

Finance Monitoring Report – October 2021/22

To: Adults and Health Committee

Meeting Date: 9 December 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 October 2021/22

Recommendation: Adults and Health Committee is recommended to:

- i) review and comment on the relevant sections of the People and Communities and Public Health Finance Monitoring Report as at the end of October 2021;
- ii) endorse for approval by Strategy and Resources Committee, the transfer of £2m from the current year underspend in the Adults and Safeguarding Directorate to the Adult Social Care risk reserve to mitigate against future pressures arising in 2022-23 and beyond;
- iii) review the current position on Public Health reserves and endorse, for approval by Strategy and Resources Committee, proposals for the use of uncommitted reserves totalling £2.9m; and
- iv) note the approved waivers from full contract procedure rules that have been granted in the Public Health Directorate during the exceptional circumstances of the covid pandemic.

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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 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 achieved in 2020/21 that are still thought to be deliverable.
- 1.6 The FMR presented to this Committee and included at Appendix 1 covers People and Communities and Public Health. The budget headings in the FMR that are within the remit of this committee are set out in Appendix 2, but broadly are those within Adults & Safeguarding, Adults Commissioning, and Public Health.

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 October, Adults, including Adults Commissioning, are forecasting an underspend of 2.4% of budget (£4,684k), and Public Health are reporting an underspend of 3.8% of budget (£1,468k):

Directorate	Budget 2021/22 £000	Actual July 21 £000	Forecast Outturn Variance £000
Adults & Safeguarding	174,572	94,662	-4,645
Adults Commissioning (including Local Assistance Scheme)	18,507	9,641	-39
Public Health (excl. Children's Health)	39,039	3,245	-1,468
Total Expenditure	232,118	107,548	-6,151
Grant Funding (including Improved Better Care Fund, Public Health Grant etc.)	-54,424	-38,925	0
Total	177,693	68,622	-6,151

- 2.2 As the impact of the pandemic continues, there remains uncertainty around the forecast position as we move into the winter period. 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 October 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 have been set broadly based on this trend continuing, with some mitigations.
- 2.4.3 At the end of October, Adults are forecasting an underspend of £4,645k (2.66%), with pressures in disability and mental health services more than offset by underspends forecast in older people's and physical disability 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 and increased support needs of vulnerable adults. 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 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 through 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 as a result of the devastating impact of Covid-19 on the older people's population. Spend today is below the level budgeted for and therefore budget is available for rising demand or costs. This is causing the forecasted underspend on the Older People's budget, but the financial position of this service is considerably uncertain. There is a growing number of people who have survived Covid, being left with significant needs, and many vulnerable adults have developed more complex needs as they have not accessed the usual community-based or early help services due to lockdown. The impact on delayed health care treatments such as operations will also impact individual needs and health inequalities negatively. It is anticipated that demand will increase as we complete more annual reviews, many of which are outstanding due to the pandemic.
- 2.4.6 Hospital Discharge systems continue to be pressured and we expect some substantial cost increases as both NHS funding is unwound fully, and the medium-term recovery of clients assessed as having primary health needs upon hospital discharge return to social care funding streams.
- 2.4.7 Within Physical Disability services, a peak in demand for bed-based care in the last quarter of 2020/21 has now reversed, with numbers returning to pre-pandemic levels.
- 2.4.8 Learning Disabilities (LD) and Mental Health services have 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 and care needs, requiring significant levels of care that cost much more than we budget for an average new care service. We are reliant on a small number of providers for very specialist types of support. LD services in Cambridgeshire work in a pooled budget with the NHS, so any increase in cost in-year is shared
- 2.4.9 A detailed review of activity information and other cost drivers has been undertaken as at the end of October and the forecast position updated accordingly. We will continue to review the position as we move through the autumn and winter months and the forecast remains subject to variation as circumstances change.
- 2.4.10 It is proposed to rebaseline the Adult Social Care budgets as part of the Business Planning round for 2022-23 and beyond to reflect the impact of the Covid-19 pandemic on spend. This will seek to address the underspends and overspends we are currently seeing against budgets in this financial year. However, there remains significant uncertainty especially as we go into a potentially difficult winter, and with emerging issues arising in the care sector, particularly around staffing. We also have a large number of outstanding reviews and are in the process of sourcing additional support to deal with this backlog. It is possible that when completing annual reviews additional costs will emerge. As a consequence of these uncertainties, it is requested that a risk provision of £2m is approved from the current year underspend to cushion against potential rising costs through this winter and into 2022/23 as the effects of the pandemic continue to be felt. This is reflected in the underspend reported.

2.4.11 Public Health

2.4.12 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.

2.4.13 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. This continued into the first half of 2021/22 with spend below budgeted levels, although activity is now increasing. In addition, with the unprecedented demand for PH staff across the country, recruitment is proving difficult resulting in underspends on staffing budgets. Service demand is difficult to predict and will be kept under review.

2.5 Request for transfer to Adult Social Care risk reserve

2.5.1 As part of the Business Planning paper also being considered at this committee, there is a proposal to rebase the Adults and Safeguarding Directorate budget for 2022/23 to reflect underspends and overspends we are seeing in the current financial year. The proposal is to rebase the budget for the Directorate by a net reduction of £3.25m which reflects reduced overall costs as a result of the devastating impact of the Covid pandemic on the numbers of people we support. This does not reflect any change in service provision to individual users, but realigns the budgets based on current and anticipated user numbers across the services within Adult Social Care.

2.5.2 The impacts of the pandemic on costs have been multiple and varied and future costs remain uncertain. In the current year we are seeing underspends on Older People and Physical Disability services as a result of net service user numbers being below the rate allowed for in the budget. These are partially offset by an overspend on Learning Disabilities where we are seeing increasing costs and complexity of need.

2.5.3 As we move towards 2022/23 the -£3.25m rebaselining amount is considered realistic but there remains significant uncertainty around future costs. The Health sector remains under pressure and delayed health care treatments such as operations are impacting individuals needs. Hospital discharge systems are also strained, and we are seeing a growing number of people who have survived Covid being left with significant needs. In addition, there are pressures in the provider market particularly with staff recruitment and retention, and with rising costs for utilities, etc. To mitigate against the possibility of significantly increased costs in 2022/23, it is proposed to transfer £2m of the current year underspend to the Adult Social Care risk reserve to call upon in the event of costs rising above budgeted levels as the impacts of the pandemic continue.

2.5.4 The Adults and Health Committee is asked to endorse this proposal for consideration by Strategy and Resources Committee.

2.6 Use of Public Health Reserves

2.6.1 At the end of 2020/21 the Public Health Directorate had reserves of £4.6m of which £1.6m was committed to specific projects and nearly £3m was uncommitted. Details of current committed and uncommitted reserves are summarised in the table below:

Budget Heading	Opening Balance 2021/22	Activity to End of Oct 2021	Balance at End of Oct 2021	Reserve Description
	£'000	£'000	£'000	
Public Health				
Stop Smoking Service	128	0	128	To be focused on work to reduce smoking during pregnancy
Emergency Planning	9	0	9	
Healthy Fenland Fund	98	0	98	Project extended to 2023
Falls Prevention Fund	188	0	188	Joint project with the NHS, £78k committed in new Healthy Lifestyle contract
Enhanced Falls Prevention pilot	804	0	804	Anticipated spend over 3 years to 2024/25
NHS Healthchecks Programme	270	0	270	No longer required
Implementation of Cambridgeshire PH Integration Strategy	140	0	140	No longer required as work is complete
Public Health – Grant carry forward	2,987	0	2,987	See Appendix 8 for proposed investments to be funded from these uncommitted Public Health reserves
TOTAL EARMARKED RESERVES	4,624	0	4,624	

(+) positive figures represent surplus funds.

(-) negative figures represent deficit funds.

2.6.2 Spend against Public Health reserves has been low over recent months as the Directorate has focussed on the response to the Covid 19 pandemic. However, as we start to emerge from the pandemic response, the Council's Public Health team have been reviewing the potential usage of the reserves that have built up and put forward proposals for work to reduce health inequalities and help the pandemic recovery. Proposals totalling £2.9m of spend over the next 3 years from the current £3.4m of uncommitted reserves are set out below for consideration. The Committee is recommended to endorse these proposals for approval by Strategy and Resources Committee.

Proposals for use of Public Health reserves

Project name	Cost	Timescale	Brief Description	Agreed HWB Priorities
1. Covid Recovery Survey	£368,000	3 years	An annual local survey for 3 years to assess long-term covid impact on topics such as access to health and preventative care, mental health and wellbeing, health behaviours, economic and social stresses.	Linked to all
2. Support to families of children in Cambridgeshire who self-harm	£102,400	2 years	The proposal is based on a pilot piece of work that was commissioned by the local authority in 2016 using the community provider 'Pinpoint'. Please see additional attachments for details of this pilot project and current proposal.	Mental Health / Best Start in Life
3. Gypsy Roma and Travellers Education Liaison officer	£47,592	2 years	Support for children and families of Gypsy Traveller ethnicity to access and maintain education through an education support officer.	Best Start in Life for Children.
5. Psychosexual counselling service (Pilot project)	£68,936	2 years	Pilot Project to provide a psychosexual counselling service for the Cambridgeshire and Peterborough population. The costings are based upon hiring a band 7 psychotherapist, providing clinics within the iCaSH service, with an estimated 94 Patients to access the service annually. Costs are for CCC element.	Mental Health
6. Primary Care Long-Acting Reversible Contraception (LARC) training programme.	£60,000	12-18 months	To fund a LARC training programme for GPs and Practice Nurses, which includes 100 LoCs (Letters of Competence) and course of 5 for a minimum of 20 delegates.	Best Start in Life for Children.
7. Tier 3 Weight Management Services Capacity post COVID 19	£1,465,400	3 years	To provide funding to increase the capacity of Tier 3 weight management. Tier 3 weight management services are commissioned from our Lifestyle Provider Everyone Health. Funding is requested to reduce the backlog of 490 clients = £490k. This will also fill the gap in supply for the next two years. Evaluation costs included in proposal.	Environments to promote healthy living
8. Proposal: To decrease the number of women who continue to smoke during pregnancy.	£220,000	2 years	Funding is requested to provide the following to reduce smoking in pregnancy and bolster other system initiatives to address smoking. This includes incentives for pregnant smokers to quit to run as a pilot. (£60k over 2 years), and an additional Public Health Manager fixed term post to develop and implement the smoking and pregnancy incentive programme and support the Tobacco Alliance Plan delivery objectives (£120k over two years).	Best Start in Life for Children.
11. Public Mental Health Manager	£105,000	2 years	The proposal is to request funding to employ a mental health strategist at Public Health Manager level to work alongside the consultant in Public Health responsible for mental health at the local authority and the consultant in Public Health working with CPFT. The role will include the review of information and data collated by the Public Health analysts and literature reviews of evidence on what works for mental wellbeing, supporting the writing of the mental health strategies. With an additional £37,000 from the mental health partnership (CCG)	Mental health
12. Mapping and understanding the effects of planning policy of the built environment on health inequalities	£170,000	1 year	The proposal is to commission research to pull together disparate data sources to map the current baseline for gambling outlets, licensed premises, and fast food outlets, links to deprivation and tailored policy recommendations for each local authority. Project costs include evaluation costs.	Environments to promote healthy living
14. Strategic Health Improvement Manager	£165,000	2 years	The proposal is to request funding to employ a Public Health Strategic Manager who will be responsible for gathering evidence to inform policy and strategy development for a fixed term of two years. For example, reviewing information, data, and evidence to identify need and providing evidence for interventions. The postholder would also support the commissioning of public health services and their evaluation. The other key role would be to support and engender partnership engagement in developing and contributing to strategies and interventions.	Environments to promote healthy living
15. Public Health Manager - Learning Disability	£105,000	2 years	The proposal is to request funding to employ an Learning Disability (LD) health prevention strategist at Public Health Manager level to work alongside the consultant in Public Health responsible for LD public health at the local authority. The role will include the review of information and data collated by the Public Health analysts and literature reviews of evidence, supporting the writing of the LD health strategies and support for evaluation.	Mental Health
Public Health Reserve Proposals (including Evaluations)	£2,877,328			

- 2.6.3 In recommending these proposals, attention has been paid to the Health and Wellbeing Board and Integrated Care Partnership system wide priorities which are:
1. Our children are ready to enter education and exit, prepared for the next phase of their lives.
 2. Create an environment to give people the opportunities to be as healthy as they can be.
 3. Reducing poverty through better employment and better housing.
 4. Promoting Early intervention and prevention measures to improve mental health and wellbeing.

- 2.6.4 Agreement to use of these reserves will reduce the in year uncommitted Public Health reserve balance to £521k. The current year forecast position for the Public Health Directorate as noted above is an underspend of £1.5m which it is assumed will be transferred to Public Health reserves at year end. In addition, proposals are included in the Business Planning process for 2022/23 and beyond for use of £1.045m of Public Health reserves as follows:
- £45k to be used to support training for the introduction of Health Impact Assessments ; and
 - £1m to be used over the next 3 years to support Health related spend elsewhere in the Council on a one off basis. Spend is proposed at £400k in 2022/23, £400k in 2023/24 and £200k in 2024/25. Areas of spend to be supported are being considered at the current time.

- 2.6.5 If all of these proposed reserve movements are approved, this will leave a forecast uncommitted reserve balance on Public Health reserves at the start of 2022/23 of £0.9m.

2.7 Public Health waivers from full contract procedure rules

- 2.7.1 The Council has in place an agreed set of contract procedure rules to be followed for Council procurement to ensure best value for the Council and compliance with all relevant legislation. Within the agreed rules is a waiver process for use when it is not possible to follow the full contract procedure rules. This could be due to issues such as the emergency nature of spend or lack of appropriate suppliers in the marketplace. The waiver process should only be used in exceptional circumstances and needs to demonstrate best value for the Council. A series of thresholds are in place with all waivers requiring approval at Directorate level or above. Waivers of £25k or more require approval by the Chief Finance Officer as well as other key officers, and the highest value waivers require Committee approval.

- 2.7.2 As a result of the Public Health Directorate's emergency response to the pandemic, a number of waivers have been approved since March 2020 totalling £1.1m. The detail of these waivers is provided for information in Appendix 3 and summarised below:

Spend area	Value of waiver £
Specialist Public Health Staffing	663,978
Public Health Testing Service Contracts / Symptomatic COVID-19 testing sites	92,475
Community lateral flow testing	149,629
Outbreak testing	15,000
Behavioural Insights Study	21,023
Enduring Transmission	106,876
Wellbeing for Education	25,000
Public Health Commissioning	73,652
Total spend approved through the waiver process	1,147,633

2.7.3 No decision is required by the Committee as the waivers referenced have been approved through the Council's formal waiver process and none were of a value requiring Committee approval. This process has enabled public health to respond quickly to the covid-19 pandemic and speed up the emergency response.

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? Yes

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](#)

Appendix 1: People and Communities and Public Health Finance Monitoring Report October 2021

See separate document

Appendix 2 : Budget Headings within the remit of the Adults and Health Committee

- 1 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 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	

3 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.

4 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.

5 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.
Enduring Transmission Grant	Expenditure under a pilot scheme to tackle Covid-19 transmission where rates are persistently higher than average. The pilot covers Fenland, Peterborough and South Holland but is administered by Cambridgeshire County Council.
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.

Appendix 3 – Public Health Procurement Waivers

As a result of the Public Health Directorate's emergency response to the pandemic, a number of waivers from compliance with the Council's full contract procedure rules have been approved as set out in this Appendix. This detail is provided for information – all the waivers referenced have been approved through the Council's approved waiver process. This process has enabled public health to respond quickly to the covid-19 pandemic allowing us to "waive" some procurement processes to speed up the emergency response.

The waivers requested for Public Health were related to the Directorate's need to stand up an emergency response to the covid-19 pandemic and move towards operationalising outbreak management services. During 2020 and 2021 several operational services were required to be set up rapidly, these included Contact Tracing Team, Lateral Flow Testing services, Enduring Transmission Pilot Programme. These were alongside the Outbreak Management Team that required additional skilled staff to work alongside existing public health specialists

The waiver requests for public health have fallen into two categories firstly acquiring appropriate specialist public health staff, who have been in high demand since the start of the pandemic and secondly the requirement to stand up operational services at speed. In both cases the additional funding for these services has been secured through several national grants and this has not impacted on the public health grant funding. The council has been in receipt of substantial funding from the following grants: Test & Trace (T&T) grant awarded in June 2020, Contain Outbreak Management Fund (COMF) awarded in Sept 2020 and March 2021, DHSC Lateral Flow Testing (LFT) Programme awarded in Feb 2021 and extended through to Dec 21 and Enduring Transmission Programme awarded by the Treasury dept in May 2021 and extended through to December 31, 2021.

In addition, Public Health commissions services from GP practices and community pharmacists. The practices and pharmacies are uniquely placed to provide some Public Health services, consequently waivers are used to commission their services.

A. Specialist Public Health Staffing

In order to respond effectively to the pandemic, specialist public health staff were required which included Infection Control Nurses, Health Protection Practitioners, Consultants in Public Health and Enduring Transmission Programme / Project support officers. There is currently a national shortage of skilled staff and there was no alternative other than to go outside of the council's framework and use alternative agencies. In the early stages of the pandemic, we have been able to recruit to temporary fixed term posts funded through the national Test & Trace grant (T&T) and Contain Outbreak Management Fund (COMF) or through specialist Dept of Health & Social Care (DHSC) grants. As the duration of the pandemic lengthened specialist staff were not applying for fixed term contracts and were using a range of agencies to represent them. Within the council's procurement framework and from a HR perspective our preferred agency is Opus however Opus was unable to source appropriately skilled and trained staff due to the specialist nature of these posts. Where possible in some staffing areas in Public Health we have continued to use Opus for non-specialist staff e.g., LFT operatives, Data analysts and business support officers.

Job Title	Waiver	Combined Value	Agency	Grant Funded
	AFN289836457, AFN306276409	£43,000	Insight Pro Ltd via Panoramic Associates	LFT DHSC
Health Practitioner Nurse / Health Protection Practitioner	AFN311092536, AFN335876420, CCC358605972, CCC350565182, CCC373830582	£89,312	Panoramic	COMF
PH Medical Consultant / Senior Health Practitioners	CCC343124503, CCC345465392, CCC352087869, CCC373826812	£227,710	Panoramic	COMF
Infection Control Nurses	Previous ones including AFN311092535 up to 30th June 2021, CCC342513600, AFN303066481, AFN33571556, CCC355722869, CCC358031909	£231,591	Panoramic / Computer futures	COMF
Project Support Officers	CCC357666301, CCC372921990, CCC373109086, CCC375500450, CCC357670939, CCC373109086	£72,365	One Group / Xander	Enduring Transmission

B. Public Health Testing Service Contracts / Symptomatic COVID-19 testing sites

Symptomatic covid-19 testing is commissioned nationally by DHSC and delivered in our region predominately by G4S. It is the local authorities' responsibility to find suitable sites for G4S to operate from. In order to maintain a network of test sites that were in

locations that could appropriately accommodate the test site as well as associated traffic, and make sure travel times were reasonable across the entire county, sites are paid a fixed daily rate for their use which is standard across all sites.

Site name	Supplier	Start date	Waiver number	Waiver value
Wisbech MTU (Chapel Road)	Fenland District Council	01/10/2020	AFN319680437	£16,350
March MTU (City Road)	Fenland District Council	01/12/2020	AFN319702785	£15,000
Ely MTU (The Hive Leisure Centre)	East Cambs District Council	01/10/2020	AFN319712013	£13,975
St Neots MTU	Huntingdonshire District Council	01/10/2020	AFN320077321	£10,100
Huntingdon Town FC MTU	Huntingdon Town Football Club	27/01/2021	AFN320064787	£12,100
Abbey Leisure Centre LTS	Cambridge City Council	01/10/2020	AFN319718158	£24,950
Active Hampton MTU	Hampton Community Sports Association	08/12/2020	PCC - covered by the test & trace business case reference (waiver) is CVSC 196	n/a
Dogsthorpe MTU	Dogsthorpe Community Association	Before 01/10/2020	PCC - covered by the test & trace business case reference (waiver) is CVSC 196	n/a
Pleasure Fair Meadows MTU	Peterborough City Council recharge	24/02/2021	PCC - covered by the test & trace business case reference (waiver) is CVSC 196	n/a
Gladstone Community Centre LTS	Peterborough City Council recharge	Early 2020	PCC - covered by the test & trace business case reference (waiver) is CVSC 196	n/a

C. Community lateral flow testing

Community lateral flow testing is funded by a direct DHSC grant. The Programme was initially funded for 6 weeks, then had a 6-week extension followed by 3 lots of 3-month extensions, all of which have been confirmed less than 2 weeks before the end date of the Programme. The funding model for the Programme was changed substantially in June (from payment per test to payment by operating hours), along with the aims and objectives of the Programme (from key worker testing to targeting disproportionately impacted and vulnerable groups). The lack of medium-term certainty about funding for the Programme and short notice changes to funding and objectives have made planning very challenging.

In terms of specific suppliers, justification is as below:

- Masters: 3 quotations were obtained to seek best value, however there was insufficient time to run a full tender process
- Sites: as with symptomatic testing it has been extremely challenging to find and maintain suitable sites due to lack of suitable sites in many parts of the county and competition for use of space. In order to maintain a network of test sites that were in locations that could appropriately accommodate the test site as well as associated traffic, and make sure travel times were reasonable across the entire county, sites are paid a fixed daily rate for their use which is standard across all sites.
- Rosmini Centre: this is a VCS organisation with very strong links with migrant communities in the Wisbech area, who were a key target group for the Programme. It would be very challenging to find another organisation able to develop similar links in the timescales available.

Goods/service	Supplier	Waiver number	Waiver value
Exhibition vehicles	Masters	CCC360410334, CCC341950645, AFN326583016	£85,303
Targeted delivery of LFT testing to migrant communities in Fenland	Rosmini Centre	CCC351384375	£21,876

Site name	Supplier	Waiver number	Waiver value
The Hub	Cambourne Parish Council	AFN328731157; CCC372502945	£13,100
The Meadows Community Centre	Cambridge City Council	AFN328738014	£6,500

Site name	Supplier	Waiver number	Waiver value
Coneygear Centre	Huntingdon City Council	CCC345864793, CCC372514821	£10,350
Queen Mary Centre, Wisbech	The Ferry Project Ltd	AFN336077677	£6,000
Soham Rangers Football Club	Soham Rangers Football Club	AFN319703359	£6,500
St Marks Church, Peterborough	St Marks Church	PCC - covered by the test & trace business case reference (waiver) is CVSC 196	n/a

D. Outbreak testing

We have a provider for outbreak testing in the community. The current provider was awarded through open tender. Due to delay in the tender process, the previous contract for the provider at that time was extended to cover the period of delay until the new contract started.

Goods/service	Supplier	Waiver number	Waiver value	Funding
Outbreak testing contract extension	GPDQ Ltd	CCC343671036	£15,000	Test & Trace

E. Behavioural Insights Study

This is to help understand the behavioural motivations that influence young people to access COVID-19 vaccination. It will feed into the ongoing work to address vaccination confidence and address the low rates in some areas.

Goods/service	Supplier	Waiver number	Waiver value	Funding
Behavioural Insights Study	Sheffield Hallam University Centre for Behavioural Science & Applied Psychology	CCC366385783	£21,023	COMF

F. Enduring Transmission

Enduring Transmission Pilot is funded by the Treasury and is one of 13 national COVID-19 pilots. This pilot is testing a model that provides benefits for workers on low wages and insecure contracts who often do not access testing or self-isolate through fears of loss of income. In addition, they often mistrust the government support system or experience language barriers and do not access support for self-isolation. The pilot is testing the impact of using a trusted 3rd sector organisation to administer support and can overcome the language and cultural barriers. The Rosmini Centre: is a VCS organisation with very strong links with migrant communities in the Wisbech area, and it would be very challenging to find another organisation able to develop similar links in the timescales available.

Increasing testing is part of the Pilot and this is offered at the Rosmini Centre and workplaces. This is to increase access to testing for workers who are reluctant to test or have problems in accessing testing. Offering support for self-isolation increases their willingness to be tested and it is an essential part of the Pilot.

It was very challenging to recruit staff to act as Project Managers, the LA framework provider was unable to source any and consequently we secured some through agencies that required waivers. (See Section A for waivers relating to Enduring Transmission Programme staffing)

The funding award was made in May 2021 and there was a requirement to implement the three-month Pilot immediately. The Rosmini was uniquely positioned to deliver the support element of the Pilot through its trusted position amongst communities, language skills and cultural knowledge, it would have been challenging to find a comparable local organisation within the existing timeline. Secondly it was essential to quickly find staff to project manage the Pilot.

Goods/service	Supplier	Waiver number	Waiver value	Funding
Administration of support and benefits for vulnerable hard to reach workers to enable them to self-isolate.	Rosmini Centre	CCC342323961	£70,000	Enduring Transmission
	Rosmini Centre	CCC342323961 (pending addition to be added to waiver)	+ £15,000	Enduring Transmission
Enduring Transmission- Increasing testing. Delivery of LFT for high-risk workers at the Rosmini Centre and Workplaces	Rosmini	CCC351384375	£21,876	Enduring Transmission

G. Wellbeing for Education

Cambridgeshire County Council received an unexpected grant funding from the DfE in June 2021 as an extension of the Wellbeing for Education return funding provided to councils the previous year. The grant conditions required spend to occur by the end of 2021/22 financial year. Due to continuing capacity pressures across statutory health and local authority partners it was suggested that our third sector partners could provide system coordination of the Wellbeing for Education Recovery Programme. Following advice from the procurement team it was agreed for a proportion of this funding to be commissioned to YMCA to support the co-ordinating of the planned work and development of resources for schools and staff and leading on the development of a local Senior Designated Mental Health Lead training package and evaluation.

Goods/service	Supplier	Waiver number	Waiver value	Funding
Wellbeing for Education recovery funding	YMCA Trinity Good	CCC360391351	£25,000	DfE

H. Public Health Commissioning

Public Health commissions services from GP practices and community pharmacists. The practices and pharmacies are uniquely placed to provide some Public Health services such as NHS Health Checks which is dependent on accessing GP patients. There are around 70 GP practices and the total cost of services provided by each practice is circa £15,000. There are around 30

commissioned community pharmacies with each contract value being £2-3,000. Since Public Health transferred to the Local Authority there has been a need for annual waivers that acknowledge the unique position of GP practices and relatively small value of each individual contract. Although a Dynamic Purchasing System has been in place in recent years for some practices, some still require an annual waiver to enable the contractual arrangements.

Goods/service	Supplier	Waiver number	Waiver value	Funding
Community Pharmacy Public Health Services across Cambridgeshire Average cost per pharmacy circa £2-3,000	Cambridgeshire Community Pharmacies	CCC349769501	£30,316	PH Grant
Cambridgeshire GP practices commissioned to provide public health services. The estimated total value across all services PER PRACTICE is approximately £15,295 per year	All Cambridgeshire GP practices	CCC349258946	£43,336	PH Grant