

# HEALTH COMMITTEE



**Thursday, 03 December 2020**

**Democratic and Members' Services**

Fiona McMillan

Monitoring Officer

**13:30**

Shire Hall

Castle Hill

Cambridge

CB3 0AP

## **COVID-19**

**During the Covid-19 pandemic Council and Committee meetings will be held virtually for Committee members and for members of the public who wish to participate. These meetings will held via Zoom and Microsoft Teams (for confidential or exempt items). For more information please contact the clerk for the meeting (details provided below).**

## **AGENDA**

**Open to Public and Press**

**1. Apologies for absence and declarations of interest**

*Guidance on declaring interests is available at*

<http://tinyurl.com/ccc-conduct-code>

**2, Minutes 19th November to follow**

**3. Minutes Action log - to follow**

**4. Petitions and Public Questions**

### **SCRUTINY**

**5. Addenbrooke's 3 Update Report**

**1 - 4**

## KEY DECISIONS

- |                  |   |         |
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| 6.               | Recommissioning Integrated Sexual and Reproductive Health Services                | 5 - 16  |
| GENERAL BUSINESS |   |         |
| 7.               | Public Health Response to Covid-19 - to follow                                    |         |
| 8.               | Public Health Business Planning Proposals for 2021-26- Currnt Position            | 17 - 34 |
| 9.               | Health Committee Agenda Plan , Appointments to Outside Bodies and Advisory Panels | 35 - 38 |

The Health Committee comprises the following members:

*For more information about this meeting, including access arrangements please contact*

Councillor Peter Hudson (Chairman) Councillor Anne Hay (Vice-Chairwoman) Councillor David Connor Councillor Lorna Dupre Councillor Lynda Harford Councillor Linda Jones Councillor Lucy Nethsingha Councillor Kevin Reynolds Councillor Mandy Smith and Councillor Susan van de Ven

Clerk Name:	Daniel Snowdon
Clerk Telephone:	01223 699177
Clerk Email:	Daniel.Snowdon@cambridgeshire.gov.uk

## Addenbrooke's 3 Update report

To: Health Committee

Meeting Date: 3 December 2020

From: Cambridge University Hospitals NHS Foundation trust (CUH)

Purpose: The purpose of this paper is to provide the Health Committee with an update on Cambridge University Hospitals' (CUH) Addenbrooke's 3 hospital redevelopment programme.

Recommendation: The Health Committee is asked to

a) Note the strategy of Cambridge University Hospitals to make the case for investment in the redevelopment of our ageing estate to enable us to provide facilities that are fit for modern healthcare delivery.

b) work with us to ensure we engage the public in the development of our plans.

Report Author:

Name: Claire Stoneham

Post: Director of Strategy and Major Projects

Email: [claire.stoneham@addenbrookes.nhs.uk](mailto:claire.stoneham@addenbrookes.nhs.uk)

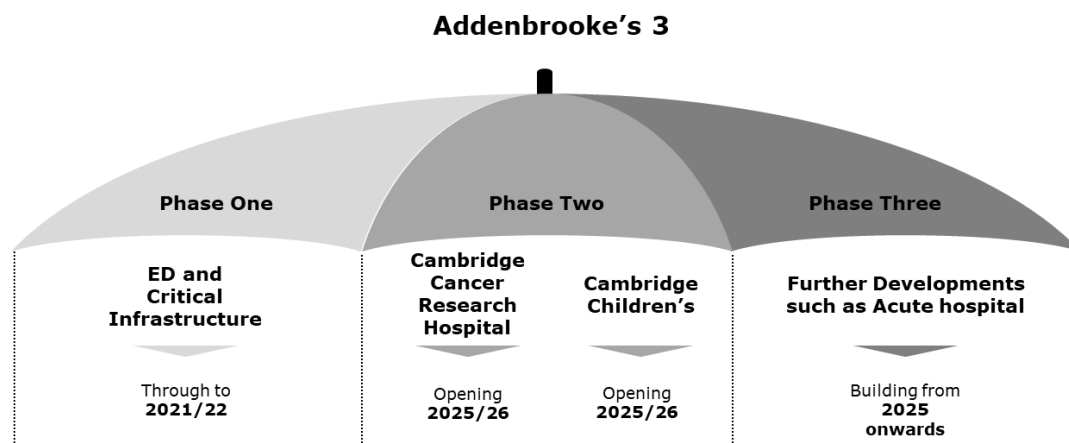
Tel: 01223 245151

# 1. Background

- 1.1 CUH would like to provide the Health Committee with an update on the Addenbrooke's 3 hospital redevelopment programme, particularly in light of the recent government announcement for funding for the development of a cancer hospital in Cambridge.

# 2. Main Issues

- 2.1 The CUH campus comprises a mixture of buildings that have been constructed over the last five decades. Approximately half of the buildings being used for the delivery of patient services are greater than 45 years old. The hospital has a significant maintenance backlog estimated at £103m to address essential maintenance and compliance.
- 2.2 In 2010 the hospital agreed a masterplan for the redevelopment of the Addenbrooke's Hospital site. This plan was subsequently refreshed and updated in 2018. In 2020 the Trust established the Addenbrooke's 3 hospital redevelopment programme to oversee the major developments on the CUH site.
- 2.3 The ambition of the Addenbrooke's 3 programme is to deliver excellent services for our patients in facilities that are modern, fit for the future and supportive of the integration of hospital and community services. To allow us to do this we need to develop a strategy and plan for the replacement of our ageing buildings, many of which would cost more to refurbish than to replace.
- 2.4 The modernisation programme also offers us the opportunity to build facilities that help integrate primary and secondary health across the Cambridgeshire and Peterborough Integrated Care System. It is a priority for us to provide health and care services closer to people's homes with more support to stay healthy and maintain independent living.
- 2.5 We will look at the ways in which people access healthcare. We have learnt a great deal about ways of delivering accessible care during our response to Covid, such as greater use of video and telephone consultations and providing diagnostic testing in community settings. We will build on these models to ensure that we only bring patients onto the CUH campus where necessary. This will not only bring care closer to patients' homes, it will also help to reduce the burden of traffic in and around the campus.
- 2.6 CUH is uniquely poised to revolutionise healthcare in hospitals, GP surgeries, the community and in homes. The Trust plays a pivotal role in pushing forward the boundaries of what medicine can achieve and how it can be delivered more efficiently. Transformation of the workforce, digital technology and relationships with research and industry will be critical to maintaining this position, as well as drawing on the lessons learned from COVID19.
- 2.7 The Addenbrooke's 3 programme includes projects that span the short, medium and long term as shown in figure 1, below:



- 2.8 In the very short term we are focused on trying to make improvements to some of the issues and constraints we are facing with our emergency department (ED) which has seen a year on year increase in demand that has outstripped the physical capacity of the space available. The location of the ED restricts what we can do, however we have identified improvements that would enable us to manage through the next two years whilst we continue to develop solutions for the medium and longer term.
- 2.9 The hospital has received confirmation of funding for two new developments on the Cambridge Biomedical Campus (CBC) site. Cambridge Children's, which received a funding allocation in 2018 and Cambridge Cancer Research Hospital, which received confirmation of funding in the Prime Minister's announcement on 2 October this year. The children's and cancer hospitals are exciting new developments coming to the CUH campus. They will allow us to provide excellent services for our local and regional patients within much needed new buildings.
- 2.10 The vision for Cambridge Children's is for an integrated mental and physical health facility for children and young people, co-located with research, delivered through an innovative joint proposal between University of Cambridge (UoC), Cambridgeshire and Peterborough Foundation Trust (CPFT) and CUH. Cambridge Children's will be the first hospital in the world to offer physical and mental health care seamlessly integrated at the bedside, co-located with the world-leading research of the UoC. We are aiming for more than just integrated healthcare; we will be looking to understand the early origins of disease affecting both physical and mental health, to build resilience and improve life trajectories, and to shift from reactive care to prevention.
- 2.11 The Strategic Outline Case (SOC) for Cambridge Children's was approved by NHS regulators and the Department of Health and Social Care (DHSC) in April 2020 and the team are currently developing the Outline Business Case (OBC). Our expected timeline is for the children's hospital to open in Summer 2026.
- 2.12 The vision for Cambridge Cancer Research Hospital is a partnership between the University of Cambridge and CUH. It aims to bring together clinical expertise from CUH with world-leading research scientists and locate them together within the new facilities to enable us to bring the latest research findings to the patients' bedside. This has the potential to dramatically transform our ability to detect and treat cancer. A key focus of the model of care is early detection of cancer.

- 2.13 We are currently planning to submit our SOC and OBC for the cancer hospital in Spring 2021 and our expected timeline for the hospital to open in 2025.
- 2.14 These two new hospitals on the CUH site will provide us with a welcome opportunity in the medium term to improve our ability to deliver safe, effective care in modern, fit for purpose facilities. They are key steps in our journey to replace our ageing buildings and we are delighted to have been allocated funding for them.
- 2.15 We need to continue to develop plans for the remainder of the CUH site through the Addenbrooke's 3 programme. We are developing an overarching programme business case that will describe our strategy and options for CUH development in the short, medium and long term. Our next priority, after children's and cancer, is to develop a hospital that will focus on patients with urgent care needs, incorporating our emergency department together with services that will allow patients to be treated quickly and either avoid the need for admission to hospital or only require the patient to be admitted for a few days for care.
- 2.16 Involving our stakeholders across the whole range of Addenbrooke's 3 projects will be critical for their success. The committee has been hugely helpful in advising us on the proposals for Cambridge Children's and we are very grateful for the help of the two nominated Members in guiding us through our business case process. We have begun an engagement programme involving children and families in the selection of our design team for this hospital and are establishing a children's network for ongoing input and involvement, as well as working through existing third sector organisations who represent patient groups.
- 2.17 There has been considerable patient involvement in the proposal for the Cambridge Cancer Research Hospital and this will be increased during 2021 as the Outline Business Case for the project comes together. We would welcome further input from the Committee around our plans to engage across the whole of the re-building programme and look forward to keeping you up to date with developments throughout the coming years.

### 3. Source documents

- 3.1 None

Report title: Re-commissioning Integrated Sexual and Reproductive Health Services

To: Health Committee

Meeting Date: December 3 2020

From: Director of Public Health

Electoral division(s): All

Forward Plan ref: 2020/040

Key decision: Yes

Outcome: The adoption of a Section 75 agreement to re-commission Integrated Sexual & Reproductive Health Services with the current provider which will ensure that the planned innovative service developments and required cost benefits are able to be achieved through implementation starting on the 1<sup>st</sup> April 2021.

Recommendation: The Health Committee is asked to support the following recommendations.

- a) The establishment of a Section 75 agreement for re-commissioning Integrated Sexual and Reproductive Health Services with the current provider, Cambridgeshire Community Services.
- b) A Section 75 agreement for a short period (to be agreed with commissioning partners) to allow the opportunity for a formal procurement when the COVID-19 challenges are reduced.

Officer contact:

Name: Val Thomas  
Post: Deputy Director of Public Health  
Email: [Val.Thomas@cambridgeshire.gov.uk](mailto:Val.Thomas@cambridgeshire.gov.uk)  
Tel: 07884 183374

Member contacts:

Names: Councillors Peter Hudson and Ann Hay  
Post: Chair/Vice-Chair  
Email: [Peter.Hudson@cambridgeshire.gov.uk](mailto:Peter.Hudson@cambridgeshire.gov.uk) [Anne.Hay@cambridgeshire.gov.uk](mailto:Anne.Hay@cambridgeshire.gov.uk)  
Tel: 01223 706398

## 1. Background

- 1.1 The Health Committee has previously approved the commissioning of integrated Sexual and Reproductive Health (SRH) Services by Cambridgeshire County Council (CCC) as a collaborative arrangement with Peterborough City Council (PCC), Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and NHS England (NHSE). This will result in **one** contract across the local authorities within a changing system and commissioning landscape.
- 1.2 The collaborative commissioning approach followed an invitation to CCC and other local commissioners of SRH services by Public Health England (PHE) to explore opportunities for alignment and collaborative commissioning of SRH services. The Health and Social Care Act 2013 established the current commissioning arrangements for sexual and reproductive health, which is divided between Local Authorities, Clinical Commissioning Groups (CCGs), and NHS England (NHSE). The objectives of the collaborative commissioning approach are to align sexual health and reproductive services to future proof, quality assure, optimise service pathways for service users realise system efficiencies and improve health outcomes. Support was secured from PCC, the CCG and NHSE and it was agreed that CCC should lead and hold the contract with the provider. A competitive procurement was scheduled to commence at the beginning of March 2020 with a new service commencing in October 2020.
- 1.3 Previously the Health Committee has supported the collaborative commissioning pilot and approved the following.
  - The establishment of a legal agreement between Cambridgeshire County Council (CCC) and Peterborough City Council (PCC) that assigns Cambridgeshire County Council as the lead commissioner;
  - The establishment of a Section 75 Agreement between CCC, NHS England and the Clinical Commissioning Group.
  - Change the initial proposed contract length from three years plus one, plus one to a three-year plus two, plus two contract giving a maximum contract length of seven years.
- 1.4 Due to the impact of COVID-19, the commission of integrated Sexual & Reproductive Health Service (SRH) across Cambridgeshire and Peterborough was paused between March and October 2020. The process has been re-established, and Public Health has secured support to ensure that this project progresses quickly in order to meet the requirement of new contract from the 1<sup>st</sup> April 2021. However, the short timeline created by the pause in the procurement process has created a number of issues. Consequently, an assessment of the procurement and contractual options for commissioning the service has been undertaken by the external organisation engaged to support this work.

## 2. Main Issues

- 2.1 SRH services are clinical and providers are usually NHS organisations. This was evidenced by the organisations that attended the bidders' event held in January 2020 prior to the



planned start of the procurement. NHS providers are currently facing substantial demands in meeting the challenges of the pandemic. Locally CCS will play key role in the COVID 19 vaccination programme. Other NHS providers will also be potentially supporting this programme in their areas. It is unlikely that the current provider CCS and other NHS organisations will have the capacity and focus to participate in a competitive tender.

- 2.2 It is not anticipated that the additional demands created by the pandemic upon all organisations will lessen prior to March 2021 and will continue probably for some time after. This will affect not only the appetite for organisations to bid but also it could possibly affect the quality of bids due organisational capacity and focus.
- 2.3 The current SRH contract with Cambridgeshire Community Services should have ended on the 30<sup>th</sup> September 2019. However, the preparations for the procurement took longer due to the necessity of having the formal support of all the commissioning organisations. The COVID pandemic then created another delay and consequently the contract has been extended a further 18 months to March 2020. Further extension of the contract would be for a minimum period of another 6 months making it a two-year extension, which is not the preferred legal option.
- 2.4 It is planned to secure savings from the re-commissioning of the SRH treatment services to contribute to the funding of the separate Prevention of Sexual Ill Health contract. The new Prevention of Sexual Ill Health Services contract commenced on October 1 2020 and the funding from re-commissioned SRH services will be required from April 2021.
- 2.5 In the context of these issues six options for re-commissioning integrated SRH services have been considered, assessed and scored against a set of risks and benefits criteria. Appendix I provides the detail of this assessment. In summary the options include:
  1. Continuing the current contract.
  2. Negotiate a section 75 with the current provider CCS for 7 years as planned in the original Procurement.
  3. Negotiate a section 75 with the current provider, CCS, for a limited period (to be agreed with commissioning partners). This will cover the period until COVID 19 demands have decreased and ensure providers have the capacity to tender for the contract.
  4. Soft Market Test to determine approach.
  5. Formal procurement for a 2 years plus 1 contract.
  6. Formal procurement for a 7-year contract.
- 2.6 These options have all been scored using the weightings below. This helps in assessing the relative impacts of each of the options as well as recognising that not all risks and benefits carry the same level of impact.

The risk and benefits criteria are as follows.

#### Risks

- |   |           |
|---|-----------|
| • Risk of non-delivery by 1 <sup>st</sup> April 2021. | -5 points |
| • Financial or cost effectiveness impact.             | -4 points |
| • Destabilization of the current service.             | -3 points |
| • Focused on current COVID impact.                    | -2 points |

- Any other impact.

-1 point for each

#### Benefits

- Delivery of an integrated SRH service by 1st April 2021. +5 points
- Reflects the post COVID-19 position. +4 points
- Financial and cost benefits impact. +3 points
- Certainty for staff and service users. +2 points
- Any other benefit. +1 point for each

- 2.7 The scores from undertaking this assessment are found in the Table 1 below, the breakdown of scores for each item is shown in brackets.

Table1: Scoring outcomes from the risks and benefits assessment.

Option	Risk Score	Benefit Score	Total
1.Continuing the current contract.	-8 (-1,-1,-4,-1,-1)	+7 (+2,+1,+4)	-1
2.Negotiate a section 75 with the current provider CCS for 7 years as planned in the original Procurement.	-7 (-4,-1,-2)	+11 (+1,+5,+3,+1,+1)	+4
3. Negotiate a section 75 with the current provider CCS that will cover the period until the COVID 19 demands have decreased.	-3 (-1,-1,-1)	+8 (+4,+2,+1,+1)	+5
4.Soft Market Test to determine approach.	-9 (-5,-2,-1,-1)	+6 (+1,+3,+1,+1)	-3
5. Formal procurement for a 2 years plus 1 contract.	-16 (-5,-1,-1,-1,-4,-1,-3)	+5 (+1,+4)	-11
6. Formal procurement for a 7-year contract.	-13 (-5,-1,-1,-1,-3,-2)	+6 (+1,+2,+3)	-7

- 2.8 The only options that had a positive score in the rankings (where the positive benefits outweigh the current risks) is the implementation of a Section 75 agreement with CCS, the current NHS provider of the services. (Options 2 and 3)

However, the option of securing a Section 75 for the shorter period then proceeding to a competitive procurement has some key advantages, summarised as follows.

- It will ensure that a new Service is established within 2021/22 timeline that reflects the vision for an integrated SRH service and new delivery model

- Create certainty for service users and staff within a difficult environment.
- Ensure that the two local authorities are able to achieve the financial savings that have been allocated to the prevention service.
- Allow the potential bidders within the wider market place an opportunity to develop bids that offer innovative service models when the COVID pressures become less acute.

### 3. Alignment with corporate priorities

#### 3.1 A good quality of life for everyone

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

- Provision of high quality, integrated, flexible and innovative sexual and reproductive health services can better address the needs of service users by improving access to a range of services in one location.
- The encourage and support service users in choosing healthy lifestyles and providing high quality interventions that improve health outcomes for those most at risk of poor health outcomes

#### 3.2 Thriving places for people to live

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

Access to good quality SRH services improves the health of the population and enables it contribute to efforts to improve opportunities for communities to thrive.

#### 3.3 The best start for Cambridgeshire's children

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

- The provision of accessible different SRH services can promote the sexual and reproductive health of Cambridgeshire's children and young people through the prevention and treatment of sexually transmitted infections and unintended pregnancies.

#### 3.4 Net zero carbon emissions for Cambridgeshire by 2050

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

- The provision of a range of services in one location will reduce travel to different service locations.

### 4. Significant Implications

#### 4.1 Resource Implications

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

- Due to the impact of COVID-19 the market that may normally exist to deliver alternatives to the current provider is limited in its ability to respond effectively to a formal procurement at this time, as such progressing with formal procurement options will not lead to the most effective use of the Council resources
- The current contract does not take account of the investment in prevention that the County Council has undertaken, therefore if it is extended the extension period will necessitate expenditure at this continued higher rate
- The impact of COVID-19 has meant that a greater number of services are delivered remotely building in time to ensure that this is reflected appropriately in the specifications and negotiated via a Section 75 will ensure that this is fully represented in the final contractual agreement

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

The following bullet points 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 Health Committee before proceeding.

#### 4.3 Statutory, Legal and Risk Implications

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

- This grant (in pursuant of the Local government Act 2003) can be used for both revenue and capital purposes to provide local authorities in England with the funding required to discharge the public health functions,
- Any legal or risk implications will be considered with the appropriate officers from these Departments and where necessary presented to the Health Committee before proceeding.

#### 4.4 Equality and Diversity Implications

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

- The new SRH service aims to ensure that access to all services is improved for everyone and will be seek to address any inequalities.

#### 4.5 Engagement and Communications Implications

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

- There has been consultation with service users and with community groups to ensure that the new service specifications reflect their needs.

#### 4.6 Localism and Local Member Involvement

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

- The services will reflect the particular needs of the different areas in Cambridgeshire

#### 4.7 Public Health Implications

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

- The new service will improve sexual and reproductive health outcomes for residents through ensuring prompt access to different services that will contribute decreasing the spread of sexually transmitted infections and unintended pregnancies.

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: Gus de Silva

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: Liz Robin

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: Liz Robin

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

Name of Officer: Liz Robin

#### 5.1 Source documents

None

## APPENDIX 1

### Risks and Benefits of the different procurement and contractual option for re-commissioning SRH Services

#### 1. Extend the current contract

This option would seek to continue the current arrangements with the current provider(CCS) in order to buy time to fully work through a formal procurement option.

The risks and benefits of this approach are;

##### Risks

- This would not provide the opportunity to move to the vision of an integrated service for SRH.
- There is little legal clarity on the basis for extensions of contracts due to COVID impact.
- There would need to be full analysis of the appropriate length of time for extension that could be clearly justified.
- Will still require resources to support procurement options in the short to medium term.

##### Benefits

- Assuming the current provider agrees this would provide certainty for staff and service users in the short to medium term.
- It delays the need for decisions around procurement, which can be time consuming and complex.
- It may provide an opportunity to fully prepare for a formal procurement later when there is less COVID-19 disruption.

#### 2. **Negotiate a Section 75 agreement with current provider (CCS) commencing April 1 2021 for a 7-year contract.**

This option would seek to negotiate a Section 75 agreement with the current NHS provider in line with the agreed service specifications that were developed for the original procurement of the new Service.

The risks and benefits of this approach are;

##### Risks

- This does not provide an opportunity to test the market which may lead to an impact on cost effectiveness in the longer term.
- There may be challenge from interested other parties who would have been expecting to bid within a formal procurement.
- Decisions made now are reflective of the impact of COVID. This may not be indicative of the long-term environment.

### Benefits

- Establishment of integrated SRH service with the opportunity to develop a phased roll out and for further development of the changes to Service delivery as a response to the pandemic.
- Greater certainty for staff and service users for the full term of the procurement (5+2 years).
- Opportunity to drive savings and developments with a provider who understands the local landscape and impact of COVID-19.
- Continued use of the existing estate.
- No requirement for resources to support further procurement within the medium term.

3. Negotiate a Section 75 agreement with the current provider (CCS) that will cover the period until the COVID 19 demands have decreased; followed by a formal procurement.

This option would seek to negotiate a Section 75 agreement with the current NHS provider over a shorter timescale to allow for a formal procurement in 2023 with service implementation in April 2024.

The risks and benefits of this approach are;

### Risks

- The current provider (CCS) may be resistant to agreeing to a shorter contract length.
- There may be a small risk of challenge from other providers. However, this could be mitigated by setting out at the start, a clear programme for the procurement.
- Procurement resources would still be required now and in the medium-term.

### Benefits

- Provides some immediate security for staff and service users.
- Provides an opportunity to ensure that formal procurement approaches are properly resourced and have adequate time to run.
- It allows for a potential extended impact of the current COVID situation and provides greater clarity on longer-term considerations.
- Enables testing of the market through procurement to determine when it is more likely to be able to respond in an innovative way.

4. Soft Market Test to determine approach

This option would plan to undertake a soft market test to determine the appetite within the market to respond to a formal procurement and have a new service in place by 1 April 2021

The risks and benefits of this approach are;

### Risks

- This approach holds a significant risk of non-delivery on the 1st April 2021 due to the legally required timelines for formal procurement and TUPE should the soft market test suggest an appetite for procurement
- The responses to this test will be reflective of the current impact of COVID-19 and therefore may not give a realistic perspective on the market at other times.
- Undertaking a soft market test may commit to undertaking formal procurement if it suggests a market is available. This may not be achievable within current timescales.
- Resources required across all stakeholder organisations to support formal procurement if that is suggested outcome

### Benefits

- It allows the market to respond to opportunity
- May offer opportunity to negotiate better cost effectiveness within final option
- Offers complete clarity on the approach taken
- Leads to a final agreement of a contract for expected full term (3+2+2 years)

## 5. Undertake a formal procurement (2+1 year years)

This option would seek to undertake a formal procurement for a shortened initial term in order to allow the opportunity to undertake another procurement when the longer-term impact of COVID-19 is understood

The risks and benefits of this approach are;

### Risks

- This approach holds a significant risk of non-delivery on 1 April 2021 due to the legally required timelines for formal procurement and TUPE.
- Resources will be required across all stakeholder organisations to support formal procurement.
- There is risk of challenge by bidders around compressed timelines.
- A shorter contract length may not attract many bids.
- A shorter contract length may have higher costs.
- The current estate sits with the current provider (CCS) and 3 years may not be long enough to change this or find alternatives
- Resources will be required again in medium-term to rerun the procurement
- There could be a destabilisation of service for both staff and service users within a challenged environment

### Benefits

- Provides an opportunity to try and derive an innovative offering from the market
- Provides an opportunity to adapt requirements and re-run procurement once the COVID-19 impact has lessened



6. Undertake a formal procurement (7-year contract)

This option would undertake a full procurement approach with the intention of implementing the full service change on 1 April 2021

The risks and benefits of this approach are;

Risks

- This approach holds a significant risk of non-delivery on 1 April 2021 due to the legally required timelines for formal procurement and TUPE.
- Resources required across all stakeholder organisations to support formal procurement will be required.
- There is a risk of challenge by bidders around compressed timelines
- The current provider (CCS) may not agree to continue current service beyond contract end date to allow for implementation if required
- The risk of destabilisation of service for both staff and service users within a challenged environment
- Decisions made now are reflective of the impact of COVID. This may not be indicative of the long-term environment

Benefits

- Provides an opportunity to try and secure an innovative offering from the market
- The establishment of an integrated SRH service for the full term of 3+2+2 years.
- It may offer an opportunity to negotiate better cost



## Business Planning Proposals for 2021-26: Current position

To: Health Committee

Meeting Date: 3rd December 2020

From: Dr Liz Robin, Director of Public Health  
Chris Malyon, Chief Finance Officer

Electoral division(s): All

Forward Plan ref: Not applicable

Key decision: No

Outcome: The Committee is asked to consider:

- the current business planning position and estimates for 2021-2026
- the impact of COVID-19 on the 2021-2022 financial position
- the principal risks, contingencies and implications facing the Committee and the Council's resources
- the process and next steps for the Council in agreeing a business plan and budget for future years

Recommendation: It is recommended that the Committee;

- a) Note the progress made to date and next steps required to develop the business plan for 2021-2026
- b) Note the impact of COVID-19 on the Council's financial planning
- c) Endorse the budget and savings proposals that are within the remit of the Committee as part of consideration of the Council's overall Business Plan

### Officer contact:

Name: Liz Robin / Chris Malyon  
 Post: Director of Public Health/ Deputy Chief Executive  
 Email: Liz.robins@cambridgeshire.gov.uk  
[Chris.malyon@cambridgeshire.gov.uk](mailto:Chris.malyon@cambridgeshire.gov.uk)  
 Tel: 01733) 207176/ 01223 699796

### Member contacts:

Names: Councillors Hudson and Hay  
 Post: Chair/Vice-Chair  
 Email: [Peter.hudson@cambridgeshire.gov.uk](mailto:Peter.hudson@cambridgeshire.gov.uk)  
[Anne.hay@cambridgeshire.gov.uk](mailto:Anne.hay@cambridgeshire.gov.uk)  
 Tel: 01223 706398

# 1. Purpose and Background

- 1.1 The Council's Business Plan sets out how we will spend the resources we have at our disposal to achieve our vision and priorities for Cambridgeshire, and the outcomes we want for people. This paper provides an overview of the updates to the Council's financial position since October 2020 when Service Committees (other than Health) were last consulted on the draft Business Plan for 2021-26. The paper sets out the changes to key assumptions impacting financial forecasts, further risks and opportunities and next steps required to balance the budget and agree the Council's Business Plan for 2021-26.
- 1.2 The paper also seeks to highlight the environment within which the Business Plan has been developed this year. It highlights the added complexity that developing the Business Plan whilst in the middle of a world-wide pandemic brings, and the challenges that being a relatively low spend, but effective organisation has on the opportunities to reduce costs further, to address the financial challenges caused by COVID-19.
- 1.3 Whilst the impact of COVID-19 is being felt by all councils across Cambridgeshire, this comes on the back of many years of under-funding compared to other councils. As one of the fastest growing counties in the country, Cambridgeshire has been managing disproportionate increases in demand over many years which have not been reflected in the revenue grant system. The Council highlighted this issue during its 'Fairer Funding campaign' but due to numerous issues, the comprehensive review of local authority funding has not yet occurred.
- 1.4 This report sets out the latest financial position regarding the Business Plan for the period 2021-26. A number of scenarios were developed to model the potential longer term implications of the world-wide pandemic on the resources of the County Council.
- 1.5 During the last couple of months officers have been refining the projections based on updated data and knowledge of further Government funding of certain activity, which it would not be unreasonable to assume would continue if required in 2021-22. We have therefore moved from a range of scenarios to a single budget position. This still contains a number of assumptions and these will continue to be developed over the next couple of months before the Business Plan is considered by Council in February of next year.
- 1.6 The Local Government Association (LGA) has said that an additional £10.1 billion is needed by 2023-24 to help councils in England plug funding gaps and improve services. Cllr James Jamieson, LGA Chairman, said the Spending Review would "shape the direction of the country for years to come" and that "securing the immediate and long-term sustainability of local services must be the top priority". Cllr Jamieson added: "With the right funding and freedoms, councils can improve the lives of their residents, address the stark inequalities the pandemic has exposed, develop a green recovery, address skills gaps and rebuild the economy so that it benefits everyone."

- 1.7 We have been grateful for the financial support provided by the Government to date, but it is not enough to meet the additional demands on our services in the long term. We are making strong representations to the government, working closely with our local MPs, about additional support we believe is necessary. However, the Council's Business Plan must make recommendations for balancing the budget in the event that this support does not fully cover the cost of the crisis.

## 2. Context

- 2.1 In February of this year the Council set a balanced budget for the current financial year with no use of reserves to support the delivery of base services. It also made provision for further investment in transformation interventions. At that point the Council was in a very robust financial position to manage future year challenges with only a £4.2m 'budget gap' for 2021-22. This was much less than in previous budget setting processes and was predicated on a 2% council tax rise through levying the Adult Social Care precept (every 1% increase in council tax generates and additional £3m).
- 2.2 The following paragraphs provide some context to demonstrate that the Council has managed growth effectively within the constraints of a grant system that doesn't fully recognise the implications for public services that are generated from that growth.

### 2.2.1 Fairer Funding

Given the level of growth that Cambridgeshire has supported over many years, the Council has been fighting for a fairer deal for its residents since 2017. Over the last three years, we have engaged MPs at both a local and national level on many occasions setting out the issues facing the Council on the back of its economic success.

In our various submissions on the issue of fairer funding, the Council has highlighted the inequality in Government support across, and within, the various tiers and structures of local government. The following table is an extract from one submission which illustrates this inequality:

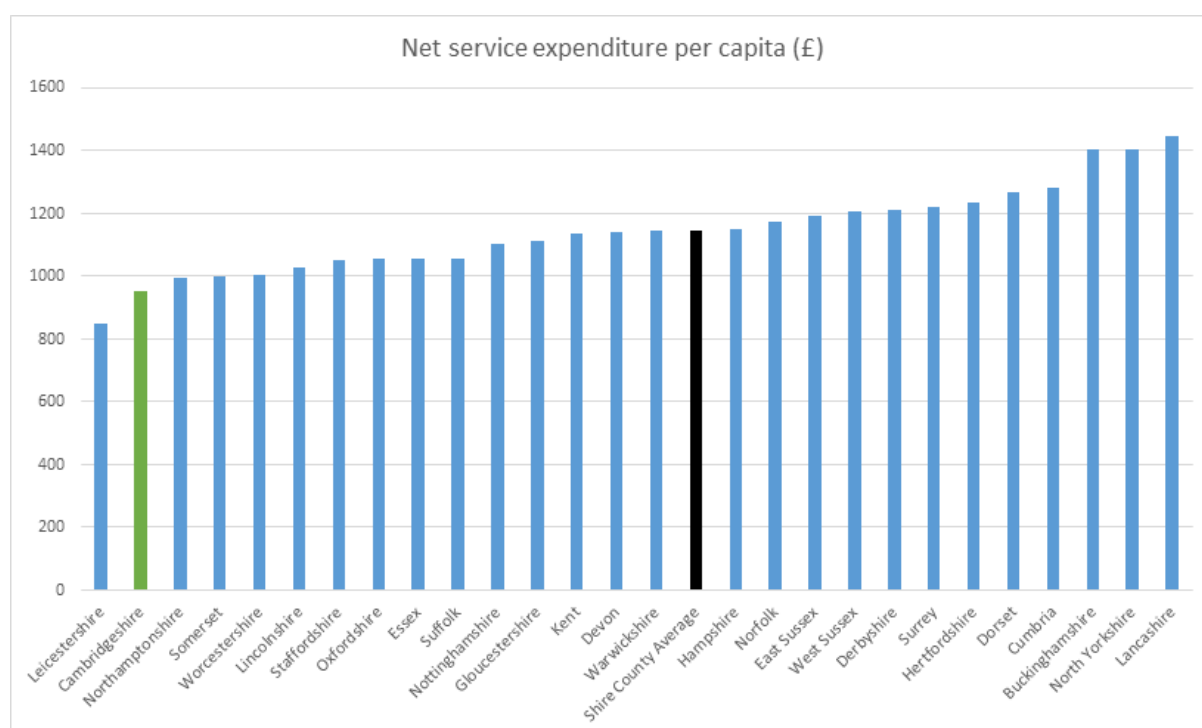
2018/2019	RSG per capita (Revenue Support Grant)
CCC	£6.01
Shire County average	£25.52
London Borough average	£88.13

### 2.2.2 Benchmarking

Whilst delivering excellent outcomes for its residents, Cambridgeshire does so from a comparatively low level of expenditure. Due to the inequalities in the finance system, the Cambridgeshire pound has had to work harder than it may be required to in other councils. Like most councils Cambridgeshire uses benchmarking as part of its management toolbox in order to provide focus to areas where it can drive better value for its residents.

A summary of the Council's key performance / benchmarking information is set out below which provides a snapshot of our performance based on publicly available information and a further chart that summarises the Council's net expenditure with that of other county councils.

2018/2019	Cambridgeshire's performance against	
	all Shire Counties	CIPFA statistical neighbours
Total Education Services	Average	Average
Total Highways & Transport Services	Average	Average
Total Cultural & Related Services	Very low	Very low
Total Environment Services	Average	Average
Total Planning & Development Services	Low	Low
Total Central Services	Average	Average
Total Children's Services	Average	High
Total Adult Services	Low	Average
Total Public Health	Average	Average



We constantly look at ways in which we can reduce the cost to serve, invest in preventative interventions, and derive additional incomes in order to re-invest or maintain key front-line services.

### 2.2.3 Transformation

The Council has been able to sustain the delivery of key services during a period of reduced funding and increasing demand to a large extent by its

approach to transformation and innovation. In 2016 the Council invested heavily in an ambitious transformation agenda for Cambridgeshire citizens. Investment in a number of cross-organisational change programmes through a dedicated team and fund has delivered significant financial and social returns. Over £100m has been saved over the last four years including £25m being saved as a direct result of investments made through the Transformation Fund.

We have a broad portfolio of examples to draw from which demonstrate our ability to drive efficiencies and productivity for example; Our Adults Positive Challenge programme has realised £3m of savings and increased the independence of our citizens and reduced the longer-term cost across the health and social care system. The introduction of new technology which integrates critical aspects of the Adult Social Care case management system has improved the productivity of front-line workers. The rationalisation of the Council's buildings portfolio and workforce cultural change programme has seen the workforce adopt new agile ways of working increasing productivity and ensuring that the right services can be accessed at the right time.

To date the Council has not taken all of the upside created from the change to its Minimum Revenue Provision (MRP) Policy into revenue and, unlike most other councils, has set this aside in order to provide pump priming funding for the Transformation Programme. Having focused on major opportunities first, the level of returns against the investments are now beginning to reduce. Given both the scale of the unallocated fund and the current pipeline of activity, the Council will need to review both the current policy on MRP and the level of the balance held on the Transformation Fund as part of this budget process.

#### 2.2.4 Commercialisation

To further mitigate against the financial challenges that it has faced over the last decade, the Council has adopted a more commercial approach to everything that it does.

This approach has included the establishment of a wholly owned housing development company to which the council has sold, at market value, land holdings of nearly £100m so that these sites could be developed. In order for the Company to fund the acquisition, and its operating costs, loans at rates in compliance with state aid rules have been made. This provides a net revenue stream to the Council.

In addition, the Council has used the capital receipts generated by the Company to create a diverse commercial investment portfolio. Until the pandemic these investments were performing well and delivering returns to support frontline services. The net revenue income budget from the portfolio for the 2020-21 financial year was in the region of £5m.

The Council has also used its land holdings to create a solar farm. The Triangle Solar Farm has benefitted from Government's "Contracts for Difference" scheme, allowing it to generate a healthy and reliable revenue stream whilst also supporting the council in delivering its vision of net zero carbon emissions for Cambridgeshire by 2050.

The commercial approach adopted has contributed significantly to supporting vital services for our residents rather than serving as an end in itself, and as a consequence these new revenue streams are returning in excess of £10m per annum for frontline services delivered to Cambridgeshire residents.

- 2.3 The paragraphs above are a reminder of the steps the Council has taken to focus on positive outcomes, protect frontline services and set the foundations for the difficult decisions that lie ahead. Having already taken the actions that it has, the Council has very little room left for addressing the budget gap for 21-22. Officers will, of course, continue to work diligently to reduce the gap further but it must be accepted that unless significant resources are forthcoming from the Government as part of the 21-22 financial settlement some very difficult decisions will be required.

### 3. Business Planning Approach

- 3.1 As noted in section 2.1, in February 2020 the Council approved a balanced budget for 2020-21 and the Business Plan reflected a strong financial position with a small and achievable gap forecast for 2021-22.
- 3.2 However, by May 2020, a time when the Council would normally begin the process of preparing budget proposals for 2021-22, the nation had been in lockdown for two months in an attempt to stop the spread of the coronavirus. Recognised as both an economic and health emergency, the pandemic placed the Council in the challenging position of having to mobilise resources to provide immediate support to the citizens of Cambridgeshire whilst also trying to predict and mitigate the medium and longer term impacts.
- 3.3 At that time there was significant uncertainty across the nation as to the true impact of the pandemic. Whilst national support packages were being mobilised e.g. the furlough scheme and support to businesses, it was unclear as to how (and when) these schemes would be in place and whether they would be enough to avoid an economic collapse. Further, the creation of the national Nightingale hospitals reflected the concern that the health service would be overwhelmed and there were projections of significant deaths across all regions.
- 3.4 Within this context, it was clear that the usual approach the Council takes to business planning would need to be adapted in order to reflect uncertainty around the economic and health impacts and how this might affect demand for Council services. In response, the Council designed a new approach which was based on carefully crafting three scenarios which modelled the possible impact of a number of inter-dependent factors on both the demand for our services and the impact on our ability to generate income.
- 3.5 The purpose of the scenarios was discussed at General Purposes Committee in June 2020; we outlined that the scenarios would not provide financial projections but would provide us with a framework which we could use to track the trajectory of the impact of COVID-19. This was welcomed by service areas



as it enabled them to develop mitigations and contingency plans and has also helped them to cast forward to think about growth opportunities and areas for development as part of their recovery process.

- 3.6 Over the summer the scenarios were used to support services to develop a possible financial trajectory which highlighted that the budget gap for 2021-22 could be between £33m - £82m and this was reported within the Committee papers presented in October. This wide range reflected how significantly the financial impacts might vary between the best and worst case scenarios, how quickly the financial impacts might escalate without strong and immediate recovery plans, and how difficult it has been, both nationally and locally, to predict the rate of infections and corresponding effects on society. This process of planning against scenarios started the process of quantifying the potential impacts on our service areas as well as highlighting possible areas of mitigation.
- 3.7 Over the last two months we have undertaken a significant amount of activity to analyse emerging trends, actual demand increases and emerging impacts on society and the economy. We are beginning to narrow the range of the predicted budget gap and this activity has resulted in;
- **Improved demand predictions** – additional data is now available which has allowed us to base our demand projections on trends observed in 2020-21 rather than projecting impacts based largely on historic data. This has allowed us to reduce the anticipated demand pressure in Older People's services by £1m for 2021-2022.
  - **Deeper impact analysis** – all service areas have been able to develop a deeper assessment of the impact of COVID-19 in their areas based on actual data and observations and have used this to ensure that any areas of higher spend have been identified and reviewed
  - **Increased market engagement / supply chain management** – we have worked with our supply chain to better understand and anticipate future costs and provisions required to ensure the sustainability of our operations
  - **National support** – although there are areas which remain uncertain, we have seen the impact of exiting initiatives, as well as the benefits of direct financial support. We are therefore in a better position to predict the impact of future national initiatives within Cambridgeshire.
  - **Successful Local Outbreak Control Plan** – in recognition that all public services in Cambridgeshire, alongside citizens, have worked hard to keep infection / transmission rates low compared to the national figures, prior to the second national lockdown we remained in Tier 1. This meant that Cambridgeshire did not have additional restrictions placed on it.
- 3.8 This work has allowed us to build more accurate data sets to inform our recovery planning and to narrow the range of forecast financial pressures in most services. Based on this information, and the current savings proposals identified, the current trajectory leads to a budget gap for 2021-2022 of around £21m.

## 4. Financial Overview

4.1 The table below provides a summary of the various material (greater than £100k) changes since October in the overall business planning position for 2021-22. It reflects the continuing challenge of increasing costs for goods and services as a result of the pandemic and further shortfalls in planned savings, however significant progress has been made towards closing the budget gap through a combination of the following (see also Section 4.5 below):

- Further scrutiny of demand pressures and anticipated funding for new burdens as a result of COVID-19;
- New savings proposals
- Accumulated growth in the Council's tax base and compensatory grants from Government for business rates reliefs granted in previous years

Description	2021-22 £'000	2022-23 £'000	2023-24 £'000	2024-25 £'000	2025-26 £'000
<b>Remaining Unidentified Savings at October Committees</b>	<b>32,796</b>	<b>7,190</b>	<b>12,185</b>	<b>13,490</b>	<b>9,990</b>
Increase in inflationary uplift for Highways Services	1,214	659	17	-140	-159
Adults Social Care Providers inflationary uplift	970	-970	-	-	-
New pressures and reduced or rephased savings (see section 4.2 for breakdown)	886	-205	-829	-250	-
Updated debt charges for Energy schemes	-	883	-372	-305	-23
Base funding for Transformation Team and redundancy costs as capital receipt flexibilities not confirmed post-2021-22	-	2,482	-	-	-
Miscellaneous financing adjustments	168	-110	61	21	28
<b>SUBTOTAL New Pressures</b>	<b>36,034</b>	<b>9,929</b>	<b>11,062</b>	<b>12,816</b>	<b>9,836</b>
Adult Social Care Market Resilience investment removed <sup>1</sup>	-4,000	-	-	-	-
Demand pressure for Older People's Services reduced	-1,088	-1,078	-1,179	-1,220	-1,098
Personal Protective Equipment (PPE) pressure removed <sup>2</sup>	-1,000	-	-	-	-
Dedicated Schools Grant Contribution to Combined Budgets pressure rephased	-1,000	750	250	-	-
Demand risk in social care investment reduced	-1,300	-	-	-	-
Miscellaneous reduced and rephased pressures <£100k	-243	509	30	-	-
<b>SUBTOTAL Reduced and Rephased Pressures</b>	<b>27,403</b>	<b>10,110</b>	<b>10,163</b>	<b>11,596</b>	<b>8,738</b>
New savings proposals (see section 4.3 for breakdown)	-3,563	-2,400	-544	-161	-290
Historic increases in Council tax base and Section 31 grant income	-3,020	372	53	184	-
<b>Revised budget gap per December committees</b>	<b>20,820</b>	<b>8,082</b>	<b>9,672</b>	<b>11,619</b>	<b>8,448</b>

<sup>1</sup> Funding for infection control measures in care homes; Government grant funding has now been confirmed until March 2021 and we are assuming that Government will continue to fund thereafter if required

<sup>2</sup> The October draft budget included a £1m PPE pressure however the Government has since agreed to fund PPE for local authorities

4.2 The following table provides a detailed breakdown of the new pressures and reduced or rephased savings.

<sup>1</sup> New pressures and reduced or rephased savings	2021-22	2022-23	2023-24	2024-25	2025-26
	£'000	£'000	£'000	£'000	£'000
Family Group Conferencing Investment	-	250	-	-	-
Reduced saving: Learning Disabilities Commissioning	150	-	-	-	-
Rephased saving: Review of commissioning approaches for accommodation-based care	175	-175	-	-	-
Removed saving: Revised commissioning approach for interim bed provision	150	-	-	-	-
IT Microsoft Enterprise Agreement pressure	302	-	-	-	-
Rephased saving: COVID Impact - Commercial Income and Contract Efficiencies	109	-280	-829	-250	-

4.3 The following tables provides a detailed breakdown of the new savings proposals.

<sup>2</sup> New savings	2021-22	2022-23	2023-24	2024-25	2025-26
	£'000	£'000	£'000	£'000	£'000
Client Contributions Policy Changes (approved as part of 2020-25 Business Plan)	-562	-164	-	-	-
Adult Social Care Transport	-250	-	-	-	-
Additional vacancy factor	-150	-	-	-	-
Micro-enterprises Support	-30	-133	-	-	-
Additional Block Beds inflation saving	-270	270			
Learning Disability Partnership Pooled Budget Rebaselining	-	-2,574	-	-	-
Review of commissioning approaches for accommodation based care	-	-	-375	-	-
Unaccompanied Asylum Seeking Young People: support costs	-300	-	-	-	-
Adoption and Special Guardianship Order Allowances	-500	-	-	-	-
Clinical Services: Children and Young People	-250	-	-	-	-
Transport - Children in Care	-300	-	-	-	-
Communities and Partnerships Review	-200	-	-	-	-
<b>SUBTOTAL P&amp;C savings</b>	<b>-2,812</b>	<b>-2,601</b>	<b>-375</b>	<b>-</b>	<b>-</b>
Review Winter Operations	-17	-17	-	-	-
Highways: Removal of old VAS signs	-4	-4	-	-	-
<b>SUBTOTAL P&amp;E savings</b>	<b>-21</b>	<b>-21</b>	<b>-</b>	<b>-</b>	<b>-</b>
Reduction in staff mileage	-564	378	-	-	-
<b>SUBTOTAL Corporate savings</b>	<b>-564</b>	<b>378</b>	<b>-</b>	<b>-</b>	<b>-</b>
Commercial property rental increases	-166	-156	-169	-161	-290
<b>SUBTOTAL Commercial savings</b>	<b>-166</b>	<b>-156</b>	<b>-169</b>	<b>-161</b>	<b>-290</b>

4.4 As a result of the updates above, the savings requirement for 2021-22 has been reduced by £12m from £32.8m as at October Committees to £20.8m. The following table shows the total level of savings required for each of the next five years:

	2021-22 £'000	2022-23 £'000	2023-24 £'000	2024-25 £'000	2025-26 £'000
Total Saving Requirement	22,707	19,123	14,480	12,852	8,863
Identified Savings	-1,887	-3,959	-528	-	-
Identified additional Income Generation	-	-7,082	-4,280	-1,233	-415
<b>Residual Savings to be identified</b>	<b>20,820</b>	<b>8,082</b>	<b>9,672</b>	<b>11,619</b>	<b>8,448</b>

4.5 Against this uncertain backdrop, we are continuing to explore every opportunity to identify savings, efficiencies, and income to reduce the gap and to date we have;

- Campaigned for additional resources through MHCLG (Ministry of Housing, Communities and Local Government) and other channels.
- Reviewed all the existing proposals to identify any which could be enhanced to deliver further savings - in particular those where additional investment could unlock additional benefits.
- Reviewed income generation opportunities in light of the current economic context.
- Identified, through benchmarking, any areas across the organisation we could potentially look to find additional efficiencies whilst ensuring outcomes are maintained.
- Reviewed the full list of in-year and 2021-22 pressures to see if there are any opportunities to prevent assumed increases in demand being realised.

4.6 Whilst the actions taken to date have been successful in reducing the budget gap, the opportunities to generate additional savings proposals without significantly impacting the delivery of services are reducing in both number and scale. The following funding options remain available to the Council to contribute towards closing the gap for 2021-22 and beyond:

Item	Implications
Council Tax Level	Each 1% further increase in Council Tax would generate around £3m in recurrent additional funding
MRP policy upside	There is at least £2m available per annum in revenue savings until 2025, and higher amounts in the earlier years of the MTFS (Medium Term Financial Strategy). However the amount diminishes below £2m in 2026, meaning that the budget gap would increase thereafter.
Transformation Fund	Presently there is £23m unallocated in the Transformation Fund, after future commitments. Any usage of the fund is one-off, and will have an impact in future years in terms of the recurrent savings gap
General Fund	This balance is held at 3% of gross expenditure, and cannot be reduced in compliance with that policy. Therefore any reduction would be a last resort and indicative that the Council was in severe financial difficulties.
Service reductions	A reduction of non-statutory services could result in longer term financial implications to the Council as avoidable demand rises as well as reduced positive outcomes for our citizens.

- 4.7 Whilst work will continue to identify savings, the focus of activity over the next three months will be on lobbying across all available channels to request, not only financial support, but other flexibilities (for example a more flexible use of capital receipts) to allow us to present a balanced budget. Should additional support not be forthcoming and in consideration of the assumptions / risks presented in Section 3 below, we would need to consider the use of the above options in order to maintain our current levels of service delivery.

## 5. Assumptions and Risks

- 5.1 In the business planning tables the level of savings required is based on a 2% increase in Council Tax in 2021-22, through levying the Adult Social Care precept. The Council's Medium Term Financial Strategy assumes 2% increases in the Adult Social Care precept from 2021-22 onwards, however there has been no confirmation as yet that the precept will be available beyond 2020-21. For each 1% more or less that Council Tax is changed, the level of savings required will change by approximately +/-£3.0m. Government has not yet confirmed the level of the Council tax referendum threshold for 2021-22. Local Authorities were permitted to increase general Council Tax by a maximum of 2.99% in 2018-19 and 2019-20 and 1.99% in 2020-21 without the requirement for approval from residents through a positive vote in a local referendum.
- 5.2 There are also a number of risks which are not included in the numbers above, or accompanying tables which are likely to impact on the residual savings gap and these are set out below. These will be incorporated (as required) as the Business Plan is developed and the impact / figures can be confirmed:
- National restrictions – the second national lockdown began on the 5 November 2020 and is expected to end on 2 December 2020. Although not as severe as the first, the restrictions are likely to have a significant impact on both the economic and social welfare of the County. There is expected to be an increase in calls on the COVID-19 Coordination Hub and further reductions in traffic management and enforcement income. Government support packages, including the re-instatement of the furlough scheme are welcomed but it is unclear at this stage the level of mitigation offered.
  - National Tiers – it is expected that following the end of the national restrictions the government will revert to the national tier system. The restrictions in each Tier are being reviewed and it is anticipated that a number of these will be strengthened. Therefore, regardless of which Tier Cambridgeshire is within, there is likely to be a further impact felt within the County.
  - Government support – Government will announce the results of a one-year Spending Review for 2021-22 on 25 November. This will set the Departmental Expenditure Limit for MHCLG and will provide an indication of the available uplift in funding for the Local Government Finance Settlement which is expected two to three weeks thereafter. Our financial plans currently assume a prudent cash flat position with no inflationary uplifts. There is also considerable uncertainty surrounding the funding formula that may be used to distribute any additional COVID-19 funding; in 2020-21 the Government has

moved from a social care-based formula to a deprivation-based approach which is less favourable for Shire Counties.

- Winter pressures – all public services face particular challenges over the winter months as demand for services increases significantly. Whilst plans and projections are built into current forecasting this will be the first winter faced within the context of the pandemic.
- European Union (EU) Exit – the end of the transition period on 31 December 2020 will mean new rules coming into force from 1 January 2021. Preparations continue both at a national and local level to minimise the implications of this change, however, there could be significant implications across areas of business and our citizens which could mean that additional costs are incurred or challenges to our delivery of services increased e.g. the ability to attract workers for critical roles
- The Council is currently reporting current year pressures in excess of £18m, due principally to the impacts of the pandemic. Work is ongoing to manage these pressures downwards; however any change to the outturn position will impact the Council's reserves position and therefore the savings requirement for 2021-22.
- Public sector pay award – the business plan includes a prudent inflationary provision of 2.75% for staff on nationally negotiated pay settlements for 2021-22, reflecting the 2020-21 pay award. On 20 November it was reported that the chancellor is preparing to announce a public sector pay freeze in the Spending Review in response to the economic fallout from the coronavirus pandemic.
- The Council has applied to MHCLG to extend the business rates pooling arrangement implemented for 2020-21 in partnership with Peterborough City Council and several of the Cambridgeshire District Authorities. Although the pandemic has resulted in considerable pressure on business rates income, the pooling arrangement is still expected to benefit the Council, however the extent of this benefit is as yet unclear. Furthermore, Government has committed to a "fundamental review" of the business rates system following a call for evidence in July 2020, the results of which will be announced at the 2021 spring budget. It is possible that the funding model for local government could be significantly impacted by these reforms with potential implications for the proposed 75% business rates retention scheme expected to take effect from 2022-23.

## 6. Capital Programme Update

- 6.1 The draft capital programme was reviewed individually by most service committees in October and was subsequently reviewed in its entirety, along with the prioritisation of schemes, by GPC in November. As a result further work was required on a handful of schemes, as well as further work ongoing to revise and update the programme in light of continuing review by the Capital Programme Board, changes to overall funding, updates in response to

the COVID-19 situation, or to specific circumstances surrounding individual schemes.

- 6.2 The Council is still awaiting funding announcements regarding various capital grants, plus the ongoing nature of the capital programme inevitably means that circumstances are continually changing. Therefore Services will continue to make any necessary updates in the lead up to the January GPC meeting at which the Business Plan is considered.

## 7. Overview of Public Health Services' draft Revenue Programme

- 7.1 No announcement has been made on any uplift or saving on the 2021/22 Public Health Ring-fenced Grant allocation. Therefore it is assumed that the grant will be the same as in 2020/21 i.e. £27,248,493.
- 7.2 This is an uplift of £1,688,493 on the 2019/20 Public Health grant allocation of £25,560,000. This uplift has enabled County Council core budget previously allocated to support Public Health Directorate programmes, to be replaced with grant funding. In addition a total of £568,349 grant funding must be allocated to fund the NHS pay increase over the past three years, for local NHS providers of public health programmes (this pay increase was previously funded directly by the Department of Health and Social Care, DHSC). There is £47,000 required for internal inflation pressures, within the Directorate.
- 7.3 Because the announcement of the Public Health Grant allocation for 2020/21 was made late in the financial year, at a point when work on Covid-19 had already commenced, the uplift in the grant when compared to the 2019/20 allocation of was not taken account of in business planning for 2020/21. After allowing for the allocation of grant already outlined in para 5.2, this leaves £928,000 of recurrent funding for investment in public health programmes in 2021/22.
- 7.4 The proposed investments of the public health grant in 2021/22 are as follows:

<b>Investment - description</b>	<b>Investment - amount £k</b>
Child and adolescent mental health counselling	70
Healthy weight and obesity programmes	400
Public health staffing	300
Provider sustainability	128
Healthy Fenland	30
<b>Total</b>	<b>928</b>

- 7.5 Outlining the proposed areas for investment in more detail:

- An investment of £70,000 per annum in Child and Adolescent Mental Health Counselling was agreed at Health Committee on 19<sup>th</sup> November. This is for a jointly commissioned service across Cambridgeshire County

Council (CCC), Peterborough City Council (PCC) and Cambridgeshire & Peterborough Clinical Commissioning Group (CCG), for which the re-procurement is being led by the CCG.

- The £400,000 investment in Healthy Weight and Obesity Programmes will implement the work which has begun through the Health Committee Member-led Working Group on healthy weight and obesity. This will review the range of interventions which the Council can deliver through its policies and services, as well as through externally commissioned providers, and will target investment to the most effective interventions.
- During Covid-19, much closer relationships have developed between the Public Health Directorate and other Council Services. The involvement of specialist Public Health staff to support and advise on work carried out by services across the Council has become the norm. This forms an excellent bedrock for taking forward a 'health in all policies' approach, building the impact on health of all Council policies and services. The proposed £300,000 investment is to make permanent some of the additional public health specialist staffing capacity created for the Covid-19 response. This will enable the 'health in all policies' approach to be taken forward within the Council, and will address concerns previously expressed by the Health Committee about levels of public health staffing.
- The proposed £128,000 investment in Provider Sustainability recognises new pressures on contracted services as a result of Covid-19, and that we have not been able to fund inflationary or demand uplifts for some time, due to previous reductions in the public health grant. Drug and alcohol services are seeing additional demands due to Covid-19, while at the same time delivering a contract with a year on year reduction in value, so are seeing particular pressures.
- The proposed £30,000 investment in the Healthy Fenland Fund (HFF) effects use of this amount of public health reserves on an annual basis to fully fund the community development team which supports the HFF. The HFF has evaluated well, and it is proposed to mainstream this funding into the revenue budget.

## 8. Next Steps

8.1 The high level timeline for business planning is shown in the table below.

December	Business cases go to committees for consideration
January	General Purposes Committee will review the whole draft Business Plan for recommendation to Full Council
February	Full Council will consider the draft Business Plan

## 9. Alignment with Corporate Priorities

- 9.1 A good quality of life for everyone
- 9.2 Thriving places for people to live



### 9.3 The best start for Cambridgeshire's children

The purpose of the Business Plan is to consider and deliver the Council's vision and priorities and this paper sets out how we aim to provide good public services and achieve better outcomes for communities, whilst also responding to the changing challenges of the pandemic.

### 10.4 Net zero carbon emissions for Cambridgeshire by 2050

The budget is reviewed at each stage of development to assess the carbon implications of any new investments or savings initiatives. Additionally, the Council is committed to reviewing the sufficiency of climate mitigation funds included in the Business Plan on an annual basis to deliver the Climate Change and Environment Strategy.

## 11. Significant Implications

### 11.1 Resource Implications

The proposals set out the response to the financial context described throughout this report and the need to change our service offer and model to maintain a sustainable budget. The full detail of the financial proposals and impact on budget is described in the financial tables of the business plan, attached as an appendix. The proposals will seek to ensure that we make the most effective use of available resources and are delivering the best possible services given the reduced funding.

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

There are no significant implications for the proposals set out in this report.

### 11.3 Statutory, Legal and Risk implications

The proposals set out in this report respond to the statutory duty on the Local Authority to deliver a balanced budget. Cambridgeshire County Council will continue to meet the range of statutory duties for supporting our citizens.

### 11.4 Equality and Diversity Implications

As the proposals are developed ready for service committees, any savings proposals will include Equality Impact Assessments (EqIAs) that will describe the impact of each proposal, in particular any disproportionate impact on vulnerable, minority and protected groups.

### 11.5 Engagement and Consultation Implications

Our Business Planning proposals are informed by the CCC public consultation and will be discussed with a wide range of partners throughout the process. The feedback from consultation will continue to inform the refinement of proposals. Where this leads to significant amendments to the recommendations a report would be provided to GPC.

## 11.6 Localism and Local Member Involvement

As the proposals develop, we will have detailed conversations with Members about the impact of the proposals on their localities. We are working with members on materials which will help them have conversations with Parish Councils, local residents, the voluntary sector and other groups about where they can make an impact and support us to mitigate the impact of budget reductions.

## 11.7 Public Health Implications

We are working closely with colleagues as part of the operating model to ensure our emerging Business Planning proposals are aligned.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Stephen Howarth
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes Gus De Silva
Has the impact on Statutory, Legal and Risk implications been cleared by LGSS Law?	Yes Fiona McMillan
Are there any Equality and Diversity implications?	No Liz Robin
Have any engagement and communication implications been cleared by Communications?	Yes Matthew Hall
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes Liz Robin
Have any Public Health implications been cleared by Public Health	Yes Liz Robin

## 12. Source Documents

10.1 The October committee report is located [here](#)

## Appendix 1:

Financial summary – Combined Revenue and Capital Finance  
Tables to follow



# Health Policy and Service Committee Agenda Plan, Appointments to Outside Bodies and Advisory Panels

Published on 2nd November 2020

Update 25<sup>th</sup> November 2020

## 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
- Finance Report – The Council's Virtual Meeting Protocol has been amended so monitoring reports (including the Finance report) can be included at the discretion of the Committee.
- 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 draft reports	Agenda despatch date
21/01/21	<b>Health Committee agreed on 19<sup>th</sup> November to cancel this meeting and that the reserve meeting in February should become the next formal meeting</b>			11/01/21	13/01/21
11/02/21 Provisional Meeting changed to confirmed meeting due to cancellation of January meeting	Trend Analysis of the Impact of the first COVID-19 wave on childhood vaccinations	Raj Lakshman	Not applicable		
	Further report on the actions being taken to support children young people and families during covid-19	Raj Lakshman	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
	Covid-19 Issues Report	Liz Robin	Not applicable		
	Scrutiny 1) Further report on Dental Services 2) Upgrade at the Princess of Wales Hospital				
	Finance Monitoring Report	Stephen Howarth	Not applicable		
	Agenda Plan and Appointments to Outside Bodies and advisory panels	Democratic Services Officer	Not applicable		
11/03/21	Performance Report	Liz Robin	Not applicable	01/03/21	3/03/21
	Public Health Commissioned services & Partnerships– adapting to Covid-19 service delivery changes and recovery plans	Val Thomas	Not applicable		
	Covid-19 Issues Report	Liz Robin	Not applicable		
	Health Committee Training Plan	Kate Parker	Not applicable		
	Agenda Plan and Appointments to Outside Bodies and advisory panels	Democratic Services Officer	Not applicable		
[08/04/21] Provisional Meeting					
10/06/21	Notification of Chairman/woman and Notification of Vice-Chairman/woman	Democratic Services Officer	Not applicable	31/05/21	02/06/21
	Co-option of District Members	Democratic Services Officer	Not applicable		
	Finance Monitoring Report	Stephen Howarth	Not applicable		
	Health Committee Training Plan	Kate Parker	Not applicable		
	Agenda Plan and Appointments to Outside Bodies and advisory panels	Democratic Services Officer	Not applicable		

Reports to be scheduled; –

- Royal Papworth Hospital – Response to Covid-19

- Care Quality Commission on the East of England Ambulance Service

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	Health Committee Risk Register	Liz Robin	Not applicable
	Health Committee Training Plan	Kate Parker	Not applicable

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Please contact Democratic Services [democraticservices@cambridgeshire.gov.uk](mailto:democraticservices@cambridgeshire.gov.uk) if you require this information in a more accessible format

