end of May 2021/22
Recommendation:	The Adults and Health committee is asked to review and comment on the report.

Officer contact:
Name: Stephen Howarth
Post: Strategic Finance Manager
Email: Stephen.howarth@cambridgeshire.gov.uk
Tel: 01223 507126

Member contacts:
Names: Cllr Richard Howitt / Cllr Susan van de Ven
Post: Chair/Vice-Chair
Email: richard.howitt@cambridgeshire.gov.uk and susanvandeven5@gmail.com
Tel: 01223 706398

1. Background

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

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

1.3 No decision is required by committee, but the presentation of the FMR enables members to review and comment on the financial position of services within the committee's remit.

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

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

- Section 1 – providing a summary table for services that are the responsibility of this committee and setting out the significant financial issues (replicated below).
- Section 5 – the key activity data for Adult Services provides information about service-user numbers and unit costs, which are principle drivers of the financial position.
- Appendices 1-3 – these set out the detailed financial position by service and provide a detailed commentary for services projecting a significant variance from budget.
- Appendix 5 – this sets out the savings for Adults and Public Health in the 2021/22 business plan, and savings not-made in 2020/21 that are still thought to be deliverable.

1.6 The budget headings in the FMR that are within the remit of this committee are set out below in section 2.5, but broadly are those within Adults & Safeguarding, Adults Commissioning, and Public Health.

1.7 In the last financial year (2020/21), Adults overspent by £6m due to the impact of Covid on savings delivery and the need to provide support to care providers, partly offset by an underspend on Older People's services as expenditure on residential and nursing care did not grow in line with the budget provision for growth. In 2020/21, Public Health underspent by £1.7m due to reduced activity in some PH services because of the pandemic, as well as the pandemic interrupting spending plans for Public Health Grant increases. The FMRs for those services at the end of 2020/21 can be found at the link in 5.2 below.

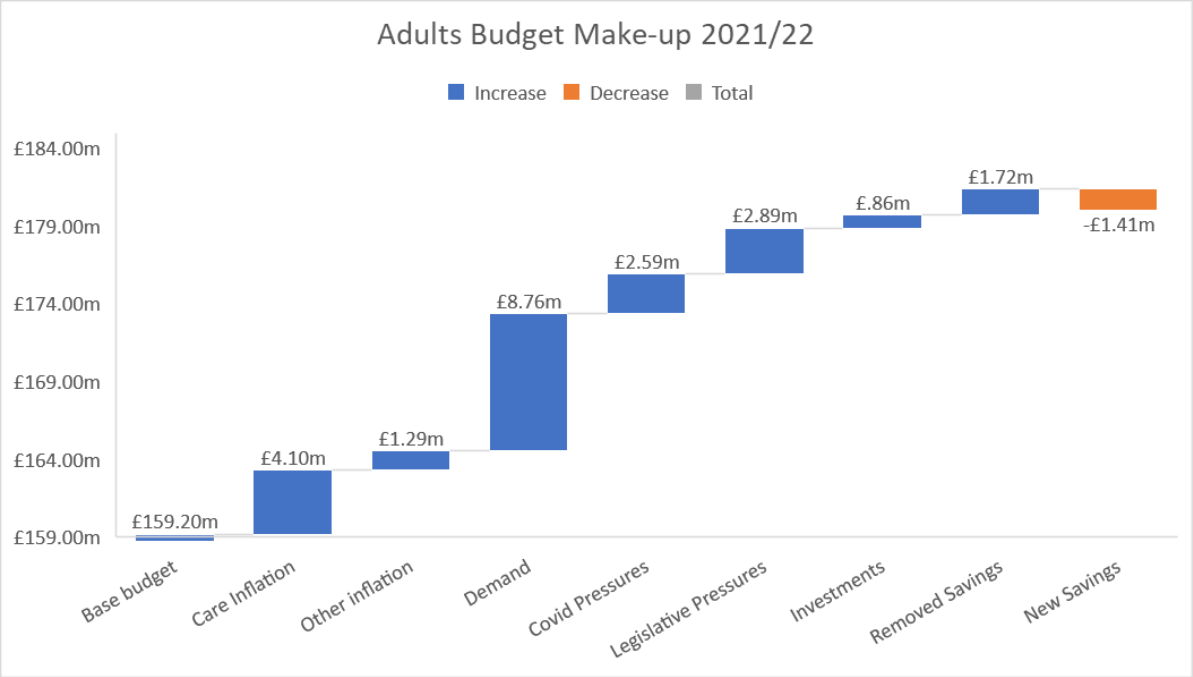
1.8 During 2020/21 significant additional grant funding was provided directly to Adults and

Public Health budgets by central government, targeted mainly at either care providers or outbreak management. Some of these grants were intended to be spent into 2021/22 and so were carried-forward in part, and some further grant funding has been provided this year:

£ No.	Grant	Allocation in 2020/21	Spend in 2020/21	Carried-forward into 2021/22	Allocation in 2021/22	Total funding available in 2021/22
1	Infection Control Grant 1	6,146,908	6,146,908	0	N/A	0
2	Infection Control Grant 2	5,429,954	5,429,954	0	N/A	0
3	Rapid Test	1,513,528	1,513,528	0	N/A	0
4	Workforce Capacity	1,162,028	1,162,028	0	N/A	0
5	Infection Control and Testing Grant	0	0	0	3,362,630	3,362,630
6	Test and Trace Service Support Grant	2,493,304	1,429,781	1,063,523	0	1,063,523
7	Contain Outbreak Management Fund	15,311,438	2,848,173	12,463,265	3,067,700	15,530,965
8	Community Testing Grant	646,824	646,824	0	Unclear	unclear
	Total	32,703,985	19,177,197	13,526,788	6,430,330	19,957,118

Grants 1-5 are directed to social care providers, usually with a mandatory element that we must pass through, and a discretionary element that enabled the Council to target specific types of care providers. Grants 6 and 7 are to deliver outbreak management work, with spend governed by Health Protection Board and a significant portion passed to district councils. Substantial additional grant funding was provided to other services, and to the Council generally.

1.9 In 2021/22, adult social care budgets increased by 13% compared to the previous year, and Public Health budgets grew by 1.3% in line with the PH Grant increase (with Covid-19 grant funding on top of this). The make-up of the increase in Adults budget is as follows:



2. Main Issues

2.1 The FMR provides summaries and detailed explanations of the financial position of Adults and Public Health services. At the end of May, Adults are forecasting an underspend of 0.1% of budget (£224k), and Public Health are reporting an underspend of 1% of budget (£294k):

Directorate	Budget 2021/22 £000	Actual May 21 £000	Forecast Outturn Variance £000
Adults & Safeguarding	178,130	30,327	-171
Adults Commissioning (including Local Assistance Scheme)	21,336	-9,134	-53
Public Health (excl. Children's Health)	36,433	2,769	-294
Total Expenditure	**235,899**	**23,962**	**-518**
Grant Funding (including Improved Better Care Fund, Public Health Grant etc.)	-55,321	-28,699	0
Total	**180,577**	**-4,736**	**-518**

2.2 This forecast position is very uncertain at this point in the year. It is particularly unclear if, and at what point, demand-led budgets will return to expected levels of growth in spend. We will need to keep activity and spend levels under review throughout the year to determine if demand growth is returning to pre-pandemic levels or increasing faster.

2.3 For ease, the main summary section of the FMR is replicated here in section 2.4.

2.4 Taken from sections 1.4 and 1.5 of the May FMR:

2.4.1 Adults

2.4.2 Like councils nationally, Adult Services in Cambridgeshire has faced cost pressures for several years. This has been due to the rising cost of care home and home care provision due to both the requirement to be compliant with the national living wage and the increasing complexity of needs of people receiving care (both older people and working age adults). Budgets are set broadly based on this trend continuing, with some mitigations.

2.4.3 At the end of May, Adults are forecasting an underspend of £224k (0.1%), with pressures in some disability services offset with an underspend forecast in Older People's services.

2.4.4 The financial and human impact of Covid-19 has been substantial for Adult Services, overspending in 2020/21 because of the need to provide additional support to care providers, disrupted savings delivery, and rising needs of people receiving care. Some adults who were previously supported at home by friends, family and local community services have not been able to secure this support during Covid-19 due to visiting restrictions during lockdown. This has increased reliance on professional services; the ability to focus on conversations about the use of technology, community support or other preventative services have been restricted due to the refocusing of staffing resources towards discharge from hospital work and supporting care providers. Many vulnerable adults have developed more complex needs during lockdown as they have not accessed

the usual community-based services or early help services. We are expecting the longer-term financial impact of this to be very large.

2.4.5 Despite this, some services over 2020/21 and continuing into 2021/22 have seen expenditure at less than budgeted levels. This is particularly the case with spend on residential and nursing care for older people, where spend today is below the level budgeted for and therefore budget is available for rising demand or costs. This is causing a forecasted underspend on the Older People's budget, but the financial position of this service is considerably uncertain. There is likely to be an increase in need for care services as Covid restrictions ease, and as NHS discharge funding ends in the middle of the year, as well as evidence of a rising complexity of need which will increase costs. Care provider support may also be required if government funding is not aligned to how long infection control requirements last. The forecast underspend assumes a lot of growth in cost from this month to the end of the year.

2.4.6 We will review in detail on a quarterly basis the activity information and other cost drivers to validate this forecast position, and so this remains subject to variation as circumstances change.

2.4.7 Learning Disabilities (LD) and Mental Health services have got cost pressures that are driving a forecast overspend for the year. Levels of need have risen greatly over the last year, and this is exacerbated by several new service users with LD care packages with very complex health needs, requiring large amounts of care that cost much more than we budget for an average new care service. LD services in Cambridgeshire work in a pooled budget with the NHS, so any increase in cost in-year is shared.

2.4.8 Public Health

2.4.9 The Public Health directorate is funded wholly by ringfenced grants, mainly the Public Health Grant. The work of the directorate has been severely impacted by the pandemic, as capacity has been re-directed to outbreak management, testing, and infection control work. The directorate's expenditure has increased by nearly 50% with the addition of new grants to fund outbreak management, mainly the Contain Outbreak Management Fund.

2.4.10 In 2020/21, the pandemic caused an underspend on many of PH's business as usual services. Much of the directorate's spend is contracts with or payments to the NHS for specific work, and the NHS' re-focussing on pandemic response and vaccination reduced activity-driven costs to the PH budget. There is a risk of this continuing into the first part of 2021/22 with indications that spend is currently below budgeted levels. Service demand is difficult to predict and will be kept under review.

2.5 The budget headings that are the responsibility of this committee are set out below along with a brief description of the services these headings contain. The financial information set out in appendices 1 and 2 of the main FMR use these budget headings.

2.5.1 Adults & Safeguarding Directorate (FMR appendix 1):

Budget Heading	Description
Strategic Management - Adults	Cross-cutting services including transport and senior management. This line also includes expenditure relating to the Better Care Fund and social care grants.
Transfers of Care	Hospital based social work teams
Prevention & Early Intervention	Preventative services, particularly Reablement, Adult Early Help and Technology Enabled Care teams
Principal Social Worker, Practice and Safeguarding	Social work practice functions, mental capacity act, deprivation of liberty safeguards, and the Multi-Agency Safeguarding Hub
Autism and Adult Support	Services for people with Autism
Adults Finance Operations	Central support service managing social care payments and client contributions assessments.
Head of Service	Services for people with learning disabilities (LD). This is a pooled budget with the NHS – the NHS contribution appears on the last budget line, so spend on other lines is for both health and social care.
LD - City, South and East Localities	
LD - Hunts and Fenland Localities	
LD - Young Adults Team	
In House Provider Services	
NHS Contribution to Pooled Budget	
Physical Disabilities	Services for people requiring physical support, both working age adults and older people (OP).
OP - City & South Locality	
OP - East Cambs Locality	
OP - Fenland Locality	
OP - Hunts Locality	
Mental Health Central	Services relating to people with mental health needs. Most of this service is delivered by Cambridgeshire and Peterborough NHS Foundation Trust.
Adult Mental Health Localities	
Older People Mental Health	

2.5.2 Commissioning Directorate (FMR appendix 1):

Budget Heading	Description
Strategic Management - Commissioning	Costs relating to the Commissioning Director, shared with CYP Committee.
Local Assistance Scheme	Scheme providing information, advice and one-off practical support and assistance.
Central Commissioning - Adults	Discrete contracts and grants that support adult social care, such as carer advice, advocacy, housing related support and grants to day centres, as well as block domiciliary care contracts.
Integrated Community Equipment Service	Community equipment contract expenditure. Most of this budget is pooled with the NHS.
Mental Health Commissioning	Contracts relating to housing and community support for people with mental health needs.

2.5.3 The Executive Director budget heading in FMR appendix 1 contains costs relating to the executive director of P&C and is shared with other P&C committees.

2.5.4 Public Health Directorate (FMR appendix 2):

Budget Heading	Description
Drug & Alcohol Misuse	A large contract to provide drug/alcohol treatment and support, along with smaller contracts.
SH STI testing & treatment - Prescribed	Sexual health and HIV services, including prescription costs, advice services and screening.
SH Contraception - Prescribed	
SH Services Advice Prevention/Promotion - Non-Prescribed	
Integrated Lifestyle Services	Preventative and behavioural change services. Much of the spend on these lines is either part of the large Integrated Lifestyles contract or is made to GP surgeries.
Other Health Improvement	
Smoking Cessation GP & Pharmacy	
NHS Health Checks Programme - Prescribed	
Falls Prevention	Services working alongside adult social care to reduce the number of falls suffered.
General Prevention, Traveller Health	Health and preventative services relating to the Traveller community, including internal income from Cambs Skills for adult learning work.
Adult Mental Health & Community Safety	A mix of preventative and training services relating to mental health.
Public Health Strategic Management	Mostly a holding account for increases in the ringfenced Public Health Grant pending its allocation to specific budget lines.
Public Health Directorate Staffing and Running Costs	Staffing and office costs to run Public Health services.
Test and Trace Support Grant	Expenditure relating to the test and trace service support grant. This was a 2020/21 grant but was partly carried-forward.
Contain Outbreak Management Fund	Expenditure relating to the COMF grant, a large grant given over 2020/21-22 to deliver outbreak management work under the Health Protection Board.
Lateral Flow Testing Grant	Grant to deliver community testing sites.

3. Alignment with corporate priorities

3.1 Communities at the heart of everything we do

The overall financial position of the P&C and Public Health directorates underpins this objective.

3.2 A good quality of life for everyone

The overall financial position of the P&C and Public Health directorates underpins this objective.

3.3 Helping our children learn, develop and live life to the full
There are no implications for this priority.

3.4 Cambridgeshire: a well-connected, safe, clean, green environment
There are no implications for this priority.

3.5 Protecting and caring for those who need us
The overall financial position of the P&C and Public Health directorates underpins this objective.

4. Significant Implications

4.1 Resource Implications
The attached Finance Monitoring Report sets out the details of the overall financial position for P&C and Public Health.

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
The report sets out the financial position of the Public Health Directorate

4.8 Environment and Climate Change Implications on Priority Areas

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

4.8.2 Implication 2: Low carbon transport.
Neutral

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

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

4.8.5 Implication 5: Water use, availability and management:

Neutral

4.8.6 Implication 6: Air Pollution.
Neutral

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

Have the resource implications been cleared by Finance? Yes
Name of Financial Officer: Tom Kelly

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement? N/A
Name of Officer:

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law? N/A
Name of Legal Officer:

Have the equality and diversity implications been cleared by your Service Contact? N/A
Name of Officer:

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

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

Have any Public Health implications been cleared by Public Health?

Name of Officer: Kate Parker

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

5. Source documents guidance

5.1 Source documents

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

5.2 Location

Finance and performance reports - Cambridgeshire County Council

Service: People and Communities (P&C) and Public Health (PH)
Subject: Finance Monitoring Report – May 2021
Date: 10th June 2021

Key Indicators

Previous Status	Category	Target	Current Status	Section Ref.
Green	Revenue position by Directorate	Balanced year end position	Amber	1.2
Green	Capital Programme	Remain within overall resources	Green	2

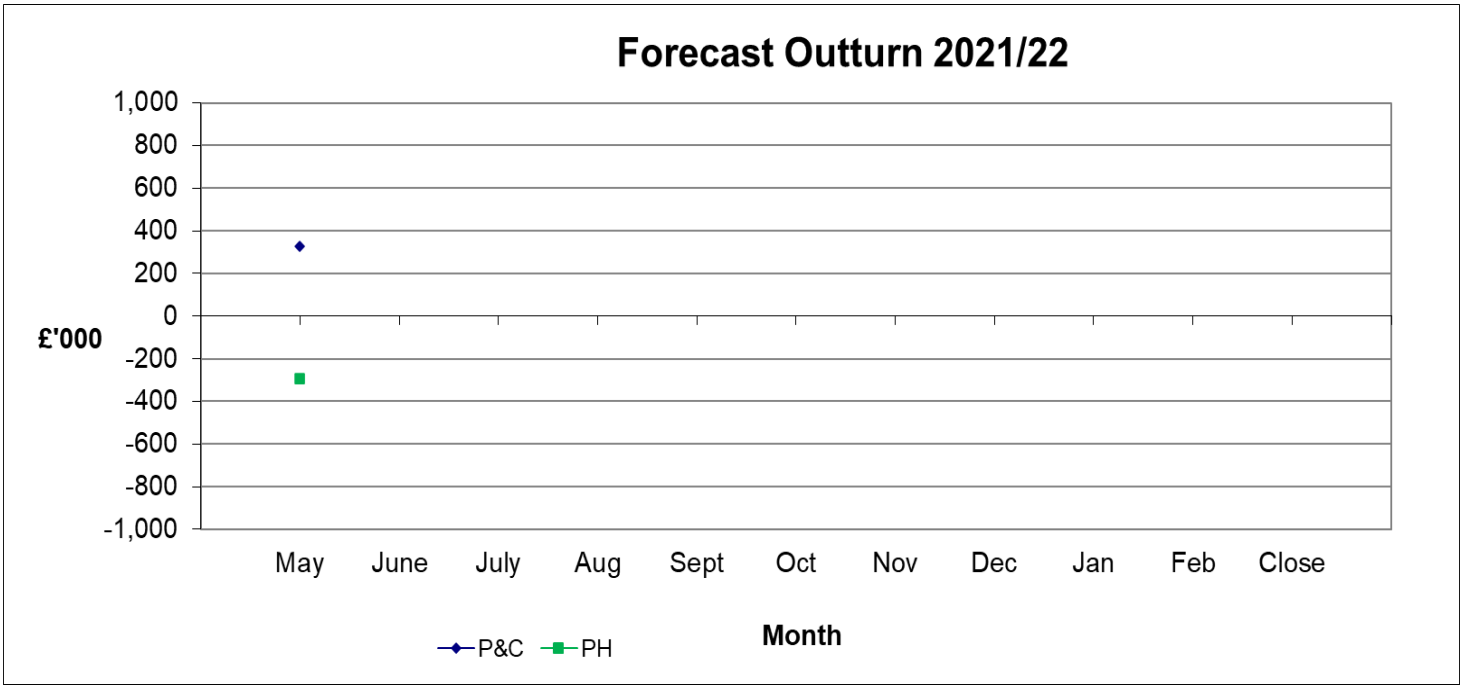
Contents

1. Revenue Executive Summary

1.1 Overall Position

People and Communities reported an overspend of £326k at the end of May.

Public Health reported an underspend of -£294k at the end of May.



1.2 Summary of Revenue position by Directorate

1.2.1 People and Communities

Forecast Outturn Variance (Previous) £000	Directorate	Budget 2021/22 £000	Actual £000	Outturn Variance £000	Outturn Variance %
0	Adults & Safeguarding	177,574	30,327	-171	-0.1%
0	Commissioning	44,739	-6,596	-53	-0.1%
0	Communities & Partnerships	12,243	-1,733	311	2.5%
0	Children & Safeguarding	59,615	3,096	0	0.0%
0	Education - non DSG	40,365	4,363	671	1.7%
0	Education - DSG	89,278	11,178	11,244	12.6%
0	Executive Director	3,081	122	-432	-14.0%
0	**Total Expenditure**	**426,894**	**40,756**	**11,571**	**2.7%**
0	Grant Funding	-124,152	-22,025	-11,244	9.1%
0	**Total**	**302,742**	**18,730**	**326**	**0.1%**

1.2.2 Public Health

Forecast Outturn Variance (Previous) £000	Directorate	Budget 2021/22 £000	Actual £000	Outturn Variance £000	Outturn Variance %
0	Children Health	9,317	-242	0	0.0%
0	Drugs & Alcohol	5,790	16	0	0.0%
0	Sexual Health & Contraception	5,113	1,391	0	0.0%
0	Behaviour Change / Preventing Long Term Conditions	3,714	344	0	0.0%
0	Falls Prevention	87	0	0	0.0%
0	General Prevention Activities	13	-0	0	0.0%
0	Adult Mental Health & Community Safety	257	4	0	0.0%
0	Public Health Directorate	21,460	1,014	-294	-1.4%
0	**Total Expenditure**	**45,750**	**2,527**	**-294**	

The Covid-related grants from central government are held centrally within the Council, and so the numbers in the table above are before any allocation of the funding to specific pressures.

1.2.3 Summary of Forecast Covid-19 Related Costs by Directorate for 2021/22

Directorate	Covid-19 Pressure £000
Adults & Safeguarding	10,065
Commissioning	524
Communities & Partnerships	445
Children & Safeguarding	1,395
Education	1,470
Executive Director	450
Public Health	0
Total Expenditure	**14,349**

These Covid-19 related costs are a mixture of additional expenditure, reduced income, and savings not delivered as a result of the pandemic. They are also net of any external funding received to cover specific functions and pressures. Increasingly, some of these additional costs have been included within initial budgets and as such do not impact on the services' forecast outturns reported elsewhere within this report. However, the overall costs related to Covid-19 are still required to be categorized and reported to central government.

1.3 Summary by Committee

P&C and PH services are overseen by different committees – these tables provide committee-level summaries of services' revenue financial positions.

1.3.1 Adults & Health Committee

Forecast Outturn Variance (Previous) £000	Directorate	Budget 2021/22 £000	Actual May 21 £000	Forecast Outturn Variance £000
0	Adults & Safeguarding	178,130	30,327	-171
0	Adults Commissioning (including Local Assistance Scheme)	21,336	-9,134	-53
0	Public Health (excl. Children's Health)	36,433	2,769	-294
0	**Total Expenditure**	**235,899**	**23,962**	**-518**
0	Grant Funding (including Improved Better Care Fund, Public Health Grant etc.)	-55,321	-28,699	0
0	**Total**	**180,577**	**-4,736**	**-518**

1.3.2 Children and Young People Committee

Forecast Outturn Variance (Previous) £000	Directorate	Budget 2021/22 £000	Actual May 21 £000	Forecast Outturn Variance £000
0	Children's Commissioning	22,612	2,366	0
0	Communities & Safety - Central Integrated Youth Support Services	382	-242	0
0	Children & Safeguarding	59,615	3,096	0
0	Education – non DSG	39,653	4,263	671
0	Education – DSG	89,278	11,178	11,244
0	Public Health - Children's Health	9,317	-242	0
0	**Total Expenditure**	**220,857**	**20,419**	**11,915**
0	Grant Funding (including Dedicated Schools Grant etc.)	-109,689	-17,242	-11,244
0	**Total**	**120,485**	**3,177**	**671**

1.3.3 Communities, Social Mobility and Inclusion Committee

Forecast Outturn Variance (Previous) £000	Directorate	Budget 2021/22 £000	Actual May 21 £000	Forecast Outturn Variance £000
0	Communities and Partnerships	11,860	-1,491	311
0	**Total Expenditure**	**11,860**	**-1,491**	**311**
0	Grant Funding (including Adult Education Budget etc.)	-4,891	-43	0
0	**Total**	**6,969**	**-1,535**	**311**

1.3.4 Cross Cutting P&C Policy Lines

Forecast Variance Outturn (Previous) £000	Directorate	Budget 2021/22 £000	Actual May 21 £000	Forecast Outturn Variance £000
0	Strategic Management – Commissioning	235	171	0
0	Executive Director	3,081	122	-432
0	**Total Expenditure**	**3,316**	**293**	**-432**
0	Grant Funding	0	0	0
0	**Total**	**3,316**	**293**	**-432**

1.4 Significant Issues – People & Communities

People & Communities started 2021/22 with a balanced budget including around £3m of funding to meet Covid-related demand pressures and savings of £4.2m.

P&C budgets are facing increasing pressures each year from rising demand and changes in legislation, and now have pressures because of the pandemic. The directorate's budget has increased by around 10% in 2021/22 to meet these pressures. In 2020/21, the pandemic severely impacted the financial position in P&C, and it is likely that the same will happen over at least the first part of 2021/22

At May 2021, the forecast P&C outturn is an overspend of £326k; around 0.1% of budget. This reflects services' best estimates of their financial position at this point in time but remains very uncertain. Unlike last year, we have had the opportunity to estimate and budget for some expected pressures from the pandemic this year. The Council also has un-ringfenced grant funding from central government to meet Covid pressures across the whole Council. Section 1.2.3 above sets out the estimated Covid pressures this year, some of which will have been estimated and budgeted for, and others are emerging.

P&C will receive specific grant funding from government to deal with aspects of the pandemic as well. The £3m infection control and testing grant is being passed to social care providers, and our first three months' of lost income from fees and charges will be met by a grant.

Appendix 1 provides the detailed financial information by service, with Appendix 1a providing a more detailed breakdown of areas funded directly from the Dedicated Schools Grant (DSG) and Appendix 3 providing a narrative from those services projecting a significant variance against budget.

1.4.1 Adults

Like councils nationally, Adult Services in Cambridgeshire has faced cost pressures for several years. This has been due to the rising cost of care home and home care provision due to both the requirement to be compliant with the national living wage and the increasing complexity of needs of people receiving care (both older people and working age adults). Budgets are set broadly based on this trend continuing, with some mitigations.

At the end of May, Adults are forecasting an underspend of £224k (0.1%), with pressures in some disability services offset with an underspend forecast in Older People's services.

The financial and human impact of Covid-19 has been substantial for Adult Services, overspending in 2020/21 because of the need to provide additional support to care providers, disrupted savings delivery, and rising needs of people receiving care. Some adults who were previously supported at home by friends, family and local community services have not been able to secure this support during Covid due to visiting restrictions during lockdown. This has increased reliance on professional services; the ability to focus on conversations about the use of technology, community support or other preventative services have been restricted due to the refocusing of staffing resources towards discharge from hospital work and supporting care providers. Many vulnerable adults have developed more complex needs during

lockdown as they have not accessed the usual community-based services or early help services. We are expecting the longer-term financial impact of this to be very large.

Despite this, some services over 2020/21, and continuing into 2021/22, have seen expenditure at less than budgeted levels. This is particularly the case with spend on residential and nursing care for older people, where spend today is below the level budgeted for and therefore budget is available for rising demand or costs. This is causing a forecasted underspend on the Older People's budget, but the financial position of this service is considerably uncertain. There is likely to be an increase in need for care services as Covid restrictions ease, and as NHS discharge funding ends in the middle of the year, as well as evidence of a rising complexity of need which will increase costs. Care provider support may also be required if government funding is not aligned to how long infection control requirements last. The forecast underspend assumes a lot of growth in cost from this month to the end of the year.

We will review in detail on a quarterly basis the activity information and other cost drivers to validate this forecast position, and so this remains subject to variation as circumstances change.

Learning Disabilities (LD) and Mental Health services have got cost pressures that are driving a forecast overspend for the year. Levels of need have risen greatly over the last year, and this is exacerbated by several new service users with LD care packages with very complex health needs, requiring large amounts of care that cost much more than we budget for an average new care service. LD services in Cambridgeshire work in a pooled budget with the NHS, so any increase in cost in-year is shared.

1.4.2 Children's

Although the levels of actual spend in relation to Covid-19 remained relatively low within Children's there are a number of areas which are likely to result in significant increased costs as we move into 2021/22 because of the pandemic:

- Due to the lockdown and lack of visibility of children, referrals to Children's saw a significant reduction; we predicted that there would be demand building up with a need for an increase in staff costs resulting from an increase in the number of referrals, requiring assessments and longer term working with families, whose needs are likely to be more acute, due to early support not having been accessed, within both early help and children's social care;

- We have seen an increase in the numbers of referrals of children and young people with more complex needs. This has been the case in other areas and signals that there is likely to be an increase in demand both in terms of volumes and complexity of need.

- While numbers in care are continuing to decline, albeit more slowly, we have seen a small increase in the number of young people in care with extremely complex needs that have required more specialist and expensive placements. There is a shortage of placements for this group of young people, and placement costs have been increasing from an already very high unit cost. Across the health and care system we are working on developing an invest to save business case to develop local services to meet the needs of these young people. The Covid-19 pandemic has also affected the full implementation of Family Safeguarding, with a small number of adult practitioner posts remaining vacant. Family Safeguarding is associated with lower numbers of children in the care system; the full benefit of the model requires all posts to be recruited to, and it is therefore possible that overall numbers in care may reduce more slowly than anticipated over coming months.

1.4.3 Education

Education – A number of services within Education have lost income as a result of the Covid-19 pandemic. Some areas have been able to deliver services in different ways or have utilised their staff

and/or building to provide support to other services to mitigate the overall impact. Outdoor Education is currently forecasting an in-year overspend of £639k due to school residential visits not being allowed until mid-May and a reduction in numbers in order to adhere to Covid-19 guidance.

The overall impact has been significant for many services with a traded element and may continue to deteriorate if schools and other providers choose not to access this provision as frequently in the future. The viability of outdoor education provision will need to be an area for discussion.

Dedicated Schools Grant (DSG) –Appendix 1a provides a detailed breakdown of all DSG spend within P&C. The budget figures are net of recoupment for academies and high needs place funding.

Due to the continuing increase in the number of children and young people with an Education, Health and Care Plan (EHCP), and the complexity of need of these young people the overall spend on the High Needs Block element of the DSG funded budgets has continued to rise. At the end of 2020/21 the High Needs Block overspent by approximately £12.5m, which was in line with previous forecasts. However, there were a number of one-off underspends in other areas of the DSG which resulted in a net DSG overspend of £9.7m to the end of the year.

When added to the existing DSG deficit of £16.6m brought forward from previous years and allowing for required prior-year technical adjustments this totals a cumulative deficit of £26.4m to be carried forward into 2021/22. Based on initial budget requirements for 2021/22 there is an underlying forecast pressure of £11.2m relating to High Needs.

This is a ring-fenced grant and, as such, overspends do not currently affect the Council's bottom line. We are working with the Department for Education (DfE) to manage the deficit and evidence plans to reduce spend.

1.4.4 Communities

The Coroners service is reporting an opening pressure of £319k mainly as a result of additional costs related to Covid-19. Work is currently ongoing to review overall resources requirements of the service.

1.4.5 Executive Director

The Executive Director line is forecasting an underspend of £432k, due to a large provision for spend on Personal Protective Equipment (PPE) for service delivery expected to partly not be required as central government has extended its cost-neutral PPE scheme for councils into 2021/22 aligning it with the current phasing of restrictions easing. This forecast underspend is half of that provision.

1.5 Significant Issues – Public Health

The Public Health directorate is funded wholly by ringfenced grants, mainly the Public Health Grant. The work of the directorate has been severely impacted by the pandemic, as capacity has been re-directed to outbreak management, testing, and infection control work. The directorate's expenditure has increased by nearly 50% with the addition of new grants to fund outbreak management, mainly the Contain Outbreak Management Fund.

In 2020/21, the pandemic caused an underspend on many of PH's business as usual services. Much of the directorate's spend is contracts with or payments to the NHS for specific work, and the NHS' re-focussing on pandemic response and vaccination reduced activity-driven costs to the PH budget. There is a risk of this continuing into the first part of 2021/22 with indications that spend is currently below budgeted levels. Service demand is difficult to predict and will be kept under review.

2. Capital Executive Summary

2021/22 In Year Pressures/Slippage

The P&C Capital Plan for 2021/22 has reduced by £1.836m since the Business Plan was published, resulting in a revised budget of £44.588m. This reduction is due the combination of schemes being removed or added, delayed into future years and changes to carry forward positions from 2020/21. The schemes with major variations of £500k or greater are listed below;

Scheme		2021/22 change (£000)	Overall Scheme Change (£000)
Littleport Community Primary	Slipped	-591	0
WING Development	Slipped	609	0
St Philips Primary School	Slipped	-710	0
Isleham Primary	New	10	11,226
Cambourne Village College Phase 3b	Slipped	-5,276	0
School Condition, Maintenance & Suitability	Additional	715	715
Meldreth Caretaker House	New	15	300
East Cambridgeshire Adult Service Development	Removed	-1,875	-3,000

Funding

The following changes in funding for 2021/22 have occurred since the Business Plan was published:

- School Conditions Allocation government grant funding increased by £715k.
- Adjustment to carry forward funding increased by £4,462k.
- Devolved formula capital reduced by £31k
- Adult specific Grant reduced by £1,000k
- Additional SEN funding announced for Cambridgeshire £2,709k
- Prudential Borrowing reduced by £8,691k to account for savings and slippage on projects since the business plan was approved.

In May the £2,709 additional SEN funding was removed from the 2021/22 capital plan as it is expected that this will be used toward the capital cost of the new area special school to be established in Alconbury Weald now known as Prestley Wood.

Details of the currently forecasted capital variances can be found in appendix 4.

3. Savings Tracker Summary

The savings tracker is produced quarterly to monitor delivery of savings against agreed plans. The first savings tracker of 2021/22 will be produced at the end of June, but for information the savings agreed for 2021/22 are shown in Appendix 5.

4. Technical note

On a biannual basis, a technical financial appendix will be included as appendix 6. This appendix will cover:

- Grants that have been received by the service, and where these have been more or less than expected
- Budget movements (virements) into or out of P&C from other services (but not within P&C), to show why the budget might be different from that agreed by Full Council
- Service reserves – funds held for specific purposes that may be drawn down in-year or carried-forward – including use of funds and forecast draw-down.

5. Key Activity Data

The Actual Weekly Costs for all clients shown in section 2.5.1-2 are calculated based on all clients who have received a service, are receiving a service, or we plan will receive a service. Some clients will have ceased receiving a service in previous months, or during this month, or we will have assumed an end date in the future.

5.1 Children and Young People

5.1.1 Key activity data at the end of May 21 for Children in Care Placements is shown below:

	BUDGET				ACTUAL (May 21)				VARIANCE		
Service Type	*No of placements Budgeted*	*Annual Budget*	*No. of weeks funded*	*Average weekly cost per head*	*Snapshot of No. of placements May 21*	*Yearly Average*	*Forecast Outturn*	*Average weekly cost per head*	*Yearly Average budgeted no. of placements*	*Net Variance to Budget*	*Average weekly cost diff +/-*
Residential - disability	7	£1,204k	52	3,307.62	8	6.46	£1,082k	3,069.46	-0.54	-£122k	-238.16
Residential - secure accommodation	1	£365k	52	7,019.23	0	0.00	£k	0.00	-1.00	-£365k	-7,019.23
Residential schools	10	£1,044k	52	2,006.99	6	5.72	£503k	1,984.27	-4.28	-£541k	-22.72
Residential homes	35	£6,028k	52	3,311.90	39	37.18	£6,966k	3,684.78	2.18	£938k	372.88
Independent Fostering	230	£10,107k	52	845.04	225	218.42	£9,672k	869.53	-11.58	-£434k	24.49
Supported Accommodation	20	£1,755k	52	1,687.92	23	17.04	£1,546k	1,483.28	-2.96	-£209k	-204.64
16+	8	£200k	52	480.41	4	2.10	£34k	256.60	-5.90	-£165k	-223.81
Supported Living	3	£376k	52	2,411.58	3	1.48	£253k	2,115.56	-1.52	-£124k	-296.02
Growth/Replacement	0	£k	0	0.00	0	0.00	£1,023k	0.00	-	£1,023k	0.00
Additional one off budget/actuals	0	£k	0	0.00	0	0.00	£k	0.00	-	£k	0.00
Mitigations required	0	£k	0	0.00	0	0.00	£k	0.00	-	£k	0.00
TOTAL	314	£21,078k			308	288.40	£21,078k		-24.08	£K	
In-house Fostering	240	£5,103k	56	382.14	226	219.77	£4,389k	362.57	-20.23	-£714k	-19.57
TOTAL	240	£5,103k			226	219.77	£4,389k		-20.23	-£1,124k	
Adoption Allowances	97	£1,063k	52	210.16	88	87.03	£1,078k	224.49	-9.97	£15k	14.33
Special Guardianship Orders	322	£2,541k	52	151.32	286	280.60	£2,167k	145.03	-41.4	-£373k	-6.29
Child Arrangement Orders	55	£462k	52	160.96	55	53.88	£435k	156.13	-1.12	-£26k	-4.83
Concurrent Adoption	3	£33k	52	210.00	1	1.00	£11k	210.00	-2	-£22k	0.00
TOTAL	477	£4,098k			430	422.51	£3,692k		-9.97	-£406k	
OVERALL TOTAL	1,031	£30,279k			964	930.68	£29,159k		-54.28	-£1,530k	

NOTES:
In house Fostering payments fund 56 weeks as carers receive two additional weeks payment during the Summer holidays and one additional week each for Christmas and birthday.

5.1.2 Key activity data at the end of May 21 for SEN Placements is shown below:

The following key activity data for SEND covers 5 of the main provision types for pupils with EHCPs.

Budgeted data is based on actual data at the close of 2020/21 and an increase in pupil numbers over the course of the year.

Actual data is based on a snapshot of provision taken at the end of the month and reflect current numbers of pupils and average cost

Provision Type	BUDGET				ACTUAL (May 21)					FORECAST	
	No. pupils	Expected in-year growth	Average annual cost per pupil (£)	Budget (£000) (excluding academy recoupment)	No. Pupils as of May 21		% growth used	Average annual cost per pupils as of May 2021		Forecast spend (£)	Variance (£)
					Actual	Variance		Actual (£)	Variance (£)		
Mainstream top up *	1,913	174	8,130	16,059	2,012	99	157%	8,136	6	16,059	0
Special School **	1,326	121	10,755	20,811	1,270	-56	54%	10,852	97	20,811	0
HN Unit **	202	n/a	13,765	3,182	208	6	n/a	13,763	-2	3,182	0
Out of School Tuition ****	84	n/a	45,600	3,834	178	94	n/a	41,370	-4,230	3,834	0
SEN Placement (all) ***	243	n/a	53,464	13,012	247	4	n/a	52,680	-784	13,012	0
Total	**3,768**	**294**	**-**	**56,898**	**3,915**	**147**	**149.78%**	**-**	**-**	**56,898**	**0**

* LA cost only

** Excluding place funding

*** Education contribution only

5.2 Adults

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

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

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

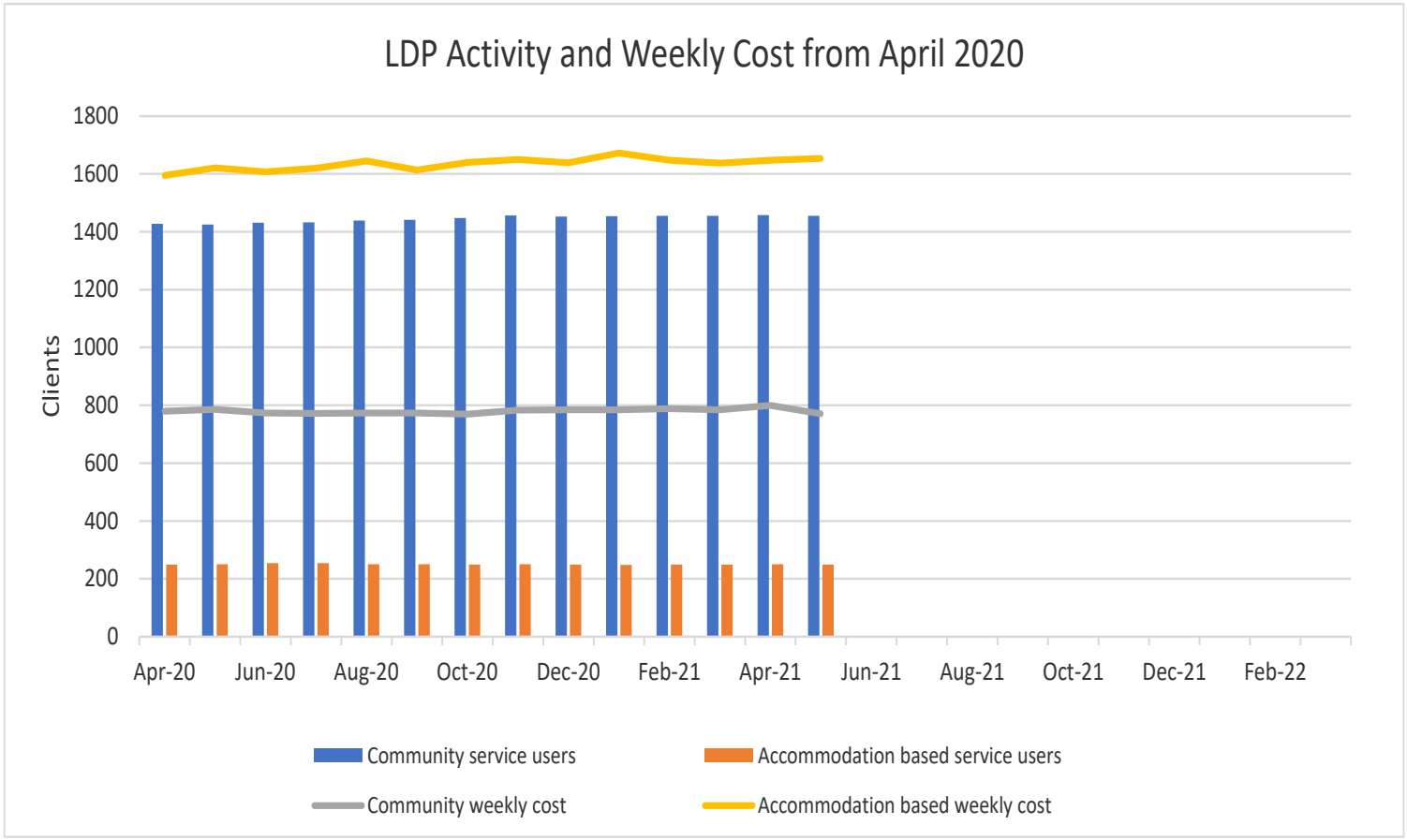
The direction of travel (DoT) compares the current month's figure with the previous month.

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

5.2.1 Key activity data at the end of May 21 for Learning Disability Partnership is shown below:

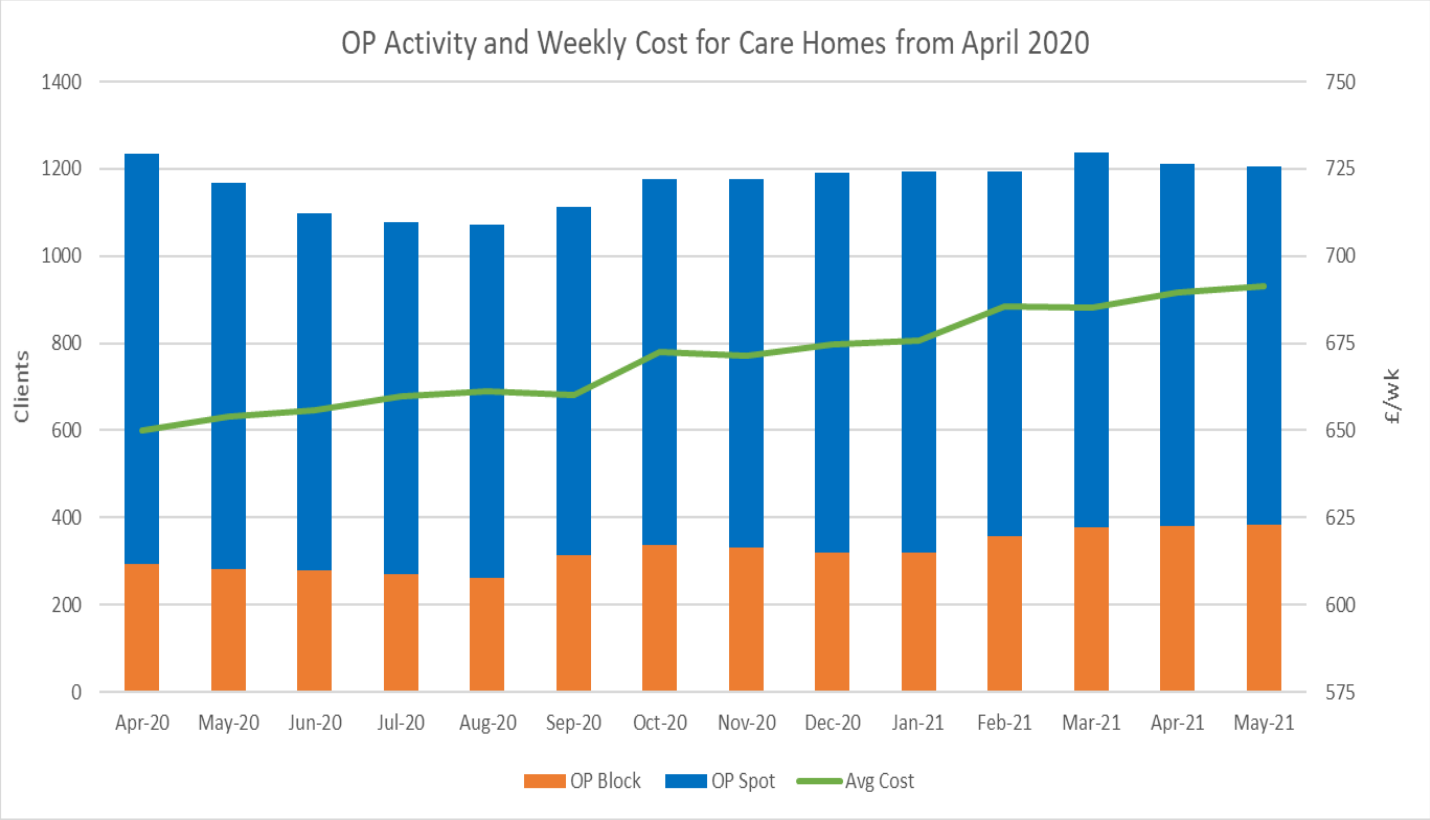
Learning Disability Partnership	BUDGET			ACTUAL (May 2021/22)			Forecast	
Service Type	*Expected No. of Care Packages 2021/22*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*D o T*	*Current Average Unit Cost (per week)*	*D o T*	*Total spend/ income*	*D o T*	*Variance*
Accommodation based										
~Residential	251	£1,759	£24,664k	252	↑	£1,776	↑	£24,835k	↑	£171k
~Nursing	6	£2,385	£813k	6	↔	£2,385	↔	£809k	↓	-£4k
~Respite	159	£183	£382k	154	↓	£208		£378k	↓	-£4k
Accommodation based subtotal	**416**	**£1,096**	**£25,860k**	**412**		**£1,121**		**£26,022k**		**£163k**
Community based										
~Supported Living	456	£1,338	£35,160k	455	↓	£1,322	↓	£35,409k	↑	£249k
~Homecare	386	£380	£6,342k	378	↓	£373	↓	£6,341k	↓	-£1k
~Direct payments	403	£446	£8,874k	402	↓	£442	↓	£8,923k	↑	£49k
~Live In Care	15	£2,033	£1,709k	15	↔	£1,994	↓	£1,701k	↓	-£8k
~Day Care	437	£175	£4,146k	437	↔	£176	↑	£4,250k	↑	£104k
~Other Care	57	£86	£856k	58	↑	£85	↓	£844k	↓	-£11k
Community based subtotal	**1,754**	**£598**	**£57,087k**	**1,745**		**£591**		**£57,468k**		**£382k**
Total for expenditure	**2,170**	**£693**	**£108,806k**	**2,157**		**£692**		**£83,491k**	↓	**£544k**
Care Contributions			-£4,396k					-£4,505k	↑	-£109k

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



5.2.2 Key activity data at the end of May 21 for Older People's (OP) Services is shown below:

Older People	BUDGET			ACTUAL (May 2021/22)				Forecast		
Service Type	*Expected No. of Care Packages 2021/22*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*D o T*	*Current Average Unit Cost (per week)*	*D o T*	*Total spend/ income*	*D o T*	*Variance*
Accommodation based										
~Residential	410	£672	£14,054k	365	↓	£637	↓	£14,416k	↑	£362k
~Residential Dementia	517	£657	£17,722k	440	↓	£658	↑	£17,948k	↑	£226k
~Nursing	290	£808	£12,199k	258	↓	£739	↓	£13,279k	↑	£1,080k
~Nursing Dementia	203	£809	£8,539k	141	↓	£851	↑	£8,357k	↓	-£182k
~Respite	41	£679	£1,584k	38		£731		£1,449k	↓	-£134k
Accommodation based subtotal	**1,461**	**£694**	**£54,098k**	**1,242**		**£670**		**£55,450k**		**£1,351k**
Community based										
~Supported Living	320	£368	£5,603k	349	↑	£142	↓	£5,640k	↑	£37k
~Homecare	1,510	£230	£18,320k	1,224	↓	£239	↑	£14,424k	↓	-£3,896k
~Direct payments	160	£320	£2,465k	155	↓	£352	↑	£2,613k	↑	£148k
~Live In Care	30	£822	£1,250k	28	↓	£839	↑	£1,262k	↑	£12k
~Day Care	267	£54	£763k	72	↓	£71	↑	£762k	↓	£k
~Other Care			£163k		↔		↔	£166k	↑	£3k
Community based subtotal	**2,287**	**£243**	**£28,564k**	**1,828**		**£233**		**£24,867k**		**-£3,697k**
Total for expenditure	**3,748**	**£419**	**£136,761k**	**3,070**		**£410**		**£135,766k**	↓	**-£994k**
Care Contributions			-£20,621k					-£21,104k		-£483k



5.2.3 Key activity data at the end of May 21 for Physical Disabilities Services is shown below:

Physical Disabilities	BUDGET			ACTUAL (May 2021/22)				Forecast		
Service Type	*Expected No. of Care Packages 2021/22*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*D o T*	*Current Average Unit Cost (per week)*	*D o T*	*Total spend/ income*	*D o T*	*Variance*
Accommodation based										
~Residential	33	£905	£1,611k	37	↑	£637	↓	£1,545k	↓	-£66k
~Residential Dementia	4	£935	£195k	7	↑	£658	↓	£137k	↓	-£58k
~Nursing	38	£1,149	£2,438k	46	↑	£739	↓	£2,356k	↓	-£82k
~Nursing Dementia	3	£1,192	£192k	3	↔	£851	↓	£107k	↓	-£86k
~Respite	2	£685	£114k	10		£731		£114k	↔	£k
Accommodation based subtotal	**80**	**£1,010**	**£4,550k**	**103**		**£628**		**£4,259k**		**-£292k**
Community based										
~Supported Living	7	£843	£551k	37	↑	£142	↓	£539k	↓	-£12k
~Homecare	389	£257	£5,326k	424	↑	£239	↓	£5,356k	↑	£30k
~Direct payments	285	£398	£5,279k	279	↓	£352	↓	£5,164k	↓	-£116k
~Live In Care	35	£862	£1,627k	35	↔	£839	↓	£1,609k	↓	-£19k
~Day Care	21	£85	£94k	24	↑	£71	↓	£103k	↑	£8k
~Other Care			£4k	1	↑		↔	£1k	↓	-£3k
Community based subtotal	**737**	**£341**	**£12,882k**	**800**		**£295**		**£12,771k**		**-£111k**
Total for expenditure	**817**	**£406**	**£21,982k**	**903**		**£333**		**£21,289k**	**↓**	**-£694k**
Care Contributions			-£2,154k					-£2,154k		£k

5.2.4 Key activity data at the end of May 21 for Older People Mental Health (OPMH) Services:

Older People Mental Health	BUDGET			ACTUAL (May 2021/22)				Forecast		
Service Type	*Expected No. of Care Packages 2021/22*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*D o T*	*Current Average Unit Cost (per week)*	*D o T*	*Total spend/ income*	*D o T*	*Variance*
Accommodation based										
~Residential	32	£717	£1,010k	31	↔	£690	↑	£1,059k	↑	£49k
~Residential Dementia	28	£755	£860k	28	↑	£727	↑	£901k	↑	£42k
~Nursing	23	£826	£943k	23	↑	£822	↑	£1,023k	↑	£80k
~Nursing Dementia	69	£865	£2,788k	70	↑	£829	↑	£3,024k	↑	£236k
~Respite	3	£708	£42k	0	↓	£708	↔	£42k	↔	£k
Accommodation based subtotal	**155**	**£792**	**£5,643k**	**152**		**£781**		**£6,050k**		**£407k**
Community based										
~Supported Living	9	£340	£111k	9	↔	£340	↔	£106k	↓	-£5k
~Homecare	68	£221	£693k	4	↓	£218	↑	£756k	↑	£62k
~Direct payments	9	£273	£116k	9	↔	£318	↑	£143k	↑	£28k
~Live In Care	8	£1,079	£455k	7	↓	£1,093	↑	£408k	↓	-£48k
~Day Care	4	£47	£k	3	↓	£47	↑	£k	↔	£k
~Other Care	2	£6	£1k	72	↑	£61	↑	£1k	↔	£k
Community based subtotal	**100**	**£293**	**£1,376k**	**104**		**£183**		**£1,414k**		**£38k**
Total for expenditure	**255**	**£596**	**£12,662k**	**256**		**£538**		**£13,513k**	**↑**	**£851k**
Care Contributions			-£958k					-£958k		£k

5.2.5 Key activity data at the end of May 21 for Adult Mental Health Services is shown below:

Adult Mental Health	BUDGET			ACTUAL (May 2021/22)				Forecast		
Service Type	*Expected No. of Care Packages 2021/22*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*D o T*	*Current Average Unit Cost (per week)*	*D o T*	*Total spend/ income*	*D o T*	*Variance*
Accommodation based										
~Residential	58	£794	£2,369k	57	↔	£777	↑	£2,290k	↓	-£80k
~Residential Dementia	6	£841	£267k	4	↓	£664	↓	£258k	↓	-£9k
~Nursing	10	£788	£427k	12	↑	£787	↑	£461k	↑	£34k
~Nursing Dementia	3	£686	£112k	2	↓	£755	↑	£120k	↑	£9k
~Respite	1	£20	£k	1	↔	£20	↔	£k	↔	£k
Accommodation based subtotal	**78**	**£783**	**£3,176k**	**76**		**£761**		**£3,130k**		**-£46k**
Community based										
~Supported Living	113	£181	£1,812k	110	↓	£182	↑	£1,801k	↓	-£12k
~Homecare	135	£113	£1,333k	135	↑	£118	↑	£1,337k	↑	£4k
~Direct payments	14	£364	£263k	14	↔	£359	↓	£285k	↑	£22k
~Live In Care	2	£1,030	£109k	2	↔	£1,018	↓	£108k	↓	£k
~Day Care	4	£66	£42k	4	↔	£66	↔	£14k	↓	-£28k
~Other Care	0	£0	£10k	0	↔	£0	↔	£8k	↓	-£3k
Community based subtotal	**268**	**£161**	**£3,569k**	**265**		**£163**		**£3,552k**		**-£17k**
Total for expenditure	**346**	**£301**	**£9,920k**	**341**		**£297**		**£9,811k**	**↑**	**-£109k**
Care Contributions			-£393k					-£393k		£k

5.2.6 Key activity data at the end of May 21 for Autism is shown below:

Autism	BUDGET			ACTUAL (May 2021/22)				Forecast		
Service Type	*Expected No. of Care Packages 2021/22*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*D o T*	*Current Average Unit Cost (per week)*	*D o T*	*Total spend/ income*	*D o T*	*Variance*
Accommodation based										
~Residential	[redacted]			[redacted]				[redacted]		
~Residential Dementia				↔		↔		↔		£k
Accommodation based subtotal	[redacted]			[redacted]				[redacted]		
Community based										
~Supported Living	18	£469	£429k	11	↓	£848	↑	£574k	↑	£145k
~Homecare	19	£151	£149k	15	↓	£149	↓	£133k	↓	-£17k
~Direct payments	19	£299	£297k	16	↓	£333	↑	£310k	↑	£13k
~Live In Care	1	£1,979	£142k	0	↓	£0	↓	£k	↓	-£142k
~Day Care	18	£65	£62k	14	↓	£64	↓	£58k	↓	-£4k
~Other Care	2	£29	£3k	2	↔	£60	↑	£7k	↑	£4k
Community based subtotal	**77**	**£262**	**£1,083k**	**58**		**£309**		**£1,081k**		**-£2k**
Total for expenditure	**78**	**£278**	**£1,181k**	**59**		**£328**		**£1,263k**	**↑**	**-£16k**
Care Contributions			-£54k					-£44k		£10k

Due to small numbers of service users some lines in the above have been redacted.

Appendix 1 – P&C Service Level Financial Information

Forecast Outturn Variance (Previous) £'000	Ref	Service	Budget 2021/22 £'000	Actual May 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
		Adults & Safeguarding Directorate				
0		Strategic Management - Adults	-3,635	2,455	118	3%
0		Transfers of Care	2,030	401	-0	0%
0		Prevention & Early Intervention	9,628	1,963	0	0%
0		Principal Social Worker, Practice and Safeguarding	1,580	275	2	0%
0		Autism and Adult Support	1,578	470	-0	0%
0		Adults Finance Operations	1,783	265	0	0%
		Learning Disabilities				
0		Head of Service	5,458	231	0	0%
0		LD - City, South and East Localities	38,040	6,132	-167	0%
0		LD - Hunts & Fenland Localities	33,130	5,111	-26	0%
0		LD - Young Adults	9,530	1,430	726	8%
0		In House Provider Services	7,378	1,106	0	0%
0		NHS Contribution to Pooled Budget	-21,717	-5,429	-124	-1%
0		**Learning Disabilities Total**	**71,819**	**8,582**	**410**	**1%**
		Older People and Physical Disability Services				
0		Physical Disabilities	16,356	2,935	0	0%
0		OP - City & South Locality	24,228	4,887	-340	-1%
0		OP - East Cambs Locality	8,607	1,291	-340	-4%
0		OP - Fenland Locality	13,258	1,944	0	0%
0		OP - Hunts Locality	15,937	2,335	-320	-2%
0		**Older People and Physical Disability Total**	**78,385**	**13,392**	**-1,000**	**-1%**
		Mental Health				
0		Mental Health Central	1,847	-15	-50	-3%
0		Adult Mental Health Localities	6,059	1,055	0	0%
0		Older People Mental Health	6,500	1,486	350	5%
0		**Mental Health Total**	**14,405**	**2,525**	**300**	**2%**
0		**Adults & Safeguarding Directorate Total**	**177,574**	**30,327**	**-171**	**0%**
		Commissioning Directorate				
0		Strategic Management –Commissioning	235	171	0	0%
0		Access to Resource & Quality	1,289	198	0	0%
0		Local Assistance Scheme	300	51	0	0%
		Adults Commissioning				
0		Central Commissioning - Adults	17,333	-9,249	-53	0%
0		Integrated Community Equipment Service	2,018	-266	0	0%
0		Mental Health Commissioning	2,241	330	0	0%
0		**Adults Commissioning Total**	**21,592**	**-9,184**	**-53**	**0%**

Forecast Outturn Variance (Previous) £'000	Ref	Service	Budget 2021/22 £'000	Actual May 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
		Children's Commissioning				
0		Children in Care Placements	21,078	2,168	0	0%
0		Commissioning Services	245	0	0	0%
0		**Children's Commissioning Total**	**21,323**	**2,168**	**0**	**0%**
0		**Commissioning Directorate Total**	**44,739**	**-6,596**	**-53**	**0%**
		Communities & Partnerships Directorate				
0		Strategic Management - Communities & Partnerships	67	-122	-0	0%
0		Public Library Services	3,732	615	0	0%
0		Cambridgeshire Skills	2,178	-646	0	0%
0		Archives	369	36	0	0%
0		Cultural Services	314	-1	0	0%
0		Registration & Citizenship Services	-634	-125	0	0%
0		Coroners	1,569	571	311	20%
0		Trading Standards	694	0	0	0%
0		Domestic Abuse and Sexual Violence Service	918	-1,244	0	0%
0		Think Communities	2,655	-574	0	0%
0		Youth and Community Services	382	-242	0	0%
0		**Communities & Partnerships Directorate Total**	**12,243**	**-1,733**	**311**	**3%**
		Children & Safeguarding Directorate				
0		Strategic Management - Children & Safeguarding	2,605	479	-0	0%
0		Safeguarding and Quality Assurance	2,507	189	-0	0%
0		Fostering and Supervised Contact Services	9,980	1,394	-0	0%
0		Corporate Parenting	7,810	709	-0	0%
0		Integrated Front Door	4,164	655	-0	0%
0		Children´s Disability Service	6,861	1,329	-0	0%
0		Support to Parents	1,102	-981	0	0%
0		Adoption	5,658	140	-0	0%
0		Legal Proceedings	2,050	166	0	0%
0		Youth Offending Service	1,880	30	-0	0%
		District Delivery Service				
0		Children´s Centres Strategy	61	0	0	0%
0		Safeguarding West	1,029	286	0	0%
0		Safeguarding East	4,832	-2,610	0	0%
0		Early Help District Delivery Service –North	4,504	599	0	0%
0		Early Help District Delivery Service – South	4,572	710	0	0%
0		**District Delivery Service Total**	**14,999**	**-1,014**	**0**	**0%**
0		**Children & Safeguarding Directorate Total**	**59,615**	**3,096**	**0**	**0%**

Forecast Outturn Variance (Previous) £'000	Ref	Service	Budget 2021/22 £'000	Actual May 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
		Education Directorate				
0		Strategic Management - Education	2,082	98	0	0%
0		Early Years' Service	3,973	692	32	1%
0		School Improvement Service	1,017	156	0	0%
0		Schools Partnership service	574	378	0	0%
0		Outdoor Education (includes Grafham Water)	-2	351	639	30114%
0		Cambridgeshire Music	0	130	-0	-%
0		ICT Service (Education)	-200	-953	0	-%
0		Redundancy & Teachers Pensions	3,727	117	0	0%
		SEND Specialist Services (0-25 years)				
0		SEND Specialist Services	10,853	1,502	0	0%
0		Funding for Special Schools and Units	34,846	3,281	0	0%
0		High Needs Top Up Funding	28,846	2,248	0	0%
0		Special Educational Needs Placements	13,846	2,842	0	0%
0		Out of School Tuition	3,834	174	0	0%
0		Alternative Provision and Inclusion	7,317	1,031	0	0%
0		SEND Financing – DSG	-11,244	0	11,244	100%
0		**SEND Specialist Services (0 - 25 years) Total**	**88,298**	**11,077**	**11,244**	**13%**
		Infrastructure				
0		0-19 Organisation & Planning	3,187	440	0	0%
0		Education Capital	179	550	0	0%
0		Home to School Transport – Special	14,988	1,333	0	0%
0		Children in Care Transport	1,588	54	0	0%
0		Home to School Transport – Mainstream	10,231	1,117	0	0%
0		**0-19 Place Planning & Organisation Service Total**	**30,173**	**3,495**	**0**	**0%**
0		**Education Directorate Total**	**129,643**	**15,541**	**11,916**	**9%**
		Executive Director				
0		Executive Director	1,794	122	-432	-24%
0		Lost Sales, Fees & Charges Compensation	1,266	0	0	0%
0		Central Financing	21	0	0	0%
0		**Executive Director Total**	**3,081**	**122**	**-432**	**-14%**
0		**Total**	**426,894**	**40,756**	**11,571**	**3%**
		Grant Funding				
0		Financing DSG	-90,523	-16,961	-11,244	-12%
0		Non Baselined Grants	-33,629	-5,064	0	0%
0		**Grant Funding Total**	**-124,152**	**-22,025**	**-11,244**	**9%**
0		**Net Total**	**302,742**	**18,730**	**326**	**0%**

Appendix 1a – Dedicated Schools Grant (DSG) Summary FMR

Forecast Outturn Variance (Previous) £'000	Ref	Service	Budget 2021/22 £'000	Actual May 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
		Commissioning Directorate				
		Children's Commissioning				
0		Commissioning Services	245	0	0	0%
0		**Children's Commissioning Total**	**245**	**0**	**0**	**0%**
0		**Commissioning Directorate Total**	**245**	**0**	**0**	**0%**
		Children & Safeguarding Directorate				
		District Delivery Service				
0		Early Help District Delivery Service –North	0	0	0	0%
0		Early Help District Delivery Service – South	0	0	0	0%
0		**District Delivery Service Total**	**0**	**0**	**0**	**0%**
0		**Children & Safeguarding Directorate Total**	**0**	**0**	**0**	**0%**
		Education Directorate				
0		Early Years' Service	1,518	463	-0	0%
0		Schools Partnership service	150	0	0	0%
0		Redundancy & Teachers Pensions	0	0	0	0%
		SEND Specialist Services (0-25 years)				
0		SEND Specialist Services	7,280	929	0	0%
0		Funding for Special Schools and Units	34,846	3,281	0	0%
0		High Needs Top Up Funding	28,846	2,248	0	0%
0		Special Educational Needs Placements	13,846	2,842	0	0%
0		Out of School Tuition	3,834	174	0	0%
0		Alternative Provision and Inclusion	7,242	994	0	0%
0		SEND Financing – DSG	-11,244	0	11,244	100%
0		**SEND Specialist Services (0 - 25 years) Total**	**84,649**	**10,467**	**11,244**	**13%**
		Infrastructure				
0		0-19 Organisation & Planning	2,561	249	-0	0%
0		Home to School Transport – Special	400	0	0	0%
0		**0-19 Place Planning & Organisation Service Total**	**2,961**	**249**	**-0**	**0%**
0		**Education Directorate Total**	**89,278**	**11,178**	**11,244**	**13%**
0		**Total**	**89,523**	**11,178**	**11,244**	**13%**
0		**Contribution to Combined Budgets**	**1,000**	**1,000**	**0**	**0%**
		Schools				
0		Primary and Secondary Schools	402,484	20,761	0	0%
0		Nursery Schools and PVI	36,942	7,216	0	0%
0		Schools Financing	-529,949	-47,952	0	0%
0		Pools and Contingencies	0	66	0	0%
0		**Schools Total**	**-90,523**	**-19,909**	**0**	**0%**
0		**Overall Net Total**	**0**	**-7,730**	**11,244**	**-%**

Appendix 2 – Public Health Summary FMR

Forecast Outturn Variance (Previous) £'000	Ref	Service	Budget 2021/22 £'000	Actual May 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
		Children Health				
0		Children 0-5 PH Programme	7,271	-188	0	0%
0		Children 5-19 PH Programme - Non Prescribed	1,705	-54	0	0%
0		Children Mental Health	341	0	0	0%
0		**Children Health Total**	**9,317**	**-242**	**0**	**0%**
		Drugs & Alcohol				
0		Drug & Alcohol Misuse	5,790	16	0	0%
0		**Drug & Alcohol Misuse Total**	**5,790**	**16**	**0**	**0%**
		Sexual Health & Contraception				
0		SH STI testing & treatment - Prescribed	3,750	1,561	0	0%
0		SH Contraception - Prescribed	1,096	-73	0	0%
0		SH Services Advice Prevention/Promotion - Non-Prescribed	267	-97	0	0%
0		**Sexual Health & Contraception Total**	**5,113**	**1,391**	**0**	**0%**
		Behaviour Change / Preventing Long Term Conditions				
0		Integrated Lifestyle Services	1,980	306	0	0%
0		Other Health Improvement	426	95	0	0%
0		Smoking Cessation GP & Pharmacy	683	-66	0	0%
0		NHS Health Checks Programme - Prescribed	625	10	0	0%
0		**Behaviour Change / Preventing Long Term Conditions Total**	**3,714**	**344**	**0**	**0%**
		Falls Prevention				
0		Falls Prevention	87	0	0	0%
0		**Falls Prevention Total**	**87**	**0**	**0**	**0%**
		General Prevention Activities				
0		General Prevention, Traveller Health	13	-0	0	0%
0		**General Prevention Activities Total**	**13**	**-0**	**0**	**0%**
		Adult Mental Health & Community Safety				
0		Adult Mental Health & Community Safety	257	4	0	0%
0		**Adult Mental Health & Community Safety Total**	**257**	**4**	**0**	**0%**
		Public Health Directorate				
0	10	Public Health Strategic Management	945	0	-294	-31%
0		Public Health Directorate Staffing and Running Costs	2,051	358	0	0%
0		Test and Trace Support Grant	1,064	167	0	0%
0		Contain Outbreak Management Fund	15,590	45	0	0%
0		Lateral Flow Testing Grant	1,811	444	0	0%
0		**Public Health Directorate Total**	**21,460**	**1,014**	**-294**	**-1%**
0		**Total Expenditure before Carry-forward**	**45,750**	**2,527**	**-294**	**-1%**
		Funding				
0		Public Health Grant	-26,787	-6,902	0	0%
0		Test and Trace Support Grant	-1,064	-1,064	0	0%
0		Contain Outbreak Management Fund	-15,590	-15,590	0	0%
0		Community Testing Grant	-1,811	0	0	0%
0		Other Grants	-498	-404	0	0%
0		**Grant Funding Total**	**-45,749**	**-23,959**	**0**	**0%**
0		**Overall Net Total**	**0**	**-21,432**	**-294**	

Appendix 3 – Service Commentaries on Forecast Outturn Position

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

1) Strategic Management – Adults

Budget 2021/22 £'000	Actual May 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
-3,635	2,455	118	3%

This budget line is forecasting an overspend of £118k due to pressures on the central transport service. This service commissions transport for people with disabilities mainly to attend day centres. Due to the pandemic, some contracts that were expected to have been retendered for reduced costs are still in place. Also, we are continuing to pay to plan for transport costs as day centre attendance is still slightly disrupted. This means we are paying full contract value for the first part of the year, whereas in previous years we would normally have had some reductions where transport routes did not run for various reasons.

2) Learning Disabilities

Budget 2021/22 £'000	Actual May 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
71,819	8,582	410	1%

The Learning Disability Partnership (LDP) budget is forecasting an overspend of £534k at the end of May. The Council's share of the overspend per the pooled arrangement with the NHS is £410k.

The overspend is within the Young Adults service and is due to two new care services for service users with very complex health needs. There is an allowance for transitions in the Young Adults budget. However, these new care services cost significantly more than the price previously paid for care services for young people with complex needs so there is a forecast pressure on the transitions demand budget. If this trend continues then the pressure on the LDP budget this year is likely to increase above the current forecast.

A Transitions Panel has recently been set up to discuss complex cases transferring from children's services, so all involved parties will be able to better plan and forecast for transitions. Primarily this should improve outcomes for service users, but an additional benefit will be to aid better budget planning.

Furthermore, the Young Adults team continues to have strengths-based conversations with service users, working on service users' independence and helping them to achieve their goals. They are on track to achieve a £200k preventative savings target, part of the Adults' Positive Challenge Programme. This is built into the forecast and mitigates some of the demand pressure.

3) Older People

Budget 2021/22 £'000	Actual May 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
62,029	10,457	-1,000	-2%

Older People's Services are forecasting an underspend of £1.0m at the end of May. As was reported throughout 2020/21, sadly the impact of the pandemic has led to a notable reduction in the number of people having their care and support needs met in care homes, and this short-term impact has carried forward into early forecasting for 2021/22. We remain significantly below budget at the end of May for spend on older people's care.

There is considerable risk and uncertainty around the impact the pandemic will have on both medium- and longer-term demand. We know that there is a growing number of people who have survived Covid but have been left with significant care needs that we will need to meet, and many vulnerable adults have developed more complex needs during lockdown as they have not accessed the usual community-based services or early help services due to lockdown. This is borne out by a significant increase in referrals reported by the Long-Term care teams since the start of the year that has not yet been reflected in reported commitments. There has also been an increase in referrals and requests for help to Adult Early Help as well as an increase in Safeguarding Referrals and Mental Health Act Assessments.

We do expect some substantial cost increases as both NHS Covid funding is unwound fully in 2021/22 and the medium-term recovery of clients assessed as having primary health needs upon hospital discharge returning to social care funding streams.

The reported financial position includes an allowance for the above factors, and detailed monitoring of placement activity continues to be maintained to facilitate this. However, given the level of uncertainty regarding volume, acuity and timing of the likely demand pressures, it is expected that the forecast for Older People's Services may flex significantly over the course of the year.

4) Mental Health Services

Budget 2021/22 £'000	Actual May 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
14,405	2,525	300	2%

Mental Health Services are reporting an overspend of £300k for May.

It was reported last year that the Covid pandemic had a significant impact on elderly clients with the most acute needs in the short-term. However there was a significant increase in placements into care homes over the final quarter of 2020/21, and this has continued into the early part of 2021/22 with current placement numbers returning to pre-pandemic levels. Similar to Older People's Services, there is considerable uncertainty around impact of the pandemic on longer-term demand for services, and so it is not yet clear whether the recent increase in placements is indicative of an emerging trend or a one-off outcome of the second wave.

Mental Health care teams are reporting a significant increase in demand for AMHP services. It is anticipated that this may result in an increase in the provision of packages for working age adults with mental health needs above budgeted expectations, both in terms of numbers and complexity of needs.

Detailed monitoring of placement activity continues to be maintained to inform financial reporting.

5) Coroners

Budget 2021/22 £'000	Actual May 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
1,569	571	311	20%

The coroners service is forecasting an opening pressure of 311k as a result of:

- Required changes to venues to make them Covid-19 compliant.
- Increased costs of postmortems owing to additional Personal Protective Equipment (PPE) and more staff required to reflect the high risk nature of potential Covid-19 related deaths.
- Increasing complexity of cases referred to the Coroner in the jurisdiction, leading to longer investigation and inquest durations.

6) Outdoor Education (includes Grafham Water)

Budget 2021/22 £'000	Actual May 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
-2	351	639	-%

The Outdoor Centres outturn forecast is a £639k pressure. This is due to the loss of income as a result of school residential visits not being allowed until mid-May and a reduction in numbers following the opening up in order to adhere to Covid-19 guidance. More than 50% of the centres' income is generated over the summer term and so the restricted business at the start of the financial year has a significant impact on the financial outlook for the year. Approximately 70% of the lost income until June can be claimed back through the local Government lost fees and charges compensation scheme. The figures above also allow for the small number of staff still being furloughed.

7) SEND Financing DSG

Budget 2021/22 £'000	Actual May 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
-11,244	0	11,244	-%

Due to the continuing increase in the number of children and young people with Education, Health and Care Plans (EHCPs), and the complexity of need of these young people the overall spend on the High Needs Block element of the DSG funded budgets has continued to rise. The current forecast in-year pressure reflects the initial identified shortfall between available funding and existing budget requirements.

8) Executive Director

Budget 2021/22 £'000	Actual May 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
1,794	122	-432	-24%

A provision of £900k was made against this budget line on a one-off basis in 2021/22 for the costs of Personal Protective Equipment (PPE) that is needed to deliver a variety of services across social care and education services. When budgets were agreed for 2021/22 there was uncertainty about what, if any, PPE would be provided directly by government rather than having to purchase it ourselves. The government subsequently confirmed that their PPE scheme would continue, and therefore over the first quarter of the year PPE spend by the Council will be minimal. As infection control measures are expected to decrease over the rest of the year, we expect to underspend by at least this much on PPE.

9) Financing DSG

Budget 2021/22 £'000	Actual May 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
-90,523	-16,961	11,244	-12%

Above the line within P&C, £90.5m is funded from the ring-fenced DSG. Net pressures will be carried forward as part of the overall deficit on the DSG.

10) Public Health Strategic Management

Budget 2021/22 £'000	Actual May 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
945	0	-294	-31%

The budget for this service line consists of parts of the increase in Public Health Grant in both 2020/21 and 2021/22 where these have not yet been allocated to specific services (either because it remains unallocated or because the service has not yet started). The forecast underspend is approximately half of the available grant uplift and reflects the likelihood that the first part of the year will continue to be disrupted by Covid and therefore plans to spend this funding may be delayed. It also provides for a more general likelihood that there will be some underspend across Public Health over the first part of the year even if services are not reporting that yet.

Appendix 4 – Capital Position

4.1 Capital Expenditure

Original 2021/22 Budget as per BP £'000	Scheme	Revised Budget for 2021/22 £'000	Actual Spend (May 21) £'000	Outturn Variance (May 21) £'000	Total Scheme Revised Budget £'000	Total Scheme Variance £'000
	Schools					
12,351	Basic Need - Primary	11,719	-481	**-657**	187,810	0
11,080	Basic Need - Secondary	5,822	-1,277	**-1,722**	236,548	0
665	Basic Need - Early Years	1,578	2	**0**	6,973	0
1,475	Adaptations	1,141	120	**-1**	6,988	0
3,000	Conditions Maintenance	5,947	142	**0**	24,215	0
813	Devolved Formula Capital	2,036	0	**0**	7,286	0
2,894	Specialist Provision	3,200	406	**-210**	24,661	0
305	Site Acquisition and Development	305	-7	**0**	455	0
1,000	Temporary Accommodation	1,000	10	**0**	12,500	0
675	Children Support Services	675	0	**0**	5,925	0
12,029	Adult Social Care	10,719	7	**0**	51,511	0
3,353	Cultural and Community Services	3,662	283	**0**	6,285	0
-5,957	Capital Variation	-5,957	0	**2,590**	-52,568	0
905	Capitalised Interest	905	0	**0**	4,699	0
44,588	**Total P&C Capital Spending**	**42,752**	**-796**	**0**	**523,288**	**0**

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

Northstowe Secondary

Revised Budget for 2021/22 £'000	Outturn (May 21) £'000	Outturn Variance (May 21) £'000	Variance Last Month (Apr 21) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
537	250	-287	0	-287		-287

Slippage due to further review and decision that the build element including the 6th Form provision is no longer required until 2024.

New secondary capacity to serve Wisbech

Revised Budget for 2021/22 £'000	Outturn (May 21) £'000	Outturn Variance (May 21) £'000	Variance Last Month (Apr 21) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
1,984	600	-1,384	0	-1,384		-1,384

Slippage in the project after significant delays in the announcement by the Department for Education of the outcome of Wave 14 free school applications. Design work expected in 2021/22 with building work starting on site late March 22.

Other changes across all schemes (<250k)

Revised Budget for 2021/22 £'000	Outturn (May 21) £'000	Outturn Variance (May 21) £'000	Variance Last Month (Apr 21) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
					-319	-573

Other changes below £250k make up the remainder of the scheme variances

P&C Capital Variation

The Capital Programme Board recommended that services include a variations budget to account for likely slippage in the capital programme, as it is sometimes difficult to allocate this to individual schemes in advance. The allocation for P&C's negative budget has been revised and calculated using the revised budget for 2021/22 as below. Slippage and underspends in 2021/22 resulted in the capital variations budget being fully utilised.

Service	Capital Programme Variations Budget £000	Forecast Outturn Variance (May 21) £000	Capital Programme Variations Budget Used £000	Capital Programme Variations Budget Used %	Revised Outturn Variance (May 21) £000
P&C	-5,957	-5,957	2,590	43.5%	0
Total Spending	**-5,957**	**-5,957**	**2,590**	**43.5%**	**0**

4.2 Capital Funding

Original 2021/22 Funding Allocation as per BP £'000	Source of Funding	Revised Funding for 2021/22 £'000	Spend - Outturn (May 21) £'000	Funding Variance – Outturn (May 21) £'000
0	Basic Need	976	976	0
3,113	Capital maintenance	6,060	6,060	0
813	Devolved Formula Capital	2,036	2,036	0
0	Schools Capital	0	0	0
5,699	Adult specific Grants	4,699	4,699	0
16,409	S106 contributions	16,409	16,409	0
0	Other Specific Grants	2,709	0	-2,709
0	Other Contributions	0	0	0
0	Capital Receipts	0	0	0
21,175	Prudential Borrowing	12,484	15,193	2,709
-2,621	Prudential Borrowing (Repayable)	-2,621	-2,621	0
44,588	**Total Funding**	**42,752**	**42,752**	**0**

Appendix 5 – Savings Tracker

The savings tracker is reviewed quarterly, and will measure the delivery of the savings below. Most of these are new savings for 2021/22 agreed by Council in the business plan, but the pandemic interrupted delivery of some savings in 2020/21 which care still deliverable and so have been retained.

Saving	New savings for 2021/22 (£000)	Savings from 2020/21	Description
Adults & Health			
Learning Disabilities	-250		A programme of work commenced in Learning Disability Services in 2016/17 to ensure service-users had the appropriate level of care; some additional work remains, particularly focussing on high cost placements outside of Cambridgeshire and commissioning approaches, as well as the remaining part-year impact of savings made part-way through 2020/21, though at a lower level than originally anticipated.
Mental Health supported living	-24		A retender of supported living contracts gives an opportunity to increase capacity and prevent escalation to higher cost services, over several years. In addition, a number of contract changes took place in 2019/20 that have enabled a saving to be taken.
Block Beds Commissioning - Inflation Saving	-606		Through commissioning additional block beds, we can reduce the amount of inflation funding needed for residential and nursing care. Block contracts have set uplifts each year, rather than seeing inflationary increases each time new spot places are commissioned.
Adult Social Care Transport	-250		Savings can be made in transport costs through a project to review commissioning arrangements, best value, route optimisation and demand management opportunities. This may require transformation funded resource to achieve fully.
Transitions (Adults Positive Challenge Programme)	-100		Working with disabled young people earlier to promote their independence as they transition into adulthood, resulting in more home and community-based care and fewer residential placements
Additional vacancy factor	-150		Whilst effort is made to ensure all critical posts are filled within People and Communities, slippage in staffing spend always occurs. For many years, a vacancy factor has existed in P&C budgets to account for this; following a review of the level of vacancy savings achieved in recent years we are able to increase that vacancy factor.
Micro-enterprises support	-30		Transformation funding has been agreed for new approach to supporting care providers, focussing on using micro-enterprises to enable a more local approach to domiciliary care and personal assistants. As well as benefits to an increased local approach and competition, this work should result in a lower cost of care overall.

Drug & Alcohol service - funding reduction built in to new service contract	-63		This saving has been built into the contract for Adult Drug and Alcohol Treatment Services which was awarded to Change Grow Live (CGL) and implemented in October 2018. The savings are being achieved through a new service model with strengthened recovery services using cost effective peer support models to avoid readmission, different staffing models, and a mobile outreach service.
Demand Management (Adults Positive Challenge)		-2,240	A programme designed to slow the increase in demand growth on social care budgets through more targeted preventative services (particularly reablement as Technology Enabled Care). In 2019/20, this work delivered reduced the demand increase by £3m,and was expected to deliver a similar amount in 2020/21. The pandemic prevented this from happening, and the residual saving is expected to be delivered through 2021/22.
Social Care Contributions Policy Changes		-1,551	The implementation of social care contributions policy changes was delayed in part by the pandemic and is now expected to be delivered in 2021/22.
Vacant Block Beds - Rebates		-150	Block Contracts for residential and nursing services in some cases allow the Council to claim a rebate from providers if a vacant service can be filled by a self-funding individual who isn't eligible for council-funded care. The implementation of this clause was deferred in 2020/21 but is expected to be implemented in 2021/22.
Adults and Health Total	**-1,473**	**-3,941**	
Children and Young People			
Unaccompanied Asylum Seeking Young People: Support Costs	-300		During 2020/21, the Government increased the weekly amount it provides to local authorities to support unaccompanied asylum seeking young people. This means that the grant now covers more of the costs of meeting the accommodation and support needs of unaccompanied asylum seeking young people and care leavers. Accordingly, it is possible to make a saving in the contribution to these costs that the Council has historically made from core budgets of £300K per annum. Also the service has worked to ensure that placement costs are kept a minimum, without compromising quality, and that young people move from their 'care' placement promptly at age 18 to appropriately supported housing provision.
Adoption and Special Guardianship Order Allowances	-500		A reduction in the number of children coming into care, due to implementation of the Family Safeguarding model and less active care proceedings, means that there are fewer children progressing to adoption or to permanent arrangements with relatives under Special Guardianship Orders. This in turn means that there are fewer carers who require and/or are entitled to receiving financial support in the form of adoption and Special Guardianship Order allowances.

Clinical Services; Children and young people	-250		Changes to the clinical offer will include a reduction in clinical staff input in the Family Safeguarding Service (previously social work Units) due to changes resulting form the implementation of the Family Safeguarding model, including the introduction of non-case holding Team Managers and Adult practitioners. Additional investment is to be made in developing a shared clinical service for Cambridgeshire and Peterborough for corporate parenting, however a residual saving of £250k can be released. In 2022-23 this will be re-invested in the Family Group Conferencing Service (see proposal A/R.5.008)
Children in Care - Placement composition and reduction in numbers	-1,246		Through a mixture of continued recruitment of our own foster carers (thus reducing our use of Independent Foster Agencies) and a reduction in overall numbers of children in care, overall costs of looking after children and young people can be reduced in 2021/22.
Children's Disability 0-25 Service	-50		The Children's Disability 0-25 service has been restructured into teams (from units) to align with the structure in the rest of children's social care. This has released a £50k saving on staffing budgets. In future years, ways to reduce expenditure on providing services to children will be explored in order to bring our costs down to a level closer to that of our statistical neighbours.
Transport – Children in Care	-300		The impact of ongoing process improvements in the commissioning of transport for children in care.
CYP Total	**-2,646**		
Communities, Social Mobility and Inclusion			
Communities and Partnership Review	-200		A review of services within C&P where efficiencies, or increased income, can be found.
Overall Total	**-4,319**	**-3,941**	

Appointments to Outside Bodies and Internal Advisory Groups and Panels, and the Appointment of Member Champions

To:	Adults and Health Committee
Meeting Date:	24 June 2021
From:	Democratic Services
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	Not applicable
Outcome:	To appoint to Outside Bodies and Internal Advisory Groups and Panels and appoint Member Champions to lead on specific subject areas. It is important that the Council is represented on a wide range of outside bodies to enable the Council to provide clear leadership to the community in partnership with citizens, businesses and other organisations.
Recommendation:	It is recommended that the Adults and Health Committee: (a) review and agree the appointments to outside bodies as detailed in Appendix 1. (b) review and agree the appointments to Internal Advisory Groups and Panels, as detailed in Appendix 2. (c) delegate, on a permanent basis between meetings, the appointment of representatives to any vacancies on outside bodies, groups and panels, within the remit of the Adults and Health Committee, to the Chief Executive in consultation with the Chair of Adults and Health Committee.

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Member contacts:
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1. Background

1.1 The County Council's Constitution states that appointments to Outside Bodies and Internal Advisory Groups and Panels are agreed by the relevant Policy and Service Committee. The Adults and Health Committee has authority to nominate representatives to Outside Bodies within its remit.

1.2 On the 14th June 2017, the former Adults Committee and Health Committee agreed to delegate, on a permanent basis between meetings, the appointment of representatives to any outstanding outside bodies, groups, panels and partnership liaison and advisory groups, within the remit of the former Adults Committee and Health Committee, to the Executive Director for People and Communities, in consultation with the Chairwoman of Adults Committee and the Director of Public Health in consultation with the Chair of Health Committee.

1.5 It is important that the Council is represented on a wide range of outside bodies to enable the Council to provide clear leadership to the community in partnership with citizens, businesses, and other organisations.

2. Main Issues

2.1 The outside bodies where appointments are required are set out in Appendix 1 to this report. The previous representative(s) is indicated. It is proposed that the Committee should agree the appointments to these bodies.

2.2 The internal advisory groups and panels where appointments are required are set out in Appendix 2 to this report. The previous representative(s) is indicated. It is proposed that the Committee should agree the appointments to these bodies.

3. Alignment with corporate priorities

3.1 Communities at the heart of everything we do

There are no significant implications for this priority.

3.2 A good quality of life for everyone

There are no significant implications for this priority.

3.3 Helping our children learn, develop and live life to the full

3.4 Cambridgeshire: a well-connected, safe, clean, green environment

There are no significant implications for this priority.

3.5 Protecting and caring for those who need us

There are no significant implications for this priority.

4. Significant Implications

4.1 There are no significant implications within these categories

Resource Implications

Procurement/Contractual/Council Contract Procedure Rules Implications

Statutory, Legal and Risk Implications

Equality and Diversity Implications

Engagement and Communications Implications

Localism and Local Member Involvement

Public Health Implications

Environment and Climate Change Implications on Priority Areas

5. Source documents

5.1 Membership of Outside Bodies and Internal Advisory Groups and Panels

Cambridgeshire County Council
Appointments to Outside Bodies: Adults and Health Committee

Name of Body	Meetings per Annum	Reps Appointed	Representative(s)	Contact Details	Guidance Classification	Committee to Approve
Cambridge University Hospitals NHS Foundation Trust Council of Governors The Board of Governors represents patients, public and staff. The majority of the Governors are elected by the membership. Governors provide a direct link to the local community and represent the interests of members and the wider public in the stewardship and development of the Trust.	4	1	Previously: Councillor M Howell (Con)	Martin Whelan Assistant Trust Secretary 01223 348567 martin.whelan@addenbrookes.nhs.uk	Other Public Body representative	Adults and Health

Name of Body	Meetings per Annum	Reps Appointed	Representative(s)	Contact Details	Guidance Classification	Committee to Approve
Cambridgeshire and Peterborough NHS Foundation Trust Provides mental health and specialist learning disability services across Cambridgeshire and Peterborough. Also provides some specialist services on a regional and national basis. Partners are Cambridgeshire County Council, Peterborough City Council, NHS Cambridgeshire and NHS Peterborough.	4	1	Previously: Councillor G Wilson (LD)	Louisa Bullivant Corporate Governance Manager 01223 219477 Ext 19477 louisa.bullivant@cpft.nhs.uk	Partner Governor on the Council of Governors	Adults and Health
Cambridgeshire and Peterborough Sustainability and Transformation Partnership Board To focus on the medium and long-term strategy of the STP and answer the 'big' questions, to set the vision for Cambridgeshire and Peterborough's population based on health needs, and ensure the programme is structure to enable this to be delivered.	TBC	1	Previously: Councillor A Bailey (Con) Substitute – Councillor D Ambrose-Smith	Catherine Pollard Executive Programme Director Cambridgeshire & Peterborough Sustainability and Transformation Partnership System Delivery Unit Catherine.pollard3@nhs.net 07803 033322	Other Public Body representative	Adults and Health

Name of Body	Meetings per Annum	Reps Appointed	Representative(s)	Contact Details	Guidance Classification	Committee to Approve
North West Anglia NHS Foundation Trust Council of Governors The North West Anglia NHS Foundation Trust was formed on 1 April 2017. The trust runs three busy hospitals – Peterborough City Hospital, Hinchingbrooke Hospital and Stamford and Rutland Hospital. Governors are the 'voice' of members of partner organisations in the running of the hospitals, so that hospital services always reflect the needs and expectations of local people.	TBC	1	Previously: Councillor T Sanderson (Ind)	Jane Pigg Company Secretary North West Anglia Foundation Trust 01733 677926 (direct dial) jane.pigg@pbh-tr.nhs.uk PA Jackie Bingley 01733 677953 (Weds) 01480 418755 (rest of week)	Other Public Bodies [Partner Governor]	Adults and Health
Royal Papworth Hospital NHS Foundation Trust Council of Governors NHS Foundation Trusts are not-for-profit, public benefit corporations. They are part of the NHS and provide over half of all NHS hospital and mental health services. The County Council is represented on the Council as a nominated Governor.	4	1	Previously: Councillor L Jones (Lab)	Anna Jarvis Trust Secretary Chief Executive's Office anna.jarvis4@nhs.net Direct Line 01480 364555	Other Public Bodies	Adults and Health

Appointments to Internal Advisory Groups and Panels: Adults and Health

Name of Body	Meetings per Annum	Representatives Appointed	Representative(s)	Contact Details	Committee to Approve
Adults Safeguarding Board Under the terms of the Care Act 2014, each Local Authority must set up a Safeguarding Adult Board (SAB), with core membership from the Local Authority, police and the National Health Service (specifically the local Clinical Commissioning Group/s). The Cambs and P'boro Board sits below the Executive Safeguarding Partnership Board. The Board is responsible for progressing the Executive Safeguarding Partnerships Board's business priorities through the business plan.	4	1	Previously: Councillor David Ambrose-Smith (Con)	Sam Cook safeguardingboards@cambridgeshire.gov.uk	Adults and Health

Name of Body	Meetings per Annum	Representatives Appointed	Representative(s)	Contact Details	Committee to Approve
Care Suites Member Reference Group To provide advice and guidance to the care suite programme as extended representatives of the tenant users, local communities, and Council investor.	Ahead of milestones and typically scheduled at 6-8 weeks intervals from the last quarter of 2020/21 through to the end of 2022/23.	5	Previously: Councillor D Ambrose-Smith (Con) Previously: Councillor A Costello (Con) Councillor S Count (Con) Councillor L Harford (Con) Councillor L Jones (Lab)	Gurdev Singh Head of Commissioning for Commercial Gurdev.singh@caambridgeshire.gov.uk 07747 455016	Adults and Health

Adults and Health Policy and Service Committee Agenda Plan

Published on 1 June 2021

Notes

The definition of a key decision is set out in the Council's Constitution in Part 2, Article 12.
* indicates items expected to be recommended for determination by full Council.
+ indicates items expected to be confidential, which would exclude the press and public.

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

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

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
24/06/21	Notification of the Appointment of the Chair and Vice Chair.	Democratic Services Officer	Not applicable	11/06/21	16/06/21
	Co-option of District Members	Democratic Services Officer	Not applicable		
	Appointments to Outside Bodies and Internal Advisory Groups and Panels, Agenda Plan and Training Plan	Democratic Services Officer	Not applicable		
	Renewing Homecare Support for Hospital Discharge	O Hayward/R Miller	2021/034		
	Independent-Living, Princess of Wales Development – Outline Business Case	G Singh	2021/038		
	Procurement and Recommissioning of Adult Housing Related Support Services	L Sparks	2021/028		
	Finance Monitoring Report	S Howarth	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
	Infection Control Funding	S Torrance	Not applicable		
	Healthy Weight paper	V Thomas	Not applicable		
	Additional Grant funding for Drug and Alcohol Services	V Thomas	Not applicable		
	Impacts of Covid-19 on our Residents and Communities	W Ogle Welbourn/V Thomas/C Black	Not applicable		
	Realising the potential of the Integration of Social Care and Health	W Ogle Welbourn/V Thomas/C Black	Not applicable		
	Scrutiny				
	Overview of Health Scrutiny 2020-21	K Parker	Not applicable		
	Current situation and challenges for Health in Cambridgeshire	S Smith (Healthwatch)	Not applicable		
	Health Scrutiny – Agenda Plan	K Parker	Not applicable		
22/09/21	New Initiative on Early Prevention	C Black / W Patten / A Chapman	Not applicable	10/09/21	14/09/21
	Occupational Therapy Section 75 Agreement	D Mackay	2021/027		
	Mental Health Supported Accommodation contract re-procurement proposal'	L Hunt	2021/041		
	Finance and Performance Monitoring Report	S Howarth	Not applicable		
	Commissioning of additional block bed capacity in care homes – Outcome of Procurement	M Foster	Not applicable		
	Customer services annual report	C Black	Not applicable		
	Performance Monitoring Report	TBC	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
14/10/21 Provisional date					
09/12/21	Finance Monitoring Report	S Howarth	Not applicable	26/11/21	01/12/21
	Adults Safeguarding annual report	C Black / J Procter	Not applicable		
	Adults Self-assessment	C Black / T Hornsby	Not applicable		
	Business Planning	W Ogle Welbourn	Not applicable		
13/01/22 Provisional date					
17/03/22	Finance Monitoring Report	S Howarth	Not applicable	04/03/22	09/03/22
	CPFT S75 Mental Health annual report	S Torrance			
	Annual Service User's survey	C Black			
21/04/22 Provisional date					

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

Adults and Health Committee Training Plan 2021/22

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

GREEN training is suggested to be priority

BLUE training is suggested options to be selected by Members

Suggested dates	Timings	Topic	Presenter	Location	
	1 hour	Introduction of Public Health Intelligence (PHI) – information for Public Health	Deputy Director of Public Health (PCC) PHI lead and Team	Virtual Interactive	
	1 day or 2 half days	Overview of the Adult Social Care Customer Journey including Prevention & Early Intervention Services and Long-Term Complex Services.	Head of Prevention & Early intervention, Head of Assessment & Care Management, Social Work Teams	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.	

Suggested dates	Timings	Topic	Presenter	Location	Notes
	1 hour	Public Health and the COVID-19 pandemic – roles and responsibilities Local Outbreak Management Plan	Deputy Director of Public Health (CCC) and consultant leads	This will be an interactive session in relation to Outbreak Management. In addition, in this session you have the opportunity to talk to staff involved in outbreak control including the contact centre staff who provide support to those self-isolating.	
	2 hours	Introduction to Health Improvement and Public Health Commissioning	Deputy Director of Public Health (CCC) Public Health Joint Commissioning Unit (JCU) PH Commissioning Team Leads	In this session, you will start at Scott House Lifestyle Services. You will have the opportunity to talk to staff and if possible, talk to service users about their experiences.	To be arranged on request with a maximum of three Members at a time.
	2 hours	Introduction to Health Improvement and Public Health Commissioning	Deputy Director of Public Health (CCC) Public Health Joint Commissioning Unit (JCU) PH Commissioning Team Leads	In this session, you will start at Scott House prior to visiting the Drug and Alcohol Service.	To be arranged on request with a maximum of three Members at a time.

Suggested dates	Timings	Topic	Presenter	Location	Notes
	1 hour	Introduction to Children and Young People's Public Health Commissioning	Public Health Consultant lead – Children and Young People	Virtual	Children's Committee to be invited .
	1 hour	Introduction Public Health and Prevention Primary Prevention Healthy Aging and Falls Prevention Mental Health	Deputy Director of Public Health (CCC) Public Health Consultant leads Adults & Social Care, Mental Health. Team Manager (Health in All Policies) Senior Public Health Manager Partnerships	Virtual	
	1 hour	Introduction to Health Protection and Emergency Planning	Deputy Director of Public Health (PCC) Public Health Consultant lead TBC Senior Public Health Manager (Emergency Planning and Health Protection)	Virtual Interactive	
	1 hour	Introduction to Scrutiny	Director of Public Health Head of Public Health Business Programmes	Virtual	
	1 hour	Overview of Public Mental Health and Mental Health Services and the role of Social Care including an overview of commissioning related to Mental Health. Some examples of the current people we support.	Trust Professional Lead for Social Work, CPFT Senior Commissioner: Prevention, Early Intervention and Mental Health Public Health Consultant lead for Mental Health	Virtual	

Suggested dates	Timings	Topic	Presenter	Location	Notes
	90 mins	Overview of the Learning Disability Partnership (LDP) including an overview of commissioning related to Learning Disability including: - Adults & Autism - 0-25 Young Adults Team - Preparation for Adulthood - Housing and Accommodation - Day Opportunities- in house provision and external - Carers - Direct Payments and Personal Health Budgets	Head of Learning Disability Partnership, Head of Commissioning Adults Social Care, Mental Health and Learning Disabilities, Senior Commissioner LDP	Scott House or Virtual. This could also include a visit to one of our In-House Provider settings	To be arranged on request – maximum of three Members at a time
	1 hour + visit	Adult Safeguarding and Making Safeguarding Personal. An overview of how Safeguarding works and the role of the Multi Agency Safeguarding Hub (MASH)	Assistant Director of Safeguarding, Quality & Practice	Virtual or Stanton House and could include a visit to the MASH in Godmanchester	To be arranged on request – maximum of three Members at a time
	1 hour	Overview of Transfers of Care, the role of the Transfers of Care Team and an overview of Brokerage: - What is 'discharge to assess'? - How the service works - how many people we support and some case examples	Head of Transfers of Care, Head of Brokerage, Contracts & Quality Improvement	Virtual or Stanton House	
	1 hour	An overview of Adult Social Care Finance to include Charging policy and Direct Payments	Strategic Finance Manager, Head of Adults Operational Finance	Virtual	

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/

ABBERVIATION/TERM	NAME	DESCRIPTION
COMMON TERMS USED IN ADULTS SERVICES		
Care Plan	Care and Support Plan	A Care and Support plan 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 (i.e, this could be from hospital back home with a care plan or to a care home perhaps).
KEY TEAMS		
AEH	Adults Early Help Services	This service triages requests for help for vulnerable adults to determine the most appropriate support which may be required.
TEC	Technology Enabled Care	TEC team help service users to use technology to assist them with living as independently as possible.
OT	Occupational Therapy	
ASC	Adults Social Care	This service assesses the needs for the most vulnerable adults and provides the necessary services required.
Commissioning	Commissioning Services	This service provides a framework to procure, contract and monitor services the Council contract with to provide services such as care homes etc.
TOCT	Transfer of Care Team (sometimes Discharge Planning)	This team works with Hospital staff to help determine the best care package / care plan for individuals being discharged from hospital back home or an appropriate placement elsewhere.
LDP	Learning Disability Partnership	The LDP supports adults with learning disabilities to live as independently as possible.

ABBERVIATION/TERM	NAME	DESCRIPTION
MASH	Multi-agency Safeguarding Hub	This is a team of multi-agency professionals (i.e. health, Social Care, Police etc) who work together to assess the safeguarding concerns which have been reported.
MCA DOLs Team	Mental Capacity Act Deprivation of Liberty Safeguards (DOLS)	When people are unable to make decisions for themselves, due to their mental capacity, they may be seen as being 'deprived of their liberty'. In these situations, the person deprived of their liberty must have their human rights safeguarded like anyone else in society. This is when the DOLS team gets involved to run some independent checks to provide protection for vulnerable people who are accommodated in hospitals or care homes who are unable to no longer consent to their care or treatment.
PD	Physical Disabilities	PD team helps to support adults with physical disabilities to live as independently as possible.
OP	Older People	OP team helps to support older Adults to live as independently as possible.
Provider Services	Provider Services	Provider Services are key providers of care which might include residential homes, care homes, day services etc.
Reablement	Reablement	The reablement team works together with service-users, usually after a health set-back and over a short-period of time (6 weeks) to help with everyday activities and encourages service users to develop the confidence and skills to carry out these activities themselves and to continue to live at home.
Sensory Services	Sensory Services	Sensory Services provides services to service users who are visually impaired, deaf, hard of hearing and those who have combined hearing and sight loss.
FAT	Financial Assessment Team	The Financial Assessment Team undertakes assessments to determine a person's personal contribution towards a personal budget/care.
AFT	Adult Finance Team	The Adult Finance Team are responsible for loading services and managing invoices and payments.
D2A	Discharge to Assess	This is the current COVID guidance to support the transfer of people out of hospital.
Carers Triage	Carers Triage	A carers discussion to capture views and determine outcomes and interventions such as progress to a carers' assessment, what if plan, information, and/or changes to cared for support.
DP	Direct Payment	An alternative way of providing a person's personal budget.
DPMO	Direct Payment Monitoring Officer	An Officer who audits and monitors Direct Payments.
Community Navigators	Community Navigators	Volunteers who provide community-based advice and solutions.

GLOSSARY OF TERMS / TEAMS ACROSS PUBLIC HEALTH

ABBERVIATION/TERM	DESCRIPTION
Common Terms Used in Public Health	
Accreditation	The development of a set of standards, a process to measure health department performance against those standards, and some form of reward or recognition for those agencies meeting the standards
Assessment	One of public health's three core functions. The regular collection, analysis and sharing of information about health conditions, risks, and resources in a community. Assessment is needed to identify health problems and priorities and the resources available to address the priorities
Assurance	One of the three core functions in public health. Making sure that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services. The services are assured by encouraging actions by others, by collaboration with other organizations, 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.

ABBERVIATION/TERM	DESCRIPTION
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.

ABBERVIATION/TERM	DESCRIPTION
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

ABBERVIATION/TERM	DESCRIPTION
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 peoplewith some other attribute present during a particular interval of time. It often is expressed as a rate.
Prevention	Actions taken to reduce susceptibility or exposure to health problems (primary prevention), detect and treat disease in early stages (secondary prevention), or alleviate the effects of disease and injury (tertiary prevention).
Primary Medical Care	Clinical preventive services, first contact treatment services and ongoing care for commonly encountered medical conditions.
Protection	Elimination or reduction of exposure to injuries and occupational or environmental hazards.
Protective factor	An aspect of life that reduces the likelihood of negative outcomes, either directly or by reducing the effects of risk factors.
Public Health	Activities that society does collectively to assure the conditions in which people can be healthy. This includes organized community efforts to prevent, identify, pre-empt and counter threats to the public's health.
Public Health Department	Local (county, combined city-county or multi- county) healthy agency, operated by local government, with oversight and direction from a local board of health, which provides public health services throughout a defined geographic area.
Public Health Practice	Organizational 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.

ABBERVIATION/TERM	DESCRIPTION
Risk Assessment	Identifying and measuring the presence of direct causes and risk factors that, based on scientific evidence or theory, are thought to directly influence the level of a specific health problem.
Risk Factor	Personal qualities or societal conditions that lead to the increased probability of a problem or problems developing.
Screening	The use of technology and procedures to differentiate those individuals with signs or symptoms of disease from those less likely to have the disease.
Social Marketing	A process for influencing human behaviour on a large scale, using marketing principles for the purpose of societal benefit rather than for commercial profit.
Social Norm	Expectations about behaviour, thoughts or feelings that are appropriate and sanctioned within a particular society. Social norms can play a powerful role in the health status of individuals.
Standards	Accepted measure of comparison that have quantitative or qualitative value.
State Health Agency	The unit of state government that has leading responsibility for identifying and meeting the health needs of the state's citizens. State health agencies can be free standing or units of multipurpose health and human service agencies.
Surveillance	Systematic monitoring of the health status of a population.
Threshold Standards	Rate or level of illness or injury in a community or population that, if exceeded, call for closer attention and may signal the need for renewed or redoubled action.
Years of Potential Life lost	A measure of the effects of disease or injury in a population that calculates years of life lost before a specific age (often ages 64 or 75). This approach places additional value on deaths that occur at earlier ages.
Health and Care Organisations in Cambridgeshire & Peterborough	
CAMHS	Community Child and Adolescent Mental Health Services https://www.mind.org.uk/information-support/for-children-and-young-people/understanding-camhs/?gclid=EAIaIQobChMIr_P53PKW8QIV_4FQBh1GmgBYEAAYASAAEgI2Q_D_BwE
CAPCCG	Cambridgeshire and Peterborough Clinical Commissioning Group https://www.cambridgeshireandpeterboroughccg.nhs.uk
CCC	Cambridgeshire County Council https://www.cambridgeshire.gov.uk

ABBERVIATION/TERM	DESCRIPTION
CCS	Cambridgeshire Community Services NHS Trust http://www.cambscommunityservices.nhs.uk/
CHUMS	Mental Health & Emotional Wellbeing Service for Children and Young People http://chums.uk.com/
CPFT	Cambridgeshire and Peterborough NHS Foundation Trust (Mental health, learning disability, adult community services and older people's services) http://www.cpft.nhs.uk/
CQC	Care Quality Commission (The independent regulator of health and social care in England) http://www.cqc.org.uk/
CUH	Cambridge University Hospitals NHS Foundation Trust (Addenbrooke's and the Rosie) https://www.cuh.nhs.uk
EEAST	East of England Ambulance Service NHS Trust http://www.eastamb.nhs.uk
HH	Hinchingbrooke Hospital (Provided by North West Anglia NHS Foundation Trust – NWAFT) https://www.nwangliaft.nhs.uk
HUC	Herts Urgent Care (provide NHS 111 and Out of Hours) https://hucweb.co.uk/
ICS	Integrated Care Systems
Helpful NHS Terminology Links	
https://www.nhsconfed.org/acronym-buster	The NHS uses a number of acronyms when describing services this acronym buster may be of some help.
https://www.kingsfund.org.uk/audio-video/how-does-nhs-in-england-work	The Kings Fund have produced a good video explaining how the NHS in England works. The Kings Fund website in general contains many resources which you may find helpful.
https://www.england.nhs.uk/learning-disabilities/	NHS terms used in the field of disabilities.

ABBERVIATION/TERM	DESCRIPTION
https://www.thinklocalactpersonal.org.uk/Browse/Informationandadvice/CareandSupportJargonBuster/	Think Local Act Personal jargon buster search engine for health and social care.

Overview of Health Scrutiny 2020-21

To:	Adults and Health Committee
Meeting Date:	24 June 2021
From:	Kate Parker – Head of Public Health Business Programmes
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	N/A
Outcome:	To provide the committee with an overview of previous Health Scrutiny activity. To provide the committee with information on the scheduled quarterly liaison meetings To assist the committee in developing a scrutiny work programme for 2021/22
Recommendation:	It is recommended that the Adults and Health Committee: a) note the scrutiny activity during 2020/21. b) appoint four members to each of the quarterly liaison meetings for 2021/22 (See Appendix B). c) appoint two members to participate as liaison councillors in the Cambridge Cancer Research Hospital engagement board. (See Appendix B).

Officer contact:
Name: Kate Parker
Post: Head of Public Health Business Programmes
Email: Kate.Parker@cambridgeshire.gov.uk
Tel: 01480 379561

Member contacts:
Names: Cllrs Howitt and van de Ven
Post: Chair/Vice-Chair
Email: Richard.Howitt@cambridgeshire.gov.uk, susanvandeven5@gmail.com
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1. Background

1.1 The Adults & Health Committee has a statutory responsibility for Health Scrutiny of NHS commissioners and providers, and non-NHS providers of NHS services. The Committee can review matters and make recommendations to the NHS and other relevant organisations (in accordance with section 244 of the National Health Service Act 2006). In doing so the Committee should invite interested parties to comment and take account of relevant information.

1.2 The Covid-19 pandemic significantly impacted the Public Health directorate and the NHS and this directly affected the role of the Health Committee and in particular its ability to effectively scrutinise the NHS during the 2020-21 committee period.

1.3 In order to support the NHS during the pandemic, a decision was taken to pause the scrutiny function of the Committee for a significant portion of the municipal year.

1.4 The purpose of this report is to provide an overview of the scrutiny activity that was undertaken towards the end of the year. It is intended that this report will help the committee to develop their scrutiny priorities for 20021/22 alongside a scrutiny training programme.

2. Main Issues

2.1 <u>Summary of Scrutiny Activity 2020/21</u>

2.1.1 Over the past year the Health Committee focused on the following areas to scrutinise:

Covid-19 Recovery for NHS Trusts -

- Cambridgeshire & Peterborough Sustainable Transport Programme (STP) Recovery planning update
- Cambridgeshire & Peterborough Foundation Trust (CPFT) Response to Covid-19

Performance & Quality monitoring -

- NHS Quality Accounts 2019/20
- Clinical Commissioning Group (CCG) Finance Update

Thematic Scrutiny areas -

- NHS England / Improvement (NHSE /I) East of England Response to Covid-19 delivery of NHS Dental Services in Cambridgeshire.

Service Developments –

- Cambridge Children's Hospital Project
- Addenbrookes 3 Update Report
- Cambridge Cancer Research Hospital.

2.1.2 The Cambridge Cancer Research Hospital report was discussed at the Health Committee meeting on 11th March 2021. The committee confirmed that no formal consultation was required in the development of the Cambridge Cancer Research Hospital. An invitation was given to two councillors to act as "Liaison Councillors" and to join the project group to provide oversight that the developments are involving patients and the public. The decision to appoint "Liaison Councillors" was deferred until the committee reconvened after the May 2021 local elections. It is now the within the remit of the Adults and Health Committee to appoint the two "Liaison Councillors". The appointment of liaison councillors would enable the committee to maintain its scrutiny and overview function around the hospitals development and inform the wider committee membership of issues that may need to be reported back to the Adults and Health Committee.

Details of the Cambridge Cancer Research Project & Engagement Update report can be found using the following link:

Council and committee meetings - Cambridgeshire County Council > Meetings (cmis.uk.com)

2.1.3 The Addenbrooke's 3 Update report provided members with an update on Cambridge University Hospital (CUH) Addenbrooke's 3 hospital redevelopment programme. The programme addresses redevelopment of the ageing estate that Addenbrookes Hospital is situated on and provided details of plans to update facilities so that they are fit for modern healthcare delivery. The Committee committed to working with CUH to ensure they engage with the public in the development of their plans. It is recommended that further updates are considered by the Adults and Health Committee as part of the Committee's training and development programme.

Details of the Addenbrooke's 3 Hospital Redevelopment programme can be found using the following link:

Council and committee meetings - Cambridgeshire County Council > Meetings (cmis.uk.com)

2.2 Informal Scrutiny – Quarterly Liaison meetings

2.2.1 Liaison group meetings are conducted with senior management of each NHS Foundation or provider Trust as well as the Clinical Commissioning Group (CCG). These are precursors to formal scrutiny and/ or working groups that the committee may establish. The purpose of a liaison group is to determine any organisational issues, consultations, strategy or policy developments that are relevant for the Adults and Health Committee to consider under its scrutiny function. It also provides the organisation with forward notice of areas that Committee members may want further information on or areas that may become part of a formal scrutiny.

2.2.2 During the first half of 2020 the quarterly liaison group meetings were paused to allow the NHS to focus on their response to the pandemic. The liaison meetings were resumed towards the end of the last municipal year.

2.2.3 The Adults and Health Committee makes appointments to Liaison Groups and Appendix A provides details of the current scheduled liaison meetings. Previously appointments included co-opted members from the district and city council particularly where there is a local concern. These meetings have been viewed as valuable by Members in the past and have benefitted the scrutiny process by alerting Members to issues and building positive relationships between the Committee and the NHS. Appendix B provides details of appointments to the liaison meetings.

2.3 Scrutiny Programme 2021/22

2.3.1 Working collaboratively with organisations like Cambridgeshire and Peterborough Healthwatch and developing strong “critical friend” relationships with NHS providers and commissioners, the Adults and Health Committee through its scrutiny remit will have a key role in strengthening the voice of local people. It is recommended the committee develops a scrutiny work programme that ensures the needs and experiences of local people are as an integral part of the commissioning and delivery of health services and that those services are effective and safe.

Items agreed by the former Health Committee that required further scrutiny are as follows:

- NHS England / Improvement – Commissioning of Dental Services Update
- CCS - Update on the Princes of Wales Site Development
- Royal Papworth Hospital – Covid-19 recovery update

Items requiring regular reporting

- Quarterly Liaison Update reports (quarterly reports depending on schedule of meetings)
- NHS Quality Accounts Process (March 2022 committee meeting)
- CCG Finances (annual requirement)

2.3.2 New Developments

Health scrutiny also has a strategic role in taking an overview of how well integration of health, public health and social care is working. There is a national move that Sustainability and Transformation Partnerships (STPs) will evolve into Integrated Care Systems (ICS) which is a mechanism to bring about closer collaboration between local systems which includes local councils. Different ways of providing services can mean changes to local health services and health scrutiny has an obvious and significant role in overseeing and holding to account these variations and other changes.

- Integrated Care System (ICS) – development session recommended before formal scrutiny
- NWAFT – Hinchingbrooke Hospital Site developments (potentially covered at quarterly liaison meetings)

- CPFT – Mental Health Provision for young people – service relocation to biomedical campus.

- Addenbrooke's 3 Hospital Redevelopment programme – progress report

Health Committee - Quarterly Liaison Group Meetings

2021- 2022

NHS Trust	Date of Meeting	Agenda items requested
Cambridge University Hospital Foundation Trust (CUH)	27th July 2021	13th July 2021
	13th September 2021	30th August 2021
	6th December 2021	22nd November 2021
Clinical Commissioning Group (CCG) & Healthwatch	26th July 2021	12th July 2021
	30th September 2021	16th September 2021
	13th December 2021	29th November 2021
Cambridgeshire Community Services (CCS)	23rd July 2021	9th July 2021
	Further dates to be arranged	
Cambridgeshire & Peterborough Foundation Trust (CPFT)	21st July 2021	7th July 2021
	Further dates to be arranged	
North West Anglia Foundation Trust (NWAFT)	30th April 2021	19th April 2021
	30th July 2021	19th July 2021
	29th October 2021	18th October 2021
	2022	
	28th January 2022	17th January 2022
Royal Papworth Hospital (RPH)	1st September 2021	18th August 2021
	Further dates to be arranged	

Appointments to Internal Advisory Groups and Panels: Adults and Health Committee Scrutiny

Name of Body	Meetings per Annum	Representatives Appointed	Representative(s)	Contact Details	Committee to Approve
Cambridge University Hospital NHS Foundation Trust (Addenbrooke's Hospital) Liaison Group The purpose is to determine any organisational issues, consultations, strategy or policy developments that are relevant for the Adults & Health Committee to consider under its scrutiny function.	4	4	Previously: Councillor L Harford (C) Councillor P Hudson (C) Councillor L Jones (L) Councillor S van de Ven (LD)	Kate Parker Head of Public Health Business Programmes Kate.Parker@cambridgeshire.gov.uk 01480 379561	Adults and Health

Name of Body	Meetings per Annum	Representatives Appointed	Representative(s)	Contact Details	Committee to Approve
Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) Liaison Group The purpose is to determine any organisational issues, consultations, strategy or policy developments that are relevant for the Adults & Health Committee to consider under its scrutiny function.	4	4	Previously: Councillor L Harford (Con) Councillor P Hudson (Con) Councillor L Nieto (Con) Councillor S van de Ven (LD)	Kate Parker Head of Public Health Business Programmes Kate.Parker@cambridgeshire.gov.uk 01480 379561	Adults and Health
Cambridgeshire Community Services (CCS) The purpose is to determine any organisational issues, consultations, strategy or policy developments that are relevant for the Adults & Health Committee to consider under its scrutiny function.	4		Newly formed no meetings were held during 2020/21	Kate Parker Head of Public Health Business Programmes Kate.Parker@cambridgeshire.gov.uk 01480 379561	Adults and Health

Name of Body	Meetings per Annum	Representatives Appointed	Representative(s)	Contact Details	Committee to Approve
Clinical Commissioning Group and Cambridgeshire Healthwatch Liaison Group The purpose is to determine any organisational issues, consultations, strategy or policy developments that are relevant for the Adults & Health Committee to consider under its scrutiny function.	4	5	Previously: Councillor D Connor (C) Councillor L Harford (C) Councillor P Hudson (C) Councillor L Jones (L) Councillor S van de Ven (LD)	Kate Parker Head of Public Health Business Programmes Kate.Parker@cambridgeshire.gov.uk 01480 379561	Adults and Health
Royal Papworth Hospital Trust Liaison Group The purpose is to determine any organisational issues, consultations, strategy or policy developments that are relevant for the Adults & Health Committee to consider under its scrutiny function.	4	4	Previously: Councillor L Harford (C) Councillor A Hay (C) Councillor L Jones (L) Councillor S van de Ven (LD)		

Name of Body	Meetings per Annum	Representatives Appointed	Representative(s)	Contact Details	Committee to Approve
North West Anglia NHS Foundation Trust (Hinchingbrooke Hospital) Liaison Group The purpose is to determine any organisational issues, consultations, strategy or policy developments that are relevant for the Health Committee to consider under its scrutiny function. It also provides the organisation with forward notice of areas that Health Committee members may want further information on or areas that may become part of a formal scrutiny.	4	5	Previously: Councillor Connor (C) Councillor Harford (C) Councillor Hay (C) Councillor T Sanderson (Ind) Co-opted District Member Councillor J Tavener (C)	Kate Parker Head of Public Health Business Programmes Kate.Parker@cambridgeshire.gov.uk 01480 379561	Adults and Health

Name of Body	Meetings per Annum	Representatives Appointed	Representative(s)	Contact Details	Committee to Approve
Cambridge Cancer Research Hospital Engagement Board To represent the Adults & Health committee and the interests of local residents having oversight of the patient engagement strategy and public engagement plan through participating in the engagement board.	TBC	2	Newly formed Board – appointment deferred by Health Committee	Kate Parker Head of Public Health Business Programmes Kate.Parker@cambridgeshire.gov.uk 01480 379561	Adults and Health

The Work of Healthwatch Cambridgeshire

To:	Adults and Health Committee
Meeting Date:	24 June 2021
From:	Chief Executive Officer, Healthwatch Cambridgeshire and Peterborough.
Electoral division(s):	Countywide.
Key decision:	No
Outcome:	The Committee is asked to consider the work of the local Healthwatch and receive intelligence collated from community feedback.
Recommendation:	The Adults and Health Committee are recommended to: Note the report.

Officer contact:
Name: Sandie Smith
Post: CEO, Healthwatch Cambridgeshire and Peterborough
Email: sandie.smith@healthwatchcambspboro.co.uk
Tel: 0330 355 1285

Member contacts:
Names: Councillors Howitt and van de Ven
Post: Chair/Vice-Chair
Email: Richard.Howitt@cambridgeshire.gov.uk, susanvandeven5@gmail.com
Tel: 01223 706398

1. Background

1.1 Local Healthwatch were established as part of the Health and Social Care Act 2012. They are the independent and statutory patient and public voice organisation whose functions are set out in legislation[1]. This includes gathering views of local people about health and care services and making decision makers aware of such views. Funding for Healthwatch is via several grant streams received by local authorities from central government.

1.2 Healthwatch Cambridgeshire was established in May 2013 as an independent community interest company. In 2017 Healthwatch Cambridgeshire and Healthwatch Peterborough combined to form one single community interest company delivering separate but overlapping Healthwatch functions. Our local Healthwatch has clearly set out its vision and strategy and bases all its work on valuing and listening to the views of all local communities, with a focus on those people who are not usually heard.

2. Main Issues

2.1 The Healthwatch Cambridgeshire and Peterborough annual report for 2020/21 will be published by 30th June 2021, as required by law. The annual report will describe the activities of Healthwatch during the past year. Key highlights are described in the following paragraphs.

2.2 During 2020/21 all engagement has been shifted online, due to the pandemic. Views of local people are collected through a variety of ways including:

- Three Healthwatch health and care forums in Cambridgeshire
- Information service via telephone and email
- Specific surveys as part of project work
- Workshops and focus groups
- Adult social care partnership boards
- Partnership working.

2.3 The number of people contacting Healthwatch during the pandemic has increased. As has the volume of feedback received. Project work is initiated through an internal escalation process. Three project reports were published during 2020/21, each has a list of recommendations and we are tracking the impact that these have.

- Your care during Covid[2]

[1] Our history and functions | Healthwatch

[2] Report shines light on Covid health and care struggles | Healthwatch Cambridgeshire

- Giving GP websites a check up[3]
- Leaving hospital during Covid[4].

2.4 There are common themes across the findings of these reports. People frequently tell stories of how difficult it is to find their way around services, about being digitally excluded and that key points, such as leaving hospital, can be very problematic for some. The recommendations in the reports have been well received and some changes already implemented.

2.4 During the year the Healthwatch Information Service and web pages have kept local people up to date with the very significant changes as they have happened, including services closing and reopening and how to get help from community hubs. Keeping websites and social media up to date with vaccination advice has been apriority. Healthwatch has also helped connect communities who may be more hesitant, as well as resolving issues for a few people who have missed their vaccination due to being who are housebound.

2.5 By listening to local people Healthwatch can understand better about people's worries and fears. Getting registered with a GP has been difficult for some, so information to support people with that process has been disseminated.

2.6 The top topics that people have contacted Healthwatch about in the past year have been:

- Ongoing issues finding an NHS dentist in all areas of Cambridgeshire.
- GP services – including feedback on the move to remote appointments, long waits to be 'seen' and the quality of care.
- Hospital care – including experiences of inpatient care and outpatient appointments – including remote appointments.
- Community services – such as Covid-19 support and vaccination, and changes in appointments for services like physiotherapy.
- Diagnostic services – including questions about Covid-19 testing
- Urgent and emergency care services – including feedback on Minor Injuries Units, A&Es, ambulance services, NHS 111 and out of hours' GP care.

2.7 Feedback to Healthwatch on many of these topics continues. It is clear that there is increasing demand for services, help and support across the whole health and social care system. New ways of working are being introduced, through the evolving Integrated Care System primarily. Healthwatch is encouraged to have been involved from the outset and advice on patient and public engagement is frequently sought.

2.8 Our Healthwatch has taken up a number of opportunities to promote our work nationally. By

[3] Making GP websites clearer for patients | Healthwatch Cambridgeshire

[4] https://www.healthwatchcambridgeshire.co.uk/report/2020-12-15/leaving-hospital-during-covid-19

helping Healthwatch England design their online engagement training package, completing an NHS England project to develop a methodology for understanding experiences and contributing to the national consultation on new A&E standards.[5]

3. Alignment with corporate priorities

3.1 Communities at the heart of everything we do

The Healthwatch statutory function is to connect and listen to communities, and work with our local authority and health partners to increase awareness, thereby encouraging decisions to be made based on what matters to local people.

5. Source documents guidance

5.1 Source documents

None of the information used to compile this report are County Council documents. References have been included as footnotes.

[5] Local people have their say in urgent care standards consultation | Healthwatch Cambridgeshire

Adults and Health Committee: Proposals

Draft Scrutiny Training and Work Programme 2021/22

Ref	Subject	Date	Responsibility	Nature of training	Comments	Attendance by:	Cllrs Attending
	Adults & Health Committee Meeting Scrutiny Agenda • Overview of Health Scrutiny 2020-21 • Healthwatch Cambridgeshire Report • Health scrutiny work programme	24th June 2021					
	Health Scrutiny Introduction • Overview of Statutory responsibility • Guidance from the Centre for Governance & Public Scrutiny • Formulating Scrutiny Questions	Scheduled between July-August	Kate Parker	Overview Online training from CfGS (TBC)		A&H committee members Co-opted members Rep from CFGS	
	Quarterly Liaison programme Informal meetings with senior management from Cambridgeshire providers and commissioners of NHS Services.	July		Liaison meetings			
	Adults & Health Committee Meeting Scrutiny Agenda (TBC) • NHS E/I commissioning Dental Services update • Royal Papworth Hospital – Covid-19 Recovery • CCS – Update on the Princes of Wales Site Development	22nd September	Kate Parker		Formal scrutiny Session NHS colleagues to be booked into this session	A&H committee members Co-opted members	

	Quarterly Liaison programme Informal meetings with senior management from Cambridgeshire providers and commissioners of NHS Services.	Sept		Liaison meetings			
	Integrated Care Systems *Adult & Health Committee members have a statutory responsibility to scrutinise the NHS on changes to the provision and commissioning of NHS Services. Suggested a training session on the ICS would be required before formal scrutiny session.			Development session			
	Reserve Date	14th October					
	Adults & Health Committee Meeting Scrutiny Agenda (TBC) • Integrated Care System (ICS) • Quarterly Liaison reports • CCG – Covid-19 Recovery?	9th December	Kate Parker				
	Quarterly Liaison programme Informal meetings with senior management from Cambridgeshire providers and commissioners of NHS Services.	Dec					
	Reserve Date	13th January					
	CPFT overview of Mental Health Service Provision			Development Session			

	Adults & Health Committee Meeting Scrutiny Agenda (TBC) • CCG Finances / ICS process • Quality Accounts Process • CPFT service relocation of Mental Health facilities for children and young people	17th March					
	Working group on Quality Accounts	April-May 2022		Working Group			
	Reserve Date	21st April 2022					
	Adult & Health Committee Meeting Scrutiny Agenda (TBC) • Sign off Quality Account Responses	May TBC					