ADULTS AND HEALTH

Thursday, 14 July 2022

10:00

Democratic and Members' Services
Fiona McMillan
Monitoring Officer

New Shire Hall
Alconbury Weald
Huntingdon
PE28 4YE

Red Kite Room, New Shire Hall PE28 4YE
[Venue Address]

AGENDA

Open to Public and Press

CONSTITUTIONAL MATTERS

1.	**Apologies for absence and declarations of interest** *Guidance on declaring interests is available at* *http://tinyurl.com/ccc-conduct-code*	
2.	**Adults and Health Committee Minutes - 17 March 2022**	**5 - 28**
3.	**Petitions and Public Questions**	

STRATEGIC ISSUES

4.	**COVID-19 Update**	**29 - 36**
5.	**Customer Care Annual Report 1 April 2021– 31 March 2022**	**37 - 76**

16.	**North Place Integrated Care Partnership (ICP) Update**	**345 - 354**

Date of Next Meeting

Wednesday 5 October 2022

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The Adults and Health comprises the following members:

Councillor Richard Howitt (Chair) Councillor Susan van de Ven (Vice-Chair) Councillor David Ambrose Smith Councillor Gerri Bird Councillor Chris Boden Councillor Steve Corney Councillor Adela Costello Councillor Claire Daunton Councillor Nick Gay Councillor Anne Hay Councillor Mark Howell Councillor Edna Murphy Councillor Kevin Reynolds Councillor Philippa Slatter and Councillor Graham Wilson Councillor Sam Clark (Appointee) Councillor Lis Every (Appointee) Councillor Corinne Garvie (Appointee) Councillor Jenny Gawthorpe Wood (Appointee)

Clerk Name:	Tamar Oviatt-Ham
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Adults and Health Committee Minutes

Date: Thursday 17 March 2022

Time: 10.00 am - 4:25 pm

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

Present: Councillors David Ambrose Smith, Chris Boden (left at 11.15), Gerri Bird, Sam Clark (Appointee, Part 2 only), Steve Corney, Adela Costello, Claire Daunton, Corinne Garvie (Appointee, Part 2 only), Jenny Gawthorpe-Wood (Appointee, Part 2 only), Nick Gay, Bryony Goodliffe (Part 2 Only) Anne Hay, Mark Howell, Richard Howitt (Chair), Edna Murphy, Kevin Reynolds (left at 11.43), Philippa Slatter, Susan van de Ven (Vice-Chair), Graham Wilson and Sarah Wilson (Appointee, Part 2 only).

Part 1: 10.00am –13:10pm

72. Apologies for Absence and Declarations of Interest

Apologies received from Councillor Lis Every (Appointee) for Part 2 of the meeting.

Councillors Daunton and Howell declared a non-statutory interest with regard to agenda item 6, 'Procurement of Older People's Visiting Support Service' as Members for their respective District Councils. Councillor Howell stated he would leave the room. Councillor Slatter also declared a non-statutory interest with regard to agenda item 6, having previously worked with the Older People's Visiting Support Service run by Cambridgeshire City Council.

73. Minutes - 13 January 2022 and Action Log

The minutes of the meeting held on 13 January 2022 were agreed as a correct record and the action log was noted.

Members noted, with regard to the action log, that NHS England had been chased three times regarding the provision of dental services. A response was expected by the end of the week.

74. Petitions and Public Questions

There were no petitions or public questions.

75. COVID-19 Update

The Committee received a report and presentation that gave an update on COVID-19 in Cambridgeshire and Peterborough.

In particular, the Director of Public Health highlighted:

- England moved to a new phase of managing COVID-19 based on the four principles; Living with COVID-19, removing domestic restrictions whilst encouraging safer behaviours; Protecting people most vulnerable to COVID-19 through vaccinations and targeted testing; Maintaining resilience through ongoing surveillance and contingency planning and securing innovation and opportunities from the response to COVID-19 including investment in life sciences.

- The government policy changes included the removal of restrictions and further vaccinations including the over 75 programme and an offer of vaccination to 5-11 year olds.

- Covid epidemiology showed that nationally there was an increase in cases of COVID-19, hospitalisations and deaths following the removal of restrictions.

- Looking at the National Covid Infection Survey as an indicator for infections as testing uptake had decreased and this was no longer a reliable source of data. The data showed an increase in COVID-19 rates in the East of England in particular in relation to the BA 2 variant.

- Continuing with the Vaccine Hesitancy Campaign.

- Outbreak management was returning to the UKHSA. This meant local public health officers would begin to return to normal business.

- The advice for the Council was to continue cautionary measures.

Individual Members raised the following points in relation to the report:

- Queried whether the authority was seeing any excess mortalities. The Director of Public Health stated that they were not currently seeing excess mortalities but they had seen excess mortalities in previous months in care homes and the authority would continue to monitor this closely.

- Questioned if the authority would be conducting a formal lessons learnt study in relation to the pandemic. The Director of Public Health commented that when she first arrived at the authority, Public Health did a look back to improve their response. She explained that it was the role of the Local Resilience Forum to co-ordinate system wide reflection.. She highlighted that she was also mindful that a public enquiry had been launched by the Government and officers had been gathering evidence to submit when called upon to do so.

- Welcomed the additional work on the vaccine programmes and hope to see the programmes promoted widely by the authority. A Member highlighted the need to encourage those that have not had doses of the vaccine as covid was not going to go away. The Director of Public Health reiterated that the authority continued its work on the Vaccine Hesitancy Programme. She explained that the authority had also kept some contingency and kept some Health Protection staff to support Covid management if required.

- Highlighted the contradiction between normalisation and a cautious approach. A Member commented that there was no reason to believe future variants would be less severe and that the authority would need to maintain the confidence and credibility.

- Queried whether the authority was tracking incidents of long covid and are we taking part in any research projects. The Director of Public Health explained that the CCG had invested in a long covid clinic and were continuing to monitor cases coming to them.

- The Chair requested that as part of the COVID-19 update at the next meeting that an overview of some of the lessons learnt internally and the preparedness for future severe variants be included in the report. ACTION

It was resolved unanimously to:

Note the update on the current Coronavirus pandemic

76. Cambridgeshire & Peterborough Safeguarding Adult Partnership Board Annual Report 2020-21

The Committee considered a report outlining the work and progress of the Cambridgeshire and Peterborough Adult Safeguarding Partnership Board. The annual report included information on the work that has been undertaken by the Cambridgeshire and Peterborough Safeguarding Adult Partnership Board in the period April 2020 - March 2021.

In particular, the presenting officer highlighted:

- Independent scrutiny had reported that the service was exceeding statutory obligations. There was ongoing oversight and scrutiny regarding the effect of COVID-19 on resources.

- The Board had upskilled staff and volunteers during COVID-19 pandemic. Online training had been viewed 50,000 times and was under continuous development, as was communications abuse reporting and multiagency safeguarding practice.

- There were six completed or on track adult safeguarding reviews. The incidences had occurred 2017- 2019. Since this time the service had progressed, and an action plan had been developed from these reviews.

- Learning from the reviews had resulted in policy changes, additional funding training and work with communities. All case reviews were shared with practitioners in workshops and briefings. Audits were also carried out against the actions to ensure that learning had an impact on practice.

Individual Members raised the following points in relation to the report:

- Expressed concern at the low number of reviews undertaken against the number of allegations of suggested malpractice. The officer responded that referrals were dependent on agencies and Coroners asking for case reviews. This was a positive aspect of the partnership arrangement.

  Congratulated the Service on its 2021 e learning database and suggested the Committee review this in included in future reports

- Expressed concern regarding how at the end of Adult Safeguarding Reviews responsibility was determined as there needed to be clarity in terms of responsibility in relation to mistakes that had been made. The officer responded that this would be against Government statute, as blame should not be apportioned through the reviews and that they were about learning lessons as a whole system. The officer explained that internal reviews may take this role on, in terms of the disciplinary process.

- Noted the considerable level of independence of the review process and the independent Scrutiny of safeguarding arrangements, which was good practice as it increased challenge and improved transparency: Scrutiny was undertaken by an independent person, the audit team was independent, as was the chair of children and adult reviews. The officer commented that Cambridgeshire was one of the few areas that undertook scrutiny in this way.

- Established that audit case reviews examined the cases both individually and thematically using surveys and focus groups with practitioners and service users. The officer commented that an audit had recently been focused on looking at making safeguarding personal..

- Noted the work being done to tackle the high frequency of early deaths in those with learning disabilities. This included: systematic reviews, a learning disability summit held by the Clinical Commissioning Group, and discussion with NHS colleagues. The officer recommended this for the scrutiny agenda in future. ACTION

- Showed concern for the fact that some services had to be delivered virtually during the pandemic which may have reduced visibility of safeguarding issues

It was resolved unanimously to:

Receive and note the content of the annual report.

77. Procurement of Older People's Visiting Support Service

The Committee received a report which detailed the work of the Older People's Visiting Service. This service supported any older person in Cambridgeshire living in their own home including those who do not currently receive any services or support from Adult Social Care.

In particular, the presenting officer highlighted:

- That South Cambridgeshire District Council and Cambridge City Council provided this service for their districts, whilst care in other districts was maintained by Age UK. On advice from Legal, the procurement sought to continue this practice which removed the financial risk of open procurement.

- Support provided by the service was tailored to the individual and included: aid to access financial information, social care advice, and home adaptations.

- The service requested procurement to the total value of £4.5 million with responsibility for contract award delegated to the Director: People and Communities.

Individual Members raised the following points in relation to the report:

- Showed concern that the monitoring figures for the previous year indicated that the service was underused and asked what was being done to improve access. The officer responded that performance monitoring and returns would be reviewed during tendering but that the service was in high demand, with waiting lists in some areas. The officer explained that they were confident that the service was being well utilised and that improvements could be made to the monitoring to better reflect on outcomes for individuals as a result of the services provided.

- Members suggested that the name 'Visiting Service' did not promote the virtual offer; and that advertising through local magazines; improving the independent living pamphlet to reflect the service offer; and increasing Councillor awareness and referrals was key to the success of the service. The officer explained that they were aware that, in some of the smaller rural areas, the service was not well known, but that there was a balance needed around promoting the service further, against the capacity to pick up the extra influx of individuals applying for support.

- Noted that the Full Council meeting in March had passed a resolution to reduce inequalities from economic indicators. A Member highlighted that there was an inverse correlation between money divided to districts and district inequalities in this scheme - drawing attention to the financing of Huntingdon

and East Cambridgeshire. The officer explained that values were set on demand, but this would be looked into as the contract progressed.

- Showed concern regarding accessibility for vulnerable older or illiterate residents, especially those reluctant or unable to leave the house. As a result, A Member pressed the importance of providing face to face support to check on wellbeing and involving new providers in the promotion of digital connectivity. The Officer highlighted that there would be a blended virtual and in-person support offer, including the use of assistive technology. The officer explained that support would be offered to maximise digital connectivity for residents including promotion of pre-existing offers, such as from the Library Service, to reduce the duplication of services.

It was resolved by majority to:

a) Approve the recommissioning of the Older Persons Visiting Support Service for a contract period of 5 years and total value of £4,537,895.

b) Agree to delegate the responsibility to award the contract to the Executive Director of People and Communities.

78. Procurement of Countywide Floating Support Service to Prevent Homelessness

The Committee considered a report outlining the process and timescales for the re-procurement of the Countywide Floating Support Service for adults requiring support to maintain or sustain their accommodation.

In particular, the reporting officer highlighted the following points:

- The focus of the service was to prevent homelessness. It supported working age adults in Cambridgeshire and it was currently delivered by P3 (People, Potential, Possibilities). The service supported a range of people within different types of accommodation including private sector renters, social housing tenants and homeowners.

- The service supports people who were at risk of losing their home or required support to develop the necessary skills to set up and successfully manage a new tenancy. The service aimed to support people to address the issues that were putting them at risk of homelessness and enable them to find long term solutions and access other help and support they may need.

- The service also included a Mental Health component aimed at providing a slightly more intensive level of tenancy support for people who had mental health issues, but who would not generally be assessed as eligible for a service from the statutory mental health services.

Individual Members raised the following points in relation to the report:

- Queried how referrals worked through the floating support system. The officer clarified that referrals to the floating support service went to the service provider through online or telephonic communication. The service was countywide with district teams to ensure effective, local delivery.

- Questioned how the contract length had been agreed. The officer explained that the contract length had been agreed with colleagues in procurement and legal services. Longer term contracts typically had break clauses to ensure they could be reviewed.

- Suggested changing the client outcome 'be healthy' to 'improve health' to ensure it was realistic.

- Expressed concern that contract values were being discussed in public session. The Director of Commissioning clarified that this was to ensure transparency in spending levels.

- Showed concern about the continued commitment to partnered working with Peterborough, despite the Joint Administration's commitment to separation. The Chair responded that separation was a corporate aim, but only when there was not value in maintaining connection. The officer expanded that Peterborough provided the same, smaller service and joined up working economised the operation and allowed the sharing of staff and management.

It was resolved unanimously to:

a) Approve the recommissioning of the Countywide Floating Support service for adults with support needs for a contract period of 5 years and total value of £4,848,160.

b) Agree to delegate the responsibility to award the contract to the Executive Director of People and Communities.

79. Recommissioning of Healthwatch Grant Agreement

The Committee received a report detailing work undertaken by the Healthwatch service which gathered evidence and represented patient views and experiences within the health service. It detailed outcomes of the last six months of statutory functions and Partnership Boards. The report requested the recommissioning of the joint Cambridgeshire and Peterborough service which currently worked effectively.

In particular, the reporting officer highlighted:

- That there was no competition for delivery within Cambridgeshire and Peterborough and that an advantages of using the service was that Healthwatch must comply with guidelines set by Healthwatch England.

- An annual work plan was produced with priorities reflecting user and service needs.

Individual Members raised the following points in relation to the report:

- Showed concern about the length of commitment to continued working with Peterborough. The officer responded that natural health service divisions didn't always correspond to county lines.

It was resolved unanimously to:

a) Approve the approach for a 5-year grant agreement with Healthwatch Cambridgeshire and Peterborough to deliver the statutory function and Partnership Boards across Cambridgeshire.

b) The Committee is being asked to approve the spend for Cambridgeshire County Council of £1,786,480.

80. Personalisation of Care Individual Service Funds Tender Proposal

The Committee received a report on proposed funding for Individual Service Funds using the Dynamic Purchasing System for individuals following a Care Needs Assessment. This would mean a trusted third party would hold the funds, with advantages being greater personalisation, choice, control and flexibility to people with eligible care needs, whilst meeting statutory obligations and complying with best practices in terms of safeguarding and quality of care.

In particular, the reporting officer highlighted:

- That direct payments and individual service funds were viable options for paying for self-directed services.

- Using an individual service fund would improve an individual's independence; reduce the barrier of administration difficulties found direct payments; reduce duplication of support; and utilise local microenterprises.

- Proposed spending would originate from existing funds within the service budget, and responsibility for awarding to ISF providers would be delegated to the Executive Director: People and Communities.

Individual Members raised the following points in relation to the report:

- Support for families and informal carers to get support for dealing with personal budgets but not carrying the whole responsibility. The officer stated that the ISF providers would work very closely with the support circle of the individual and individuals would have visits to their home to discuss the support available, looking to fill the gaps in a place-based way.

- Suggest that the service be advertised in independent living brochure when it was next released.

- Queried how the panel of users was being put together in relation to the co-production of the questions as part of the tendering process. The officer explained that individuals with lived experience of disability and service users formed a panel to develop questions with no steer from the Council, for bidders on the tender to be asked. He explained that they would also be helping to analyse the bids once received with guidance on scoring and methodology from council officers.

- Requested more accessible 'Plain English' versions of the guidance. The officer responded that this was in progress, with easy read versions and face to face visits to clients.

- Questioned whether there had been a comparison with other counties in the surrounding area with similar offers and had they been approached for advice. The officer stated that there had been regional collaboration through the ADASS network, brokerage services networks and commissioning managers networks and Essex and North Hants Councils were already using ISFs.

- Highlighted that ISFs were a priority for the Joint Administration and the Committee.

- Queried how bureaucratic the process would be and highlighted the importance of emphasising in the contracts the choice and control element. The Officers explained that ISFs were being developed to decrease the amount of bureaucracy for individuals and would be simple, easy read versions and the burden of financial calculations would be taken on by the provider.

In bringing the debate to a close the Chair commented that he was nervous that Care Providers could apply for the contracts as there seemed to be a conflict of interest working with a service user to help them translate their needs as well as providing a service that individuals need as they would financially benefit from it. He clarified that he would like the contracts to have a presumption against service providers doing this. He also queried how quickly the approach could be rolled out countywide. The officers explained that there were two lots on the tender, one for brokers of services that did not provide any support themselves and another for trusted homecare providers that had a particular way of working which involved looking at the individual as a whole and improving outcomes. The officers explained that the tender was county wide and as the ISFs were rolled out this would eventually be a countywide service.

It was resolved unanimously to:

> Approve to tender the ISF Support Service through a Dynamic Purchasing System for 3+1+1 years at a maxim total value of £17.7 million.

Approve delegation of authority to award to Executive Director of People and Communities following bidding, evaluation, and moderation.

81. Procurement of Care and Support in Extra Care

The Committee received a report which requested recommissioning for six of the eighteen Extra Care housing schemes in Cambridgeshire. These were housing schemes for older people that had been specifically designed to maximise independence.

In particular, the presenting officer highlighted:

- That the proposal was to recommission the care and support service in extra care schemes for ten years. Longer contracts would enable providers to invest in more staff training, which would help support people living with dementia,; improve partnership working between care providers and landlords; and upskill staff in technology enabled care. This would reduce the need for residential care.

Individual Members raised the following points in relation to the report:

- That community minded schemes depended on community response, which varied dependent on the area.

- Understood that facilities varied from scheme to scheme.

- Queried that service was predominantly in the south of the County. The officer explained that this was a coincidence and that retendering had occurred in rest of county at other times.

- Showed concern with regard to the long contract, particularly with regard to ensuring fair inflation rates. Members stated that the offer must be attractive to the market and sustainable for Council. The officer responded that the service was in conversation with providers to produce a good offer and that longer term contracts would provide more security and stability for residents and support staff retention. An inflation formula index had been incorporated into the Business Plan to ensure there were enough resources within the Council.

It was resolved unanimously to:

a) Approve the general procurement approach and the overall value of £11,750,000 (based on 2022/23 values) over 5+5 years;

b) Tender the care and support in the following extra care schemes:

(i) Bircham House, Sawston
(ii) Dunstan Court, Cambridge

(iii) Moorlands Court, Melbourn
(iv) Poppyfields, Eynesbury, St Neots
(v) Richard Newcombe Court, Cambridge
(vi) Willowbank, Cambridge.

c) Delegate award of the contracts to Executive Director for People and Communities for decision.

82. Commissioning NHS Health Checks

The Committee received a report requesting the commissioning of NHS Health Checks and appraising the delivery of this service over the pandemic period.

In particular, the presenting officer highlighted:

- That health checks had been highly impacted by coronavirus and that nationally 17,000 lives had been lost which could have been prevented.

- Checks had shown that coronavirus had caused increases in obesity, cardiovascular disease and smoking.

- Pathways for delivery were complex: data was owned by GPs, clinical management was overseen by primary care and health checks were commissioned by Council.

- The service planned a social media and marketing campaign to improve awareness of health checks.

Individual Members raised the following points in relation to the report:

- Clarified that an individual was entitled to a health check every five years by GP invitation.

- Queried the capacity for GPs to be able to carry out these health check and other ways of creating capacity. Clarified that the GP federations were set up to provide the capacity in a more flexible way, including using alternative locations in order to reach hard to reach groups.

- Highlighted the potential use of community hubs space to help role out health checks, understanding that discussions around this was complicate. The Officers commented that they already commissioned opportunistic health checks through their lifestyle service and they were offered in libraries, community centres and other venues.

- Noted that the Royal Papworth Hospital had queried how the ICS could be held accountable as a system, not just the organisations within it and that health checks would be one way in which this could be monitored.

- Heard details of the lifestyle behaviour services which included: weight management; community groups; intensive treatment; specialist mental health provision for ethnic minorities; opportunistic health checks; and stop smoking services. Libraries also offered support for diet and exercise, often catering for more hard to reach groups.

It was resolved unanimously to:

a) The commissioning of additional NHS Health Checks in 2022/23 to address the low levels of NHS Health Checks undertaken during the COVID-19 pandemic.

b) To agree the budget of £1,032,297 for the additional commissioning, of which £407,375 would come from Public Health reserve funds.

c) The commissioning of the three GP Federations to deliver NHS Health Checks if all procurement criteria are met.

d) To increase commissioning activity of opportunistic NHS Health Checks as part of the collaborative model with the GP Federations.

83. Cambridgeshire County Council's Learning Disability Frameworks

The Committee received a report which requested ratification of the Learning Disability Framework which provided supported living, residential care and day opportunities for those with learning disabilities.

In particular, the presenting officer highlighted:

- That when the contract was originally tendered there was an oversight which meant a key decision had not been made. Ratification of the decision was being sought.

It was resolved unanimously to:

a) To consider and ratify the procurement of each framework detailed within the report.

b) To consider and ratify the total contract values for each framework detailed within the report [see paragraph 1.4].

c) Approval to tender and award future contracts up to the value specified under each framework is delegated to the Executive Director of People and Communities.

84. Adult Social Care Annual Review Compliance

The Committee received a report requesting contract award to an external provider to review the care and support plans in Adult Social Care following a backlog of 2, 061 reviews as a result of the pandemic.

In particular, the presenting officer highlighted:

- The backlog had built due to the pandemic when Social Workers were unable to get out into the community to undertake the reviews.

It was resolved unanimously to:

a) Approve the contract award to an external provider over 2022/2023 with a total value up to £975,000.00.

b) Agree to delegate the responsibility to award the contract to the Executive Director of People and Communities.

85. Finance Monitoring Report – January 2021/2

The Committee received the Service Finance Monitoring report for January 2021/22. It detailed key activities including learning disability partnerships, older people's services, physical disabilities services, adult mental health services within adult services, public health services, health check funding.

In particular, the reporting officer highlighted:

- That in Adults services fewer clients than budgeted continued to result in an overall underspend, offset in part by pressure in Learning Disabilities as a result of increased levels of need.

- In Public Health, there was a continued underspend largely due to underspend on GP services due to the pandemic, grant funding applied, and difficulties in recruiting staff. The underspend would be transferred into Public Health reserves and proposals for spend brough forward to the July Adults and Health Committee.

It was resolved unanimously 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 January 2022; and

ii) Endorse for approval by Strategy and Resources Committee, the use of £407,375 form Public Health reserves to support additional work on Health Checks in 2022/23.

86. Adults and Health Committee Agenda Plan and Training Plan

The Committee agreed that the reserve meeting on 21 April 2022 would be used for a workshop on key performance indicators.

Requested that some time was spent on 21 April 2021 as a meeting to reduce the agenda in July, however, the Chair explained that as it was during the pre-election period, all reports would be considered at the next scheduled meeting in July.

The Committee noted its agenda plan and Training Plan.

Part 2: 14.00pm – 16:25pm

87. a) Hinchingbrooke Hospital Site Development Proposals

The Committee received a report detailing the Hinchingbrooke Hospital Site Development, including changes to the emergency department, seven additional theatres and wider site redevelopment. The new hospital would be smart digital, net zero carbon, BREEAM Excellent and delivered through MMC.

In particular, the Chief Executive of the NHS Foundation Trust highlighted:

- That the hospital had been built 39 years ago with an expected 30 year lifespan. The rebuild was being completed in partnership with regional NHSI teams and the national team to produce this. It would be completed in phases and had integrated with Peterborough site work for clinical sustainability.

- Phase 1: development of emergency services was completed; Phase 2: Contract for theatres was ongoing; Phase 3 funding was to be secured.

- Roofing: The building was one of five hospitals identified with a roofing design defect and these hospitals had been asked by the Government for replacement by 2035. The team were currently performing weekly surveying of the site to monitor the roofing.

- Development was taking into account population growth, with consideration for nearby housing developments.

Individual Members raised the following points in relation to the report:

- How valued quarterly liaison meetings were.

- Noted that the proposed new care homes tied in with the Council's independent living aspirations and that the service was looking for longer term co-location with providers.

- Established that hospital functions would remain onsite throughout building work. Ensuring maintained access while the main entrance was reconstructed would be key to continued operational delivery.

- Clarified that five hospitals in this region required re-roofing as a result of the defect, of which National Government had currently approved rebuild financing for three. Hinchingbrooke and Kings Lynn were not covered by this grant, but a single bid was being sought and would be preferrable to the multiple smaller ones which were also being sought. Design work was occurring in partnership between the five hospitals to ensure what was produced was best value for money.

- Expressed interest in the landscaping of the hospital which was near a park and on a green site with internal gardens which were maintained by volunteers.

- Showed concern regarding travel and site access. In response the officer stated that there was currently one site access point, this number would hopefully increase in discussion with the district council. Plans considered congestion and emergency vehicle access.

It was resolved unanimously to:

Note the update on the Hinchingbrooke Hospital Redevelopment.

b) Staff Support at North West Anglia NHS FT

The Committee received a report for scrutiny which detailed the impact of the pandemic on staff. Changes have resulted in the following: shielding and home working, redeployment, home life changes, day-to-day changes, rise in urgent care needs, staff sickness, vacancies and recruitment, expansion of equality and inclusion provision, working hours and holiday.

In particular, the Chief Executive of the NHS Foundation Trust highlighted:

- That the hospital was supported by 7000 substantive members of staff, 800 bank members and volunteers covering 300 roles.

- That there was a 4.7% rate of staff absence due to illness (coronavirus and wellbeing). This was increasingly prevalent with the rise in coronavirus - as were the numbers of Covid-19 patients. Staff sickness was covered by bank staff and substantive staff.

- That staff were redeployed within the hospital in response to surges in demands for particular services, for example as a result of surging coronavirus pressures in the acute wards or high absences in a specific ward. This change and uncertainty did impact staff mental wellbeing.

- Vacancy rates were lower than in the rest of East England, but retention could be improved through staff surveys; support of the workforce, with a specific focus on international staff.

Individual Members raised the following points in relation to the report:

- Noted that the 52 nurses recruited would have a supernumerary period of 6-12 weeks to ensure sufficient training. This was standard for most hospitals.

- Heard that staff vacancies predominantly in areas such as eating disorder therapists, stroke specialist, cardiac specialists, administrators and clerics, could be aided by international recruitment and increased training early on. The percentage of sector vacancies were highest among administrative and clerical staff, largely due to salary competition.

- Established that occupational therapy provision was in-housed and was sufficiently staffed to support other services also. They were complimented by the mental health service.

- Noted that there had been an increase in demand from mental health services for referral to specialist support.

- Clarified that bank workers were provided national living wage and offered full time work. They chose to be bank staff on zero-hour contracts possibly because they wanted work flexibility or were returning from retirement.

- Heard that the Integrated Care System would make joint appointments to step down care and residential care. Throughout their career staff often rotated around different care services and this supported workforce demand.

It was resolved unanimously to:

a) Note the pressures on the Trust's workforce during the pandemic.

b) Note the measures taken by the Trust to support staff and a positive staff experience

88. NHS Quality Accounts – Establishing a process for responding to 2021-22

The Committee received a report for scrutiny on the NHS Quality Accounts which measured the quality of the services by looking at patient safety, the effectiveness of treatments that patients receive, and patient feedback about the care provided. In line with statutory requirements, the report sought review of the accounts under the Health Scrutiny function. This would occur through a task and finish group.

In particular, the Head of Public Health Business Programmes highlighted:

- That the quality accounts had tight timescales with draft reports from trusts required by April. Six quality accounts were expected, but only those received before the deadline would be responded to by Committee through the Task and Finish Group.

Members highlighted that the accounts were holistic, rather than financial.

It was resolved unanimously to:

a) To consider if the committee wishes to respond to Quality Accounts and if so prioritise which Quality Accounts the committee will respond to.

b) To delegate approval of the responses to the Quality Accounts to the Head of Public Health Business Programmes acting under instruction the members of the Committee appointed to the Task and Finish Group.

c) To appoint the following members of the committee to a Task and Finish group on NHS Quality accounts:

Councillor Steve Corney,

Councillor Nick Gay,

Councillor Edna Murphy.

89. Children and Young Peoples Mental Health Provision

The Committee was joined by the Children and Young People Committee to scrutinise a report on mental health provision for Children and Young People in Cambridgeshire. In 2020, 1 in 6 young people were reported as requiring mental health support. The report detailed services that could provide support, including: the Emotional Health and Wellbeing Service (in hospitals and schools); YOUnited; Kooth; Child and Adolescent mental health services (CAMHS); Eating Disorder Service (ED); Crisis Service (support provision for up to 2 weeks); First Response Service; inpatient provision; neurodevelopmental pathways; voluntary sector (such as Fullscope, Crisis 33 and the Young People's Counselling Service); digital support; and school based support. These were expanded upon in the officer presentation.

In particular, the Head of Children and Young People's Mental Health Commissioning and Transformation highlighted that:

- Children and Young People's Mental Health provision worked with individuals up to the age of twenty-five. A service priority was to see 35% of individuals diagnosed with a mental health problem in 2021. This target had been met although there were workforce challenges across the service and financing for the service was the lowest in the east of England.

- The Local Transformation Plan had established service priorities, aims and visions 2016 – 2021. This plan had ended and a new plan was being formulated which would set out the priorities, aims and visions for the next three to five years.

- Service provision and transition for 16-25 year olds had been identified as a key area of challenge.

- There were currently six Health and Wellbeing Service teams. An additional two would formed in 2022 covering Whittlesey, March and Chatteris.

- YOUnited had developed 1 July 2021 with modelling expecting 650 users a month but demand was higher than this.

- Eating disorder referrals, complexity and acuity had increased during the pandemic. This high demand had impacted support. Arfid referrals (feeding restrictions due to sensory issues) had also increased.

- Digital options existed nationally and regionally.

- School based support services aided teachers as well as students.

Individual Members raised the following points in relation to the report:

- Asked for details on movement with the Local Transformation Plan and whether target numbers for individuals accessing care had been met. ACTION

- Asked why 1112 was not a service in Wisbech. The officer responded that this problem had been caused by telephone towers, but that she would investigate this further and report back. ACTION

- Asked why the emotional health and wellbeing service for primary age children worked predominantly with parents and carers. The officer stated that this was an evidence-based approach to ensure support for the child existed within the family unit.

- Requested details for the waiting time and numbers for children accessing neurodevelopment pathways and whether this was the only place that children with comorbidity could be seen. Children with arfid were seen across the organisation by one or many services such as speech and language therapy, paediatricians, the Autism Team. The officer responded that existing data had been delayed by the pandemic, but that more accurate data would be provided to the Committee following the meeting. ACTION.

- Referenced the frequent late diagnosis for girls on the autism spectrum and asked whether there was a specific diagnosis strategy. The officer responded that Cambridgeshire and Peterborough had agreed an all age autism strategy

which included a stream for pathways and diagnosis for older girls. The officer suggested this could be scrutinised by the Committee. ACTION

- Stressed the importance of volunteers and expressed concern about some volunteer funding ending next year. In response to concerns about care of the workforce, the officer noted that volunteers commissioned by the County Council were overseen by the Council, others were overseen by Healthwatch and Hunts Forum.

- Agreed to be supplied with further details on the YMCA local offer delivery date for school-based support. ACTION.

- Reiterated feedback received from schools regarding the school support service: referrals had been told they were either too high need or not high need enough.

- Proposed that consideration was given to an evaluation of mental health provision and prevention and support for children in care.

- Commended the Cambridge Psychosis Centre East of England Community Forensic Team liaison meetings.

- Suggested that creation of a school age ambassador scheme could help vocalise user views. The officer clarified that service users could give feedback through parent care forums, the YOUnited young person coproduction groups, and through the Children's Mental Health Board which was chaired by a young person. Through these methods, 120 young people's voices were heard.

- Noted that mental health support could be obtained through the arts, such as through music therapy.

- Showed concern for children who were long term inpatients nationwide and requested details regarding the situation for children in Cambridgeshire. The officer responded that the service was working in partnership with provider collaboratives to ensure bed numbers were sufficient and the community response strategy could be strengthened to support discharge. Within Cambridgeshire there were currently fifteen long term inpatients, three of which had autism and displayed severe challenging behaviour. For these complex cases requiring extended stay there were monthly meetings to identify methods through which the child could be prepared for discharge. In one circumstance, a property was being built to enable a child to return to their parents. The officer stated that in order to meet demand and cater for specific needs, not all young person inpatient admissions were housed within Cambridgeshire.

- Noted that the mental health strategy sought preventative strategies and met the needs of individuals when they were identified as needing help – this was prior to receipt of a specific diagnosis.

- Established that to the service was working with providers to reduce waiting list times that had been exacerbated by coronavirus. This had particularly affected certain groups. YOUnited were hosting webinars to understand the workforce challenges and increasing demand causing this and how to support children and young people on the waiting lists.

- Showed concern for the male mental health crisis, relating to a specific case which demonstrated inaccurate case referral by the hub.

- Stated that there was clearly underinvestment in this area and therefore demand could not be met.

- Confirmed with the Executive Director, People and Communities, that child and young person mental health provision, in particular 0-25 complex care, was a critical issue which required regular updates to the Committee, with the Children and Young People Committee to create concrete proposals for inter-committee working.

- Suggested future working with Cambridge Psychosis Centre East of England Community Forensic Team.

It was resolved unanimously to:

Note the content of this report along with the transformation and challenges that are facing children and young people's mental health provision.

90. Date of Next Meeting

14th July 2022

ADULTS AND HEALTH COMMITTEE MINUTES - ACTION LOG

This is the updated action log as at 5 July 2022 and captures the actions arising from the most recent Adults and Health Committee meeting and updates Members on the progress on compliance in delivering the necessary actions

Meeting 13 January 2022						
Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
61.	Minutes – 9 December 2021 and Action Log	Kate Parker	Members requested an update on action 35 'The provision of NHS Dental Services in Cambridgeshire', in relation to the data update See action 35 Above	Update email sent post meeting directly to members on 21 March	Closed	

Meeting 13 January 2022						
Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
75.	COVID-19 Update	Jyoti Atri	The Chair requested that as part of the COVID-19 update at the next meeting that an overview of some of the lessons learnt internally and the preparedness for future severe variants be included in the report.	On agenda 16/6/22	Closed	
76.	Cambridgeshire & Peterborough Safeguarding Adult Partnership Board Annual Report 2020-21	Kate Parker	Noted the work being done to tackle the high frequency of early deaths in those with learning disabilities. This included: systematic reviews, a learning disability summit held by the Clinical Commissioning Group, and discussion with NHS colleagues. The officer recommended this for the scrutiny agenda in future.	On Scrutiny forward agenda plan	Closed	
89.	Children and Young Peoples Mental Health Provision	Kathryn Goose CCG	Asked for details on movement with the Local Transformation Plan and whether target numbers for individuals accessing care had been met.	Officer chased for response	Ongoing	
89.	Children and Young Peoples Mental Health Provision	Kathryn Goose CCG	Asked why 111 option 2 was not a service in Wisbech. The officer responded that this problem had been caused by telephone towers, but that she would investigate this further and report back.	Services advised that the original challenge was due to the location of the telephone mast but this should be resolved and people in Wisbech should be able to access FRS	Closed	

89.	Children and Young Peoples Mental Health Provision	Kathryn Goose CCG	Requested details for the waiting time and numbers for children accessing neurodevelopment pathways and whether this was the only place that children with comorbidity could be seen. Children with arfid were seen across the organisation by one or many services such as speech and language therapy, paediatricians, the Autism Team. The officer responded that existing data had been delayed by the pandemic, but that more accurate data would be provided to the Committee following the meeting.	Officer chased for response	Ongoing	
89.	Children and Young Peoples Mental Health Provision	Kate Parker	Referenced the frequent late diagnosis for girls on the autism spectrum and asked whether there was a specific diagnosis strategy. The officer responded that Cambridgeshire and Peterborough had agreed an all age autism strategy which included a stream for pathways and diagnosis for older girls. The officer suggested this could be scrutinised by the Committee.	To be considered on future Scrutiny forward plan	Closed	

89.	Children and Young Peoples Mental Health Provision	Kathryn Goose CCG	Agreed to be supplied with further details on the YMCA local offer delivery date for school-based support.	Public Health commissioned the YMCA to develop a 3-phase (beginner, intermediate, advanced) Designated Senior Mental Health Training which is submitted and quality assured by the Department for Education - schools apply through DfE to access these programmes. We have just received confirmation that the Beginner programme has been approved and the remaining two are currently undergoing review with the outcome expected in June. It is anticipated that we will properly launch the offer as part of a wider piece of comms to schools around Whole School Approach to Mental Health Support in September. The Designated MH Lead Training will start to be rolled out from the Autumn term 2022	Closed	

COVID-19 Update

To:	Adults and Health Committee
Meeting Date:	14 July 2022
From:	Jyoti Atri, Executive Director of Public Health / Charlotte Black, Executive Director People and Communities
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	Not applicable
Outcome:	This report provides an update on the current Coronavirus pandemic.
Recommendation:	Adults and Health Committee is asked to: note the update on the current Coronavirus pandemic, notably the lessons learned to inform future response.

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1. Background

1.1 Whilst the impact of the Covid-19 pandemic is waning in the UK, we must ensure that we learn from our experience, incorporating what went well into future plans as well addressing areas of improvement. It is important that we use this experience to prepare for any potential future surges of Covid-19 or new variants that may emerge.

1.2 A number of lessons learnt and debriefing exercises have been carried out by structures operating at different levels, that were involved in the pandemic response. The key findings from these exercises are summarised in this report.

1.3 It is important to recognise that there were very many people involved in the response, who worked incredibly hard, under immense pressure, and with the best of intentions. Given that a problem of such scale and longevity, had not been experienced previously in our lifetimes, it is inevitable that there will have been innovation and learning, areas that went well as well as areas that need improvement. Nevertheless, the contributions of the many people who helped to manage the pandemic and minimise harm should be recognised.

2. Preparedness prior to Covid-19

2.1 Prior to Covid-19, the foundational context for local management of outbreak and pandemic was set out in response plans and MOUs, notably the following:

- Joint East of England Communicable Diseases Outbreak Plan (2019)
- Cambridgeshire and Peterborough LRF Pandemic Influenza Plan (2018) – linking several national and regional plans
- Cambridgeshire and Peterborough LRF Command and Control Plan (2018)
- Cambridgeshire and Peterborough LRF Community Recovery Plan (2019)
- Cambridgeshire and Peterborough LHRP Health Protection MOU (2018)

2.2 The local arrangements for information sharing, response and recovery were built on specialist health protection expertise and capabilities, which sat within a family of public health interventions within an already functioning system including local authority public health, environmental health functions, and Public Health England.

2.3 The co-ordination capabilities sat within strategic groups of Local Resilience Forums / Local Health Resilience Partnership, with community leadership provided by elected members. The above plans were exercised every two years. Exercise Gallus (24 July 2018) was a local discussion-based tabletop exercise that tested the pandemic influenza command, control and co-ordination arrangements, the mutual aid arrangements and plans for the NHS and partners to manage an influenza pandemic and communications arrangements to staff, partners, the public and media.

2.4 Some key recommendations were made to the LRF and LHRP including:

- Command and control: Testing operational aspects of setting up of strategic meeting, chairing arrangements and triggers for handover should be tested, with appropriate internal training for staff to meet the competencies required to lead and manage strategic command. Due to the complexity of the plan it would be best practice for staff to be trained regularly in the use of these plans and procedures. The LRF training cycle

addresses some of the training needs, however due to conflicting priorities it is not always possible to receive the right level of engagement that is required for robust preparedness.

- Integrating health and social care: Early involvement of social care, including messaging should be included in the communications strategy. Other areas for integrated working were rapid discharge protocols for decision making, surge escalation and population triage. The protocols were to include the supporting plans for community treatment of flu and non-flu patients.
- Planning assumptions: A discussion was required to understand planning assumptions and how the CCG, primary care and community care were going to deal with extra demand on services with a need to align primary care and community care plans. This was reflected in the CCG Outbreak Plan.

2.5 Whilst some of the recommendations were met, most of them were work in progress for the LHRP when the Covid-19 pandemic started.

3. Current context

3.1 In the East of England, approximately 1 in 70 people were positive for Covid-19 at the end of May, with early signs of a possible increase. In Cambridgeshire and Peterborough there has been an increase of those in hospital testing positive for Covid-19, though only a small proportion of these are in hospital due to acute Covid-19. There is no change in Covid-19 actions currently.

3.2 The impact of the pandemic has affected all areas of life. It had both direct health impact due to Covid-19 as a disease, as well as indirect health impact on mental and physical health as well as much wider impacts including educational, financial and social impact. These have been highlighted in the COVID-19: Review of emerging evidence of needs and impacts on Cambridgeshire & Peterborough. Suite 1 was released in September 2021 and focused on direct health impacts, economic impacts and environmental and transport impacts. Suite 2 is being released in June 2022 and focuses on the overall impact of the pandemic on children and young people.

3.3 For over two years we continued to respond to the Covid-19 pandemic. The decision was taken at the Strategic Co-ordinating Group on 09 February 2022 to stand down the major incident status for Cambridgeshire and Peterborough, following which the Tactical Co-ordinating Group stood down on 15 February 2022.

3.4 The Local Outbreak Management Plan structures stood down in a phased manner between February 2022 and May 2022 including testing, contract tracing, self-isolation support and local outbreak management structures. There remains a small local authority Covid-19 support team that is funded till March 2023.

3.5 The Health Protection Board stood down on 28 April 2022 and remaining risks are being managed through existing partnerships such as the Local Health Resilience Partnership and the Health Protection Steering Group.

3.6 Following the stand-down of Health Protection Board, the LHRP organisations, including Public Health, recognise the continued risks to the system, especially with regards to workforce and resilience. Post March 2023, there is very limited health protection capacity

within the public health directorate. There is also considerable uncertainty regarding Winter 2022 with the additional heightened risks of increased infection with other respiratory and non-respiratory disease, therefore there is the potential for a very pressured Winter across many sectors

3.7 The Scientific Advisory Group for Emergencies (SAGE) have advised the following national scenarios for Covid-19 over the next year:

- **Scenario 1 Reasonable Best-Case:** Relatively small resurgence in Autumn/Winter 2022/23 with low levels of severe disease.
- **Scenario 2 Central Optimistic**: Seasonal wave of infections in Autumn/Winter with comparable size and severity to the current Omicron wave.
- **Scenario 3 Central Pessimistic:** Emergence of a new variant of concern results in a large wave of infections, potentially at short notice and out of Autumn/Winter. However, severe disease and mortality remain concentrated in certain groups (and lower than pre-vaccination), e.g. unvaccinated, vulnerable and elderly.
- **Scenario 4 Reasonable Worst-Case**: High global incidence, incomplete global vaccination and circulation in animal reservoirs leading to repeated emergence of variants leads to a very large wave of infections with increased levels of severe disease seen across a broad range of the population, although the most severe health outcomes continue to be felt primarily among those with no prior immunity.

3.8 Various system-wide debriefs/lessons learned have taken place, including the Cambridgeshire and Peterborough Local Health Resilience Partnership (CPLHRP) debrief (19 July 2021), the Cambridgeshire and Peterborough Local Resilience Forum (CPLRF) light touch review in summer 2021, the Local Outbreak Management debrief (6 September 2021) and the Health Protection Board debrief (26 May 2022). An overarching CPLRF system-wide debrief is planned for this summer.

3.9 The purpose of this paper is to provide the Adults and Health Committee with an overview of the lessons learned and their implementation.

4. Lessons from debriefs

4.1 In the meantime, debriefs have been conducted in line with the regular process for major Incidents

4.2 Learnings from the LHRP debrief highlighted learnings to the following key areas:

- Systems and processes
- Leadership and roles and responsibilities
- Partnership working
- Ways of Working
- Incident management
- Culture and wellbeing

4.3 Learnings from the CPLRF debrief highlighted learnings around command-and-control structure, risks and triggers for escalation and use of Resilience Direct, including mapping during response.

4.4 For the Local Outbreak Management Plan lessons learned, partners were asked to consider their organisational/outbreak management cell perspectives and provide three examples of what worked well, three examples of what can be improved and how the learnings were being embedded. These sessions have provided a valuable insight into the lesson learned and good practice in relation to the system response to Covid-19. Key insights are summarised below.

4.4.1 Areas that worked well were:

- **System partnership:** Strong, collaborative teamwork between response staff in the Public Health Directorate, other directorates and wider organisations, including health, districts, universities, education, and broader workplaces despite challenges of remote working and business as usual commitments.
- **Adaptability**: The ability of the outbreak response to be adaptable to rapidly changing advice and guidance and quickly convey this information to settings in a clear manner
- **Resilience:** shared iterative, flexible, responsive team members pulling together in creative and innovative ways to meet fluctuating demand both within the council and across partnership organisations which created an adaptable, resilient workforce.

4.4.2 Areas that required improvement were:

- **Understanding roles and responsibilities:** Covid-19 was a complex response across the system with multiple governance mechanisms. Clarity around this was needed to improve partnership working and co-ordination.
- **Sustainability** and use of workforce given the unanticipated demand/surges in workload. The level of support and capacity provided to the Covid-19 response is not sustainable in the long term and has had impact on workforce, resilience and ability to continue with usual business
- **Recognition of staff wellbeing:** especially those not getting any respite between waves and combining business as usual with Covid-19 work with the need to enable staff to get support and help early.

4.5 Preliminary findings from the Health Protection Board (HPB) Lessons Learned session (26 May 2022) found that the strengths of the Health Protection Board were:

- **Expertise and breadth of membership:** it was thought to be an effective and informed Board with the right expertise and good breadth of membership from across the system. At meetings members felt engaged and that their inputs were appreciated in a non-hierarchical and equitable environment with constructive challenge. This allowed for a collaborative approach and response to significant challenges.
- **Sharing of epidemiological data and local intelligence:** This was valued and enabled consistency of messaging to partner organisations with an aligned approach to public and staff communications.
- **Timely and empowered decision making:** Through the HPB emerging issues were identified quickly and the Board acted as a focal point for timely decision making, identified actions required with review via the regularly monitored and updated action log. Those at the frontline felt supported and empowered, with shared ownership of decisions.
- **A clear forum for escalation of issues:** Escalation of issues up to regional and national levels worked well. The reach that the HPB as a group had was thought to be one of its major advantages.

4.5.1 The lessons learned exercise identified that the response of the Health Protection Board could have been improved by:

- **Having clearer and more regularly reviewed governance systems**: Clarity around governance and links with other system's emergency planning and organisational structures could be developed further. Whilst Cells were allowed independence and empowered to make their own decisions, not all Cells reported to the HPB which meant that there was not consistent oversight.
- **Working more flexibly**: The HPB could have been more efficient and had better use of time with more being done 'by exception'.
- **Having more regular review of the longer-term impact of actions taken**: for example the effect of re-deployment of staff away from BAU roles.
- **Understanding of Multi-Agency working:** The HPB was set up very rapidly due to the demanding and fast-evolving nature of the pandemic. Relationships have developed over time and are now well-established and should be maintained as there is now a much greater understanding of roles across the system.

4.6 Lessons learned from communications and engagement included

- **Use of a joined-up communications strategy** working closely with the Covid-19 Gold group and LRF Warn and Inform Cell. This enabled the provision produce a single source of authoritative information throughout the whole pandemic, including regular media toolkits and information leaflets which could be adapted with different logos and spokespeople. This was better received and engaged with across all traditional and social media platforms than national messaging
- **Work with the communities** allowed us to produce video information in up to 20 different languages each time regulations changed. This project won a Cabinet Office award and the videos we produced were used by authorities from Coventry to Cornwall.
- **Work with young people** in both Cambridge Youth Forum and Peterborough Youth Forum to produce 'part of the solution' communications video and teaching pack, which was used in all Cambridgeshire and Peterborough high schools and received excellent feedback from pupils and staff – also shortlisted for two national awards
- **Staff briefings** – initially provided daily on the situation as it unfolded and how this impacted on their work, including case studies of redeployment. This was quickly developed into support for staff wellbeing. Working closely with HR colleagues we produced a whole wellbeing portal with information and online events which have been highly valued by staff and contributed to high levels of staff engagement throughout the pandemic

4.7 **Lessons learned from Adult Social Care** highlighted that in the very challenging circumstances, Adult Social Care reacted quickly with the dual focus of responding to the crisis and keeping critical services running, Care Act easements were not enacted.

4.7.1 The Workforce Capacity Fund was used towards the costs associated with

- additional internal capacity required to support Discharge to Assess, 7 day working and other requirements stipulated by central government in response to the pandemic
- expansion of capacity to deliver support to local carers
- expansion of capacity to deliver support focused on resilience and wellbeing to frontline workers delivering domiciliary care
- all informal carers were contacted to ensure they had the support needed or where to access support.

4.7.2 Strengths included

- **A collaborative approach with system partners to offer a range of practical support to providers.** This included Adult Social establishing a Care Home Support Team working with a Public Health Consultant and temporary Infection Control Nurse support focusing specifically on the Care Home sector. The Contracts and Brokerage Teams in the Council had an ongoing relationship with adult social care providers and as well as being a key partner in the outbreak management process and organised regular briefing sessions for providers about key issues and acted as the main point of contact on a wide range of day-to-day issues, both business as usual and Covid related.
- **Agile working** - our own workforce responded well to working in an agile manner and remained effective.
- **Good communication** by ensuring we updated our public facing websites, developed regular newsletters and practice updates and video self learning.

4.7.3 What didn't work as well included

- **Constantly changing guidance** from Central Government and at times with one set of guidance contradicting another. Issues also included the lack of appropriate PPE to providers and our own staff, as well as changing advice about access to testing.
- Whilst we adapted quickly to the Discharge to Assess Guidance to ensure flow and free up hospital beds there are concerns that this increased risk and poor outcomes in care home residents. Covid-19 has had a significant impact on care home residents and their families as well as on the wellbeing and resilience of staff involved both in care homes and in the council.
- **A lack of substantive specialist infection prevention and control support** in the local authority which needs to be addressed in the future.
- In addition, whilst we responded to care homes who had staffing difficulties by supporting with our own reablement staff and/or volunteers we need to recognise the roles are different and a different approach to training would need to be considered if required in the future.

5. Embedding learnings from debrief

5.1 These findings were presented at various stakeholder meetings and key issues have been highlighted on the organisation and partnership risk registers, as appropriate.

5.2 Additionally, the lesson learned log is also being monitored by CPLRF Tactical Business Group and the Local Health Resilience Partnership.

5.3 Below are some examples of embedding learning:

- **A coordinated approach is taken to preparedness**: Robust emergency plans and Business Continuity Plans are in place to 'dial-up' and 'dial-down' activities to reflect demand spikes enabling planning and prioritisation in advance of anticipated spikes or busy periods. There is planned health protection staff capacity, for example through the recruitment of the Covid-19 Support Team. It is reasonable to anticipate a difficult winter

season, with respiratory and non-respiratory illness in conjunction with the potential for other pressures such as an energy crisis.

- **Periodic reflection and review:** Regular refresh and review of both potential scenarios and emergency plans, exercised as necessary. Most recently, CPLRF held a tabletop national exercise on 16 December 2021, Exercise New Crown, for Local Resilience partners to test their preparedness to manage a new variant of Covid-19, specifically during a time of annual increased pressures during the Winter period. Learnings have been incorporated into continued Covid-19 plans including variant emergency plans, winter planning and general emergency plans.
- **Maintain established relationships and links:** there is ongoing work to continue and further improve relationships established with the wider partnership (e.g., universities, districts, police etc.) during Covid-19 and keep these as we move forward, incorporating improved skills developed during the response to Covid-19. The maintenance of these links which were established during the Covid-19 pandemic, and now are being consolidated, allow for a proactive response in the face of any potential forthcoming challenges.

6. Alignment with corporate priorities

6.1 Communities at the heart of everything we do:

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

6.2 A good quality of life for everyone

- The impact of Covid-19 has significantly affected the quality of life for residents.

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

- The impact of Covid-19 has significantly affected children's learning.

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

- The reduced traffic volume during pandemic decreased levels of pollution.

6.5 Protecting and caring for those who need us:

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

4. Source documents

4.1 None.

Customer Care Annual Report 1 April 2021– 31 March 2022

To:	Adults and Health Committee
Meeting Date:	14 July 2022
From:	Debbie McQuade, Director of Adult and Safeguarding
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	No
Outcome:	To present the Adult Social Care Customer Care Annual Report 2021-2022 providing information about the complaints, compliments, representations and MP enquiries received for adult social care and the learning from this feedback and actions taken to improve services.
Recommendation:	Adults and Health Committee is recommended to: a) Note and comment on the information in the Annual Adults Social Care Customer Care Report 2021-2022. b) Agree to the publication of Annual Adults Social Care Customer Care Report 2021-2022 on the Council's website.

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1. Background

1.1 The ‘Local Authority Social Services National Health Service Complaints (England) Regulations 2009’ state that each Council has responsibility to publish an Annual Report containing information about the number of complaints received and the number of complaints upheld.

1.2 Cambridgeshire County Council collects and collates information on the compliments, comments, representations, MP enquiries and complaints received for adult social care services annually. This information is provided in the adult social care customer care annual report 2021– 2022, attached as Appendix 1.

1.3 The adult social care customer care annual report 2021 – 2022 identifies themes to inform learning from complaints and sets out the actions taken to address these issues and improve practice.

2. Customer Care Annual Report

2.1 The annual adult social care customer care report 2021 - 2022 (Appendix 1) brings together the information on complaints, representations, MP enquiries and compliments received by the council in respect of adult social care services. This allows learning from complaints across all service areas to be identified and actions agreed to make improvements in services. The report also provides a comparison with previous financial years so that any changes in patterns can be highlighted and any actions to be taken considered.

2.2 The annual report includes an executive summary that provides an overview of the content of the full report. Information on complaints from the summary has been used in the section below.

2.3 Emphasis is placed on learning from complaints. The response to a complaint will identify the actions to be taken to prevent a similar situation occurring again and any areas where the service provided could be improved. The annual report (section 6) details learning from complaints received during the last year.

2.4 The learning from each complaint is collated and where there are similar issues raised in a number of complaints, the common theme identified will lead to specific learning and development.

2.5 The various ways in which learning from complaints and the themes are shared by the Customer Care team includes:

- Attendance at Directorate Management Team meetings
- Attendance at the Practice Governance Board
- Meetings with Heads of Service and the Principal Social Worker
- Sharing feedback about commissioned services with the Commissioning Team
- Email communication for cascading to teams
- The learning gained from specific complaints is shared at complaint training sessions for adult social care managers and staff

- Specific case studies which include learning from complaints investigated by the LGSCO are considered at practice learning sessions run by the Principal Social Worker and the Practice Quality & Standards Team
- Learning identified is also shared in the bi-weekly Adults and Safeguarding Newsletter

2.6 There were 226 formal complaints received in 2021-2022. This is an 8% (16) increase in comparison to 2020-2021, where 210 formal complaints were received. In addition, there were 66 informal complaints received in 2021-2022 which compares with 97 informal complaints received in 2020-2021, a decrease of 32% (31).

2.7 Although there is a year on year rise in the number of complaints received, the overall percentage of people receiving services who complained over the previous four reporting years remains very similar, having only increased from 3% to 3.5% this year, suggesting the annual growth rate has remained fairly consistent for 4 years.

2.8 Formal complaints accounted for 25% (226) of the overall feedback (906) received for adult social care for 2021-2022.

2.9 The majority of all formal complaints were made by people, or their representatives, who were receiving services from the Older People Teams, 84 (37%). This is to be expected, as they are the service with the highest number of people in receipt of adult social care. However, in proportion to their client base, it equates to 3%, which falls into the average formal complaint percentages across all adult social care services.

2.10 Overall, 78 (35%) complaints related to the provision of care by council commissioned care providers.

2.11 Complaints relating to care assessments accounted for the most common reason for a complaint, 29% (62). This is quite a broad category and examples of complaints that fall into this category are complaints about the content of the assessment (inaccuracies); disputing the outcome of the assessment; delays in the assessment being undertaken or completed; disputes about the mental capacity of people and therefore their ability to provide an accurate account of their needs; disputes about who forms part of the assessment gathering process.

2.12 In 2021-2022, there were 19 Senior Manager Reviews completed. This the same number of reviews that were completed in 2020-2021. The number of Senior Manager Reviews over the last 5 reporting years has only fluctuated slightly, with the mean number of Senior Manager Reviews since 2016 to present being 15

2.13 In light of the learning identified from both individual complaints as well as the themes identified across complaints in general, several actions have been taken to improve the services we provide, examples of which are illustrated in section 6 of the report.

2.14 There were 5 final decisions issued by the Local Government Social Care Ombudsman (LGSCO) this reporting year. This compares to 4 adult social care decisions being issued in 2020-2021 and 6 final decisions being issued in 2019-2020.

2.15 The LGSCO uphold rate for Cambridgeshire County Council was 64%, which is 8% lower that their overall average uphold rate of 72%. The average uphold rate for similar authorities was 71%.

2.16 440 compliments were received in 2021-2022 which is a significant 75% increase from the 252 recorded in 2020-2021. Compliments continue to account for the highest volume of feedback received by the Customer Care Team for adult social care over the last three reporting years.

3. Alignment with corporate priorities

3.1 Environment and Sustainability

There are no significant implications for this priority.

3.2 Health and Care

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

- The effective management of complaints identifies learning, promotes service improvements which supports people to live as independently and safely as possible.

3.3 Places and Communities

See 3.2 above

3.4 Children and Young People

There are no significant implications for this priority

3.5 Transport

There are no significant implications for this priority

4. Significant Implications

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

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications
Complaints that raises concerns about independent providers are shared with the Contracts and Commissioning team.

4.3 Statutory, Legal and Risk Implications
The investigation of complaints can help to recognise areas where there has been poor practice and provides opportunities to improve the services provided by adult social care. There is a statutory obligation for the council to have an adult social care complaints process and to publish an annual customer care report for adult social care.

4.4 Equality and Diversity Implications
There are no significant implications within this category.

4.5 Engagement and Communications Implications
All feedback is welcomed and offers opportunities for learning to be identified and action to be taken that can contribute towards service improvements and is seen as an important part of engagement with the people we support and their families/representatives.

4.6 Localism and Local Member Involvement
There are no significant implications within this category.

4.7 Public Health Implications
There are no significant implications within this category

4.8 Environment and Climate Change Implications on Priority Areas
There are no significant implications within this category

4.8.1 Implication 1: Energy efficient, low carbon buildings.
There are no significant implications within this category

4.8.2 Implication 2: Low carbon transport.
There are no significant implications within this category

4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats and land management.
There are no significant implications within this category

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
There are no significant implications within this category

4.8.5 Implication 5: Water use, availability and management:
There are no significant implications within this category

4.8.6 Implication 6: Air Pollution.
There are no significant implications within this category

4.8.7 Implication 7: Resilience of our services and infrastructure and supporting vulnerable people to cope with climate change.
There are no significant implications within this category

5. Source documents guidance

5.1 LGO Cambridgeshire County Council Annual Review letter 2020-2021
Councils' performance - Local Government and Social Care Ombudsman

5.2 LGO Data Sheet – Councils 2020-2021
Adult social care complaint reviews - Local Government and Social Care Ombudsman

Cambridgeshire County Council

Adult Social Care Customer Care Annual Report

01 April 2021 to 31 March 2022

Report Purpose

To provide information about compliments, comments, representations, MP Enquiries, informal and formal complaints, and to comply with the Department of Health's 'Regulations on Health and Adult Social Care Complaints, 2009'. To identify trends and learning from complaints received during the reporting period

Content

1.0 Context

1.1 This report provides information about compliments, comments, representations, MP enquiries and complaints made between 01 April 2021 and 31 March 2022 under the Adult Social Care Complaints Policy and 2009 Department of Health Regulations on Adult Social Care Complaints. Cambridgeshire County Council has an open learning culture and a positive attitude to complaints, viewing them as opportunities for learning and for improved service delivery.

1.2 The scope of this report includes adult social care services provided through Cambridgeshire County Council and those provided through our NHS partner organisation, Cambridgeshire and Peterborough Foundation Trust (CPFT).

2.0 Executive Summary

- 440 compliments were received in 2021-2022which is a significant 75% increase from the 252 recorded in 2020-2021. Compliments continue to account for the highest volume of feedback received by the Customer Care Team for adult social care over the last three reporting years. 226 formal complaints were received in 2021-2022. This is an 8% (16) increase in comparison to 2020-2021 when 210 formal complaints were received. The overall percentage of people receiving services who complained over equates to 3.5%.

- There were 5 final decisions issued by the Local Government Social Care Ombudsman (LGSCO) this reporting year. This compares to 4 adult social care decisions being issued in 2020-2021 and 6 final decisions being issued in 2019-2020.

- The LGSCO uphold rate for Cambridgeshire County Council was 64%, which is 8% lower that their overall average uphold rate of 72%. The average uphold rate for similar authorities was 71%.

- 57 MP enquiries were received in 2020-2021. This is an 8% (4) increase from the last reporting year.

- In 2021-2022 there were 66 informal complaints received. This compares with 97 informal complaints received in 2020-2021, a decrease of 47 % (31).

- Complaints about care assessments and charging accounted for the most common underlying cause for complaints this reporting year.

- 78 (35%) complaints related to the provision of care by council commissioned care providers this reporting year. This is significantly more than 2020-20201 when there were 23 (11%) complaints recorded.

- 73 (32%) complaints were partially upheld, while 49 (22%) were not upheld and 27 (12%) were upheld, this follows a similar trend of complaint outcomes over the last 2 reporting years. The remaining 77 (34%) were either withdrawn or closed

- There were 19 Senior Manager Reviews completed during 2020-2021. This is the same as the last reporting year.

3.0 Definitions

3.1 The terms: compliments, comments, representations, and complaints are defined in appendix 1 and an explanation of acronyms is provided in appendix 2

4.0 The complaints process and feedback

4.1 Information on how to provide feedback is available on the council's website and in an adult social care feedback leaflet which is provided to all services users. The public can also provide feedback to the council via an online feedback form, by phone, email or in person to any member of staff and through the council's social media channels.

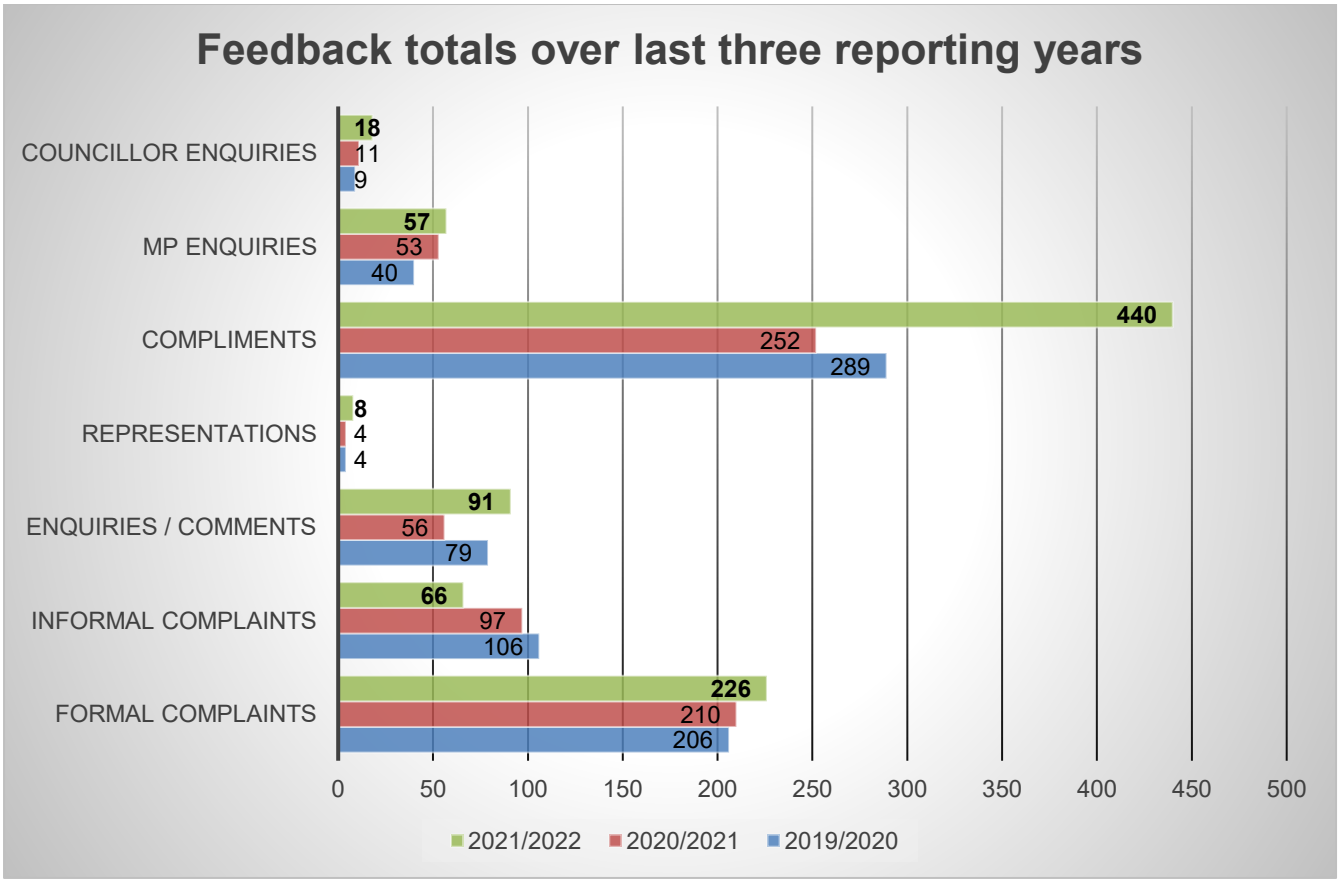
4.2 The complaints process has an emphasis on de-escalation and early resolution of complaints.

4.3 The adults social care complaints policy is accessible on the council's website or on request from any member of council staff. The policy outlines the complaints process and timescales.

5.0 Summary of overall feedback received

5.1 The total amount of feedback received this reporting year by the adult social care Customer Care Team is 906, in comparison to a total of 683 (25% increase) last reporting year. The breakdown is shown in figure 1 below, alongside a comparison to the previous three reporting years. More details on each type of feedback is given within the corresponding sections of this report. 13.5% of people we support in adult social care provided some form of feedback that was managed via the Customer Care Team.

5.2 Figure 1:



6.0 Learning identified from complaints

6.1 The council are receptive and reactive to feedback. Whether a complaint is upheld or not, formal or informal, or whether there is a reason the council determine not to respond to a complaint, the relevant service will still consider each concern, investigate where appropriate, and learning will be identified wherever possible to ensure the opportunity for service improvement is not missed.

6.2 The council are keen that learning from complaints is shared across services. This is achieved in a variety of ways to include regular complaints meeting with Head of Services' across adult social care, Director level oversight of all LGSCO complaints and the dissemination of learning through a variety of methods led by the Practice Standards and Quality Team and the Principal Social Worker for adult social care. These can be relating to a specific case or regarding wider themes that have been identified. Learning from complaints relating to practice is also overseen by the adult social care Practice Governance Board.

6.3 Team managers are reminded to share customer feedback regularly with their team members in team meetings to ensure learning is disseminated across staffing levels and in a timely manner.

6.4 Learning from complaints can be combined with feedback from other sources, such as user surveys and the partnership boards. For example, complaints around accessibility and clarity of information and advice have been linked to issues raised in the national service user survey and resulted in focussed work with the adult social care forum and partnership boards. The corporate communications team have designed a survey to be undertaken with support of partner organisations to ascertain what information people are looking for and where they go to find this. The findings of this are helping to better target our advice and information offer and to ensure we are providing the information that is important to people.

6.5 In light of the learning identified from both individual complaints as well as the themes identified across complaints in general, several actions have been taken to improve the services we provide, examples of which are:

6.6 Feedback relating to inaccurate invoicing has led to the Adults Finance Team (AFT) implementing a new step in their administration processes, to ensure their finance module is updated in a timely manner when a client's billing address changes on their social care records.

6.7 The AFT now offer staff training drop-in sessions to discuss complex finance cases for solutions, to ensure decision making is informed and supported by colleagues who are specialists in the area.

6.8 As a result of feedback highlighting errors with the accuracy and timeliness of invoicing for care calls, additional resource has been provided to the AFT to ensure all missed provider call returns have been applied on the data base, prior to invoices being released every 4-weeks.

6.9 Following feedback about the irregularity of invoicing, the AFT have revised the billing cycle to ensure invoices are raised on a 28 day cycle to ensure consistency going forward.

6.10 A new reporting functionality was installed on the adult social care service user database, which now enables the AFT to upload a report into their finance module on a monthly basis, to ensure the death of a person we support is updated on the finance system in a timely manner. This will ensure correspondence is not addressed to the deceased, which has caused distress to relatives and representatives.

6.11 The Financial Assessment Team (FAT) have also increased the resource within their team to address the delays in the completion of financial assessments when someone begins to receive care.

6.12 Concerns about the receipt of financial documentation has led to the FAT improving their internal processes to ensure a letter confirming receipt of financial documentation is now sent as a matter of course, which also outlines expectations of allocation to a financial assessment officer for completion. In addition to this, the FAT will now systematically send reminders to the person, or their representative, for non-receipt of financial forms in a timely manner.

6.13 Feedback relating to dissatisfaction with the outcome of a financial assessment has led to a more robust financial assessment appeals process being implemented. This step enables a financial assessment officer and/or manager who was not involved in the original assessment to check and confirm the outcome. If people remain dissatisfied following the financial assessment review, and they wish to complain further, they can access the statutory complaints procedure via the Cambridgeshire County Council.

6.14 Feedback relating to the co-ordination between health and social care services around the Discharge to Assess (D2A) process resulted in the implementation of a virtual Multi-Disciplinary Team (MDT) 'room' where representatives from health and social care are virtually present throughout the working day. This offers a platform to discuss complex cases that fall under this D2A process and for alternative resolutions to be discussed in a timely manner. For example, if there is an issue with a D2A pathway recommendation from the hospital, it can be discussed immediately in the virtual MDT room and be resolved in a timely way.

6.15 Feedback about the delays in the completion of assessments, following a D2A decision on placement, resulted in the introduction of 'light tough assessments', which enabled the ToC to complete a care and support plan to issue to the Brokerage Service as swiftly as possible. This ensures the person we support is able to be moved as swiftly as possible into their preferred setting not having to wait for a full social care assessment to be completed in the first instance.

6.16 Feedback from people and their financial representatives highlighted dissatisfactions with the wording of debt recovery letters which were felt to be intimidating, poorly timed, irregular and lacked information. As a result of this, the Debt Recovery Team have gathered customer feedback to support the improvement of the wording and content of the letters issued. The amendments to the letters will also include additional details to show more clearly the invoices that attributed to the balance. These improvements will be implemented in the coming reporting year and the Customer Care Team will monitor feedback to ascertain if these changes have led to a decrease in debt related concerns.

6.17 Complaints are increasingly crossing over with external organisations, to include hospitals and mental health services. Wherever possible, the Customer Care Team will ensure that a co-ordinated response is provided to the complainant, rather than signposting the complainant to each organisation to raise separate complaints. As each organisation will typically have differing complaints policies, processes, timescales and escalation routes, it can often prove difficult to co-ordinate, resulting in delays and further frustration for the complainant.

6.18 Complainants have fed back that there is poor communication between services, which is often what led to the complaint being raised in the first instance. In order to improve joint working, the Customer Care Manager meets quarterly with colleagues in both Cambridgeshire and Peterborough Foundation Trust (CPFT) and with the Cambridgeshire Regional PALS and Complaints Managers Network to discuss joint complaints and improve communication. This has led to the production of a joint working protocol for all involved organisations to ensure that there is a joined up, systematic and consistent approach when responding to complaints that cross over between services. This should be implemented later this year and we hope that this will improve the experience of people raising complaints that cross both health and social care.

6.19 Practice and system changes were implemented across social care teams to ensure better management oversight of active safeguarding investigations. This involved system process changes to clearly identify any open work steps relating to active safeguarding investigations and social care teams reviewing active safeguarding

concerns weekly and the immediate escalation of delays, or concerns, to senior management. These changes were introduced to reduce the number of safeguarding enquiries that remained open unnecessarily and resulted in delays in families (or other relevant persons) being notified of the outcome of the enquiry in a timely manner.

6.20 Where the outcome of a complaint identified that a commissioned care provider's service had fallen below expected standards, this was shared with the council's Contracts and Commissioning Team who carried out monitoring and review work with the respective providers to ensure the failings that had been identified were being addressed by the providers, for example improving record keeping. In addition to this, the Care Home Support Team undertake targeted work with care homes to improve quality of care where issues have been identified through complaints or other sources.

6.21 Feedback about delays with, and the implementation of, the complaints procedure has resulted in training sessions being run over the course of the year to improve adult social care staff knowledge on the process and expectations. In addition to this, a work step is being introduced to provide senior management with key information relating to progress and performance of complaint investigations, to enable oversight of any issues and for interventions to be introduced where necessary to avoid delays.

7.0 Compliments

7.1 A compliment is an expression of praise, commendation, thanks, congratulations, or other positive comments provided to a member of staff or to the services provided by adult social care. Compliments provided by members of council staff are excluded from this process.

7.2 440 compliments were received in 2021-2022 which is a significant increase from the 252 recorded in 2020-2021. Compliments continue to account for the highest volume of feedback received by the Customer Care Team for adult social care over the last three reporting years. Compliments accounted for nearly half (440/906) of all feedback types combined during 2021-2022.

7.3 Examples of compliments received are below:

Adult and Autism Team: "I also want to thank you again for everything you've done for us both. I know I've not always been the easiest person to deal with, but I think you understand how hard it has been for me these past few years. The most important thing is that, thanks to you and your experience in helping autistic people like X, we were able to secure adequate support for him in the end. A very grateful mum."

Adults Finance Team: "Just to say that I have been working with Oli over the last few months and can I say what a pleasure it is to work with him. He owns the problem and deals promptly. He has first class customer service skills and is always very polite in his communications."

Adult Early Help Team: "Cheryl has been extremely helpful, supportive and efficient with my Mum's care needs. She acted very quickly at a time when we needed support for my Mum (90). Information was concise and informative and helped us navigate the information available.

Carer's Services: "Very helpful, supportive and I was treated with great respect and felt listened to."

Debt Recovery Team: "X stated Mandy has been an absolute star, she has had tremendous amount of patience and has helped to resolve an issue which has been going on for quite a few months. X would like to pass on her huge gratitude to Mandy."

Learning Disability Team: "I just wanted to follow up our chat yesterday with a big thank you for all your help these last few months. It's been great to have you on the case, and your care, consistency, and perceptiveness are very appreciated."

Mental Health: "I would like to thank the care and support team and, in particular, Marie for her thorough and accurate assessment and care plan for my brother, X. She took time to visit him and from what I understand spent time getting to know him and talking to the staff who care for him. In Xs long history of mental illness and self-neglect this was the first time I felt his complex needs and the consequent special support he requires have been so meticulously and accurately addressed. She obviously took care to listen to my brother, provider staff and me. Please pass on my thanks to her. I am sure that this has been a very difficult time for support services, and it is with gratitude and relief to know that there are people who can show care in this way."

Occupational Therapy: "Angela was very kind also had life skills of understanding people. Angela followed through on equipment and people."

Physical Disabilities: "I would like to say a massive thank you for all of the support you have shown to X and Y. This last few months have been very difficult but I am sure that without the professional support and kindness you have given it would have been much harder…. I personally would like to acknowledge just how important your help has been to me and the rest of the family. The long hours are often not recognised, and it goes unseen but to us you have been the glue that has held us together over the last few weeks. Thank you for your professional help support and kindness."

Reablement Services: "The members of the Cambourne Reablement team were exceptional. All staff were conscientious, caring and kind and on some occasions went well beyond what I expected from them. Their visits were timely and as they were providing 'double up' care I was included in conversations. It is an important and well carried out service."

Sensory Services and Technology Enabled Care: "The sessions with Nicola were well balanced between the professional and the personal. Her advice has been extremely helpful in dealing with the practical difficulties of severe vision impairment. At every turn Nicola was constructive and innovative, but not in the least bit patronising. I found her patient and persistent which has prodded me into learning some new skills after my initial resistance. First Class!"

Transfer of Care: "Thank you so much for keeping us informed along the way, it really has helped to have a consistent point of contact throughout the process so far. Thank you for your comprehensive update regarding mum's ongoing care going forward. Thank you also for all the help and support you have given us during this very difficult time….We really do appreciate everything that you have done so far."

7.4 Themes in compliments relate to gratitude of staff being empathetic towards people and their family's situation, the courteous and polite manner of staff and the appreciation of the service and support provided by adult social care which has helped improve the lifestyle of people we support.

7.5 The majority of compliments for the Adult Early Help Team were stating that the team are good at sharing information and that they are efficient.

7.6 A number of comments received for Carers Services state that the team are respectful and provide supportive information. Likewise, positive feedback for Reablement services focusses on how the team work with people to find solutions that work to enable them to be as independent as possible.

7.7 Compliments about the Transfer of Care Team relate primarily to the support and information given during the transition from hospital to either going home with a new care package in place, or alternatively when entering a residential care home setting for the first time, and the support that has been provided during that period of transition. The majority of compliments were praising staff for being patient and taking time to provide and explain information.

7.8 Compliments that fall under the Older People service, not only include compliments for council staff but also include compliments for care staff and residential settings commissioned by the council.

7.9 Technology Enabled Care and Sensory Services receive the highest proportion of positive feedback. The themes are that people we support or their families thanking staff for the informative information provided on resources that can offer them assistance that they had not previously been aware of, for example a lifeline (personal alarm service in time of need) which offers them peace of mind. Feedback highlights the positive impact the supply of technology enabled care devices have on the lifestyle of and improved independence it provides the people we support.

7.10 A clear theme in compliments across all services, identifies that the people we support, and their representatives appreciate time being taken by staff to listen and explain services to them. It is important that staff across adult social care services recognise that the terminology and services are new and their familiarity with their service should not be used to make assumptions, or to forget, that this is not the case for people outside of their area of work.

7.11 In recognition of such feedback, adult social care services continue to improve the accessibility of information about services provided, with the improvement to the information on the council's website and also in the production and revision of information leaflets available to the public and in the variety of formats that these are accessible in.

7.12 Platforms such as the practice governance board and the adult's leadership forum are used to inform and remind staff about the appreciation from the people we support when time is taken to explain processes fully and the importance of remembering to do so in an understandable and accessible way and seeking clarification from the person that they have understood or to offer them the opportunity to raise queries.

7.13 A current feedback review project is looking into the approaches Sensory Services and Technology Enabled Care use to obtain feedback on their services, as they receive a higher proportion than other services.

7.14 Compliments which show that the work of an individual staff member has been exceptional are personally acknowledged by the Service Director for Adult and Safeguarding adult social Care and are included in the monthly communications email from the Executive Director, People and Communities to all staff.

Compliments accounted for nearly half (49%) of all feedback received across adult social care.

7.15 The Customer Care Team remind staff of the importance of sharing positive feedback with the team.

8.0 Enquiries

8.1 91 enquiries were received in 2021-2022. This is a 63% increase in comparison to the 56 comments and enquiries received in the last reporting year. The number of enquiries dealt with over a reporting year tends to fluctuate considerably i.e., in 2019-2020 there were 79 enquiries managed by the Customer Care Team. It is

therefore not possible, at this stage, to provide a definitive explanation for the significant increase this reporting year.

8.2 The enquiries covered several issues, including:

- Requests for social care assessments
- Queries with invoices
- Queries regarding financial assessments
- Raising data protection concerns
- Enquiries about other local authorities and their adult social care services
- Enquiries about related services, including the NHS, Cambridgeshire and Peterborough Foundation Trust (CPFT), Clinical Commissioning Group (CCG) and the City Council.
- Concerns regarding other council departments, including children's services and transport
- Reporting safeguarding concerns
- Raising concerns about privately funded care
- Requests for information relating to other council services such as information governance services

8.3 86 of the enquiries were dealt with by the Customer Care Team or redirected on to the relevant team within the council for consideration and 5 enquiries were passed onto external organisations to respond to.

9.0 Representations

9.1 A representation is a comment or complaint about council policy or procedure (rather than how we have applied a policy or procedure). A representation can also be made about allocation of resources or the nature or availability of services.

9.2 The Director responsible for the relevant service area will review the representation and if the Director feels that the policy, legislation, or funding decision should be changed, they can take it forward for further consideration. It is the council's elected members who have the final decision on whether it is changed. If the Director feels that the policy, legislation, or funding decision is appropriate and should not be changed, the customer will be advised of the reason for the decision. If there are a significant number of similar representations, and it is within the council's power and responsibilities, they will consider re-investigating the concerns again.

9.3 8 representations were received in 2021-2022. This is twice the amount that was received in 2020-2021. They related to:

- Content of invoices
- How documentation is provided or uploaded electronically
- Conducting telephone re-assessments opposed to carrying out the re-assessment in person
- Format of financial documentation to include remittance advices
- Clearer recording mechanisms to identify a person's communication preferences
- Difficulty raising a complaint via the council's website
- Difficulties emailing large attachments containing information required by the financial assessment team

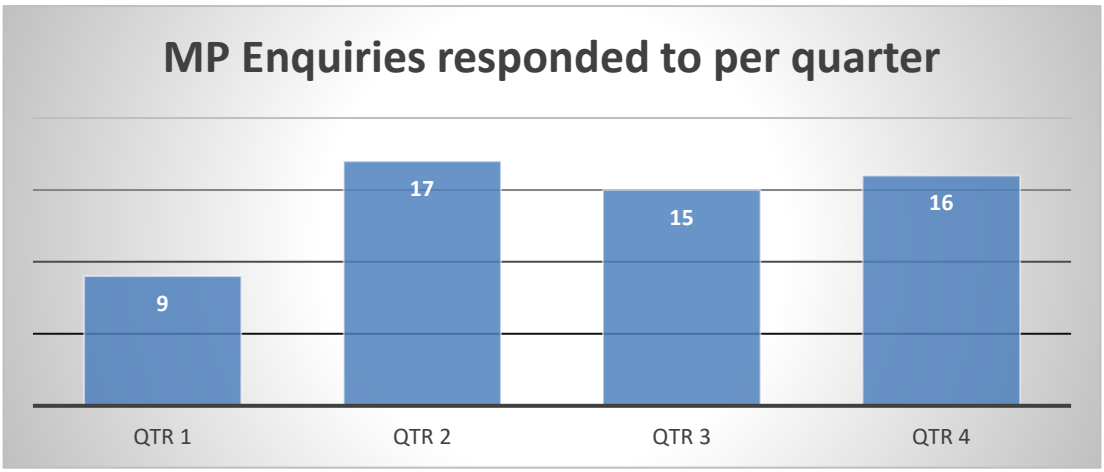
10.0 MP Enquiries

10.1 An MP enquiry can be related to a request for information, the clarification of circumstances or further information for a particular situation or constituent, or the notification of dissatisfaction with a service.

10.2 The Customer Care Team facilitates responses to MP enquiries. These are not counted as complaints, however, in some cases, a complaint may already have been received and in some cases, a complaint may be subsequently made. Every care is taken with these responses which are written in the expectation that they will be shared with the MP's constituent.

10.3 57 MP enquiries were responded to in 2021-2022. This is an 8% (4) increase from the number of MP enquiries received in the previous reporting year, where 53 were received.

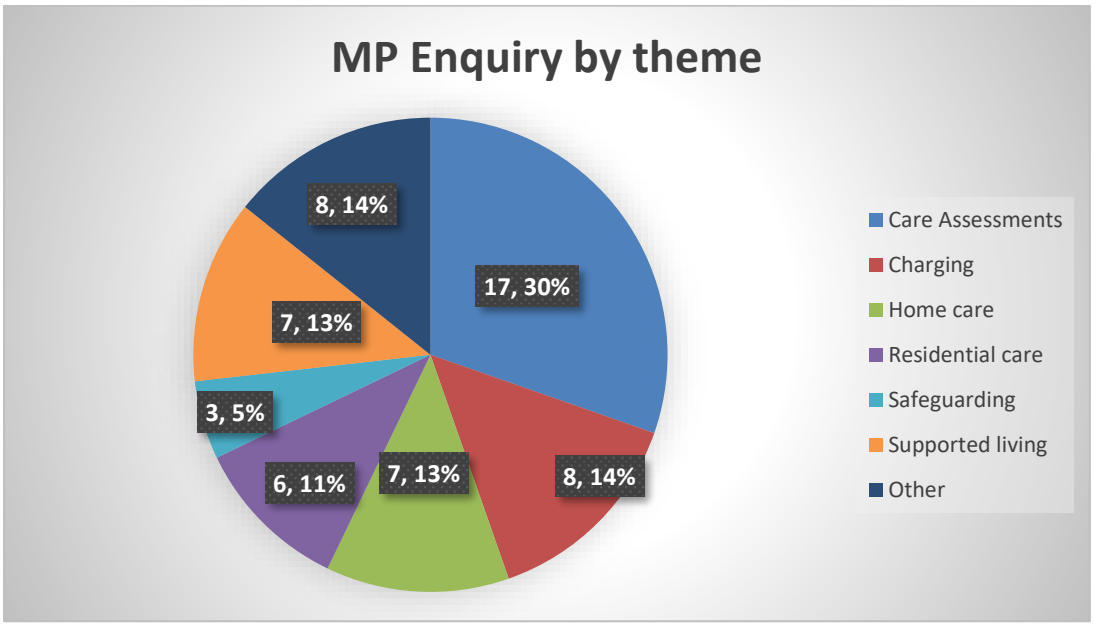
10.4 The number of MP enquiries received per quarter fluctuates over the reporting year as can be seen in the figure 2 below:



10.6 0.9% (57) of people receiving adult long term services raised concerns via their MP. This is a slight increase from last reporting year where 0.7% (53) of people receiving long term services raised concerns with their MP.

10.7 The chart below shows the number of MP enquiries responded to according to the service the person was open to. The chart below only shows services that received more than 2 MP enquiries.

10.8 Figure 3



*The above graph only shows categories where there was more than one enquiry

10.9 The Older People service responded to the largest volume of MP enquiries (17), which is expected in respect of the service having the largest proportion of people we support receiving their services.

10.10 17 of 57 (30%) MP enquiries received in 2021-2022 were responded to outside of the 10-working day timescale. Delays were due to the complexity of the concerns that were being responded to or the need to await the outcome of a meeting that had been scheduled outside of the 10-working day response time. The number of MP enquiries delayed this reporting year is 5% (5) more than last year. This has shown an overall 10% increase in the number of MP's responded to outside of timescale over the last 2 reporting years. The Customer Care Team are working with responding managers to try and reduce this figure.

11.0 Councillor Enquiries

11.1 As members of the council, Councillors can contact adult social care raising enquiries on their constituents behalf. Councillors may be responded to directly by the respective service manager or in some more complex cases the Customer Care Team will co-ordinate an investigation and respond to the Councillor. On occasion, a complaint may already be in progress and on other occasions, a complaint may be raised as a result of the enquiry to obtain more information and enable sufficient time for a thorough investigation to be carried out.

11.2 In this reporting year, the Customer Care Team dealt with 18 Councillor enquiries, in comparison to 11 Councillor enquiries in the last reporting year, this an increase of 64%. These figures are not representative of the full number of enquiries Councillor's make on behalf of their constituents, only the number that the Customer Care Team have co-ordinated a response to. The majority of enquiries are managed directly between the Councillor and the respective service area and are therefore not recorded by the Customer Care Team.

11.3 A modification has recently been introduced to the adult social care electronic case recording system, in order to more accurately record and report on the number of Councillor contacts being managed directly by the social care teams. We hope to be able to report on these figures in the next annual report.

11.4 4 enquiries related to the social care assessments; 2 related to standard of care and support; 2 related to choice of providers; 2 related to mental capacity concerns; 2 related to concerns around mental health; 2 related to debt recovery; 2 related to covid visiting restrictions and the remainder were related to services not provided by the council.

12.0 Informal Complaints

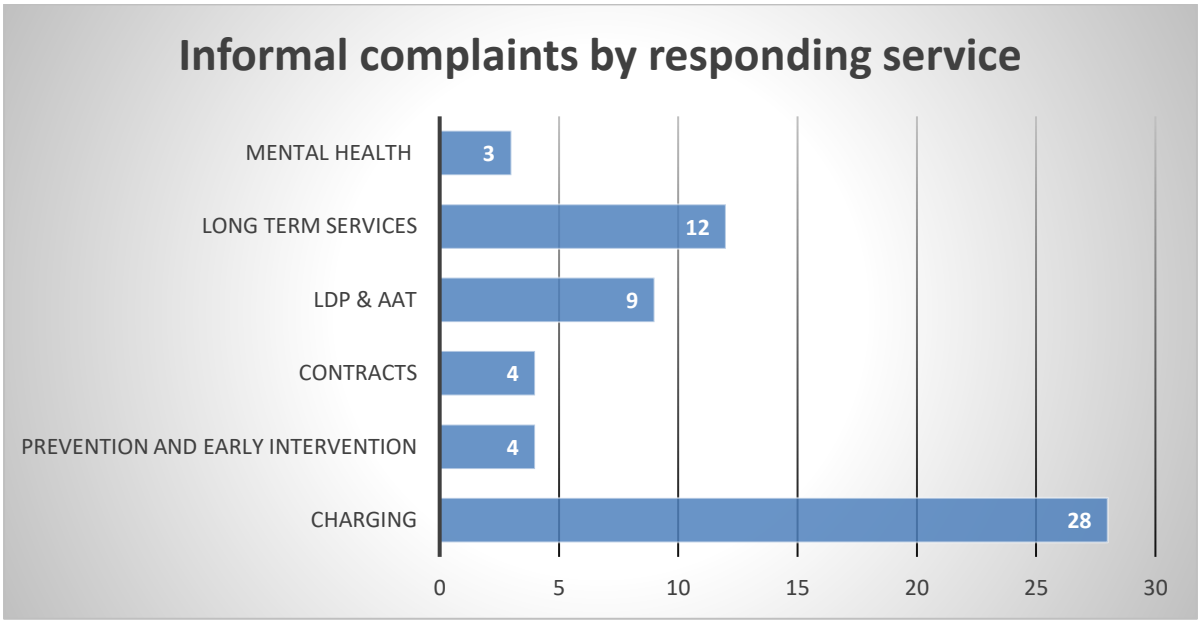
12.1 During the course of the year the number of formal and informal complaints varies slightly. This can be a result of a complaint initially being dealt with informally and then the complainant states that they wish for the complaint to be escalated and dealt with formally. Similarly, some complainants wish their complaint to be dealt with formally and when the initial remedial actions have been completed, they state that they wish to withdraw their complaint. In cases where the type of complaints changes, the complaint records are amended accordingly.

12.2 In 2021-2022 there were 66 informal complaints received. This compares with 97 informal complaints received in 2020-2021, a decrease of 32% (31).

12.3 At this stage, it is not possible to determine why there has been a significant decrease in the number of informal complaints this reporting year, however, it may be due to a change in the in which they are recorded, which was introduced in July 2021. It has not been possible at the time of writing this report to obtain the data held in the new reporting system for informal complaints processed post January 2021. The Customer Care Team will work

with Business Intelligence to obtain these figures and continue to monitor the numbers, to identify if there is a trend in the figures continuing to decrease.

12.4 Figure 3 shows the number of informal complaints in relation to the major service area that led on the response:



*The above has grouped services and does not include service areas where there were one or less informal complaints

Key:							
AEH:	Adult Early Help	MH:	Mental Health	OP:	Older Peoples	PD:	Physical Disabilities
LDP:	Learning Disability Partnership	ASC:	Adult Social Care	OT:	Occupational Therapy	YAT:	Young Adults Team

12.5 The highest volume of informal complaints this reporting year related to charging with 28 informal complaints (0.4% of people we support) being responded to. This category covers complaints responded to by the Adult Finance Team, the Financial Assessment Team and the Debt Recovery Team.

12.6 The service area that responded to the second highest volume of informal complaints were long term services. This category includes Older Peoples services and Physical Disabilities. As these services account for the highest proportion of people open to adult social care, it correlates that they would receive a higher volume of complaints than service areas with fewer people.

13.0 Formal Complaints

13.1 A complaint is an expression of dissatisfaction, whether justified or not, about the standard or the delivery of a service, the actions or lack of by the council or its staff which affects an individual person, their representative or a group of users.

13.2 In providing these statistics, it should be noted that the volume of complaints does not in itself indicate the quality of the council's performance. High volumes of complaints can be a sign of an open, learning organisation, as well as sometimes being an early warning of wider problems enabling the opportunity for preventative

measures to be implemented. Conversely, low complaint volumes can be a worrying sign that an organisation is not receptive to feedback from people we support, rather than being an indicator that all is well.

13.3 Therefore, emphasis is placed on ensuring that people wishing to make a complaint or provide feedback of any kind, can do so with ease in a variety of ways. Guidance regarding how to provide feedback of any kind is provided on Cambridgeshire County Council's website.

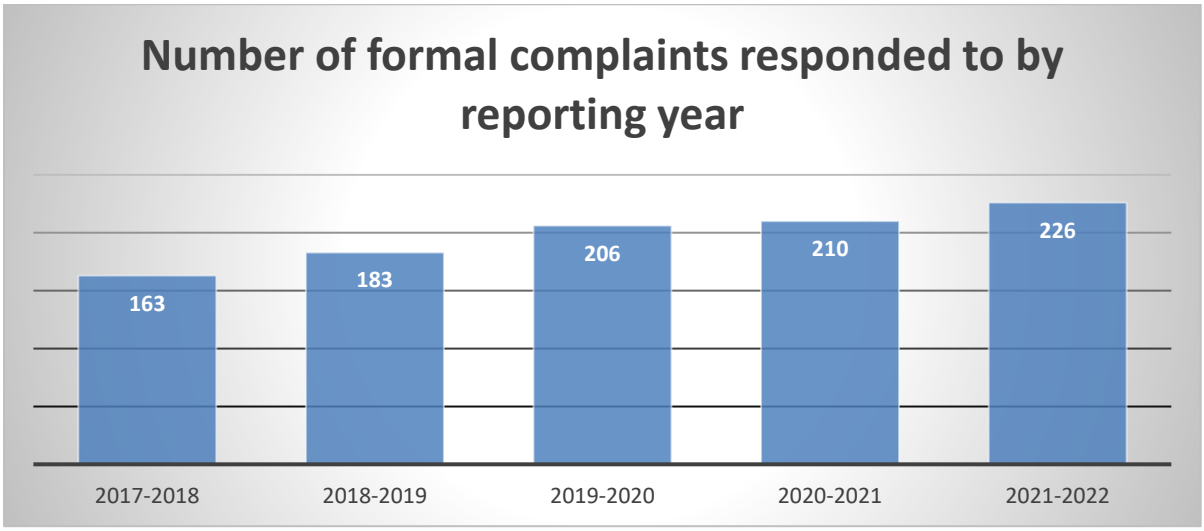
13.4 In addition to the website, information on how to make a complaint or provide feedback is explained by staff during the assessment process and the people we support are given a factsheet that outlines the process and provides details on how to provide feedback. There are several facilities available for complaints to be made in different ways: by email, in writing, in person or by telephone.

13.5 The Customer Care Team are now recording how feedback is being provided for 2021-2022 to be able to obtain a summary of statistical data about the age, gender, disability, sexual orientation, and ethnicity of complainants. This will assist us with learning and service improvement, to ensure feedback services are accessible and to review if there are any adjustments we can make to improve on accessibility. We will report further on this in the next reporting year.

13.6 There were 226 formal complaints received in 2021-2022. This is an 8% (16) increase in comparison to 2020-2021 where 210 formal complaints were received.

13.7 Although there is a year on year rise in the number of complaints received, the overall percentage of people receiving services who complained over the previous four reporting years remains very similar, having only increased from 3% to 3.5% this year, suggesting the annual growth rate has remained fairly consistent for 4 years.

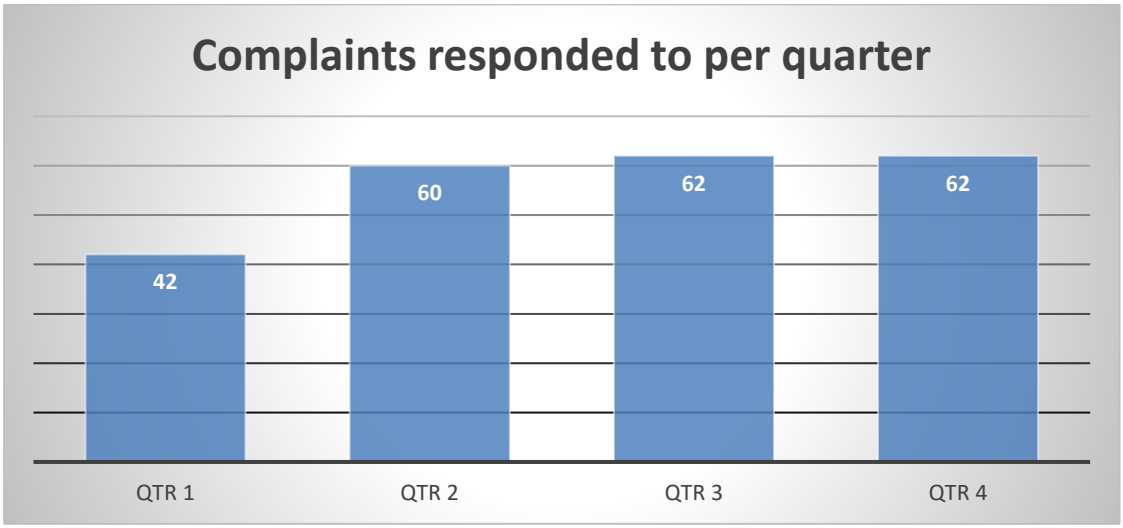
13.8 Figure 4 gives details of the number of formal complaints received over the last 4 reporting years:



13.9 The average number of formal complaints received per quarter during 2021-2022 was 56.5 in comparison to 52.5 per quarter in 2020-2021.

13.10 The chart on the next page shows the actual number of complaints responded to per quarter during this reporting year

13.11 Figure 5:



13.12 The graph above shows that there was a significant increase of 43% (18) in the number of complaints responded to after quarter one. This mirrors the pattern of MP enquiries this reporting year, where there were considerably fewer received in quarter one than in the following three quarters. There is no firm way of identifying what caused this peak, it may be that the lower number of complaints in the first quarter is related to the impact that a variety of COVID-19 restrictions had at differing points of the year. The Customer Care Team will continue to monitor the fluctuation per quarter in order to identify any particular trends.

14.0 Service Area Complaints

14.1 To provide some perspective; the table below shows the number of complaints in relation to the major service areas and the total number of people receiving services. Please note that the table does not account for all complaints, only those which come under the service areas listed.

14.2 Figure 6:

Service Area	No of people receiving services	No of complaints	Percentage of complaints by population receiving services.
YAT	300	13	4.3%
Other*see below	1036	49	4.8%
AAT	160	23	14%
LDP	1321	28	2.1%
OP & PD	3407	103	3.0%
MH	540	10	1.2%
Totals	**6576**	**226**	**3.4%**

*The other category includes the following services; Continuing Healthcare, Reablement, Transfer of Care, Children's Social Care and cases where the complainant is not open to a service area.

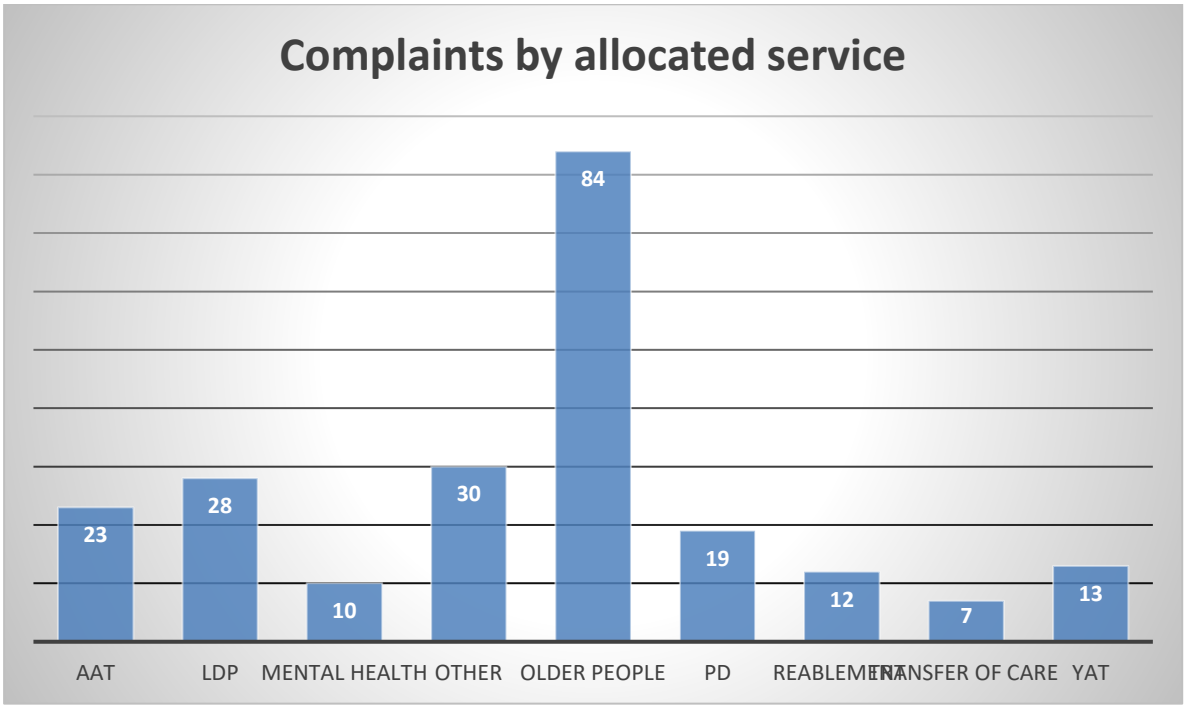
14.3 The table above shows that although Older Peoples, combined with Physical Disabilities services, responded to the highest volume of complaints, the Adult and Autism Team (AAT) and the Young Adults Team (YAT) responded to a significantly higher percentage of complaints per client base.

14.4 Many complainants raise more than one complaint. These are treated as new complainants, if they are received after their first complaint has entered the investigation stage or if they are issues that have already been responded to. An example of this, is where the YAT have responded to 13 complaints, however, they only related to 6 people who raised more than one complaint. Similarly, of the 23 complaints responded to by AAT, 5 were raised by one person and 4 by another.

14.5 Overall, 3.4% of people allocated to an adult social care service formally complained. This remains similar to the last four reporting years where 3% of people allocated to adult social care services complained.

14.6 Formal complaints accounted for 25% (226) of the overall feedback (906) received for adult social care for 2021-2022.

14.7 Figure 7 below, shows the number of complaints received by the service area that the person in receipt of services is allocated to.



14.8 For consistency in data capturing, a complaint will be categorised under the service area that the person is currently receiving services from. In a small proportion of complaints, a complainant may be categorised under one service, however, the complaint may be about a different service area. For example, a complainant may currently be open to the Adult and Autism Team, however, their complaint may relate to services they received in the Young Adults Team.

14.9 The above chart shows that the majority of all formal complaints, were made by people, or their representatives, who were receiving services from the Older People Teams, 84 (37%). This is to be expected, as they are the service with the highest number of service users. However, as identified in the previous table, in proportion to their client base, it equates to 3%, which falls into the average formal complaint percentages across all adult social care services.

14.10 The second largest category for complaints at 13% (30) is the 'other' category. This category includes the following services; Continuing Healthcare, Multi Agency Safeguarding Hub (MASH), Children's Social Care, Cambridgeshire and Peterborough Foundation Trust (CPFT) and also complaints where the complainant is not open to an adult social care service.

14.11 The Learning Disability Team received the next highest proportion of complaints at 28. This is an increase of 7 (33%) in comparison to last reporting year where they received 21.

14.12 The Adult and Autism Team (AAT) received 23 complaints, which is a significant increase of 44%, in comparison to 2020-2021 where they received 16. Similarly to AAT, the Young Adults Team (YAT) have also had a significant increase in the number of complaints they responded to this reporting year, 13, in comparison to 2020-2021 where they responded to 4. As shown in figure 7 above, these figures are also high in proportion to the number of people open to their services, in comparison to other areas of adult social care. Although it is not possible to definitively ascertain why this is, it is assumed that this could be attributed to the number of complainants within these services who have raised multiple complaints in the reporting period which is a considerably higher proportion than any other service areas. The Customer Care Team will continue to monitor this to identify themes.

14.13 There were 19 complaints for Physical Disabilities services this reporting year which is a 19% (3) increase from 2020-2021 where 16 complaints were responded to.

14.14 There was a 50% increase in the number of complaints for Reablement this reporting year, from 6 to 12 in comparison to 2020-2021. However, in comparison to 2019-2021, there has been a decrease of 5 (42%). There is nothing to suggest a particular reason for this increase and it may be that the drop in the number of complaints for this service last year was unusual, opposed to the rise this year. The Customer Care Team will continue to monitor this and to try and identify if there are any particular themes that are suggestive of an underlying issue causing an increase in concerns.

14.15 Mental Health service complaints, which covers both Older Peoples Mental Health (OPMH) and Adult Mental Health Services (AMH), increased by 8 in 2021-2022 in comparison to the 2 complaints recorded in 2020-2021. This increase may be down to improved data capturing and complaints management between the council and CPFT which the Customer Care Team will monitor over the next reporting year.

14.16 7 complaints were formally responded to in relation to people receiving services from Transfer of Care (ToC) in 2021-2022, which is a decrease of 43% (4) in comparison to 2020-2021. This decrease may be attributable to clearer information being made available to services and the public about the Discharge to Assess pathway, which was initiated at the start of the COVID-19 pandemic and accounted for a spike in complaints related to ToC services in the last reporting year.

15.0 Reasons for Complaints

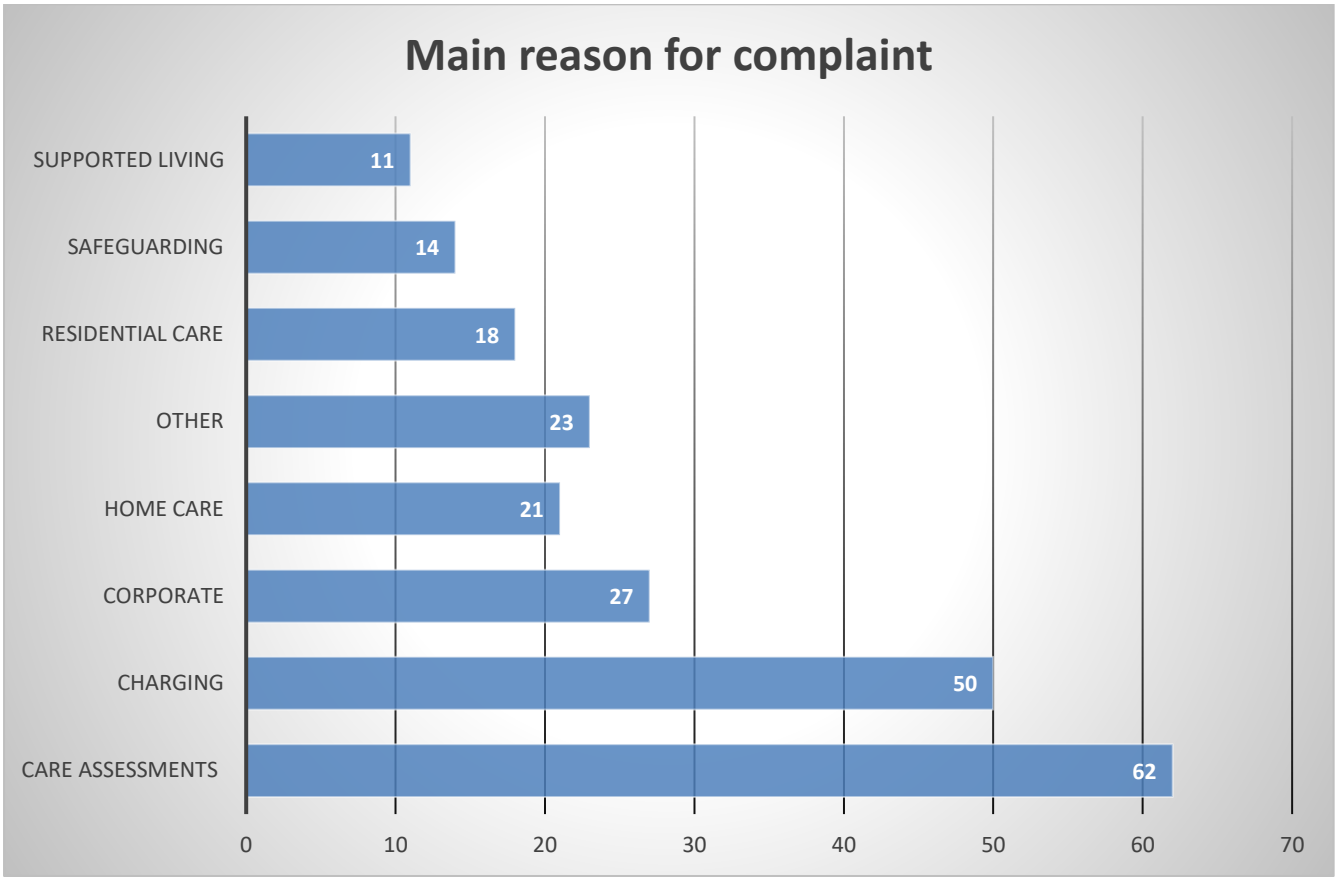
15.1 The categorisations for the reasons for complaints has changed since the last reporting year, in order to align with the categorisations defined and used by the Local Government Social Care Ombudsman. This is to try and provide more consistency in recording and to increase the ability of using comparator data for analysis

15.2 Complaints are becoming more complex and contain more than one reason of dissatisfaction and for reporting purposes complaints are categorised using the primary issue in the complaint.

15.3 Appendix 3 provides a small selection of case examples of the reasons why the people we support, or their representatives, have complained about the services they have received from adult social care.

15.3 Figure 8 on the next page, shows the main reasons for complaining in 2021-2022

15.4 Figure 8:



15.5 Complaints relating to care assessments accounted for the most common reason for a complaint, 29% (62). This is quite a broad category and examples of complaints that fall into this category are complaints about the content of the assessment (inaccuracies); disputing the outcome of the assessment; delays in the assessment being undertaken or completed; disputes about the mental capacity of people and therefore their ability to provide an accurate account of their needs; disputes about who forms part of the assessment gathering process. It is not possible to advise if there has been an increase or decrease in this category since the last reporting year, due to the change in recording the reasons for complaints.

15.6 Charging, which includes Debt Recovery, Adult Finance, Financial Assessments and Direct Payments, received the next largest volume of complaints, at 50 (22%). This is an 11% decrease from 2020-2021, where there were 56 complaints about charging.

15.7 The 'corporate' and 'other' categories in the graph above, cover complaints that do not fall under the council's adult social care complaints policy. Therefore, although relating to adult social care in some manner, they will have a key issue that needs to be managed outside of the adult social care complaints policy. Ultimately, the reason for this is that there are often differing complaint escalation routes once the council's own respective process has concluded for example the Information Commissioners Office (ICO), the Office of the Public Guardian (OPG) or the Court of Protection (CoP).

15.8 The majority of the complaints within the corporate complaints category relate to complaints about members of staff conduct. Examples of these include parking of their vehicles; the manner in which they communicated verbally or in writing with the public and allegations against staff conduct outside of work. Complaints raised by providers also fall within the corporate complaint category. Such complaints are dealt with by the council's overarching complaints policy and in line with Human Resources (HR) regulations and guidance as appropriate

15.9 Complaints that have been categorised within the 'other' category, include complaints that relate to data breaches, information governance, children's services, concerns about people who are not open to adult social care, concerns about housing or concerns relating to health services. These complaints are overseen by the Customer Care Team and where appropriate referred on to the appropriate service to respond.

15.10 A process for managing complaints that are commissioned by adult social care and provided by Mental Health or Occupational Therapy (OT) services are managed in line with the Section 75 agreement with Cambridgeshire and Peterborough Foundation Trust (CPFT). The number of complaints recorded by the Customer Care Team can differ slightly from the number reported by Cambridgeshire and Peterborough Foundation Trust (CPFT). These variations are due to the different ways in which complaints are categorised by the respective organisations. This year there was a total of 10 complaints about services provided by CPFT under the Section 75 agreement. This is an increase of 3 from 2020-2021 where 7 were recorded.

16.0 Complaints about Commissioned Care Providers

16.1 The council has responsibility for the services it commissions. A complainant can address a complaint about an independent service provider commissioned by the council either by complaining to the provider directly or by complaining to the council. In cases where the complainant has complained to both parties, the council will investigate and respond. There should also be a separate investigation carried out by the independent provider.

16.2 Complaints and the response to complaints involving independent care providers are copied as a matter of routine to the appropriate commissioning and contracts manager(s) within the council.

16.3 As shown in the figure 8 above, 50 complaints related primarily to either home care, supported living or residential care. Overall, 78 (35%) complaints related to the provision of care by council commissioned care providers. This is significantly more than 2020-20201 when there were 23 (11%) complaints recorded. The difference in number is likely to be attributable to improved reporting mechanisms within the Customer Care Team, whereby the visibility to identify complaints that relate to a commissioned provider are more accessible. The Customer Care Team will continue to monitor this over the next reporting period.

16.4 Of those 78 complaints, the majority of those complaints 60 (77%) were about expected standards not being met. Of the issues that fell into this category, the highest proportion 20 (26%) related to the standard of care and the timing of care calls for domiciliary/home care providers and 18 (23%) related to the standard of care provided by residential providers, both of which remain key themes in complaints within this category. The next largest proportion 17 (22%) were in connection to COVID-19 related issues, for example restricted visiting, choice of providers, the COVID-19 testing of staff and patients and issues with Personal Protective Equipment (PPE).

16.5 Social care teams, the council's Contact Centre and the Customer Care Team will record notifications of concerns about the standard of care being provided by independent care providers. This enables the Contracts and Commissioning Team to gather a picture of concerns being raised (these are not specific to formal complaints) and to establish if there are any themes.

16.6 The council's Contracts and Commissioning Teams, work with care providers and carry out monitoring visits and where necessary will implement Home Improvement Plans (HIP) and work alongside the Clinical Commissioning Group (CCG) to review quality and compliance with care providers.

17.0 Comparative Data

17.1 Historically, the Customer Care Team have reported on the complaints data obtained from our comparator authorities, the top ten of which are: Oxfordshire, Gloucestershire, Hampshire, Essex, Buckinghamshire, Hertfordshire, West Sussex, Surrey, Worcestershire and South Gloucestershire. The comparator authorities used are those defined by the Department of Health for comparing statistical data to Cambridgeshire.

17.2 Unfortunately, this data has not been collated and distributed over the last five reporting years. The Customer Care Manager has contacted the local authority who previously led on the collation of this data in order to establish if this can be resumed and we hope to be able to provide this comparable data in the next annual report.

17.3 It is worthwhile noting, that even on receipt of the more current data from comparator authorities, it is difficult to consider a valid comparison as there are a range of different arrangements for dealing with and the recording of complaints data. For example, some authorities record and report on adult and children's social care complaints jointly, whilst others include all contact, to include Councillor and MP enquiries, within their complaints data.

17.4 Although we are currently unable to report on our statistical neighbours' complaints data, each year in June/July, the Local Government and Social Care Ombudsman (LGSCO) issues an annual review to each council. In their review letter the Ombudsman sets out the number of complaints about the council that the LGSCO have dealt with and offers a summary of statistics to accompany this.

17.5 The annual review statistics are publicly available, allowing councils to compare their performance on complaints against their peers; copies of the annual review letter, as well as any published Ombudsman complaints, are issued to the leader of the council and Democratic Services (the Ombudsman's link person within the council) to encourage more democratic scrutiny of local complaint handling and local accountability of public services.

17.6 The most recent public data available from the LGSCO, at the time of writing this report, is for 2020-2021.

17.7 The number of complaints and enquiries processed by the LGSCO continues to rise year on year and during 2020-2021 there was a 53% (882) increase in the number of complaints and enquiries they processed. Of the 7193 the LGSCO received, 4700 went onto detailed investigation, which is a 42% (2493) increase from the previous year.

17.8 The uphold rates for all complaints that the LGSCO took to a detailed investigation was 72%, which is a 4% increase to the previous year when this rate was 68%.

17.9 For Cambridgeshire County Council the uphold rate was 64% which is 8% lower that their overall average uphold rate of 72%. The average uphold rate for similar authorities was 71%.

17.10 The LGSCO review provides the figures for all adult social care complaints and enquiries they received for all local authorities within England (164) for 2020-2021. For adult social care, the LGSCO received 2552 complaints and enquiries in 2020-2021, which is a 53% increase from the previous year where they received 1670 for adult social care.

17.11 The LGSCO found the council had provided a satisfactory remedy before the complaint reached them in 14% of the cases. Although this figure seems low, in comparison to the percentage for similar authorities this is 6% higher. The council continue to strive to increase the number of complaints where the complainants, and where

relevant the LGSCO, are satisfied that their concerns have been fairly addressed and their desired outcomes met. This is evident in the increase (6%) from the LGSCO previous review, where they felt the council had provided a satisfactory remedy before the complaint reached them. It will never be possible to achieve this in all scenarios as there will be occasions where the council are unable to provide the complainants desired outcome.

17.12 Of the complaints that the LGSCO took to detailed investigation, they were satisfied that the council had fully complied with all of their recommendations.

17.13 The LGSCO have three classifications of investigations: initial checks, initial investigations and detailed investigations. The last data available from the LGSCO from 2022-2021, shows that there were 10 cases where, following initial checks, the LGSCO referred the cases back to the council for local resolution and there were 15 cases where the LGSCO closed them following initial investigations. The LGSCO initial investigations enquiries can be as time consuming to complete as a detailed investigation.

18.0 Complaint responses

18.1 The council is committed to acknowledging complaints received within 3 working days and to provide the customer with a response within 25 working days. If there are mitigating circumstances for exceeding these time frames, then a written explanation is sent to the complainant to advise them of the delay.

18.2 The Customer Care Team strive to ensure complaints are responded to within timescale and make a concerted effort to support continuous improvement in this area. During 2021-2022, 37% (83) of formal complaints required extensions, leading to the response taking longer than 25 working days, this is a 3% (13) increase from the last reporting year.

18.3 It is acknowledged that any delay in providing a complaint response will add further frustration and dissatisfaction to a complainant and this is something the council want to mitigate. The Care Customer Care Team and Adult Social Care Management Team will continue to support improvement in response timescales and are implementing changes in the administrative processes, to include earlier escalation of delays to senior management, to promote more timelier responses.

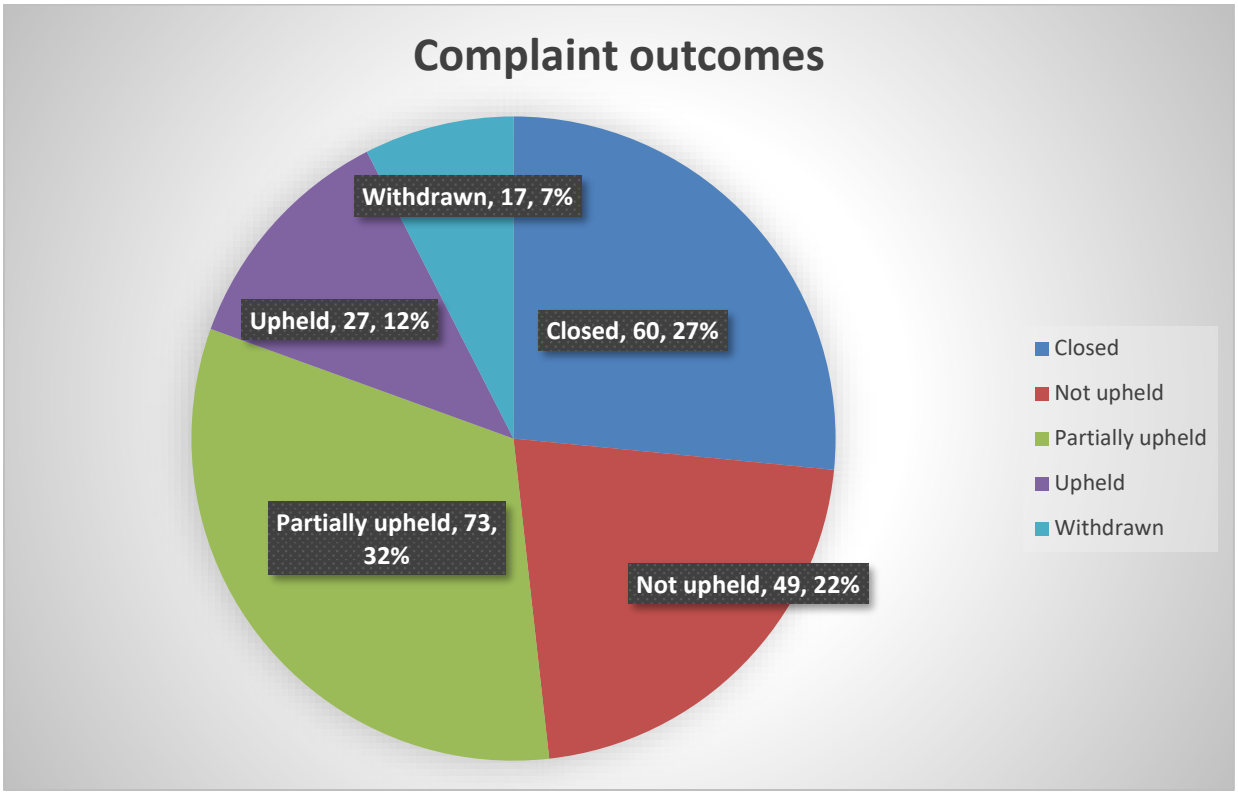
18.4 Extensions were agreed for a number of reasons:

- Complex cases involving multiple complainants
- Related to ongoing legal issues
- Related to active safeguarding investigations
- Complex cases involving other organisations, or multiple teams within the council
- Awaiting consent from the person we support or for a Mental Capacity Assessment to be completed
- Time needed to include a meeting with the complainant or person we support during the investigation
- Change in investigator during the course of the investigation
- Staffing capacity alongside the impact of the redeployment of staff amidst COVID-19 pandemic
- Awaiting the completion of a workflow before the complaint can be concluded, for example a social care assessment or a financial assessment

18.5 There are several complaint decision categories, the three outcome categories are recorded using the following definitions:

- Upheld – all issues raised in the complaint required remedial action to rectify the situation and prevent similar issues arising in the future
- Partially upheld – at least one issue in the complaint was upheld and required remedial action
- Not upheld – no fault found and the issues raised did not require remedial action

18.6 Figure shows formal complaint outcomes for 2021-2022.



18.7 Partially upheld complaints accounted for the highest proportion of outcomes with 73 (32%) which is the same percentage of partially upheld complaints as the previous reporting year.

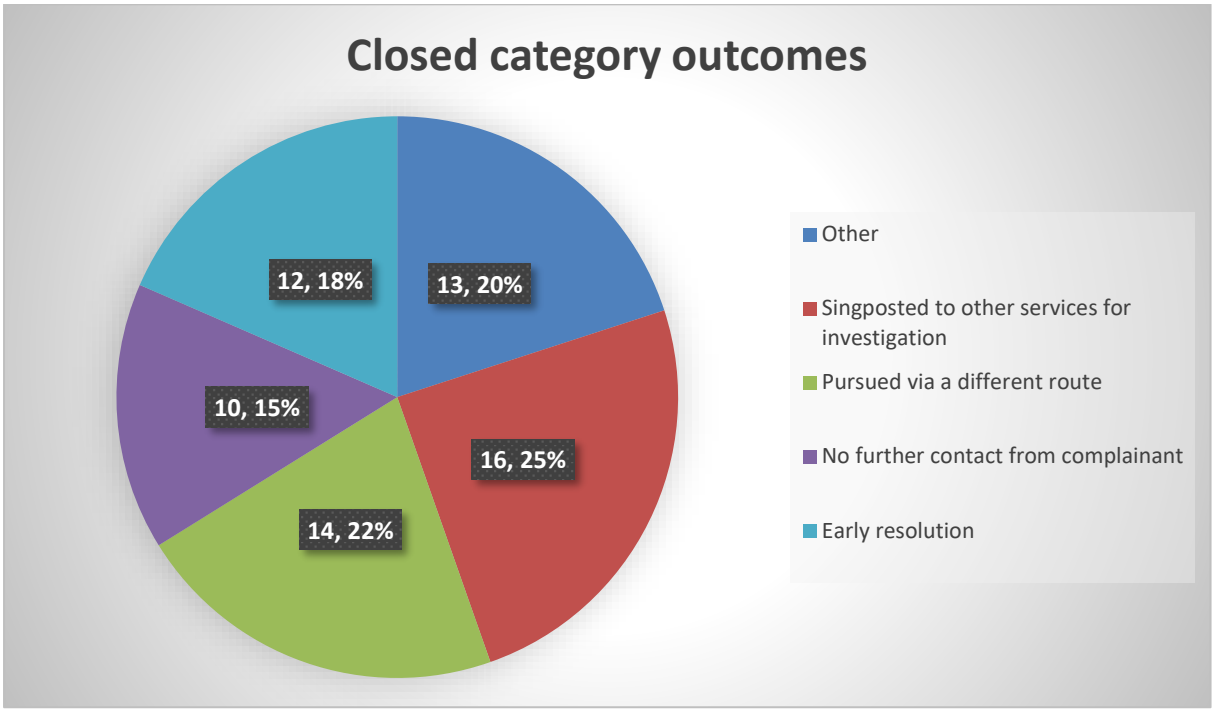
18.8 49 (22%) complaints were not upheld, which is a 4% increase on last year, however, this fluctuation is minimal over the last three reporting years, where the latter years had an uphold rate of 20% and 19% respectively.

18.9 27 (12%) of complaints were upheld in 2021-2022, which is a 4% decrease on the previous reporting year where 16% of complaints were upheld.

18.10 The three major complaint outcome categories (upheld, not upheld and partially upheld) continue to follow the trend of previous years where there has been little change in the percentages of each respective category.

18.11 Of the remaining two outcome categories, 60 (27%) of complaints were closed and 17% (12) were withdrawn. There are various reasons why complaints are closed and figure 10 on the next page provides further context about the reasons within this category.

18.12 Figure 10:



18.13 Of the 14 (22%) complaints that fall under the pursued via a different route category, these included routes such as legal, insurance and when a decision has been made to escalate the complaint straight to the second and concluding part of the adult social care complaints process.

18.14 12 (18%) of complaints were closed due to the concerns being resolved prior to the formal investigation concluding in such instances, with agreement from the complainant, the complaint is closed.

18.15 There are occasions when complainants will raise a complaint, however, when the Customer Care Team have tried to contact the complainant to ascertain more information there has been no response. In such instances, when all contact details have been attempted, a letter is sent advising that we are closing the complaint. There were 10 instances this reporting year where complaints were closed on this basis.

18.16 16 (25%) of the complaints which were closed, fell under the 'other' category. This category includes: complaints that were closed as the matters being raised related to complaints that had previously concluded the council's complaint process; complaints that raised historical matters i.e. typically 12 months after the events that are being complained about occurred which are not taken forward for investigation and finally cases where the person we support has not consented to the complainant raising the concerns on their behalf in which case, following careful consideration, we need to close some complaints.

19.0 Senior Manager Review

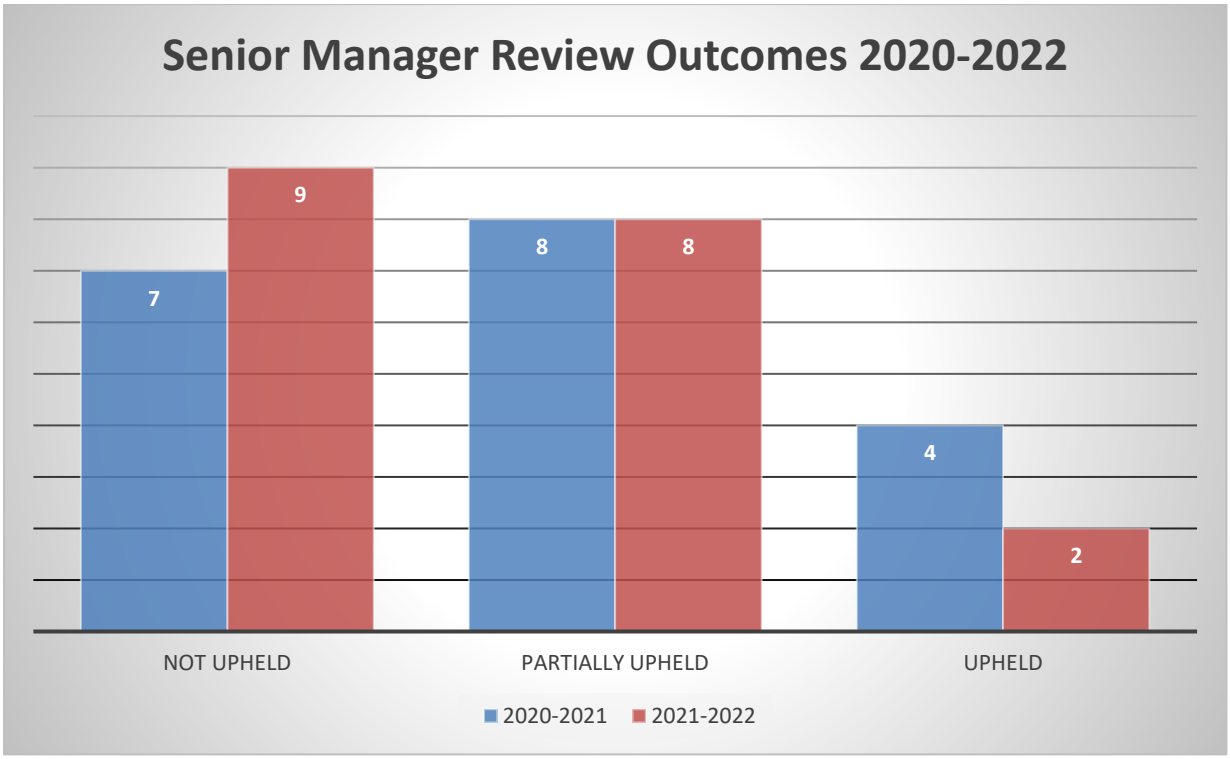
19.1 Where complainants are not satisfied with the first response to their complaint, a number of options may be pursued such as offering a meeting, providing further information or a Senior Manager carrying out a review of the complaint.

19.2 A Senior Manager Review is the second and concluding part of the adult social care complaints process. The final response letter will conclude by signposting the complainant to the Local Government Social Care Ombudsman with any further dissatisfactions in relation to their complaint.

19.3 For consistency, the Customer Care Team report on completed Senior Manager Reviews rather than those requested or those that are ongoing within a reporting year.

19.4 In 2021-2022, there were 19 Senior Manager Reviews completed. This the same number of reviews that were completed in 2020-2021. The number of Senior Manager Reviews over the last 5 reporting years has only fluctuated slightly, with the mean number of Senior Manager Reviews since 2016 to present being 15.

19.4 Figure 11 below, shows the outcome of the Senior Manager Reviews completed this reporting year in comparison to 2020-2021:



19.6 As visible in the graph above, there has been a 29% (2) increase in the number of cases not upheld and a 50% (2) decrease in the number of upheld Senior Manager Reviews.

19.7 The Senior Manager Review process offers the complainant reassurance that the complaint has been scrutinised by another officer with more seniority within the authority. Therefore, any increase in the number of Senior Manager Reviews is not necessarily a cause for concern, what would be more of a concern would be a significant increase in the number of upheld reviews. In addition, this process can prevent the escalation to the LGSCO, or where they have been escalated to the LGSCO, there is a higher proportion of findings where the LGSCO are satisfied that the council have remedied effectively in the first instance (see details in 17.8).

19.8 Reviewing the number of cases decided by the LGSCO over the last 24 months, it suggests that less than half of complaints that have concluded the Senior Manager Review process go on to be fully investigated by the LGSCO.

19.9 Of the 2 upheld Senior Manager Reviews, 1 related to debt recovery where it was established that due to a combination of an error by a bank and some systems issues in the debt recovery team, a payment had not been allocated correctly.

19.10 The second upheld Senior Manager Review related to charging following discharge from hospital into a residential setting. It was acknowledged that there had been a delay in the completion of the person we supports social care assessment which fell below expected standards.

19.11 Of the 8 partially upheld Senior Manager Reviews, the key issues related to: delays in the completion of financial assessments; issues with Disability Related Expenditures (DRE); the handover of information at point of discharges; appropriate sharing of information and delays in the allocation of a social worker or completion of care assessments.

19.12 9 (50%) Senior Manager Reviews were not completed within the three-month allotted timescale. It is acknowledged that this falls short of the service complainants should expect and is not in line with the adult social care complaints policy. The Customer Care Team keep complainants informed of delays and offer explanations for the reasons causing the delay. However, this does not detract from the awareness that any delay in the complaints process is understandably going to add to a complainants frustration.

19.13 To address this, the Customer Care Manager and Core Management Team have established a process whereby delays are escalated to the respective Assistant Director to review and source appropriate resource to reduce the risk of breaching the timescales set out in our policy. The Customer Care Team will continue to support managers with reminders and request updates in a timely manner regarding explanations of the delays.

20.0 Local Government Social Care Ombudsman complaints and enquiries

20.1 For adult social care, the LGSCO are the one-stop shop for complaints about publicly and privately funded services, and they see the issues that have not been resolved locally; the real-life experiences of people who use services and the challenges faced by councils and care providers.

20.2 Although the council always strive hard to resolve a complaint, there are cases where a customer is unhappy with the responses received about their complaint from the council and they can exercise their right to involve the LGSCO. The Ombudsman will investigate cases where a customer has exhausted the council's own complaints process and feel that their case has not been appropriately heard or resolved.

20.3 Complaints that include health as well as social care issues are investigated by the joint Parliamentary Health Services Ombudsman (PHSO) and the LGSCO investigation team. In this reporting year there were no joint investigations.

20.4 As discussed in section 17 above, each year, in June/July, the Local Government and Social Care Ombudsman (LGSCO) issue an annual review to each council. In his letter he sets out the number of complaints about the council that his officers have dealt with and offers a summary of statistics to accompany this. The annual review statistics are publicly available here.

20.5 It may be helpful to explain that when reviewing the performance statistics published by the LGSCO for Cambridgeshire County Council there may appear to be discrepancies between the LGSCO figures, and the figures mentioned in this report. There are several explanations that account for these variances, for example the LGSCO report on the total number of 'upheld' decisions for all of the council's services, which will include complaints that fall outside Adult Social Care, for example Highway's complaints. The LGSCO also group service areas within their 'Adult Services' categories that this report does not, for example Blue Badge complaints.

20.6 The LGSCO do not proceed to what they refer to as a 'detailed' investigation with all complaints they receive and will occasionally carry out initial assessments with a local authority and complainant in the first instance in order to determine if they will proceed with a full and detailed investigation. This will usually involve the LGSCO's

Assessment Team requesting the council's views, copies of the council's complaints correspondence and social care records. The LGSCO Assessment Team carry out the initial investigations, which from the council's perspective, are usually similar in style and process to a full investigation. In this report we will cover both detailed LGSCO investigation decisions as well as initial LGSCO assessment decisions.

20.7 LGSCO complaint investigations can span more than one reporting period. To provide consistency, the Customer Care Team report on completed detailed investigations only and not those that have been referred or are still in progress.

20.8 In 2021-2022 there were 5 adult social care decisions delivered by the LGSCO. This compares to 4 adult social care decisions being published in 2020-2021 and 6 final decisions being delivered in 2019-2020.

20.9. In the first case, the LGSCO found the Council was at fault for not properly considering a complainants concerns about her safety in the community, which the Council apologised for at the time. The Ombudsman found no fault in the way the Council assessed the complainants client contribution but found the Council had provided unclear and inaccurate information about what the complainant owed which was fault. The Council apologised and waived the debt and will ensure it discusses with the complainant how her contribution is paid in future. The Council also reviewed how social care locality teams communicates with the Adult Finance Team (AFT), to improve the accuracy of invoices and to ensure these are not sent unnecessarily.

20.10 In the second case, the LGSCO found fault in the council's complaint handling for not formally investigating a complaint where consent was not received from the person we support and that was raised outside of 12-month complaints timescales. Going forward the council will evidence the advice obtained from the Ombudsman on applying their discretion for complaints that fall outside of the remit of the adult social care complaints policy.

20.11 In the third case, the LGSCO found the council at fault for errors and delays in the assessment of a services users finances which caused an injustice. The council apologised for these failings and made a payment to the complainant in recognition of the avoidable time and trouble this resulted in for them. The council also reassessed the services users finances. The financial assessment team have increased resources in the team to address delays with assessments as outlined in section 6 above.

20.12 In the fourth case, the LGSCO found fault in the standard of care and treatment provided by a Council commissioned care provider. Although the Council's safeguarding investigation had already found that the provider had failed in multiple aspects in the provision of the care they provided and reimbursed costs in recognition of the injustice caused, the Council offered a further amount in recognition of the significant distress the complainant suffered as a result of the poor standard of care. The Council implemented a Home Improvement Plan (HIP) as a result of its contracts monitoring with the provider and continue to work with the provider and monitor the HIP to ensure the improvements in the standards of their services are maintained.

20.13 In the fifth case published by the LGSCO in 2021-2022, the LGSCO agreed with the Council's findings in that there was fault due to a delay in reporting the findings of its safeguarding investigation to a late service users son as well as taking too long to complete the investigation of his complaint. The LGSCO found that the Council had already offered a proportionate remedy to the late service users' son in respect of those delays. The LGSCO investigation found no evidence the safeguarding investigation itself was flawed.

20.14 As outlined in section 17, where fault had been found the LGSCO were satisfied that the council had fully complied with all their recommendations.

20.15 The LGSCO share the issues and themes from their investigations on their website and with other councils to help all councils learn and to avoid the same mistakes occurring again. They do this through reports and other resources they publish. The council adopts a positive attitude towards complaints and works constructively with the LGSCO to remedy injustices and implement the learning from other adult social care cases they have

investigated. Learning from other local authority cases is also shared at Senior Manager Team meetings and on a wider scale by workshops run by the Principal Social Worker and the Quality and Practice Standards Team in order to improve services.

21.0 Complaint Themes

21.1 This reporting year the key themes gathered from feedback received by the customer care team were:

- The tone and content of debt recovery letters.
- The allocation of payments against invoices
- The timeliness and accuracy of both invoice and debt recovery correspondence
- Delays with the financial assessment process and poor communication
- Dissatisfactions with the outcomes of financial assessments, particularly where financial contributions increased or there is a dispute as to when the financial threshold was met
- Dissatisfactions with social care assessments. The majority of these related to the content within the assessment, which was felt to be insufficient, inaccurate or not completed in a timely manner. Learning has been taken from this as discussed below.
- Dissatisfactions with the outcomes of social care assessments, particularly when the outcome has resulted in a reduction of eligible needs and/or funding.
- Delays with the complaints process and dissatisfactions with decisions not to investigate complaints, for example if consent is not received or if they are outside of complaint timescales.
- Complaints about the conduct of staff, for example the manner in which they spoke or the way in which they delivered a message to a person we support.

21.2 Although not the primary issue for complaining, communication issues continue to be a theme in complaints. These issues include: not returning calls in a timely manner; failing to provide information on progress at regular intervals; not providing sufficient, timely or clear information; and concerns about the lack of communication between services both within the council and with organisations outside of the council. The importance of following the council's communication charter is shared as a reminder to all social care staff.

21.3 Standard of care provision by a commissioned care provider, also remains a theme in complaints. The types of complaints that fall within this category include complaints about the timeliness of care calls, concerns around the way in which tasks in the care plan are, or are not, being carried out for example the type of meal prepared and insufficient time allocated for tasks to be completed within. All complaints about adult social care commissioned services is shared with the Head of Service for Contracts as well as with the care provider directly, in order that they are both aware of the concerns and where appropriate take action to address the concerns in a timely manner.

22.0 Conclusions

22.1 More compliments were received that any other type of feedback this reporting year

22.2 35% of formal complaints related to the provision of care by council commissioned care providers.

22.3 There has been an 8% increase in the number of formal complaints this reporting year

22.4 There has been little variance in the number of Senior Manager Reviews and LGSCO investigations that were concluded over the last two reporting years.

22.5 Care assessments and charging account for the top two reasons for complaints.

22.6 3.5% of people receiving adult social care services formally complained

22.7 The LGSCO uphold rate for Cambridgeshire County Council is 8% lower that their overall average uphold rate (72%) for all local authorities in England.

23.0 Recommendations

23.1 Adults and Health Committee to approve this report for publication on the external website in line with the 2009 Department of Health (DOH) regulations.

23.2 Customer Care Team to continue to work with colleagues across the organisation to embed learning identified from complaints and compliments thereby improving the experience of people we support and ensuring that the number of upheld or partially upheld LGSCO investigations remains low.

Please contact the Customer Care Team CustomerCare@Cambridgeshire.gov.uk or telephone: 01223 703535 if you require this information in a different format.

Appendix 1

The definitions for compliments, comments, representations and complaints are set out below.

Compliment: A formal expression of satisfaction about service delivery by a Service User or their representative.

Enquiry: Any suggestion or remark made formally by a Service User, their representative or a member of the public.

Representation: A comment or complaint about County Council or Government resources or the nature and availability of services.

Complaint: A concern or complaint is 'any expression of dissatisfaction that requires a response'. It is how the person raising a concern/complaint would like it addressed that helps define whether the expression of dissatisfaction requires an 'informal' or 'formal response. It is therefore not always the complexity of severity of a concern/complaint that defines its formality or informality.

Informal Complaint: It is how the person making the complaint/concern would like it addressed that helps to define whether the expression of dissatisfaction requires an ‘informal’ or ‘formal’ response. It is therefore not always the complexity or severity of the complaint/concern that defines its formality or informality.

Formal Complaint: any formal expression of dissatisfaction or disquiet about service delivery by a Service User or their representative.

Corporate Complaints: Corporate complaints are outside the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and refer solely to the behaviour of a named County Council employee. A corporate complaint is investigated and responded to by the line manager of the person who is being complained about.

Appendix 2 – Acronyms

AAT	Adult and Autism Team
AEH	Adult Early Help
AFT	Adults Finance Team
ASCMT	Adult Social Care Management Team
CCT	Customer Care Team
CCG	Clinical Commissioning Group
CPFT	Cambridgeshire and Peterborough Foundation Trust
DHSC	Department of Health and Social Care
EDT	Emergency Duty Team
FAT	Financial Assessment Team
PHSCO	Parliamentary & Health Services Ombudsman
LDP	Learning Disability Partnership
LGSCO	Local Government Social Care Ombudsman
MASH	Multi Agency Safeguarding Hub
MCA	Mental Capacity Assessment
MP	Member of Parliament
NFA	No Further Action
OP	Older Peoples Services
OT	Occupational Therapy
PD	Physical Disabilities Team
RBT	Reablement Services
SS	Sensory Services
TEC	Technology Enabled Care
ToC	Transfer of Care

Appendix 3 – Case Studies

Case study one – Older Peoples Services

Mr X complained that the council did not undertake a proper safeguarding investigation into his concerns about the treatment of his late father Mr A at a care home. Mr X felt the council did not: take seriously his concerns that an unregistered nurse was working at the home; that the care home failed to give his father proper nutrition and hydration; that it did not respond appropriately to safeguarding concerns raised by paramedics; that he had requested confirmation that the safeguarding had concluded and a copy of the outcome of the safeguarding investigation on several occasions and had not received these and Mr X was also dissatisfied that the complaint process had been protracted.

The investigations into Mr X's complaints determined there was no evidence that the council failed to conduct a proper safeguarding investigation. The council's records show that all relevant information was obtained in order to reach a conclusion about the allegations. It was acknowledged that there were failings in the administrative process as staff failed to update Mr X on the progress of the safeguarding investigation and issuing of paperwork was not completed in accordance with the expected standards. There was also a delay in sending the final report to Mr X even after staff had promised to do so. Furthermore, it is acknowledged that there were delays in the council's investigation of Mr X's complaint and as a result of those delays Mr X suffered considerable frustration and was unable to obtain a satisfactory conclusion to his concerns. The delays in the complaint process were exacerbated by the investigation being paused while there is an ongoing safeguarding and due to the safeguarding not concluding in a timely way, the complaint process was protracted. The council offered their sincere apologies to Mr X and offered a sum of £500 which is proportionate to the injustice suffered. The council also instituted measures to prevent a recurrence of the sort of delays seen here by arranging a training event to encourage good practice in respect of safeguarding investigations.

Case study two – Financial Assessment Service

Ms X complained the council incorrectly assessed her mother, Mrs Y's finances and as a result required her to make contributions towards the cost of her care, which she could not afford. Ms X also complained that the council failed to carry out financial assessments annually and that when it did, the assessments were based on the same incorrect information regarding the level of Mrs Y's pension.

The complaint investigations determined that there were errors in the way the council assessed Mrs Y's finances and by using the figures from her savings account in 2015 rather than 2016, the council had wrongly calculated Mrs Y's capital. The discrepancy meant Mrs Y's capital would have been below the upper threshold at an earlier date, and she would have been eligible for assistance towards the cost of her care and support at an earlier date. The investigations also highlighted that the council had incorrectly calculated Mrs Y's means test contribution from her assets. The council calculated Mrs Y's income based on the amount she should have received, rather than the amount she did receive. Mrs Y was eligible for a state pension, and although it is unclear why, the

DWP stopped paying this. The council were initially unaware the DWP had ceased the state pension payments. In the absence of any bank statements or evidence to indicate otherwise it was appropriate for the council to assume Mrs Y still received the payments she was entitled to. However, as the council accepts, when it received copies of Mrs Y's bank statements in 2019 it should have identified the state pension payments had stopped. The council has apologised for the delay in carrying out financial assessments and for not identifying sooner that Mrs Y was not receiving state pension payments. The council also offered to pay £250 in recognition of the time and trouble she had been put to as a result of this. In addition, the council agreed to reassess Mrs Y's finances to determine when her capital fell below the upper threshold, and what her contribution towards the cost of her care should have been in each of the following years.

Case study three – Adult and Autism Team

Miss X complained that the council failed to support her properly. In particular, that it failed to find her a replacement support worker, did not support her with getting her shower fixed and did not address her concerns about her safety when leaving the house. Miss X complained that this meant her eligible needs were not being met which caused her distress. In addition, Miss X was unhappy that the council were charging her a contribution towards her care costs when she considers she is not getting the support she needs.

The complaint investigations determined that the council properly assessed Miss X's care needs and identified she had an eligible need for care and support. The support plan proposed Miss X receive six hours of support per week. Although the investigation found the council had not provided that, there was no evidence that it was due to council fault. The evidence showed Miss X found accepting care difficult and she found it difficult to build up a relationship with support workers. The council sought to introduce the care slowly, with a view to increasing support as the working relationship developed. The council identified two care providers but in both cases the care stopped at Miss X's request, after she raised a concern about the behaviour of the support workers. The support workers denied Miss X's allegations and there is no way to establish exactly what happened therefore it is not possible to investigate those particular points further.

The findings established that the council properly reviewed Miss X's support plan when the care ceased, and the social worker continued to correspond and assist Miss X as necessary. The evidence showed that the council were actively seeking a new support worker for Miss X and were seeking to identify a new provider through its framework of agreed providers and outside the framework when this was unsuccessful, but it had been unable to source care. In the interim period the Adult and Autism Team had continued to provide support when required to meet Miss X's needs including getting her medication and attending a GP appointment with her.

In relation to the council charging for care and support, it was determined that the council had calculated Miss X's client contribution to her care charges in line with the relevant statutory guidance and regulations. The council also considered her disability related expenditure and there was no fault in the way it carried out the financial assessment. However, it was found that the information the council continued to provide to Miss X about the care charges was confusing and unclear which was fault. The council sent a bill to Miss X in October 2021 when she was not receiving care. This was fault.

The council apologised and advised Miss X to ignore this. However, at the time the officer noted Miss X had a debt and there is no evidence that the council highlighted this to Miss X at that time. The council also sent a 'letter before action' which related to invoices covering periods when Miss X did not receive care and advised that the debt would be referred to debt recovery agents if it was not paid. This was fault. The council apologised to Miss X for the distress caused by the unclear and confusing financial information it had provided to her and agreed to waive the debt. In addition to this, the council agreed to review how the social care teams communicate with the finance team to help improve the accuracy of invoices and to ensure these are not sent unnecessarily.

Case study 4 – Debt Recovery

One complainant advised they had received several debt recovery notifications when there were no outstanding arrears on the account and there was insignificant detail in the debt recovery notifications for the complainant to identify what this was in relation to. The debt recovery service had advised the customer that there had been an error and to disregard the recovery notifications. The complainant wanted to know why they were receiving these letters incorrectly in the first instance as it was wasting their time and causing them unnecessary distress.

Following an investigation, it transpired those payments had been allocated incorrectly onto the account. It was identified that when another service user was making a payment, they were stating the incorrect reference number and their payment had been automatically allocated to the incorrect account and invoices by the financial system in place. To ensure this issue was rectified and the necessary corrections were made, the complainants invoices were reopened, and the incorrect payments were moved to the correct person's account which resulted in the invoices showing as outstanding. Unfortunately, the system issued automatic debt recovery letters before a hold could be placed on the reopened invoices. It was acknowledged that contact should have been made to the complainant at the time the error was identified to inform them that they would receive debt recovery letters as they are automatically generated, however, debt recovery action would not follow. Unfortunately, this was not the case and the debt recovery manager addressed this internally and apologised for the issue and the distress caused. It was further acknowledged that when the complainant first contacted the debt recovery team to make enquiries, they should have explained why the letters had been issued and offered reassurance to you that debt recovery action would not be taken.

Lessons identified from the complaint resulted in processes between the Debt Recovery Team and the Income Processing Team being reviewed to ensure that when errors are identified on a person's account, and where the council are aware that the debt recovery letters are going to be automatically issued, that contact is to made to the person we support or their financial representative to ensure they are aware of this. The Income Processing Team now have a process in place to inform the Debt Recovery Team if such an error has occurred and will ask for a hold to be placed on reopened invoices for one month whilst this is communicated to the person we support. In addition to this, amendments to the debt recovery letters are being introduced to include more information on the letters to show more clearly the invoices that attributed to the balance.

Suicide Prevention Strategy

To:	Adults and Health Committee
Meeting Date:	14 July 2022
From:	Director of Public Health
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	N/A
Outcome:	To progress the Joint Cambridgeshire and Peterborough Suicide Prevention Strategy 2022-2025 to the Health and Wellbeing Board, or return to officers for review.
Recommendation:	Adults and Health Committee is asked to: discuss and agree the Joint Cambridgeshire and Peterborough Suicide Prevention Strategy 2022-2025, for final approval by the Health and Wellbeing Board.

Officer contact:
Name: Jyoti Atri
Post: Director of Public Health
Email: Jyoti.atri@cambridgeshire.gov.uk
Tel: 01223 703261

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

1. Background

1.1 The Joint Cambridgeshire and Peterborough Suicide Prevention Strategy 2022-2025 is a refresh of the Strategy of the same name that was operational between 2017 and 2020. The National Suicide Prevention Strategy outlines that *'Local responsibility for coordinating and implementing work on suicide prevention will become, from April 2013, an integral part of local authorities' new responsibilities for leading on local public health and health improvement.'*

1.2 The strategy outlines the approaches being undertaken by the local authority and its partners across Cambridgeshire and Peterborough to reduce the rate of suicide within the county and ensure people are receiving the support they need.

2. Main Issues

2.1 The Joint Cambridgeshire and Peterborough Suicide Prevention Strategy 2022-2025 seeks to update and combine a number of existing Suicide Prevention strategies, placing a greater emphasis on working collaboratively as a system. The primary strategies informing this work are the Joint Cambridgeshire and Peterborough Suicide Prevention Strategy 2017-2020 and the CPFT Suicide Prevention Strategy 2017-2020.

2.2 This work is informed by the National suicide prevention strategy 'Preventing suicide in England' and its subsequent progress reports, chiefly the fifth progress report released in 2021. Local data and collaboration with mental health services and people with lived experience have been employed in order to tailor the national approach to Cambridgeshire and Peterborough.

2.3 This strategy has determined a key ambition for suicide prevention work within Cambridgeshire and Peterborough over the next three years: *'Every person in Cambridgeshire and Peterborough has access to the right care and support, from both the mental health system and their communities, to ensure that they do not die by suicide'.*

2.4 The Suicide Prevention Strategy will sit within the Health and Wellbeing Strategy alongside a Public Mental Health Strategy and a Children and Young People's Mental Health Strategy under the priority area to *'promote early intervention and prevention measures to improve mental health and wellbeing.'*

2.5 Following agreement from the multi-partner suicide prevention implementation board in 2017, Cambridgeshire and Peterborough are pursuing a zero suicide ambition. We acknowledge that zero suicide is ambitious and will rely on many wider structural factors that lie outside of the scope of this strategy. However, as a system we have adopted this approach as we think it is important that we do everything in our power to prevent suicide. To this end, our zero suicide ambition translates practically in the following three outcomes:

- 2.5.1 Achieve a significant reduction in inpatient suicides in inpatient care settings and no never-events by 2025
- 2.5.2 Significantly reduce the number of patients in contact with mental health services dying by suicide by 2025
- 2.5.3 Reduce the rates of suicide in Cambridgeshire and Peterborough in line with national averages by 2025

2.6 The Key Recommendations proposed by the strategies are as follows:

1. Identify local risk factors for suicide and ensure approaches are considerate of different needs

A) Identify emerging trends in suicide risk using Real-Time Suicide Surveillance and Mental Health Data Dashboard
B) Improve system learning from available data and adapt/escalate approaches where possible, taking into account intersectionality of factors that contribute to suicide
C) Deliver targeted interventions that take into consideration the different risk factors and sensitivities associated with people from diverse background

2. Provide high quality general and specialist support to people presenting with suicidal intent

A) Continue to deliver and expand Suicide Prevention Training to all healthcare professionals in Cambridgeshire and Peterborough
B) Ensure consistency between primary and secondary mental health provision
C) Promote the use of safety plans in all healthcare settings and raise awareness for individuals of how to develop their own, with the aim of keeping people safe until they can access mental health services
D) Support frontline workers, both emotionally and practically, to ensure that they are well-equipped to help patients facing suicidal thoughts, able to effectively refer people to appropriate support and not jeopardising their own mental health in the process

3. Protect people at a time of crisis and following de-escalation

A) Ensure that people are actively engaged with crisis care and able to address underlying issues
B) Expand the support networks and resources available to people following a mental health crisis
C) Reduce access to means within the home and in a digital world

4. Ensure the community is well-equipped to prevent suicide in non-clinical environments

A) Support the delivery of awareness raising campaigns, particularly through the introduction of data-informed tailored approaches
B) Promote delivery of suicide prevention training to members of the community
C) Offer greater support to families and friends of people affected by suicidal thoughts to better equip them to keep their loved one safe and protect their own mental health

5. Improve understanding of self-harm and support the promotion of healthy coping strategies

A) Improve data collection to gain a better understanding of self-harm beyond crisis care
B) Understand and address self-harm in children and young people
C) Ensure those presenting to services with self-harming behaviours have their mental health concerns treated appropriately

6. Ensure that appropriate steps are taken following a suicide to support the community

A) Expand the existing suicide bereavement support offer to accommodate those more widely affected by a suicide and encourage peer support
B) Ensure that professionals in contact with someone who has died by suicide are adequately supported
C) Rapidly respond to incidents of suicides that may have a greater impact on the wider community and ensure that information shared is accurate, sensitive, and guiding people towards support

3. Alignment with corporate priorities

3.1 Environment and Sustainability
There are no significant implications for this priority.

3.2 Health and Care
The report above sets out the implications for this priority.

3.3 Places and Communities
There are no significant implications for this priority.

3.4 Children and Young People
The following bullet points set out details of implications identified by officers:

- This is an all-age strategy, but will sit alongside a Children and Young People's Mental Health Strategy as part of the wider Health and Wellbeing Strategy.
- Recommendations take into consideration the impact of children and young people and tailor approaches where appropriate

3.5 Transport
There are no significant implications for this priority.

4. Significant Implications

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

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications
All procurement activity will be compliant with the Council's Contract Procedure Rules.

4.3 Statutory, Legal and Risk Implications
There are reputational implications for CCC not to own a suicide prevention strategy as this is expected, although not a statutory requirement, as outlined in the National suicide prevention strategy. Suicide prevention contributes to the council's general duty to improve the health of the public.

4.4 Equality and Diversity Implications
Priority Area 1 of the strategy outlines the plans in relation to ensuring that those in society deemed more at-risk of suicide, many of whom fall under protected characteristics, are adequately supported.

An Equality Impact Assessment has not been completed as part of this overall strategy, but will be taken into consideration when work affecting specific communities is undertaken.

4.5 Engagement and Communications Implications
Consultation with those with lived experience of suicide and suicide bereavement has been sought. Two consultation events with members of the public have been held and their views have been reflected in the strategy. A survey of frontline workers supporting those with mental health difficulties has been conducted and results from this also shared within the strategy. The strategy has been agreed by the suicide prevention strategy implementation group with key representatives in the mental health system, both within the local authority and with partners including the CCG, CPFT, police and third sector.

4.6 Localism and Local Member Involvement
There are no significant implications within this category.

4.7 Public Health Implications
The report above sets out the implications for Public Health

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

4.8.1 Implication 1: Energy efficient, low carbon buildings.
Positive/neutral/negative Status: Neutral
Explanation: No changes to buildings proposed

4.8.2 Implication 2: Low carbon transport.
Positive/neutral/negative Status: Neutral
Explanation: No changes to transport proposed

4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats and land management.
Positive/neutral/negative Status: Neutral
Explanation: No changes to green spaces proposed

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
Positive/neutral/negative Status: Neutral
Explanation: No changes to waste proposed

4.8.5 Implication 5: Water use, availability and management:
Positive/neutral/negative Status: Neutral
Explanation: No changes to water proposed

4.8.6 Implication 6: Air Pollution.
Positive/neutral/negative Status: Neutral
Explanation: No changes that would impact air pollution proposed

4.8.7 Implication 7: Resilience of our services and infrastructure, and supporting vulnerable people to cope with climate change.
Positive/neutral/negative Status: Positive
Explanation: Improvements to the mental health system will lead to greater support to those with anxiety regarding climate change

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

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

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: Jyoti Atri

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: Jyoti Atri

Have any Public Health implications been cleared by Public Health? Yes
Name of Officer: Jyoti Atri

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

5. Appendix

5.1 Appendix 1 – Draft Suicide Prevention Strategy.

6. Source documents guidance

6.1 Source documents

- Joint Cambridgeshire and Peterborough Suicide Prevention Strategy 2022-2025
- Preventing Suicide in England (National Suicide Prevention Strategy)
- September 2014 report to Cambridgeshire County Council Health Committee relating to the 2014 draft of the Suicide Prevention Strategy
- Cambridgeshire and Peterborough Health and Wellbeing Strategy

5.2 Location

- Joint Cambridgeshire and Peterborough Strategy is not yet published but is available to members on request. A summary of this document is attached as an appendix to this report.
- Preventing Suicide in England can be found on the UK Government website
- The September 2014 report to the CCC Health Committee can be found on the Cambridgeshire County Council website
- Cambridgeshire and Peterborough Health and Wellbeing Strategy still being drafted

Joint Cambridgeshire and Peterborough Suicide Prevention Strategy 2022-2025

Contents

Proposed Signatories

The joint Cambridgeshire and Peterborough suicide prevention strategy is the result of discussions between partner organisations and individuals. This document is an acknowledgement that members of the below organisations agree to achieving the ambitions laid out in the 2022-2025 Suicide Prevention Strategy:

Anglia Ruskin University
British Transport Police
Cambridge University
Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)
Cambridgeshire and Peterborough Domestic Abuse and Sexual Violence Partnership
Cambridgeshire and Peterborough NHS Foundation Trust
Cambridgeshire and Peterborough Sustainability and Transformation Partnership STP
Cambridgeshire Constabulary
Cambridgeshire County Council
Cambridgeshire, Peterborough and South Lincolnshire Mind
East of England Ambulance Service Trust
Fullscope
GT Railway
Lifecraft
Network Rail
Peterborough City Council
Rethink Carers
Samaritans
Service User Network

Foreword

Executive Summary

The Joint Cambridgeshire and Peterborough Suicide Prevention Strategy 2022-2025 seeks to update and combine a number of existing Suicide Prevention strategies, placing a greater emphasis on working collaboratively as a system. The primary strategies informing this work are the Joint Cambridgeshire and Peterborough Suicide Prevention Strategy 2017-2020 and the CPFT Suicide Prevention Strategy 2017-2020.

This work is informed by the National suicide prevention strategy 'Preventing suicide in England' and its subsequent progress reports, chiefly the fifth progress report released in 2021.[1] Local data and collaboration with mental health services and people with lived experience have been employed in order to tailor the national approach to Cambridgeshire and Peterborough.

This strategy has determined a key ambition for suicide prevention work within Cambridgeshire and Peterborough over the next three years.

Our Ambition

Every person in Cambridgeshire and Peterborough has access to the right care and support, from both the mental health system and their communities, to ensure that they do not die by suicide

Every suicide is a preventable loss of life and a tragedy and deeply affects the family and friends connected to the individual. Together, we can recognise and address the drivers of suicide, support people to stay mentally well and offer help when it is needed.

Suicide is not inevitable.

Joint Health and Wellbeing Strategy 2022-2030

Covid has had an immeasurable impact on our lives, some of which is yet to be seen. It has already had an impact, seen in the increased demand for mental health services. While we have not yet seen a measurable impact on suicide rates nationally, we will continue to monitor suicide rates over the coming years.[2]

In the context of Covid recovery, system partners have met to consider priorities for health and wellbeing. They agreed a number of ambitions and priorities as described in Figure 1 below:

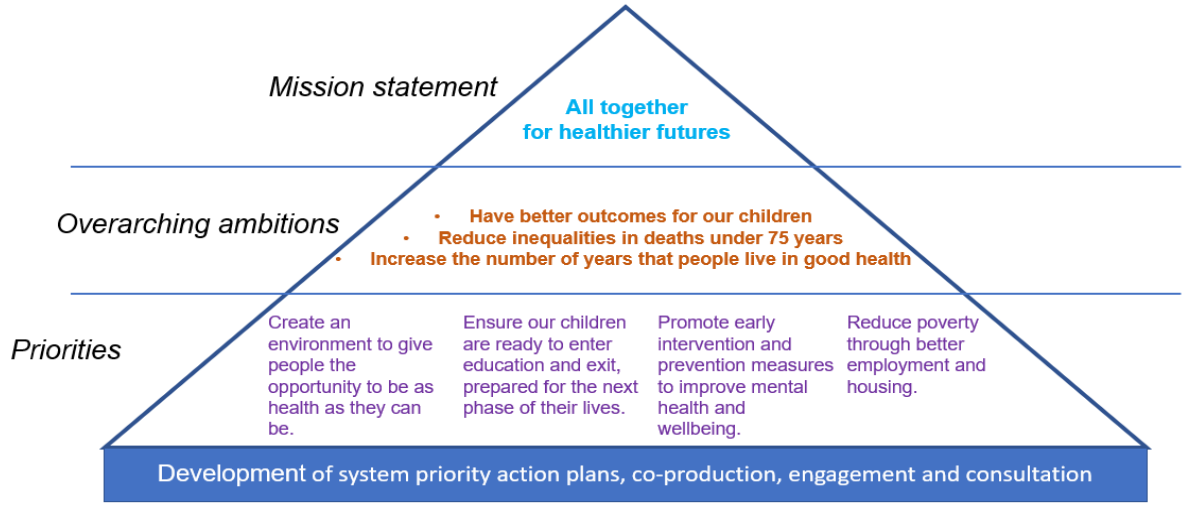


Figure 1: Health and Wellbeing Strategy 2022-2030 Ambitions and Priorities

The Suicide Prevention Strategy will sit alongside a Public Mental Health Strategy and a Children and Young People's Mental Health Strategy under the priority area to 'promote early intervention and prevention measures to improve mental health and wellbeing.'

The Suicide Prevention Strategy Implementation group has worked cooperatively with those developing the other mental health strategies to ensure that work aligns well. While each strategy clearly has an identified area of focus that it is wholly responsible for, there are clear areas of overlap, most notably in transitions between childhood and adulthood, and from community support to clinical support. Measures taken to improve the wider determinants of health and children's outcomes, as well as the proactive measures taken to improve mental well-being, will all have an impact on mental health, including reducing risk of suicide.

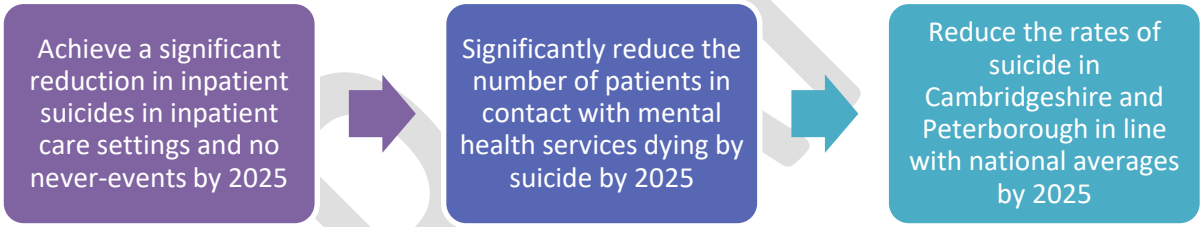
The Public Mental Health Strategy has a focus on promoting mental wellbeing amongst the general population and preventing mental ill health and the CYP MH strategy focuses on providing adequate, timely support to children and young people struggling with their mental health. While previous iterations of the suicide prevention strategy have attempted to cover the mental health needs of the entire population, co-operation with these strategies means that there can be a greater focus on those at a higher risk of mental ill

health who are likely in need of accessing, or already accessing mental health support, taking into consideration those CYP at risk of self-harm and suicide.

Key in the delivery of these strategies is ensuring there is clarity of role in governance, resulting in collaborative practice and best use of resources. In strategy development, data collection regarding mental health on a local level has been difficult to achieve, particularly in relation to children and young people. To measure the full impact of these strategies, it is important that we also address issues with data collection relating to suicide and self-harm.

Measuring Impact of this Strategy

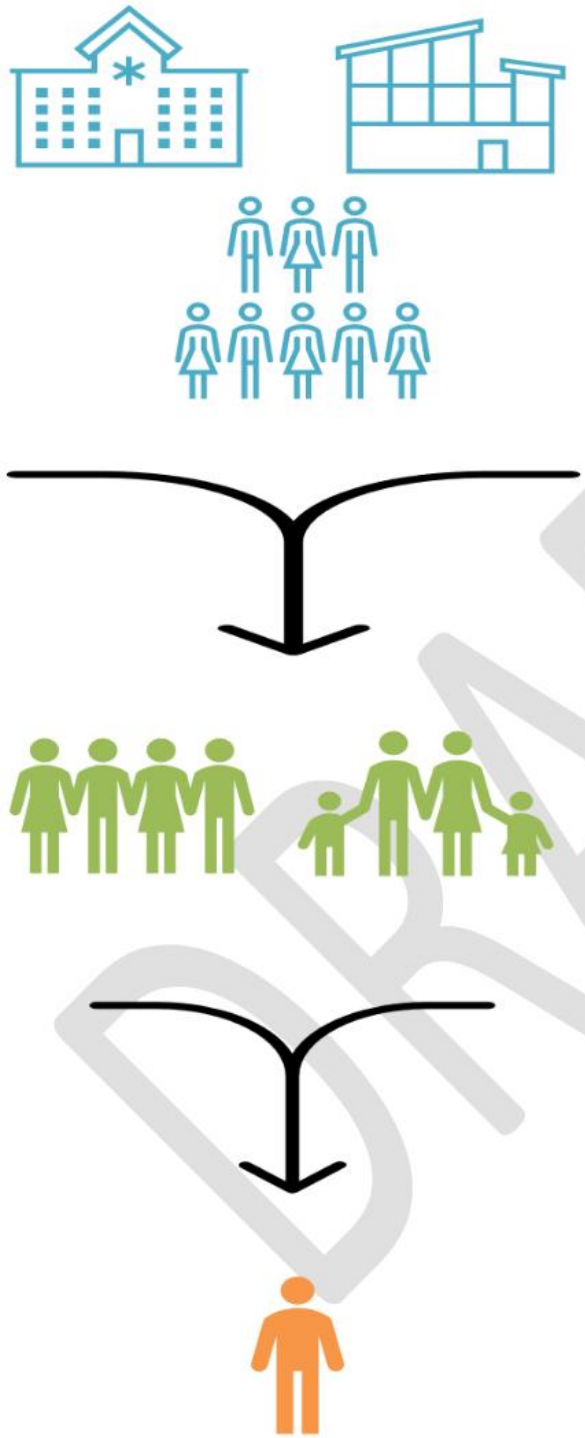
Following agreement from the multi-partner suicide prevention implementation board in 2017, Cambridgeshire and Peterborough are pursuing a zero suicide ambition, described by the Zero Suicide Alliance as "one basic principle: Suicide is preventable."[3] We acknowledge that zero suicide is ambitious and will rely on many wider structural factors that lie outside of the scope of this strategy. However, as a system we have adopted this approach as we think it is important that we do everything in our power to prevent suicide. To this end, our zero suicide ambition translates practically in the following three outcomes:



Scope of this Strategy

Before we discuss the recommendations and actions proposed by this strategy, it is also important to highlight that we are making suggestions relating to work that can be done at a local level. We are guided by national legislation and work within the scope of this. Our strategy is designed for residents of Cambridgeshire and Peterborough, and we recognise that some people may be at risk of suicide due to factors that are external to our reach. In addition, we acknowledge that the demand for mental health support is high and our services are stretched to capacity, which can have an impact on our residents. We will continue to work with partners at a regional and national level and promote a variety of available support options to ensure that we are providing a comprehensive suicide prevention offer for the people of our county.

Our Targets



*The entire mental health system employs **a consistent, joined up approach to suicide prevention** in which people at risk are able to access high quality, collaborative care at any point in the system.*

- **Establish a learning culture** in which the system is involved in reviewing the pathway of care experienced by patients in order to determine strengths and weaknesses in current operations
- Allow for **better information sharing** between organisations to ensure we are better able to support people in both clinical and non-clinical settings

***Suicide is everyone's business** and the community is engaged through promotion and increased awareness of mental health*

- ***Families and loved ones are actively involved** in the suicide prevention process, where appropriate*
- *Communities are encouraged to actively **talk about suicide** and are able to support someone in need and **signpost** to appropriate support*

*Each person is equipped with the **knowledge and access to resources needed to keep themselves safe** until they are able to access mental health care*

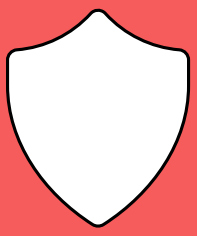
- *Encouraging the use of **safety planning***
- *Increasing **awareness of available resources** in the community and mythbusting of any concerns*

Priority Areas

To meet these objectives, a number of key priority areas have been identified, using the national suicide prevention strategy, Lifespan suicide prevention model and COVID-19 mental health and wellbeing recovery plan.

Identify local risk factors for suicide and ensure approaches are considerate of different needs

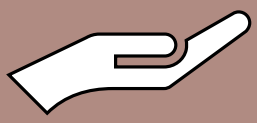
Provide high quality general and specialist support to people presenting with suicidal intent



Protect people at a time of crisis and provide continued support following de-escalation

Ensure the community is well-equipped to prevent suicide in non-clinical environments

Improve understanding of self-harm and support the promotion of healthy coping strategies



Ensure that appropriate steps are taken following a suicide to support the community

Key Recommendations

Identify local risk factors for suicide and ensure approaches are considerate of different needs

A) Identify emerging trends in suicide risk using Real-Time Suicide Surveillance and Mental Health Data Dashboard
B) Improve system learning from available data and adapt/escalate approaches where possible, taking into account intersectionality of factors that contribute to suicide
C) Deliver targeted interventions that take into consideration the different risk factors and sensitivities associated with people from diverse background

Provide High Quality General and Specialist Support to People Presenting with Suicidal Intent

A) Continue to deliver and expand Suicide Prevention Training to all healthcare professionals in Cambridgeshire and Peterborough
B) Ensure consistency between primary and secondary mental health provision
C) Promote the use of safety plans in all healthcare settings and raise awareness for individuals of how to develop their own, with the aim of keeping people safe until they can access mental health services
D) Support frontline workers, both emotionally and practically, to ensure that they are well-equipped to help patients facing suicidal thoughts, able to effectively refer people to appropriate support and not jeopardising their own mental health in the process

Protect People at a Time of Crisis and Following De-Escalation

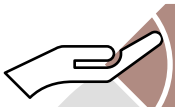
A) Ensure that people are actively engaged with crisis care and able to address underlying issues
B) Expand the support networks and resources available to people following a mental health crisis
C) Reduce access to means within the home and in a digital world

Ensure the Community is Well-Equipped to Prevent Suicide in Non-Clinical Environments

A) Support the delivery of awareness raising campaigns, particularly through the introduction of data-informed tailored approaches
B) Promote delivery of suicide prevention training to members of the community
C) Offer greater support to families and friends of people affected by suicidal thoughts to better equip them to keep their loved one safe and protect their own mental health

Improve understanding of self-harm and support the promotion of healthy coping strategies

A) Improve data collection to gain a better understanding of self-harm beyond crisis care
B) Understand and address self-harm in children and young people
C) Ensure those presenting to services with self-harming behaviours have their mental health concerns treated appropriately



Ensure that Appropriate Steps are Taken Following a Suicide to Support the Community

A) Expand the existing suicide bereavement support offer to accommodate those more widely affected by a suicide and encourage peer support
B) Ensure that professionals in contact with someone who has died by suicide are adequately supported
C) Rapidly respond to incidents of suicides that may have a greater impact on the wider community and ensure that information shared is accurate, sensitive, and guiding people towards support

Context

National Context

Preventing Suicide in England

Preventing Suicide in England is the national strategy intended to reduce the suicide rate and improve support for those affected by suicide. The overall objective of the strategy is to reduce the suicide rate in the general population in England and to better support those bereaved or affected by suicide. Since its publication in 2012, there have been several progress reports in order to reflect the current landscape of mental health in the country.

The most recent report, published in 2021 focuses on the impact of the pandemic on suicide prevention.[1] This builds on the six key areas for action to prevent suicide identified in the initial report, as well as a seventh identified in the third progress report, 2017:

Preventing Suicide in England

- Reduce risk of suicide in key high risk groups
- Improve mental health in specific groups
- Reduce access to the means of suicide
- Provide better information and support to those bereaved or affected by suicide
- Support the media in delivering sensitive approaches to suicide and suicidal behaviour
- Support research, data collection and monitoring
- Reducing rates of self-harm as a key indicator of suicide risk

The strategy also identifies four key vulnerable populations at risk of suicide and acknowledges that these groups may have suffered from the COVID-19 pandemic exacerbating existing mental health problems or contributed to the development of new problems. The four groups at most risk are:

- Middle-aged men
- People who self-harm
- Children and young people
- People with a mental illness

The strategy outlines a range of evidence based local approaches and good practice examples are included to support local implementation. National actions to support these local approaches are also detailed for each of the seven areas for action.

National Confidential Inquiry into Suicide and Safety in Mental Health

The National Confidential Inquiry into Suicide and Safety in Mental Health provides key data regarding national suicide rates among various demographics. The 2021 annual report details how the national suicide rate increased between 2015 and 2018 for both males and females, though rates have been decreasing since 2008 in patients known to mental health services.[4] The number and rate of patients dying by suicide within 3 months of in-patient discharge, whilst lower than in 2008, appear to be increasing in recent years. The weeks immediately following discharge remain a period of high risk of suicide.

The NCISH 2021 report delivers the following key findings and messages:

- Nearly half of all patient suicides in the UK were by people living alone
    - More likely to be over 45, unemployed, single or widowed, experienced financial difficulties and relationship breakup
- The suicide risk profile of patients differs between ethnic groups – different approaches needed
- Suicides in young people (under 25) are increasing, particularly in those aged 15-17 and in female patients
- Continuing rise in hanging/strangulation among patients under mental health care
- Suicide prevention during COVID-19
    - Support for anxious, isolated or lonely
    - Focus on patients under community services
    - Minimising disruption to care through digital technology
- Use the Safer Services NCISH toolkit

Based on the evaluations completed of mental health services, primary care and accident and emergency departments, NCISH have developed a Safer Services Toolkit - a list of 10 key elements for safer care for patients.[5] These recommendations have been shown to reduce suicide rates.

NCISH Safer Services
• Safer wards • Early follow-up on discharge • No out-of-area admissions • 24-hour crisis teams • Family involvement in 'learning lessons' • Guidance on depression • Personalised risk management • Outreach teams • Low staff turnover • Services for dual diagnosis

COVID-19 Mental Health and Wellbeing Recovery Action Plan

COVID-19 has had a significant impact on the mental health of the population. Whilst initial evidence suggests that suicide rates haven't been significantly affected by the pandemic, we must be considerate of the long-term mental health impacts of the virus[2] e.g. unemployment, isolation and therefore take into consideration the COVID-19 mental health and wellbeing recovery action plan, which has three key areas of interest:[6]

COVID-19 Mental Health and Wellbeing Recovery Action Plan

- Support the general population to take action and look after their mental wellbeing
- Prevent the onset of mental health difficulties by addressing the factors that play a crucial role in shaping mental health and wellbeing outcomes for adults and children
- Support services to continue to expand and transform to meet the needs of people who require specialist support.

Local Context

Local Suicide Rates

The suicide rates in Cambridgeshire and Peterborough are statistically similar to England and the East of England region for the three-year period 2018-20. Suicide rates in all districts in Cambridgeshire are also statistically similar to England for the three-year period 2018-20. However, all have seen an increase in suicide rates from 2015-17 to 2018-20.[7]

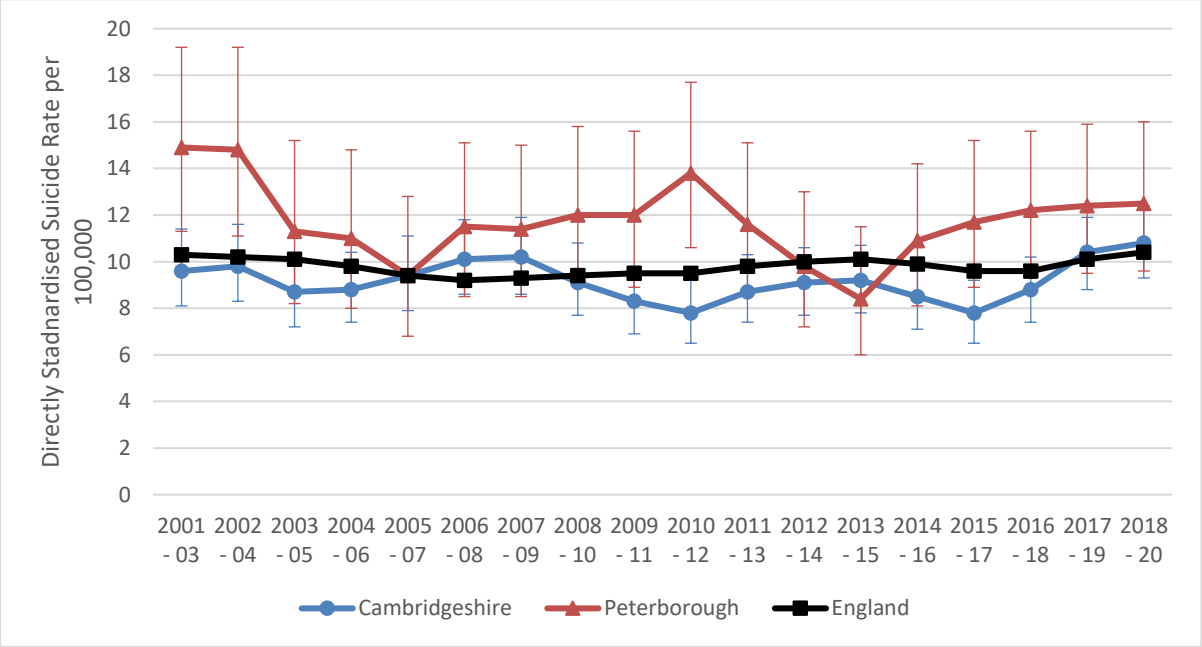


Figure 2: Directly age-standardised suicide rate per 100,000 for Cambridgeshire and Peterborough, compared to the England average[7]

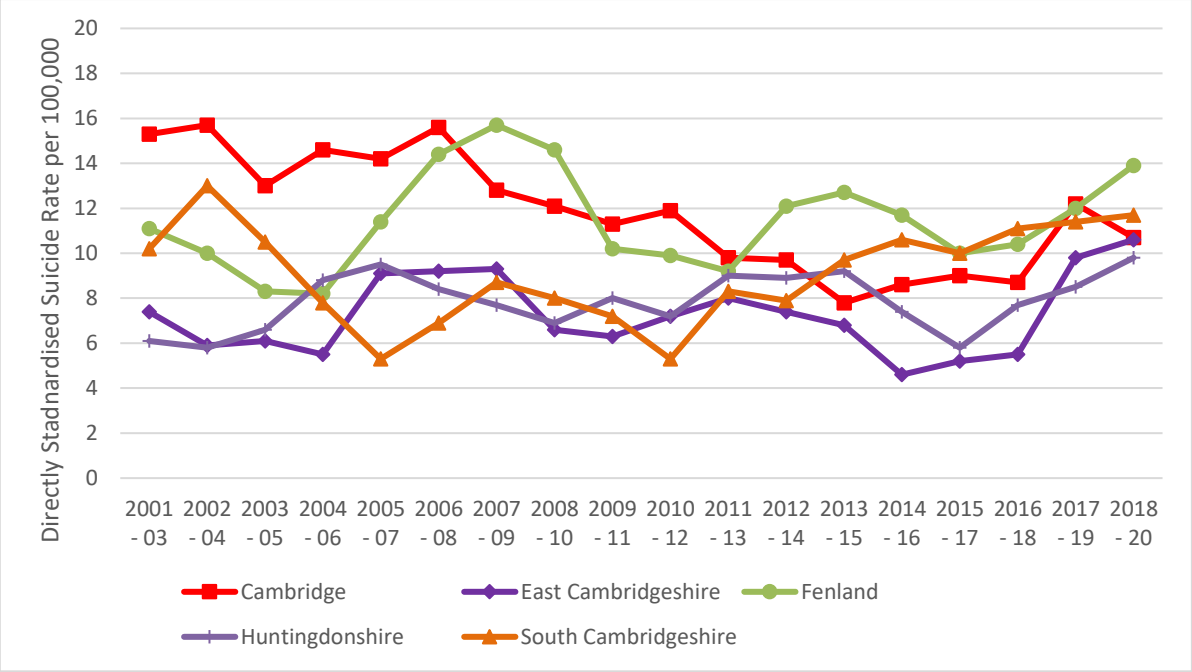


Figure 3: Directly age-standardised suicide rate per 100,000 for all districts in Cambridgeshire[7]

Local Self-Harm Rates

Rates of A&E attendance for both all ages and 10-24 year olds for self-injurious behaviour are statistically significantly higher than the RightCare10, regional and England averages. The Cambridgeshire and Peterborough CCG is the third highest in the RightCare10 comparator.[8] Cambridge City has the highest crude rate of A&E attendance for deliberate self-harm in Cambridgeshire. Crude rates of A&E attendance for self-harm have decreased in all districts in 2020/21 for both 10-24 year olds and all ages.[9]

The proportion of A&E attendances for Self-injurious Behaviour admitted to a ward bed for both 10-24 year olds and all ages in Cambridgeshire and Peterborough is average amongst RightCare10 comparators.[8] Crude rates for self-harm hospital admissions have decreased in 2020/21 in Cambridge City, South Cambridgeshire and East Cambridgeshire from 2019/20 rates. [9]

Local Areas of Concern

An audit of suicides confirmed by the Coroner's Office between 2017 and 2020, will be conducted in early 2022 and findings will be shared with the Suicide Prevention Strategy Implementation Group. The audit will not be complete at the time of publication of this strategy, but the accompanying action plan will be reviewed in line with the results of the audit in order to address any emerging trends and support vulnerable groups.

Real-Time Suicide Surveillance has been used to evaluate suspected deaths by suicide in 2021 in Cambridgeshire and Peterborough. **Note:** this form of data collection is used to give a general idea of trends but is less accurate than the results of a coroner's inquest. Datasets are incomplete and may be subject to change following the result of the Coroner's Inquests. As of February 2022, the Real-Time Suicide Surveillance recorded the following information in 2021:

- There were 69 suspected suicides recorded on the Real-Time Suicide Surveillance system
- 65% of suspected suicides occurred within the home
- Most common age of death was 30-49 (45% of suspected suicides)
- 35% of suspected suicides were by females and 65% by males
- 59% of deaths were by hanging/suffocation. The next most common means of suicide involved trains
- 54% of those that died by suicide were known to mental health services
- 23% had a known history of self-harm
- Peterborough had the highest crude suicide rate, followed by Fenland, South Cambridgeshire, East Cambridgeshire, Cambridge City and Huntingdonshire:

Outcomes of the Implementation of the Suicide Prevention Strategy 2017-2020

The 2017-2020 suicide prevention strategy followed the six priority areas set out by the national suicide prevention strategy:[10]

- Reduce risk of suicide in key high risk groups
- Improve mental health in specific groups
- Reduce access to the means of suicide
- Provide better information and support to those bereaved or affected by suicide
- Support the media in delivering sensitive approaches to suicide and suicidal behaviour
- Support research, data collection and monitoring

Over the course of the previous strategies, a considerable amount of suicide prevention work has been undertaken, covering the breadth of these priority areas.

Suicide prevention training has been rolled out across primary care, CPFT and the wider community. This training has also been delivered to professionals working with vulnerable people, including substance misuse services and domestic abuse IDVAs. The STOP Suicide awareness campaigns have increased their reach, with the total number of personal pledges reaching 2750 as of February 2022.[11]

Removal of ligature points in wards is now regularly audited and the barriers erected at a Peterborough car park in 2017 have continued to prevent any suicides in this location. Greater connections between the mental health system and rail partners have been made, with representation on the suicide prevention strategy implementation group now featuring network rail and Greater Anglia Railway.

A Suicide Bereavement Support Service has been commissioned to Lifecraft.[12] The initial offer involves the provision of a part-time (18 hr/week) suicide bereavement support liaison worker. They offer emotional and practical support to Next of Kin (aged 17+) for up to a year following a suicide. The SBS service is also linked in with Real-Time Suicide Surveillance so, given consent is provided, rapid support can be offered immediately following a suicide. The 'Help is at Hand' booklet is disseminated regularly and offered as a minimum to those immediately bereaved.[13]

A Real-Time Suicide Surveillance system has been established collecting data following a suspected suicide. Stakeholders in this system are CCC/PCC, Cambridgeshire Constabulary, CPFT, CPSL Mind, Coroner, Lifecraft and CGL. This data is used to inform the approach to suicide prevention in Cambridgeshire and Peterborough, as well as contribute to national suicide reporting.

Identified Areas for Continued Improvement

Whilst a considerable amount of work has been completed across Cambridgeshire and Peterborough to address the recommendations suggested in the previous suicide prevention strategy, there are still outstanding actions that will need to be implemented alongside the proposed work in this document. In particular, the following actions are worth reviewing to ensure that we are adequately addressing any concerns.

1. Including suicide prevention in other health campaigns

   Our suicide prevention awareness campaigns have excellent reach and bring suicide awareness to the forefront. However, as there are many risk factors for suicide that coincide with other health issues, such as physical health and drugs and alcohol, we can work to create better links with other health campaigns to ensure that suicide prevention messaging is also promoted where appropriate

2. Creating a culture of learning to drive up quality throughout the system

   The Real-Time Suicide Surveillance System has pushed forward this agenda considerably and we are in a position where we are sharing information across agencies and providing comprehensive reporting to the various mental health boards in the county. However, we are yet to progress beyond this by establishing a fully embedded learning culture in which cases are reviewed, discussed by key

partners and system learning derived and implemented. In particular, the system is yet to establish learning forums where system partners and those with lived experience can share recommendations for improvement of care. This will be discussed in greater detail later as this forms a significant part of the system learning aspect of this strategy.

3. Improve pathways and support for people taken into custody at risk of suicide and for people newly released from custody.

   There is currently excellent work being delivered within prisons in relation to supporting those in custody at risk of suicide. However, more could be done to include prison representatives in wider suicide prevention work, particularly in relation to supporting those transitioning from the community into custody and vice versa.

4. Reduce the risk of suicide on railway lines in Cambridgeshire and Peterborough

   Messaging in relation to suicide awareness has been disseminated in train stations and level crossings across Cambridgeshire and Peterborough. Network Rail have put in considerable efforts to train staff in suicide mitigation, as well as in supporting frontline workers following potentially traumatising incidents. However, we continue to see suicides occurring on the railway in Cambridgeshire and Peterborough, often away from stations and level crossings. Therefore, a full audit of the rails in Cambridgeshire and Peterborough needs to be undertaken, identifying greatest areas of risk and possible opportunities to intervene and keep people safe.

It is worth noting that despite our best efforts, there has been a continuing rise in suicides in Cambridgeshire and Peterborough from 2015-17 to 2018-20. Therefore, it is important that we continue to innovate and learn from our local data to ensure that we are taking the best approaches to preventing suicide in our county.

Suicide Prevention Approach 2022-2025

Key Themes

In line with national guidelines on preventing suicide, and to oversee the implementation of the local strategy, a multi-agency suicide prevention implementation group meets on a quarterly basis with input and membership from many organisations across public, charitable, and voluntary sectors.[14]

A workshop held with this group in July 2021 identified several key areas of work that are currently being undertaken and areas of interest. Based on these discussions the following key themes, which will form the basis of the strategy, have been proposed:

1. Collaboration between services and joint up working

The introduction of the Integrated Care System (ICS)[15] and Shared Care Records (SCRs)[16] to Cambridgeshire and Peterborough present the perfect opportunity to expand the partnership working that has developed since the previous strategy. The Suicide Prevention Strategy Implementation Group is growing in membership as more statutory bodies, third sector partners and other community institutions are recognising the need to work together to prevent suicide in the county.

In development of this strategy, a great deal of emphasis has been placed on knowledge sharing; coming together as a group to discuss what work is currently being done within each service to identify areas of best practice and gaps in service provision. Whilst it is important that we work to ensure each service is providing high quality care, it is equally important that we pay attention to how our services work together.

Case Study for Multi-Agency Working – Supporting Young Offenders

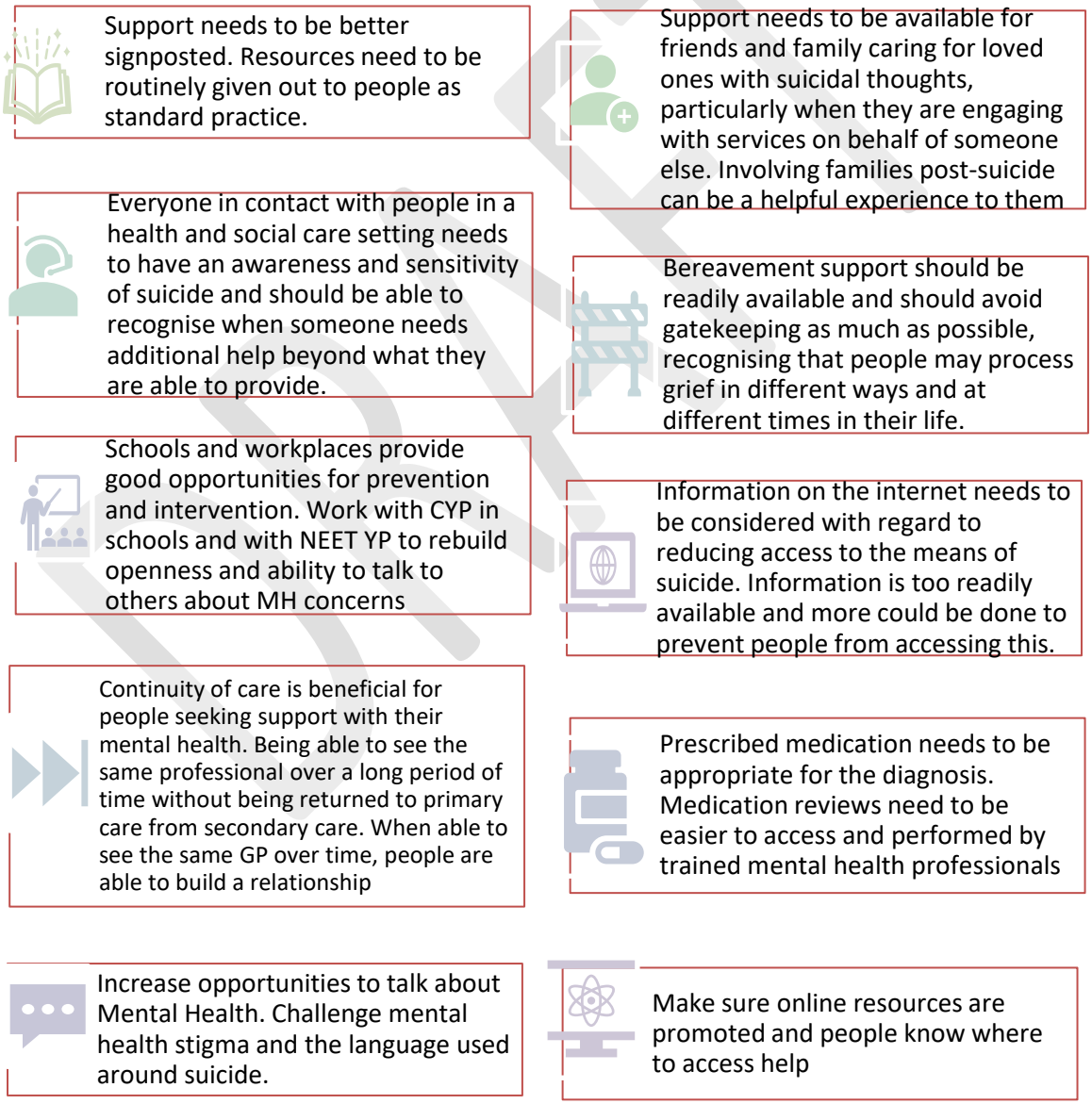
With those young people who have faced adversity and trauma, a formulation meeting gathers all professionals around the young person from the offset to understand the story. This can be done both with and without the young person. These meetings will usually include YOS, CSC, CAMHS/GP and or healthcare providers, schools, local police and sometimes but not always, parents, but often carers or placement staff. The aim here is to share information to help encourage thinking about what their story is, what the unmet needs are, what function the behaviour(s) have and what is maintaining them. Following this, an intervention plan is developed that considers what all agencies can do in a way that considers the developmental needs of the young person given their trauma. This provides consistency around the young person.

This multi-agency work should be applied across all services to ensure that all of the relevant stakeholders are actively engaged in an individual's care, communicating with each other in order to deliver a consistent approach. Multi-agency learning will also be vital following a suicide to understand why someone may have taken their own life and what additional support could be offered in the future.

2. Co-production with those with lived experience

Lived Experience of suicide can be defined as anyone whose life has been personally affected by suicide, suicidal thoughts, or self-harm. This includes anybody who has experienced suicidal thoughts/behaviour in the past, those who have cared for someone experiencing suicidal behaviour, and those that have lost a loved one to suicide.

For the purposes of this strategy, people with lived experience have been engaged in multiple consultations to identify current shortcomings in the offer of mental health care in Cambridgeshire and Peterborough. An initial consultation with a suicide bereavement support group in Peterborough was followed by a wider consultation open to anyone with experience of suicidal thoughts. From these sessions, the following key ideas have been identified:



In addition to this, a survey of frontline workers supporting people with their mental health ran during January 2022. 365 responses were recorded covering a wide range of organisations and sectors, including social/care/support workers, doctors/nurses/paramedics, crisis workers, therapists, counsellors and support/customer service staff, among many others. The survey covered topics such as preparedness for keeping service users safe from suicide, support available for staff and resources available.

Key findings from this survey are as follows:

- Less than half of frontline workers felt confident talking about suicide with at-risk patients/clients
- Suicide prevention training is a priority for many frontline workers
- Frontline workers need more time and resources to work with patients/clients on their mental health
- Frontline workers' mental health needs to be supported by their workplaces

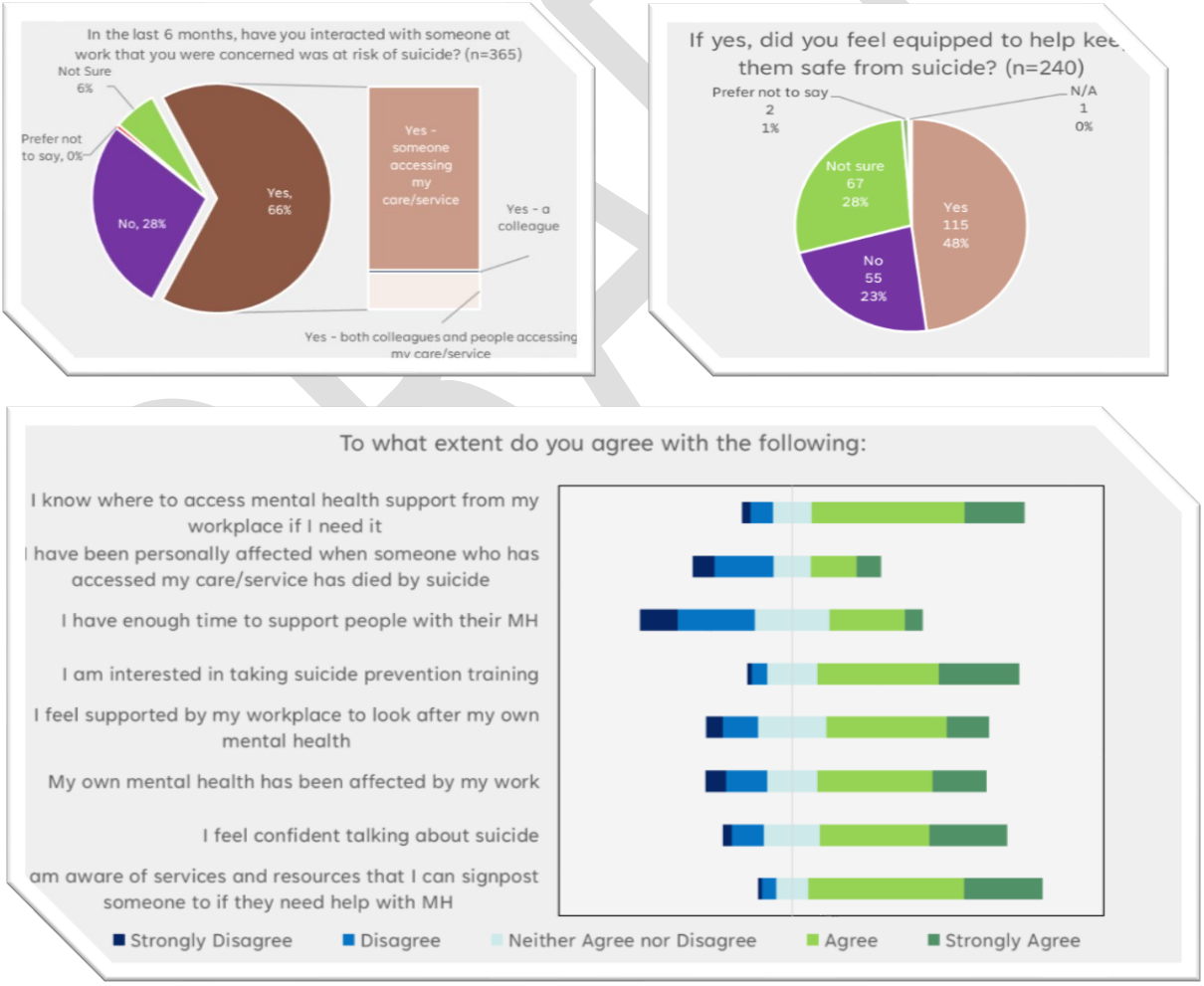


Figure 4:Results from the Frontline Workers Survey. A) Interactions with service users at risk of suicide. B) Preparation to support those at risk of suicide. C) Agree/disagree to key statements questions relating to support for staff and service users.

Moving forwards, co-production will be considered in all aspects of suicide prevention work to ensure that this important community voice is heard. To this end, a Lived Experience Panel, similar to that of the NSPA's Lived Experience Network, will be established, with recruitment of volunteers from within the community.[17] Participants of the lived experience consultations involved in the production of this strategy will be reengaged to consider continuing their collaboration with the system, and a full specification of the role of panel members and their level of influence on the system will be developed. As a minimum, the lived experience panel will be consulted at all suicide prevention strategy implementation group meetings, but ideally, they will be a valued resource in the co-production of all suicide prevention work moving forwards. This group, though initially formed specifically to focus on suicide prevention, can be consulted with on any issues relating to mental health in Cambridgeshire and Peterborough.

To ensure that this co-production is mutually beneficial, the Lived Experience panel will receive regular updates about how their contributions have led to improvements in system working, and appropriate safeguarding measures will be established to ensure that the emotional toll such work may have on participants is managed effectively and support is available. A continuous cycle of feedback will help ensure that Lived Experience is captured well in all the work that we do.

3. Information sharing and development of a learning culture

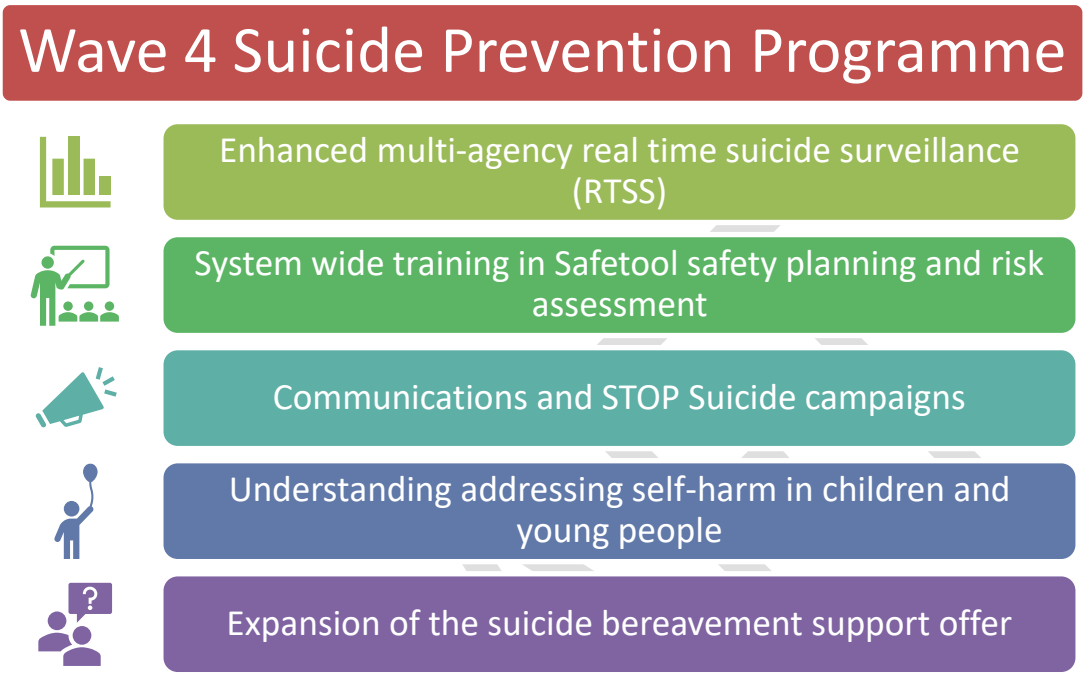
Across all partners in the mental health system, there is a wealth of information, both at the individual patient level and the population level. At the individual patient level, it is essential that all data is protected and used appropriately. Where possible, efforts should be made across services to present patients with the opportunity to share their data across services to allow for warmer handovers and a patient-centred approach.

In addition, to better understand any emerging trends, the system should regularly share population level data, with a particular emphasis on capturing the demographics of their patient-base to identify any areas or target groups requiring particular attention.

To advance the approach to suicide prevention in Cambridgeshire and Peterborough, it is important to be able to have open, reflective conversations about the current system and any gaps in service provision, or shortcomings, that need to be addressed. Therefore, it is vital that a learning culture is pursued, with a rejection of any form of blame culture. For productive discussion, services must be able to evaluate their work without fear of persecution. This can be achieved in several ways, such as reviewing cases with the mindset of "where are areas that staff/organisations could receive greater support?", rather than "what went wrong?". This approach is similar to that of Mersey Care's Just and Learning Culture.[18]

Wave 4 Suicide Prevention Transformation Funding

The Cambridgeshire and Peterborough mental health system has recently received Wave 4 transformation funding to prevent suicide. This funding has resulted in the appointment of a Suicide Prevention Manager for Cambridgeshire and Peterborough, with oversight of five key workstreams:

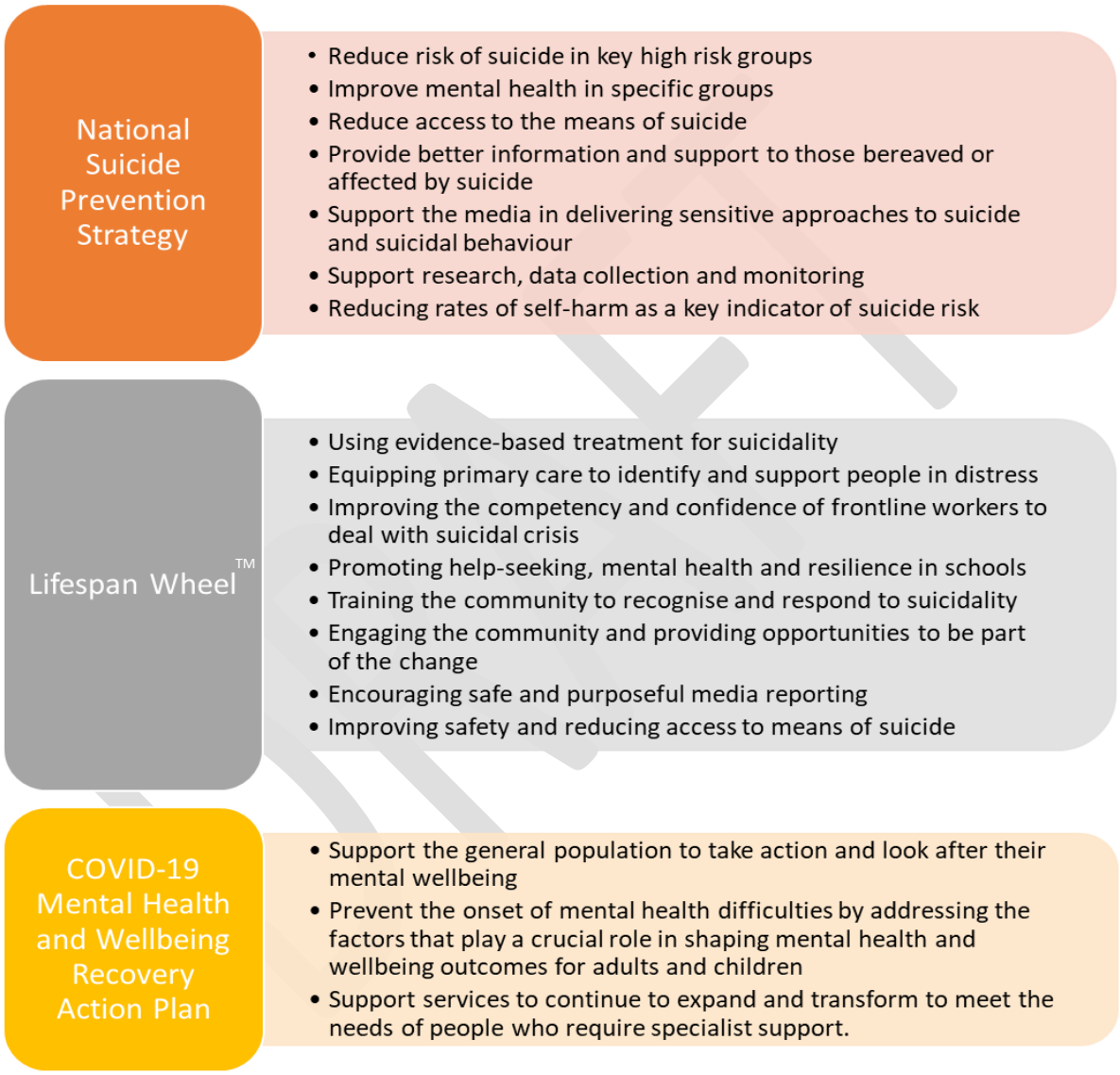


This work will guide a great deal of the suicide prevention work moving forwards and is an example of the collaborative, multi-agency approach being adopted within this strategy, with delivery of the Wave 4 programme overseen by the local authority in collaboration with CPSL Mind, Fullscope and Lifecraft.

Each of these approaches to suicide prevention for Cambridgeshire and Peterborough are evidence-based and relate closely to the recommendations made by both the national suicide prevention strategy and other related models. Therefore, these 5 workstreams can be seen throughout the strategy and touch on a variety of the priority areas in some way.

Priority Areas

Previous suicide prevention strategies have used the national strategy priority areas as a basis for targeting suicide prevention work in Cambridgeshire and Peterborough.[1] However, to reflect the local landscape and the desire to involve all members of the MH system and the wider community, additional models and strategies have been considered. These include the LifeSpan™ Wheel[19], the COVID-19 Mental Health and Wellbeing Recovery Action Plan[6] . The priority areas discussed in these are collated below.



The zero suicide ambition and the desire for consistent, collaborative care will provide the foundation for suicide prevention work dictated by this strategy.[3] The models above have been used to formulate six new priority areas, covering all aspects of suicide prevention within both the mental health system and the wider community. This is vital in ensuring we meet our ambition of being able to provide care to people affected by suicide/suicidal thoughts at any point of involvement with the system of care and outside of it.


Identify local risk factors for suicide and ensure approaches are considerate of different needs
Support research, data collection and monitoring
Reduce risk of suicide in key high risk groups
Improve mental health in specific groups
Using evidence-based treatment for suicidality
Prevent the onset of mental health difficulties by addressing the factors that play a crucial role in shaping mental health and wellbeing outcomes for adults and children
Provide high quality general and specialist support to people presenting with suicidal intent
Support services to continue to expand and transform to meet the needs of people who require specialist support.
Equipping primary care to identify and support people in distress
Improving the competency and confidence of frontline workers to deal with suicidal crisis
Protect people at a time of crisis and following de-escalation
Improving safety and reducing access to means of suicide
Improving the competency and confidence of frontline workers to deal with suicidal crisis
Ensure the community is well-equipped to prevent suicide in non-clinical environments
Training the community to recognise and respond to suicidality
Engaging the community and providing opportunities to be part of the change
Support the general population to take action and look after their mental wellbeing
Improve understanding of self-harm and support the promotion of healthy coping strategies
Reducing rates of self-harm as a key indicator of suicide risk
Promoting help-seeking, mental health and resilience in schools
Ensure that appropriate steps are taken following a suicide to support the community and learn
Support the media in delivering sensitive approaches to suicide and suicidal behaviour
Provide better information and support to those bereaved or affected by suicide

Identify local risk factors for suicide and ensure approaches are considerate of different needs

Priority Area 1: Identify local risk factors for suicide and ensure approaches are considerate of different needs

This priority area will focus on those who are considered at greater risk of poor mental health and suicide due to various social, relational and structural factors. It is important to note here that this doesn't exclude any specific demographics as anybody at any time can face mental distress that requires them to seek additional support. As a system, we must ensure that we are continually learning in order to provide suitable support to those who need it most.

Recommendation A - Identify emerging trends in suicide risk using Real-Time Suicide Surveillance and Mental Health Data Dashboards

Over the lifespan of this strategy, it is important that we continue to examine the available data to ensure we are aware of any emerging concerns in relation to specific demographics. Members of the suicide prevention strategy implementation group should raise any concerns within group meetings of any emerging trends they are observing, either empirically or anecdotally, with the expectation that Public Health then collaborates with the system at large to determine if this is a local, regional or national issue, and implement evidence-based interventions to address these concerns.

The Real-Time Suicide Surveillance system has been operating in Cambridgeshire and Peterborough for several years, with stakeholders including CCC/PCC, Cambridgeshire Constabulary, CPFT, CPSL Mind, Change Grow Live, Lifecraft and the Coroner's Office. This system allows stakeholders to share information following a suspected suicide, creating an opportunity to respond to emerging issues rapidly, as well as provide bereavement support within days of a suicide.

As part of the Wave 4 suicide prevention transformation programme, the RTSS system is being expanded to include a wider range of stakeholders to improve understanding following a suicide, taking into consideration the potential risk factors that may have contributed to a death by suicide.

The Crisis Concordat board, established in 2014 meets monthly to share service updates, identify areas of concern and suggest potential solutions.[20] A real-time dashboard collecting crisis data, including Real-Time Suicide Surveillance, has recently been developed and shared with the board. Future work will involve increasing engagement with the dashboard and more regular reporting to allow for a more rapid response to changes in crisis presentations in Cambridgeshire and Peterborough.

Alongside this, efforts will be made, both through the Wave 4 work and the Crisis Concordat dashboard to improve the collection and quality of self-harm data and the contributing factors that may lead to somebody self-harming. A subgroup consisting of mental health workers supporting people who self-harm and academics researching this topic has been assembled and will continue to meet on a quarterly basis to both understand the emerging trends in self-harm and work collectively to understand what support is available across the system to identify any gaps in provision.

Recommendation B – Improve system learning from available data and adapt/escalate approaches where possible, taking into account intersectionality of factors that contribute to suicide

Learning forums will be established in which cases are reviewed as a system to identify any opportunities for the system to modify its approach when working with people with a similar profile in the future. This work depends heavily on willingness of the whole system to engage in this learning, with acknowledgement that these reviews are not an exercise in assigning blame, but in coming together as a system to improve our collaborative working.

In particular, the MH system needs to expand learning into how different risk factors may compound to pose an even greater risk to an individual. It is essential when we tailor our approaches to specific groups, to not categorise people too specifically and recognise that risk and protective factors for suicide can affect different groups in different ways.[21] Therefore, design of tailored approaches should take into consideration how other contributing factors may influence the delivery of this work and account for these wherever possible. Co-production with intersectional groups will be key in ensuring the success of these programmes.

In addition, potential research into intersectionality of suicide risk factors should be explored to aid system learning.

Recommendation C – Deliver targeted interventions that take into consideration the different risk factors and sensitivities associated with people from diverse background

This strategy recommends tailoring approaches to specific at-risk groups to maximise the impact achievable when working with them. It is important to recognise the different factors that may contribute to someone experiencing suicidal thoughts, and it is important that a 'one-size fits all' approach is not used. When considering tailoring approaches to improving the mental health and reducing the risk of suicide in key high-risk groups, we must consider the wider determinants that can lead to mental health issues, as well as how we must change our approach to suit different groups, many of whom are less likely to access existing services.

In addition, it should be the expectation that any approach targeted towards a specific group of people actively includes the voices of those directly affected by this work. Co-

production with members of affected communities should be fundamental throughout the planning, delivery and evaluation of new projects or services.

Appendix 2 collects a sample of evidence-based interventions of groups identified as at-risk through national and international research. These can be explored in greater detail if local data identifies any of these groups as an emerging area of concern within Cambridgeshire and Peterborough. Whilst it is important that approaches are tailored depending on need, key themes have emerged that can be considered a general approach to delivering targeted interventions to any at-risk group.

- **Communications** – when delivering awareness campaigns or producing resources, it is important to take into consideration how likely people are to engage with different formats. For example, resources should be available in a variety of languages, available both online and in hard copy, and written in easy-to-understand language or using diagrams to communicate messages to those with low literacy rates.
- **Accessing services** – People need to be able to engage with services that are well-versed in both their subject specialism **and** suicide prevention. Likewise, those working within mental health community services need to have an understanding of the diverse needs presented by people from many different backgrounds and life experiences. Therefore, training in both mental health and equality and diversity are essential. In addition, services need to be available in multiple formats to account for physical accessibility and digital literacy.
- **Engaging with community leaders –** co-production should be explored wherever possible and through this process, community leaders should present themselves as well-respected individuals within a specific at-risk group who can champion mental health and encourage others to reach out and access support, as well as share any key communications and reassure people with any concerns.
- **Engaging with experts –** Often as a mental health system, we take a population level approach and as such, despite best efforts, it can be difficult to design services that consider the needs of everyone in our diverse communities. Therefore, it is important to engage with experts in supporting vulnerable groups to ensure that their needs are being met. These can be charities, such as the Kite Trust supporting LGBTQIA+ youth[2222], or teams within the wider MH system, such as the Gypsy, Roma and Traveller health team within Cambridgeshire County Council. It is worth exploring the potential of an 'Equality and Diversity in Mental Health' group, consisting of key stakeholders within the mental health and equality and diversity sectors.

Provide High Quality General and Specialist Support to People Presenting with Suicidal Intent

Priority Area 2: Provide High Quality General and Specialist Support to People Presenting with Suicidal Intent

This priority area will focus on both Primary and Secondary care available to people with mental health concerns in Cambridgeshire and Peterborough. The overall goal of this priority area is to ensure that a person entering the Mental Health system presenting with a risk of suicide is able to access a consistent level of care from well-informed mental health professionals.

Recommendation A – Continue to deliver and expand Suicide Prevention Training to all healthcare professionals in Cambridgeshire and Peterborough

Key to achieving a consistent, person-centred approach is the dissemination of Suicide Prevention training for all frontline professionals across the pathway of care. Community professionals, such as CGL and Domestic Abuse workers need to be able to talk openly about suicide with their clients, whilst primary and secondary care staff also need to be equipped with training that allows them to triage patients at risk of suicide and refer to the most appropriate support.

Through previous work, over 250 GPs have received training in SafeTool safety planning.[23] Moving forwards the goal will be to increase the number of primary care staff receiving the training and consequently using the SafeTool as standard practice when treating someone presenting with suicidal thoughts and behaviours. Clinicians in CPFT are also receiving the same training. The future aim is to continue delivery, increasing the percentage of staff working within mental health services who have received this training. A consistent system approach in delivering suicide mitigation training supports the development of a common language around suicide risk across both primary and secondary care. Linked to this work is the focus on the Common Sense Confidentiality training within Cambridgeshire and Peterborough Foundation Trust.[24]

In addition, it is vital that all staff involved in primary and secondary care, not just mental health clinicians and GPs, are suicide aware and able to spot symptoms and support people at immediate risk. Therefore, all staff should receive foundational training in suicide prevention. This can be delivered through a number of courses: the introductory sessions of the suicide prevention training for GPs/secondary care clinicians,[24] the STOP Suicide plus community training, the online Zero Suicide Alliance training or the 2-day ASIST suicide first aid training course.[25]

Currently employees working in adult physical health services within Cambridgeshire and Peterborough Foundation Trust complete the Zero Suicide Alliance Training. Up to January

2022, 1863 staff working in physical health services had completed the Zero suicide Alliance Training. The focus for the next three years will be to increase that number. In addition, work has started within the Cambridgeshire and Peterborough Staff Well-Being service to create and deliver training to support staff, if they are concerned about another member of staff, to ask them if they are experiencing suicidal thoughts and to respond appropriately.

Expansion of training for primary care staff and the community falls under the remit of the Wave 4 Suicide Prevention Transformation Programme.

Recommendation B – Ensure consistency between primary and secondary mental health provision

Many people accessing mental health care will begin in a primary care setting. This will most likely be their GP and / or the Primary Care Mental Health Service, with a survey run by Mind in 2018 reporting 41% of GP appointments now feature a mental health concern.[26] Based on their needs, they may be referred onto secondary mental health care. Moving forwards, it is essential that somebody accessing mental health support in Cambridgeshire and Peterborough can expect a consistent level of care when they are transferred to different services. Support should feel continuous and fluid, with patients not feeling like they have to start from scratch with each new service. To achieve this, it is important that primary and secondary care communicate effectively with each other, handovers are warm and patients are not expected to have to share their story multiple times with each new clinician they interact with.

This is particularly important when it comes to supporting children and young people as they transition into adult services, where rates of disengagement are high. Considerable effort should be made when a young person enters adult services to ensure that the quality of care that they receive is consistent and suited to their needs. One study notes the "importance of an individualized approach that takes into consideration the unique experience and pressures of entering adulthood."[27]

Whilst individual approaches may differ, it is important that the same fundamental approaches are used to work towards good mental health and protect against suicide. Consistent uptake of the training described in Recommendation A and promotion of the NCISH Safer Services toolkit will be fundamental in this.[5]

In addition to this work, to ensure that high quality care is delivered in secondary care settings, it is vital that we evaluate the care that CPFT provide to people who have a mental health condition using the NCISH Safer Services toolkit. A formal audit of these areas is planned within CPFT in order to create a baseline and identify the areas which require improvement.

Recommendation C – Promote the use of safety plans in all healthcare settings and raise awareness for individuals of how to develop their own, with the aim of keeping people safe until they can access mental health services

Safety plans are templates that can be used to support a person at risk of suicide to maintain their own mental health and refer to when facing a crisis. These are particularly important whilst someone is waiting to access health care, or at times when typical support isn't available, such as late at night or when their clinician is ill or on leave. Safety plans typically ask the person in crisis to consider ways of distracting themselves, positive things to promote staying alive, emergency contacts and ways of reducing access to things that may cause them harm. Completed in advance, these have been found to be effective in reducing suicidal behaviour.[28]

The GP training described in recommendation A teaches GPs how to use the SAFETool Safety Plan. This is an advanced triage tool embedded on SystemOne, with the expectation that all GPs who have received the training should be using this with any patients experiencing difficulties with their mental health, so that they are well-prepared should a mental health crisis arise.

While the triage section of SAFETool needs to be completed by a trained healthcare professional, the safety plan is available online and can be can used by both individuals and non-medical professionals to keep someone who may be at risk safe.[29] This should be promoted within community services where a formal triage assessment is not possible or appropriate, but the professional has responsibility to protect their client/patient's mental health.

In addition, greater awareness within the community should be raised with a focus on safety planning. Members of the public, including children and young people, should be able to create their own, as well as encourage their GPs to talk them through a plan. This relies on successful uptake of SAFETool training by GPs but will ensure that safety plans become a fundamental part of suicide prevention in Cambridgeshire and Peterborough.

Recommendation D – Support frontline workers, both emotionally and practically, to ensure that they are well-equipped to help patients facing suicidal thoughts, able to effectively refer people to appropriate support and not jeopardising their own mental health in the process

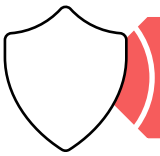
Supporting someone struggling with their mental health and suicidal thoughts can be emotionally draining, even on those trained in mental health care. Demands on frontline workers are high, particularly as a result of increased pressures due to the COVID-19 pandemic.[30] Therefore, it is important that as a system we protect those who are directly helping our most vulnerable members of the community.

When asked what support would be beneficial, respondents to the Cambridgeshire and Peterborough Frontline Workers Survey in January 2022 considered the following priorities:

- Training and improving knowledge of mental health, suicide and resources available
- Better access to support for patients, ensuring that when a patient is transferred from their care, they are confident that they will continue to receive high quality care
- Support/ therapy for Frontline Workers, either through formal counselling offers, or better support from management
- Improved communications between services, ensuring that professional opinions are respected, and referrals are appropriately responded to

All organisations with frontline staff working with patients with mental health difficulties need to ensure that they have robust procedures in place to protect the mental health of these workers. This support should be readily available and easily accessible. The Public Mental Health Strategy will also cover looking after workforces, so work will be done to ensure that the approach to this is consistent.

Another more practical form of support is in better supplying frontline workers with mental health resources. It is important that staff are able to adequately support those presenting with a mental health issue, both for the sake of the patient and their own reassurance that they are able to provide the best possible care. This support can be offered to any frontline worker supporting someone with their mental health, including school staff and others supporting children and young people. Aside from the training above which would allow frontline workers to provide meaningful interventions during brief appointments, resource packs should be made available that they can share with patients and service users as well as more confidently refer them to the most appropriate level of care, whether that be formal secondary MH care, social prescribers or community support. These resource packs will be designed by a focus group of key mental health providers across the county.



Protecting People at a Time of Crisis and Following De-Escalation

Priority Area 3: Protecting People at a Time of Crisis and Following De-Escalation

The aim of this strategy is to provide sufficient support to services, service users and their loved ones to ensure that people are not reaching crisis point. However, for those that are experiencing a mental health crisis, we need to ensure that there is effective provision in place, both in the moment of crisis, and in the days and weeks following.

Recommendation A – Ensure that people are actively engaged with crisis care

Mental Health crises can be distressing for anyone, and some people may find it difficult to know how to access the most appropriate care. We must be able to address stigma and raise awareness that whatever form of support people access, they are going to be treated with dignity and respect. Resources should therefore be produced that outline what may constitute a mental health crisis, the potential crisis pathways of care, and expected outcomes. This can give people a clearer idea of what support is available and dispel any fears over wrongful treatment or loss of control over their own care. Similar resources can be produced tailored to children and young people, where the pathways of care are likely to differ. Promotion of crisis cards may also provide people with greater confidence that their care will be in line with their wishes if they are in a position where they are unable to communicate this themselves.

The First Response Service, operated by CPFT, is available to anyone in a mental health crisis through dialling 111 and selecting option 2.[3152] A number of options are then pursued to de-escalate the situation and help the person in distress feel better able to support themselves. This can be on-scene with the First Response team or the Integrated Mental Health Team based in the police control room. Alternatively, people can be conveyed to the Sanctuary, run by CPSL Mind, an environment in which people have a safe space to de-escalate from crisis. This now offers a virtual/telephone service as a result of the COVID-19 pandemic.[3232]

Patients accessing crisis care should feel confident that they will be treated with respect. As well as outlining the support available to them, resources should also provide guidelines of the treatment they can expect to receive from healthcare professionals. This should give people confidence to know that if they need crisis support at any time, they will not be treated unfairly.

Recommendation B – Expand the support networks and resources available to people following a mental health crisis

A discharge buddy scheme, run by CPSL Mind, is available to people in Cambridgeshire and Peterborough following in-hospital admission or contact with Crisis Home Treatment teams.[3232] Expansion of this over the course of this strategy will involve increased

collaboration between services to ensure that discharge buddies are appropriately engaged after contacts, and where consent is given, informed of any information that may help them to offer support. In addition to the formal discharge buddy scheme, it is important to ensure that where possible, a support network of the patient's choosing is engaged and able to talk openly about mental health and suicide. Everyone within this network should be equipped with the necessary resources and signposting knowledge to support their loved one should they re-enter crisis.

Greater awareness of alternative post-crisis support should be raised in addition to these. For example, Lifeline offer follow-up phone calls to people who have been in crisis, such as those who go missing and are found by the police.[33]

Recommendation C – Reduce access to means within the home and in a digital world

The previous strategy highlighted reducing access to means with a focus on ligature points in in-patient settings, rails, high spaces and medicines management. These all remain points of interest and work laid out in the previous strategy will continue to keep deaths involving these to a minimum.[10]

However, local data indicates that a major concern that needs addressing is hanging within the home. This presents complexities as the mental health system has much less control over the ligature points within individual homes. As a result, engagement with individuals facing suicidal thoughts to self-manage their safety, with support from their loved ones, is fundamental.

In addition, in consideration of reducing access to means, we must also think about how the internet, whilst a potential source of support can provide vulnerable people with information, the means and encouragement to end their lives.[34] Work should be done within the county to address this, potentially engaging with the government on a national level to request harsher restrictions on accessing such content. The Online Safety Bill (in draft form at time of writing) outlines the approach to harmful and illegal content online, with an expectation that restrictions will be placed on content related to suicide and self-harm.[35] This strategy will promote good practice outlined in the bill and ensure that where content has been defined as legal but harmful, we seek to promote alternative sources of support to drive traffic away from these sites. In addition, this strategy is mindful that a greater range of content will be deemed harmful for children and young people, so extra considerations need to be made about managing this risk. The Samaritans have also produced guidance for practitioners on the potential benefits and risks for someone searching for content related to self-harm on the internet.[36]

As a mental health system, it can be difficult for us to engage with all online content, and there may be inappropriate discussions of suicide and self-harm in private groups or pages that we unable to intervene in directly. On a local level, the focus should be on promoting healthy online behaviour and a range of positive online resources as alternatives to visit

when tempted to look for more harmful content. These websites should contain information and signposting, as well as immediate support in the online environment, such as self-help guidance and mental health apps.[34] The Keep Your Head[37] and How Are You[38] Websites are useful sources of information for self-help and accessing local services. In addition, the internet should be considered as part of suicide safety plans, with resources such as the Ripple suicide prevention tool being promoted.[39] Promotion of resources from sources such as internetmatters.org can provide guidance on how to report concerning content on various social media.[40] In addition, further resources can be produced in order to discuss the impacts of posting incorrect or harmful information on the internet regarding suicide.

Ensure the Community is Well-Equipped to Prevent Suicide in Non-Clinical Environments

Priority Area 4: Ensure the Community is Well-Equipped to Prevent Suicide in Non-Clinical Environments

A key target of this strategy is ensuring that suicide is everyone's business. Often, the people in the community surrounding someone struggling with their mental health can have the most significant impact on their wellbeing.[41] Therefore, it is important that this community has access to the necessary information and resources to support someone, as well as ensure their own mental health does not suffer as a result of helping someone else.

Recommendation A – Support the delivery of awareness raising campaigns, particularly through the introduction of data-informed tailored approaches

CPSL Mind have developed the STOP Suicide Campaign and since 2016/17 have grown the message to raise awareness and challenge stigma across Cambridgeshire and Peterborough.[11] In this time, key messages have included the Just ASK campaign, encouraging people to have open and honest conversations about suicide, as well as the delivery of targeted messages to at-risk groups, primarily middle-aged men and the Eastern European population.[42] The Stress Less campaign, aimed at 12-18 year olds, works with young people to tackle mental health stigma.[43]

As part of the Wave 4 suicide prevention transformation programme, the STOP Suicide campaigns will use data from the RTSS to identify recent trends or clusters in specific demographics and tailor messaging to deliver targeted campaigns addressing these groups directly. In addition, any messaging aimed at young people should be considerate of those Not in Education, Employment and Training.

As a final note, there may be several mental health and suicide awareness campaigns running concurrently. This strategy recommends that efforts are made, where possible, to collaborate and promote concurrent messages.

Recommendation B – Promote delivery of suicide prevention training to non-medical professionals and members of the community

Priority Area 2 discusses in detail the need for healthcare workers to be able to discuss suicide confidently and openly with someone they believe may be at risk. However, this is only possible if that person is already actively seeking support for their mental health. Therefore, it is equally important that members of the community are able to spot symptoms in the people around them, talk to them about suicide, and be able to signpost them to support. CPSL Mind's Stop Suicide workshops, the Zero Suicide Alliance's Online Training and the ASIST two-day suicide intervention course are all able to support members of the community in this.[25] The message that "suicide is everyone's business" should be

communicated out to the community and people are encouraged to take the training to support loved ones, neighbours, colleagues, or strangers, who may be in a crisis.

In addition, those working with people who are considered vulnerable should also be encouraged to take up training, such as housing officers, school staff, police and anyone else that may work with someone at risk of poor mental health.

Recommendation C – Offer greater support to families and friends of people affected by suicidal thoughts to better equip them to keep their loved one safe and protect their own mental health

The message that "suicide is everyone's business" is important and being suicide-aware is something that everybody can do. Having access to information, resources and sign posting is important in creating an accessible, supportive community for everybody and to reduce situations in which one person feels solely responsible for another person's wellbeing.

Carers are people who provide help and (unpaid) support to a family member, friend or neighbour who would otherwise not be able to manage. We use the term 'carer' in its broadest sense to include the most significant people in the life of the service user, including spouses, parents and young carers. They provide important information that may help doctors, nurses, social workers and therapists to have a better understanding of the needs of service users. In order to be effective, partners, carers and family members need clear information about the service user's care and treatment

Family members and friends who are caring for people with mental illness (and are commonly referred to as carers) tell us that three things are important to them.

1. The cared for person receives the best care possible to support them in their recovery.
2. The carer receives training on how to best support their loved one in their recovery.
3. The carer is supported in maintaining their own wellbeing.

Consent and confidentiality is one of the most important and complex areas of mental health care. It is important to recognise that even in the absence of consent the provision of general information about mental illness, emotional and practical support does not breach confidentiality. General information can include information about the condition and behaviour it may cause, advice on managing it, particularly in a crisis, and contact details of the team responsible for the service user / patient's care.

The Department for Health and Social Care have recently published and updated their consensus statement on Information sharing and suicide prevention.[44] In addition to this statement the Zero Suicide Alliance, on behalf of DHSC, has also published guidance for frontline staff on how to use the consensus statement, which aims to support staff regarding when and how to share information about patients where this may help prevent suicide.[45]

Cambridgeshire and Peterborough Foundation Trust prior to the pandemic ran a Common Sense and Confidentiality course for staff working in mental health. In response to the pandemic this course has now moved online and will be relaunched. In addition, it is anticipated that at the Trust induction all staff will receive information about Consent and Confidentiality and information about consent and confidentiality is now available on the CPFT public website.[24]

However, as important as it is to ensure that carers are actively involved in their loved one's care (where appropriate), no one individual is wholly responsible for anyone else's mental health. To avoid anybody taking on too much responsibility when it comes to the mental health of somebody around them, it is important to create a community support approach. Service users should be encouraged to build support networks of loved ones that can help keep them safe when facing suicidal thoughts and all messaging with regard to supporting someone should highlight that they are only one part of a much wider system.

Improve understanding of self-harm and support the promotion of healthy coping strategies

Priority Area 5: Improve understanding of self-harm and support the promotion of healthy coping strategies

Recommendation A - Improve data collection to gain a better understanding of self-harm beyond crisis care

On a local level, the most widely used indicator of prevalence of self-harm is presentations to A&E and admittance into ward beds. However, this only represents a minority of incidences of self-harm, with one 2017 study estimating that whilst 21,000 12-17 year olds in England present to hospital for self-harm each year, 200,000 self-harm in the community without presenting to hospital.[46] Therefore, it is difficult to accurately determine how severe the issue of self-harm is in Cambridgeshire and Peterborough. In addition to this, it is not enough to aim for decreasing presentations to A&E as an indicator of improvement. As discussed above, the majority of self-harm incidents do not result in A&E attendance. Also, self-harm can take many forms and may not present as a physical injury, but may resemble risky or obsessive behaviours.[47]

As part of the Wave 4 suicide prevention transformation programme, the Fullscope collaborative have been commissioned to review the self-harm data available in Cambridgeshire and Peterborough to improve our understanding of how this affects our community. Early findings have highlighted the significant difficulties in collecting this data across services, primarily due to the variations in methods of data collection relating to self-harm.

To achieve a unified approach and ensure services are consistent in how they recognise and record self-harm amongst their service users, we need to establish clear definitions of self-harm including how it relates to suicidal intent and the many different forms it can take. This messaging needs to be consistent across services to ensure not only that we are accurately recording numbers, but that professionals are able to confidently provide people who self-harm with appropriate support. In addition to this, it is important that self-harm is acknowledged as a distinct presentation in health services, and not absorbed into a wider 'mental health/anxiety/depression' note. Likewise, when a patient is being treated for physical wounds in relation to self-harming behaviour, it is also important that the underlying mental health reasons for the self-harming behaviour are recorded, beyond the immediate medical presentation. Finally, greater research needs to be conducted into how self-harm affects different communities, with particular concern being placed on neurodiversity and gender where differences in presentation may result in self-harm being overlooked, and LGBTQ+ and ethnicity, where data is lacking.[4848]

Recommendation B - Understand and address self-harm in children and young people

As part of the Wave 4 Suicide Prevention Transformation Programme, the Fullscope Collaborative have been commissioned to understand and address self-harm in young people through the delivery of pilot programmes co-produced by young people and parents. They will work with local schools, guided by a steering group of self-harm experts, key stakeholders and people with lived experience, to determine the best ways to support children and young people who may be at risk of, or are currently, self-harming.

The Public Health Team will propose a research project with Cambridge University into better understanding how mental health issues are presenting in young people aged 18-25, including self-harming, as part of the Cambridge University Science and Policy Exchange (CUSPE).[49]

A subgroup consisting of mental health workers supporting children who self-harm and academics researching this topic has been assembled and will continue to meet on a quarterly basis to both understand the emerging trends in self-harm and work collectively to understand what support is available across the system to identify any gaps in provision.

In addition to these, public health intends to commission work to support families of children and young people who self-harm.

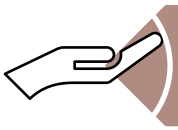
Recommendation C - Ensure those presenting to services with self-harming behaviours have their mental health concerns treated appropriately

When someone discloses that they self-harm to a family member, friend or professional, there may be concerns that this person has a potential risk of suicide. There are various definitions of self-harm, some of which include self-harm with suicidal intent. There are also many different motivations for people to self-harm, and in most cases the motivation is not suicidal. It is important not to conflate self-harm without suicidal intent, which is often a way for people to cope with difficult feelings, with suicidal thought and intent. However, we must also acknowledge that for some people who self-harm there is also suicidal intent and that there is a higher risk of death by suicide for people who use self-harm as a coping strategy.[50]

Increased understanding and awareness of self-harm, how it presents and how to support people who are self-harming, should be pursued. This will primarily be through the promotion of existing resources providing guidance for professionals working with those at a higher risk of self-harm, such as children and young people.[51] In addition, self-harm training should be considered, either as part of existing suicide mitigation training or in addition.

It is important to discuss the care available to people who self-harm both in the short and long-term. We must challenge stigma against people who self-harm as they present to healthcare services, to avoid adverse treatment outcomes.[52] Recognising that this is a

symptom of a wider mental-health concern, staff should be sensitive towards patients and where possible, seek mental health support to be offered in collaboration with any physical injuries that need addressing. Many view self-harm as a coping strategy and therefore our priority should be encouraging alternative strategies, as opposed to removing their existing coping strategies that may lead to greater harm.[47]



Ensure that Appropriate Steps are Taken Following a Suicide to Support the Community

Priority Area 6: Ensure that Appropriate Steps are Taken Following a Suicide to Support the Community

The aim of this strategy is to prevent suicide and, following the Zero Suicide Ambition, we are taking the stance that every suicide is preventable. However, this is a long-term goal and, in the meantime, it is important that we ensure whenever a suicide does take place, we recognise the impact this can have on the surrounding community and the mental health system.

Recommendation A – Expand the existing suicide bereavement support offer to accommodate those more widely affected by a suicide and encourage peer support

The existing suicide bereavement support offer is currently limited due to small capacity. With the addition of wave 4 postvention transformation funding, the service is set to double in capacity, thus expanding the scope of the service to include a wider cohort of people able to access support for a greater period of time.

In addition, investment will be made into suicide bereavement counselling which will be offered in collaboration with the suicide bereavement support offer as part of a wider model with a greater emphasis on community and peer support. To further the reach of support available to those bereaved by suicide, greater links will be made between the initial suicide bereavement support service and longer-term support groups, to allow for warmer handovers.

Finally, a suicide bereavement support offer for children and young people will be developed. In addition to this, in the tragic circumstance that a child or young person does take their own life, it is vital that support is offered to schools in how best to support young people through the complexities of grief by suicide. Samaritans currently offer support to schools if they are aware of a suicide involving a young person – this is primarily in rail-related deaths. Therefore, effort should be made to connect any school experiencing the suicide of a child or young person to the Samaritans to provide rapid support.[53]

Recommendation B – Ensure that professionals in contact with someone who has died by suicide are adequately supported

Beyond the next of kin, there are many others who may be impacted by a suicide in some capacity. In particular, where a person who has died by suicide has been known to mental health services, there may be feelings of grief, self-doubt or guilt.[54] It is integral that all staff are well-supported and any reviews into potential failings are handled with sensitivity. There are also many resources available to mental health professionals, such as 'If a Patient

Dies by Suicide: A Resource for Psychiatrists'.[55] [54] These should be promoted within mental health trusts as well as in community mental health services, if deemed appropriate.

In addition, there are many professionals who may not have previously had contact with someone who has died by suicide but may be affected by the incident itself. This includes rail staff where a death on the rail has occurred, or first responders including the police and paramedics. Therefore, resources and other support should also be available to identified 'first responders,' where possible and particularly if not offered internally within an organisation, with efforts made to establish such processes in the future.

Recommendation C – Rapidly respond to incidents of suicides that may have a greater impact on the wider community and ensure that information shared is accurate, sensitive and guiding people towards support

High-profile suicides, for example celebrity suicides or those that are particularly public or graphic in nature, can generate a great deal of attention and the risk of contagious suicide is increased.[56] From the previous strategy, considerable effort has been made to meet the national priority of encouraging the sensitive reporting of suicides in local media.[10] Connections are well established between the MH system and local media, such that suicides are generally carefully reported in line with Samaritans guidance, with careful monitoring to ensure that any insensitive reporting is swiftly corrected.[57]

However, it is important to mention that in a society where almost half of people consume news through social media, it is vital that we ensure that the information being shared through the likes of Facebook, Twitter and Instagram is also accurate and sensitive towards those who have died by suicide and their families.[58] Suicide prevention leads should work with communications teams within their organisations to encourage monitoring of social media and the preparation of statements that focus on dispelling harmful rumours and guiding people towards support.

Monitoring and Evaluation

The Suicide Prevention Strategy Implementation Group will meet twice a quarter to discuss the progress of the Joint Suicide Prevention Strategy for Cambridgeshire and Peterborough.

An Action Plan based on the recommendations above has been drafted and shared with the Suicide Prevention Strategy Implementation Group. All actions are assigned lead organisation(s) and key partners. Progress for each action will be reviewed at group meetings, with risks and opportunities discussed and addressed. Annual reports based on the outcomes of the action plan as it pertains to the strategy will be produced and shared with mental health boards in Cambridgeshire and Peterborough.

Due to the efficiency of the RTSS platform, local suicide rates will be a clear outcome of ongoing work. These rates can be broken down into demographics to determine the impact of targeted work. Whilst data will be available for each month, the impact of some actions will only be seen in the long-term. In addition, suicide rates can fluctuate throughout the year. Therefore, monitoring will occur monthly, but evaluation should occur annually. The zero suicide ambition and accompanying targets should always remain the focus of this strategy.[3]

In addition to the rate of completed suicides, the number of attempted suicides and incidences of self-harm will provide useful data as to the progress of the Suicide Prevention Strategy. However, in order for this data to provide an accurate picture of the work, procedures for accurate reporting of these figures must first be established. Therefore, suicide attempts and self-harm data will not formally be included in evaluations initially.

Another key outcome of this strategy is the impact of work on the people most affected. In addition to regular consultation with people with lived experience, evaluation will also involve consultations with GPs and other mental health professionals delivering the work outlined in this strategy to determine the impact on their workloads, patient outcomes etc.

In evaluation of this strategy there is a real opportunity to also consider specific interventions in greater detail to determine their individual effectiveness in preventing suicide. This is particularly important when we are adopting novel approaches in preventing suicide to confirm whether they should be pursued further, adapted or retired in favour or alternatives.

The Wave 4 Suicide Prevention transformation programme in particular will be evaluated in terms of the individual impact of each workstream, the overall impact of the programme, and its multiagency approach. External evaluators will review the programme, providing intermediate and final reports measuring the success of the programme and indicating areas of improvement. This will be fed back to the Suicide Prevention Strategy Implementation Group and be an essential part of the overall evaluation of the strategy.

In addition, when the strategy calls for new work to be delivered, evaluation will be built into the overall project design in order to build an evidence base of local interventions proven to have an impact on suicide prevention.

Implementation of the Strategy

The implementation of the strategy will require a mixture of input and work from the entire mental health system in Cambridgeshire and Peterborough, as well as the wider community. Beyond addressing the priority areas, cultural and organisational changes will be needed to accommodate the key themes of collaboration, co-production and information sharing.

Implementation of the recommendations and action plan will be managed by the joint Cambridgeshire and Peterborough Suicide Prevention Implementation Group. Multi-agency working across all sectors, from NHS and mental health professionals to voluntary organisations, will be encouraged to utilise expertise from these organisations to implement the proposed initiatives.

Improved engagement with service users and their carers is expected for the successful development, implementation and delivery of initiatives in each priority area.

Through co-operation, coordination and community engagement, we can all work together to reach our ambition of zero suicides in Cambridgeshire and Peterborough.

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Appendix 1: Available Resources for People Struggling with their Mental Health

Services for people with mental health problems

NHS Cambridgeshire and Peterborough CCG currently commission services for people with mental health problems on a pathway basis from the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). In addition, NHS Cambridgeshire and Peterborough CCG along with Cambridgeshire County Council and Peterborough City Council commission mental health services from a range of local independent and voluntary sector organisations. Some mental health services are commissioned as part of the mental health crisis care work. In addition, there are voluntary sector organisations that provide mental health support in Cambridgeshire and Peterborough with funding outside the statutory sector.

- Cambridgeshire and Peterborough Foundation Trust (CPFT) Locality Teams; Psychosis, Affective Disorders, Assertive Outreach
- Improving Access to Psychological Therapies (IAPT) services (through CPFT) – providing psychological or talking therapies for people experiencing common mental health problems.
- Group Therapy Centre - commissioned by Cambridge & Peterborough NHS to provide therapy groups for local people experiencing emotional and mental health worries.
- Acute Care Pathway (including crisis resolution and home treatment (CRHT) and Psychiatric Intensive Care Pathway). The acute pathway may include contact with liaison psychiatry services
- 111 (option 2) - mental health crisis telephone line with First Response Service (FRS) support into the community.
- Sanctuaries - run by CPSL Mind in Cambridge and Peterborough for people to be referred to by the FRS if in mental health crisis
- CAMEO - NHS service that provides specialised assessment, care and support to young people experiencing psychosis
- ChatHealth - secure and confidential text messaging service for young people aged 11-19 across Cambridgeshire and Peterborough
- Discharge Buddy Service – run by CPSL Mind, supporting people following discharge from hospital or community-based Crisis Team support
- Lifecraft – a user-led organisation for adults in Cambridgeshire who have experience of mental health difficulties in their lives. Lifecraft offers a wide range of free services to help and support its' Members in their wellbeing and recovery. Lifecraft have produced a Mental Health Handbook that serves as a directory of services for people with mental health problems

- Lifeline is provided for people in Cambridgeshire and offers telephone support to people experiencing mental health crisis, available 11am-11pm every day on 0808 808 2121
- Cambridgeshire, Peterborough and South Lincolnshire Mind (CPSL MIND) - provide a wide range of services across the county to support those recovering from mental health challenges, promote positive mental health and tackle mental health-related stigma and discrimination within our communities. CPSL MIND also hosts the STOP Suicide campaign and website
- Centre 33 – Cambridge based charity supporting young people. Drop-in sessions for children and young people in Cambridge Tues-Fri 12pm-5pm and Sat 10am-1pm, in Wisbech Thursdays 12pm-5pm, and in Ely Tuesdays 1-5pm
- Kooth- an online counselling and emotional well-being platform for children and young people (aged 11-19), accessible through mobile, tablet and desktop.
- Keep Your Head website - provides information on mental health and wellbeing, including services that are available as well as self-help guides and professional resources. There are now three versions of this site: one for children and young people, one for adults and one for professionals.
- Suicide Bereavement Support – Emotional and practical support, offered by Lifeline, in the immediate aftermath of a death by suicide
- YOUnited – Support for young people's mental health and emotional wellbeing
- Cambridge and Peterborough Samaritans - provide confidential emotional support to people in distress or despair in the local area. Support is provided over the telephone or by email: 116 123 / jo@samaritans.org
- PINPOINT offers parent-to-parent support for children with additional needs including mental health problems, particularly around self-harm
- Choices in Cambridge - Offers a confidential counselling service in Cambridge and surrounding areas for women and men whose lives are affected by childhood sexual abuse
- Relate - relationship counselling available in Cambridge, Eaton Socon, Ely, Girton, Huntingdon, Melbourn, Newmarket, Peterborough, Sawston, Stamford and Wisbech
- The Richmond Fellowship - a specialist employment service providing support for people recovering from mental health problems to find paid employment, voluntary work, education and training or to retain their current employment
- Rethink Carers - The Cambridge and Peterborough Groups help the carers of those with severe and enduring psychotic illnesses including schizophrenia
- CRUSE bereavement - provide bereavement support to anyone who needs it. This includes a Cambridge based group specifically for people affected by suicide.

Appendix 2: Evidence Base for Tailoring Approaches to Specific At-Risk Groups

In this section, we explore in more detail each group identified as being at greater risk of suicide, identified either in the previous suicide prevention strategy, national guidelines and data, or through conversations with key stakeholders in the system. For each group, efforts have been made to collate current understanding of why there is a greater risk and evidence-based approaches for preventing suicide within these cohorts (or suggestions where the evidence is lacking). This is not a comprehensive needs assessment, and information is limited for many identified groups, but this has been compiled to illustrate the different needs of our diverse communities and recognise the variety of approaches we need to take in order to best support everyone in preventing suicide.

Alcohol/drug users

Alcohol and drug use presents two major issues with regard to suicide. Firstly, people with a substance misuse problem are at greater risk of suicide than the general population.[59,60] Secondly, even in cases where an existing problem may not be seen, alcohol and drugs can play a part in suicide due to an increase in impulsive behaviour.[61]

Key considerations to be made involve early intervention, access to services, suicide awareness training and use of tools across the system, and risk management across partner organisations.

Bereaved people and those bereaved by suicide

Research has shown that those bereaved by suicide are 65% more likely to die by suicide than those bereaved by sudden natural causes, regardless of whether the person who died by suicide was a blood relative or not.[62] Suicide prevention interventions for those bereaved by suicide are discussed in greater detail in Priority Area 6.

Children and young people

Suicide is one of the leading causes of death in young people worldwide, with particular risk factors including the presence of mental disorders, previous suicide attempts and triggering psychosocial stressors.[63] The national suicide prevention strategy's fifth progress report names children and young people as a key high-risk group.[1] For more information regarding supporting the mental health of children and young people, please refer to the Cambridgeshire and Peterborough Children and Young People's Mental Health Strategy 2022-2025. With regards to young people and self-harm, please refer to Priority Area 5.

Gypsy, Roma and Traveller Community

Data for suicides within the GRT community, both nationally and locally, are severely lacking. Extrapolating from the fact that Irish Travellers are six times more likely to die by suicide than the general population, this is a particularly at-risk group and it is key that we work to protect the sizeable GRT community in Cambridgeshire and Peterborough.[6464] In

studies that do consider the mental health of the GRT community, concerns such as acceptance, life prospects and access to services are suggested as risk factors.[65]

Particular effort needs to be made into engagement with the GRT community, which is seldom heard compared to the rest of the population.[66] In production of awareness raising materials and resources, services need to be aware that alternative materials may need to be produced to account for lower literacy rates and access to digital technology within GRT communities. Initiatives from within the community, such as the One Call Away support lifeline,[67] should be promoted by the wider mental health system, with new ideas encouraged and supported.

The Public Health Lead Nurse for Travellers is part of the Suicide Prevention Strategy Implementation Group and can feed back to the group about issues affecting the GRT community. The RTSS system has been adapted to allow for more accurate recording of GRT ethnicity in those who have died by suicide.

LGBTQIA+ people

LGBTQIA+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex and Asexual) young people are at greater risk of experiencing suicidal feelings, thought to be in part due to discrimination, societal norms and feeling unable to talk.[68] For similar reasons, many are reluctant to access formal mental health services, though will often seek support online.[69] Moving forward, work should be done into creating better connections between mental health support services and LGBTQIA+ support services, challenging stigma and raising awareness of the mental health risks faced by members of the LGBTQIA+ community. Resources such as Toolkits for Nurses on preventing suicide in LGBT young people can be promoted for good practice.[70,71]

Middle-aged men

As of May 2021, Men aged 40-54 have had the highest suicide rates in the UK since 2013. Of considerable interest is that 91% of middle-aged men dying by suicide in 2017 had at least some contact with a frontline service, with primary care being most common (82%).[72] Therefore, it is important that when men reach out for help, they receive adequate support from services that are best suited to them. A report published by national MIND identified counselling and exercise as the most popular prescribed treatments for low mood/anxiety in middle-aged men.[73] Improving links to social prescribing would therefore be beneficial for this cohort.

New Migrants – Polish and Lithuanian People

A recent study of Polish people within the UK found limited uptake of mental health services despite exhibiting need. *"Reasons for underutilisation of services include limited knowledge and trust of the National Health Service (NHS), previous negative experience, poor language skills and perceived cultural differences related to how migrants describe their mental health*

problems," as well as *"stigma."*[74] However, it should be noted that migrants are not a heterogeneous group and that this study is only representative of one community.

Moving forwards, efforts should be made across the system to improve accessibility of mental health services by taking a more active approach to understanding the different cultures of our diverse population. Resources and awareness campaigns should be translated into different languages as needed, particularly with regard to helping new migrants navigate a health service that they may not be familiar with. In addition, community groups/leaders should be engaged as mental health champions to encourage greater communication between mental health services and the migrant population in Cambridgeshire and Peterborough.[75]

People in contact with mental health services

People in contact with mental health services are at a particularly high risk of suicide compared to the general population (approximately a 10-fold risk)[1], but we have the greatest opportunity of intervention as a system as they have engaged with our care. Most notably is the increased risk in the weeks following discharge from inpatient care.[4]

Care planning and continued engagement can be complicated due to a variety of factors in a service user's life, including socioeconomic factors such as housing and debt, refusal of treatment related to psychiatric symptoms strain on the mental health workforce.[76]

Therefore, it is essential that we utilise every single contact effectively in order to keep people in contact with services safe. Awareness and suicide prevention training needs to be undertaken by anyone in the system likely to come into contact with patients, not just healthcare professionals but support staff and those offering social and practical support.

In addition, we need to pay careful consideration as to how we can keep people safe from suicide in the periods between formal contact. This can include promotion of safety planning and encouragement of the individual to support their own wellbeing, as well as referrals into community support groups/helpline services. In addition, those recently discharged should be made aware of formal points of support, such as Discharge Buddies.[32]

People in custody

There are three prisons in Cambridgeshire and Peterborough. There is an increased risk for people in prison custody than the general population, with this risk remaining high following release from prison, with those recently released being 7 times more likely to die by suicide.[77]

It is important that prison estates are "psychologically informed environments" where staff receive mental health training and are equipped to provide support to people in custody showing signs of distress or changes in behaviour.[78]

In addition, approaches to keep prisoners safe should take into consideration how to maintain support after they have served their sentence. This will involve greater collaboration between the mental health system and the probation service. 2017 research into probationers at risk of suicide identified several key recommendations to protect the mental health of people in contact with the probation service, such as suicide prevention training for probation officers, and increased support at high-risk times, such as re-entering custody or completing probation.[79]

People facing loneliness and isolation

Loneliness is a major risk factor for suicide[80] and those living alone, in rural communities or working in more isolated professions need to be taken into consideration as they will lack many support networks others in the general population may have, such as colleagues and community groups. This has become a particularly pressing issue due to COVID-19 and the increase in self-isolation.[81]

It is important that we address stigma associate around mental health and aim to maintain social connectedness. Expansion of the newly formed Network for Addressing Isolation and Loneliness in Cambridgeshire and Peterborough (NAILCAP) will ensure that community groups across the county will be linked into the wider mental health system.[82]

People who self-harm

Self-harm has been identified by the national suicide prevention strategy as one of the key risk factors for suicide,[1] with one long-term study reporting that suicide was over 55 times more likely in people in the year they were discharged from hospital for non-fatal self-harm than in the general population.[83] Suicide prevention interventions for those who self-harm are discussed in greater detail in Priority Area 5.

People with autism

The links between people diagnosed with autism and dying by suicide are strong, with one Danish study finding a three-fold higher rate of suicide and attempts compared with the whole population. Protective factors such as marriage, educational level and employment were also found to be less protective in people with autism.[84]

The Cambridgeshire and Peterborough All Age Autism Strategy 2021-2026 has identified barriers in people with autism accessing mental health support, including long waiting times and difficulties related to transition between CYP and Adult mental health services. The strategy makes a number of recommendations to address this, including training for mental health staff, reasonable adjustments in care pathways and improving the accessibility of signposting information and resources.[85]

Students

Cambridge University and Anglia Ruskin University house a sizeable student population in Cambridge City, with an additional campus now open in Peterborough. Students are at risk

due to difficulties with academic studies, financial problems, transitions and social pressures, in addition to other risk factors facing people under 25 including self-harm, alcohol misuse and psychological factors.[86]

Universities UK and Papyrus have co-authored guidance for universities to keep their students safe, taking into account prevention, intervention and postvention. Key recommendations involve addressing stigma, encouraging training and signposting to internal and external resources.[87]

CU and ARU mental health and wellbeing teams are now represented on the Suicide Prevention Strategy Implementation Group and can feedback any areas of concern to the wider mental health system.

Unemployed people and those in financial difficulties

A 2015 study attributed 1 in 5 suicides worldwide are due to unemployment, with an increase in times of economic recession.[88] Rates of unemployment in the county are currently at 3.2% as of June 2021[8989] (lower than both the regional and national average). Mental health should be an important consideration when providing financial or employment support.

The Zero Suicide Alliance has guidance for supporting unemployment benefit recipients, two thirds of which have thought about taking their own life. These recommendations include embedding social prescribing in practical support services and improving access to welfare advice, as dictated by the Citizens Advice Bureau.[90] Therefore, efforts should be made to connect employment services with mental health services to ensure a consistency in approach.

Veterans

In general, data on veteran suicide is lacking. A 2014 report noted that whilst the suicide rate is lower in those serving in the Armed Forces than the general population, and the overall suicide rate in veterans is similar to that of the general population, there is an increased risk in young men (under 20) serving in the Armed Forces and Young Veterans (16-24) and those classified as early service leavers. Evidence suggests this increased risk is due to pre-service vulnerabilities.[91] Rates of veteran suicide will be reported nationally by 2023, but efforts are being made to report on veteran suicides in Cambridgeshire and Peterborough *via* the RTSS system by early 2022.[92]

Public Health are working with the county's Armed Forces Covenant Officer to ensure a collaborative approach, working with experts in veteran's mental health, such as Project Nova.[93] A suicide prevention representative sits on the Armed Forces Covenant board meetings for Cambridgeshire and Peterborough.

Victims of Domestic Abuse

Research conducted by Refuge in 2018 noted the 83% of their clients felt 'despairing or hopeless' at intake, with at least 24% feeling suicidal at some point in their life. They identified the need for timely, trauma-informed support available for victims of domestic abuse.[94]

It is important that all Independent Domestic Violence Advocates (IDVAs) are trained in suicide mitigation and can confidently discuss suicide in a trustworthy environment with their clients. Conversely, all mental health professionals must have an awareness of domestic abuse and appropriate referral destinations. This can be done through foundational training or through the use of the briefing paper for professionals working with those suffering from domestic abuse that has been co-produced by the DASV Partnership and CPSL Mind.[42]

Young offenders

It has been reported that the suicide rate in male young offenders (aged 15–17) may be as much as 18 times higher than the rate in non-offenders.[95]

All YOS staff complete mandatory training which aims to focus on what has happened to a young person and not just their presenting problem. This in effect challenges stigma around youth offending, with the offence as the tip of the iceberg. Youth Offending Services have also adopted a multi-agency approach, discussed in a Case Study 1 earlier in the strategy, to best suit the needs of children and young people in contact with their care.

Section 75 Extension Sexual and Reproductive Health Services

To:	Adult and Health Committee
Meeting Date:	14 July 2022
From:	Jyoti Atri, Director of Public Health
Electoral division(s):	All
Key decision:	Yes
Forward Plan ref:	2022/080
Outcome:	The extension of the current Section 75 agreement with Cambridgeshire Community Services to provide Sexual and Reproductive Health Services across Cambridgeshire and Peterborough for two years. The current contract expires on 31 March 2023. This extension would mean that the Section 75 would end on 31 March 2025.
Recommendation:	Adults and Health Committee is asked to agree the following:

a) Commission a Sexual and Reproductive Health Needs Assessment to inform the commissioning of Sexual and Reproductive Health Services.

b) Extension of the current Section 75 agreement with Cambridgeshire Community Services for the provision of Integrated Sexual and Reproductive Health Services across Cambridgeshire and Peterborough until 31 March 2025 at a value of £5,100, 249 per annum, to enable the Sexual and Reproductive Health Needs Assessment to be undertaken

c) Authorisation of the Director of Public Health, in consultation with the Chair and Vice Chair of the Adult and Health Committee to award a contract to the successful provider subject always to compliance with all required legal processes.

d) Authorisation of Pathfinder Legal Services Ltd. to draft and complete the necessary documentation to extend the Section 75 agreement.

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1. Background

1.1 A comprehensive Sexual and Reproductive Health Services (SRH) Needs Assessment has not been undertaken for over ten years in Cambridgeshire. Although historically overall the sexual health of the Cambridgeshire population has compared well to other similar areas, there are some issues. For example, current information tells that testing rates for sexually transmitted infections are low amongst high-risk groups and uptake rates for long-acting reversible contraception remain low amongst the under twenty-fives. To secure a good understanding of the needs in the context of the changes arising from COVID-19 and the wider operational and strategic landscape it is proposed to undertake a comprehensive SRH Needs Assessment. This will enable us to understand the impact of these changes and developments that will inform the design of the new service and the contractual arrangements.

1.2 Currently Cambridgeshire County Council (CCC) holds a Section 75 (S75) agreement with Cambridgeshire Community Services (CCS) to provide Sexual and Reproductive Health Services (SRH) across Cambridgeshire and Peterborough. Peterborough City Council has delegated authority to CCC to commission SRH services on its behalf. The commissioning of sexual health treatment services is one of the mandatory Public Health responsibilities held by Local Authorities and is a key health protection function.

1.3 The S75 was developed around a collaborative commissioning agreement with PCC, NHS England (NHSE) and the Clinical Commissioning Group (CCG). The objectives of the collaborative commissioning approach were 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.

1.4 Originally a competitive procurement was scheduled to commence at the beginning of March 2020, but this was delayed though the pandemic which increased the complexity of working across different organisations. Consequently, an options appraisal was undertaken and reviewed by the former Health Committee. It approved, following consideration of the demands of pandemic, the establishment of a S75 between CCC and the provider initially for a short period. The situation should then be reviewed when the COVID-19 challenges had reduced.

1.5 The services included in the collaborative agreement are the CCC and PCC commissioned SRH services; HIV treatment services, cervical screening and HPV vaccinations commissioned by NHSE along with termination of pregnancy and vasectomy services commissioned by the CCG. Central to this collaboration was the development of a Single Point of Contact (SPOC) for these services. The formal legal S75 included the CCC and PCC SRH services and the NHSE HIV services. The HIV services had been part of the CCC SRH contract since Public Health transferred to the Local Authority. All the commissioners have a key role in the relevant service developments which aim to strengthen the collaborative arrangements to improve service delivery and outcomes.

1.6 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 commissioning responsibilities for sexual and reproductive health dividing them between Local Authorities, Clinical Commissioning Groups (CCGs),

and NHS England (NHSE). In 2017 PHE and the Department of Health (DH) surveyed commissioners of sexual health services across the country to gather feedback on their commissioning experiences. The survey reported fragmentation of commissioning that was associated with the spread of commissioning responsibilities across three main commissioning bodies (Local Authorities, NHSE and CCGs) established by the Health and Social Care Act in 2013.

2. Main Issues

2.1 The impact of the COVID-19 pandemic upon health is continuing to emerge. It affected people's behaviours and their ability to access services. Service providers adopted innovative approaches to delivering services often reflecting new technologies. For example, in the case of SRH services, following a virtual consultation, oral contraception was mailed to patients, a route that proved very popular. The impact of these changes upon outcomes is not yet fully understood and the proposed SRH Needs Assessment is to identify these impacts. These factors combined with the fact that a full SRH Needs Assessment has not been undertaken since the transfer of Public Health to the Local Authority are driving the proposal to undertake a full SRH Needs Assessment which will inform the new Service and ongoing developments.

2.2 The strategic landscape is transformational and affords considerable opportunities for alignment and integration of services to improve the service use access, experience, and outcomes. The Integrated Care System or going forward the Integrated Care Partnership has a focus on place and the development of services to meet local needs.

2.3 Provider organisations are still recovering from the impact of the pandemic in terms of service delivery and more latterly workforce shortage issues. Our current provider CCS has also played a lead role both during and currently in the COVID-19 vaccination programme. Given this context it would be challenging for CCS to fully participate in a large procurement at this time.

2.4 In recent months we have started to work with CCS, NHSE and the CCG in the development of the services and this work would continue during any extension and again this will inform the new Service.

2.5 Due to capacity issues in the Public Health Intelligence teams and multiple demands on staff as we recover from the pandemic it is proposed to commission the SRH Needs Assessment using Public Health reserves. This request for £50,000 has been added to the Finance Monitoring Report.

2.6 The financial implications are as follows.

SRH S75 value per annum
CCC funding contribution:£3,429,427
PCC funding contribution: £1,670,822

Total value of current CCS SRH S75: £5,100,249 per annum
SRH Needs Assessment: £50,000

3. Alignment with corporate priorities

3.1 Environment and Sustainability

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

- Technology innovations lead to more virtual service delivery and less travel to services for face-to-face consultations.

3.2 Health and Care

- The report above sets out the implications for this priority in 2.2, 2.3 and 2.5

3.3 Places and Communities

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

- Any SRH services commissioned must be accessible to local communities and easy to access especially where ether socio-economic barriers to assess them.

- Local communities and groups will be involved the SRH Needs Assessment and ongoing service development.

3.4 Children and Young People

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

- The provision of accessible SRH services promotes the sexual and reproductive health of Cambridgeshire's children and young people through the prevention and treatment of sexually transmitted infections and unintended pregnancies.
- It is important that the services are both accessible but also acceptable to young people
- Pathways and integration with other young people's services especially for more vulnerable young people is an important part of SRH services.

3.5 Transport

- Technology innovations lead to more virtual service delivery and less travel to services for face-to-face consultations.

4. Significant Implications

4.1 Resource Implications

- The report above sets out details of significant implications in 2.6

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

- The extension to the S75 agreement has been discussed and agreed with the Head of Procurement. The procurement for the needs analysis will take the form of a Request for Quotation and will be compliant with the Council's Contract Procedure Rules.

4.3 Statutory, Legal and Risk Implications

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

4.4 Equality and Diversity Implications

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

- The SRH services were commissioned and designed to enable all members of community to access them. They are especially aware of diversity and staff are especially trained to understand some of the barriers that some diverse groups face.

4.5 Engagement and Communications Implications

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

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

4.6 Localism and Local Member Involvement

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

- We will work with local members to champion and promote the service at a local level and to identify any barriers to access and uptake.

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

4.8 Environment and Climate Change Implications on Priority Areas

4.8.1 Implication 1: Energy efficient, low carbon buildings.
Neutral
Explanation: Not influenced by the Service

4.8.2 Implication 2: Low carbon transport.
Positive
Explanation: More virtual services decrease travel to services.

4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats, and land management.
Neutral
Explanation: Not influenced by the Service

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
Neutral
Explanation: Not influenced by the Service

4.8.5 Implication 5: Water use, availability, and management:
Neutral
Explanation: Not influenced by the Service

4.8.6 Implication 6: Air Pollution.
Positive
Explanation: More virtual services decrease travel to services.

4.8.7 Implication 7: Resilience of our services and infrastructure and supporting vulnerable people to cope with climate change.
Positive
Explanation: Increased use of virtual services mitigates the impact of climate change effects on service delivery.

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

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

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: Jyoti Atri

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: Jyoti Atri

Have any Public Health implications been cleared by Public Health?
Yes
Name of Officer: Jyoti Atri

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

5. Source documents guidance

5.1 Public Health England: Making it work: A guide to whole system commissioning sexual health, reproductive health, and HIV 2015
https://www.gov.uk/government/publications/commissioning-sexual-health-reproductive-health-and-hiv-services

Public Health England: Sexual Health, Reproductive Health, and HIV: A Review of Commissioning 2017

https://www.gov.uk/government/publications/sexual-health-reproductive-health-and-hiv-commissioning-review

Modification to the Integrated Drug and Alcohol Treatment System

To:	Adult and Health
Meeting Date:	14 July 2022
From:	Jyoti Arti, Director of Public Health
Electoral division(s):	All
Key decision:	Yes
Forward Plan ref:	2022/063
Outcome:	To provide Committee with an overview of the new drugs strategy and associated new national investment in treatment and recovery services. To provide Committee with information on the new grant monies from national government and the impact on commissioned services
Recommendation:	Adults and Health Committee is asked to approve the following: a) The investment proposals for the Drug and Alcohol Services b) The commissioning of the current provider of the Drug and Alcohol Services, Change Grow Live (CGL) to provide the additional services. c) Approve a contract variation for the estimated value of £1,779,998 to the current CGL integrated treatment contract (subject to confirmation of the final value of the Rough Sleeper Drug and Alcohol Grant).

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1. Background

1.1 Drug and alcohol prevention and treatment services are included in the local authority Public Health Grant. The services are not specifically mandated, but the Public Health Grant conditions include the following statement: A local authority must, in using the grant, "…have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services…"

1.2 There have been changes in the national investment in drug and alcohol services since 2014/15 with overall reductions in the amount local governments have invested in services. However, over the past two years there has been considerable renewed focus and concern in relation to substance misuse resulting in increased funding for the 'treatment and recovery strands' coming down from the centre.

1.3 In July 2021 Dame Carol Black published the second of two Independent Reviews which had been commissioned by the Home Office and the Department of Health and Social Care to inform the government's thinking on tackling the harm that drugs cause. Her report concluded that *"the public provision we currently have for prevention, treatment and recovery is not fit for purpose, and urgently needs repair*." Her report detailed thirty-two recommendations for change across various government departments to improve the effectiveness of drug treatment and to help more people recover from dependence.

The National Drugs Strategy from "Harm to Hope;" published in December 2021 was informed and shaped by the Independent Reviews and had three strategic themes.

i. Break drug supply chains
ii. Deliver a world class treatment and recovery system
iii. Achieve a generational shift in the demand for drugs

1.4 The Reports and subsequent Drugs Strategy has resulted in additional funding targeted at increasing and improving treatment services to reduce harm and improve recovery rates. This will mean more people receiving better quality treatment, including developing and expanding the treatment workforce, helping to prevent crime. The following are the specific objectives.

- Improve offender drug treatment across the Prisons and Probation Service in England and Wales to get more offenders engaged in treatment.
- Increased housing support and access to treatment for those at risk of sleeping rough.
- Roll out individual employment support across all local authorities in England by 2025 based on effective existing models to help people in recovery to get a job by supporting them to be ready for work and helping them to find a job that is right for them.
- Investment to implement employment support including a peer mentoring programme for those with a drug or alcohol addiction.

1.5 Locally Cambridgeshire County Council has received the following short-term grants from central government to deliver treatment and support to target groups.

- Universal grant (Drug Treatment Crime and Harm Reduction grant) 21/22.
  This Section 31 (S31) £381,000 grant could only be used for drug treatment. The funding was used to increase the number of front-line criminal justice workers in the local treatment system, enhancing current criminal justice pathways into treatment as well as strengthening harm reduction work across Cambridgeshire.

- Rough sleeping drug and alcohol treatment grant (RSDATG) 21/22 and 22/23
  Cambridgeshire received £672,000 of grant funding for Cambridge City over a 2-year period 21/22 and 22/23 to set up a dedicated treatment team to meet the needs of rough sleepers with drug and alcohol dependency. The initial S31 grant funding was for a 2-year period for operational use in 21/22 and 22/23. The national team has recently announced that this national funding stream will now be extended until March 2024. The dedicated team consists of front-line outreach workers, prescribing doctor, nurse, psychologists, and recovery staff to engage and support rough sleepers with substance misuse issues into treatment.

The above grant funding was approved in 21/22 by Committee for direct award to the countywide commissioned treatment service provider Change Grow Live.

1.6 Central Government has made further funding available, and Cambridgeshire County Council is to receive the Supplementary Substance Misuse Treatment and Recovery Grant This grant is to directly address the aims of the treatment and recovery section of the Drugs Strategy. On a national basis the additional funding should deliver:

- 54,500 new high-quality treatment places, including: 21,000 new places for opiate and crack users, bringing a total of 53% of opiate and crack users into treatment
- a treatment place for every offender with an addiction
- 30,000 new treatment places for non-opiate users and alcohol users
- a further 5,000 more young people in treatment
- 24,000 more people in long-term recovery from substance dependence
- 800 more medical, mental health and other professionals

This grant found in Table 1 covers a 3-year funding period, with an enhancement in year 3. This grant enables local service investment funded through the previous ‘Universal Grant’ to be continued and expanded. Central government requires planning for allocation of the grant money and a detailed plan for Cambridgeshire has been developed and submitted in consultation with stakeholders and service users for 22/23. This includes a significant investment in front line treatment staff, a service quality improvement focus, increased line management capacity, an increase in funding for residential rehab and assistance with service user transport costs. The plans provide the national team with local trajectories for the following outcome measures.

- Treatment capacity
- Continuity of care from prison to community treatment
- Residential rehabilitation
- narrative on plans to reduce drug and alcohol related deaths

Table 1: Supplementary Substance Misuse Treatment and Recovery Grant

Supplementary Substance Misuse Treatment & recovery grant	2022/23	2023/24	2024/25
Cambridgeshire	£580,583	£591,915	£1,098,415

To be noted this new S31 new supplementary S31 grant funding is dependent on maintaining existing investment in drug and alcohol treatment from the Public Health Grant using the 2020/21 baseline.

1.7 The Probation Service has been tasked with improving the numbers of offenders engaging in and accessing drug/alcohol treatment and has received additional investment from Her Majesty's Prison and Probation Service (HMPPS) to drive this work. Cambridgeshire and Peterborough Probation Service are granting £147,500 to Cambridgeshire County Council over a period of 2 years (2022/23 and 2023/24) to deliver this work under a co-commissioning arrangement, funding two dedicated drug/alcohol workers. These workers will be co-located in probation offices and deliver early intervention support to offenders with drug and alcohol issues to prevent escalation, provide screening and advice to court staff as well as delivering the treatment element of community drug and alcohol court orders.

Table 2: Probation Service funding allocated to Cambridgeshire County Council

Probation funding	2022/23	2023/24
Cambridgeshire	£56,500	£91,000

1.8 The Government has also announced the national Rough Sleeping Drug and Alcohol Treatment Grant (RSDATG) (described in 1.4) will now be extended until March 2024. The original cohort has been extended to include those 'at risk' of rough sleeping.

Table 3: Rough Sleeping Drug and Alcohol Treatment Grant

RSDATG	2023/24
Cambridgeshire	£460k (Subject to confirmation)

1.9 There are comprehensive national financial and performance monitoring outcome frameworks linked to the grant funding.

2. Main Issues

2.1 The current Cambridgeshire Adult Integrated Drug and Alcohol Treatment contract is with Change Grow Live (CGL), a large third sector organisation who are one of the market leaders in this sector. It commenced on the 1st of October 2018 and ends 31 March 2024.

2.2 The CGL Adult Treatment Service provides all elements of substance misuse treatment including early intervention advice and support, pharmacological treatment, harm reduction services, pharmacy delivered services (including needle and syringe programmes), psychosocial support, recovery support, community/inpatient detox, and residential rehabilitation. Under the last recommissioning exercise, the Cambridgeshire adult treatment service was completely re-modelled to include a psychology led therapeutic delivery component as well as an innovative co-produced peer led community recovery service.

2.3 Local savings had to be realised through the duration of this contract which has been challenging in terms of capacity and Service delivery. The Service pressures have been exacerbated by COVID-19 with an increase in both new presentations and complexity of presentations over the pandemic period which has increased caseloads for staff and challenged the capacity of the service. Despite these challenges the Service is performing reasonably well compared to national average indicators and has demonstrated strong resilience.

2.4 The value of the original CGL contract for the full 5.5-year term was £26.8 million. A number of contract variations have been made since its inception in October 2018 totalling £2.3 million and include the grants outlined in 1.5. If CGL undertakes the new work associated with this new funding a variation to the contract of £1.779,998 (Table 4) is required until the end of the contract term (March 2024), giving a total contract value of £30,879,998 million. The 2024/25 funding will be part of any new commission.

Table 4: Summary of additional Drug and Alcohol funding streams

	Supplementary substance misuse treatment and recovery grant	Probation service contribution	Rough sleeper drug and alcohol treatment grant	Total
2022/23	£580,583	£56,500	Previous approval	
2023/24	£591,915	£91,000	£460k (subject to national confirmation)	
Total	1,172,498	£147,500	£460,000	**1,779,998**

2.5 The terms of the grant clearly stipulate how the funding must be allocated. Table 5 describes how the funding has been allocated to different service delivery areas. The Office for Health Improvement and Disparities (OHID) will undertake quarterly financial and performance monitoring. Key outcome measures will be an increase in treatment numbers, increase in rehabilitation placements, increase in those coming through criminal justice pathways-continuity of care.

Table 5: Funding allocation to delivery areas

FUNDING STREAM	VALUE	ALLOCATED FUNDING	ISSUES & NEEDS
Rough Sleeping Drug and Alcohol Treatment grant S31 grant (Cambridge City only)	£460,000 (2023/24) continuation of current grant money, originally due to end 2023	Funds: • Increased capacity: 12 front line workers (including 4 drug and alcohol outreach workers, floating support outreach worker, team leader, nurse, prescribing Doctor, peer coordinator, 2 psychologists, transitions worker) • Contribution towards CCC commissioning capacity, • Contribution towards City Council data collection(is City Only) • External project evaluation	Lack of capacity in Services. Staff caseloads affecting quality of service
Supplementary Substance Misuse Treatment & recovery grant	£1,172,498 (£580,583 2022/23 & £591,915 2023/24)	**Subject to National agreement** Funds: • Increased capacity: Total 17 new workers (including 10 front line recovery workers, 3 administration/reception support staff, 1x team leader, 1 x hospital discharge worker, 1 team leader, 1 quality assurance manager). • Staff training • Additional office/clinic space in Cambridge City • 1x 0.8 FTE commissioning post • Countywide strategic needs analysis • Harm reduction/prevention work (including regional campaigns, naloxone kits, sex worker project (fenland)). • Pharmacological treatment (new long-acting substitute medication) • Project coordination post (split with Peterborough) • 5x additional rehabilitation placements • Service user transport	Need increases in numbers accessing services and completing treatment, greater integration of services especially criminal justice system. National OHID grants team in process of agreeing local plan developed in line with menu of defined interventions to meet national outcomes.
Probation funding	£147,500 (£56,500 2022/23 & £91,000 2023/24)	Funds • 2 dedicated drug and alcohol workers to be co-located in Probation buildings and courts. Delivering early intervention work to offenders under probation caseload (reducing harm/preventing escalating use), supporting delivery of treatment element of court orders and assisting with treatment order suitability assessments in court.	There is co-commissioning relationship with Probation and key performance indicators have been agreed.

2.6 It is proposed that all the additional grant allocations for Cambridgeshire for 22/23 and 23/24 be directly awarded to CGL for the delivery of the treatment delivery plans submitted to and agreed with OHID under a contract variation for the reasons detailed below.

- Both grant applications have been collaboratively developed with CGL (as per requirements of the funding)
- Grant funded delivery needs to start immediately (as per grant conditions).There would be a risk to breaching the conditions of the S31 grant agreements because of delaying the start to undertake competitive tenders. There is a time limit on the use of the grant and if we delay, we could lose the monies/local investment.
- The rough sleeping grant is an extension to the original grant period (approvals already in place for 21/22 and 22/23).
- Cohesion with the existing services is an important element of the grant. There would be a risk of destabilising the treatment system and affecting the continuity of care offer to patients through a competitive tender process. This would undermine the main purpose of the grant.
- The supplementary funding is for increasing capacity in the current system and extending current provision, not developing new provision.
- CGL, as a provider, is responsive and flexible and able to deliver on both S31 grants and understands the short-term element to both funding streams. The Service overall has performed well working closely in partnership with other services and willing to adopt new ways of working to benefit patients and the wider system.

2.7 The CGL contract can be varied using Regulation 72 of the Public Contract Regulations (2015) which allows for contract modifications where changing suppliers would cause significant inconvenience or substantial duplication of costs providing that the contract value is not increased by more than 50%. This is appropriate in view of the imperative to implement the improvements and that the grants are providing additional capacity to the current service rather than separate provision."

2.8 The CGL contract ends on 31 March 2024, so grant monies for 24/25 will be included in the new recommissioning exercise.

3. Alignment with corporate priorities

3.1 Environment and Sustainability

There are no significant implications for this priority.

3.2 Health and Care

We are committed to ensuring people in Cambridgeshire enjoy healthy, safe, and independent lives. The report above sets out the implications for this priority in 1.3 & 1.5

3.3 Places and Communities

We are committed to ensuring Communities are inclusive, creative, and equitable. The report above sets out the implications for this priority in 1.3 & 1.5

3.4 Children and Young People

We are committed to ensuring Children and young people have the opportunity to thrive. The report above sets out the implications for this priority in 2.3

3.5 Transport

There are no significant implications for this priority.

4. Significant Implications

4.1 Resource Implications
The report sets out details of significant implications in 1.5, 2.7 & 2.10

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications
The report sets out details of significant implications in 2.7, 2.8, 2.10 &2.12

4.3 Statutory, Legal and Risk Implications
The report sets out details of significant implications in 2.11

4.4 Equality and Diversity Implications
There are no significant implications for this priority.

4.5 Engagement and Communications Implications
The report sets out details of significant implications in 1.2

4.6 Localism and Local Member Involvement
There are no significant implications for this priority.

4.7 Public Health Implications
The report sets out details of significant implications in 1.1,1.2,1.3, 1.5, 1.6, 2.1

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

4.8.1 Implication 1: Energy efficient, low carbon buildings.
neutral
Explanation: Not affected by increased funding

4.8.2 Implication 2: Low carbon transport.
neutral Status:
Explanation: Not affected by increased funding

4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats, and land management.
neutral
Explanation: Not affected by increased funding

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.

neutral
Explanation: Not affected by increased funding

4.8.5 Implication 5: Water use, availability, and management:
neutral
Explanation: Not affected by increased funding

4.8.6 Implication 6: Air Pollution.
neutral
Explanation: Not affected by increased funding

4.8.7 Implication 7: Resilience of our services and infrastructure and supporting vulnerable people to cope with climate change.
neutral : Not affected by increased funding

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

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

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: Jyoti Atri

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: Jyoti Atri

Have any Public Health implications been cleared by Public Health?
Yes
Name of Officer: Jyoti Atri

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

5. Source documents

5.1 Source documents

Independent review of drugs by Professor Dame Carol Black 2020 and 2021

www.gov.uk/government/collections/independent-review-of-drugs-by-professor-dame-carol-black

From harm to hope: A 10-year drugs plan to cut crime and save lives 2021

Home Office, Department of Health and Social Care, Ministry of Justice, Department of Work and Pensions, Department for Education, and Department for Levelling Up, Housing and Communities

www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives

Tier 3 Weight Management Services Procurement

To:	Adults and Health Committee
Meeting Date:	14 July 2022
From:	Jyoti Atri, Director of Public Health
Electoral division(s):	All
Key decision:	Yes
Forward Plan ref:	2022/088
Outcome:	The procurement of additional Tier 3 Weight Management Services to meet the increased demand.
Recommendation:	Adults and Health Committee is asked to agree the following:

a) A competitive procurement for additional Tier 3 Weight Management Service capacity.

b) Authorisation of the Director of Public Health, in consultation with the Chair and Vice Chair of the Adults and Health Committee to award a contract up to the value of £1.465m to the successful provider subject always to compliance with all required legal processes.

c) Authorisation of Pathfinder Legal Services Ltd. to draft and complete the necessary contract documentation.

Officer contact:
Name: Val Thomas
Post: Deputy Director of Public Health
Email: val.thomas@cambridgeshire.gov.uk
Tel: 07884 183374

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

1. Background

1.1 The Adults and Health Committee has previously approved the use of Public Health Ring Fenced Grant reserve funding for additional Tier 3 Adult Weight Management (AWM) service capacity.

1.2 Adult obesity rates in Cambridgeshire were high prior to the COVID-19 pandemic, in 2019/20 it was estimated that 61% of the adult population was either obese or overweight. It is likely that the pandemic has exacerbated these figures and further evidence is being identified to substantiate this. In addition, children's weight which is systematically annually measured through the National Child Weight Measurement Programme is clearly showing a substantial increase in rates of obesity in children.

1.3 Weight Management services are a key part of efforts to address obesity. They provide structured interventions for individuals and groups. The additional funding is to address the increased demand for AWM services arising from the pandemic impact which includes a backlog of demand that accumulated during the period when services could not be accessed.

2. Main Issues

2.1 Tier 3 AWM services are specialised and are for those with complex obesity, often with health co-morbidities. Currently we commission Tier 3 AWM services from our Health Behaviours provider, Everyone Health. Everyone Health offers three options that clients can access; a face-to-face service and through sub-contracts, with OVIVA for virtual service provision and with Cambridge University Hospitals NHS Foundation Trust for patients who are especially clinically challenging.

2.2 The procurement and contractual options for the additional funding of £1.465m over three years have been reviewed. Procurement advice was sought regarding the option of varying the current contract with Everyone Health. Under current legislation this option would be acceptable.
However, there is evidence supported by the COVID-19 pandemic experience that service users have diverse needs and having a menu of service delivery options produces better outcomes and can impact on health inequalities.

2.4 The current service offers the following choices for users.

- Face to face, often with some virtual support.
- Only virtual which is traditional support using nutritionists and behaviour change skills.
- Face to face with some virtual support with a higher level of clinical input due to health complexities.

2.5 However emerging evidence and new innovative approaches provide the opportunity for increasing the options available for service users. For example, mixed digital/virtual offers have been developed which include a mixture of self-help techniques as well professional support. Currently the NHS offers a digital AWM programme but there are other examples emerging in the market for weight management programmes.

2.6 Consequently we propose to undertake a competitive procurement to increase service user choice and innovation. It will include a community-based face to face service offer and an innovative digital/virtual offer based on behavioural science. The new provider will be required to work with existing services to ensure that pathways are integrated across the different providers and partner organisations. A single point of contact is being developed to manage pathways and referrals.

2.7 The planned timeline is for a contract award on October 1, 2022.

3. Alignment with corporate priorities

3.1 Environment and Sustainability

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

- Technology innovations lead to more virtual service delivery and less travel to services for face-to-face consultations.

3.2 Health and Care

- The report above sets out the implications for this priority in 1.3 and 2.4

3.3 Places and Communities

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

- Any AWM service commissioned must be accessible to local communities and easy to access especially where ether socio-economic barriers to assess them.
- Having different service delivery options increases access.

3.4 Children and Young People

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

- This is a service for adults with treatment that is aimed at improving health related behaviours which will have an impact on children who are adults service users

3.5 Transport

- Technology innovations lead to more virtual service delivery and less travel to services for face-to-face consultations.

4. Significant Implications

4.1 Resource Implications

- The report above sets out details of significant implications in 2.2

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

- Th procurement will be undertaken with the support and approval of the Procurement team conform to Contract Procedure Rules

4.3 Statutory, Legal and Risk Implications

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

4.4 Equality and Diversity Implications

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

- The AWM services are designed and will be commissioned to enable all members of community to access them. They are especially aware of diversity and staff are trained to understand the barriers that some diverse groups face.

4.5 Engagement and Communications Implications

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

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

4.6 Localism and Local Member Involvement

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

- We will work with local members to champion and promote the service at a local level and to identify any barriers to access and uptake.

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

4.8 Environment and Climate Change Implications on Priority Areas

4.8.1 Implication 1: Energy efficient, low carbon buildings.
Neutral
Explanation: Not influenced by the Service

4.8.2 Implication 2: Low carbon transport.
Positive
Explanation: More virtual services decrease travel to services.

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

Explanation: Not influenced by the Service

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
Neutral
Explanation: Not influenced by the Service

4.8.5 Implication 5: Water use, availability, and management:
Neutral
Explanation: Not influenced by the Service

4.8.6 Implication 6: Air Pollution.
Positive
Explanation: More virtual services decrease travel to services.

4.8.7 Implication 7: Resilience of our services and infrastructure and supporting vulnerable people to cope with climate change.
Positive
Explanation: Increased use of virtual services mitigates the impact of climate change effects on service delivery.

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

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

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: Jyoti Atri

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: Jyoti Atri

Have any Public Health implications been cleared by Public Health?
Yes
Name of Officer: Jyoti Atri

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

Name of Officer: Emily Bolton

5. Source documents guidance

5.1 Source documents

Evidence based tools for weight loss maintenance Stubbs et al .2021
Evidence-Based Digital Tools for Weight Loss Maintenance: The NoHoW Project - FullText - Obesity Facts 2021, Vol. 14, No. 3 - Karger Publishers

llen, J. K., Stephens, J., & Patel, A. (2014). Technology-assisted weight management interventions: systematic review of clinical trials. Telemedicine journal and e-health : the official journal of the American Telemedicine Association, 20(12), 1103-1120. doi:10.1089/tmj.2014.0030

NHS Digital Weight Management Programme
NHS England » The NHS Digital Weight Management Programme

Agenda Item No: 10

Finance Monitoring Report – March 2021/22

To:	Adults and Health Committee
Meeting Date:	14 July 2022
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 March 2022
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 March 2022.

Officer contact:
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Tel: 07944 509197

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

1. Background

1.1 Finance Monitoring Reports (FMR) are produced monthly, except for April, by all services. They report on a range of financial information to enable a view of each service's financial position to be taken.

1.2 Budgets for services are agreed by Full Council in the business plan in February of each year and can be amended by budget virements. In particular, the FMR provides a revenue budget forecast showing the current projection of whether services will be over- or under-spent for the year against those budgets.

1.3 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 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 March, Adults, including Adults Commissioning, ended the financial year with an underspend of 4.6% of budget (£9,497k), and Public Health, excluding Children's Public Health, ended the financial year with an underspend of 9.8% of budget (£3,965k) which has been transferred to Public Health reserves:

Directorate	Budget 2021/22 £000	Actual 2021/22 £000	Outturn Variance March 22 £000
Adults & Safeguarding	175,175	165,933	-9,242
Adults Commissioning (including Local Assistance Scheme)	33,456	33,201	-255
Public Health (excl. Children's Health)	31,909	27,944	-3,965
Total Expenditure	**240,540**	**227,078**	**-13,463**
Grant Funding (including Improved Better Care Fund, Public Health Grant etc.)	-62,281	-62,281	-0
Total	**178,259**	**164,796**	**-13,463**

2.2 As the impact of the pandemic continues, there remains uncertainty around the position going into the 2022/23 financial year. It is particularly unclear if, and at what point, demand-led budgets will return to expected levels of growth in spend. We will continue to keep activity and spend levels under review to determine if demand growth is returning to pre-pandemic levels or increasing faster or more slowly.

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 March FMR:

Adults

2.4.1 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.

2.4.2 At the end of the 2021/22 financial year, Adults have ended with an underspend of £9,242k (5.3%), with pressures in learning disability services more than offset by underspends in strategic management, older people's services and physical disability services.

2.4.3 The financial and human impact of Covid-19 has been substantial for Adult Services, resulting in an overspend 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 reprioritisation 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 significant. We are also experiencing a high volume of referrals from hospitals and the level of need and complexity of patients needing care or Reablement support is increasing.

2.4.4 Despite this, some services over 2020/21, and continuing through 2021/22, have seen service user numbers and 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 and a notable reduction in the number of people having their care and support needs met in care homes. Spend and service user numbers today are below the level budgeted for resulting in the in-year underspend. However, 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 of 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.

2.4.5 Care providers are currently reporting substantial difficulties including workforce issues and price inflation. Workforce pressures have been recognised by the government, and additional grant funding has been given to support areas such as recruitment and retention. The Adults and Health committee approved additional funding for uplifts paid to providers this year, as well as support for recruitment and retention activity, which has been partly funded through this grant funding. The budgetary impact of market pressures is included within the numbers in this report. In addition, the position of the care market, particularly related to workforce issues, is making some placements more difficult to source particularly at the more complex end of provision. This puts further pressure on costs.

2.4.5 Recruitment and retention issues in the care sector are a long term national issue to be addressed nationwide. The government's social care reforms are due to take effect in October 2023. These will require additional social care and financial assessments staff within the Council to deal with the increased number of assessments the reforms will generate. Recruitment to these posts will be challenging against a backdrop of the current high level of vacant posts, current recruitment difficulties and a national shortage of staff experienced in these roles.

2.4.6 Hospital Discharge systems continue to be pressured and we expect some substantial cost increases as both NHS funding is unwound at the end of March 2022, 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 Learning Disabilities (LD) is the one area of Adult Services which has seen cost pressures that have resulted in an overspend for the year. Levels of need have risen greatly over the last year, and this is accompanied 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 the overspend against the LD budget is shared. We do have some examples of care providers wishing to return packages of care or placements due to workforce difficulties.

2.4.8 In line with the government's social care reform agenda the Council will be undertaking "fair cost of care" exercises with both homecare and care home providers during 2022/23. It is anticipated that the outcomes of these exercises nationwide will be a gap for some Councils between what is currently paid and the newly assessed "fair cost of care". Whilst we have

some funding from government for 2022/23 to start to close this gap, there may well be a pressure to be addressed over the coming years to reach a point where care providers are paid the “fair cost of care”.

Public Health

2.4.8 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.

2.4.9 At the end of the 2021/22 financial year, the Public Health Directorate has underspent by £4,001k (8.47%).

2.4.10 The pandemic has 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. The NHS re-focus on the pandemic response and vaccination has reduced activity-driven costs to the PH budget. Activity was starting to pick back up, but with the emergence of the Omicron variant, and the increased pressures on primary care, activity levels are likely to be suppressed for some time to come.

2.4.11 A significant proportion of staff time in 2021/22 continued to be spent on outbreak management in relation to the Covid-19 pandemic and this is funded by the Contain Outbreak Management Fund rather than the Public Health grant creating much of the in-year underspend. In addition, with the unprecedented demand for Public Health staff across the country, recruitment has proven difficult resulting in further underspends on staffing budgets.

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

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 March 2022

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.

Service: People and Communities (P&C) and Public Health (PH)
Subject: Finance Monitoring Report – Outturn 2021/22
Date: 13th May 2022

Key Indicators

Previous Status	Category	Target	Current Status	Section Ref.
Green	Revenue position by Directorate	Balanced year end position	Green	1.2
Green	Capital Programme	Remain within overall resources	Green	2

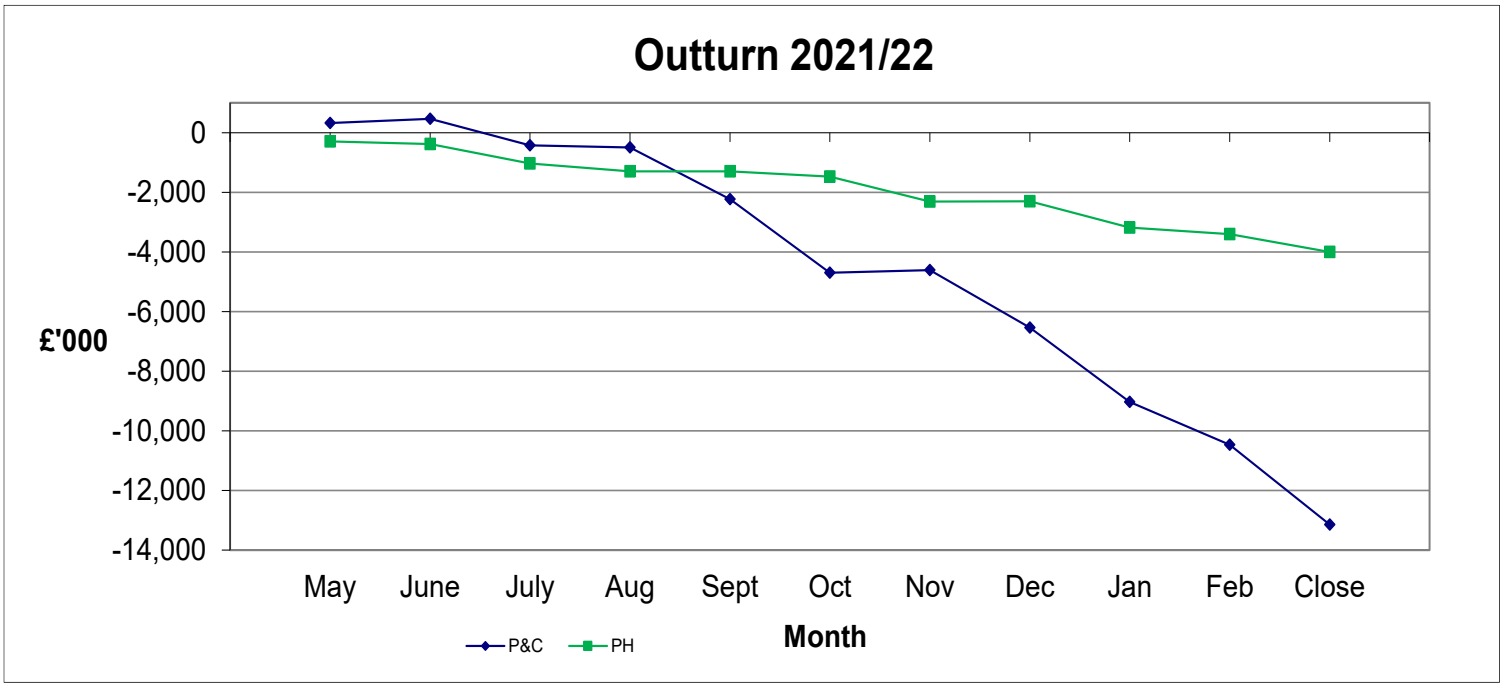
Contents

1. Revenue Executive Summary

1.1 Overall Position

People and Communities reported an underspend of -£13,235k at the end of Closedown 2021/22.

Public Health reported an underspend of -£4,001k at the end of Closedown 2021/22.



1.2 Summary of Revenue position by Directorate

1.2.1 People and Communities

Forecast Outturn Variance (Previous) £000	Directorate	Budget 2021/22 £000	Actual £000	Outturn Variance £000	Outturn Variance %
-8,024	Adults & Safeguarding	175,175	165,933	-9,242	-5.3%
1,436	Commissioning	56,602	57,784	1,182	2.1%
454	Communities & Partnerships	12,202	12,395	193	1.6%
-4,145	Children & Safeguarding	59,714	55,204	-4,510	-7.6%
1,905	Education - non DSG	38,081	39,488	1,408	3.7%
14,372	Education - DSG	75,160	89,643	14,482	19.3%
-2,092	Executive Director	3,094	828	-2,266	-73.2%
3,905	**Total Expenditure**	**420,027**	**421,274**	**1,247**	**0.3%**
-14,372	Grant Funding	-117,504	-131,987	-14,482	12.3%
-10,466	**Total**	**302,523**	**289,288**	**-13,235**	**-4.4%**

1.2.2 Public Health

Forecast Outturn Variance (Previous) £000	Directorate	Budget 2021/22 £000	Actual £000	Outturn Variance £000	Outturn Variance %
-0	Children Health	9,407	9,370	-36	-0.4%
-30	Drugs & Alcohol	5,918	5,820	-98	-1.7%
-160	Sexual Health & Contraception	5,290	5,052	-238	-4.5%
-672	Behaviour Change / Preventing Long Term Conditions	4,114	3,096	-1,017	-24.7%
-34	Falls Prevention	87	56	-30	-35.1%
-11	General Prevention Activities	13	0	-12	-96.7%
0	Adult Mental Health & Community Safety	257	258	2	0.6%
-2,493	Public Health Directorate	16,232	13,661	-2,571	-15.8%
-3,400	**Total Expenditure**	**41,316**	**37,315**	**-4,001**	**-9.7%**

The un-ringfenced Covid-related grants from central government are held centrally within the Council, and so the numbers in the table above are before any allocation of the funding to specific pressures.

1.3 Summary by Committee

P&C and PH services are overseen by different Committees – these tables provide Committee-level summaries of services' revenue financial positions.

1.3.1 Adults & Health Committee

Forecast Outturn Variance (Previous) £000	Directorate	Budget 2021/22 £000	Actual 2021/22 £000	Outturn Variance £000
-8,024	Adults & Safeguarding	175,175	165,933	-9,242
-64	Adults Commissioning (including Local Assistance Scheme)	33,456	33,201	-255
-3,400	Public Health (excl. Children's Health)	31,909	27,944	-3,965
-11,488	**Total Expenditure**	**240,540**	**227,078**	**-13,463**
0	Grant Funding (including Improved Better Care Fund, Public Health Grant etc.)	-62,281	-62,281	-0
-11,488	**Total**	**178,259**	**164,796**	**-13,463**

1.3.2 Children and Young People Committee

Forecast Outturn Variance (Previous) £000	Directorate	Budget 2021/22 £000	Actual 2021/22 £000	Outturn Variance £000
1,500	Children's Commissioning	22,365	23,839	1,474
0	Communities & Safety - Central Integrated Youth Support Services	349	344	-5
-4,145	Children & Safeguarding	59,714	55,204	-4,510
1,905	Education – non DSG	37,081	38,488	1,408
-0	Public Health - Children's Health	9,407	9,370	-36
-740	**Total Expenditure**	**128,915**	**127,246**	**-1,669**
0	Grant Funding (excluding Dedicated Schools Grant etc.)	-16,822	-16,822	0
-740	**Total Non-DSG**	**112,093**	**110,424**	**-1,669**
0	Commissioning – DSG	245	245	0
14,372	Education – DSG (incl. contribution to combined budgets)	76,160	90,643	14,482
14,372	**Total DSG (Ringfenced Grant)**	**76,405**	**90,888**	**14,482**

1.3.3 Communities, Social Mobility and Inclusion Committee

Forecast Outturn Variance (Previous) £000	Directorate	Budget 2021/22 £000	Actual 2021/22 £000	Outturn Variance £000
454	Communities and Partnerships	11,853	12,051	198
454	**Total Expenditure**	**11,853**	**12,051**	**198**
0	Grant Funding (including Adult Education Budget etc.)	-3,311	-3,311	0
454	**Total**	**8,542**	**8,740**	**198**

1.3.4 Cross Cutting P&C Policy Lines

Forecast Variance Outturn (Previous) £000	Directorate	Budget 2021/22 £000	Actual 2021/22 £000	Outturn Variance £000
0	Strategic Management – Commissioning	536	499	-37
-2,092	Executive Director	3,094	828	-2,266
-2,092	**Total Expenditure**	**3,630**	**1,327**	**-2,303**
0	Grant Funding	0	0	0
-2,092	**Total**	**3,630**	**1,327**	**-2,303**

1.4 Significant Issues – People & Communities

People & Communities started 2021/22 with a balanced budget including around £3m of funding to meet Covid-related demand pressures and savings of £4.2m.

P&C budgets have been facing increasing pressures each year from rising demand and changes in legislation, and now have additional pressures because of the pandemic. The Directorate's budget has increased by around 10% in 2021/22 to meet these pressures.

At the end of 2021/22, the P&C outturn is an underspend of -£13,235k; around 4.4% of budget.

P&C received specific grant funding from government to deal with aspects of the pandemic which is included in the numbers in this report. £11.3m of infection control, testing and vaccine funding has been passed to social care providers. Our first three months' of lost income from fees and charges was also met by a separate grant. Further detail on grant funding amounts included in this report is provided in Appendix 6.

Appendix 1 provides the detailed financial information by service, with Appendix 1a providing a more detailed breakdown of areas funded directly from the Dedicated Schools Grant (DSG) and Appendix 3 providing a narrative from those services with a significant variance against budget.

1.4.1 Adults

Like councils nationally, Adult Services in Cambridgeshire has faced cost pressures for several years. This has been due to the rising cost of care home and home care provision due to both the requirement to be compliant with the national living wage and the increasing complexity of needs of people receiving care (both older people and working age adults). Budgets have been set broadly based on this trend continuing, with some mitigations.

At the end of the 2021/22 financial year, Adults have ended with an underspend of £9,242k (5.3%), with pressures in learning disability services more than offset by underspends in strategic management, older people's services and physical disability services.

The financial and human impact of Covid-19 has been substantial for Adult Services, resulting in an overspend 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 reprioritisation 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 significant. We are also experiencing a high volume of referrals from hospitals and the level of need and complexity of patients needing care or Reablement support is increasing.

Despite this, some services over 2020/21, and continuing through 2021/22, have seen service user numbers and 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 and a notable reduction in the number of people having their care and support needs met in care homes. Spend and service user numbers today are below the level budgeted for resulting in the in-year underspend. However, 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 of 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.

Care providers are currently reporting substantial difficulties including workforce issues and price inflation. Workforce pressures have been recognised by the government, and additional grant funding has been given to support areas such as recruitment and retention. The Adults and Health committee approved additional funding for uplifts paid to providers this year, as well as support for recruitment and retention activity, which has been partly funded through this grant funding. The budgetary impact of market pressures is included within the numbers in this report. In addition, the position of the care market, particularly related to workforce issues, is making some placements more difficult to source particularly at the more complex end of provision. This puts further pressure on costs.

Recruitment and retention issues in the care sector are a long term national issue to be addressed nationwide. The government's social care reforms are due to take effect in October 2023. These will require additional social care and financial assessments staff within the Council to deal with the increased number of assessments the reforms will generate. Recruitment to these posts will be challenging against a backdrop of the current high level of vacant posts, current recruitment difficulties and a national shortage of staff experienced in these roles.

Hospital Discharge systems continue to be pressured and we expect some substantial cost increases as both NHS funding is unwound at the end of March 2022, and the medium-term recovery of clients assessed as having primary health needs upon hospital discharge return to social care funding streams.

Learning Disabilities (LD) is the one area of Adult Services which has seen cost pressures that have resulted in an overspend for the year. Levels of need have risen greatly over the last year, and this is accompanied 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 the overspend against the LD budget is shared. We do have some examples of care providers wishing to return packages of care or placements due to workforce difficulties.

In line with the government's social care reform agenda the Council will be undertaking "fair cost of care" exercises with both homecare and care home providers during 2022/23. It is anticipated that the outcomes of these exercises nationwide will be a gap for some Councils between what is currently paid and the newly assessed "fair cost of care". Whilst we have some funding from government for 2022/23 to start to close this gap, there may well be a pressure to be addressed over the coming years to reach a point where care providers are paid the "fair cost of care".

1.4.2 Children's

Although the levels of actual spend in relation to Covid-19 remained relatively low within Children's, there were a number of areas which ended the year with significant pressures or underspends:

- Due to the lockdown and lack of visibility of children, referrals to Children's saw a significant reduction, particularly in the earlier stages of the pandemic. We predicted that there would be demand building up with a need for an increase in staff costs resulting from an increase in the number of referrals, requiring assessments and longer term working with families, whose needs are likely to be more acute, due to early support not having been accessed, within both early help and children's social care.
- There was an increase in the numbers of referrals of children and young people with more complex needs. This has been the case in other areas and signals that there is likely to be an increase in demand both in terms of volumes and complexity of need.
- Despite a relatively stable position in the number of Children in Care (CiC) we experienced increasing cost pressures due to changes in complexity of need, and continuing cost inflation within the sector. Specifically, changes in legislation from the 1st September which required all local authorities to ensure no young people in care under the age of 16 were placed within unregistered provision. The consequence of this has been a knock-on effect within the residential and fostering markets responding to increased demand as young people moved on from

unregistered provision. This led to a significant increase in weekly cost for some placements. Also, we have seen an increase in complexity of need within both existing and new placements. This increased demand, coupled with an overall shortage of availability, has led to price increases within the sector.

- Children's and Safeguarding (including the CiC placement budget held in Commissioning) reported a final increased net underspend of circa £3m. The majority of this underspend was as a result of an over achievement of the vacancy savings target across the service due to a combination of the difficulty in recruiting to Social Workers posts and also posts becoming vacant with recruitment to vacancies taking longer than anticipated in the current climate. Some of these savings also relate to planned restructures, and the need to keep some posts vacant prior to consultation launches.

1.4.3 Education

Education – As we have seen across P&C a higher than anticipated level of vacancies has resulted in a year-end underspend within the Strategic Management – Education policy line.

Outdoor Education – despite residential visits not being allowed until mid-May and a reduction in numbers in order to adhere to Covid-19 guidance the service ended the year with a reduced overspend of £569k.

Cambridgeshire Music ended the year with a £160k underspend. The service was able to return to near pre pandemic income level due to offering tuition through alternative delivery models and additional grant funding supported staffing costs through a delayed internal restructure.

Redundancy and Teachers Pensions underspend due to unforeseen reduction in numbers throughout the year, which was difficult to predict due to detailed information being delayed.

Within 0-19 Organisation and Planning core funded activity ended the year with an overspend of £283k. This reflects the reduced income from penalty notices issued for children's unauthorised absences from school because of the pandemic. This is not expected to return to pre-pandemic levels this academic year and as such is likely to impact on the first quarter of 2022/23.

Home to School Transport Special ended the year with an of £1,322k reflecting the significant increase in numbers of pupils with Education, Health and Care Plans (EHCPs). The revised position is due to the continuing demand for places at Special Schools and High Needs Units combined with an increase in complexity of transport need, often resulting in children being transported in individual taxis with a Passenger Assistant.

Children in Care Transport is reporting a final overspend of £155k reflecting the increases in complexity and shortage of availability of local placements.

Home to School Transport Mainstream has a year-end underspend of -£584k. The 2021/22 budget was based on 2020/21 contracts as it was not possible to retender routes due to Covid, resulting in increased forecast costs. However, tendering has now resumed, resulting in efficiencies for some routes.

All transport budgets have been impacted by the underlying national issue of driver availability which is seeing less competition for tendered routes. This has also resulted in numerous contracts being handed back by operators as they are no longer able to fulfil their obligations and alternative, often higher cost, solutions are required. The increase in fuel costs is also placing further pressure on providers and as such the service are carefully monitoring the situation which is likely to result in higher future costs as we move into 2022/23.

Dedicated Schools Grant (DSG) –Appendix 1a provides a detailed breakdown of all DSG spend within P&C. The budget figures are net of recoupment for academies and High Needs place funding.

Due to the continuing increase in the number of children and young people with an EHCP, and the complexity of need of these young people, the overall spend on the High Needs Block element of the DSG funded budgets has continued to rise. At the end of 2021/22 the High Needs Block overspent by

approximately £14.85m, which was slightly higher than previous forecasts. However, there were a number of one-off underspends in other areas of the DSG which resulted in a net DSG overspend of £12.43m to the end of the year.

When added to the existing DSG deficit of £26.83m brought forward from previous years, and allowing for required prior-year technical adjustments, this results in a cumulative deficit of £39.26m to be carried forward into 2022/23.

This is a ring-fenced grant and, as such, overspends do not currently affect the Council's bottom line. We continue to work with the Department for Education (DfE) to manage the deficit and evidence plans to reduce spend.

The DfE introduced the safety valve intervention programme in 2020-21 in recognition of the increasing pressures on high needs. A total of 14 local authorities have now signed up to agreements, and the programme is being expanded to a further 20 local authorities, including Cambridgeshire in 2022-23.

The programme requires local authorities to develop substantial plans for reform to their high needs systems, with support and challenge from the DfE, to rapidly place them on a sustainable footing. If the authorities can demonstrate sufficiently that their DSG management plans create lasting sustainability and are effective for children and young people, including reaching an in-year balance as quickly as possible, then the DfE will enter into an agreement with the authority, subject to Ministerial approval.

If an agreement is reached, local authorities are held to account for the delivery of their plans and hitting the milestones in the plans via quarterly reporting to the DfE. If adequate progress is being made, authorities will receive incremental funding to eliminate their historic deficits, generally spread over five financial years. If the conditions of the agreement are not being met, payments will be withheld.

Senior Officers have been invited to an initial meeting with the DfE in May to discuss the current situation and plans, and as such updates will be provided in due course.

1.4.4 Communities

Strategic Management - Communities & Partnerships had a final overspend position of £116k as a result of unachieved savings across the Communities and Partnership directorate.

Public Library Services ended the year with an overspend of £195k as a result of a reduction in income related to the Covid-19 pandemic. This represents an improvement on previous forecasts as a result of increased income being secured from commissioned services including the extension of the use of libraries as distribution centres for lateral flow tests to the end of March, and an increase in the Visa checking service

Registration & Citizenship Services underspent by £151k as a result of staff vacancies and an over recovery of charged income.

The Coroners Service is now reporting a revised year-end overspend of £159k mainly as a result of additional costs related to Covid-19.

1.4.5 Executive Director

The Executive Director line underspent by £1,000k. Most of this relates to a provision of £900k built into the budget for spend on Personal Protective Equipment (PPE). This budget was not required as central government extended its cost-neutral PPE scheme for councils for 2021/22. Further underspend is from Contain Outbreak Management funding for staff costs across the P&C Directorate spent on outbreak management activity which has been applied to the Executive Director budget.

Lost Sales, Fees & Charges Compensation – in 2020/21 and 2021/22 a grant was made available from the Ministry of Housing Communities and Local Government (MHCLG) to compensate for lost sales, fees and charges income relating to the pandemic. Local authorities were expected to absorb losses up to 5% of budgeted sales, fees, and charges income, after which the government reimbursed 75p in every pound of relevant losses. P&C have seen significant income losses, especially in certain Education services and the Registration service in Communities. The compensation scheme has recently ended and following reconciliation we are now recognising the position within P&C.

1.5 Significant Issues – Public Health

The Public Health Directorate is funded wholly by ringfenced grants, mainly the Public Health Grant. The work of the Directorate has been severely impacted by the pandemic, as capacity has been re-directed to outbreak management, testing, and infection control work. The Directorate's expenditure has increased by nearly 50% with the addition of new grants to fund outbreak management, mainly the Contain Outbreak Management Fund.

At the end of the 2021/22 financial year, the Public Health Directorate has underspent by £4,001k (8.47%).

The pandemic has 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. The NHS re-focus on the pandemic response and vaccination has reduced activity-driven costs to the PH budget. Activity was starting to pick back up, but with the emergence of the Omicron variant, and the increased pressures on primary care, activity levels are likely to be suppressed for some time to come.

A significant proportion of staff time in 2021/22 continued to be spent on outbreak management in relation to the Covid-19 pandemic and this is funded by the Contain Outbreak Management Fund rather than the Public Health grant creating much of the in year underspend. In addition, with the unprecedented demand for Public Health staff across the country, recruitment has proven difficult resulting in further underspends on staffing budgets.

2. Capital Executive Summary

2021/22 In Year Pressures/Slippage

At the end of Closedown 2021/22, the capital programme underspend is £12,267k. The level of slippage and underspend in 2021/22 has exceeded the capital Variation Budget of £5,805k.

Details of the currently forecasted capital variances can be found in Appendix 4.

3. Savings Tracker Summary

The savings tracker is produced quarterly to monitor delivery of savings against agreed plans. The full savings tracker for 2021/22 is at Appendix 5.

4. Technical note

On a biannual basis, a technical financial appendix is included as Appendix 6. This appendix covers:

- Grants that have been received by the service, and where these have been more or less than expected
- Budget movements (virements) into or out of P&C from other services (but not within P&C), to show why the budget might be different from that agreed by Full Council

- Service reserves – funds held for specific purposes that may be drawn down in-year or carried-forward – including use of funds and forecast draw-down.

5. Key Activity Data

The Actual Weekly Costs for all clients shown in section 2.5.1-2 are calculated based on all clients who have received a service, are receiving a service, or we plan will receive a service. Some clients will have ceased receiving a service in previous months, or during this month, or we will have assumed an end date in the future.

5.1 Children and Young People

5.1.1 Key activity data at the end of Closedown 2021/22 for Children in Care Placements is shown below:

	BUDGET				ACTUAL (Close 21/22)				FORECAST		
Service Type	*No of placements Budgeted*	*Annual Budget*	*No. of weeks funded*	*Average weekly cost per head*	*Snapshot of No. of placements Close 21/22*	*Yearly Average*	*Outturn*	*Average weekly cost per head*	*Yearly Average budgeted no. of placements*	*Net Variance to Budget*	*Average weekly cost diff +/-*
Residential - disability	7	£1,204k	52	3,307.62	4	6.21	£1,180k	2,835.51	-0.79	-£24k	-472.11
Residential - secure accommodation	1	£365k	52	7,019.23	1	0.48	£265k	10,500.00	-0.52	-£100k	3,480.77
Residential schools	10	£1,044k	52	2,006.99	7	6.92	£573k	1,738.30	-3.08	-£471k	-268.69
Residential homes	35	£6,028k	52	3,311.90	44	40.46	£8,274k	4,462.29	5.46	£2,247k	1,150.39
Independent Fostering	230	£10,107k	52	845.04	188	212.28	£9,575k	905.22	-17.72	-£532k	60.18
Tier 4 Step down	0	£k	0	0.00	2	1.00	£212k	3,726.42	1.00	£212k	3,726.42
Supported Accommodation	20	£1,755k	52	1,687.92	15	20.21	£2,008k	2,027.67	0.21	£252k	339.75
16+	8	£200k	52	480.41	3	3.57	£59k	290.55	-4.43	-£141k	-189.86
Supported Living	3	£376k	52	2,411.58	4	2.91	£392k	2,636.29	-0.09	£16k	224.71
Growth/Replacement	0	£k	0	0.00	0	0.00	£k	0.00	-	£k	0.00
Additional one off budget/actuals	0	£k	0	0.00	0	0.00	£k	0.00	-	£k	0.00
Mitigations required	0	£k	0	0.00	0	0.00	£k	0.00	-	£k	0.00
TOTAL	314	£21,078k			268	294.04	£22,538k		-19.96	£1,459k	
In-house Fostering	240	£5,093k	56	382.14	190	186.86	£4,226k	371.67	-53.14	-£867k	-10.47
In-house fostering - Reg 24	12	£121k	56	179.09	32	21.59	£191k	166.25	9.59	£70k	-12.84
Staying Put	36	£210k	52	111.78	40	38.99	£235k	124.39	2.99	£25k	12.61
Supported Lodgings	9	£80k	52	171.01	5	6.10	£47k	109.75	-2.9	-£33k	-61.26
TOTAL	297	£5,503k			267	253.54	£4,700k		-43.46	-£804k	
Adoption Allowances	97	£1,063k	52	210.16	94	91.48	£1,103k	225.43	-5.52	£40k	15.27
Special Guardianship Orders	322	£2,541k	52	151.32	281	283.71	£2,250k	145.83	-38.29	-£291k	-5.49
Child Arrangement Orders	55	£462k	52	160.96	50	52.45	£425k	152.16	-2.55	-£36k	-8.80
Concurrent Adoption	3	£33k	52	210.00	0	0.38	£4k	210.00	-2.62	-£29k	0.00
TOTAL	477	£4,098k			425	428.02	£3,782k		-48.98	-£316k	
OVERALL TOTAL	1,088	£30,680k			960	975.60	£31,020k		-112.40	£340k	

NOTES:
In house Fostering payments fund 56 weeks as carers receive two additional weeks payment during the summer holidays and one additional week each for Christmas and birthday.

5.1.2 Key activity data at the end of Closedown 2021/22 for SEN Placements is shown below:

The following key activity data for SEND covers 5 of the main provision types for pupils with EHCPs.

Budgeted data is based on actual data at the close of 2020/21 and an increase in pupil numbers over the course of the year.

Actual data are based on a snapshot of provision taken at the end of the month and reflect current numbers of pupils and average cost

Provision Type	BUDGET				ACTUAL (Close 21/22)					OUTTURN	
	No. pupils	Expected in-year growth	Average annual cost per pupil (£)	Budget (£000) (excluding academy recoupment)	No. Pupils as of Close 21/22 Actual	Variance	% growth used	Average annual cost per pupils as of Close 21/22 Actual (£)	Variance (£)	Actual spend (£)	Variance (£)
Mainstream top up *	1,913	174	8,130	16,155	2,842	929	634%	8,121	-9	17,483	1,100
Special School **	1,326	121	10,755	20,904	1,609	283	335%	10,843	88	21,379	475
HN Unit **	202	n/a	13,765	3,182	280	78	n/a	13,650	-115	3,828	646
SEN Placement (all) ***	243	n/a	53,464	13,012	260	17	n/a	51,596	-1,868	13,987	975
Total	**3,684**	**294**	**-**	**53,253**	**4,991**	**1,307**	**544%**	**-**	**-**	**56,677**	**3,424**

* LA cost only

** Excluding place funding

*** Education contribution only

Provision Type	BUDGET				ACTUAL (Close 21/22)					OUTTURN	
	No. pupils	Expected in-year growth	Average weekly cost per pupil (£)	Budget (£000) (excluding academy recoupment)	No. Pupils as of Close 21/22 Actual	Variance	% growth used	Average annual cost per pupils as of Close 21/22 Actual (£)	Variance (£)	Actual spend (£)	Variance (£)
Out of School Tuition	84	n/a	1,200	3,834	168	84	n/a	991	-209	4,929	1,095
Total	**84**	**0**	**-**	**3,834**	**168**	**84**	**n/a**	**-**	**-**	**4,929**	**1,095**

5.2 Adults

In the following key activity data for Adults & Safeguarding, the information given in each column is as follows:

- Budgeted number of care services: this is the number of full-time equivalent (52 weeks) service users anticipated at budget setting
- Budgeted average unit cost: this is the planned unit cost per service user per week, given the budget available
- Actual care services and cost: these reflect current numbers of service users and average cost; they represent a real time snapshot of service-user information.

A consistent format is used to aid understanding, and where care types are not currently used in a particular service those lines are greyed out.

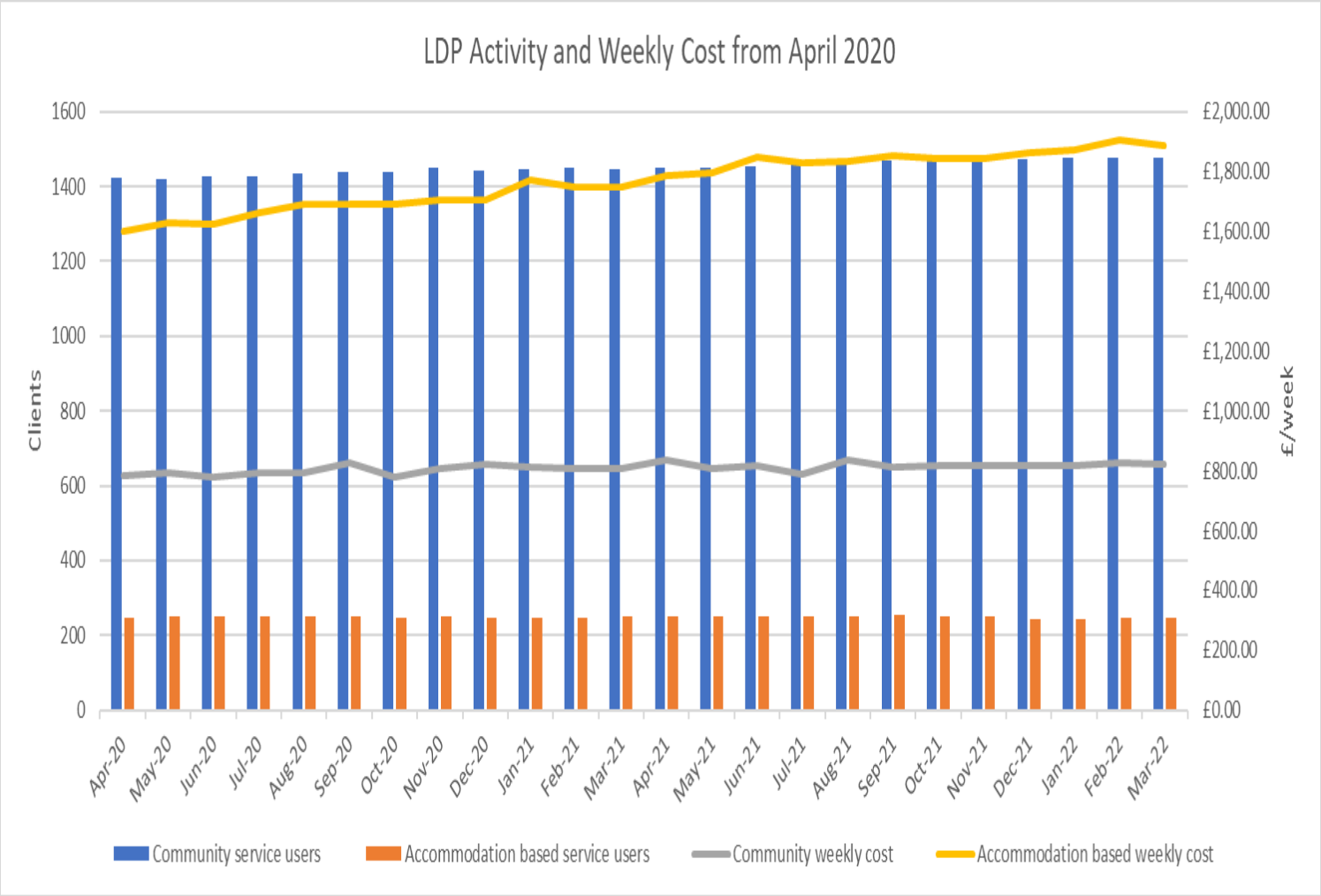
The direction of travel (DoT) compares the current month's figure with the previous month.

The activity data for a given service will not directly tie back to its outturn reported in Appendix 1. This is because the detailed variance include other areas of spend, such as care services which have ended and staffing costs, as well as the activity data including some care costs that sit within Commissioning budgets.

5.2.1 Key activity data at the end of Closedown 2021/22 for Learning Disability Partnership is sown below:

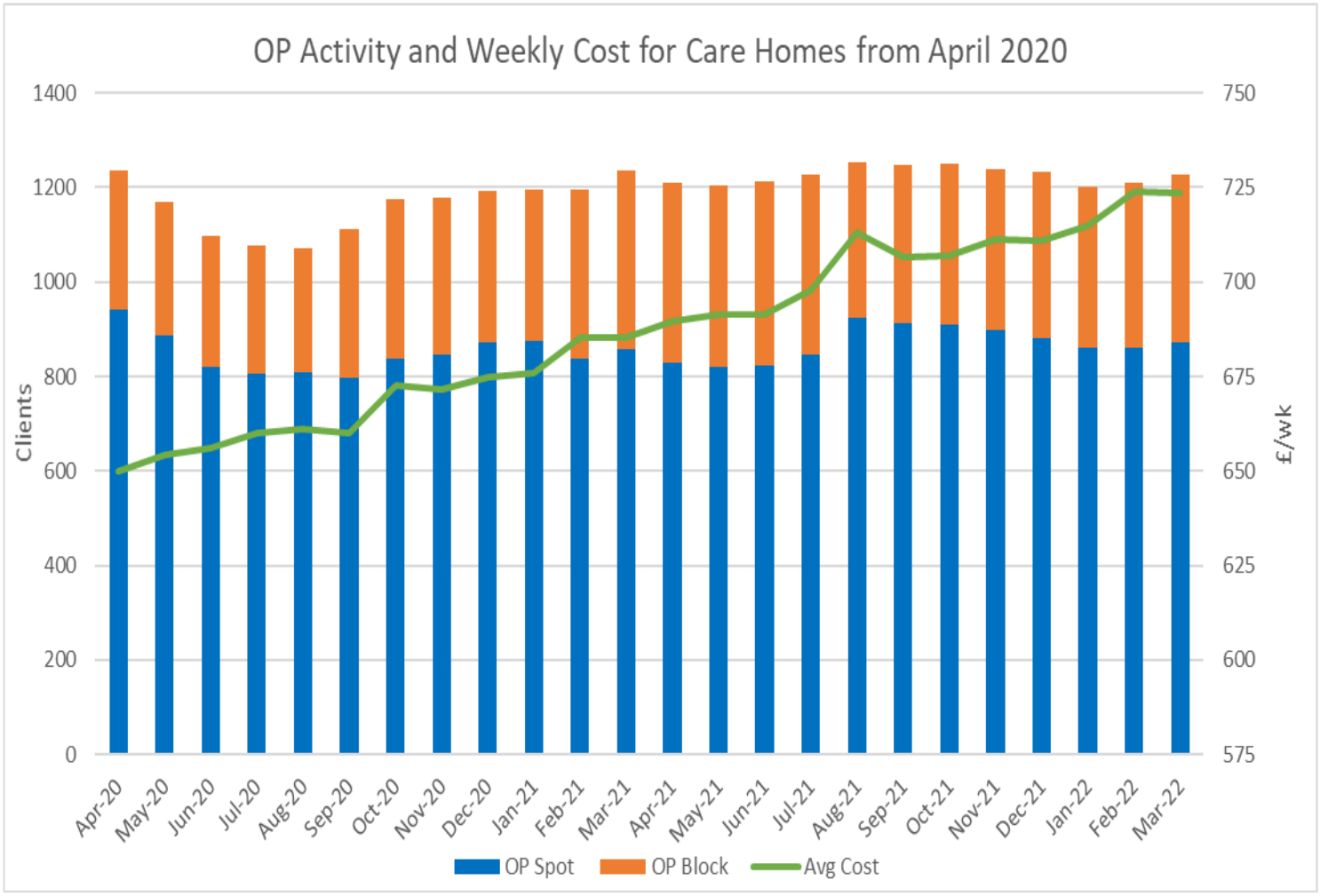
Learning Disability Partnership	BUDGET			ACTUAL (Close 2021/22)				Outturn		
Service Type	*Expected No. of Care Packages 2021/22*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*D o T*	*Current Average Unit Cost (per week)*	*D o T*	*Total spend/ income*	*D o T*	*Variance*
Accommodation based										
~Residential	251	£1,759	£24,664k	248	↔	£1,929	↔	£26,958k	↑	£1,035k
~Nursing	6	£2,385	£813k	5	↔	£2,523	↔	£712k	↓	-£71k
~Respite	13	£855	£382k	11	↔	£776	↔	£216k	↓	-£151k
Accommodation based subtotal	**270**	**£1,688**	**£25,860k**	**264**		**£1,860**		**£27,886k**		**£813k**
Community based										
~Supported Living	456	£1,338	£35,159k	489	↔	£1,329	↓	£35,868k	↓	£872k
~Homecare	386	£380	£6,341k	382	↓	£412	↑	£6,654k	↓	£550k
~Direct payments	403	£446	£8,874k	405	↑	£456	↓	£8,296k	↓	£150k
~Live In Care	15	£2,033	£1,709k	13	↔	£2,153	↔	£1,510k	↓	-£135k
~Day Care	437	£175	£4,190k	446	↔	£183	↔	£4,263k	↓	£230k
~Other Care	57	£86	£856k	57	↔	£85	↔	£958k	↑	£134k
Community based subtotal	**1,754**	**£598**	**£57,129k**	**1,792**		**£617**		**£57,548k**		**£1,802k**
Total for expenditure	**2,024**	**£743**	**£82,989k**	**2,056**		**£777**		**£85,435k**	↓	**£2,615k**
Care Contributions			-£4,396k					-£4,147k	↓	£473k

The LDP includes service-users that are fully funded by the NHS, who generally have very high needs and therefore costly care packages



5.2.2 Key activity data at the end of Closedown 2021/22 for Older People's (OP) Services is shown below:

Older People	BUDGET			ACTUAL (Close 2021/22)				Outturn		
Service Type	*Expected No. of Care Packages 2021/22*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*D o T*	*Current Average Unit Cost (per week)*	*D o T*	*Total spend/ income*	*D o T*	*Variance*
Accommodation based										
~Residential	410	£672	£14,592k	348	↓	£677	↑	£13,282k	↓	-£1,309k
~Residential Dementia	517	£657	£17,768k	445	↑	£681	↓	£17,338k	↑	-£430k
~Nursing	290	£808	£12,639k	266	↑	£779	↑	£11,718k	↑	-£921k
~Nursing Dementia	203	£809	£8,541k	169	↓	£847	↓	£8,544k	↓	£3k
~Respite	41	£679	£1,584k	55				£1,070k	↑	-£513k
Accommodation based subtotal	**1,461**	**£694**	**£55,124k**	**1,283**		**£693**		**£51,952k**		**-£3,172k**
Community based										
~Supported Living	320	£368	£5,603k	371	↓	£152	↑	£5,983k	↑	£380k
~Homecare	1,510	£230	£18,320k	1,226	↓	£256	↑	£18,639k	↓	£319k
~Direct payments	160	£320	£2,465k	136	↑	£367	↑	£2,739k	↑	£274k
~Live In Care	30	£822	£1,250k	26	↑	£889	↓	£1,429k	↑	£179k
~Day Care	267	£54	£763k	68	↓	£79	↑	£519k	↓	-£243k
~Other Care			£163k	6				£115k	↓	-£48k
Community based subtotal	**2,287**	**£243**	**£28,564k**	**1,833**		**£245**		**£29,425k**		**£860k**
Total for expenditure	**3,748**	**£419**	**£83,688k**	**3,116**		**£429**		**£81,377k**	↓	**-£2,311k**
Care Contributions			-£23,528k					-£24,940k		-£1,412k



5.2.3 Key activity data at the end of Closedown 2021/22 for Physical Disabilities Services is shown below:

Physical Disabilities	BUDGET			ACTUAL (Close 2021/22)				Outturn		
Service Type	*Expected No. of Care Packages 2021/22*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*D o T*	*Current Average Unit Cost (per week)*	*D o T*	*Total spend/ income*	*D o T*	*Variance*
Accommodation based										
~Residential	33	£905	£1,611k	38	↔	£993	↑	£1,618k	↑	£7k
~Residential Dementia	4	£935	£195k	8	↔	£643	↓	£233k	↓	£38k
~Nursing	38	£1,149	£2,438k	43	↑	£978	↓	£2,043k	↑	-£395k
~Nursing Dementia	3	£1,192	£192k	6	↑	£829	↓	£133k	↑	-£59k
~Respite	2	£685	£114k	10		£178		£52k	↓	-£61k
Accommodation based subtotal	**80**	**£1,010**	**£4,550k**	**105**		**£856**		**£4,080k**		**-£470k**
Community based										
~Supported Living	7	£843	£551k	47	↑	£326	↓	£544k	↑	-£6k
~Homecare	389	£257	£5,326k	453	↑	£266	↑	£5,509k	↓	£183k
~Direct payments	285	£398	£5,279k	254	↑	£380	↓	£4,772k	↑	-£507k
~Live In Care	35	£862	£1,627k	40	↓	£868	↑	£1,780k	↓	£153k
~Day Care	21	£85	£94k	19	↔	£109	↑	£95k	↑	£1k
~Other Care			£4k	2	↔	£57	↔	£24k	↑	£20k
Community based subtotal	**737**	**£341**	**£12,882k**	**815**		**£330**		**£12,725k**		**-£157k**
Total for expenditure	**817**	**£406**	**£17,432k**	**920**		**£390**		**£16,805k**	↓	**-£627k**
Care Contributions			-£2,154k					-£2,406k		-£252k

5.2.4 Key activity data at the end of Closedown 2021/22 for Older People Mental Health (OPMH) Services:

Older People Mental Health	BUDGET			ACTUAL (Close 2021/22)				Outturn		
Service Type	*Expected No. of Care Packages 2021/22*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*D o T*	*Current Average Unit Cost (per week)*	*D o T*	*Total spend/ income*	*D o T*	*Variance*
Accommodation based										
~Residential	32	£717	£1,010k	34	↑	£723	↓	£887k	↓	-£123k
~Residential Dementia	28	£755	£860k	36	↑	£699	↓	£909k	↓	£49k
~Nursing	23	£826	£943k	28	↔	£767	↓	£1,069k	↓	£127k
~Nursing Dementia	69	£865	£2,788k	68	↑	£881	↑	£2,982k	↑	£194k
~Respite	3	£708	£42k	3	↔	£66	↔	£49k	↑	£6k
Accommodation based subtotal	**155**	**£792**	**£5,643k**	**169**		**£776**		**£5,896k**		**£253k**
Community based										
~Supported Living	9	£340	£111k	11	↔	£219	↔	£97k	↑	-£14k
~Homecare	68	£221	£693k	65	↓	£286	↑	£838k	↓	£145k
~Direct payments	9	£273	£116k	7	↔	£500	↑	£133k	↑	£17k
~Live In Care	8	£1,079	£455k	11	↔	£1,115	↑	£626k	↑	£171k
~Day Care	4	£47	£k	4	↓	£40	↓	£1k	↑	£1k
~Other Care	2	£6	£1k	6	↑	£65	↓	£60k	↑	£59k
Community based subtotal	**100**	**£293**	**£1,376k**	**104**		**£358**		**£1,755k**		**£379k**
Total for expenditure	**255**	**£596**	**£7,019k**	**273**		**£617**		**£7,651k**	↑	**£632k**
Care Contributions			-£958k					-£1,485k		-£526k

5.2.5 Key activity data at the end of Closedown 2021/22 for Adult Mental Health Services is shown below:

Adult Mental Health	BUDGET			ACTUAL (Close 2021/22)				Outturn		
Service Type	*Expected No. of Care Packages 2021/22*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*D o T*	*Current Average Unit Cost (per week)*	*D o T*	*Total spend/ income*	*D o T*	*Variance*
Accommodation based										
~Residential	56	£794	£2,369k	57	↓	£785	↓	£2,520k	↓	£151k
~Residential Dementia	1	£841	£267k	2	↑	£674	↑	£76k	↑	-£192k
~Nursing	10	£788	£427k	10	↔	£731	↓	£367k	↓	-£60k
~Nursing Dementia	3	£686	£112k	1	↔	£882	↔	£44k	↓	-£67k
~Respite	1	£20	£k	1	↔	£20	↔	£2k	↑	£2k
Accommodation based subtotal	**71**	**£778**	**£3,176k**	**71**		**£765**		**£3,010k**		**-£166k**
Community based										
~Supported Living	113	£181	£1,812k	120	↑	£288	↓	£2,255k	↑	£442k
~Homecare	135	£113	£1,333k	130	↑	£105	↑	£1,226k	↑	-£106k
~Direct payments	14	£364	£263k	14	↓	£278	↓	£276k	↓	£13k
~Live In Care	2	£1,030	£109k	2	↔	£1,171	↔	£123k	↓	£15k
~Day Care	4	£66	£42k	4	↔	£69	↓	£42k	↓	£k
~Other Care	0	£0	£10k	4	↔	£13	↓	£47k	↑	£36k
Community based subtotal	**268**	**£161**	**£3,569k**	**274**		**£200**		**£3,969k**		**£400k**
Total for expenditure	**339**	**£290**	**£6,745k**	**345**		**£316**		**£6,979k**	↓	**£234k**
Care Contributions			-£393k					-£307k		£86k

5.2.6 Key activity data at the end of Closedown 2021/22 for Autism is shown below:

Autism	BUDGET			ACTUAL (Close 2021/22)				Outturn		
Service Type	*Expected No. of Care Packages 2021/22*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*D o T*	*Current Average Unit Cost (per week)*	*D o T*	*Total spend/ income*	*D o T*	*Variance*
Accommodation based										
~Residential			£98k	0	↔	£0	↔	£56k	↔	-£42k
~Residential Dementia										
Accommodation based subtotal			**£98k**	**0**		**0**		**£56k**		**-£42k**
Community based										
~Supported Living	18	£469	£436k	15	↓	£1,012	↓	£696k	↓	£260k
~Homecare	19	£151	£143k	18	↔	£131	↓	£130k	↔	-£13k
~Direct payments	19	£299	£263k	21	↔	£294	↑	£207k	↔	-£57k
~Live In Care			£142k	1	↔	£396	↔	£13k	↔	-£129k
~Day Care	18	£65	£62k	16	↔	£72	↓	£58k	↔	-£4k
~Other Care	2	£29	£3k	2	↔	£70	↔	£11k	↔	£8k
Community based subtotal	**77**	**£262**	**£1,049k**	73		£348		**£1,115k**		**£65k**
Total for expenditure	**78**	**£278**	**£1,147k**	73		£348		**£1,170k**	↓	**£23k**
Care Contributions			-£54k					-£42k		£12k

Due to small numbers of service users some lines in the above have been redacted.

Appendix 1 – P&C Service Level Financial Information

Forecast Outturn Variance (Previous) £'000	Ref	Service	Budget 2021/22 £'000	Actual £'000	Outturn Variance £'000	Outturn Variance %
		Adults & Safeguarding Directorate				
-1,729	1	Strategic Management - Adults	-4,277	-6,252	-1,975	-46%
0		Transfers of Care	1,611	1,610	-1	0%
70		Prevention & Early Intervention	9,116	9,205	90	1%
-3		Principal Social Worker, Practice and Safeguarding	1,514	1,501	-13	-1%
44		Autism and Adult Support	1,555	1,572	16	1%
2		Adults Finance Operations	1,676	1,667	-8	-1%
		Learning Disabilities				
-198	2	Head of Service	5,851	5,289	-562	-10%
236	2	LD - City, South and East Localities	38,385	38,255	-130	0%
2,080	2	LD - Hunts & Fenland Localities	32,538	34,863	2,324	7%
602	2	LD - Young Adults	9,384	9,991	608	6%
-247	2	In House Provider Services	7,378	7,110	-268	-4%
-575	2	NHS Contribution to Pooled Budget	-21,717	-22,175	-458	-2%
1,898		**Learning Disabilities Total**	**71,819**	**73,333**	**1,514**	**2%**
		Older People and Physical Disability Services				
-1,500	3	Physical Disabilities	16,096	14,359	-1,737	-11%
-1,387	4	OP - City & South Locality	24,080	22,708	-1,372	-6%
-1,780	4	OP - East Cambs Locality	8,557	6,986	-1,571	-18%
-1,497	4	OP - Fenland Locality	13,157	11,588	-1,569	-12%
-2,020	4	OP - Hunts Locality	15,869	13,419	-2,450	-15%
-8,184		**Older People and Physical Disability Total**	**77,760**	**69,061**	**-8,699**	**-11%**
		Mental Health				
-180	5	Mental Health Central	1,731	1,585	-146	-8%
288	5	Adult Mental Health Localities	6,066	6,143	77	1%
-230	5	Older People Mental Health	6,604	6,508	-96	-1%
-122		**Mental Health Total**	**14,401**	**14,236**	**-165**	**-1%**
-8,024		**Adults & Safeguarding Directorate Total**	**175,175**	**165,933**	**-9,242**	**-5%**
		Commissioning Directorate				
0		Strategic Management –Commissioning	536	499	-37	-7%
0		Access to Resource & Quality	1,208	1,135	-74	-6%
0		Local Assistance Scheme	300	299	-1	0%
		Adults Commissioning				
-186	6	Central Commissioning - Adults	28,887	28,450	-437	-2%
106		Integrated Community Equipment Service	2,018	2,115	97	5%
15		Mental Health Commissioning	2,251	2,337	86	4%
-64		**Adults Commissioning Total**	**33,156**	**32,902**	**-254**	**-1%**

Forecast Outturn Variance (Previous) £'000	Ref	Service	Budget 2021/22 £'000	Actual £'000	Outturn Variance £'000	Outturn Variance %
		Children's Commissioning				
1,500	7	Children in Care Placements	21,078	22,540	1,462	7%
0		Commissioning Services	323	409	86	27%
1,500		**Children's Commissioning Total**	**21,401**	**22,949**	**1,547**	**7%**
1,436		**Commissioning Directorate Total**	**56,602**	**57,784**	**1,182**	**2%**
		Communities & Partnerships Directorate				
0	8	Strategic Management - Communities & Partnerships	333	449	116	35%
301	9	Public Library Services	3,824	4,020	195	5%
0		Cambridgeshire Skills	2,639	2,639	0	0%
0		Archives	387	370	-16	-4%
0		Cultural Services	316	312	-4	-1%
0	10	Registration & Citizenship Services	-634	-785	-151	-24%
152	11	Coroners	1,822	1,981	159	9%
0		Trading Standards	694	629	-65	-9%
0		Domestic Abuse and Sexual Violence Service	1,985	1,965	-20	-1%
0		Think Communities	487	471	-15	-3%
0		Youth and Community Services	349	344	-5	-1%
454		**Communities & Partnerships Directorate Total**	**12,202**	**12,395**	**193**	**2%**
		Children & Safeguarding Directorate				
-2,200	12	Strategic Management - Children & Safeguarding	6,058	3,583	-2,475	-41%
0		Safeguarding and Quality Assurance	2,531	2,546	15	1%
-875	13	Fostering and Supervised Contact Services	9,827	8,934	-893	-9%
-860	14	Corporate Parenting	7,338	6,498	-840	-11%
0		Integrated Front Door	3,746	3,748	2	0%
400	15	Children´s Disability Service	6,422	6,794	372	6%
0		Support to Parents	1,103	1,108	6	1%
-340	16	Adoption	5,610	5,295	-316	-6%
0		Legal Proceedings	2,050	2,023	-27	-1%
-14		Youth Offending Service	1,767	1,706	-62	-3%
		District Delivery Service				
0		Children´s Centres Strategy	25	13	-13	-51%
-50		Safeguarding West	1,654	1,599	-55	-3%
-220	17	Safeguarding East	3,632	3,416	-216	-6%
0		Early Help District Delivery Service –North	3,920	3,922	1	0%
0		Early Help District Delivery Service – South	4,029	4,021	-9	0%
-270		**District Delivery Service Total**	**13,261**	**12,970**	**-292**	**-2%**
-4,159		**Children & Safeguarding Directorate Total**	**59,714**	**55,204**	**-4,510**	**-8%**

Forecast Outturn Variance (Previous) £'000	Ref	Service	Budget 2021/22 £'000	Actual £'000	Outturn Variance £'000	Outturn Variance %
		Education Directorate				
-39	18	Strategic Management - Education	1,998	1,786	-212	-11%
27		Early Years' Service	2,480	2,491	11	0%
76		School Improvement Service	910	946	36	4%
0		Schools Partnership service	651	645	-6	-1%
650	19	Outdoor Education (includes Grafham Water)	-77	492	569	737%
0	20	Cambridgeshire Music	0	-160	-160	-%
0		ICT Service (Education)	-200	-213	-13	-6%
0	21	Redundancy & Teachers Pensions	3,727	3,498	-229	-6%
		SEND Specialist Services (0-25 years)				
-360	22	SEND Specialist Services	10,859	10,490	-369	-3%
450	22	Funding for Special Schools and Units	24,237	25,254	1,017	4%
1,100	22	High Needs Top Up Funding	25,788	26,788	999	4%
1,000	22	Special Educational Needs Placements	13,846	14,814	968	7%
1,190	22	Out of School Tuition	3,834	4,930	1,096	29%
0	22	Alternative Provision and Inclusion	6,617	6,582	-35	-1%
11,244	22	SEND Financing – DSG	-11,244	0	11,244	100%
14,624		**SEND Specialist Services (0 - 25 years) Total**	**73,936**	**88,857**	**14,921**	**20%**
		Infrastructure				
111	23	0-19 Organisation & Planning	3,078	3,140	62	2%
10		Education Capital	178	196	18	10%
1,200	24	Home to School Transport – Special	14,862	16,184	1,322	9%
118	25	Children in Care Transport	1,585	1,740	155	10%
-500	26	Home to School Transport – Mainstream	10,114	9,530	-584	-6%
939		**0-19 Place Planning & Organisation Service Total**	**29,817**	**30,790**	**973**	**3%**
16,277		**Education Directorate Total**	**113,241**	**129,131**	**15,890**	**14%**
		Executive Director				
-826	27	Executive Director	1,807	807	-1,000	-55%
-1,266	28	Lost Sales, Fees & Charges Compensation	1,266	0	-1,266	-100%
0		Central Financing	21	21	0	0%
-2,092		**Executive Director Total**	**3,094**	**828**	**-2,266**	**-73%**
3,905		**Total**	**420,027**	**421,274**	**1,247**	**0%**
		Grant Funding				
-14,372	29	Financing DSG	-76,405	-90,888	-14,482	-19%
0		Non Baselined Grants	-41,099	-41,099	0	0%
-14,372		**Grant Funding Total**	**-117,504**	**-131,987**	**-14,482**	**12%**
-10,466		**Net Total**	**302,523**	**289,288**	**-13,235**	**-4%**

Appendix 1a – Dedicated Schools Grant (DSG) Summary FMR

Forecast Outturn Variance (Previous) £'000	Ref	Service	Budget 2021/22 £'000	Actual £'000	Outturn Variance £'000	Outturn Variance %
		Commissioning Directorate				
		Children's Commissioning				
0		Commissioning Services	245	245	0	0%
0		**Children's Commissioning Total**	245	245	0	0%
0		**Commissioning Directorate Total**	**245**	**245**	**0**	**0%**
		Children & Safeguarding Directorate				
		District Delivery Service				
0		Early Help District Delivery Service –North	0	0	0	0%
0		Early Help District Delivery Service – South	0	0	0	0%
0		**District Delivery Service Total**	**0**	**0**	**0**	**0%**
0		**Children & Safeguarding Directorate Total**	**0**	**0**	**0**	**0%**
		Education Directorate				
170	-	Early Years' Service	1,768	1,767	-1	0%
0		Schools Partnership service	150	150	0	0%
0		Redundancy & Teachers Pensions	0	0	0	0%
		SEND Specialist Services (0-25 years)				
-600	22	SEND Specialist Services	7,280	6,661	-618	-8%
450	22	Funding for Special Schools and Units	24,237	25,254	1,017	4%
1,100	22	High Needs Top Up Funding	25,788	26,788	999	4%
1,000	22	Special Educational Needs Placements	13,846	14,814	968	7%
1,190	22	Out of School Tuition	3,834	4,930	1,096	29%
0		Alternative Provision and Inclusion	6,542	6,511	-31	0%
11,244	22	SEND Financing – DSG	-11,244	0	11,244	100%
14,384		**SEND Specialist Services (0 - 25 years) Total**	**70,281**	**84,957**	**14,676**	**21%**
		Infrastructure				
-183	23	0-19 Organisation & Planning	2,561	2,368	-193	-8%
0		Home to School Transport – Special	400	400	0	0%
-183		**0-19 Place Planning & Organisation Service Total**	**2,961**	**2,768**	**-193**	**-7%**
14,372		**Education Directorate Total**	**75,160**	**89,643**	**14,482**	**19%**
14,372		**Total**	**75,405**	**89,888**	**14,482**	**19%**
0		**Contribution to Combined Budgets**	**1,000**	**1,000**	**0**	**0%**
		Schools				
0		Primary and Secondary Schools	124,677	124,269	-408	0%
0		Nursery Schools and PVI	36,250	34,832	-1,418	-4%
0		Schools Financing	-237,332	-249,989	-12,657	-5%
0		Pools and Contingencies	0	0	0	0%
0		**Schools Total**	**-76,405**	**-90,888**	**-14,482**	**0%**
14,372		**Overall Net Total**	**0**	**0**	**0**	**-%**

Appendix 2 – Public Health Summary FMR

Forecast Outturn Variance (Previous) £'000	Ref	Service	Budget 2021/22 £'000	Actual £'000	Outturn Variance £'000	Outturn Variance %
		Children Health				
0		Children 0-5 PH Programme	7,271	7,294	24	0%
0		Children 5-19 PH Programme - Non Prescribed	1,795	1,763	-32	-2%
0		Children Mental Health	341	313	-28	-8%
0		**Children Health Total**	**9,407**	**9,370**	**-36**	**0%**
		Drugs & Alcohol				
-30		Drug & Alcohol Misuse	5,918	5,820	-98	-2%
-30		**Drug & Alcohol Misuse Total**	**5,918**	**5,820**	**-98**	**-2%**
		Sexual Health & Contraception				
-103	30	SH STI testing & treatment - Prescribed	3,750	3,542	-208	-6%
-108		SH Contraception - Prescribed	1,096	1,006	-90	-8%
51		SH Services Advice Prevention/Promotion - Non-Prescribed	444	504	60	14%
-160		**Sexual Health & Contraception Total**	**5,290**	**5,052**	**-238**	**-4%**
		Behaviour Change / Preventing Long Term Conditions				
-194	31	Integrated Lifestyle Services	2,380	2,083	-297	-12%
82		Other Health Improvement	426	414	-12	-3%
-185	32	Smoking Cessation GP & Pharmacy	683	384	-298	-44%
-375	33	NHS Health Checks Programme - Prescribed	625	215	-410	-66%
-672		**Behaviour Change / Preventing Long Term Conditions Total**	**4,114**	**3,096**	**-1,017**	**-25%**
		Falls Prevention				
-34		Falls Prevention	87	56	-30	-35%
-34		**Falls Prevention Total**	**87**	**56**	**-30**	**-35%**
		General Prevention Activities				
-11		General Prevention, Traveller Health	13	0	-12	-97%
-11		**General Prevention Activities Total**	**13**	**0**	**-12**	**-97%**
		Adult Mental Health & Community Safety				
0		Adult Mental Health & Community Safety	257	258	2	1%
0		**Adult Mental Health & Community Safety Total**	**257**	**258**	**2**	**1%**
		Public Health Directorate				
-57		Public Health Strategic Management	57	0	-57	-100%
-1,516	34	Public Health Directorate Staffing & Running Costs	2,233	641	-1,592	-71%
0		Test and Trace Support Grant	1,064	1,061	-3	0%
0		Enduring Transmission Grant	791	791	-0	0%
-919	35	Contain Outbreak Management Fund	9,678	8,760	-919	-9%
0		Lateral Flow Testing Grant	2,409	2,409	-0	0%
-2,493		**Public Health Directorate Total**	**16,232**	**13,661**	**-2,571**	**-16%**
-3,400		**Total Expenditure before Carry-forward**	**41,316**	**37,315**	**-4,001**	**-9.7%**

Forecast Outturn Variance (Previous) £'000	Ref	Service	Budget 2021/22 £'000	Actual £'000	Outturn Variance £'000	Outturn Variance %
		Funding				
0		Public Health Grant	-26,786	-26,786	0	0%
0		Test and Trace Support Grant	-1,064	-1,064	0	0%
0		Enduring Transmission Grant	-791	-791	0	0%
0		Contain Outbreak Management Fund	-9,678	-9,678	0	0%
0		Community Testing Grant	-2,409	-2,409	0	0%
0		Other Grants	-498	-498	0	0%
0		Drawdown from reserves	-90	-90	0	0%
0		**Grant Funding Total**	**-41,316**	**-41,316**	**0**	**0%**
-3,400		**Overall Net Total**	**0**	**-4,001**	**-4,001**	**0%**

Appendix 3 – Service Commentaries on Outturn Position

Narrative is given below where there is an adverse/positive variance greater than 2% of annual budget or £100,000 whichever is greater for a service area.

1) Strategic Management - Adults

Budget 2021/22 £'000	Actual £'000	Outturn Variance £'000	Outturn Variance %
-4,277	-6,252	-1,975	-46%

The Strategic Management – Adults line holds a range of central grant funding and Health funding including the Better Care Fund allocations. The underspend is largely attributable to grant and income contributions exceeding budget, and to funding from government grants being held to contribute to the Council share of pressures in the Learning Disabilities pooled budget reported in note 2 below. In addition, savings from vacant posts have exceeded the target by £974k due to increased vacancy rates being experienced in the second half of the year

2) Learning Disabilities

Budget 2021/22 £'000	Actual £'000	Outturn Variance £'000	Outturn Variance %
71,819	73,333	1,514	2%

The Learning Disability Partnership (LDP) budget overspent by £1,971k in 2021/22. The Council's share of the overspend per the pooled arrangement with the NHS is £1,514k. This is a reduction of £501k (£384k for the Council's share) on the position forecast in February.

The primary reasons for the reduction on the forecast position are the application of £178k of NHS winter pressures funding to additional support for service users, which was not forecast, and increased reclaims of direct payments compared to forecast. Service users in receipt of direct payments have annual reviews after which any unspent funds are returned to the Council. The value of unspent direct payments has been higher this year due to some service users being unable to access their normal services and activities due to covid 19.

Much of the LDP overspend in 2021/22 is due to new demand being higher than was allocated in the budget. Expenditure on increased demand was ~70% above budget. Numbers of new placements were largely in line with the numbers anticipated in our allocation of demand funding. However, we are seeing more service users with very complex needs transitioning to the LDP and the price of care packages for these service users is significantly more than we have previously paid for similar care packages. Around 50% of the cost of packages for the cohort of young people transitioning into the LDP has been for health needs. However, the agreed split of the pooled budget is 77% social care funding and 23% health funding.

Also contributing to the demand overspend, the cost of care packages for our existing cohort of service users is increasing. This is frequently as a result of the Covid-19 pandemic. Prior to the pandemic carers were able to access support in the community and respite from their caring responsibilities. However, over the past 18 months their access to support has been reduced and continues to be reduced due to social distancing and ventilation restrictions at day centres, as a result we are seeing some service users move into supported living placements earlier than they otherwise would have done, or cases where we need to arrange increased levels of care in the home to avoid the care situation breaking down. We

expect some continuation in this latent demand, particularly whilst restrictions for services remain in place.

A Transitions Panel has been set up to discuss complex cases transferring from children's services, enabling all involved parties to better plan and forecast for transitions, including those with complex health needs. Primarily this should improve outcomes for service users, but an additional benefit will be to aid better budget planning. Furthermore, the Young Adults team continues to have strengths-based conversations with service users, working on service users' independence and helping them to achieve their goals. They achieved a £200k preventative savings target, part of the Adults' Positive Challenge Programme. This mitigates some of the demand pressure on the budget.

A further factor in the overspend is the increasing cost of delivering care. During 2021/22 care providers faced mounting cost pressures due to staffing shortages and price inflation, and this is likely to worsen throughout 2022/23. Considering this, the Council approved additional funding for uplifts paid to providers this year, which was partly funded through grant received from central government. This contributed to £620k of the LDP overspend – the LDP spent £950k more than budgeted on uplift awards, £330k of which was covered by grant funding.

We also saw specific cost pressures at the end of the market providing placements for people with high-level needs. One of our providers who offers specialist placements to service users who cannot easily be placed elsewhere has substantially increased their rates on care packages for our existing service users placed with them. The six care packages they provide now cost ~£1.8m, an increase of ~£300k.

Adults Commissioning are developing an LD Accommodation Strategy that will enable them to work with the provider market to develop the provision needed for our service users, both now and looking to future needs. This should lead to more choice when placing service users with complex needs and consequently reduce cost pressure in this area, but this is a long-term programme and it is unlikely to deliver savings in the short term. The LDP social work teams and Adults Commissioning are also working on strategies to increase the uptake of direct payments, to deliver more choice for service users and decrease reliance on the existing care market.

3) Physical Disabilities

Budget 2021/22 £'000	Actual £'000	Outturn Variance £'000	Outturn Variance %
16,096	14,359	-1,737	-11%

Physical Disabilities has a year-end outturn underspend of -£1.737m.

Previously identified pressures resulting from increased demand for community-based care were recognised through the business planning process and were manageable within available budget. Net demand for 2021/22 was below budgeted levels and stabilised over the second half of the year.

A peak in demand for bed-based care in the last quarter of 2020/21 reversed in the early part of 2021/22, with numbers returning to pre-pandemic levels. This, in conjunction with an increase in income due from clients contributing towards the cost of their care, ongoing work to secure appropriate funding for service users with health needs and the slow-down in demand for community-based care, resulted in a significant underspend.

During 2021/22 care providers faced mounting cost pressures due to staffing shortages and price inflation and this is likely to worsen throughout 2022/23. Considering this, the council approved additional funding for uplifts paid to providers in 2021/22, which was partly funded through grant received from central government. The impact on Physical Disabilities was £130k.

4) Older People

Budget 2021/22 £'000	Actual £'000	Outturn Variance £'000	Outturn Variance %
61,664	54,702	-6,961	-11%

Older People's Services has a year-end outturn underspend of -£6.961m.

As was reported throughout 2020/21, the impact of the pandemic led to a notable reduction in the number of people having their care and support needs met in care homes. This short-term impact carried forward into forecasting for 2021/22 and included a reduction in care spend relating to the final months of 2020/21 that manifested subsequent to year-end.

Over the course of the financial year, as restrictions ended, there was a significant increase in the referrals reported by the Long-Term care teams. There was also an increase in referrals and requests to Adult Early Help, Safeguarding Referrals and Mental Health Act Assessments. Hospital Discharge systems continued to be pressured. We continue to expect some substantial cost increases in future years 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.

Despite the increase in activity coming into the service, we have not seen a corresponding increase in total numbers of service users being supported. Net demand for bed-based care remained below budgeted expectations throughout the year. In addition, long-term block capacity was increased following recent retendering. Utilisation of the available block provision at contractually agreed rates has given the Council greater control over historic pressures arising from increasing market unit costs. These factors have contributed significantly to the year-end underspend.

Throughout the year services have been working to streamline processes and improve the client's journey through the financial assessments process so that their assessment can be completed in a more timely manner. The performance of the Financial Assessments Team facilitated resolution of a historic backlog of outstanding cases. This, in conjunction with a review of current deferred payment agreements, increased the overall level of income expected from clients contributing towards the cost of their care.

Annual Review activity remained low and back-logs are significant within the system.

Forecasting for future costs remains difficult and there continues to be considerable risk and uncertainty around the impact the pandemic will have on both medium- and longer-term demand. There is a growing number of people who have survived Covid, being left with significant needs that we will need to meet, and many vulnerable adults have developed more complex needs as they have not accessed the usual community-based or early help services during the pandemic. The impact on delayed health care treatments such as operations will impact individual needs and health inequalities negatively. Clinical Commissioning Groups (CCGs) are working through backlogs in continuing health care, the impacts of this are not yet fully in our system.

During 2021/22 care providers faced mounting cost pressures due to staffing shortages and price inflation and this is likely to worsen throughout 2022/23. Considering this, the council approved additional funding for uplifts paid to providers in 2021/22, which was partly funded through grant received from central government. The impact on Older Peoples Services was £796k.

5) Mental Health Services

Budget 2021/22 £'000	Actual £'000	Outturn Variance £'000	Outturn Variance %
14,401	14,236	-165	-1%

Mental Health Services has a year-end underspend of -£165k.

It was reported in 2020/21 that the Covid pandemic had a significant impact on elderly clients with the most acute needs in the short-term. There was a significant increase in placements into care homes over the final quarter of 2020/21 and this continued into the first part of 2021/22. Although net demand slowed for a period, once again there was a significant increase in numbers of placements during the final quarter of the year. Similar to Older Peoples Services, there remains considerable uncertainty around the impact of the pandemic on longer-term demand for services and forecasting for future costs remains difficult heading into the new financial year.

In addition, pressure emerged in community based-care with a number of high-cost supported living placements being made by Adult Mental Health services over the course of the year. Mental Health care teams have experienced a significant increase in demand for Approved Mental Health Professional services, and it was anticipated this could result in increased provision of packages for working age adults with complex mental health needs.

Throughout the year services have been working to streamline processes and improve the client's journey through the financial assessments process so that their assessment can be completed in a more timely manner. The performance of the Financial Assessments Team facilitated resolution of a historic backlog of outstanding cases, and this significantly increased the overall level of income expected from clients contributing towards the cost of their care within Mental Health Services.

During 2021/22 care providers faced mounting cost pressures due to staffing shortages and price inflation and this is likely to worsen throughout 2022/23. Considering this, the council approved additional funding for uplifts paid to providers in 2021/22, which was partly funded through grant received from central government. The impact on Mental Health Services was £74k.

In addition, there was an underspend of £186k against the Section 75 contract primarily due to a number of long-term vacancies within the team.

6) Central Commissioning - Adults

Budget 2021/22 £'000	Actual £'000	Outturn Variance £'000	Outturn Variance %
28,887	28,450	-437	-2%

Central Commissioning – Adults has underspent by £437k in 2021/22. This is mostly (£314k) due to the decommissioning of six rapid discharge and transition cars as part of the wider homecare commissioning model. The long-term strategy is to decommission all the local authority funded cars, meeting the need for domiciliary care through other, more cost-effective means, such as:

- A sliding scale of rates with enhanced rates to support rural and hard to reach areas.
- Providers covering specific areas or zones of the county, including rural areas.
- Supporting the market in building capacity through recruitment and retention, as well as better rates of pay for care staff.

Another factor in the underspend is that a settlement relating to a block domiciliary care contract in 2018/19 was agreed at less than the provision made for it at the end of 2020/21. Therefore, the remainder of the provision (£90k) has been transferred back to revenue.

There have also been savings delivered on contracts that have been re-tendered during the year; housing related support and extra care contracts have both been retendered under new models, delivering more cost-effective provision.

7) Children in Care Placements

Budget 2021/22 £'000	Actual £'000	Outturn Variance £'000	Outturn Variance %
21,078	22,540	1,462	7%

External Placements Client Group	Budgeted Packages	31 Mar 2022 Packages	Variance from Budget
Residential Disability – Children	7	4	-3
Child Homes – Secure Accommodation	1	1	-
Child Homes – Educational	10	7	-3
Child Homes – General	35	44	+9
Independent Fostering	230	188	-42
Tier 4 Step down	0	2	+2
Supported Living	3	4	+1
Supported Accommodation	20	15	-5
16+	8	3	-5
TOTAL	**314**	**268**	**-46**

External Placements has ended the year with an over spend of just under £1.5m, which is in-line with the forecast the service have been reporting. This is as a result of continuing significant pressures within the sector. Specifically, changes in legislation from the 1st September which required all local authorities to ensure no young people in care under the age of 16 were placed in unregistered provision. The consequence of this has been a knock-on effect within the residential and fostering markets responding to increased demand as young people moved on from unregulated provision. This has led to a significant increase in the weekly cost for some placements. Also, we are seeing an increase in complexity of need within both existing and new placements. This increased demand, coupled with an overall shortage of availability, has led to price increases within the sector. These changes, on top of an overall shift from IFA to residential which we have been seeing throughout the financial year, and continuing price inflation on all placement types, have continued to present a high level of financial challenge. High-cost placements are reviewed regularly to ensure they are the correct level and step-downs can be initiated appropriately. We are also seeing the impact of small numbers of young people being discharged from Tier 4 mental health provision into high cost specialist care placements, where there is a statutory duty for the local authority to part fund. Demand for this placement type is also expected to rise.

8) Strategic Management - Communities and Partnerships

Budget 2021/22 £'000	Actual £'000	Outturn Variance £'000	Outturn Variance %
333	449	116	35%

An overspend in this area is due to unachieved business planning savings. Plans are being put together to ensure these are permanently made and allocated to services in 2022-23.

9) Public Library Services

Budget 2021/22 £'000	Actual £'000	Outturn Variance £'000	Outturn Variance %
3,824	4,020	195	5%

The Public Library service final outturn is £195k overspent, predominantly as a result in decreased income levels. The final position saw an improvement on the previously reported position due to increased income being secured from our commissioned services including the extension of the use of libraries as distribution centres for lateral flow tests to the end of March, and an increase in the Visa checking service. However the continued restriction on occupancy, and limited impact of the ventilation work to increase this, impacted on the ability to hire out library space through the financial year. The lack of this hire income represents the single biggest reduction in income, while general sale of items and library overdues also remain well down on pre-pandemic levels.

10) Registration & Citizenship Services

Budget 2021/22 £'000	Actual £'000	Outturn Variance £'000	Outturn Variance %
-634	-785	-151	-24%

The Registrars service outturn position is an overall underspend of -£151k, due to an over recovery of income received compared to budgeted level (-£72k) and in addition an underspend due to vacancies within the service (-£79k).

11) Coroners

Budget 2021/22 £'000	Actual £'000	Outturn Variance £'000	Outturn Variance %
1,882	1,981	159	9%

The Coroners Service has a year-end outturn overspend of £159k.

This can be attributed to Covid-19. This is a result of:

- Required changes to venues to make them Covid-19 compliant.
- The need for increased staff capacity to manage the number of inquests necessary in a timely manner.
- Post mortems being charged at a higher rate due increased risk posed by Covid-19.

12) Strategic Management - Children & Safeguarding

Budget 2021/22 £'000	Actual £'000	Outturn Variance £'000	Outturn Variance %
6,058	3,583	-2,475	-41%

Strategic Management – Children and Safeguarding has a year-end outturn underspend of -£2.475m. This is an increase of £275k since the end of Feb 2022 predominantly due to the inability to fill Social Worker vacancies, both substantive and agency, as planned.

There was an over achievement of the vacancy savings target across the service due to a combination of the difficulty in recruiting to Social Worker posts and also posts becoming vacant with recruitment to vacancies taking longer than anticipated in the current climate. An internal restructure also contributed to the overall position.

13) Fostering and Supervised Contact Services

Budget 2021/22 £'000	Actual £'000	Outturn Variance £'000	Outturn Variance %
9,827	8,934	-893	-9%

The Fostering and Supervised Contact service has a year-end outturn underspend of -£893k.

This was due to the budget being built for a higher number of placements (236) than the service currently holds (190) and also a lower average cost than budgeted. Associated Foster Carer mileage claims are also lower than budgeted as a result of the pandemic.

14) Corporate Parenting

Budget 2021/22 £'000	Actual £'000	Outturn Variance £'000	Outturn Variance %
7,338	6,498	-840	-11%

Corporate Parenting has a year-end outturn underspend of -£840k.

In the UASC/Leaving Care budgets activity undertaken in the service to support moves for unaccompanied young people to lower cost, but appropriate accommodation, and the decision by the Home Office to increase grant allowances from 1 April 2020, and again on 1 April 2021, contributed to the improved budget position.

15) Children´s Disability Service

Budget 2021/22 £'000	Actual £'000	Outturn Variance £'000	Outturn Variance %
6,422	6,794	372	6%

Disability Social Care has a year-end outturn overspend of £373k.

This was due to the in-sourcing of Children's Homes which was taken on with a known £300k pressure from the previous provider. In addition to this, staff who TUPE'd over on the previous provider's Terms and Conditions, opted to apply for new vacancies advertised under the Council's Terms and Conditions,

causing additional budget pressures. Furthermore, under the Council's Terms and Conditions certain posts (e.g. night support staff) are entitled to 'enhancements' at an additional cost to the service.

Actions being taken:
Future funding requirements have been agreed for the 2022/23 Business Plan linked to additional savings targets in future years.

16) Adoption

Budget 2021/22 £'000	Actual £'000	Outturn Variance £'000	Outturn Variance %
5,610	5,295	-316	-6%

The Adoption Allowances budget has a year-end outturn underspend of -£316k.

During this reporting year the service had a number of young people in care turning 18 years old and for the majority of children this saw the special guardianship allowances paid to their carers ceasing. The Council also introduced a new allowance policy in April 2020 which clearly set out the parameters for new allowances and introduced a new means test in line with DfE recommendations that was broadly lower than the previous means test utilised by the Council.

17) Safeguarding East

Budget 2021/22 £'000	Actual £'000	Outturn Variance £'000	Outturn Variance %
3,632	3,416	-216	-6%

Safeguarding East has a year-end outturn underspend of -£215k in their team budgets.

This was in the main due to the impact of Covid-19 and subsequent restrictions being placed on contact and reduced activities. Some of the under spend was also linked to the implementation of the Family Safeguarding Model and the reduction in case numbers.

18) Strategic Management - Education

Budget 2021/22 £'000	Actual £'000	Outturn Variance £'000	Outturn Variance %
1,998	1,786	-212	-11%

Strategic Management – Education has a year-end underspend of -£212k. There was an over achievement of the vacancy savings target across the service due to recruitment to vacancies taking longer than anticipated in the current climate.

19) Outdoor Education (includes Grafham Water)

Budget 2021/22 £'000	Actual £'000	Outturn Variance £'000	Outturn Variance %
-77	492	569	-%

The Outdoor Centres has a year-end outturn overspend of £569k.

This is due to the loss of income as a result of school residential visits not being allowed until mid-May and a reduction in numbers following the relaxation of lockdown in order to adhere to Covid-19 guidance.

More than 50% of the centres' income is generated over the summer term and so the restricted business at the start of the financial year has a significant impact on the financial outlook for the year. Approximately 70% of the lost income until June can be claimed back through the local Government lost fees and charges compensation scheme. The figures above also includes income from the Job Retention Scheme for the small number of staff who were furloughed, and the year-end position has improved on earlier forecasts, in part due to the furlough payments being higher than expected.

20) Cambridgeshire Music

Budget 2021/22 £'000	Actual £'000	Outturn Variance £'000	Outturn Variance %
0	-160	-160	-%

The year-end position for Cambridgeshire Music was a £160k underspend, this has been due to a number of factors. The service was able to adapt to continued COVID restriction by offering alternative delivery models, which facilitated the return to pre covid income generation quicker than anticipated. However, restriction meant reduced partner work, and this had a knock-on impact of reduced costs (£67k). Additional £60k COVID recovery grant from the arts council supported a delayed internal restructure.

21) Redundancy & Teachers Pensions

Budget 2021/22 £'000	Actual £'000	Outturn Variance £'000	Outturn Variance %
3,727	3,498	-229	-6%

A £229k underspend as arisen due to the number of pension payment being made throughout the year has reduced. This has been difficult to predict due to delays in receiving the backing information.

22) SEND Financing DSG

Budget 2021/22 £'000	Actual £'000	Outturn Variance £'000	Outturn Variance %
67,319	82,275	14,956	22%

Due to the continuing increase in the number of children and young people with Education, Health and Care Plans (EHCPs), and the complexity of need of these young people, the overall spend on the High Needs Block element of the DSG funded budgets has continued to rise. Please note: The budgets in

these areas have been adjusted by £14.956m to reflect recoupment of funding for High Needs Places in academies and Further Education colleges by the Education and Skills Funding Agency (ESFA).

23) 0-19 Organisation & Planning

Budget 2021/22 £'000	Actual £'000	Outturn Variance £'000	Outturn Variance %
3,078	3,140	62	2%

0-19 Organisation and Planning has a year-end outturn overspend of £62k.

£283k pressure is a direct result of Covid restrictions, in particular lockdowns which led to the majority of children receiving remote education at home, which have meant that the number of penalty notices issued for children's unauthorised absences from school has reduced significantly. This is not expected to return to pre-pandemic levels this academic year. This pressure has increased to reflect the decreased numbers of penalty notices issued for term time holidays.

This has been partially offset by an underspend on the school's growth fund budget currently forecast to be £164k.

24) Home to School Transport - Special

Budget 2021/22 £'000	Actual £'000	Outturn Variance £'000	Outturn Variance %
14,862	16,184	1,322	9%

Home to School Special has a year-end outturn overspend of £1.322m. The overspend is due to the continuing demand for places at Special Schools and High Needs Units combined with an increase in complexity of transport need, often resulting in children being transported in individual taxis with a Passenger Assistant. This is again compounded by an underlying national issue of driver availability which is seeing less competition for tendered routes and therefore promoting increased costs. This year we have also had numerous contracts handed back by operators. This is unprecedented. Replacement tenders for those routes have then resulted in higher costs being charged by the new operator for the same service.

25) Children in Care Transport

Budget 2021/22 £'000	Actual £'000	Outturn Variance £'000	Outturn Variance %
1,585	1,740	155	10%

Children in Care transport has a year-end outturn overspend of £155k. This results from an increase in demand arising from an increasing shortage in local placements requiring children to be transported longer distances. There is also an underlaying national issue of driver availability which is seeing less competition for tendered routes and, therefore, promoting increased costs.

26) Home to School Transport - Mainstream

Budget 2021/22 £'000	Actual £'000	Outturn Variance £'000	Outturn Variance %
10,114	9,530	-584	-6%

Home to School Transport Mainstream has a year-end outturn underspend of £584k. The 2021/22 budget was based on 20/21 transport costs as the team were not able to tender routes due to Covid, resulting in increased costs. Tendering has resumed and route tendering was completed for September 2021 transport commitments. The underspend is a result of efficiencies found.

27) Executive Director

Budget 2021/22 £'000	Actual £'000	Outturn Variance £'000	Outturn Variance %
1,807	807	-1,000	-55%

A provision of £900k was made against this budget line on a one-off basis in 2021/22 for the costs of PPE needed to deliver a variety of services across social care and education services. When budgets were agreed for 2021/22 there was uncertainty about what, if any, PPE would be provided directly by government rather than the Council having to purchase it. The government subsequently confirmed that their PPE scheme would continue, and therefore PPE spend by the Council has been minimal. In additional, some income from the Contain Outbreak Management Fund for P&C staff time focussed on outbreak management is included within this final position.

28) Lost Sales, Fees & Charges Compensation

Budget 2021/22 £'000	Actual £'000	Outturn Variance £'000	Outturn Variance %
1,266	0	-1,266	-100%

In 2020/21 and 2021/22 a grant was made available from the Ministry of Housing Communities and Local Government (MHCLG) to compensate for lost sales, fees and charges income relating to the pandemic. Local authorities were expected to absorb losses up to 5% of budgeted sales, fees, and charges income, after which the government reimbursed 75p in every pound of relevant losses. P&C have seen significant income losses, especially in certain Education services and the Registration service in Communities. The compensation scheme has recently ended and following reconciliation we are now recognising the position within P&C.

29) Financing DSG

Budget 2021/22 £'000	Actual £'000	Outturn Variance £'000	Outturn Variance %
-76,405	-90,888	-14,482	-19%

Above the line within P&C, £76.4m is funded from the ring-fenced DSG. Net pressures will be carried forward as part of the overall deficit on the DSG.

30) SH STI Testing & Treatment - Prescribed

Budget 2021/22 £'000	Actual £'000	Outturn Variance £'000	Outturn Variance %
3,750	3,542	-208	-6%

Planned activity for GP Chlamydia screening services has not been achieved due to the ongoing impact of the pandemic and the primary care focus on the pandemic response. GP payments are made based on unit cost and activity and the underspend also includes the associated decreased laboratory analysis costs.

31) Integrated Lifestyle Services

Budget 2021/22 £'000	Actual £'000	Outturn Variance £'000	Outturn Variance %
2,380	2,083	-297	-12%

The underspend is partly as a result of reduced spend against the £400k Healthy Weight budget. This was new funding incorporated into the budget for 2021/22 and it has taken time to identify providers and commissioning routes especially with the focus on the pandemic, so we are only seeing part year spend against this budget in the current financial year resulting in an underspend of £112k. The remainder of the underspend is due to a combination of factors including £71k related to one off adjustments to income and spend in 2020/21, and £84k of income above budget in 2021/22.

32) Smoking Cessation GP & Pharmacy

Budget 2021/22 £'000	Actual £'000	Outturn Variance £'000	Outturn Variance %
683	384	-298	-44%

Planned activity and spend for Stop Smoking Services has not been achieved due to the ongoing impact of the pandemic and the GP involvement in the Vaccination Programme. GP payments are made based on unit cost and activity.

33) NHS Health Checks Programme - Prescribed

Budget 2021/22 £'000	Actual £'000	Outturn Variance £'000	Outturn Variance %
625	215	-410	-66%

GP Health Checks are commissioned from GPs and as with other GP commissioned services payment is based on unit cost and activity. Planned activity has not been achieved due to the ongoing impact of the pandemic and the GP involvement in the Vaccination Programme activity. Approval has been given for £407k to be used from Public Health reserves in 2022/23 to go some way to catching up on the checks missed throughout the pandemic.

34) Public Health Directorate Staffing and Running Costs

Budget 2021/22 £'000	Actual £'000	Outturn Variance £'000	Outturn Variance %
2,233	641	-1,592	-71%

The underspend on staffing and running costs is due to vacant posts and significant grant funding. The current national demand for Public Health specialists is making recruitment very difficult and repeat advertising is being required for some posts. In addition, many of the staff within the Public Health Directorate have focused much of their time on Outbreak Management work which is funded by the Contain Outbreak Management Fund grant.

35) Contain Outbreak Management Fund

Budget 2021/22 £'000	Actual £'000	Outturn Variance £'000	Outturn Variance %
9,678	8,760	-919	-9%

The Contain Outbreak Management Fund (COMF) is a series of large grant payments given to the Council across 2020/21 and 2021/22 to fund local Covid outbreak management activity. Funding from the grant which is contributing to current year spend in the Public Health Directorate is reflected in the detailed forecasts above, with the remaining contribution from the grant to Public Health Directorate costs across the lifespan of the funding to date reflected against the grant. Remaining COMF funding of £5.9m can be carried forward into 2022/23 for spend against future outbreak management activity including vaccine hesitancy work.

Appendix 4 – Capital Position

4.1 Capital Expenditure

Original 2021/22 Budget as per BP £'000	Scheme	Revised Budget for 2021/22 £'000	Actual Spend (Close) £'000	Outturn Variance (Close) £'000	Total Scheme Revised Budget £'000	Total Scheme Variance £'000
	Schools					
12,351	Basic Need - Primary	11,719	10,251	**-1,468**	199,036	-470
11,080	Basic Need - Secondary	5,822	4,672	**-1,149**	236,548	-20,929
665	Basic Need - Early Years	1,578	195	**-1,383**	7,273	-300
1,475	Adaptations	1,141	1,234	**93**	6,988	0
3,000	Conditions Maintenance	5,947	3,083	**-2,864**	24,215	0
813	Devolved Formula Capital	2,036	1,947	**-88**	7,286	0
2,894	Specialist Provision	3,367	1,856	**-1,512**	24,828	-193
305	Site Acquisition and Development	305	87	**-218**	455	0
1,000	Temporary Accommodation	1,000	603	**-397**	12,500	-350
675	Children Support Services	675	574	**-101**	5,925	0
12,029	Adult Social Care	10,719	5,167	**-5,552**	51,511	-400
3,353	Cultural and Community Services	4,064	1,361	**-2,703**	6,285	70
-5,957	Capital Variation	-5,805	0	**5,805**	-52,416	0
905	Capitalised Interest	905	175	**-730**	4,699	0
44,588	**Total P&C Capital Spending**	**43,473**	**31,206**	**-12,267**	**535,133**	**-22,573**

The schemes with significant variances (>£250k) either due to changes in phasing or changes in overall scheme costs can be found below:

Waterbeach Primary

Revised Budget for 2021/22 £'000	Outturn (Close) £'000	Outturn Variance (Close) £'000	Variance Last Month (Feb 22) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
341	110	-231	-291	60	-121	-110

Slippage of £110k due to the completion of S278 highways works and reinstatement of playing fields being scheduled for next financial year. Overall underspend on project of £181k.

Northstowe Secondary

Revised Budget for 2021/22 £'000	Outturn (Close) £'000	Outturn Variance (Close) £'000	Variance Last Month (Feb 22) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
537	114	-423	-287	0	0	-423

Slippage following further review and decision that the build element including the 6th Form provision is no longer required until 2024.

Alconbury Secondary & Special

Revised Budget for 2021/22 £'000	Outturn (Close) £'000	Outturn Variance (Close) £'000	Variance Last Month (Feb 22) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
1,545	1,891	346	-45	391	0	391

Slippage due to fees for design being further progressed than originally anticipated due to early enabling works.

New secondary capacity to serve Wisbech

Revised Budget for 2021/22 £'000	Outturn (Close) £'000	Outturn Variance (Close) £'000	Variance Last Month (Feb 22) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
1,984	789	-1,185	-1,384	199	0	-1,185

Slippage in the project after significant delays in the announcement by the Department for Education (DfE) of the outcome of Wave 14 free school applications. The secondary school approved in wave 14 will now be grant funded by the DfE through its Free Schools programme.
This project will now focus solely on the provision of a replacement Social, Emotional and Mental Health (SEMH) school which is currently operating from unsuitable leased accommodation in Wisbech.

LA Early Years Provision

Revised Budget for 2021/22 £'000	Outturn (Close) £'000	Outturn Variance (Close) £'000	Variance Last Month (Feb 22) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
1,365	8	-1,357	-1,265	-92	-300	-1,057

Slippage of £1,057 as a number of schemes have been delayed with works now expected in 2022/23. In total, a £300k underspend is expected, which offsets the additional funding request for conversion of the former Melbourn caretaker's accommodation for early years provision.

Meldreth Caretaker House

Revised Budget for 2021/22 £'000	Outturn (Close) £'000	Outturn Variance (Close) £'000	Variance Last Month (Feb 22) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
15	4	-11	165	-176	0	-176

Slippage as there was a delay to the anticipated start on site from January. The project is currently out to tender with an expected completion date of September 2022.

Condition, Suitability & Maintenance

Revised Budget for 2021/22 £'000	Outturn (Close) £'000	Outturn Variance (Close) £'000	Variance Last Month (Feb 22) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
5,947	3,083	-2,864	-2,313	-2,313	-853	-2,011

Slippage is due to a number of factors including the team not having capacity to advance schemes at a faster pace, material lead times, return tender rate from contractors being slow and delays in the completion of school condition surveys because of Covid. The forward plan of works relies on this survey data. The £2,011k slippage is DfE grant funding and will be carried forward into 2022/23 to address the maintenance and condition issues identified through the surveys.

Spring Common

Revised Budget for 2021/22 £'000	Outturn (Close) £'000	Outturn Variance (Close) £'000	Variance Last Month (Feb 22) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
1,495	1,218	-277	-75	-202	0	-277

Final account statement agreed and subsequently issued on the 8th November 2021. Savings have been realised against the cost allowances for items included in the risk register not being fully required to deliver the project.

Samuel Pepys

Revised Budget for 2021/22 £'000	Outturn (Close) £'000	Outturn Variance (Close) £'000	Variance Last Month (Feb 22) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
1,350	235	-1,115	-1,100	-15	0	-1,100

Slippage on the scheme during 2021/22 due to delays in being able to progress the planned purchase of a neighbouring site. That land acquisition has not happened this financial year.

Temporary Accommodation

Revised Budget for 2021/22 £'000	Outturn (Close) £'000	Outturn Variance (Close) £'000	Variance Last Month (Feb 22) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
1,000	603	-397	-350	-47	-397	0

There has been a significant reduction in the number of new temporary solutions required across the county, realising a £350k underspend in 2021/22.

Disabled Facility Grant

Revised Budget for 2021/22 £'000	Outturn (Close) £'000	Outturn Variance (Close) £'000	Variance Last Month (Feb 22) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
4,699	5,070	371	266	105	371	0

£371k overspend due to higher than anticipated expenditure in 2021/22, however this will be funded by specific additional Disabled Facility Grant (DFG).

Integrated Community Equipment Service

Revised Budget for 2021/22 £'000	Outturn (Close) £'000	Outturn Variance (Close) £'000	Variance Last Month (Feb 22) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
400	0	-400	-400	0	-400	0

A decision has been made not to capitalise £400k of eligible equipment spend.

Care Suites East Cambridgeshire

Revised Budget for 2021/22 £'000	Outturn (Close) £'000	Outturn Variance (Close) £'000	Variance Last Month (Feb 22) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
5,620	97	-5,523	-5,457	-66	0	-5,457

Slippage of £5,457k. The planning stages of the project involving the NHS and confirming the overall scope has continued to delay the commencement of the project.

Community Fund

Revised Budget for 2021/22 £'000	Outturn (Close) £'000	Outturn Variance (Close) £'000	Variance Last Month (Feb 22) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
3,194	765	-2,429	-1,510	-919	70	-2,499

The Community Fund has been fully committed in 2021/22, however as the approved schemes are at differing stages, this has resulted in slippage of £2,499k. The slippage will need to be carried forward into 2022/23 for those projects with longer construction/implementation timescales. Additional spend of £70k has been approved for one of the projects and will be funded by a specific section 106 contribution.

Libraries - Open access & touchdown facilities

Revised Budget for 2021/22 £'000	Outturn (Close) £'000	Outturn Variance (Close) £'000	Variance Last Month (Feb 22) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
355	41	-314	0	-314	0	-314

Project Work delayed due to Covid 19 restrictions and inability to use library space until restrictions eased, as well as delays in sourcing contractors for building works. Significant spend due in early part of 2022/23.

Other changes across all schemes (<250k)

Revised Budget for 2021/22 £'000	Outturn (Close) £'000	Outturn Variance (Close) £'000	Variance Last Month (Feb 22) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
		-1,575	-1,186	-389	-420	-1,155

Other changes below £250k make up the remainder of the scheme variance

P&C Capital Variation

The Capital Programme Board recommended that services include a variations budget to account for likely slippage in the capital programme, as it is sometimes difficult to allocate this to individual schemes in advance. The allocation for P&C's negative budget has been revised and calculated using the revised budget for 2021/22 as below. Slippage and underspends in 2021/22 resulted in the capital variations budget being fully utilised.

/Service	Capital Programme Variations Budget £000	Outturn Variance (Close) £000	Capital Programme Variations Budget Used £000	Capital Programme Variations Budget Used %	Revised Outturn Variance (Close) £000
P&C	-5,805	5,805	5,805	100%	0
Total Spending	-5,805	5,805	5,805	100%	0

4.2 Capital Funding

Original 2021/22 Funding Allocation as per BP £'000	Source of Funding	Revised Funding for 2021/22 £'000	Spend - Outturn (Close) £'000	Funding Outturn Variance (Close) £'000
0	Basic Need	976	663	-313
3,113	Capital maintenance	6,060	4,049	-2,011
813	Devolved Formula Capital	2,036	834	-1,205
0	Schools Capital	0	1,114	1,135
5,699	Adult specific Grants	4,699	5,070	371
16,409	S106 contributions	16,409	11,690	-4,719
0	Other Specific Grants	2,709	10	-2,699
0	Other Revenue Contributions	0	1,297	1,297
0	Capital Receipts	0	0	0
21,175	Prudential Borrowing	13,205	9,100	-4,105
-2,621	Prudential Borrowing (Repayable)	-2,621	-2,621	0
44,588	**Total Funding**	**43,473**	**31,206**	**-12,246**

Appendix 5a – People and Communities Savings Tracker 2021/22

Savings Tracker 2021-22

Quarter 4

Planned Savings 2021-22 £000	Forecast Savings 2021-22 £000					
-7,837	-1,122	-809	-647	-647	**-5,208**	**2,629**

Display?	RAG	Reference	Title	Description	Service	Committee	Original Saving 21-22	Current Forecast Phasing - Q1	Current Forecast Phasing - Q2	Current Forecast Phasing - Q3	Current Forecast Phasing - Q4	Forecast Saving 21-22	Variance from Plan £000	Direction of travel	Forecast Commentary
Y	Green	A/R.6.114	Learning Disabilities Commissioning	A programme of work commenced in Learning Disability Services in 2016/17 to ensure service-users had the appropriate level of care; some additional work remains, particularly focussing on high cost placements outside of Cambridgeshire and commissioning approaches, as well as the remaining part-year impact of savings made part-way through 2019/20.	P&C	Adults	-250	0	-62	-62	-126	-250	**0**	↔	Outcomes based commissioning saving delayed due to competing priorities for Commissioning during the pandemic. The delay is mitigated by the identification of out of county placements that should be 100% health funded.
Y	Amber	A/R.6.176	Adults Positive Challenge Programme - demand management	New Saving 21/22 £100k Carry-forward saving 20/21 £2,239k Through the Adults Positive Challenge Programme, the County Council has set out to design a new service model for Adult Social Care, which will continue to improve outcomes whilst also being economically sustainable in the face of the huge pressure on the sector. This is the second year of saving through demand management, building on work undertaken through 2019/20, focussing on promoting independence and changing the conversation with staff and service-users to enable people to stay independent for longer. The programme also has a focus of working collaboratively with partner organisations in 2020/21. In later years, the effect of the Preparing for Adulthood workstream will continue to have an effect by reducing the level of demand on services from young people transitioning into adulthood.	P&C	Adults	-2,339					-1,983	**356**	↔	In year saving on track. Brought forward demand management saving continues to be impacted by the pandemic, particularly in the Reablement workstream with the service continuing to support the NHS.
Y	Green	A/R.6.179	Mental Health Commissioning	A retender of supported living contracts gives an opportunity to increase capacity and prevent escalation to higher cost services, over several years. In addition, a number of contract changes have taken place in 2019/20 that have enabled a saving to be taken.	P&C	Adults	-24	-6	-6	-6	-6	-24	**0**	↔	Achieved
Y	Green	A/R.6.185	Additional block beds - inflation saving	Through commissioning additional block beds, referred to in A/R.5.005, we can reduce the amount of inflation funding needed for residential and nursing care. Block contracts have set uplifts each year, rather than seeing inflationary increases each time new spot places are commissioned.	P&C	Adults	-606	-152	-151	-152	-151	-606	**0**	↔	On track

Savings Tracker 2021-22

Quarter 4

Planned Savings 2021-22 £000	Forecast Savings 2021-22 £000					
-4,618	-964	-590	-427	-364	**-2,345**	**2,273**

RAG	Reference	Title	Description	Service	Committee	Original Saving 21-22	Current Forecast Phasing - Q1	Current Forecast Phasing - Q2	Current Forecast Phasing - Q3	Current Forecast Phasing - Q4	Forecast Saving 21-22	Variance from Plan £000	Direction of travel	Forecast Commentary
Amber	A/R.6.186	Adult Social Care Transport	Savings can be made in transport costs through a project to review commissioning arrangements, best value, route optimisation and demand management opportunities. This may require transformation funded resource to achieve fully.	P&C	Adults	-250	0	0	-15	-15	-30	**220**	↓	Potential savings have been identified through route optimisation. It is still expected that savings can be achieved, but the majority will be delayed until 22/23 because of the complexity of ensuring the route optimisation identified meets service users' needs. The level of savings that can be delivered through retendering is likely to be adversely impacted by the increase in fuel prices.
Green	A/R.6.187	Additional vacancy factor	Whilst effort is made to ensure all critical posts are filled within People and Communities, slippage in staffing spend always occurs. For many years, a vacancy factor has existed in P&C budgets to account for this; following a review of the level of vacancy savings achieved in recent years we are able to increase that vacancy factor.	P&C	Adults	-150	-40	-40	-40	-30	-150	**0**	↔	Achieved
Black	A/R.6.188	Micro-enterprises Support	Transformation funding has been agreed for new approach to supporting the care market, focussing on using micro-enterprises to enable a more local approach to domiciliary care and personal assistants. As well as benefits to an increased local approach and competition, this work should result in a lower cost of care overall.	P&C	Adults	-30	0	0	0	0	0	**30**	↔	Delivery of the saving has been delayed by the pandemic and is now being taken forward as part of the Care Together programme.
Green	A/R.6.210	Unaccompanied Asylum Seeking Young People: Support Costs	During 2020/21, the Government increased the weekly amount it provides to local authorities to support unaccompanied asylum seeking young people. This means that the grant now covers more of the costs of meeting the accommodation and support needs of unaccompanied asylum seeking young people and care leavers. Accordingly, it is possible to make a saving in the contribution to these costs that the Council has historically made from core budgets of £300K per annum. Also the service has worked to ensure that placement costs are kept a minimum, without compromising quality, and that young people move from their 'care' placement promptly at age 18 to appropriately supported housing provision.	P&C	C&YP	-300	-75	-75	-75	-75	-300	**0**	↔	Achieved

Savings Tracker 2021-22

Quarter 4

Planned Savings 2021-22 £000	Forecast Savings 2021-22 £000					
-3,888	-849	-475	-297	-244	**-1,865**	**2,023**

RAG	Reference	Title	Description	Service	Committee	Original Saving 21-22	Current Forecast Phasing - Q1	Current Forecast Phasing - Q2	Current Forecast Phasing - Q3	Current Forecast Phasing - Q4	Forecast Saving 21-22	Variance from Plan £000	Direction of travel	Forecast Commentary
Green	A/R.6.211	Adoption and Special Guardianship Order Allowances	A reduction in the number of children coming into care , due to implementation of the Family Safeguarding model and less active care proceedings, means that there are fewer children progressing to adoption or to permanent arrangements with relatives under Special Guardianship Orders. This in turn means that there are fewer carers who require and/or are entitled to receiving financial support in the form of adoption and Special Guardianship Order allowances.	P&C	C&YP	-500	-125	-125	-125	-125	-500	**0**	↔	On track
Green	A/R.6.212	Clinical Services; Children and young people	Changes to the clinical offer will include a reduction in clinical staff input in the Family Safeguarding Service (previously social work Units) due to changes resulting form the implementation of the Family Safeguarding model, including the introduction of non-case holding Team Managers and Adult practitioners. Additional investment is to be made in developing a shared clinical service for Cambridgeshire and Peterborough for corporate parenting, however a residual saving of £250k can be released. In 2022-23 this will be re-invested in the Family Group Conferencing Service (see proposal A/R.5.008)	P&C	C&YP	-250	-62	-62	-62	-64	-250	**0**	↔	Achieved
Black	A/R.6.255	Children in Care - Placement composition and reduction in numbers	Through a mixture of continued recruitment of our own foster carers (thus reducing our use of Independent Foster Agencies) and a reduction in overall numbers of children in care, overall costs of looking after children and young people can be reduced in 2021/22.	P&C	C&YP	-246	0	0	0	0	0	**246**	↔	Due to increasing pressure around placement mix and complexity of need, we do not anticipate meeting this saving target. It is expected that underspends within Childrens Social Care will offset the unachieved savings.
Black	A/R.6.266	Children in Care Stretch Target - Demand Management	Please see A/R.6.255 above.	P&C	C&YP	-1,000	0	0	0	0	0	**1,000**	↔	Due to increasing pressure around changes in placement mix and complexity of need, we do not anticipate meeting this saving target. It is expected that underspends within Childrens Social Care will offset the unachieved savings.

Savings Tracker 2021-22

Quarter 4

Planned Savings 2021-22 £000	Forecast Savings 2021-22 £000					
-1,892	-662	-288	-110	-55	**-1,115**	**777**

RAG	Reference	Title	Description	Service	Committee	Original Saving 21-22	Current Forecast Phasing - Q1	Current Forecast Phasing - Q2	Current Forecast Phasing - Q3	Current Forecast Phasing - Q4	Forecast Saving 21-22	Variance from Plan £000	Direction of travel	Forecast Commentary
Green	A/R.6.267	Children's Disability: Reduce overprescribing	The Children's Disability 0-25 service has been restructured into teams (from units) to align with the structure in the rest of children's social care. This has released a £50k saving on staffing budgets. In future years, ways to reduce expenditure on providing services to children will be explored in order to bring our costs down to a level closer to that of our statistical neighbours.	P&C	C&YP	-50	-50				-50	**0**	↔	Achieved
Green	A/R.6.268	Transport - Children in Care	The impact of ongoing process improvements in the commissioning of transport for children in care.	P&C	C&YP	-300	-300	0	0	0	-300	**0**	↔	Savings taken at budget build so considered achieved. Additional pressures coming through to the service which are being addressed in FMR.
Amber	A/R.6.269	Communities and Partnership Review	A review of services within C&P where efficiencies, or increased income, can be found.	P&C	C&P	-200	-25	-25	-25	-25	-100	**100**	↓	Under Review
Amber	A/R.7.105	Income from utilisation of vacant block care provision by self-funders	Carry-forward saving - incomplete in 20/21. We currently have some vacancies in block purchased provision in care homes. Income can be generated to offset the vacancy cost by allowing people who pay for their own care to use these beds	P&C	Adults	-150	-37	-13	-10	0	-60	**90**	↔	Annual in-year savings target of £150k not fully achieved.

Savings Tracker 2021-22

Quarter 4

Planned Savings 2021-22 £000	Forecast Savings 2021-22 £000					
-1,192	-250	-250	-75	-30	**-605**	**587**

RAG	Reference	Title	Description	Service	Committee	Original Saving 21-22	Current Forecast Phasing - Q1	Current Forecast Phasing - Q2	Current Forecast Phasing - Q3	Current Forecast Phasing - Q4	Forecast Saving 21-22	Variance from Plan £000	Direction of travel	Forecast Commentary
Red	A/R.7.106	Client Contributions Policy Change	Carry-forward saving - incomplete in 20/21 In January 2020, Adults Committee agreed a set of changes to the charging policy for adult social care service-user contributions. We expect this to generate new income of around £1.4m in 2020/21, and are modelling the full-year impact into 2021/22.	P&C	Adults	-1,192	-250	-250	-75	-30	-605	**587**	↔	Ongoing difficulties in recruitment have continued to delay the reassessments project. The shortfall in savings delivery is fully mitigated in the forecast by increases in client contributions not directly linked with reassessments.

Key to RAG ratings:

Total saving	Over £500k	100-500k	Below 100k
Black	100% non-achieving	100% non-achieving	100% non-achieving
Red	% variance more than 19%	-	-
Amber	Underachieving by 14% to 19%	% variance more than 19%	% variance more than 19%
Green	% variance less than 14%	% variance less than 19%	% variance less than 19%
Blue	Over-achieving	Over-achieving	Over-achieving

Appendix 5b – Public Health Savings Tracker 2021/22

Savings Tracker 2021-22

Quarter 4

	Planned Savings 2021-22 £000	Forecast Savings 2021-22 £000					
	-80	-20	-20	-20	-20	**-80**	**0**

RAG	Reference	Title	Description	Service	Committee	Original Saving 21-22	Current Forecast Phasing - Q1	Current Forecast Phasing - Q2	Current Forecast Phasing - Q3	Current Forecast Phasing - Q4	Forecast Saving 21-22	Variance from Plan £000	Direction of travel	Forecast Commentary
Green	E/R.6.033	Drug & Alcohol service - funding reduction built in to new service contract	This saving has been built into the contract for Adult Drug and Alcohol Treatment Services which was awarded to Change Grow Live (CGL) and implemented in October 2018. The savings are being achieved through a new service model with strengthened recovery services using cost effective peer support models to avoid readmission, different staffing models, and a mobile outreach service.	PH	Health	-63	-16	-16	-16	-16	-63	**0**	↔	
Green	E/R.6.043	Joint re-procurement of Integrated Lifestyle Services	Carry-forward saving - incomplete in 20/21 Delivery of this saving has been delayed due to Covid-19 Re-commissioning of the integrated lifestyle services as one service across Cambridgeshire and Peterborough. Peterborough City Council will delegate authority to Cambridgeshire County Council to commission, contract and performance manage the new provider.	PH	Health	-17	-4	-4	-4	-4	-17	**0**	↔	

Key to RAG ratings:

Total saving	Over £500k	100-500k	Below 100k
Black	100% non-achieving	100% non-achieving	100% non-achieving
Red	% variance more than 19%	-	-
Amber	Underachieving by 14% to 19%	% variance more than 19%	% variance more than 19%
Green	% variance less than 14%	% variance less than 19%	% variance less than 19%
Blue	Over-achieving	Over-achieving	Over-achieving

6.1.1 The table below outlines the additional P&C grant income, which is not built into base budgets.

Grant	**Awarding Body**	**Amount £'000**
Grants as per Business Plan		
Public Health	Department of Health and Social Care (DHSC)	270
Improved Better Care Fund	Ministry of Housing, Communities and Local Government (MHCLG)	14,725
Infection Control, Testing and Vaccine Funding	DHSC / UK Health Security Agency	11,265
Unaccompanied Asylum Seekers	Home Office	4,212
Workforce recruitment and retention for Adult Social Care	DHSC	2,905
Adult Skills Grant	Education & Skills Funding Agency	2,639
Troubled Families	MHCLG	1,081
Opportunity Area	Department for Education (DfE)	655
Youth Offending Good Practice Grant	Youth Justice Board	609
Adult Social Care Omicron Support Fund	DHSC	486
Social Care in Prisons Grant	MHCLG	356
Out of Hospital Models for People Experiencing Rough Sleeping	DCLG	332
Community Discharge Grant	NHS England	303
The British Library Board	British Library Board	235
Staying Put	DfE	210
Crime and Disorder Reduction Grant	Police & Crime Commissioner	205
The Library Presents	Arts Council	177
Personal Advisor Support to Care Leavers & Homelessness	DfE	139
Non-material grants (+/- £160k)	Various	296
Total Non-Baselined Grants 21/22		**41,099**
Financing DSG	Education & Skills Funding Agency	76,405
Total Grant Funding 21/22		**117,504**

The non-baselined grants are spread across the P&C directorates as follows:

Directorate	Grant Total £'000
Adults & Safeguarding	15,384
Commissioning	14,988
Children & Safeguarding	5,811
Education	868
Community & Safety	736
Communities and Partnerships	3,311
TOTAL	**41,099**

6.1.2 The table below outlines the additional Public Health grant income, which is not built into base budgets.

Grant	Awarding Body	Amount £'000
Grants as per Business Plan		
Public Health	Department of Health and Social Care (DHSC)	26,786
Test and trace Service support Grant	UK Health Security Agency	1,064
Rough Sleeping Drug and Alcohol Treatment	Department for Levelling Up, Housing and Communities / DHSC	404
Contain Outbreak Management Fund	DHSC	9,678
Lateral Flow Testing Grant	DHSC	2,409
Enduring Transmission	UK Health Security Agency	791
Substance Misuse for Crime and Disorder Reduction Grant	DHSC / Home Office	94
Total Non-Baselined Grants 21/22		**41,226**
Total Grant Funding 21/22		**41,226**

The non-baselined grants are spread across the Public Health directorates as follows:

Directorate	Grant Total £'000
Public Health	40,728
Drugs & Alcohol	498
TOTAL	**41,226**

6.2.1 Virements and Budget Reconciliation (P&C)

(Virements between P&C and other service blocks)

	Eff. Period	£'000	Notes
Budget as per Business Plan		**302,530**	
Multiple Directorates (across A&S, Comm and C&S)	Apr	-177	Recruitment transfer to HR
Multiple Directorates (all)	Apr	-164	Permanent element of 2021-26 BP mileage saving C/R.6.104
Multiple Directorates (all)	May	-93	Centralisation of postage budget
Redundancy & Teachers Pensions	May	846	Redundancy, Pensions CS budget move to P&C
ICT Service (Education)	May	-200	ICT Service (Education) - moved from C&I
Fostering & Supervised Contact Services	June	-21	Comms staff transfer
Across Strategic Management - Adults and Coroners	June	-2,411	Budget re-baselining
Multiple Directorates (all)	July	-234	2021/22 Q1 Mileage Savings
P&C Executive Director	Aug	-7	Allocating temporary PPE Budget to Property
Children's Disability Service	Oct	-93	Transferring three Property budgets from P&C to Corporate services
Multiple Directorates (all)	Oct	-205	2021/22 Q2 Mileage Savings
Multiple Directorates (all)	Jan	-200	2021/22 Q3 Mileage Savings
Domestic Abuse and Sexual Violence Service	Mar	1,140	Domestic Abuse Act Statutory Duty Funding 21/22 income budget to Corporate Grants (un-ringfenced grant)
Multiple Directorates (all)	Mar	512	Insurance virements 21/22
Multiple Directorates (all)	Mar	-227	2021/22 Q4 Mileage Savings
Multiple Directorates (all)	Mar	1,554	Funding for 2021/22 Pay Award - 1.75% for Local Government Services Employees
Multiple Directorates (all)	Mar	-27	Adjust PH income budget to match revised MoU
Budget 21/22		**302,523**	

6.2.2 Virements and Budget Reconciliation (Public Health)

(Virements between Public Health and other service blocks)

	Eff. Period	£'000	Notes
Budget as per Business Plan		**0**	
Budget 21/22			

6.3 P&C Earmarked Reserve Schedule

Budget Heading	Opening Balance 2021/22 £'000	Movements 2021/22 £'000	Year End Balance £'000	Reserve Description
Principal Social Worker, Practice and Safeguarding	114	-1	114	Funding for a support team for care homes during the Covid period and aftermath. The costs of this team have now been built into the Business Plan on an ongoing basis once the reserve funding has been utilised.
Shorter Term Support and Maximising Independence	0	1	1	Miscellaneous balance to be cleared to revenue in 2022/23
Strategic Management - Adults	5,526	5,796	11,322	Two significant reserve balances approved by Strategy & Resources Committee (or its predecessor General Purposes Committee) - £5.5m hospital discharge reserve, plus £4.7m relating to mitigating risks in adult social care through 2022/23 as the long term effects of the pandemic on budgets are fully determined.
Adoption	96	-46	50	Funding to cover CCC legacy adoption costs following transition to a Regional Adoption Agency.
Early Help District Delivery Service – North	127	-16	110	Historical project funding for youth projects from x4 Early Help North Districts. To be used 2022-24
Early Help District Delivery Service – South	109	-8	101	Historical project funding for youth projects from x3 Early Help South Districts. Usage to be reviewed in 2021/22 and to be used 2022-24
Strategic Management - Children & Safeguarding	200	90	290	Residual Social Care Grants
Youth Offending Service	137	-43	94	£94k funding to provide ongoing support to the SAFE Team
Commissioning Services	175	-175	0	Application of reserves to support occupational therapy contract costs
Mental Health Commissioning	17	-17	0	Mental Health Winter Pressures funding now fully utilised
Archives	234	0	234	Funds agreed for Employment Tribunal heard Jan 2022, outcome awaited. Remainder to be contributed to CCC overall saving target (approx. 185k).
Cambridgeshire Skills	670	1,027	1,697	Reserve to support required upgrades, development and as a mitigation against future changes in grant allocation
Coroners	375	0	375	Agreed reserve for anticipated high cost inquests
Cultural Services	1	0	1	Remainder of funds from the TLP formerly Arts Alive programme - to be transferred to revenue to purchases TLP equipment in 22/23

Budget Heading	Opening Balance 2021/22 £'000	Movements 2021/22 £'000	Year End Balance £'000	Reserve Description
Public Library Services	6	10	15	Engage funds
Registration & Citizenship Services	175	150	325	Smoothing reserve to allow for high number of ceremonies booked more than one year in advance, where costs will fall into future years, with less income also falling into future years as a result.
Strategic management - Communities and Partnerships	101	-101	0	Application of reserves to meet revenue costs
Trading Standards	361	36	396	Proceeds of Crime Reserve
Youth and Community Services	50	178	228	£35k reserve policy for future NCS redundancies & £15k for Social Mobility of CYP in East Cambs. Carry forward of unspent NCS grant, planned activities to take place in 22/23
0-19 Organisation & Planning	84	-15	69	Art Collection Restoration Fund. Providing cultural experiences for children and young people in Cambridgeshire
Cambridgeshire Music	0	170	170	Reserve to support required works to former School building to make suitable for service
Strategic Management - Education	0	65	65	Reserve to support identified redundancy and costs associated with an employment issue.
P&C Executive Director	90	-90	0	Transfer of historic earmarked reserve to Children & Safeguarding
Pools and Contingencies	207	32	239	Schools absence and contingency schemes
Schools Financing	99	-55	43	Residual school facing grants
Schools	2,459	120	2,578	Thomas Clarkson Building Schools for the Future PFI and Pilgrim Pathways carryforward
TOTAL EARMARKED RESERVES	**11,412**	**7,106**	**18,518**	

(+) positive figures represent surplus funds.
(-) negative figures represent deficit funds.

6.4 Public Health Earmarked Reserve Schedule

Budget Heading	Opening Balance 2021/22 £'000	Movements 2021/22 £'000	Year End Balance £'000	Reserve Description
Children's PH	319	-123	196	Including Better Start in Life
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	804	0	804	Anticipated spend over 3 years to 2024/25
NHS Healthchecks Programme	270	137	407	Funding to increase the number of health checks that can be undertaken in 2022-23 to catch up with some of the missed checks during the pandemic.
Cambs PH Integration Strategy	140	-140	0	No longer required as work is complete
Covid Recovery Survey	0	368	368	Annual survey for 3 years to assess long term covid impact
Support to families of children who self- harm	0	102	102	Anticipated spend over 2 years to 2023/24
Gypsy Roma and Travelers Education Liaison officer	0	48	48	Anticipated spend over 2 years to 2023/24
Psychosexual counselling service	0	69	69	Anticipated spend over 2 years to 2023/24
Primary Care LARC training programme	0	60	60	Long-Acting Reversible Contraception (LARC) training programme for GPs and Practice Nurses
Tier 3 Weight Management Services post covid	0	1,465	1,465	To increase capacity of weight management services over 3 years
Smoking in pregnancy	0	220	220	To fund work to decrease smoking in pregnancy
Public Mental Health Manager	0	105	105	Anticipated spend over 2 years to 2023/24
Effects of planning policy on health inequalities	0	170	170	Anticipated spend in 2022/23
Strategic Health Improvement Manager	0	165	165	Anticipated spend over 2 years to 2023/24
Public Health Manager – Learning Disability	0	105	105	Anticipated spend over 2 years to 2023/24
Training for Health Impact Assessments	0	45	45	Agreed as part of 2022/23 Business Plan
Health related spend elsewhere in the Council	0	1,000	1,000	Agreed as part of 2022/23 Business Plan to be spent over 3 years to 2024/25
Public Health – Grant	2,668	83	2,751	Uncommitted PH reserves
TOTAL EARMARKED RESERVES	**4,624**	**3,879**	**8,503**	

(+) positive figures represent surplus funds.
(-) negative figures represent deficit funds.

Finance Monitoring Report – May 2022/23

To:	Adults and Health Committee
Meeting Date:	14 July 2022
From:	Executive Director of People & Communities Director of Public Health Chief Finance Officer
Electoral division(s):	All
Key decision:	Yes
Forward Plan ref:	2022/081
Outcome:	The committee should have considered the financial position of services within its remit as at the end of May 2022 and the use of unallocated Public Health reserves
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 May 2022; and ii. approve the use of £2.55m from Public Health reserves as set out in section 2.7.

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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 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 May, both Adults and Safeguarding (including Adults Commissioning), and Public Health, are forecasting balanced budgets for 2022-23:

Table 1: Budget and forecast position summary at end of May 2022

Directorate	Budget 2021/22 £000	Actual May 22 £000	Forecast Outturn Variance £000
Adults & Safeguarding	188,604	25,094	0
Adults Commissioning (including Local Assistance Scheme)	20,094	1,031	0
Public Health (excl. Children's Health)	27,883	-1,293	0
Total Expenditure	**236,581**	**24,832**	**0**
Grant Funding (including Improved Better Care Fund, Public Health Grant etc.)	-45,642	-17,133	0
Total	**190,939**	**7,698**	**0**

2.2 As the impact of the pandemic continues, there remains uncertainty around the forecast position as we commence the 2022/23 financial year. It is particularly unclear if, and at what point, demand-led budgets will return to expected levels of growth in spend. We will continue to keep activity and spend levels under review to determine if demand growth is returning to pre-pandemic levels or increasing faster or more slowly.

2.3 The budgets set as part of the Business Plan for 2022-23 have been revisited to reflect changes in demand seen up to 31 March 2022 and known pressures. Budget adjustments were approved by Strategy and Resources Committee at its June meeting. The budgets for Adults & Safeguarding have been reset with the following adjustments:

Budget change for 2022/23 – Adults & Safeguarding	Amount £
Rebaselining of Adult Social Care budgets, including demand projections, use of IBCF grant and allocation of market sustainability grant	-3,525,000
	-3,525,000

2.4 For Public Health, the PH grant increase for 2022/23 is £776k. This has been allocated for spend within the PH Directorate as follows:

Budget change for 2022/23 – Public Health	Amount £
Child weight management services	350,000
Public Health inflation	275,578
Inflationary and provider uplifts	150,000
	775,578

2.5 For ease, the main summary sections of the FMR are replicated below in section 2.6.

2.6 Taken from sections 1.4 and 1.5 of the May FMR:

Adults

2.6.1 Like councils nationally, Adult Services in Cambridgeshire has faced rising costs for several years. This has been due to increasing numbers of people being supported, and 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).

2.6.2 The pandemic shifted the cost trends we have been seeing, particularly impacting demand for home care provision for Older People which has not been growing at pre pandemic rates. However, the cost of provision has continued to rise and the pandemic, followed by the current cost of living crisis, have placed further cost pressures on to providers and the Council.

2.6.3 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 of 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.

2.6.4 Workforce difficulties are widespread in the care sector and the Council provided additional funding through the budget for 2022/23 to help to go some way to address these issues with care providers. However, the recruitment and retention issues in the care sector are a long term national issue to be addressed nationwide. The government's social care reforms are due to take effect in October 2023. These will require additional social care and financial assessments staff within the Council to deal with the increased number of assessments the reforms will generate. Recruitment to these posts will be challenging against a backdrop of the current high level of vacant posts, current recruitment difficulties and a national shortage of staff experienced in these roles.

2.6.5 Care providers are continuing to report cost pressures related to both workforce issues and the current cost of living rises. These are putting pressure on uplift budgets across all care types. In addition, the position of the care market, particularly related to workforce issues, is making some placements more difficult to source particularly at the more complex end of provision. This puts further pressure on costs.

2.6.6 In line with the government's social care reform agenda the Council is currently undertaking "fair cost of care" exercises with both homecare and care home providers. It is anticipated that the outcomes of these exercises nationwide will be a gap for some Councils between what is currently paid and the newly assessed "fair cost of care". Whilst we have some funding from government for 2022/23 to start to close this gap, there may well be a pressure to be addressed over the coming years to reach a point where care providers are paid the "fair cost of care".

2.6.7 Hospital Discharge systems continue to be pressured and NHS funding for discharge pathways ended in March 2022. The medium-term recovery of clients assessed as having primary health needs upon hospital discharge return to social care funding streams and this will increase our costs from 2021/22.

2.6.8 Work has started to understand future demand, cost pressures and the financial implications of the social care reforms. This work will feed into business planning for 2023-24 and beyond.

Public Health

2.6.9 The Public Health Directorate is funded wholly by ringfenced grants, mainly the Public Health Grant. The work of the Directorate was severely impacted by the pandemic, as capacity was re-directed to outbreak management, testing, and infection control work. However, the majority of the pandemic work has now come to an end and the Directorate is focussed on returning business as usual public health activity to full capacity as soon as possible and addressing issues arising from the pandemic which have impacted on the health of the County's population.

2.6.10 At the end of May, the Public Health Directorate is forecasting a balanced budget. However, there are continuing risks to this position:

i) much of the Directorate's spend is contracts with, or payments to, the NHS for specific work. The NHS re-focus on the pandemic response and vaccination reduced activity-driven costs to the PH budget throughout 2020/21 and 2021/22 and it may take some time for activity levels to return to pre pandemic levels;
ii) the unprecedented demand for Public Health staff across the country has meant recruitment has been very difficult through the pandemic resulting in underspends on staffing budgets. This position may continue into 2022/23.
iii) The recruitment challenges are reflected in our provider services which has affected their ability to deliver consistently.

2.6.11 Detailed financial information for Public Health is contained in Appendix 2, with Appendix 3 providing a narrative from those services with a significant variance against budget.

2.7 Request for use of Public Health reserves

2.7.1 At the end of 2021/22 the Public Health Directorate had an underspend of £4m which was transferred to Public Health reserves. As a result, the Public Health reserve balance at the start of the current financial year stood at £8.5m, of which £5.75m was committed to specific projects, and £2.75m was uncommitted. Two further amounts totalling £156k of reserve funding have been committed since that time with the approval of the Chief Finance Officer under approval rules allowed in the Constitution. These relate to:

i) Training Programme Manager for eating disorders - £78k for spend over 2 years; and
ii) Public Health Children's Manager - £78k for spend over 2 years.

2.7.2 This leaves a balance of uncommitted reserves of £2.6m. Details of current committed and uncommitted reserves are summarised in the table below:

Public Health Earmarked Reserve Schedule May 2022

Budget Heading	Opening Balance 2022/23 £'000	Movements 2022/23 £'000	Current Balance £'000	Reserve Description
Children's PH	196	0	196	Including Better Start in Life
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	804	0	804	Anticipated spend over 3 years to 2024/25
NHS Healthchecks Programme	407	0	407	Funding to increase the number of health checks that can be undertaken in 2022-23 to catch up with some of the missed checks during the pandemic.
Covid Recovery Survey	368	0	368	Annual survey for 3 years to assess long term covid impact
Support to families of children who self- harm	102	0	102	Anticipated spend over 2 years to 2023/24
Gypsy Roma and Travelers Education Liaison officer	48	0	48	Anticipated spend over 2 years to 2023/24
Psychosexual counselling service	69	0	69	Anticipated spend over 2 years to 2023/24
Primary Care LARC training programme	60	0	60	Long-Acting Reversible Contraception (LARC) training programme for GPs and Practice Nurses
Tier 3 Weight Management Services post covid	1,465	0	1,465	To increase capacity of weight management services over 3 years
Smoking in pregnancy	220	0	220	To fund work to decrease smoking in pregnancy
Public Mental Health Manager	105	0	105	Anticipated spend over 2 years to 2023/24
Effects of planning policy on health inequalities	170	0	170	Anticipated spend in 2022/23
Strategic Health Improvement Manager	165	0	165	Anticipated spend over 2 years to 2023/24
Public Health Manager – Learning Disability	105	0	105	Anticipated spend over 2 years to 2023/24
Training for Health Impact Assessments	45	0	45	Agreed as part of 2022/23 Business Plan
Training programme manager – eating disorders	0	78	78	Anticipated spend over 2 years to 2023/24
Public Health Children's Manager	0	78	78	Anticipated spend over 2 years to 2023/24
Health related spend elsewhere in the Council	1,000	0	1,000	Agreed as part of 2022/23 Business Plan to be spent over 3 years to 2024/25
Public Health – Grant	2,751	-156	2,595	Uncommitted PH reserves
TOTAL EARMARKED RESERVES	**8,503**	**0**	**8,503**	

2.7.3 The Council's Public Health team have been reviewing the potential usage of the uncommitted reserves balance that has arisen as a result of the underspend in 2021/22, and have put forward proposals for work to reduce health inequalities and help the pandemic recovery. Proposals totalling £2.55m of spend over the next 3 years from the current £2.6m of uncommitted reserves are set out below for consideration. This would leave an uncommitted PH reserve balance of just £45k.

2.7.4 The approval of spend from reserves is usually a decision for Strategy and Resources Committee. However, S&R committee have delegated approval of the use of the current £2.6m uncommitted Public Health reserve balance to Adults and Health committee. This committee is recommended to approve the following proposals for use of the uncommitted Public Health reserves. Further details of the proposals are set out below.

Ref	Proposal	Total Cost	Timeline
2.7.5	Tier 2 Adult Weight Management Services	£220,000	2 years
2.7.6	Income maximisation	£300,000	1 year
2.7.7	Stay Well/Winter Warmth	£100,000	1 year
2.7.8	Sexual and Reproductive Health Needs Assessment	£50,000	1.5 years
2.7.9	Social Marketing Research and Campaigns	£500,000	2 years
2.7.10	Voluntary Sector Support for the Health and Well Being Strategy	£50,000	1 year
2.7.11	Support for Primary Care Prevention	£800,000	2 years
2.7.12	Support for Prisoners Rehabilitation into the Community	£50,000	1 year
2.7.13	Improving residents' health literacy skills to improve health outcomes	£450,000	3 years
2.7.14	Traveller Health	£30,000	3 years
	TOTAL	**£2,550,000**	**Non-recurring**

2.7.5 Tier 2 Adult Weight Management Services

The COVID-19 pandemic has increased obesity prevalence across all ages. This proposal is for funding to address the increased demand for Tier 2 weight management services. These are for people who are overweight or obese and support is offered in groups either from the commissioned Lifestyle Service or Slimming World along with a digital offer. NHS England is currently funding GPs for every referral they make to weight management services which has contributed to the increased demand. NHS England has also provided funding for additional capacity for Tier 2 weight management services which will end in July 2022. The funding request is to maintain the capacity afforded by the NHS England funding which has enabled around an additional 800 people to access the service in one year.

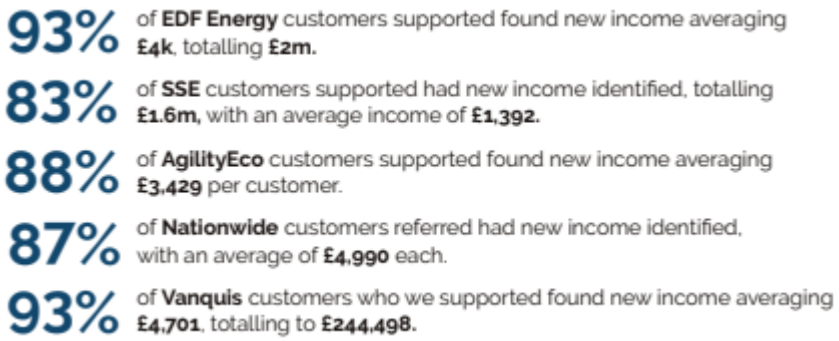
Requested funding: £120,000 pa for 2 years. Total: £220,000

2.7.6 Income Maximisation

This proposal is in response to the growing cost of living crisis, particularly in respect of substantially raised fuel bills and other inflation. In response, financial support has been (and continues to be) made available through the government-funded Household Support Fund. However, this scheme is widely recognised as a short-term, 'sticking plaster' approach and does address the chronic poverty and low incomes that are experienced by increasing numbers.

To attempt to address this, the Council identified £1million in its 2022/23 budget for a local version of the Household Support Fund. This fund has been co-designed with partners in district councils and the voluntary and community sector and informed by feedback from beneficiaries of the HSF 21/22. Free from the constraints of the national fund, our local approach intends to ensure those in need are aware of and utilising the full range of benefits and services available to them. As such our 'co-ordination hub' will make those in need aware of (and facilitate applications to), services such as free school meals, Healthy Start, free childcare offers, warm home discounts, Council Tax reduction schemes and more. At the core of this will be access to income maximisation support services (including benefits entitlement).

Although the outcomes vary depending on the client group, Income Maximisation services report significant uplifts in client incomes. While these amounts often include 'back-pay', these amounts also represent significant uplifts in income on an ongoing basis. For example, the income maximisation service supporting a range of energy providers and banks reports the following:



The scale of the cost-of-living crisis and the number of those in debt far exceeds the income maximation capacity available, either through our own investment through the hub or available through bodies such as Citizens Advice Bureau. To give an idea of demand, the HSF 21/22 supported over 15,000 people across the County. Additional funding could utilize a mixed provider model to greatly increase the capacity for income maximisation. For example, one provider charges £150 per client supported through income maximisation which means £300,000 could support an additional 2000 people. This number is well below the numbers in need but could be targeted to those most in need and represents a significant number of households to support.

Funding request: £300,000 for 2022/23

2.7.7 Stay Well/Winter Warmth

Closely related to income maximisation is grant funding to help with heating. This would build on the existing fund that Public Health allocates to support at risk vulnerable groups during the winter months. During 2021/22 demand for this fund doubled and it is anticipated to increase again during the coming winter in the context of increased heating costs. Funding is requested to augment this fund for the winter of 2022/23.

Funding request: £100,000 for 2022/23

2.7.8 Sexual and Reproductive Health (SRH) Needs Assessment

In Cambridgeshire there has not been a comprehensive SRH needs assessment since Public Health moved to the Local Authority. There have been many changes during the intervening years, with new technology and innovation, which were especially driven by the COVID-19 pandemic.

In this context it is important to understand the SRH level of need and to ensure that our services are fit for purpose, reflect new evidence-based quality assured interventions, and offer value for money. We are proposing to undertake a SRH needs assessment that will include consultation with service users and communities. This will require dedicated capacity that the Public Health Intelligence Team and the SRH leads currently do not have and therefore this funding would enable the work to be commissioned.

Requested Funding: £50,000 for 2022/23-2023/24

2.7.9 Social Marketing Research and Campaigns

Central to Public Health is prevention and facilitating behaviour change. Individuals and communities are supported through different interventions to adopt healthier behaviours and if required seek support for any changes.

In Cambridgeshire we still have large numbers of adults and children who are obese, inactive, have poor diets, smoke, and consume unhealthy levels of alcohol. These behaviours have been exacerbated by the COVID-19 pandemic and there is a need to understand the behaviour motivators of individuals and communities. Behavioural science which underpins social marketing is now very well developed and we are proposing to commission large scale social marketing research across all the main health behaviours and alongside this the development of a comprehensive prevention campaigns.

Funding request: £500,000 for 2022/23-2023/24.

2.7.10 Voluntary Sector Support for the Health and Well Being Strategy

This request is for funding for voluntary sector contributions to support the development of the Health and Well Being Strategy.

Funding request: £50,000 for 2022/24

2.7.11 Development of an Integrated Place Based Behaviour Change Service

This proposal aims to address the prevention and mitigate risks associated with Cardiovascular Disease (CVD) and other conditions linked to the core health related behaviours: smoking, diet , physical activity (obesity) and alcohol. Public Health promotes the adoption of healthy behaviours to prevent poor health outcomes through commissioning services such as stop smoking. In addition, Public Health commissions NHS Health Checks which is a CVD risk assessment intervention which includes identification of behavioural and clinical risks Studies indicate that the reduction in the risk of CVD along with Body Mass Index (BMI), smoking prevalence and cholesterol levels is a consequence of both improved clinical management and lifestyle behaviour interventions.

There is an issue that people at risk of CVD and other poor health outcomes are not identified early enough to prevent or make an early intervention. This proposal focuses upon early identification through NHS Health Checks but also making better use of data that collected by GP practices.

This proposal is to fund GPs to identify patients at risk though routine weight, blood glucose and BP measuring along with regular review of patients on practice systems and to refer them to behaviour change services.

These developments would create a demand for behavioural change support. It is proposed to establish system wide behavioural support service that is place based and maximises the use of existing resources

The integration of the early identification of at-risk patients and the creation of a comprehensive behaviour change service would bring added value and capacity. There are examples where similar models have been implemented and have had impact and improved outcomes. However, a dedicated resource is required to scope and set up a co-ordinated system and to establish a data management system. This proposal includes funding for two years for a co-ordination and development post(s) and a data post working across the Primary Care Networks and linking where appropriate with Behavioural Change Services commissioned by Public Health, primary and secondary care, and district authorities. The funding request therefore includes the posts and GP incentives to identify and refer to behavioural change services.

Funding request: £800,000 for October 2022 - September 2024.

2.7.12 Support for Prisoner Rehabilitation into the Community

This proposal is for the provision of support for prisoners when they are released back into t heir communities. It will provide advice and facilitate access to support.

Funding request: £50,000 for 2022-23.

2.7.13 Investment into improving residents' literacy skills to improve health outcomes

Literacy is a key determinant of health outcomes. Literacy is the ability to read, write, speak and listen to a level that enables a person to communicate effectively, understand written information and participate fully in society. In the UK, 43% of adults have literacy skills lower than Level 2 and 15% have skills equivalent to Entry Level 3 or below , which indicates a poor mastery of basic skills. Adults with skills below Entry Level 3 may not be able to understand labels on pre-packaged food or pay household bills.

Health literacy is people having the skills (language, literacy and numeracy), knowledge, understanding and confidence to access, understand, evaluate, use and navigate health and social care information and services. Levels of health literacy are also influenced by the provision of clear and accessible health and social care services and information for all (service responsiveness). In England, 42% of working-age adults (aged 16-65 years) are unable to understand or make use of everyday health information, rising to 61% when numeracy skills are also required for comprehension.

Limited (functional) health literacy predicts poor diet, smoking and a lack of physical activity, independent of risk factors including age, education, gender, ethnicity and income, and is associated with an increased risk of morbidity and premature death in older adults independent of age, socioeconomic position, cognitive ability and pre-existing illness. People with long-term conditions including depression, diabetes, stroke, and heart, kidney and musculoskeletal disease are also more likely to have limited health literacy.

Cambridgeshire Skills (CS) working with College Peterborough (CCP) are the County Council's adult education services, funded through the Cambridgeshire and Peterborough Combined Authority (CPCA) and the Department for Education (DfE). They are responsible for the provision of adult learning and training that is aligned to the Council priorities, Cambridgeshire and Peterborough Combined Authority's (CPCA) Skills Strategy and the Post-Covid Local Economic Recovery Strategy (LERS).

Their client group are those who are furthest from the labour market, have multiple barriers to progress both socially and economically, live in urban and rural disadvantaged and deprived areas, are challenged by health issues and are generally Level 1 (pre-GCSE) and below in terms of prior academic attainment.

Both skills services are meeting the priorities for adult skills through supporting residents in a number of areas:

- Development of skills to gain a job
- Retraining / reskilling to change employment
- Improving their health and wellbeing, community cohesion and integration
- Upskilling those in work, particularly those in low skill, low paid work
- Reducing social isolation
- Providing formal and informal education and training opportunities to those who are furthest away from learning and work
- More recently, providing support for post-Covid social and economic recovery

The target geography is based on targeting provision in the areas of greatest need in Cambridgeshire, that is Fenland, East Cambridgeshire and North-East Cambridge City. Therefore, the services have approached this by providing a hub and spoke model with three bases in the targeted areas.

- March Community Centre hub or local College that services Fenland and Huntingdonshire
- Library Learning Centre space has been redeveloped to become the East Cambridgeshire hub that provides learning to East Cambridgeshire
- Cambridge Central Library to deliver learning in Cambridge City.

Courses offered range from accredited and non-accredited Basic Skills programmes – namely English, Maths, IT and ESOL. They have also developed a range of accredited and non-accredited vocational programmes to meet local needs. Examples of this include: Retail, Customer Service, Volunteering, Teaching Assistant, Green Skills, etc.

To further enable place-based delivery across the priority areas set out above, the services deliver from 96 “spoke” delivery sites and have an exclusivity agreement to work with the Cambridgeshire Library Service. In addition to Libraries, they work with a combination of subcontracted partners, Community Centres, Children’s centres, local schools, stakeholder and employer venues and any building conducive to deliver a positive and nurturing adult learning experience.

This project would fund an additional programme of literacy classes for adults in Cambridgeshire. The Programme would be focussed on adults with literacy skills below entry level 3, over a period of 3 years to offer the opportunity to embed programmes and allow the chance to look for funding to ensure sustainability of longer term funding. Classes would be delivered through existing providers, utilising the network of local delivery venues. The programme would expect to reach around 756 places over 3 years and costs will include marketing, delivery and project management/administrative support.

Funding request: £450,000 for 3 years

2.7.14 Support for Traveller Health

This proposal is for the development of a Trusted Professional programme for the Gypsy Roma and Traveller community to increase access to services, support and advice.

Funding request: £30,000 for 3 years

2.6.15 Agreement to use of these reserves will leave a balance of Public Health reserves that are uncommitted of just £45k.

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 and the resource proposals in this report contribute further funding to this priority.

3.3 Helping our children learn, develop and live life to the full
The overall financial position of the P&C and Public Health directorates underpins this objective and the resource proposals in this report contribute further funding to 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

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 May 2022

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	
Older People's and Physical Disabilities Services	Services for people requiring physical support, both working age adults and older people (OP).
Management and Staffing	
Older People's Services - North	
Older People's Services - South	
Physical Disabilities - North	
Physical Disabilities - South	
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
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.

Service: People and Communities (P&C) and Public Health (PH)
Subject: Finance Monitoring Report – May 2022
Date: 10th June 2022

Key Indicators

Previous Status	Category	Target	Current Status	Section Ref.
-	Revenue position by Directorate	Balanced year end position	Green	1.2
-	Capital Programme	Remain within overall resources	Green	2

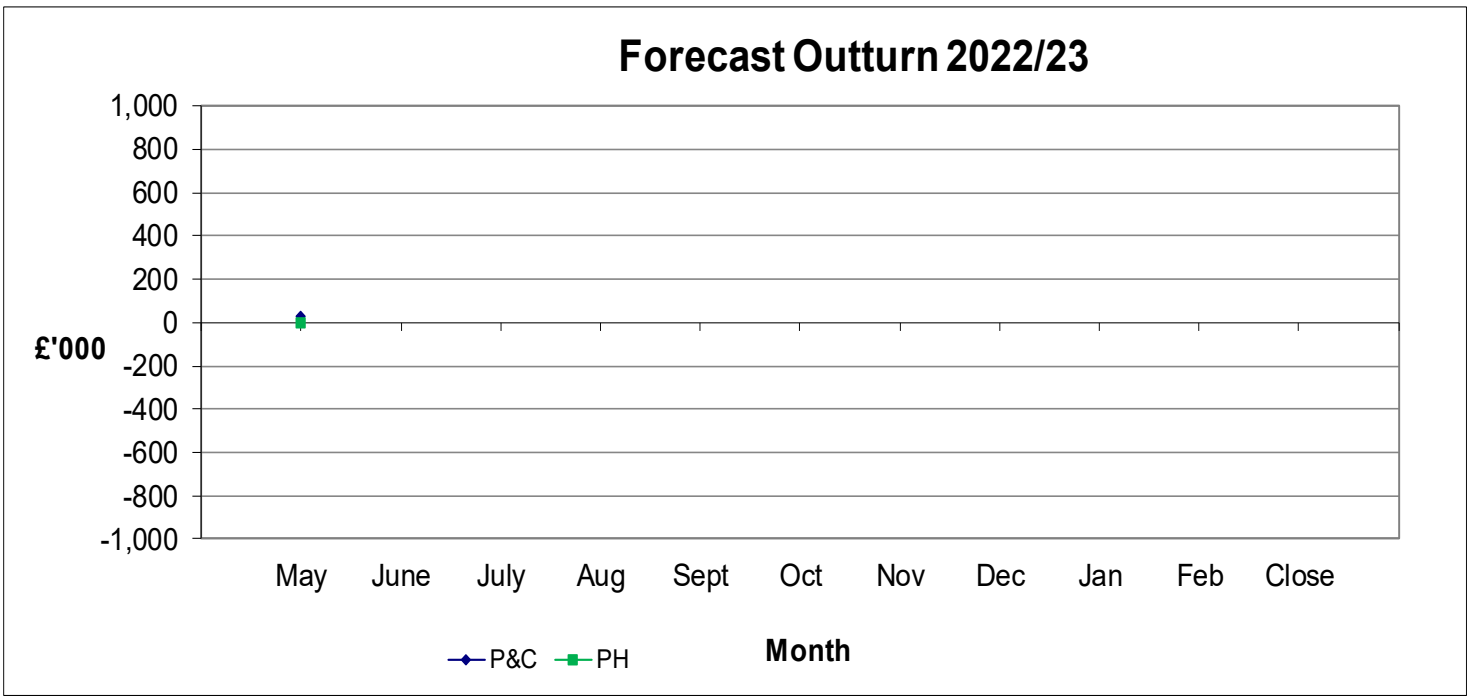
Contents

1. Revenue Executive Summary

1.1 Overall Position

People and Communities are forecasting an overspend of £26k at the end of May 2022.

Public Health are forecasting a breakeven position at the end of May 2022.



1.2 Summary of Revenue position by Directorate

1.2.1 People and Communities

Forecast Outturn Variance (Previous) £000	Directorate	Budget 2022/23 £000	Actual £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
0	Adults & Safeguarding	188,604	25,094	0	0.0%
0	Commissioning	45,763	3,140	0	0.0%
0	Communities & Partnerships	18,617	2,455	0	0.0%
0	Children & Safeguarding	62,094	5,067	0	0.0%
0	Education - non DSG	45,093	978	26	0.1%
0	Education - DSG	101,463	16,423	11,800	11.6%
0	Executive Director	1,129	165	0	0.0%
0	**Total Expenditure**	**462,764**	**53,322**	**11,826**	**2.6%**
0	Grant Funding	-141,721	-21,863	-11,800	8.3%
0	**Total**	**321,043**	**31,460**	**26**	**0.0%**

1.2.2 Public Health

Forecast Outturn Variance (Previous) £000	Directorate	Budget 2022/23 £000	Actual £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
0	Children Health	9,466	-53	0	0.0%
0	Drugs & Alcohol	5,514	-943	0	0.0%
0	Sexual Health & Contraception	5,170	-529	0	0.0%
0	Behaviour Change / Preventing Long Term Conditions	5,611	-149	0	0.0%
0	Falls Prevention	349	-86	0	0.0%
0	General Prevention Activities	1	-1	0	0.0%
0	Adult Mental Health & Community Safety	257	-235	0	0.0%
0	Public Health Directorate	10,980	650	0	0.0%
0	**Total Expenditure**	**37,348**	**-1,346**	**0**	**0.0%**

The un-ringfenced Covid-related grants from central government are held centrally within the Council, and so the numbers in the tables above are before any allocation of the funding to specific pressures.

1.3 Summary by Committee

P&C and PH services are overseen by different Committees – these tables provide Committee-level summaries of services' revenue financial positions.

1.3.1 Adults & Health Committee

Forecast Outturn Variance (Previous) £000	Directorate	Budget 2022/23 £000	Actual May 2022 £000	Forecast Outturn Variance £000
0	Adults & Safeguarding	188,604	25,094	0
0	Adults Commissioning (including Local Assistance Scheme)	20,094	1,031	0
0	Public Health (excl. Children's Health)	27,883	-1,293	0
0	**Total Expenditure**	**236,581**	**24,832**	**0**
0	Grant Funding (including Improved Better Care Fund, Public Health Grant etc.)	-45,642	-17,133	0
0	**Total**	**190,939**	**7,698**	**0**

1.3.2 Children and Young People Committee

Forecast Outturn Variance (Previous) £000	Directorate	Budget 2022/23 £000	Actual May 2022 £000	Forecast Outturn Variance £000
0	Children's Commissioning	25,057	2,062	0
0	Communities & Safety - Central Integrated Youth Support Services	390	-225	-0
0	Children & Safeguarding	62,094	5,067	0
0	Education – non DSG	44,093	-22	26
0	Public Health - Children's Health	9,466	-53	0
0	**Total Expenditure**	**141,100**	**6,829**	**26**
0	Grant Funding (excluding Dedicated Schools Grant etc.)	-21,923	-1,419	0
0	**Total Non-DSG**	**119,177**	**5,409**	**26**
0	Commissioning – DSG	245	0	0
0	Education – DSG (incl. contribution to combined budgets)	102,463	17,423	11,800
0	**Total DSG (Ringfenced Grant)**	**102,708**	**17,423**	**11,800**

1.3.3 Communities, Social Mobility and Inclusion Committee

Forecast Outturn Variance (Previous) £000	Directorate	Budget 2022/23 £000	Actual May 2022 £000	Forecast Outturn Variance £000
0	Communities and Partnerships	18,227	2,680	0
0	**Total Expenditure**	**18,227**	**2,680**	**0**
0	Grant Funding (including Adult Education Budget etc.)	-8,756	-438	0
0	**Total**	**9,472**	**2,242**	**0**

1.3.4 Cross Cutting P&C Policy Lines

Forecast Variance Outturn (Previous) £000	Directorate	Budget 2022/23 £000	Actual May 2022 £000	Forecast Outturn Variance £000
0	Strategic Management – Commissioning	367	47	0
0	Executive Director	1,129	165	0
0	**Total Expenditure**	**1,495**	**213**	**0**
0	Grant Funding	0	0	0
0	**Total**	**1,495**	**213**	**0**

1.4 Significant Issues – People & Communities

Significant issues within People and Communities are set out in the paragraphs below. Appendix 1 provides the detailed financial information by service, with Appendix 1a providing a more detailed breakdown of areas funded directly from the Dedicated Schools Grant (DSG) and Appendix 3 providing a narrative from those services with a significant variance against budget.

1.4.1 Adults

Like councils nationally, Adult Services in Cambridgeshire has faced rising costs for several years. This has been due to increasing numbers of people being supported, and 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).

The pandemic shifted the cost trends we have been seeing, particularly impacting demand for home care provision for Older People which has not been growing at pre pandemic rates. However, the cost of provision has continued to rise and the pandemic, followed by the current cost of living crisis, have placed further cost pressures on to providers and the Council.

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 of 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.

Workforce difficulties are widespread in the care sector and the Council provided additional funding through the budget for 2022/23 to help to go some way to address these issues with care providers. However, the recruitment and retention issues in the care sector are a long term national issue to be addressed nationwide. The government's social care reforms are due to take effect in October 2023. These will require additional social care and financial assessments staff within the Council to deal with the increased number of assessments the reforms will generate. Recruitment to these posts will be challenging against a backdrop of the current high level of vacant posts, current recruitment difficulties and a national shortage of staff experienced in these roles.

Care providers are continuing to report cost pressures related to both workforce issues and the current cost of living rises. These are putting pressure on uplift budgets across all care types. In addition, the position of the care market, particularly related to workforce issues, is making some placements more difficult to source particularly at the more complex end of provision. This puts further pressure on costs.

In line with the government's social care reform agenda the Council is currently undertaking "fair cost of care" exercises with both homecare and care home providers. It is anticipated that the outcomes of these exercises nationwide will be a gap for some Councils between what is currently paid and the newly assessed "fair cost of care". Whilst we have some funding from government for 2022/23 to start to close this gap, there may well be a pressure to be addressed over the coming years to reach a point where care providers are paid the "fair cost of care".

Hospital Discharge systems continue to be pressured and NHS funding for discharge pathways ended in March 2022. The medium-term recovery of clients assessed as having primary health needs upon hospital discharge return to social care funding streams and this will increase our costs from 2021/22.

Work has started to understand future demand, cost pressures and the financial implications of the social care reforms. This work will feed into business planning for 2023-34 and beyond.

1.4.2 Children's

At the end of 2021/22 Children's and Safeguarding (including the CiC placement budget held in Commissioning) reported a final net underspend of circa £3m. The majority of this underspend was as a result of an over achievement of the vacancy savings target across the service due to a combination of the difficulty in recruiting to Social Workers posts and also posts becoming vacant with recruitment to vacancies taking longer than anticipated in the current climate. This situation in respect of staffing levels continues to be monitored closely and work is underway to introduce a short-term dedicated team to support recruitment, development and retention within the children's workforce.

1.4.3 Education

Transport - All transport budgets have been impacted by the underlying national issue of driver availability which is seeing less competition for tendered routes. This has also resulted in numerous contracts being handed back by operators as they are no longer able to fulfil their obligations and alternative, often higher cost, solutions are required. The increase in fuel costs is also placing further pressure on providers and as such the service are carefully monitoring the situation which is likely to result in higher future costs as and when we retender existing contracts.

Dedicated Schools Grant (DSG) –Appendix 1a provides a detailed breakdown of all DSG spend within P&C. The budget figures are net of recoupment for academies and High Needs place funding.

Due to the continuing increase in the number of children and young people with an EHCP, and the complexity of need of these young people, the overall spend on the High Needs Block element of the DSG funded budgets has continued to rise. At the end of 2021/22 there was a net DSG overspend of £12.43m to the end of the year. When added to the existing DSG deficit of £26.83m this resulted in a cumulative deficit of £39.26m to be brought forward into 2022/23.

In 2020-21 the DfE introduced the safety valve intervention programme in recognition of the increasing pressures on high needs. A total of 14 local authorities have now signed up to agreements, and the programme is being expanded to a further 20 local authorities, including Cambridgeshire in 2022-23.

The programme requires local authorities to develop substantial plans for reform to their high needs systems, with support and challenge from the DfE, to rapidly place them on a sustainable footing. If the authorities can demonstrate sufficiently that their DSG management plans create lasting sustainability and are effective for children and young people, including reaching an in-year balance as quickly as possible, then the DfE will enter into an agreement with the authority, subject to Ministerial approval.

If an agreement is reached, local authorities are held to account for the delivery of their plans and hitting the milestones in the plans via quarterly reporting to the DfE. If adequate progress is being made, authorities will receive incremental funding to eliminate their historic deficits, generally spread over five financial years. If the conditions of the agreement are not being met, payments will be withheld.

Senior Officers have met with the DfE in May to discuss the current situation and plans, and as such updates will be provided in due course.

1.4.4 Communities

Public Library Services currently have an underlying pressure as a result of increased costs and reduced levels of income. Work is underway to identify opportunities for increasing income and making further savings. Once the outcomes of this piece of work have been finalised the revised in-year forecast position will be reported.

Registration Services continue to face challenges in respect of meeting income targets. Although now relaxed, Covid related restrictions on numbers attending ceremonies are likely to have an impact on the level of income received.

1.5 Significant Issues – Public Health

The Public Health Directorate is funded wholly by ringfenced grants, mainly the Public Health Grant. The work of the Directorate was severely impacted by the pandemic, as capacity was re-directed to outbreak management, testing, and infection control work. However, the majority of the pandemic work has now come to an end and the Directorate is focussed on returning business as usual public health activity to full capacity as soon as possible and addressing issues arising from the pandemic which have impacted on the health of the County's population.

At the end of May, the Public Health Directorate is forecasting a balanced budget. However, there are continuing risks to this position:

i) much of the Directorate's spend is contracts with, or payments to, the NHS for specific work. The NHS re-focus on the pandemic response and vaccination reduced activity-driven costs to the PH budget throughout 2020/21 and 2021/22 and it may take some time for activity levels to return to pre pandemic levels;
ii) the unprecedented demand for Public Health staff across the country has meant recruitment has been very difficult through the pandemic resulting in underspends on staffing budgets. This position may continue into 2022/23; and
iii) recruitment challenges are reflected in our provider services which has affected their ability to deliver consistently.

Detailed financial information for Public Health is contained in Appendix 2, with Appendix 3 providing a narrative from those services with a significant variance against budget.

2. Capital Executive Summary

2022/23 In Year Pressures/Slippage

The P&C Capital Plan for 2022/23 has reduced by £36.634m since the Business Plan was published, resulting in a revised budget of £68.644m. This reduction is due the combination of schemes being removed or added, delayed into future years and changes to carry forward positions from 2021/22. The schemes with major variations of £500k or greater are listed below;

Scheme		2022/23 change (£000)	Overall Scheme Change (£000)
North West Cambridge (NIAB site) primary	Slipped	-7,499	0
Ermine Street Primary, Alconbury, Phase 2	Slipped	-1,756	0
St Philips Primary School	Slipped	-1,046	0
Waterbeach New Town Primary	Slipped	-8,013	0
Pathfinder - Northstowe	Additional	350	350
Northstowe secondary	Removed	-571	-571
Alconbury Weald secondary and Special	Slipped	-609	5,000
Sir Harry Smith Community College	Slipped	-1,243	0
Cambourne Village College Phase 3b	Slipped	-4,997	5,920
Duxford Community C of E Primary School Rebuild	Slipped	-745	865
School Condition, Maintenance & Suitability	Additional	616	616
Samuel Pepys Special School	Slipped	-2,915	0
Acquisition of LNCH	Slipped	-900	0
Independent Living Service: East Cambridgeshire	Slipped	-9,222	1,260
Capital Variation	Reduction	4,070	4,070

Funding

The following changes in funding for 2022/23 have occurred since the Business Plan was published:

- School Conditions Allocation grant funding increase of £866k.
- Adjustment to carry forward funding increased by £6,921k.
- Devolved formula capital reduced by £4k
- Other contributions reduced by £1.2k
- Additional SEN funding announced for Cambridgeshire £6,778k
- Section 106 funding reduced by £10,142k to account for slippage on projects since the business plan was approved.
- Prudential Borrowing reduced by £35,125k to account for savings and slippage on projects since the business plan was approved.

At the end of May 2022, the capital programme forecast underspend is zero. The level of slippage and underspend in 2022/23 is currently anticipated to be £0k and as such has not yet exceeded the revised Capital Variation Budget of £9,502k. A forecast outturn will not be reported unless this happens.

Details of the currently forecasted capital variances can be found in Appendix 4.

3. Savings Tracker Summary

The savings tracker is produced quarterly to monitor delivery of savings against agreed plans. The first savings tracker of 2022/23 will be produced at the end of June.

4. Technical note

On a biannual basis, a technical financial appendix is included as Appendix 6. This appendix covers:

- Grants that have been received by the service, and where these have been more or less than expected
- Budget movements (virements) into or out of P&C from other services (but not within P&C), to show why the budget might be different from that agreed by Full Council
- Service reserves – funds held for specific purposes that may be drawn down in-year or carried-forward – including use of funds and forecast draw-down.

5. Key Activity Data

The Actual Weekly Costs for all clients shown in section 5.1.1 - 5.2.6 are calculated based on all clients who have received a service, are receiving a service, or we plan will receive a service. Some clients will have ceased receiving a service in previous months, or during this month, or we will have assumed an end date in the future.

5.1 Children and Young People

5.1.1 Key activity data at the end of May 2022 for Children in Care Placements is shown below:

	BUDGET				ACTUAL (May 2022)				FORECAST		
Service Type	*No of placements Budgeted*	*Annual Budget*	*No. of weeks funded*	*Average weekly cost per head*	*Snapshot of No. of placements May 2022*	*Yearly Average*	Forecast Outturn	*Average weekly cost per head*	*Yearly Average budgeted no. of placements*	*Net Variance to Budget*	*Average weekly cost diff +/-*
Residential - disability	11	£1,669k	52	2,918.30	4	4.00	£770k	3,692.17	-7.00	-£899k	773.87
Residential - secure accommodation	1	£548k	52	10,528.85	1	1.00	£548k	10,500.00	0.00	£k	-28.85
Residential schools	7	£538k	52	1,477.65	6	6.04	£514k	1,498.83	-0.96	-£24k	21.18
Residential homes	40	£8,738k	52	4,200.81	45	44.47	£9,302k	4,059.06	4.47	£564k	-141.75
Independent Fostering	198	£9,153k	52	888.96	177	171.90	£7,860k	883.36	-26.10	-£1,293k	-5.60
Tier 4 Step down	2	£465k	52	4,472.26	2	1.02	£140k	4,318.34	-0.98	-£325k	-153.92
Supported Accommodation	13	£1,549k	52	2,291.91	15	11.92	£1,032k	1,699.14	-1.08	-£517k	-592.77
16+	3	£50k	52	321.01	6	2.45	£50k	322.02	-0.55	£k	1.01
Supported Living	3	£412k	52	2,640.93	4	2.27	£452k	3,423.49	-0.73	£40k	782.56
Growth/Replacement	0	£k	0	0.00	0	0.00	£2,453k	0.00	-	£2,453k	0.00
Additional one off budget/actuals	0	£k	0	0.00	0	0.00	£k	0.00	-	£k	0.00
Mitigations required	0	£k	0	0.00	0	0.00	£k	0.00	-	£k	0.00
TOTAL	278	£23,122k			260	245.07	£23,122k		-32.93	£k	
In-house Fostering	190	£4,046k	56	393.41	175	157.84	£3,828k	393.22	-32.16	-£217k	-0.19
In-house fostering - Reg 24	27	£268k	56	177.13	34	34.37	£330k	169.33	7.37	£62k	-7.80
Staying Put	44	£285k	52	124.22	37	34.05	£217k	120.16	-9.95	-£68k	-4.06
Supported Lodgings	5	£38k	52	145.42	3	3.25	£12k	69.29	-1.75	-£26k	-76.13
TOTAL	266	£4,637k			249	229.51	£4,387k		-36.49	-£250k	
Adoption Allowances	95	£1,091k	52	220.22	93	79.87	£1,019k	216.79	-15.13	-£72k	-3.43
Special Guardianship Orders	313	£2,421k	52	148.35	283	269.11	£2,111k	144.09	-43.89	-£310k	-4.26
Child Arrangement Orders	51	£414k	52	155.52	48	46.32	£363k	152.62	-4.68	-£51k	-2.90
Concurrent Adoption	2	£22k	52	210.00	0	0.00	£k	0.00	-2	-£22k	-210.00
TOTAL	461	£3,947k			424	395.30	£3,493k		-65.7	-£454k	
OVERALL TOTAL	1,005	£31,706k			933	869.88	£31,002k		-135.12	-£704k	

NOTES:
In house Fostering payments fund 56 weeks as carers receive two additional weeks payment during the summer holidays and one additional week each for Christmas and birthday.

5.1.2 Key activity data at the end of May 2022 for SEN Placements is shown below:

The following key activity data for SEND covers 5 of the main provision types for pupils with EHCPs.

Budgeted data is based on actual data at the close of 2021/22 and an increase in pupil numbers over the course of the year.

Actual data are based on a snapshot of provision taken at the end of the month and reflect current numbers of pupils and average cost

Provision Type	BUDGET				ACTUAL (May 2022)					FORECAST	
	No. pupils	Expected in-year growth	Average annual cost per pupil (£)	Budget (£000) (excluding academy recoupment)	No. Pupils as at May 2022		% growth used	Average annual cost per 1 FTE pupils as at May 2022		Forecast spend (£)	Variance (£)
					Actual	Variance		Actual (£)	Variance (£)		
Mainstream top up *	2,800	280	7,100	19,859	2,626	-174	38%	7,982	882	19,859	0
Special School **	1,610	161	12,000	21,465	1,602	-8	95%	11,477	-523	21,465	0
HN Unit **	250	n/a	13,765	4,152	252	2	n/a	13,298	-467	4,152	0
SEN Placement (all) ***	281	n/a	53,464	15,012	264	-17	n/a	50,953	-2,511	15,012	0
Total	**4,941**	**441**	**-**	**60,488**	**4,744**	**-197**	**55%**	**-**	**-**	**60,488**	**0**

* LA cost only

** Excluding place funding

*** Education contribution only

Provision Type	BUDGET				ACTUAL (May 2022)					FORECAST	
	No. pupils	Expected in-year growth	Average weekly cost per pupil (£)	Budget (£000) (excluding academy recoupment)	No. Pupils as at May 2022		% growth used	Average weekly cost per 1 FTE pupils as at May 2022		Forecast spend (£)	Variance (£)
					Actual	Variance		Actual (£)	Variance (£)		
Out of School Tuition	168	n/a	991	5,034	162	-6	n/a	855	-136	5,034	0
Total	**168**	**0**	**-**	**5,034**	**162**	**-6**	**n/a**	**-**	**-**	**5,034**	**0**

5.2 Adults

In the following key activity data for Adults & Safeguarding, the information given in each column is as follows:

- Budgeted number of care services: this is the number of full-time equivalent (52 weeks) service users anticipated at budget setting
- Budgeted average unit cost: this is the planned unit cost per service user per week, given the budget available
- Actual care services and cost: these reflect current numbers of service users and average cost; they represent a real time snapshot of service-user information.

A consistent format is used to aid understanding, and where care types are not currently used in a particular service those lines are greyed out.

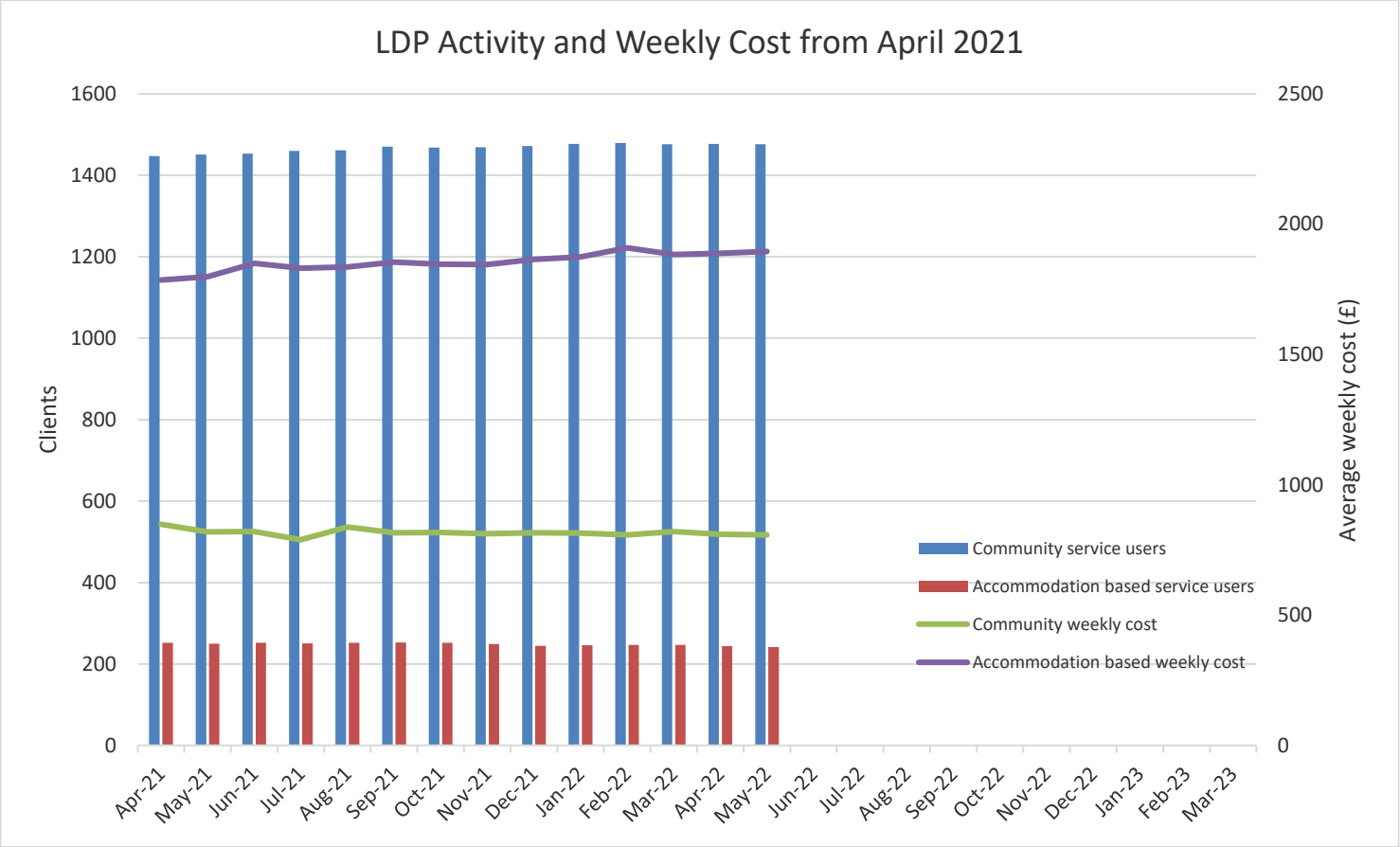
The direction of travel (DoT) compares the current month's figure with the previous month.

The activity data for a given service will not directly tie back to its outturn reported in Appendix 1. This is because the detailed variance include other areas of spend, such as care services which have ended and staffing costs, as well as the activity data including some care costs that sit within Commissioning budgets.

5.2.1 Key activity data at the end of May 2022 for Learning Disability Partnership is shown below:

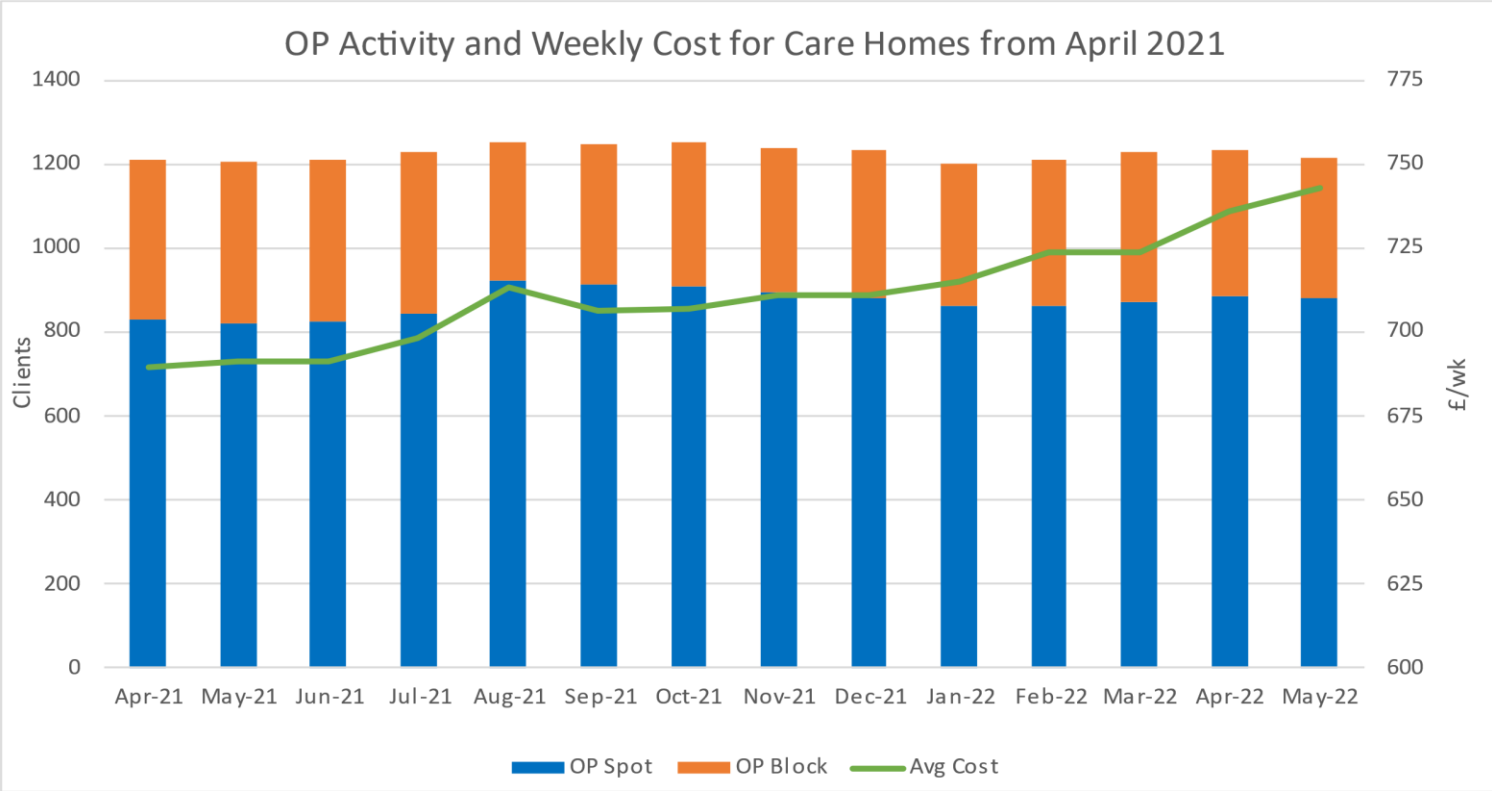
Learning Disability Partnership	BUDGET			ACTUAL (May 2022)			Forecast	
Service Type	*Expected No. of Care Packages 2022/23*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*D o T*	*Current Average Unit Cost (per week)*	*D o T*	*Total spend/ income*	*D o T*	*Variance*
Accommodation based										
~Residential	255	£2,128	£28,344k	245	↓	£2,012	↓	£28,028k	↓	-£316k
~Nursing	5	£2,698	£716k	5	↔	£2,535	↓	£718k	↑	£1k
~Respite	15	£1,029	£718k	13	↓	£951	↓	£391k	↓	-£327k
Accommodation based subtotal	**275**	**£2,022**	**£29,779k**	**263**		**£1,922**		**£29,137k**		**-£642k**
Community based										
~Supported Living	517	£1,439	£38,809k	538	↑	£1,289	↓	£38,281k	↓	-£528k
~Homecare	348	£403	£7,306k	336	↓	£384	↓	£7,320k	↑	£15k
~Direct payments	423	£493	£10,866k	405	↓	£454	↓	£10,528k	↓	-£338k
~Live In Care	15	£2,132	£1,692k	15	↑	£2,023	↓	£1,683k	↓	-£9k
~Day Care	463	£196	£4,733k	458	↓	£184	↓	£4,705k	↓	-£28k
~Other Care	53	£85	£869k	47	↓	£81	↓	£925k	↑	£56k
Community based subtotal	**1,819**	**£671**	**£64,273k**	**1,799**		**£625**		**£63,442k**		**-£831k**
Total for expenditure	**2,094**	**£848**	**£94,052k**	**2,062**		**£791**		**£92,579k**	↓	**-£1,474k**
Care Contributions			-£4,347k					-£4,421k	↑	-£74k

The LDP includes service-users that are fully funded by the NHS, who generally have very high needs and therefore costly care packages



5.2.2 Key activity data at the end of May 2022 for Older People and Physical Disabilities Services for Over 65s is shown below:

Older People and Physical Disability Over 65	BUDGET			ACTUAL (May 2022)			Forecast		
Service Type	*Expected No. of Care Packages 2022/23*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*D o T*	*Current Average Unit Cost (per week)*	*D o T*	*Total spend/ income*	*D o T*	*Variance*
Accommodation based										
~Residential	422	£690	£15,190k	353	↓	£692	↑	£14,794k	↑	-£396k
~Residential Dementia	451	£783	£18,416k	420	↓	£694	↑	£17,635k	↓	-£781k
~Nursing	336	£869	£15,219k	281	↓	£813	↑	£14,750k	↑	-£469k
~Nursing Dementia	181	£1,033	£9,749k	160	↓	£859	↑	£8,876k	↑	-£872k
~Respite			£750k					£750k	↓	£k
Accommodation based subtotal	**1,390**	**£808**	**£59,325k**	**1,214**		**£743**		**£56,806k**		**-£2,518k**
Community based										
~Supported Living	434	£271	£6,128k	413	↑	£163	↓	£6,172k	↑	£44k
~Homecare	1,506	£292	£22,488k	1,447	↓	£273	↑	£22,417k	↑	-£71k
~Direct payments	202	£328	£3,455k	198	↑	£356	↑	£3,495k	↑	£40k
~Live In Care	42	£876	£1,919k	41	↑	£906	↑	£1,996k	↑	£78k
~Day Care	78	£166	£673k	75	↓	£77	↑	£649k	↓	-£24k
~Other Care			£489k					£485k	↑	-£4k
Community based subtotal	**2,262**	**£298**	**£35,152k**	**2,174**		**£265**		**£35,214k**		**£62k**
Total for expenditure	**3,652**	**£492**	**£94,476k**	**3,388**		**£436**		**£92,020k**	↓	**-£2,456k**
Care Contributions			-£26,349k					-£26,336k		£13k



5.2.3 Key activity data at the end of May 2022 for Physical Disabilities Services for Under 65s is shown below:

Physical Disabilities Under 65s	BUDGET			ACTUAL (May 2022)				Forecast		
Service Type	*Expected No. of Care Packages 2022/23*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*D o T*	*Current Average Unit Cost (per week)*	*D o T*	*Total spend/ income*	*D o T*	*Variance*
Accommodation based										
~Residential	20	£1,161	£1,211k	20	↔	£1,186	↑	£1,248k	↑	£38k
~Residential Dementia	3	£723	£113k	3	↔	£723	↑	£113k	↔	£k
~Nursing	22	£1,073	£1,231k	19	↓	£1,078	↑	£1,198k	↓	-£32k
~Nursing Dementia	0	£0	£k	0	↔	£0	↔	£k	↔	£k
~Respite	0	£0	£k	0		£0		£k	↔	£k
Accommodation based subtotal	**45**	**£1,089**	**£2,555k**	**42**		**£1,104**		**£2,560k**		**£5k**
Community based										
~Supported Living	8	£822	£343k	6	↓	£690	↓	£337k	↓	-£6k
~Homecare	206	£265	£2,846k	191	↓	£257	↓	£3,035k	↑	£189k
~Direct payments	169	£341	£3,483k	193	↑	£369	↑	£3,654k	↑	£172k
~Live In Care	27	£853	£1,201k	25	↓	£873	↑	£1,237k	↑	£36k
~Day Care	18	£95	£89k	18	↔	£116	↑	£96k	↑	£7k
~Other Care			£247k		↔		↔	£247k	↔	£k
Community based subtotal	**428**	**£335**	**£8,209k**	**433**		**£343**		**£8,606k**		**£397k**
Total for expenditure	**473**	**£407**	**£10,763k**	**475**		**£410**		**£11,166k**	↑	**£402k**
Care Contributions			-£1,434k					-£1,447k		-£13k

5.2.4 Key activity data at the end of May 2022 for Older People Mental Health (OPMH) Services:

Older People Mental Health	BUDGET			ACTUAL (May 2022)				Forecast		
Service Type	*Expected No. of Care Packages 2022/23*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*D o T*	*Current Average Unit Cost (per week)*	*D o T*	*Total spend/ income*	*D o T*	*Variance*
Accommodation based										
~Residential	37	£746	£1,212k	33	↓	£717	↓	£1,140k	↓	-£73k
~Residential Dementia	37	£718	£1,109k	33	↓	£702	↑	£1,043k	↓	-£67k
~Nursing	29	£799	£1,013k	28	↔	£772	↑	£1,024k	↑	£11k
~Nursing Dementia	71	£960	£3,088k	70	↑	£870	↓	£3,122k	↑	£34k
~Respite	3	£66	£k	3	↔	£261	↑	£k	↔	£k
Accommodation based subtotal	**177**	**£822**	**£6,422k**	**167**		**£774**		**£6,329k**		**-£93k**
Community based										
~Supported Living	12	£190	£110k	13	↑	£198	↓	£50k	↓	-£60k
~Homecare	95	£267	£1,160k	67	↑	£267	↓	£1,053k	↓	-£106k
~Direct payments	7	£500	£193k	7	↔	£449	↓	£183k	↓	-£9k
~Live In Care	11	£1,140	£660k	12	↑	£1,070	↓	£684k	↑	£24k
~Day Care	5	£316	£1k	5	↑	£320	↑	£1k	↓	£k
~Other Care	7	£189	£17k	5	↓	£44	↓	£37k	↑	£20k
Community based subtotal	**137**	**£340**	**£2,140k**	**109**		**£351**		**£2,008k**		**-£132k**
Total for expenditure	**314**	**£612**	**£8,562k**	**276**		**£607**		**£8,337k**	↔	**-£225k**
Care Contributions			-£1,352k					-£1,264k		£88k

5.2.5 Key activity data at the end of May 2022 for Adult Mental Health Services is shown below:

Adult Mental Health	BUDGET			ACTUAL (May 2022)				Forecast		
Service Type	*Expected No. of Care Packages 2022/23*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*D o T*	*Current Average Unit Cost (per week)*	*D o T*	*Total spend/ income*	*D o T*	*Variance*
Accommodation based										
~Residential	60	£812	£2,388k	59	↑	£787	↑	£2,514k	↓	£127k
~Residential Dementia	3	£787	£118k	3	↑	£750	↑	£124k	↑	£6k
~Nursing	9	£791	£388k	9	↓	£751	↑	£373k	↑	-£15k
~Nursing Dementia	1	£929	£51k	1	↔	£882	↔	£49k	↑	-£2k
~Respite	1	£20	£k	1	↔	£20	↔	£k	↓	£k
Accommodation based subtotal	**74**	**£799**	**£2,944k**	**73**		**£772**		**£3,060k**		**£116k**
Community based										
~Supported Living	123	£300	£2,869k	119	↓	£326	↑	£2,910k	↑	£41k
~Homecare	149	£89	£1,257k	132	↑	£102	↓	£1,236k	↑	-£22k
~Direct payments	14	£271	£206k	13	↓	£252	↓	£181k	↓	-£26k
~Live In Care	2	£1,171	£123k	2	↔	£1,171	↔	£127k	↑	£4k
~Day Care	4	£69	£18k	4	↔	£69	↔	£14k	↓	-£4k
~Other Care	5	£975	£3k	4	↔	£13	↑	£3k	↓	£k
Community based subtotal	**297**	**£207**	**£4,476k**	**274**		**£212**		**£4,470k**		**-£6k**
Total for expenditure	**371**	**£325**	**£7,420k**	**347**		**£330**		**£7,530k**	↑	**£110k**
Care Contributions			-£357k					-£353k		£5k

5.2.6 Key activity data at the end of May 2022 for Autism is shown below:

Autism	BUDGET			ACTUAL (May 2022)				Forecast		
Service Type	*Expected No. of Care Packages 2022/23*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*D o T*	*Current Average Unit Cost (per week)*	*D o T*	*Total spend/ income*	*D o T*	*Variance*
Accommodation based										
~Residential			£46k		↑		↑	£185k	↑	£139k
~Residential Dementia										
Accommodation based subtotal			**£46k**					**£185k**		**£139k**
Community based										
~Supported Living	21	£1,092	£1,181k	23	↑	£835	↓	£1,112k	↓	-£69k
~Homecare	17	£161	£142k	14	↓	£153	↓	£122k	↓	-£20k
~Direct payments	22	£377	£424k	22	↔	£298	↓	£375k	↓	-£48k
~Live In Care			£21k		↔		↓	£13k	↓	-£8k
~Day Care	18	£77	£72k	17	↓	£74	↓	£75k	↑	£3k
~Other Care			£12k		↔		↓	£16k	↑	£3k
Community based subtotal	**82**	**£439**	**£1,852k**	80		£372		**£1,713k**		**-£139k**
Total for expenditure	**83**	**£443**	**£1,898k**	82		£405		**£1,898k**	↑	**£k**
Care Contributions			-£71k					-£70k		£k

Due to small numbers of service users some lines in the above have been redacted.

Appendix 1 – P&C Service Level Financial Information

Forecast Outturn Variance (Previous) £'000	Ref	Service	Budget 2022/23 £'000	Actual £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
		Adults & Safeguarding Directorate				
0	1	Strategic Management - Adults	-6,352	-10,414	-0	0%
0		Transfers of Care	2,090	386	0	0%
0		Prevention & Early Intervention	9,907	1,980	-0	0%
0		Principal Social Worker, Practice and Safeguarding	1,634	311	0	0%
0		Autism and Adult Support	2,295	451	0	0%
0		Adults Finance Operations	1,785	276	0	0%
		Learning Disabilities				
0	2	Head of Service	6,722	112	0	0%
0	2	LD - City, South and East Localities	41,698	6,770	0	0%
0	2	LD - Hunts & Fenland Localities	38,289	5,751	0	0%
0	2	LD - Young Adults Team	11,956	1,963	0	0%
0	2	In House Provider Services	7,996	1,262	0	0%
0	2	NHS Contribution to Pooled Budget	-25,891	0	0	0%
0		**Learning Disabilities Total**	**80,770**	**15,858**	**0**	**0%**
		Older People and Physical Disability Services				
0		Management and Staffing	5,970	1,624	0	0%
0		Older Peoples Services - North	29,427	4,733	0	0%
0		Older Peoples Services - South	35,708	6,023	0	0%
0		Physical Disabilities - North	4,206	547	0	0%
0		Physical Disabilities - South	4,692	811	0	0%
0		**Older People and Physical Disability Total**	**80,004**	**13,738**	**0**	**0%**
		Mental Health				
0		Mental Health Central	3,671	359	0	0%
0		Adult Mental Health Localities	5,527	972	0	0%
0		Older People Mental Health	7,273	1,174	0	0%
0		**Mental Health Total**	**16,471**	**2,505**	**0**	**0%**
0		**Adults & Safeguarding Directorate Total**	**188,604**	**25,094**	**0**	**0%**
		Commissioning Directorate				
0		Strategic Management –Commissioning	367	47	0	0%
0		Local Assistance Scheme	300	70	0	0%
		Adults Commissioning				
0		Central Commissioning - Adults	15,691	1,305	0	0%
0		Integrated Community Equipment Service	1,779	-239	0	0%
0		Mental Health Commissioning	2,325	-106	0	0%
0		**Adults Commissioning Total**	**19,794**	**961**	**0**	**0%**
		Children's Commissioning				
0		Children in Care Placements	23,122	1,799	0	0%
0		Commissioning Services	2,181	263	0	0%
0		**Children's Commissioning Total**	**25,302**	**2,062**	**0**	**0%**
0		**Commissioning Directorate Total**	**45,763**	**3,140**	**0**	**0%**

Forecast Outturn Variance (Previous) £'000	Ref	Service	Budget 2022/23 £'000	Actual £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
		Communities & Partnerships Directorate				
0		Strategic Management - Communities & Partnerships	-117	-227	0	0%
0		Public Library Services	3,816	642	0	0%
0		Cambridgeshire Skills	2,409	263	0	0%
0		Archives	397	67	0	0%
0		Cultural Services	373	-14	0	0%
0		Registration & Citizenship Services	-817	-107	0	0%
0		Coroners	1,901	653	-0	0%
0		Trading Standards	748	-29	0	0%
0		Domestic Abuse and Sexual Violence Service	3,281	-578	0	0%
0		Think Communities	6,237	2,011	0	0%
0		Youth and Community Services	390	-225	-0	0%
0		**Communities & Partnerships Directorate Total**	**18,617**	**2,455**	**0**	**0%**
		Children & Safeguarding Directorate				
0		Strategic Management - Children & Safeguarding	1,908	411	-0	0%
0		Safeguarding and Quality Assurance	3,476	224	-0	0%
0		Fostering and Supervised Contact Services	9,607	1,417	0	0%
0		Corporate Parenting	9,042	1,699	0	0%
0		Integrated Front Door	4,275	682	0	0%
0		Children´s Disability Service	7,322	1,572	0	0%
0		Support to Parents	1,898	-1,325	0	0%
0		Adoption	5,561	196	0	0%
0		Legal Proceedings	2,050	141	0	0%
0		Youth Offending Service	1,471	115	-0	0%
		District Delivery Service				
0		Children´s Centres Strategy	105	0	0	0%
0		Safeguarding West	1,078	279	0	0%
0		Safeguarding East	5,016	-1,617	0	0%
0		Early Help District Delivery Service –North	4,208	599	0	0%
0		Early Help District Delivery Service – South	5,079	673	0	0%
0		**District Delivery Service Total**	**15,486**	**-66**	**0**	**0%**
0		**Children & Safeguarding Directorate Total**	**62,094**	**5,067**	**0**	**0%**

Forecast Outturn Variance (Previous) £'000	Ref	Service	Budget 2022/23 £'000	Actual £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
		Education Directorate				
0		Strategic Management - Education	1,769	236	0	0%
0		Early Years' Service	4,977	859	-0	0%
0		School Improvement Service	1,091	98	-0	0%
0		Virtual School	1,928	147	-0	0%
0		Outdoor Education (includes Grafham Water)	-73	-228	0	0%
0		Cambridgeshire Music	0	191	0	0%
0		ICT Service (Education)	-200	-1,621	0	0%
0		Redundancy & Teachers Pensions	3,717	278	0	0%
		SEND Specialist Services (0-25 years)				
0		SEND Specialist Services	12,307	1,418	0	0%
0		Funding for Special Schools and Units	37,690	5,107	0	0%
0		High Needs Top Up Funding	32,613	4,459	0	0%
0		Special Educational Needs Placements	15,846	4,534	0	0%
0		Out of School Tuition	5,034	142	0	0%
0		Alternative Provision and Inclusion	7,339	1,073	0	0%
0	3	SEND Financing – DSG	-9,752	8	11,800	121%
0		**SEND Specialist Services (0-25 years) Total**	**101,075**	**16,742**	**11,800**	**12%**
		Infrastructure				
0		0-19 Organisation & Planning	2,799	164	26	1%
0		Education Capital	180	-1,051	0	0%
0		Home to School Transport – Special	17,918	785	0	0%
0		Children in Care Transport	1,628	78	0	0%
0		Home to School Transport – Mainstream	9,747	721	0	0%
0		**0-19 Place Planning & Organisation Service Total**	**32,272**	**697**	**26**	**0%**
0		**Education Directorate Total**	**146,557**	**17,401**	**11,826**	**8%**
		Executive Director				
0		Executive Director	929	165	0	0%
0		Lost Sales, Fees & Charges Compensation	179	0	0	0%
0		Central Financing	21	0	0	0%
0		**Executive Director Total**	**1,129**	**165**	**0**	**0%**
0		**Total**	**462,764**	**53,322**	**11,826**	**3%**
		Grant Funding				
0	4	Financing DSG	-102,708	-17,423	-11,800	-11%
0		Non Baselined Grants	-39,013	-4,439	0	0%
0		**Grant Funding Total**	**-141,721**	**-21,863**	**-11,800**	**8%**
0		**Net Total**	**321,043**	**31,460**	**26**	**0%**

Appendix 1a – Dedicated Schools Grant (DSG) Summary FMR

Forecast Outturn Variance (Previous) £'000	Ref	Service	Budget 2022/23 £'000	Actual £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
		Commissioning Directorate				
		Children's Commissioning				
0		Commissioning Services	245	0	0	0%
0		**Children's Commissioning Total**	**245**	**0**	**0**	**0%**
0		**Commissioning Directorate Total**	**245**	**0**	**0**	**0%**
		Children & Safeguarding Directorate				
		District Delivery Service				
0		Early Help District Delivery Service –North	0	0	0	0%
0		Early Help District Delivery Service – South	0	0	0	0%
0		**District Delivery Service Total**	**0**	**0**	**0**	**0%**
0		**Children & Safeguarding Directorate Total**	**0**	**0**	**0**	**0%**
		Education Directorate				
0	-	Early Years' Service	2,287	474	-0	0%
0		Virtual School	150	0	0	0%
0		Redundancy & Teachers Pensions	0	0	0	0%
		SEND Specialist Services (0-25 years)				
0		SEND Specialist Services	7,703	666	0	0%
0		Funding for Special Schools and Units	37,690	5,107	0	0%
0		High Needs Top Up Funding	32,613	4,459	0	0%
0		Special Educational Needs Placements	15,846	4,534	0	0%
0		Out of School Tuition	5,034	142	0	0%
0		Alternative Provision and Inclusion	7,262	989	0	0%
0	3	SEND Financing – DSG	-9,752	6	11,800	121%
0		**SEND Specialist Services (0 - 25 years) Total**	**96,395**	**15,904**	**11,800**	**12%**
		Infrastructure				
0		0-19 Organisation & Planning	2,232	45	0	0%
0		Home to School Transport – Special	400	0	0	0%
0		**0-19 Place Planning & Organisation Service Total**	**2,632**	**45**	**0**	**0%**
0		**Education Directorate Total**	**101,463**	**16,423**	**11,800**	**12%**
0		**Total**	**101,708**	**16,423**	**11,800**	**12%**
0		**Contribution to Combined Budgets**	**1,000**	**1,000**	**0**	**0%**
		Schools				
0		Primary and Secondary Schools	417,941	20,950	0	0%
0		Nursery Schools and PVI	35,704	8,116	0	0%
0		Schools Financing	-556,353	-49,264	0	0%
0		Pools and Contingencies	0	12	0	0%
0		**Schools Total**	**-102,708**	**-20,186**	**0**	**0%**
0		**Overall Net Total**	**0**	**-2,762**	**11,800**	**-%**

Appendix 2 – Public Health Service Level Financial Information

Forecast Outturn Variance (Previous) £'000	Ref	Service	Budget 2022/23 £'000	Actual £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
		Children Health				
0		Children 0-5 PH Programme	7,369	0	0	0%
0		Children 5-19 PH Programme - Non Prescribed	1,705	-74	0	0%
0		Children Mental Health	392	21	0	0%
0		**Children Health Total**	**9,466**	**-53**	**0**	**0%**
		Drugs & Alcohol				
0		Drug & Alcohol Misuse	5,514	-943	0	0%
0		**Drug & Alcohol Misuse Total**	**5,514**	**-943**	**0**	**0%**
		Sexual Health & Contraception				
0		SH STI testing & treatment - Prescribed	3,677	-218	0	0%
0		SH Contraception - Prescribed	1,126	-252	0	0%
0		SH Services Advice Prevention/Promotion - Non-Prescribed	367	-59	0	0%
0		**Sexual Health & Contraception Total**	**5,170**	**-529**	**0**	**0%**
		Behaviour Change / Preventing Long Term Conditions				
0		Integrated Lifestyle Services	3,210	-94	0	0%
0		Other Health Improvement	489	169	0	0%
0		Smoking Cessation GP & Pharmacy	800	-215	0	0%
0		NHS Health Checks Programme - Prescribed	1,111	-8	0	0%
0		**Behaviour Change / Preventing Long Term Conditions Total**	**5,611**	**-149**	**0**	**0%**
		Falls Prevention				
0		Falls Prevention	349	-86	0	0%
0		**Falls Prevention Total**	**349**	**-86**	**0**	**0%**
		General Prevention Activities				
0		General Prevention, Traveller Health	1	-1	0	0%
0		**General Prevention Activities Total**	**1**	**-1**	**0**	**0%**
		Adult Mental Health & Community Safety				
0		Adult Mental Health & Community Safety	257	-235	0	0%
0		**Adult Mental Health & Community Safety Total**	**257**	**-235**	**0**	**0%**
		Public Health Directorate				
0		Public Health Strategic Management	409	0	0	0%
0		Public Health Directorate Staffing & Running Costs	2,721	160	0	0%
0		Test and Trace Support Grant	123	17	0	0%
0		Enduring Transmission Grant	1,815	66	0	0%
0		Contain Outbreak Management Fund	5,911	106	0	0%
0		Lateral Flow Testing Grant	0	301	0	0%
0		**Public Health Directorate Total**	**10,980**	**650**	**0**	**0%**
0		**Total Expenditure before Carry-forward**	**37,348**	**-1,346**	**0**	**0%**

Forecast Outturn Variance (Previous) £'000	Ref	Service	Budget 2022/23 £'000	Actual £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
		Funding				
0		Public Health Grant	-27,301	-6,825	0	0%
0		Test and Trace Support Grant	0	0	0	0%
0		Enduring Transmission Grant	-1,815	-1,815	0	0%
0		Contain Outbreak Management Fund	-5,911	-5,911	0	0%
0		Community Testing Grant	0	0	0	0%
0		Other Grants	-94	0	0	0%
0		Drawdown from reserves	-2,227	0	0	0%
0		**Grant Funding Total**	**-37,348**	**-14,552**	**0**	**0%**
0		**Overall Net Total**	**0**	**-15,898**	**0**	**0%**

Appendix 3 – Service Commentaries on Outturn Position

Narrative is given below where there is an adverse/positive variance greater than 2% of annual budget or £100,000 whichever is greater for a service area.

1) SEND Financing DSG

Budget 2022/23 £'000	Actual £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
-9,752	8	11,800	121%

Due to the continuing increase in the number of children and young people with Education, Health and Care Plans (EHCPs), and the complexity of need of these young people, the overall spend on the High Needs Block element of the DSG funded budgets has continued to rise. The current in-year forecast reflects the initial latest identified shortfall between available funding and current budget requirements.

2) Financing DSG

Budget 2022/23 £'000	Actual £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
-102,708	-17,423	-11,800	-11%

Above the line within P&C, £102.7m is funded from the ring-fenced DSG. Net pressures will be carried forward as part of the overall deficit on the DSG.

Appendix 4 – Capital Position

4.1 Capital Expenditure

Original 2022/23 Budget as per BP £'000	Scheme	Revised Budget for 2022/23 £'000	Actual Spend (May 22) £'000	Forecast Outturn Variance (May 22) £'000	Total Scheme Revised Budget £'000	Total Scheme Variance £'000
24,224	Basic Need - Primary	5,574	198	**0**	184,036	0
40,926	Basic Need - Secondary	32,817	-157	**0**	225,674	0
1,566	Basic Need - Early Years	2,119	0	**0**	7,419	0
6,197	Adaptations	5,002	76	**0**	10,075	0
3,250	Conditions Maintenance	5,377	187	**0**	31,563	0
780	Devolved Formula Capital	1,979	0	**0**	9,053	0
16,950	Specialist Provision	14,976	249	**0**	38,018	0
1,050	Site Acquisition and Development	150	16	**0**	1,200	0
750	Temporary Accommodation	750	18	**0**	8,000	0
650	Children Support Services	650	0	**0**	6,500	0
15,223	Adult Social Care	6,554	25	**0**	110,283	0
1,400	Cultural and Community Services	3,235	349	**0**	6,759	0
-13,572	Capital Variation	-9,502	0	**0**	-58,878	0
733	Capitalised Interest	733	0	**0**	5,316	0
-1,770	Environment Fund Transfer	-1,770	0	**0**	-3,499	0
98,357	**Total P&C Capital Spending**	**68,644**	**963**	**0**	**581,519**	**0**

The schemes with significant variances (>£250k) either due to changes in phasing or changes in overall scheme costs can be found below:

P&C Capital Variation

The Capital Programme Board recommended that services include a variations budget to account for likely slippage in the capital programme, as it is sometimes difficult to allocate this to individual schemes in advance. The allocation for P&C's negative budget has been revised and calculated using the revised budget for 2022/23 as below. Slippage and underspends in 2022/23 result in the capital variations budget being fully utilised.

/Service	Capital Programme Variations Budget £000	Outturn Variance (May 22) £000	Capital Programme Variations Budget Used £000	Capital Programme Variations Budget Used %	Revised Outturn Variance (May 22) £000
P&C	-9,502	-9,502	0	0	0
Total Spending	-9,502	-9,502	0	0	0

4.2 Capital Funding

Original 2022/23 Funding Allocation as per BP £'000	Source of Funding	Revised Funding for 2022/23 £'000	Spend - Outturn (May 22) £'000	Funding Outturn Variance (May 22) £'000
14,679	Basic Need	15,671	15,671	0
3,000	Capital maintenance	5,877	5,877	0
780	Devolved Formula Capital	1,978	1,978	0
0	Schools Capital	0	0	0
5,070	Adult specific Grants	5,070	5,070	0
21,703	S106 contributions	11,561	11,561	0
2,781	Other Specific Grants	9,559	9,559	0
1,200	Other Revenue Contributions	0	0	0
0	Capital Receipts	0	0	0
39,147	Prudential Borrowing	18,927	18,927	0
9,997	Prudential Borrowing (Repayable)	0	0	0
98,357	**Total Funding**	**68,644**	**68,644**	**0**

Key Performance Indicators – Adults and Health Committee

To:	Adults and Health Committee
Meeting Date:	14 July 2022
From:	Jyoti Atri, Director of Public Health, Debbie McQuade, Director of Adult Social Care
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	N/A
Outcome:	The Committee receives performance reports at future meetings containing information on agreed indicators
Recommendation:	Adults and Health Committee are asked to: consider the proposed list of Key Performance Indicators, and confirm the indicators it wishes to receive reports on.

Officer contact:
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1. Background

1.1 The Council adopted a new Strategic Framework and Performance Management Framework in February 2022, for the financial year 2022/23. The new Performance Management Framework sets out that Policy and Service Committees should:

- Set outcomes and strategy in the areas they oversee
- Select and approve addition and removal of KPIs for the committee performance report
- Track progress quarterly
- Consider whether performance is at an acceptable level
- Seek to understand the reasons behind the level of performance
- Identify remedial action

1.2 Following from a paper for the Committee on 9 December 2021, exploring some of the key considerations for performance frameworks in the areas of adult social care and health services, a workshop was held with members of the Committee to discuss possibilities. This paper summarises a proposal of a set of indicators following that workshop, for Committee to discuss and agree.

1.3 If Committee can confirm an agreed list of indicators, these will be presented in a performance report, which could be provisionally scheduled for the October Committee meeting.

2. Main Issues

2.1 **Adult Social Care**

At the workshop there was concern raised that key performance indicators should not cause perverse incentives. The proposal following the workshop is therefore to provide KPIs in small bundles linked to a theme to provide a more rounded picture of performance whilst still reflecting headline performance.

2.2 The workshop also requested KPIs to reflect effective transitions between health and social care services. This has been added as a theme.

2.3 The four proposed themes are

1. Early intervention and prevention – supporting people early with targeted information and advice and low-level and community support and reablement services, to prevent or delay the need for long term care and support.
2. Long term care and support when needed is personalised and keeps people connected to their communities
3. Adults at risk are safeguarded from harm in ways that meet their desired outcomes.
4. Transitions between health and social care services work well

The proposed bundles of indicators are set out below and should be reported together against the themes. The proposal below sets out 11 indicators, with some more likely to be included from the joint Integrated Care System / health interface point.

Early intervention and prevention – supporting people early with targeted information and advice and low-level and community support and reablement services, to prevent or delay the need for long term care and support.

Indicator	Rationale
Number of new client contacts for Adult Social Care per 100,000 of the population	Effective community prevention and information services should minimise the number of people needing to contact adult social care directly. A marked growth in the number of contacts might show that universal community services are not meeting need. Conversely a marked reduction might suggest that we are not providing the right pathways into adult social care for who do need it.
% of new client contacts not resulting on long term care and support	This indicator is important to look at in line with the above as it shows whether change in contact numbers are from people needing long term care, or people whose needs could be met with preventative or low level community support. It helps us understand what might be driving a growth or reduction on contacts.
The proportion of people receiving reablement who did not require long term support after reablement was completed.	Reablement support has best results for those who are able to be prevented from requiring long term care and support. However, it can also benefit people in receipt of long term care and support by supporting improvement and enhancing the level of independence. Setting a target too high on this indicator can be a perverse incentive to decline the service for those with more complex needs. A target should be set that reflects a balance of use. It can viewed alongside the trends on new clients with long term service outcomes (the indicator above) to ensure that more complex cases are not being diverted straight into long term care.

Long term care and support when needed is personalised and keeps people connected to their communities

Indicator	Rationale
Proportion of people using social care who receive direct payments (%)	Direct payments provide people with more choice and control over how they meet they care and support needs. Our work with community catalyst around micro enterprises seeks to build more opportunities for people to use direct payments to access care and support opportunities local to them.
Proportion of people receiving long term support with who had not received a review in the last 12 months % of all people funded by ASC in long-term	It is a statutory duty to review long term care and support plans at least once a year. Regular reviews can help safeguard from risk, but also support personalisation by continuing to support people to connect to their communities and make the most of the local assets.

Number of carers assessed or reviewed in the year per 100,000 of the population.	Reviews are also an important time to make contact with carers to check that they remain able to offer their critical support. Assessments and reviews can be done jointly or separately to the cared for person. It is an opportunity to support carers to continue their caring role but also to plan ahead for the future. As supporting background to this indicator we would also provide information on the number of carers conversations we have had, which are more frequent and less formal than an assessment or review.
% total people accessing long term support in the community aged 18-64	We want people to be supported in a community setting whenever that is best for them. Community settings include sheltered housing and extra care housing. Residential and nursing homes are the right choice for those with the most complex needs but good performance on this indicator should reflect partnership working with housing to provide alternatives for housing with support. Using an indicator that splits ages help monitor equity between client groups.
% total people accessing long term support in the community aged 65 and over	We want people to be supported in a community setting whenever that is best for them. Community settings include sheltered housing and extra care housing. Residential and nursing homes are the right choice for those with the most complex needs but good performance on this indicator should reflect partnership working with housing to provide alternatives for housing with support. Using an indicator that splits ages help monitor equity between client groups.

Adults at risk are safeguarded from harm in ways that meet their desired outcomes.

Indicator	**Rationale**
Percentage of Cases where Making Safeguarding Personal (MSP) questions have been asked	It is important when undertaking a safeguarding that the person to whom it relates is engaged and is able to say what they want as an outcome, where they have capacity to do so. This indicator monitors that we are involving people in this way.
Percentage of those able to express desired outcomes who Fully or Partially Achieved their desired outcomes.	This indicator links to the indictor above and monitors how well we have been able to support the person to achieve the outcomes they wanted from the safeguarding enquiry.
Percentages of safeguarding enquiries where risk has been reduced or removed	This indicator tracks the effective of safeguarding enquiries in reducing or removing risk. It should be seen alongside the indicators above reflecting the desired outcomes of the person involved, so that there is not a perverse incentive to counter the wishes of the person themselves to eliminate

	risk when that person has capacity to decide on the level of risk that is acceptable to them.

Transitions between health and social care services work well
Detail of indicators to follow – discussions are still ongoing with colleagues in health services (maximum 3)

2.4 **Public Health**

There were not any objections or specific issues raised in relation to the choice of indicators.

We identified what we consider to be priority indicators. They reflect our high value contracts that are primarily preventative or provide treatment e.g., Drugs and Alcohol Treatment Service. Included are some targets for the Healthy Child Programme that is funded from the Public Health Grant. As these are not currently monitored by the CYP Committee they are included here as priority indicators. There are 9 priority indicators in this set.

Indicator	**Rationale**
KPI data is collected routinely from service data, in some areas, Drug and Alcohol Treatment Services and the Healthy Child Programme the data is also submitted nationally.	
Drug and Alcohol Treatment Services	
% Achievement against target for drug and alcohol service users who successfully complete treatment. (national benchmark)	Adult Drug & Alcohol services play an important role in treating people who are misusing these substances. The service involves acute phase but also importantly recovery. Successful completion includes a wide-ranging treatment programme that includes support for socio-economic issues such as housing and employment. There are national benchmarks to compare performance against.
Health Behaviour Change Services (lifestyles)	
Tier 2 Weight Management Services*:* % achievement of the target for Tier 2 Weight Management adult service users who complete the course and achieve a 5% weight loss. (30% recommended)	This Services offer a structured programme of support. Losing weight is challenging as there are many factors involved. There is a recommended percentage achievement of people who are supported to lose weight based on different research studies and programmes from around the country. Losing weight can improve health outcomes dramatically e.g., in the shorter term it can reverse Type 2 diabetes along with reducing the risk of other obesity related conditions such as cardiovascular diseases.
Health Trainer: (Structured support for health behaviour	Health Trainers offer support for up to a year for individuals aiming to adopt healthier behaviours, for example stopping smoking, being more physically active. The support can

change): % achievement against target for adult referrals to the service from high-risk areas/groups e.g., smokers from manual/routine groups (local target)	prevent ill health through reducing the risk of poor health through the adoption of healthier behaviours. This is a specific target KPI that aims to increase activity in high-risk groups or areas. Achievement targets are benchmarked against previous year's achievement and improvements are required over time.
Stop Smoking Services : % achievement against target for smoking quitters who have been supported through a 4-week structured course. (national benchmark)	Stop Smoking is considered as being the intervention that can have the greatest prevention impact. The 28-day supported structured quit attempt is considered to be a highly effective evidence-based intervention. Targets are set based on rates of cardio-vascular disease and smoking prevalence collected in GP practices.
NHS Health Checks (cardiovascular disease risk assessment) Achievement against target set for completed health checks	Risk assessment for CVD which is the biggest cause of mortality and morbidity currently. It is a mandated programme for LAs and there are national benchmarks. Targets are set based the prevalence of cardiovascular disease captured from GP practice data.
Healthy Child Programme	
Health Visiting	
Health visiting mandated check - Percentage of births that receive a face-to-face New Birth Visit (NBV) within 14 days, by a health visitor.	The new birth visit is the first contact with the Health Visiting service and is important in identifying early the need for extra support or additional interventions to prevent poor outcomes.
Health visiting mandated check – percentage of children who received a 6–8-week review by 8 weeks.	Similar to the new birth visit it is essential to see how the child is progressing, to exclude any risks and to offer support.
Health visiting mandated check - Percentage of children who received a 2-2.5-year review.	This is the last check/contact with the Health Visiting service and provides the opportunity to ensure that the child is developing and is fit and well. Essential for development assessment and identifying potential risks along with providing support and interventions as necessary
Breastfeeding	

% Of infants breast feeding at 6-8 weeks (need to achieve 95% coverage to pass validation).	Breastfeeding is important for a range of outcomes for the mother and child. It is encouraged as it protective against infection and obesity.

2.6 The total number of priority indicators recommended here is 20. This will be added to with indicators regarding the health / social care interface, suggest a maximum of 3 further indicators to make a total of 23.

2.7 Strategy and Resources Committee received a paper on 27 June 2022 which discussed the next steps for developing strategic KPIs for monitoring the performance of the whole Council against corporate priorities. In relation to the priority around health and care, it is recommended that indicators which are at a strategic outcome level are included. These could include use of indicators from the Health and Wellbeing Strategy, relevant indicators are:

- Healthy life expectancy
- Preventable deaths before the age of 75

2.8 One option for an indicator about adult social care services would be to pick an annual indicator from the annual Service User Survey (for example, social care related quality of life, or the proportion of people who use services who have control over their daily life). However, further information about the Government proposals for the updating of the Adult Social Care Outcomes Framework is anticipated in July, and this guidance may include removing the survey (the results of the most recent survey will be reported to Committee). It is therefore recommended that this is awaited prior to making a recommendation to the Strategy and Resources Committee.

3. Alignment with corporate priorities

3.1 Environment and Sustainability

There are no significant implications for this priority.

3.2 Health and Care

The indicators proposed here provide a comprehensive overview of performance in key priority areas, and will enable appropriate oversight and management of performance once regular reporting begins.

3.3 Places and Communities

There are no significant implications for this priority.

3.4 Children and Young People

There are no significant implications for this priority.

3.5 Transport

There are no significant implications for this priority.

4. Source documents

4.1 None

Adults and Health Committee Agenda Plan, Training Plan, Appointments to Outside Bodies and Internal Advisory Groups and Panels.

To:	Adults and Health Committee
Meeting Date:	14 July 2022
From:	Tamar Oviatt- Ham - Democratic Services Officer
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	Not applicable
Outcome:	To review the Committee's agenda plan and training plan, and appointments to Outside Bodies and Internal Advisory Groups and Panels. It is important that the Council is represented on a wide range of outside bodies to enable it to provide clear leadership to the community in partnership with citizens, businesses and other organisations.
Recommendation:	It is recommended that the Adults and Health Committee: (i) review its agenda plan attached at Appendix 1; (ii) review its training plan attached at Appendix 2; (iii) review the appointments to outside bodies as detailed in Appendix 3; (iv) review the appointments to Internal Advisory Groups and Panels as detailed in Appendix 4;

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

1. Background

1.1 The Adults and Health Committee reviews its agenda plan at every meeting.

1.2 The training plan for the Committee has been updated to reflect recent training.

1.3 The Adults and Health Committee at its meeting on 24 June 2021 reviewed and agreed its appointments to Outside Bodies and Internal Advisory Groups and Panels. It also agreed to delegate, on a permanent basis between meetings, the appointment of representatives to any vacancies on outside bodies, groups, and panels, within the remit of the Adults and Health Committee, to the Executive Director for People and Communities, in consultation with the Chair and Vice Chair of Adults and Health Committee and the Director of Public Health.

2. Appointments

2.1 The Committee is invited to review its appointments to outside bodies where appointments are required set out in Appendix 3.

2.2 The internal advisory groups and panels for review are set out in Appendix 4 to this report.

3. Alignment with corporate priorities

3.1 There are no significant implications for the following priorities:

Environment and Sustainability
Health and Care
Places and Communities
Children and Young People
Transport

4. Significant Implications

4.1 There are no significant implications within these categories

Resource Implications
Procurement/Contractual/Council Contract Procedure Rules Implications
Statutory, Legal and Risk Implications
Equality and Diversity Implications
Engagement and Communications Implications
Localism and Local Member Involvement

Public Health Implications
Environment and Climate Change Implications on Priority Areas

5. Source documents

5.1 Membership of Outside Bodies and Internal Advisory Groups and Panels

Appendix 1

Adults and Health Policy and Service Committee Agenda Plan

Published 1 July 2022

Notes

The definition of a key decision is set out in the Council's Constitution in Part 2, Article 12.
* indicates items expected to be recommended for determination by full Council.
+ indicates items expected to be confidential, which would exclude the press and public.

The following are standing agenda items which are considered at every Committee meeting:

- Minutes of previous meeting and Action Log
- Agenda Plan, Training Plan and Appointments to Outside Bodies and Internal Advisory Groups and Panels

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
14/07/22	Suicide Prevention Strategy	J Atri	Not applicable	01/07/22	06/07/22
	Additional funding for Drug and Alcohol Services	V Thomas	2022/063		
	Extension of Section 75 Agreement for Sexual and Reproductive Health Services	V Thomas	2022/080		
	Procurement of Tier 3 Weight Management Services	V Thomas	2022/088		
	Finance Monitoring Report – May 2022/23	J Hartley	2022/081		
	Covid 19 Update and Lessons Learnt	J Atri	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
	Finance Monitoring Report – Year End 2021/22	J Hartley	Not applicable		
	Annual Customer Services Report	D McQuade	Not applicable		
	Performance Report	T Barden	Not applicable		
	Scrutiny Items				
	Health and Wellbeing Board Update	J Atri	Not applicable		
	Cambridge Children's Hospital Project	N Bostock, A White and R Heuschkel	Not applicable		
	North Place ICP	R Murphy	Not applicable		
15/09/22 Reserve Date				02/09/22	07/09/22
05/10/22	Healthy Weight Strategy	V Thomas	2022/030	23/09/22	27/09/22
	Work and Health Strategy	V Thomas	2022/031		
	Public Health Mental Health Strategy	K Hartley	2022/032		
	Cardiovascular Disease Prevention Strategy	V Thomas	2022/072		
	Re-commissioning of Adult and Young People's Drug and Alcohol Services	V Thomas	2022/066		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
	Cambridgeshire and Peterborough Foundation Trust (CPFT) Section 75 Agreement – Occupational Therapy Service	D Mackay	2022/040		
	Mental Health Section 75 – Annual Update	L Sparks	Not applicable		
	Adult Social Care Vision	T Hornsby	Not applicable		
	Adult Social Care Reforms	D McQuade	Not applicable		
	Fair Costing for Care and Sustainability	W Patten	Not applicable		
	Business Planning	C Black	Not applicable		
	CPFT Annual Report	C Black	Not applicable		
	Annual Safeguarding Board Report	J Procter	Not applicable		
	Public Health Report	J Atri	Not applicable		
	Risk Register	D Revens	Not applicable		
	Finance Monitoring Report	J Hartley	Not applicable		
15/12/22	Place Based Homecare Model in East Cambridgeshire (Care Together)	R Miller/ S Torrance	2022/016	02/12/22	07/12/22
	Public Health Report - TBC	J Atri	Not applicable		
	Finance Monitoring Report	J Hartley	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
	Adults Self Assessment	D McQuade	Not applicable		
12/01/23 Reserve Date				TBC	04/01/23
09/03/23	Independent Living Services	K Russell-Surtees	2023/005	24/02/21	01/03/23
	Public Health Report - TBC	J Atri	Not applicable		
	Adults Social Care Service User Survey Feedback	D McQuade	Not applicable		
	Finance Monitoring Report	J Hartley	Not applicable		
27/04/23 Reserve Date				14/04/23	19/04/23

Please contact Democratic Services democraticservices@cambridgeshire.gov.uk if you require this information in a more accessible format

Appendix 2

Adults and Health Committee Training Plan 2021/22

Below is an outline of topics for potential training committee sessions and visits for discussion with the new Adults and Health Committee.

The Adults & Health Committee induction recording can be sent to Members by contacting democraticservices@cambridgeshire.gov.uk

Suggested dates	Timing	Topic	Presenter	Location	Notes	Attendees
Thursday 28 October 10:00 - 11:00 Virtual Teams meeting	1 hour	Public Health and the COVID-19 pandemic – roles and responsibilities Local Outbreak Management Plan	Deputy Director of Public Health (CCC) and consultant leads Cell leads / Surveillance	This will be an interactive session in relation to Outbreak Management In addition, in this session you have the opportunity to talk to staff involved in outbreak control including the contact centre staff who provide support to those self-isolating	**PH session: Hold in PH & Members' Diary** Minimum attendance of 4 members	**Cancelled due to lack of bookings**
Friday 29 October 15:00 - 16:00 Virtual Teams meeting	1 hour	Introduction to Children and Young People's Public Health Commissioning	Public Health Consultant lead – Children and Young People – Raj Lakshman	Virtual	**PH session: Hold in PH & Members' Diary** Children's Committee to be invited	Cllr Bryony Goodliffe Cllr Philippa Slatter Cllr Edna Murphy Cllr Hay

Suggested dates	Timing	Topic	Presenter	Location	Notes	Attendees
Thursday 11 November 10:00 - 12:00 Virtual Teams meeting	2 hours	Introduction to Health Improvement and Public Health Commissioning	Deputy Director of Public Health (CCC) Public Health Joint Commissioning Unit (JCU) PH Commissioning Team Leads	Virtual introduction into public health commissioning	**PH session: Hold in PH & Members' Diary** Maximum attendance of 3 Members, can be arranged on request	Cancelled, lack of bookings
Thursday 11 November 9.00 – 10.00	1 hour	Overview of Transfers of Care, the role of the Transfers of Care Team and an overview of Brokerage: - What is 'discharge to assess'? - How the service works - how many people we support and some case examples?	Head of Transfers of Care, Head of Brokerage, Contracts & Quality Improvement	Virtual Teams meeting	**ASC Session:** Minimum attendance of 4 Members	Cancelled, lack of bookings
Wednesday 17 November 13:00 to 14:00	1 hour	Overview of Public Mental Health and Mental Health Services and the role of Social Care including an overview of	Trust Professional Lead for Social Work, CPFT Senior Commissioner: Prevention, Early	Virtual	**PH Session:** Minimum attendance of 4 members	**Cllr Edna Murphy**

Suggested dates	Timing	Topic	Presenter	Location	Notes	Attendees
		commissioning related to Mental Health. Some examples of the current people we support	Intervention and Mental Health Public Health Consultant lead for Mental Health			
Thursday 18 November **10:00 to 11:00**	1 hour	Introduction of Public Health Intelligence (PHI) – information for Public Health and Public Heath Inequalities	Deputy Director of Public Health (PCC) PHI lead and Team	Virtual Interactive	**Holds in the PH and Members' Diary**	Cancelled – only one member booked on
Thursday 18 November 11.00 – 12.00	1 hour	An overview of Adult Social Care Finance to include Charging policy and Direct Payments	Strategic Finance Manager, Head of Adults Operational Finance, Public Health	Virtual	**Finance Session** Minimum attendance of 4 Members	Cancelled, lack of bookings

Monday 22 November Amundsen House 9.30 – 12.00 Scott House 13.00 – 16.00	1 day or 2 half days	Overview of the Adult Social Care Customer Journey including Prevention & Early Intervention Services and Long-Term Complex Services. At this session you will start the day at Amundsen House and be introduced to our Prevention & Early Intervention services, where many of our customers start their journey. You will have the opportunity to listen into live calls and get to know more about Adult Early Help, Reablement and Technology. In the afternoon, you will visit our Social Work Teams for Older People and the Learning Disability partnership in Scott House and have the opportunity to experience case work.	Head of Prevention & Early intervention, Head of Assessment & Care Management, Social Work Teams	Amundsen House & Scott House	**ASC Session:** Maximum attendance of 4 Members & can be arranged on request	Attended by Cllr Susan Van De Ven Cllr Adela Costello Cllr Philippa Slatter

Suggested dates	Timing	Topic	Presenter	Location	Notes	Attendees
Thursday 25 November Amundsen House 9.30 – 12.00 Scott House 1pm – 4.30pm		As above				Cancelled, lack of bookings
Thursday 10 March 9.30am – 12.00pm & 1pm – 4.00pm		As above		Virtual		Cllr Graham Wilson Cllr Anne Hay
Monday 20th June 10am – 12pm & 1pm – 3pm		As above		Amundsen House & Scott House		Cllr Richard Howitt Cllr Susan van de Ven Cllr Claire Daunton (am only) Cllr Graham Wilson

Suggested dates	Timing	Topic	Presenter	Location	Notes	Attendees
Thursday 25 November 10:00 - 11:00	1 hour	Introduction Public Health and Prevention Primary Prevention Healthy Aging and Falls Prevention Mental Health	Deputy Director of Public Health (CCC) Public Health Consultant leads Adults & Social Care, Mental Health. Team Manager (Health in All Policies) Senior Public Health Manager Partnerships	Virtual	**PH Session:** Hold in PH & Members' Diary	**Cancelled due to lack of bookings**
Thursday 25 November 14.30 – 16.00	1 ½ hours	Introduction to Health Protection and Emergency Planning	Deputy Director of Public Health (PCC) Public Health Consultant lead TBC Senior Public Health Manager (Emergency Planning and Health Protection)	Virtual Interactive	**PH session:** Emmeline Watkins With Tiya Balaji Minimum attendance of 4 members	**Cancelled due to lack of bookings**

Tuesday 30 November	1 hour	Introduction to Integrated Care Systems	Jan Thomas (CCG appointed to CEO ICS)	Virtual	**PH session:**	Cllr Michael Atkins T Cllr Lynne Ayres A Cllr Gerri Bird T Cllr Ray Bisby A Cllr Sandra Bond A Cllr Shazia Bashir A Cllr Alex Bulat T Cllr Simon Bywater T Cllr Sam Clark T Cllr Adela Costello A Cllr Piers Coutts T Cllr Steve Criswell T Cllr Douglas Dew T Cllr Corinne Garvie A Cllr Jenny Gawthorpe Wood T Cllr Bryony Goodliffe T Anne Hay Cllr T Cllr Peter Hillier A Mark Howell Cllr A Cllr Richard Howitt T Cllr Elisa Meschini T Cllr Edna Murphy T Cllr Lucy Nethsingha T Cllr Lucinda Robinson A Cllr Brian Rush A Cllr Oliver Sainsbury A Cllr Tom Sanderson T Cllr Philippa Slatter A Cllr Ambrose Smith A Cllr Simone Taylor A Cllr Bryan Tyler A Cllr Susan van de Ven T

Suggested dates	Timing	Topic	Presenter	Location	Notes	Attendees
						Cllr Graham Wilson A
On request **November**	2 hours	Introduction to Health Improvement and Public Health Commissioning	Deputy Director of Public Health (CCC) Public Health Joint Commissioning Unit (JCU) PH Commissioning Team Leads	In this session, you will start at Scott House prior to visiting the Drug and Alcohol Service or Lifestyle services	**PH Session:** Maximum of 4 members to be arranged on request	
November Date to be confirmed External session	**TBC**	Introduction to Scrutiny	Director of Public Health Head of Public Health Business Programmes	Virtual	**Dem services** Minimum attendance of 4 members	
November Date to be confirmed External Session	**TBC**	Introduction to the Integrated Care System	Partners from the ICS /NHS will be leading this session for members of scrutiny committees across Cambridgeshire & Peterborough	Virtual	**Externally Lead** Minimum attendance of 4 members	

Suggested dates	Timing	Topic	Presenter	Location	Notes	Attendees
On request	1 hour + visit	Adult Safeguarding and Making Safeguarding Personal. An overview of how Safeguarding works and the role of the Multi Agency Safeguarding Hub (MASH)	Assistant Director of Safeguarding, Quality & Practice	Virtual or Stanton House and could include a visit to the MASH in God-Manchester	**ASC Session:** Maximum attendance of 4 Members, to be arranged on request	
On request **Monday 1 November** 11.00 – 13.00 ****New date**** **Thursday 3 March** 2pm – 4pm	90 mins	Overview of the Learning Disability Partnership (LDP) including an overview of commissioning related to Learning Disability including: - Adults & Autism - 0-25 Young Adults Team - Preparation for Adulthood - Housing and Accommodation - Day Opportunities- in house provision and external - Carers Direct Payments and Personal Health Budgets	Head of Learning Disability Partnership, Head of Commissioning Adults Social Care, Mental Health and Learning Disabilities, Senior Commissioner LDP	Scott House or Virtual, this could also include a visit to one of our In-House Provider settings	**ASC Session:** Maximum attendance of 4 Members, to be arranged on request	**Cllr Graham Wilson** **Cllr Bryony Goodliffe** **Cllr Anne Hay**

GLOSSARY OF TERMS / TEAMS ACROSS ADULTS & COMMISSIONING

More information on these services can be found on the Cambridgeshire County Council Website:
https://www.cambridgeshire.gov.uk/residents/adults/

ABBREVIATION/TERM	NAME	DESCRIPTION
COMMON TERMS USED IN ADULTS SERVICES		
Care Plan	Care and Support Plan	A Care and Support plans are agreements that are made between service users, their family, carers and the health professionals that are responsible for the service user's care.
Care Package	Care Package	A care package is a combination of services put together to meet a service user's assessed needs as part of a care plan arising from a single assessment or a review.
DTOC	Delayed Transfer of Care	These are when service users have a delay with transferring them into their most appropriate care (ie; this could be from hospital back home with a care plan or to a care home perhaps)
KEY TEAMS		
AEH	Adults Early Help Services	This service triages requests for help for vulnerable adults to determine the most appropriate support which may be required
TEC	Technology Enabled Care	TEC team help service users to use technology to assist them with living as independently as possible
OT	Occupational Therapy	
ASC	Adults Social Care	This service assesses the needs for the most vulnerable adults and provides the necessary services required
Commissioning	Commissioning Services	This service provides a framework to procure, contract and monitor services the Council contract with to provide services such as care homes etc.
TOCT	Transfer of Care Team (sometimes Discharge Planning)	This team works with hospital staff to help determine the best care package / care plan for individuals being discharged from hospital back home or an appropriate placement elsewhere
LDP	Learning Disability Partnership	The LDP supports adults with learning disabilities to live as independently as possible

ABBREVIATION/TERM	NAME	DESCRIPTION
MASH	Multi-agency Safeguarding Hub	This is a team of multi-agency professionals (i.e. health, Social Care, Police etc) who work together to assess the safeguarding concerns which have been reported
MCA DOLs Team	Mental Capacity Act Deprivation of Liberty Safeguards (DOLS)	When people are unable to make decisions for themselves, due to their mental capacity, they may be seen as being 'deprived of their liberty'. In these situations, the person deprived of their liberty must have their human rights safeguarded like anyone else in society. This is when the DOLS team gets involved to run some independent checks to provide protection for vulnerable people who are accommodated in hospitals or care homes who are unable to no longer consent to their care or treatment.
PD	Physical Disabilities	PD team helps to support adults with physical disabilities to live as independently as possible
OP	Older People	OP team helps to support older adults to live as independently as possible
Provider Services	Provider Services	Provider Services are key providers of care which might include residential homes, care homes, day services etc
Reablement	Reablement	The reablement team works together with service-users, usually after a health set-back and over a short-period of time (6 weeks) to help with everyday activities and encourages service users to develop the confidence and skills to carry out these activities themselves and to continue to live at home
Sensory Services	Sensory Services	Sensory Services provides services to service users who are visually impaired, deaf, hard of hearing and those who have combined hearing and sight loss
FAT	Financial Assessment Team	The Financial Assessment Team undertakes assessments to determine a person's personal contribution towards a personal budget/care
AFT	Adult Finance Team	The Adult Finance Team are responsible for loading services and managing invoices and payments
D2A	Discharge to Assess	This is the current COVID guidance to support the transfer of people out of hospital.
Carers Triage	Carers Triage	A carers discussion to capture views and determine outcomes and interventions such as progress to a carers assessment, what if plan, information, and/or changes to cared for support
DP	Direct Payment	An alternative way of providing a person's personal budget

ABBREVIATION/TERM	NAME	DESCRIPTION
DPMO	Direct Payment Monitoring Officer	An Officer who audits and monitors Direct Payments
Community Navigators	Community Navigators	Volunteers who provide community-based advice and solutions

GLOSSARY OF TERMS / TEAMS ACROSS PUBLIC HEALTH

ABBERVIATION/TERM	DESCRIPTION
Common Terms Used in Public Health	
Accreditation	The development of a set of standards, a process to measure health department performance against those standards, and some form of reward or recognition for those agencies meeting the standards.
Assessment	One of public health's three core functions. The regular collection, analysis and sharing of information about health conditions, risks, and resources in a community. Assessment is needed to identify health problems and priorities and the resources available to address the priorities.
Assurance	One of the three core functions in public health. Making sure that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services. The services are assured by encouraging actions by others, by collaboration with other organisations, by requiring action through regulation, or by direct provision of services.
Bioterrorism	The intentional use of any microorganism, virus, infectious substance, or biological product that may be engineered as a result of biotechnology, or any naturally occurring or bio-engineered component of any such microorganism, virus, infectious substance, or biological product, to cause death disease, or other biological malfunction in a human, an animal, a plant, or another living organism in order to influence the conduct of government or to intimidate or coerce a civilian population

ABBERVIATION/TERM	DESCRIPTION
Capacity	The ability to perform the core public health functions of assessment, policy development and assurance on a continuous, consistent basis, made possible by maintenance of the basic infrastructure of the public health system, including human, capital and technology resources.
Chronic Disease	A disease that has one or more of the following characteristics: it is permanent, leaves residual disability, is caused by a non-reversible pathological alteration, requires special training of the patient for rehabilitation, or may be expected to require a long period of supervision, observation or care.
Clinical Services/Medical Services/Personal Medical Services	Care administered to an individual to treat an illness or injury.
Determinants of health	The range of personal, social, economic and environmental factors that determine the health status of individuals or populations
Disease	A state of dysfunction of organs or organ systems that can result in diminished quality of life. Disease is largely socially defined and may be attributed to a multitude of factors. Thus, drug dependence is presently seen by some as a disease, when it previous was considered to be a moral or legal problem.
Disease management	To assist an individual to reach his or her optimum level of wellness and functional capability as a way to improve quality of health care and lower health care costs.
Endemic	Prevalent in or peculiar to a particular locality or people.
Entomologist	An expert on insects
Epidemic	A group of cases of a specific disease or illness clearly in excess of what one would normally expect in a particular geographic area. There is no absolute criterion for using the term epidemic; as standards and expectations change, so might the definition of an epidemic, such as an epidemic of violence.
Epidemiology	The study of the distribution and determinants of diseases and injuries in human populations. Epidemiology is concerned with the frequencies and types of illnesses and injuries in groups of people and with the factors that influence their distribution.
Foodborne Illness	Illness caused by the transfer of disease organisms or toxins from food to humans.
Health	The state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity. Health has many dimensions-anatomical, physiological and mental-and is largely culturally defined. Most attempts at measurement have been assessed in terms of morbidity and mortality

ABBERVIATION/TERM	DESCRIPTION
Health disparities	Differences in morbidity and mortality due to various causes experience by specific sub-populations.
Health education	Any combination of learning opportunities designed to facilitate voluntary adaptations of behaviour (in individuals, groups, or communities) conducive to health.
Health promotion	Any combination of health education and related organizational, political and economic interventions designed to facilitate behavioural and environmental adaptations that will improve or protect health.
Health status indicators	Measurements of the state of health of a specific individual, group or population.
Incidence	The number of cases of disease that have their onset during a prescribed period of time. It is often expressed as a rate. Incidence is a measure of morbidity or other events that occur within a specified period of time. See related prevalence
Infant Mortality Rate	The number of live-born infants who die before their first birthday per 1,000 live births.
Infectious	Capable of causing infection or disease by entrance of organisms (e.g., bacteria, viruses, protozoan, fungi) into the body, which then grow and multiply. Often used synonymously with “communicable
Intervention	A term used in public health to describe a program or policy designed to have an effect on a health problem. Health interventions include health promotion, specific protection, early case finding and prompt treatment, disability limitation and rehabilitation.
Infrastructure	The human, organizational, information and fiscal resources of the public health system that provide the capacity for the system to carry out its functions.
Isolation	The separation, or the period of communicability, of known infected people in such places and under such condition as to prevent or limit the transmission of the infectious agent.
Morbidity	A measure of disease incidence or prevalence in a given population, location or other grouping of interest
Mortality	A measure of deaths in a given population, location or other grouping of interest
Non-infectious	Not spread by infectious agents. Often used synonymously with “non-communicable”.
Outcomes	Sometimes referred to as results of the health system. These are indicators of health status, risk reduction and quality of life enhancement.

ABBERVIATION/TERM	DESCRIPTION
Outcome standards	Long-term objectives that define optimal, measurable future levels of health status; maximum acceptable levels of disease, injury or dysfunction; or prevalence of risk factors.
Pathogen	Any agent that causes disease, especially a microorganism such as bacterium or fungus.
Police Power	A basic power of government that allows restriction of individual rights in order to protect the safety and interests of the entire population
Population-based	Pertaining to the entire population in a particular area. Population-based public health services extend beyond medical treatment by targeting underlying risks, such as tobacco, drug and alcohol use; diet and sedentary lifestyles; and environmental factors.
Prevalence	The number of cases of a disease, infected people or peoplewith some other attribute present during a particular interval of time. It often is expressed as a rate.
Prevention	Actions taken to reduce susceptibility or exposure to health problems (primary prevention), detect and treat disease in early stages (secondary prevention), or alleviate the effects of disease and injury (tertiary prevention).
Primary Medical Care	Clinical preventive services, first contact treatment services and ongoing care for commonly encountered medical conditions.
Protection	Elimination or reduction of exposure to injuries and occupational or environmental hazards.
Protective factor	An aspect of life that reduces the likelihood of negative outcomes, either directly or by reducing the effects of risk factors.
Public Health	Activities that society does collectively to assure the conditions in which people can be healthy. This includes organized community efforts to prevent, identify, pre-empt and counter threats to the public's health.
Public Health Department	Local (county, combined city-county or multi- county) healthy agency, operated by local government, with oversight and direction from a local board of health, which provides public health services throughout a defined geographic area.
Public Health Practice	Organisational practices or processes that are necessary and sufficient to assure that the core functions of public health are being carried out effectively.
Quality assurance	Monitoring and maintaining the quality of public health services through licensing and discipline of health professionals, licensing of health facilities and the enforcement of standards and regulations.

ABBERVIATION/TERM	DESCRIPTION
Quarantine	The restriction of the activities of healthy people who have been exposed to a communicable disease, during its period of communicability, to prevent disease transmission during the incubation period should infection occur.
Rate	A measure of the intensity of the occurrence of an event. For example, the mortality rate equals the number who die in one year divided by the number at risk of dying. Rates usually are expressed using a standard denominator such 1,000 or 100,000 people.
Risk Assessment	Identifying and measuring the presence of direct causes and risk factors that, based on scientific evidence or theory, are thought to directly influence the level of a specific health problem.
Risk Factor	Personal qualities or societal conditions that lead to the increased probability of a problem or problems developing.
Screening	The use of technology and procedures to differentiate those individuals with signs or symptoms of disease from those less likely to have the disease.
Social Marketing	A process for influencing human behaviour on a large scale, using marketing principles for the purpose of societal benefit rather than for commercial profit.
Social Norm	Expectations about behaviour, thoughts or feelings that are appropriate and sanctioned within a particular society. Social norms can play a powerful role in the health status of individuals.
Standards	Accepted measure of comparison that have quantitative or qualitative value.
State Health Agency	The unit of state government that has leading responsibility for identifying and meeting the health needs of the state's citizens. State health agencies can be free standing or units of multipurpose health and human service agencies.
Surveillance	Systematic monitoring of the health status of a population.
Threshold Standards	Rate or level of illness or injury in a community or population that, if exceeded, call for closer attention and may signal the need for renewed or redoubled action.
Years of Potential Life lost	A measure of the effects of disease or injury in a population that calculates years of life lost before a specific age (often ages 64 or 75). This approach places additional value on deaths that occur at earlier ages.
Health and Care Organisations in Cambridgeshire & Peterborough	
CAMHS	Community Child and Adolescent Mental Health Services

ABBERVIATION/TERM	DESCRIPTION
	https://www.mind.org.uk/information-support/for-children-and-young-people/understanding-camhs/?gclid=EAIaIQobChMIr_P53PKW8QIV_4FQBh1GmgBYEAAYASAAEgI2Q_D_BwE
CAPCCG	Cambridgeshire and Peterborough Clinical Commissioning Group https://www.cambridgeshireandpeterboroughccg.nhs.uk
CCC	Cambridgeshire County Council https://www.cambridgeshire.gov.uk
CCS	Cambridgeshire Community Services NHS Trust http://www.cambscommunityservices.nhs.uk/
CHUMS	Mental Health & Emotional Wellbeing Service for Children and Young People http://chums.uk.com/
CPFT	Cambridgeshire and Peterborough NHS Foundation Trust (Mental health, learning disability, adult community services and older people's services) http://www.cpft.nhs.uk/
CQC	Care Quality Commission (The independent regulator of health and social care in England) http://www.cqc.org.uk/
CUH	Cambridge University Hospitals NHS Foundation Trust (Addenbrooke's and the Rosie) https://www.cuh.nhs.uk
EEAST	East of England Ambulance Service NHS Trust http://www.eastamb.nhs.uk
HH	Hinchingbrooke Hospital (Provided by North West Anglia NHS Foundation Trust – NWAFT) https://www.nwangliaft.nhs.uk
HUC	Herts Urgent Care (provide NHS 111 and Out of Hours) https://hucweb.co.uk/
ICS	Integrated Care Systems
Helpful NHS Terminology Links	
https://www.nhsconfed.org/acronym-buster	The NHS uses a number of acronyms when describing services this acronym buster may be of some help.

ABBERVIATION/TERM	DESCRIPTION
https://www.kingsfund.org.uk/audio-video/how-does-nhs-in-england-work	The Kings Fund have produced a good video explaining how the NHS in England works. The Kings Fund website in general contains many resources which you may find helpful.
https://www.england.nhs.uk/learning-disabilities/	NHS terms used in the field of disabilities
https://www.thinklocalactpersonal.org.uk/Browse/Informationandadvice/CareandSupportJargonBuster/	Think Local Act Personal jargon buster search engine for health and social care.

Cambridgeshire County Council
Appointments to Outside Bodies: Policy and Service Committees

Name of Body	Meetings per Annum	Reps Appointed	Representative(s)	Contact Details	Guidance Classification	Committee to Approve
Cambridge Cancer Research Hospital Engagement Board	TBC	2	Councillor Lorna Dupre (LD) Councillor Susan van de Ven (LD)	TBC	Other Public Body representative	Adults and Health
Cambridge Children's Hospital Liaison Group	TBC	2	Councillor Susan van de Ven (LD) Councillor Alex Bulat (L)	TBC	Other Public Body representative	Adults and Health
Cambridge University Hospitals NHS Foundation Trust Council of Governors The Board of Governors represents patients, public and staff. The majority of the Governors are elected by the membership. Governors provide a direct link to the local community and represent the interests of members and the wider public in the stewardship and development of the Trust.	4	1	Councillor G Bird (L)	Martin Whelan Assistant Trust Secretary 01223 348567 martin.whelan@addenbrookes.nhs.uk	Other Public Body representative	Adults and Health

Name of Body	Meetings per Annum	Reps Appointed	Representative(s)	Contact Details	Guidance Classification	Committee to Approve
Cambridgeshire and Peterborough NHS Foundation Trust Provides mental health and specialist learning disability services across Cambridgeshire and Peterborough. Also provides some specialist services on a regional and national basis. Partners are Cambridgeshire County Council, Peterborough City Council, NHS Cambridgeshire and NHS Peterborough.	4	1	Councillor C Daunton (LD)	Louisa Bullivant Corporate Governance Manager 01223 219477 Ext 19477 louisa.bullivant@cpft.nhs.uk	Partner Governor on the Council of Governors	Adults and Health

Name of Body	Meetings per Annum	Reps Appointed	Representative(s)	Contact Details	Guidance Classification	Committee to Approve
North West Anglia NHS Foundation Trust Council of Governors The North West Anglia NHS Foundation Trust was formed on 1 April 2017. The trust runs three busy hospitals – Peterborough City Hospital, Hinchingbrooke Hospital and Stamford and Rutland Hospital. Governors are the 'voice' of members of partner organisations in the running of the hospitals, so that hospital services always reflect the needs and expectations of local people.	TBC	1	Councillor T Sanderson (Ind)	Jane Pigg Company Secretary North West Anglia Foundation Trust 01733 677926 (direct dial) jane.pigg@pbh-tr.nhs.uk PA Jackie Bingley 01733 677953 (Weds) 01480 418755 (rest of week)	Other Public Bodies [Partner Governor]	Adults and Health
Royal Papworth Hospital NHS Foundation Trust Council of Governors NHS Foundation Trusts are not-for-profit, public benefit corporations. They are part of the NHS and provide over half of all NHS hospital and mental health services. The County Council is represented on the Council as a nominated Governor.	4	1	Councillor P Slatter (LD)	Anna Jarvis Trust Secretary Chief Executive's Office anna.jarvis4@nhs.net Direct Line 01480 364555	Other Public Bodies	Adults and Health

Appointments to Internal Advisory Groups and Panels

Appendix 4

Name of Body	Meetings per Annum	Representatives Appointed	Representative(s)	Contact Details	Committee to Approve
Adults Safeguarding Board Under the terms of the Care Act 2014, each Local Authority must set up a Safeguarding Adult Board (SAB), with core membership from the Local Authority, police and the National Health Service (specifically the local Clinical Commissioning Group/s). The Cambs and P'boro Board sits below the Executive Safeguarding Partnership Board. The Board is responsible for progressing the Executive Safeguarding Partnerships Board's business priorities through the business plan.	4	1	Councillor R Howitt (L)	Sam Cook safeguardingboards@cambridgeshire.gov.uk	Adults and Health

Name of Body	Meetings per Annum	Representatives Appointed	Representative(s)	Contact Details	Committee to Approve
Cambridge University Hospital NHS Foundation Trust (Addenbrooke's Hospital) Liaison Group The purpose is to determine any organisational issues, consultations, strategy or policy developments that are relevant for the Health Committee to consider under its scrutiny function.	4	4	Councillor G Bird (L) Councillor R Howitt (L) Councillor P Slatter (LD) Councillor S van de Ven (LD)	Kate Parker Head of Public Health Business Programmes Kate.Parker@cambridgeshire.gov.uk 01480 379561	Adults and Health
Cambridgeshire Community Services NHS Foundation Trust Quarterly Liaison Group		5	District Councillor Garvie Councillor B Goodliffe (L) Councillor M King (LD) Councillor S Van de Ven (LD) Vacancy	Kate Parker Head of Public Health Business Programmes Kate.Parker@cambridgeshire.gov.uk 01480 379561	Adults and Health

Name of Body	Meetings per Annum	Representatives Appointed	Representative(s)	Contact Details	Committee to Approve
Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) Liaison Group The purpose is to determine any organisational issues, consultations, strategy or policy developments that are relevant for the Health Committee to consider under its scrutiny function.	4	4	Councillor C Daunton (LD) Councillor S van de Ven (LD) Vacancy Vacancy	Kate Parker Head of Public Health Business Programmes Kate.Parker@cambridgeshire.gov.uk 01480 379561	Adults and Health

Name of Body	Meetings per Annum	Representatives Appointed	Representative(s)	Contact Details	Committee to Approve
Clinical Commissioning Group and Cambridgeshire Healthwatch Liaison Group The purpose is to determine any organisational issues, consultations, strategy or policy developments that are relevant for the Health Committee to consider under its scrutiny function.	4	5	Councillor R Howitt (L) Councillor S van de Ven (LD) Vacancy Vacancy Vacancy	Kate Parker Head of Public Health Business Programmes Kate.Parker@cambridgeshire.gov.uk 01480 379561	Adults and Health

Name of Body	Meetings per Annum	Representatives Appointed	Representative(s)	Contact Details	Committee to Approve
North West Anglia NHS Foundation Trust (Hinchingbrooke Hospital) Liaison Group The purpose is to determine any organisational issues, consultations, strategy or policy developments that are relevant for the Health Committee to consider under its scrutiny function. It also provides the organisation with forward notice of areas that Health Committee members may want further information on or areas that may become part of a formal scrutiny.	4	3	Councillor T Sanderson (Ind) Councillor P Slatter (LD) Councillor S van de Ven (LD)	Kate Parker Head of Public Health Business Programmes Kate.Parker@cambridgeshire.gov.uk 01480 379561	Adults and Health
Royal Papworth Hospital Trust Liaison Group		4	Councillor R Howitt (L)	Kate Parker Head of Public Health Business Programmes Kate.Parker@cambridgeshire.gov.uk 01480 379561	Adults and Health

Cambridgeshire and Peterborough Overarching Health and Wellbeing Strategy – Consultation

To:	Adults and Health Committee
Meeting Date:	14 July 2022
From:	Jyoti Atri, Director of Public Health
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	N/A
Outcome:	The committee will have an opportunity to inform the development of the Cambridgeshire and Peterborough Overarching Health and Wellbeing Strategy, reviewing the engagement process and formal consultation for developing the overarching strategic approach and four priorities. Anticipated outcomes for the strategy are detailed in Appendix A
Recommendation:	Adults and Health Committee is asked to: note and comment on the proposals for engagement and consultation around the Overarching Cambridgeshire and Peterborough Health and Wellbeing Strategy.

Officer contact:
Name: Jyoti Atri
Post: Director of Public Health
Email: Jyoti.Atri@cambridgeshire.gov.uk
Tel:

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

1. Background

1.1 All re Health and Wellbeing Boards are required, as stated in the Health and Social Care Act 2012, to produce Health and Wellbeing Strategies. The last two years have required the whole system to focus on tackling the challenges of the Covid-19 pandemic and whilst a Health and Wellbeing Strategy had previously been written and consulted upon, it was not launched due to the pandemic. Since then, much has changed and a new approach is needed.

1.2 The direct and indirect impact of Covid-19 has brought threats and opportunities to our ways of working and our residents' health, which mean we must reconsider our priorities and actions. As the local and national response to the Covid-19 pandemic starts to wind down, it is time to rebalance our attention to other harms that have potential to cause great harm over the life course. There are clearly some real challenges ahead, and if we are to stand a chance of addressing these challenges, we must be ambitious and we must work together as a whole system, learning from our successes and prioritising our collective efforts and resources to where we can make the biggest difference to improving health and wellbeing

1.3 The Health and Wellbeing Strategy must be informed by Joint Strategic Needs Assessments. For the purpose of this particular strategy, the Covid-19 Impact Assessment fulfils the function of the JSNA, summarising the joint work we have done across local government, the NHS and partners to understand the emerging impact of Covid-19. In addition, the JSNA core data set provides understanding of health and wellbeing in Cambridgeshire and Peterborough residents.

2. Health and Wellbeing Strategy Development

2.1 Cambridgeshire and Peterborough health and care partners have committed to establishing a single strategy for the system that will be owned by both the Joint Health and Wellbeing Boards (HWBs) and the Integrated Care Partnership (ICP). Through development sessions of HWB and ICP partners in October 2021 and January 2022 the collaborative approach to developing a single strategy has started to take form.

2.2 Attached is the first stage of strategy development and sets out what we want to achieve together. The four priority areas identified in the strategy, will be developed further over the coming year.

We are currently awaiting national guidance for the ICP Strategy, which is expected in July 2022, ready for implementation in December 2022.

2.3 The Health and Wellbeing Strategy must be informed by Joint Strategic Needs Assessments. For the purpose of this particular strategy, the Covid-19 Impact Assessment fulfils the function of the JSNA, summarising the joint work we have done across local government, the NHS and partners to understand the emerging impact of Covid-19. In addition, the JSNA core data set provides understanding of health and wellbeing in Cambridgeshire and Peterborough residents.

3. Consultation

3.1 The high level overarching strategic direction for the Health & Wellbeing Strategy has been approved by the Whole System Health & Wellbeing Board sub committee on 25th March 2022. Details regarding the overarching strategy can be found in Appendix A and the approach to its wider development end the engagement timeline are detailed in Appendix B. Engagement sessions have continued during the last few months and these included an event with Cambridgeshire District /City Council CEO and HWB officer leads on 20th June 2022.

The approach taken to develop a HWB strategy has been one of co-production, engagement and consultation. Through a number of partnership workshop identification of the three ambitions (see section 2.12 Appendix A) was made. A technical document details the evidence available on the current situation for these three goals (Appendix C). Through our system-wide workshops four priority areas where we know we need to do things differently, in order to achieve these ambitions were identified as follows:

1. Ensure our children are read 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. Reduce poverty through better employment and better housing
4. Promote early intervention and prevention measures to improve mental health and wellbeing.

3.2 Whilst the ambition for a Cambridgeshire & Peterborough HWB strategy is set out in Appendix A it is envisaged that more detailed approach to developing the four priority areas the Health and Wellbeing and the Integrated Care System will be required. The detail of the priority areas will be an iterative process whereby Senior Responsible Officers (SROs) within the integrated care system have been identified to lead on the priorities. There will be detailed co-production, engagement and consultation work on the HWB/ICP strategy around the content and direction of each priority chapter, outcomes and action plans. The style of engagement may vary with each topic area. Appendix B provides more details on this wider development of the HWB/ICP Strategy.

3.3 The formal consultation that will be launched at the first meeting of the Joint Cambridgeshire & Peterborough Health & Wellbeing Board / Integrated Care Partnership on 15th July is focusing on the high level Overarching HWB Strategy that will provide the context behind the engagement work on the individual priorities.

4. Appendices

4.1 Appendix A - HWB Overarching Strategic Approach - Engagement Document
4.2 Appendix B - HWB Strategy Timeline and plan updated June 22
4.3 Appendix C - HWB Technical Appendix_2022_03_04_Draft for Review

5. Source documents guidance

a. JSNAs (Joint Strategic Needs Assessments):
Cambridgeshire Insight – Joint Strategic Needs Assessment (JSNA) – Published Joint Strategic Needs Assessments
Covid-19 impact assessment:
Cambridgeshire Insight – Coronavirus – Emerging evidence of needs and impacts
Health profiles for Cambridgeshire and Peterborough from
Local Authority Health Profiles - OHID (phe.org.uk)

Cambridgeshire & Peterborough Integrated Care System

JOINT CAMBRIDGESHIRE & PETERBOROUGH OVERARCHING HEALTH AND WELLBEING STRATEGY 2022-2030

1. BACKGROUND

1.1 Health and Wellbeing Boards are required, as stated in the Health and Social Care Act 2012, to produce Health and Wellbeing Strategies. The last two years have required the whole system to focus on tackling the challenges of the Covid-19 pandemic and whilst a Health and Wellbeing Strategy had previously been written and consulted upon, it was not launched due to the pandemic. Since then, much has changed and a new approach is needed

1.2 The direct and indirect impact of Covid-19 has brought threats and opportunities to our ways of working and our residents' health, which mean we must reconsider our priorities and actions. As the local and national response to the Covid-19 pandemic starts to wind down, it is time to rebalance our attention to other harms that have potential to cause great harm over the life course. There are clearly some real challenges ahead, and if we are to stand a chance of addressing these challenges, we must be ambitious and we must work together as a whole system, learning from our successes and prioritising our collective efforts and resources to where we can make the biggest difference to improving health and wellbeing

1.3 The Health and Wellbeing Strategy must be informed by Joint Strategic Needs Assessments. For the purpose of this particular strategy, the Covid-19 Impact Assessment fulfils the function of the JSNA, summarising the joint work we have done across local government, the NHS and partners to understand the emerging impact of Covid-19. In addition, the JSNA core data set provides understanding of health and wellbeing in Cambridgeshire and Peterborough residents.

1.2 This report is for the Cambridgeshire and Peterborough Whole System Health and Wellbeing Board to consider under its Terms of Reference No. XXX

[Democratic Services to complete this section following liaison with Author. Do NOT include any other text under this heading].

2. PURPOSE

2.1 ***A new single approach for improving our residents' health and wellbeing***
The Covid-19 pandemic has positively changed the way we work together. All partners in Cambridgeshire and Peterborough have rallied to respond to the pandemic, each partner playing their part and delivering what was required, within very short time scales. We must not lose our collective learning from this.

2.2 There are also significant infrastructure changes such as the development of the Integrated Care System (ICS), which will support system partners to provide a more integrated approach and work more closely together. The Health and Wellbeing Boards in Cambridgeshire and Peterborough will work very closely with the emerging Integrated Care Partnership (ICP), and when we refer to 'joint' in this strategy this means jointly with the ICP, across geographies and with partners, communities and residents.

2.3 The Health and Wellbeing Boards and the Integrated Care Partnership (ICP) must remain separate legal entities with their own statutory responsibilities that cannot be delegated to each other. However, we intend to bring the HWBs and ICP much closer together with

common membership and joint meetings as a combined HWB/ICP in practice, with many of the same individuals sitting on both the Board and the Partnership. All partners in the combined HWB/ICP commit to cooperative and supportive working as equal partners across organisations, with everyone putting aside organisational boundaries to be focused on improving health and wellbeing for the people they serve. We believe that working together as much as possible across organisations, pooling our data, our understanding, resources, knowledge and experience, will result in better outcomes for our residents

2.4 We recognise there will be other priorities across the system. The Combined Authority, the Integrated Care Board, the Public Service Board, and district local authorities and other organisations will all have their own sets of priorities and plans. For example, the ICS has five strategic objectives which are partly focused on NHS workforce and services as well as including population health. Many of these priorities will undoubtedly lead to improvements in health and wellbeing through improving NHS care and also through improvements in the wider determinants of health – education, jobs, housing, income and the environment. However, the priorities and vision in this Health and Wellbeing Strategy should form the core of the system's commitment to improving health and wellbeing.

2.5 ***Developing the strategy and our joint approach for improving residents' health***

Before work on this strategy had started, our local developing Integrated Care System consulted and developed a mission statement for the 'system' (health, local authorities and other partners working together)

"All together for healthier futures"

Partners from across the NHS and the local authorities, and the wider public and voluntary sector, then came together in late 2021 and early 2022 several times to discuss the Health and Wellbeing Strategy and review the evidence on health in our area and the impact of Covid-19.

2.6 At a workshop held on 6th October 2021, all partners agreed in principle to a **single plan** and set of priorities across the Health and Wellbeing Board and the ICS. In addition, it was agreed that the ICS vision that had been consulted on and agreed by Cambridgeshire and Peterborough - "*All Together for Healthier Futures*" - should become the vision across the ICP and the HWB.

2.7 This means there will not be a separate overall long-term health and wellbeing strategy for local government, nor for the local NHS although there will however be Integrated Care Board plans for service delivery. This "One Plan" approach is a first for our area and demonstrates a commitment of all partners to working together towards shared goals, while retaining organisations' different areas of expertise and statutory responsibilities.

The workshop on 6th October 2021 was informed by our work assessing the impact of Covid-19

2.8 Key points from the impact assessment are:

- Covid-19 has exposed and exacerbated inequalities, as demonstrated by the differential impact of the pandemic on our black and ethnic minority communities and those living in our most deprived areas
- There are more people in poverty; this risks a long-term impact on health
- The mental health of our population has been impacted by the pandemic, particularly children and young people
- Obesity affects around a 1/3 of our year 6 children and up to 60% of adults and has been made worse by the pandemic
- Our health service is under pressure and the way that people access health care and preventative health care has changed
- There are risks and opportunities to our environment as result of the pandemic.

Three top-level overarching strategy goals and four key priorities for achieving these goals arose from discussions at this meeting on 6th October 2021. A subsequent development meeting on 17th January 2022 agreed, in principle, that these goals and priorities should form the core of the overarching Health and Wellbeing Strategy.

2.9 ***Health and Wellbeing Strategy for Cambridgeshire and Peterborough 2022-2030***

What will we focus on?

This 'overarching' strategic approach sets out our headline ambitions and the four priorities we will focus on to achieve these ambitions. We are aiming to work with our residents, patients and stakeholders to tackle some real challenges in improving the health and wellbeing of the people we serve, by reversing some of the health determinants and outcomes that were challenging before the pandemic and have worsened as a result of the pandemic. We also need to prioritise reducing the health inequalities which existed pre-pandemic but which were exacerbated and brought into sharper focus by Covid-19.

2.10 This will be an eight-year overarching strategy for the health and wellbeing of residents

in Cambridgeshire and Peterborough.[1] It will provide a clear statement of what we intend to achieve together across the NHS and local government system and will set out how we intend to develop and achieve it in partnership with our residents, patients, and stakeholders. This strategy is also the high-level long-term plan and priorities for our local NHS Integrated Care System,[2] which oversees NHS services across Cambridgeshire and Peterborough.

2.11 Working jointly across the NHS and local government will mean that we can be more ambitious and more accountable in addressing these issues. By sharing more of our data, we can develop a better common understanding of our residents' health and needs as well as service use. Bringing all our collective resources, knowledge and experience together means we make best use of these resources to create measurable and meaningful impact.

What do we want to achieve?

2.12 Three overarching ambitions were agreed by consensus across local authority and NHS colleagues; reflecting the issues we know about in our population and the outcomes that are most important. Whilst these are recognised as ambitious, they are plausible, and all partners have committed to delivering these ambitions. This will require collective and organisation specific endeavours.

2.13 By 2030:

1. **We will increase the number of years that people spend in good health**

   Life expectancy is often used as a measure of societal progress, and although it is important, it does not take into account the fact that towards the end of life there is often a period, perhaps many years, which is spent in poor health. Healthy life expectancy, on the other hand, measures the average time we can expect to live in good health. It is clearly worthwhile to prevent conditions that cause disability and poor health over a long time, in order to increase the number of years that people spend in good health. We know that healthy life expectancy is also strongly linked to deprivation, with people living in less well-off areas more likely to experience a long time at the end of life in poor health. By 2030 we want to see healthy life expectancy increase by at least two years for men and women in Cambridgeshire and Peterborough.

2. **We will reduce inequalities in preventable deaths before the age of 75**

   Preventable premature mortality are deaths of people under 75, from causes of death that are largely or entirely preventable (for example, smoking related deaths, or deaths from vaccine-preventable disease). We know that there is a strong relationship between the wealth of an area and the rate of preventable premature mortality. Our most deprived areas see many more of these deaths than our least deprived areas. We will weaken this relationship between wealth and early preventable deaths so that people in our least well off areas are less likely to die young.

3. **We will achieve better outcomes for our children**

   Working with parents and communities we will achieve better outcomes for our children, recognising the holistic needs of our children. Health and wellbeing measures for children

[1] This strategy covers Cambridgeshire and Peterborough; the two local authorities have joint working relationships and have agreed to delegate authority to a single Health and Wellbeing Board to act on behalf of both areas.
2 The Integrated Care System is also developing NHS-focused plans describing priorities in commissioning and delivering healthcare

are broad and include determinants of health as well as health outcome measures. Investing in the health and wellbeing of our children, will pay dividends throughout their lives. In addition, investments in the early years are often the most cost effective[3]. This outcome would mean that on key measures of health and wellbeing for children, Cambridgeshire and Peterborough will be the best in a group of 'comparator' local authorities (those which are similar in size, wealth and some demographic factors). In other words, when it comes to our children and young people, we will be doing better than the other areas that we are most similar to us.

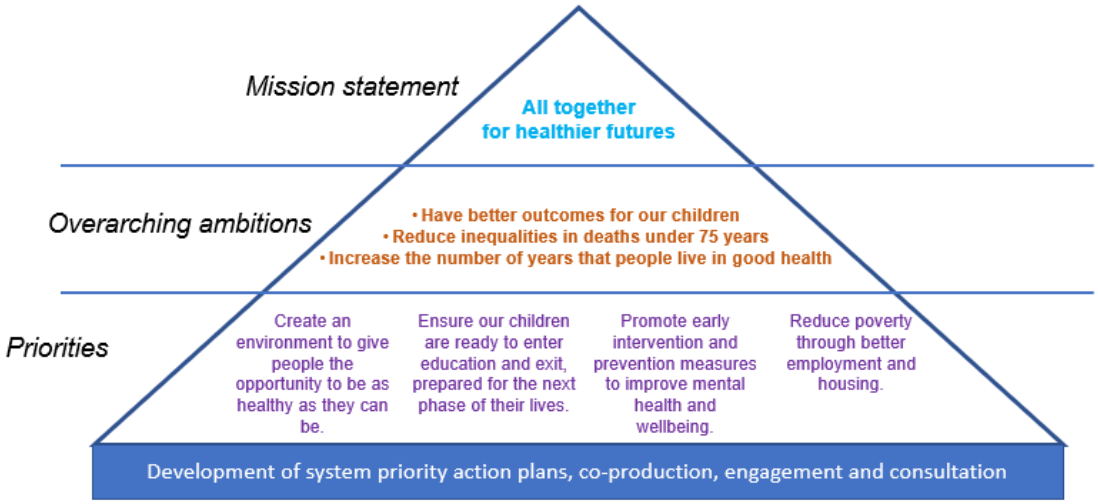
2.14 As part of our early workshops on this strategy, there was considerable discussion on how to set appropriate long-term goals for Cambridgeshire and Peterborough that would make a difference to the health of residents. The three overarching goals that were arrived at are intended to be stretching and ambitious, but also plausible and achievable. Together, the three goals will add up to a healthier and happier community, where the foundations for a good life are set in childhood, health inequalities are lessened, and wealth is less strongly linked to good health and wellbeing.

2.15 The technical appendix (appendix 1) presents the best available evidence on the current situation for the three overarching goals. It is important to note that for some of the indicators used to measure progress towards these goals, the full impact of the Covid-19 pandemic is not yet showing up in the data. We may in fact be starting from a lower point than the most recent data suggests.

2.16 ***How we will achieve these ambitions***

Discussion at our system-wide workshops identified four priority areas where we know we need to do things differently in order to achieve our overarching ambitions.

The four priorities for the Health and Wellbeing Board and the Integrated Care System focus on children, our environment and opportunities for health, poverty, and mental health and wellbeing. Each of these priority areas will be developed into a chapter of the Health and Wellbeing Strategy. The four priorities are listed below.



[3] The best start for life: a vision for the 1,001 critical days - GOV.UK (www.gov.uk)

2.17

1. **Ensure our children are ready to enter education and exit, prepared for the next phase of their lives**

    - This is not limited to children's educational attainment
    - Children's physical and mental health and wellbeing are essential for children to participate effectively in education

2. **Create an environment to give people the opportunities to be as healthy as they can be**

    - 'Environment' here is used in the widest sense, so includes wider determinants of health such as health behaviours, infrastructure, and socio-economic factors, as well as access to green spaces and clean air.
    - This also includes the opportunities for better health which the NHS provides; partly healthcare, but also encouraging patients to take greater responsibility for their own health.

3. **Reduce poverty through better employment and better housing**

    - This especially recognises that the Health and Wellbeing Board / ICP partners are large employers within our local economy and the way we employ, treat our staff and commission services can have a big impact, as well as capturing work with wider partner organisations on the economy, employment and health.
    - Local and Combined authorities have a key role to play in improving housing across Cambridgeshire and Peterborough impacting health of residents
    - Better physical and mental health will improve employment for our residents

4. **Promote early intervention and prevention measures to improve mental health and wellbeing**

    - Work to improve wellbeing across the population, as well as intervening early when people experience mental ill-health, will have huge benefits for all our residents.

2.18 Senior staff from across the local public sector will work with partners and communities to take on development and leadership of the four strategy priorities, supported by evidence and data about our population. The work on these system-wide priorities – deciding what will change, what will cease and what new approaches are necessary will take place over the next six months. The longer timescale for developing this work is necessary to include and summarise much of the work that is already being done in these areas. It is also important to allow sufficient time for meaningful co-production, engagement and consultation to take place with service users, patients and residents, as well as ensuring relevance and support from partner organisations. The process and principles for developing the priority chapters, including engagement work, is laid out in the engagement plan and timeline (Appendix 2).

2.19 Health and Wellbeing Board and NHS partners will have different roles to play in each of these priorities; for example, the health system does not provide housing, and the local authority does not commission most mental health interventions. However, each of the four

areas has scope for action for all key partners, plus there are additional benefits that should come from working on these agreed priorities together as a system.

2.20 All four priorities will need to consider what needs to be done around the cross-cutting themes and ambitions of improving children's outcomes, reducing health inequalities and improving years of life lived in good health.

3. CONCLUSION

3.1 We intend this Health and Wellbeing Strategy to shape work across the NHS and Cambridgeshire and Peterborough local authorities over the next eight years. We are starting from a challenging position given the impact of Covid-19 across our area, but we have set stretching but achievable ambitions. By working more closely across the NHS, the public sector, partners, communities and residents than we ever have before, we can achieve these ambitions and make a meaningful difference to the lives of our residents; happier and healthier children and young people, fewer early deaths in our more deprived areas, and more years spent in good health.

Joint Health and Wellbeing/ICP Strategy 2022-2030: Developing the Health and Wellbeing Strategy – timeline, co-production, engagement and consultation plan (Appendix B)

The overarching strategy was presented to the March meeting of the HWB for approval prior to public consultation. The initial development of the overarching strategy and targets has been done through two large stakeholder workshops on 6th October 2021 and 17th January 2022.

This paper sets out some more detailed information around the next steps for consultation and engagement for the overarching strategy and to enable the detailed development of the four priority chapters, their outcomes and action plans.

Timescales for development of overarching strategy

Date	
Oct 2021 – Feb 2022	Overarching strategy and targets developed based on system-wide workshops
Feb- Mar 2022	Socialised across system leads for comment and input
Mar 2022	Presented to whole system HWB sub-group formal meeting with request for approval around the engagement approach
May-Jun 2022	High level engagement activity underway within the integrated care system
June 2022	District Council – CEO/Officer event
Jul 2022	Formal consultation launched on the overarching strategy by the HWB/ICP. Engagement and consultation programme agreed
Jul – Sept 2022	Working with ICP engagement and public consultation programme delivered
October 2022	Final Overarching HWB Strategy

Consultation and engagement for strategy priorities

We envisage that the bulk of the detailed co-production, engagement and consultation work on the HWB/ICP Strategy will be done on the content and direction of each priority chapter, key outcomes and action plans. Stakeholder groups and styles of engagement will vary with each topic and this will need careful consideration by topic leads to enable meaningful engagement and co-production.

Timescales for development of the four priorities

Date	
Oct 2021 – Mar 2022	Four priorities agreed and system leads identified
Mar 2022	As above, priorities presented to HWB/ICP formal meeting as part of the overarching strategy, with request for approval for public consultation on strategy

Apr-Nov 2022	Development and co-production of the four priorities by priority leads, partners and stakeholders with engagement as appropriate for each priority area.
Aug 2022-Dec 2022	Priority chapters of the strategy presented individually in detail to HWB/ICP formal meetings with request for approval for public consultation. Order to be determined.
Sep-Jan 2023	Formal consultation on priority chapters individually
March 2023	Formal approval of full overarching strategy with priority chapters by HWB/ICP.

Development of priority chapters

Each of the four priorities will have two senior responsible officer leads with experience of the relevant area. They will take account of relevant work that is already underway or in development across the system and consider how this fits together and how the system could work better to influence the three main overarching goals (children's outcomes, inequalities in premature mortality, and healthy life expectancy). The leads will also determine relevant indicators to monitor progress in each area.

A suggested structure for each of the four priority chapters:

- What is the scope for this priority and the overarching goal?
- Where are we now?
- What services and strategies are already in place (or development) across the system, including ICS work?
- What are we going to focus on (and how has this been decided)?
- Where can we get to with these areas of focus?
    - Bold ambitions for change that will prompt rethink of delivery and systems
    - How do these areas of focus contribute to overarching HWB priorities (healthy life expectancy, inequalities in premature mortality, and children's outcomes)?
- How can we get there – what will we do differently?
    - What will change?
    - Monitoring success - quick wins and ambitious medium and longer term targets

Principles for developing each chapter

Each of these four priorities is very wide-ranging with enormous scope. No strategy can be successful if it tries to improve everything all at once, so choices will be necessary while developing each of the four priorities. The senior leads for each priority will be making these decisions, but there are several principles that should be followed while these four priorities are being developed:

- We should use evidence-based approaches wherever possible, and embed evaluation and learning from new initiatives
- There should be an emphasis on prevention and early intervention
- The strategy must identify and tackle inequality in wellbeing across our places and by deprivation
- Given these principles above, where possible the choice of topics to focus on within each priority should be informed by stakeholder and service user and resident input on what is most important.
- It should be clear how actions and outcomes from each of the four priorities contribute to the three overarching goals of the strategy as a whole (improving outcomes for children, reducing inequalities in premature mortality, increasing years lived in good health), while having their own short and medium term goals.
- The goals within each priority should reflect different starting points for our different places, and also encourage reduction in inequalities by deprivation and ethnicity. Some short term ‘process’ outcomes may be necessary but medium (~5 yr) and long (~10 yr) outcomes should be clearly linked to the three overarching goals.
- Each priority should explicitly include children and young people.

Joint Health and Wellbeing/ICP Strategy 2022-2030: **Setting the level of ambition** (Appendix C)

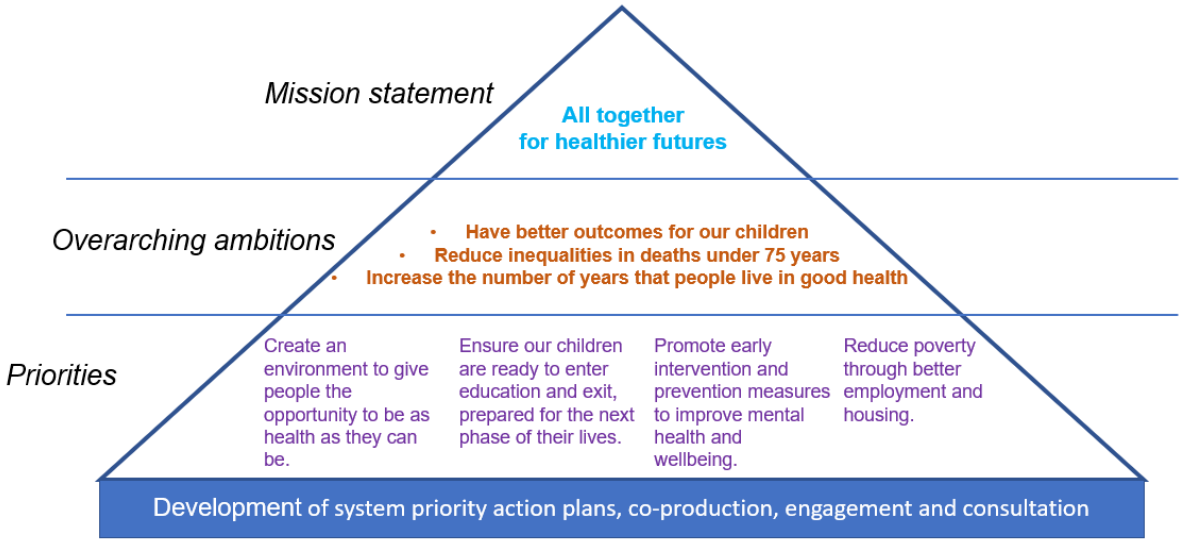
Introduction

The Health and Wellbeing Strategy overarching goals presented here are based on the system wide discussions held in October 2021 and January 2022. The January 2022 workshop specifically discussed the level of ambition for the Health and Wellbeing Strategy and highlighted that these goals should be stretching and ambitious while remaining plausible and achievable.

This technical appendix presents the best available evidence on the current situation for the three goals and proposes the level of ambition for each. It is important to note that the full impact of the Covid-19 pandemic is not yet showing up in the available data. We may in fact be starting from a lower point than the data below suggests; as such we suggest revisiting these targets once data is available that shows the full impact of the pandemic on our measures.

All the goals set out here are targets for the end of the strategy period in 2030.

All of the four priority areas (children, environment, poverty and mental health) will feed in to all three goals (image below), but some will have closer links than others. The priority areas will also develop their own targets which will include shorter-term metrics; these are yet to be determined but it will need to be clear how those targets feed in to these three overarching goals.



1. **We will increase the number of years that people spend in good health.**

   TARGET: We will increase healthy life expectancy by at least two years in Cambridgeshire and Peterborough, and we will reduce the gaps between men and women in our areas.

   What does healthy life expectancy mean?

   - For a particular area and time period, it is an estimate of the average number of years a newborn baby would live in good general health if he or she experienced the age-specific mortality rates and prevalence of good health for that area and time period throughout his or her life.
   - Put simply, it is the number of years in good health that an average person can expect. It was chosen for one of our goals over life expectancy because life expectancy includes the years often spent at the end of life in poor health, and we do not seek to extend these. Healthy life expectancy has been described as 'adding life to years' rather than 'adding years to life.'

   Table 1 presents the latest data on healthy life expectancy for our area. At present Cambridgeshire residents have considerably higher healthy life expectancy than in Peterborough, for both men and women. Interestingly, in Peterborough women can expect fewer years in good health than men, while the reverse is true in Cambridgeshire. Therefore, we aim to see an increase of at least two years for women in Cambridgeshire and men in Peterborough, but to narrow the gap between the sexes we also want to see a larger increase for Cambridgeshire men and Peterborough women.

   The initial system wide workshops in October 2021 and January 2022 discussed a improvement levels of 10% for each target. For Healthy Life Expectancy this would be an unrealistic increase of at least six years which would take us beyond the current best in England.

Table 1 Healthy Life Expectancy in Cambridgeshire and Peterborough

	Cambridge-shire (2017-19)	**Cambridge-shire Plus 2 yrs**	**Peterborough (2017-19)**	**Peterborough Plus 2 years**	**Best in England (2017-19)**
Male healthy life expectancy	64.3	66.3	62.8	64.8	71.5
Female healthy life expectancy	66.2	68.2	59.9	61.9	71.4

We should also bear in mind that, as with most public health measures, healthy life expectancy is strongly linked to deprivation. Although figures for small areas are not

available to demonstrate the link in our local areas, national data shows clearly that people living in wealthier areas enjoy considerably more time in good health on average compared to residents of more deprived areas. We cannot set local targets to preferentially improve healthy life expectancy in our more deprived areas, but if this strategy includes a focus throughout on health inequalities we would expect healthy life expectancy to improve faster in these areas.

Healthy life expectancy was recently mentioned in the 'Levelling Up' White Paper[1] with one of the 'missions' described as: "*By 2030, the gap in Healthy Life Expectancy (HLE) between local areas where it is highest and lowest will have narrowed, and by 2035 HLE will rise by five years."* This document refers to a forthcoming White Paper on health disparities that will set out the central governmental strategy for 'tackling the core drivers of inequalities in health outcomes. As such, we anticipate national policy support and action to facilitate this local target.

As with preventable premature mortality, increasing healthy life expectancy depends on core public health work and prevention and early intervention work delivered by the NHS. All four priorities will feed into increasing healthy life expectancy.

2. **We will reduce inequalities in preventable deaths before the age of 75 years.**

TARGET: We will reduce inequalities in preventable deaths before the age of 75 years by 20%.

Premature mortality here is defined as any death before 75 from causes considered preventable. It is presented as age-standardised rates per 100,000 rather than as absolute numbers.

Deaths are considered preventable if

- all or most deaths from the underlying cause could mainly be avoided through effective public health and primary prevention interventions.
- 'preventable' deaths include most infectious disease, some cancers, diabetes, cardiovascular disease, injuries and alcohol and drug-related deaths.[2]

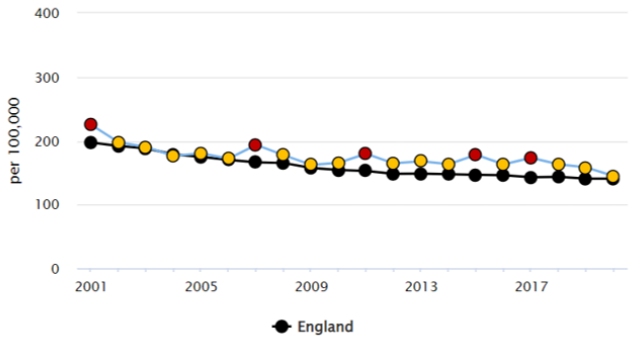
Preventable premature mortality rates are lower than the England average in Cambridgeshire but close to the England average in Peterborough (Figure 1). Rates have not changed much over the last ten years in either area, as the chart below shows. Comparing these two charts demonstrates an inequality between Cambridgeshire and Peterborough, which is probably a result of different levels of prosperity between these areas overall.

Figure 1 Preventable deaths under 75 per 100,000 in Cambridgeshire and Peterborough compared to England

[1] HM Government (2022) Levelling up the United Kingdom

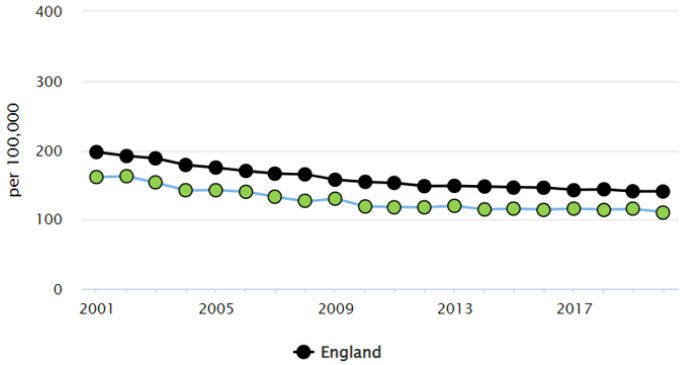
[2] For a full list of ICD-10 codes included in the definition of preventable deaths, see https://fingertips.phe.org.uk/mortality-profile#page/6/gid/1938133056/pat/15/ati/402/are/E10000003/iid/93721/age/163/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

Peterborough



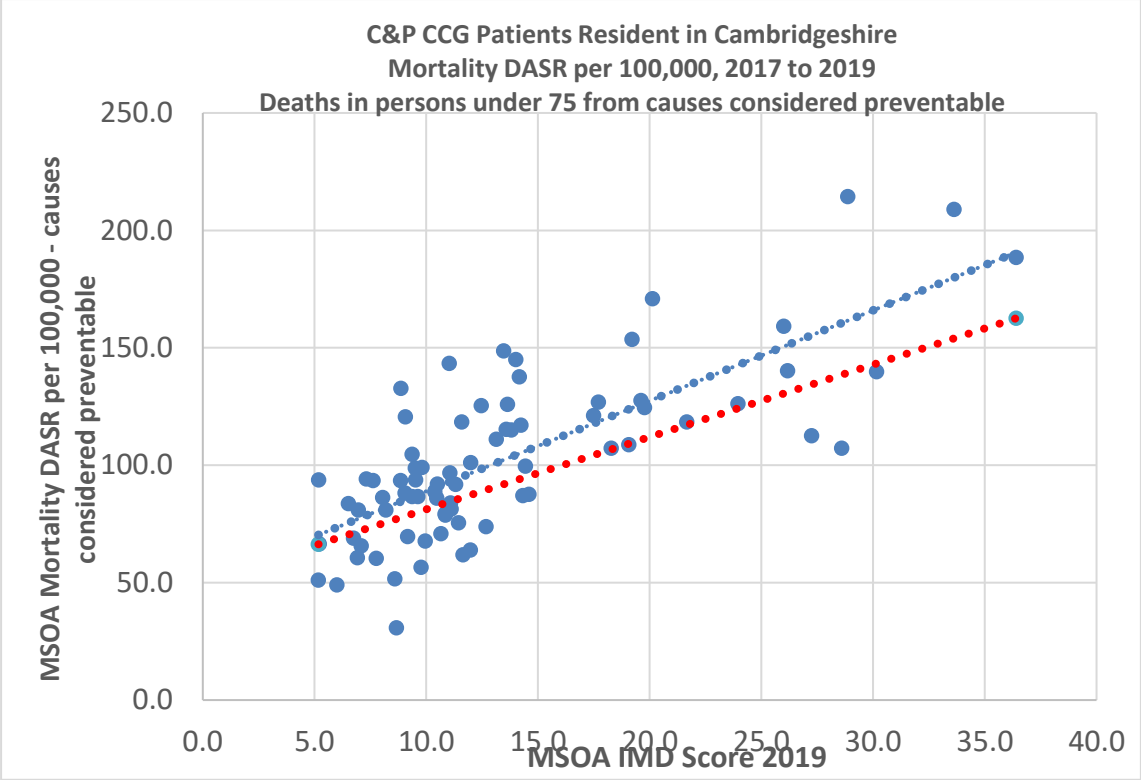
Period	Count	Rate
2010	210	165.6
2020	228	144.8

Cambridge



Period	Count	Rate
2010	587	118.8
2020	655	110.9

Preventable premature mortality rates also vary substantially by small areas (MSOA), with a clear link to deprivation. The chart below shows under-75 preventable mortality rates by Cambridgeshire MSOA (Peterborough not shown but a similar relationship exists). The blue line is the line of best fit for the current data (a regression line) which shows a strong relationship between increasing deprivation and increasing rates of preventable premature mortality. People in our some of our most deprived Cambridgeshire areas have a preventable mortality rate around four times higher than those in our least deprived areas; a substantial disparity. Please note that this data is the most recent available data and covers a three year period ending in 2019; as such the impact of the pandemic is not shown. At present the definition of premature preventable mortality data does not include deaths from Covid-19 (although it does include influenza deaths).



Reducing inequalities in premature mortality would require reducing the slope of this line to the red line shown above – our target. This is a 20% reduction in the slope of the line. This would have most benefit to those people in our most deprived communities but should also benefit people across the area; for instance, fairly well off areas (an IMD score between 10 and 20) also have some way to go to reduce their rates down to the red line.

The initial workshops discussed reducing targets by 10%. However, after considering what this would look like in practice, this has been considered as insufficiently ambitious and that in fact a 20% reduction was closer to the level of ambition discussed.

Reducing the slope of the line will also have the effect of reducing premature mortality overall. If the rates in the least deprived areas remain similar but the gradient reduces by 20%, we would have an overall preventable premature mortality rate of around 92 per 100,000 in Cambridgeshire, compared to 102 per 100,000 at present.[3] We will also have a target to reduce Peterborough's preventable mortality gradient by 20%

This target illustrates the principle of 'proportionate universalism'. To meet the target and reduce health inequalities, we need to work across our whole population, recognising there is room for improvement everywhere, but directing more efforts to those living in our most deprived areas where mortality is highest.

The work needed to reduce preventable premature mortality needs to take place largely in public health and in primary prevention. Improving health behaviour is key, as is early identification and intervention, including primary care and immunisation and

[3] Exact overall rate cannot be predicted.

screening. However, this target needs to also be seen in the context of the wider determinants of health and behaviour; the standard offers that reduce the risks of disease leading to premature mortality may not be sufficient (or may not be delivered to the same standard) in our most deprived areas. As such, each of the four priority areas has an important role to play in reducing premature mortality.

3. **We will have better outcomes for our children.**

TARGET: We will be the best of our comparators for core children and young people outcomes

Children and young people have been adversely affected by the pandemic across many areas of their lives, from loss of education, socialisation and jobs as well as increasing demand for mental health services from children and young people. Giving children the best start to life will pay dividends across the life course. Therefore, rather than a single outcome, the ambition is to improve across core children and young outcomes and be the best of our comparators. This priority is not limited to children's educational attainment; children's physical and mental health and wellbeing will be explicitly included.

Considerable work has already taken place on this topic and system-wide strategies currently already exist (or are in development) focusing on the main aspects of children and young people's lives. These strategies are led by the Children's and Maternity Collaborative who working across health, education and local authorities in Cambridgeshire and Peterborough. This has not been further defined at present because of the likely large overlap with the children and young People and mental health priority-specific targets. An important early step for these priorities will be to determine what outcomes should be included as overarching goals for the whole strategy and are likely to include the aspects below

- Best Start in Life (children 0-5 yrs)
- Strong Families Strong Communities (children and young people 5-25 yrs)
- Children and Young People's Mental Health
- Special Educational Needs and Disabilities including autism
- Autism

How are these goals linked?

These three overarching goals all interact. Improving child health will have significant effects on improving healthy life expectancy, because healthy life expectancy is strongly influenced by deaths in younger age groups. Reducing premature mortality will also affect healthy life expectancy, both by preventing death, but also because most of the conditions that contribute to premature mortality also cause substantial ill health for many people before death. If we are able to improve interventions to prevent these conditions in the first place then as well as preventing deaths, we will also prevent the associated ill health burden that reduces healthy life expectancy.

The focus on inequality means that we have to carefully consider how to do things differently – the 'easier' groups to influence are often those who are better off. Working with these better off groups would see overall rates decrease, but unless rates decrease faster for the more deprived then inequalities will worsen. Improving

outcomes for people at the most deprived end of the spectrum can be much harder, but it is also where there is most room for improvement.

The impact of Covid-19 on these metrics

Much of the full impact of the pandemic does not yet show up in these metrics. The healthy life expectancy data available at present only goes up to 2019, as do our small-area data on preventable premature mortality which allows us to see local inequalities in early deaths.

We know that overall life expectancy has shown a sharp downturn however in 2020, a pattern seen clearly in the charts below for men in Cambridgeshire and Peterborough though less apparent for women in our areas. Healthy life expectancy will have been similarly affected and so we will be starting from a lower base in 2022 than suggested by the figures above. We also know that Covid-19 has disproportionately affected our more deprived areas and communities, as is the case across the UK and beyond. As such, inequalities in healthy life expectancy and in premature mortality are likely to have worsened in the last two years.

We recommend revisiting the targets when data is available to give us a more accurate picture of our starting point at the beginning of 2022.

Cambridge Children's Hospital Update

To:	Adults and Health Committee
Meeting Date:	14 July 2022
From:	Alex White, Cambridge Children's Hospital Project Director
Electoral division(s):	All
Key decision:	N/A
Forward Plan ref:	N/A
Outcome:	The Adults and Health Committee is asked to note the progress to date with Cambridge Children's Hospital and the next steps.
Recommendation:	Adults and Health Committee is recommended to: Note the content of this report, the project's key milestones and next steps.

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1. Background

1.1 In December 2018, the Government announced that it would invest £100 million of capital to build a children's hospital in Cambridge for the East of England region; the only region in England currently without a dedicated children's hospital. This report for the Adults and Health Committee provides an overview of the project's progress to date, key milestones achieved and next steps.

1.2 The Committee is asked to note and comment on the updates provided in this report.

2. Main Issues

2.1 Vision for Cambridge Children's Hospital

Cambridge Children's Hospital (CCH) will be the first hospital in the world purpose-built to fully integrate mental and physical healthcare for children and young people, and deliver it as close to home as possible.

This will be a hospital that focuses on what children, young people and their families need now and in the future. It will offer a whole new way of caring for children and young people across the East of England; one that treats the whole child:

- **The Whole Child:** Pioneering integration of mental and physical healthcare. The first hospital of its kind and a model for the future.
- **The Whole Picture:** Making abnormal situations more normal. A holistic approach which understands the person, not just the patient, and what is important to them – school, play, arts, nature etc.
- **The Whole Community:** A hospital without walls. It will be a hub for the East of England, leveraging tele-health technology to go far beyond its walls, providing care closer to home and working with regional partners.
- **The Whole Life:** Laying healthy foundations for every child's whole life, understanding not just the child, but the adult they will become. Through advances in research and technology the hospital will deliver medicine that is personalised to the patient.

A ground-breaking research institute within the heart of the hospital will embed leading research in genomic medicine and mind-body science to understand the origins of rare and common diseases in children and young people. Rapid translation of research findings will mean diseases are not just treated but prevented altogether, laying healthy foundations for children's whole lives.

Currently, children's services for mental and physical health are split between a number of sites, which can be difficult for families and makes providing joined-up holistic care challenging. Cambridge Children's Hospital will ensure:

- Earlier diagnosis, quicker treatment and improved life outcomes for children and young people through integrated physical and mental health care that looks after the whole child.
- An embedded research institute to facilitate interdisciplinary research to improve child

physical and mental health across the UK and globally.
- Advances in genomic medicine that help to diagnose rare disease much earlier, provide personalised medicine, and significantly shift the curve from reactive to preventative medicine.
- Increased Paediatric Intensive Care Unit (PICU) capacity to treat the sickest children in their own region.
- Specialist paediatric operating theatres and 'child friendly' recovery areas ensuring children don't need to travel far for routine or complex operations.
- Telehealth technology to connect Cambridge Children's Hospital with the 16 NHS trusts across the East of England, and regional and local healthcare providers.

An illness does not just affect a child, but everyone around them too: their parents, siblings, family and friends. Families are an integral part of a child's recovery and development, which is why the hospital experience for the whole family will be considered at all times, for example, by incorporating spaces for quiet reflection and privacy into the hospital's design.

CCH is a collaborative venture between three accountable partners: Cambridge University Hospitals NHS Trust (CUH), Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and the University of Cambridge (UoC).

2.2 Caring for children and young people across the East of England

Cambridge Children's Hospital will treat children and young people from 0-19 years old across the East of England and beyond, including children and young people with cancer. The hospital will also include surgical theatres and a Paediatric Intensive Care Unit (PICU) with capacity to care safely for the sickest children within our region, better supporting families.

The hospital will support a network of regional hospitals and community practices, with CCH acting as a hub, providing and supporting outreach services across the region, while maximising community-based care to help treat more children and young people closer to their own homes. To achieve this, the project team will work closely with regional partners to design simplified and efficient healthcare services. These will include local partners, hospitals and retrieval services, 16 acute neighbouring trusts and five community health trusts. A regional transport and retrieval service for sick children (PaNDR) will better coordinate care with regional district general hospitals.

The hospital will use its innovative 'whole child' model, not only to better treat mental health conditions, but also to improve support for children and young people with chronic diseases.

Whilst the expectation will be that most young people will access adult services once they reach 19 years old, individual patients will transition to adult services at the appropriate time for them, depending on their individual needs and preferences.

Although it is based in Cambridge, CCH will reach communities across the East of England and share excellence regionally, nationally and internationally. The new models of care and world-leading research developed at CCH will have national and global impact.

2.3 Hospital design

2.31 *Location*

Cambridge Children's Hospital will be situated on the Cambridge Biomedical Campus, the largest centre for bio-medical science in Europe.

It will be built on a greenfield site opposite the Rosie Hospital, connecting neonatal and antenatal care with children's services. In effect this will create a 55,000m^2 maternity/paediatric medical complex providing care from conception to 19-years of age within the Cambridge Biomedical Campus.

Its proximity to Addenbrooke's Hospital ensures access to leading clinical and research experts and eases transition for 19-year-olds as they access adult services, including cancer.

2.32 *Size and scope*

The current plans have been designed to maximise the available clinical space for both mental and physical health care within the Cambridge Children's Hospital building, and to prioritise those services that must be co-located.

The project's Outline Business Case will identify and financially model the final scope, ensuring that it is cost-effective and allows for future developments in healthcare provision and demand.

The project team is currently working to a design brief of 35,000m^2. Based on the current designs, there will be:

- Approximately 160 beds. 124 hospital beds: 88 inpatient (72 physical health inpatient beds and 16 PICU) and 36 mental health inpatient beds.
- 42 day-case beds.
- Seven operating theatres.
- An embedded 5,000m^2 research institute with six research centres: Genomic Medicine; Neurodevelopment and Mental Health; Childhood Cancer; Diabetes and Obesity; Inflammation and Infection; and Perinatal conditions and care.

2.33 *Sustainability*

Careful design will incorporate sustainable materials and minimise use of natural resources and the impact on the environment, with a vision of 'zero carbon emissions and high environmental sustainability' as a guiding principle.

We are aiming for CCH to be one of the first hospitals built to a 'Passivhaus standard', to provide a high level of comfort while using very little energy for heating and cooling.

Adaptability is key to the project's sustainability vision, which includes designing wards with single bedrooms that can be modified for different patient needs over time. This will allow the NHS to maximise the building's useful life.

The hospital will include as many outdoor spaces as possible, including gardens, courtyards and terraces to provide access to nature and spaces for play and relaxation that support biodiversity and wildlife. The main hospital building will itself be enclosed within a

wide landscaped green perimeter that recreates the feel of a summer meadow.

2.34 ***Stages of design***

The project is now at RIBA (Royal Institute of British Architects) stage three in the design of the hospital. There are eight stages in the process of briefing, designing and constructing building projects and the third stage is related to spatial co-ordination and how rooms will work together. While the external footprint of the building will not change in size or shape, the internal layout is still in draft form. The project team will be seeking the views of patients and staff over the next year and beyond, to ensure the hospital is fit for purpose.

2.4 Co-production and engagement

2.41 ***Children, young people and families***

Co-production with children, young people and families is central to the vision for CCH. Following previous liaison with the Cambridgeshire Health Committee, it was agreed that a programme of meaningful engagement with regular reporting to the HOSC, rather than formal consultation, would be an effective and acceptable route for delivering public and patient engagement around the service reconfiguration and other elements of the Cambridge Children's Hospital development.

Young people, children, families and carers have been involved in developing the plans for the hospital, including, but not limited to, its design, how it will deliver care, how arts should be incorporated into the hospital and what its school provision should look and feel like.

The project team is working with existing patient groups across the region. In January 2021 Cambridge Children's Network was launched. The Network now has more than 500 members across the region with lived experience of being in hospital or using mental health services, or looking after a child or young person who has. The project's growing number of Co-production Champions – currently 11 parents and carers with experience of accessing children's services – are embedded within the different project workstreams and delivery board to provide challenge, contribute ideas and play a vital role in the hospital's developing plans.

Some of the other specific co-production and engagement activity within the project so far has included:

- **Design workshops** – monthly workshops with the hospital's design team. Between April and September 2021, children, young people, parents and carers explored themes such as: what a dream hospital bedroom may look like, what a typical day feels like in hospital and digital technology. Further workshops were hosted in Spring 2022, which included discussions about the use of the hospital's outdoor spaces and 'spaces to escape to'.
- **School workshops** – towards the end of 2021, arts-based workshops were hosted with children, young people and families, focusing on the idea of the Cambridge Children's Hospital's school and how that might look in an integrated care setting. An arts-based engagement activity, co-designed by a Co-production Champion and a local artist, is now underway with children aged seven and under.
- **Arts strategy workshops** – in March 2022 online art workshops were hosted by the CUH Arts team and Cambridge artist, Harold Offeh. People of all ages joined the three sessions to explore the science and ideas behind Cambridge Children's

Hospital. Participants are helping to help shape the arts plans for the hospital and ensure artists listen to their ideas and preferences.

- **Family sessions** – in October 2021, a number of families joined individual sessions focusing on their 'family experience' in hospital. Each family joined a conversation with a clinician and project manager to explore themes such as their hospital journey, how it had impacted on their collective mental health, and what would have made their experience better.
- **Press Pack** – in summer 2021 the first Cambridge Children's Press Pack was launched, made up of five enthusiastic and creative young people from across the East of England. The Press Pack was set up to be part of the project's communications team to help spread the word about the project, produce written and media content and truly bring the young person's voice to the heart of the project. Members helped the project team with activities at the Cambridgeshire County Day on 23 June 2022 and all had the opportunity to meet the Duke and Duchess of Cambridge, who attended the event.
- **Surveys with members of the Cambridge Children's Network** – topics have included: ward design; top priorities for children and young people with special educational needs and disabilities; and different care pathways to explore experiences of eating disorders, persistent physical symptoms and neuro-disabilities.
- **'Food, with Care' conference** – the first event exploring the theme of food at Cambridge Children's Hospital, both to support recovery but also the wider family needs, was held in January 2022. Findings and feedback will help to inform the hospital's food and nutrition strategy. It also paved the way for a brand-new food workstream within the project, which was launched in Spring 2022 with three parent Co-production Champions from the start.
- **Community events** – using arts-based engagement at public events, such as the Cambridge Festival, the Festival of Suffolk Raceday and Cambridgeshire County Day, to raise awareness of the hospital and seek feedback from children and young people on what its priorities should be.

Plans are underway to further embed co-production and engagement throughout the project, including exploring setting up a youth advisory forum based on national best practice.

2.42 ***Staff engagement***

Relevant clinical staff have been involved as part of the project via regular, focused engagement with the developing plans on an ongoing basis. Wider staff within CUH and CPFT have also input to plans through a mixture of events and other activities, including:

- **All staff briefings** – regular events and Q&A sessions held to update and engage staff on key updates, such as the designs, clinical research and integrated models of care (physical and mental health).
- **Drop-in sessions** – held earlier this year, these sessions allowed CUH and CPFT staff to talk face-to-face with project leads about the hospital, view a hospital model and ask any questions.
- **Staff reference group** – a smaller, core group of staff that supports more focussed engagement with key project leads.
- **Staff newsletter** – a dedicated CCH project newsletter issued to CUH and CPFT staff working in children's services.

- **Staff bulletins** – regular updates on the project for all CUH and CPFT staff are included in trusts' internal bulletins.

2.43 ***Wider engagement***

In addition to focused engagement with patients and carers, wider public engagement activities have been carried out at key milestones in the project's development. This includes, but is not limited to:

- In January 2021 a dedicated 'Medicine for Members' session was delivered around Cambridge Children's Hospital for CUH members. This session enabled members to hear the latest plans for the new hospital and to ask questions.
- In August 2021 extensive stakeholder communications and wider public engagement was carried out around the early designs that were being shared with the Cambridge City Council planning committee ahead of planning submission.
- Residents local to the Cambridge Biomedical Campus have been engaged via local parish councils and residents' associations, who received the same information and a design pack with detailed copies of the early designs, as shared with the planning committee.
- Further communications to raise awareness of the plans being submitted for planning permission were undertaken in October 2021 via extensive media, social media and digital communications activity.
- Two County Councillors have been nominated as key contacts for liaison and project updates, with the most recent meeting taking place in January 2022.
- The project's regular stakeholder newsletter is shared with members of the Cambridge Children's Network, staff, key local stakeholders and anyone who signs up to receive a copy. Regular updates are provided on the dedicated Cambridge Children's Hospital website and social media channels, CUH and CPFT websites and social media channels and through local media activity.
- The project team arranges regular visits with local stakeholders, including MPs, and project champions to ensure that the local community is as informed about the project as possible and as a way to share information with members of the public, patients and staff.

2.5 Business case, funding, and timescales

2.51 ***Development of business cases***

In December 2018, the government committed £100m towards the costs for Cambridge Children's Hospital, with a further £20m to be secured from land sales (Ida Darwin site, CPFT) and £100m to be raised by philanthropy (the Cambridge Children's Hospital Fundraising Campaign was launched in March 2021).

The plans for Cambridge Children's Hospital must be cost-effective and appropriate to the NHS healthcare needs that it seeks to serve. This involves a governmental procedure with three stages of business case to be approved by the Department for Health and Social Care and NHS England and NHS Improvement: the Strategic Outline Case (SOC), the Outline Business Case (OBC) and the Full Business Case (FBC).

The SOC was approved in April 2020 and the project team expects to submit the OBC later this year.

2.52 ***Funding***

The OBC will identify and financially model the final scope of the hospital, ensuring that it is cost-effective and allows for future developments in healthcare provision and demand. It is expected that the financial modelling will indicate a final cost of the preferred solution for building, fit-out and commissioning.

The Cambridge Children's Hospital Campaign is a partnership between Addenbrooke's Charitable Trust (ACT), the University of Cambridge Development and Alumni Relations Office (CUDAR) and Head to Toe Charity (the charity for CPFT), which have together committed to raising £100million towards the hospital.

A Campaign Board chaired by Dame Mary Archer, former Chair of Addenbrooke's and President of ACT, leads the Campaign. A network of Regional Ambassadors across the East of England champion and galvanise regional support.

The fundraising campaign, launched in March 2021, will have two phases; private (or quiet) and, once a significant amount of funds is raised, a community phase.

2.53 ***Timescales***

Planning permission for Cambridge Children's Hospital was granted for the early designs and floor plans in March 2022 and construction is currently anticipated to start from 2024. This will be confirmed following the appointment of a construction partner.

There are a huge number of variables with a project the scale and size of Cambridge Children's Hospital, which means the projected timescales for construction have to be regularly reviewed. The construction and commissioning schedule for the hospital will be confirmed during the Full Business Case stage of the project and following ongoing discussions with the government's New Hospital Programme.

2.54 ***Relationship with Cambridge Cancer Research Hospital project***

Cambridge Children's Hospital is part of the wider Addenbrooke's 3 redevelopment, which includes the new Cambridge Cancer Research Hospital. The Cambridge Children's Hospital project team is working in close collaboration with the Cambridge Cancer Research Hospital project.

3. Source documents guidance

3.1 Source documents

None.

North Place Integrated Care Partnership (ICP) Update

To:	Adults and Health Committee
Meeting Date:	14 July 2022
From:	North Integrated Care Partnership, Managing Director
Electoral division(s):	Fenland and Huntingdonshire
Key decision:	No
Forward Plan ref:	N/A
Outcome:	To provide an update to the Committee on the North Place Integrated Care Partnership (ICP) vision and implementation of local place-based health and care provision and the role of the local authority in practice.
Recommendation:	The Adults and Health Committee is asked to note and comment on the contents of this report.

Officer contact:
Name: Robert Murphy
Post: North Integrated Care Partnership, Programme Director
Email: robert.murphy@nhs.net
Tel:

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

1. Background

1.1 The purpose of this report is to provide an overview and update to the Adults and Health Committee on the development of integrated place based care in the North Place Integrated Care Partnership (ICP), and the opportunities presented by the Government's recent white paper Integration and innovation: working together to improve health and social care for all) for health and the local authority to work together to embed place based delivery at a community level.

1.2 In February 2021, the Government set out proposals to bring forward legislation that aims to further integrate and improve care at neighbourhood, place, and system level. This presents an opportunity to further build on partnership working and learning from shared experiences.

2. Main Issues

2.1 The Integrated Care Partnership – North Place

The Integrated Care Partnership (ICP) operates at whole system level and is responsible for developing an integrated care strategy to improve health and care outcomes and experiences for the North place populations – feeding into the NHS Integrated Care Board (ICB) who will have due regard to this strategy when making decisions.

2.2 *Our population*

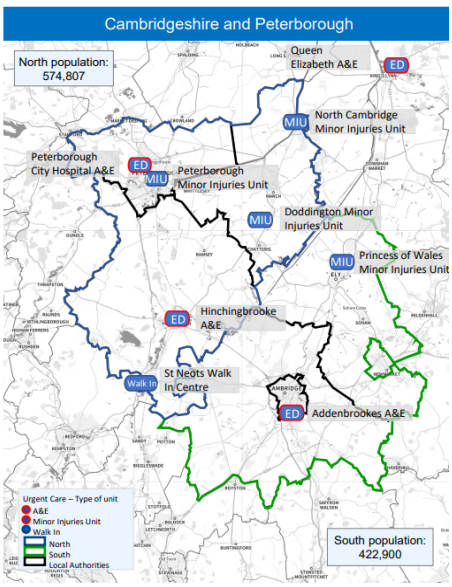
North Place serves a population of 574,807 and the partnership developing within North Place brings together the following equal partners who will work together to provide health and care services for our population:

The following partners work together to provide health and care services for our population:

- **Two upper tier local authorities**: Cambridgeshire County Council, Peterborough City Council
- **Two District Councils:** Fenland, Huntingdonshire
- **One Health and Wellbeing Board**: Cambridgeshire and Peterborough Health and Wellbeing Board
- **One hospital provider**: North West Anglia NHS Foundation Trust (NWAngliaFT)
- **Two community providers**: Cambridgeshire and Peterborough Foundation Trust (CPFT) and Cambridgeshire Community Services (CCS)
- **One mental health provider**: Cambridgeshire and Peterborough Foundation Trust (CPFT)
- **One ambulance trust**: East of England Ambulance Service NHS Trust (EEAST)
- **48 GP practices,** including 1 in Northamptonshire
- **One C&P wide Local Medical Committee,** that represents, supports and advises GPs
- **Two GP Federations**: Greater Peterborough Network (GPN), West Cambs Federation (WCF)
- **One Clinical Commissioning Group** (CCG): Cambridgeshire and Peterborough CCG
- **Healthwatch** Cambridgeshire and Peterborough providing an independent patient and service user voice for health and social care
- **Other partners** including parish councils as well as local voluntary, community and faith organisations

To facilitate integration of care and provision of services closer to home, we have established:

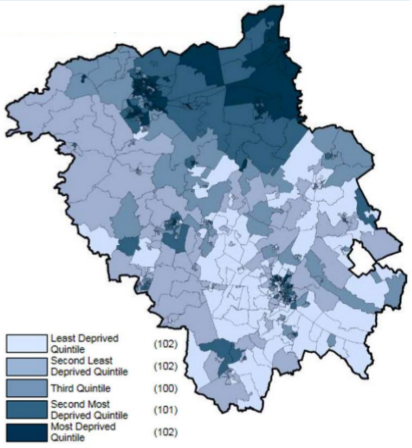
- **13 Primary Care Networks** (PCNs), which will require additional support to progress neighbourhood working. We expect all of our 13 neighbourhoods to develop into **Integrated Neighbourhoods.**



2.3 To facilitate true subsidiarity and integration of care closer to home, we have established 13 Primary Care Networks (PCNs). These integrated neighbourhood teams support future health and care models focusing on the specific needs of the population they serve

- There are almost 568,000 people registered with North Place practices, with a higher proportion of people aged 18 and under and a lower proportion of people aged 16 – 64 years compared with the CCG and England. The **population is expected to increase by 11.0% between 2019 and 2031** and then stabilise to 2036.
- North Place has slightly **higher proportions of White British, Black, Asian: Indian/Bangladeshi/Pakistani and 'other' ethnic groups** compared to the CCG average and lower proportions of White Other, Mixed and Asian: Chinese/Other.
- At an aggregate level, relative **deprivation is higher for North Place** compared to the CCG. Approximately 16% of children and 15% of older people live in income deprived households, higher than the CCG average.
- The **birth rate for North Place overall is statistically significantly higher** than the average for the CCG. The low birth weight proportion is statistically similar to the CCG average.
- Male and female **life expectancies are statistically significantly lower** compared to life expectancies for the CCG at 80.5 years and 83.7 years respectively.
- Recorded **prevalence of obesity and estimated smoking prevalence are statistically significantly higher** compared to the average for the CCG.
- It is estimated that **10.1% of adults are obese and 19.8% of adults smoke**.
- Estimates of **people reporting long-term activity-limiting illness and being in Good or Very Good health are statistically significantly worse** than the averages for the CCG.
- On average, there are around **4,350 deaths a year**, with around a third of these in people aged under 75 years
- Statistically **significantly high recorded prevalence of CHD, hypertension, stroke, COPD and diabetes** compared to the CCG averages
- North Place has statistically significantly **higher all-age and premature all cause mortality rates** compared to the CCG. All age and premature mortality rates for cancer are statistically similar to the CCG. All age and premature mortality rates for respiratory disease are statistically significantly higher compared to the CCG.
- Statistically significantly **high rates of children's and adult social care users** compared to the CCG average.
- North Place has statistically **significantly higher rates of secondary care use** compared with the CCG average.

2019 IMD Health deprivation across Cambridgeshire and Peterborough



2.4 *Our North Place Based Plan*

Our Place based plan for has been developed with our partners, providing an opportunity in this early phase of development, to align purpose and ambitions with co-produced plans to integrate care and improve health wellbeing outcomes for local populations.

Vision Statement

Cambridgeshire & Peterborough Integrated Care System

We have established a key vision for North Place.

To support people to stay well, be independent and live longer ensuring every person matters and every contact counts.

Across the North Place we aim to **work in partnership with our population and local partner stakeholder organisations** to provide an integrated health and care system fit for the future.

This means people receiving and having access to seamless **holistic services that meet their physical and mental health needs at the earliest possible opportunity** .

Through a focus on the individual, and communities, as opposed to structure, we place an increased **priority on prevention and pro-active care** rather than reactive treatment We expect to increasingly deliver most of an individual's care needs in their local community and to **reduce the need for hospital-based care**.

Tackling inequalities, through an integrated approach to:

- Prevention of ill health, early intervention, health improvement and creating environments that support and enable people to live healthily
- Ensuring our actions are centred on the individual, their goals, and the communities in which they live and supporting people to help themselves
- Having shared planning and decision making with our residents

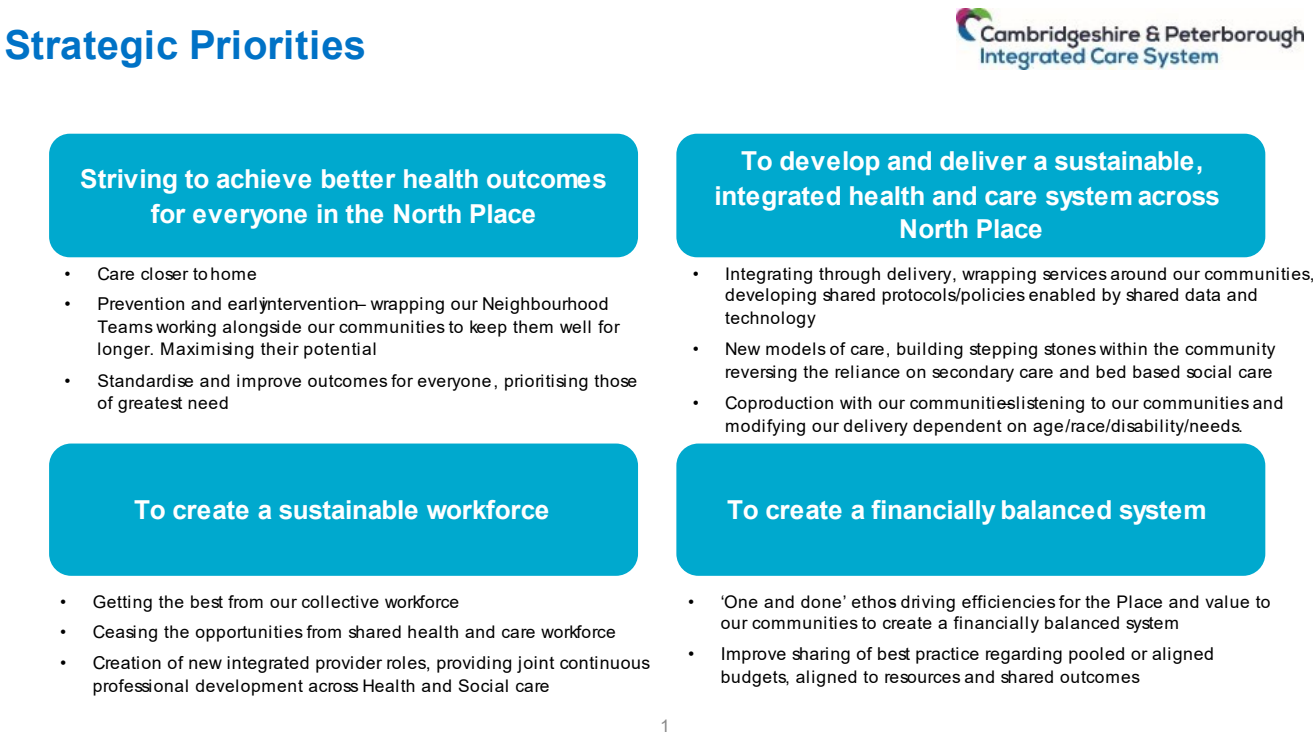
1

2.5 Our ambition for place is to facilitate joint action to improve health and care services and to influence the wider determinants of health and broader social and economic development. Such joined-up, inclusive working is central to ensuring that ICS partners are targeting their collective action and resources at the areas which will have the greatest impact on outcomes and inequalities as we recover from the pandemic.

2.6 Our Place based Integrated strategy has been developed for the whole population using best available evidence and data, covering health and social care and addressing the wider determinants of health and wellbeing, built bottom-up from local assessments of needs and assets identified at place level, based on Joint Strategic Needs Assessments (JSNAs).

2.7 Developing and agreeing the first integrated care operating plan shown in the slides below for 2022/23 has been a critical milestone in our development and has the potential to realise the benefits of planning together with due regard for overall population health needs and priorities.

2.8 Our strategic priorities are outlined below.



2.9 In practice, this translates to a programme of work, focused on the following key areas:

- Integrated care – Develop Integrated Neighbourhoods as a critical infrastructure in our NHS system- focus on LTC, frailty and high intensity users
- Service Delivery – Outpatients and diagnostics – developing community hubs for out of hospital care and diagnostics
- Clinical pathways – long term conditions – Diabetes, CVD, Respiratory Disease and Frailty – developing Virtual wards over the next 2 years. Increasing pathway 1 discharges from the acute sector- investing in an integrated team to provide reablement in the patients home. Shifting reliance on bed-based care
- Strategic Estates and Integrated Care Models – Fenland/Doddington Hospital with roll out to further sites
- System recovery – jointly delivering recovery objectives for the system aligned to the above

- Developing the infrastructure of the ICP to be able to become and accountable organisation

2.10 *The Role of the Local Authority in North Place*

The local authority is a key strategic partner in the development of the North Place programme of work, with close alignment of priorities in a number of areas which we have a real opportunity to maximise impact and deliver real change in an integrated way. For example,

- Alignment of the local authority Care Together programme of work with Integrated Neighbourhoods. There is a real opportunity to support subsidiarity and develop integration across health-based neighbourhood teams with social care, voluntary sector and community resources. There are some good examples of where we are working in an integrated manner across health and social care already, e.g. local multi-disciplinary Teams at neighbourhood level, discharge to assess, but we recognise there is the opportunity go much further.
- Development of place-based working also presents us with an opportunity to build on successful prevention and early intervention models, jointly commissioning and embedding strengths-based approaches to delivering care. We already have some existing examples of this, e.g. pooled budgets for community equipment, the Better Care Fund and learning disabilities partnership. Developing these models further, including through the developing collaboratives (e.g. mental health collaborative) is a key opportunity to move towards devolving budgets to local place.
- there is an opportunity to support the decentralisation agenda through greater alignment of budget and asset planning call my including devolving budgets to local place level. Engagement and Co-production with residents and local communities is a key element of our north place plans and the local authority and district councils are a fundamental partner in facilitating this.
- Workforce continues to be a challenge across health and social care and better utilisation of resources, joint approaches to workforce planning, training and progression could enable us to work smarter and promote health and social care as a career with progression pathways. The Local authorities priorities around recognising and promoting the care workforce with proper investment, e.g. through the Real Living Wage is one example of how the local authority is supporting this agenda. Integrated workforce development, commissioning and joint management of the market could support us to take this further to develop a local integrated workforce with the capacity and skills to support local communities.
- At Place we champion inclusion and transparency and will challenge all partners to demonstrate progress in reducing inequalities and improving outcomes through an outcome's framework which we are currently developing as part of our development programme This is a fundamental joint priority across health and social care and is a pillar to service development and design, working closely with public health to develop the public health management approach.
- Through our place-based development programme we have team of key stakeholders reviewing PHM data sets – as a result the priority area for focus during 2022/2023 is Frailty and long-term conditions – predominantly Respiratory, CVD and Diabetes
- We are making good progress on developing new models of care delivery to support proactive and preventative care. Wrapping health and care support services around them with advanced care planning to prevent escalation of their conditions

- We have developed out of hospital pathways for these patient groups – namely virtual wards which aim to treat patients in their own homes where they would otherwise be admitted to an acute hospital. By March 2022 we plan to have developed 163 virtual ward beds in the North. Increasing to 300 by March 2023

2.11 Governance

Care is being taken with the local design to ensure that the North Pace based partnership will complement, not duplicate, the work of the Health and Wellbeing Boards and will strengthen alignment of the ICS with Health and Wellbeing Boards.
Current legislation does not change the role or duties of Health and Wellbeing Boards nor does it change Local Authority structures or commissioning arrangements.
Specifically, the North Place based partnership will have an important role in synthesising both the Peterborough Health and Wellbeing Strategies into one integrated care strategy.

2.12 The new NHS ICB will pay due regard to this integrated care strategy in commissioning services including from Place Based Partnerships and Neighbourhood teams (Primary Care Networks) going forward.

2.13 The Place based partnership board will be established in shadow form from July 2022. In keeping with the Health and Care Bill it will take the form of a joint committee between the statutory bodies (i.e. it is a partnership not a corporate body). Beyond this, members are from a wide range of partners working to improve health and care in their communities

2.14 Thought has being given to how the full range of stakeholders, particularly local communities and those who rely on care and support are engaged in the work of the local place based partnership and, specifically, the co-production of the integrated health and care future models.

2.15 We are building on the expertise, relationships and engagement that already exist across our local areas, building priorities from the bottom up and ensuring that these priorities resonate with people across Neighbourhoods and Place.

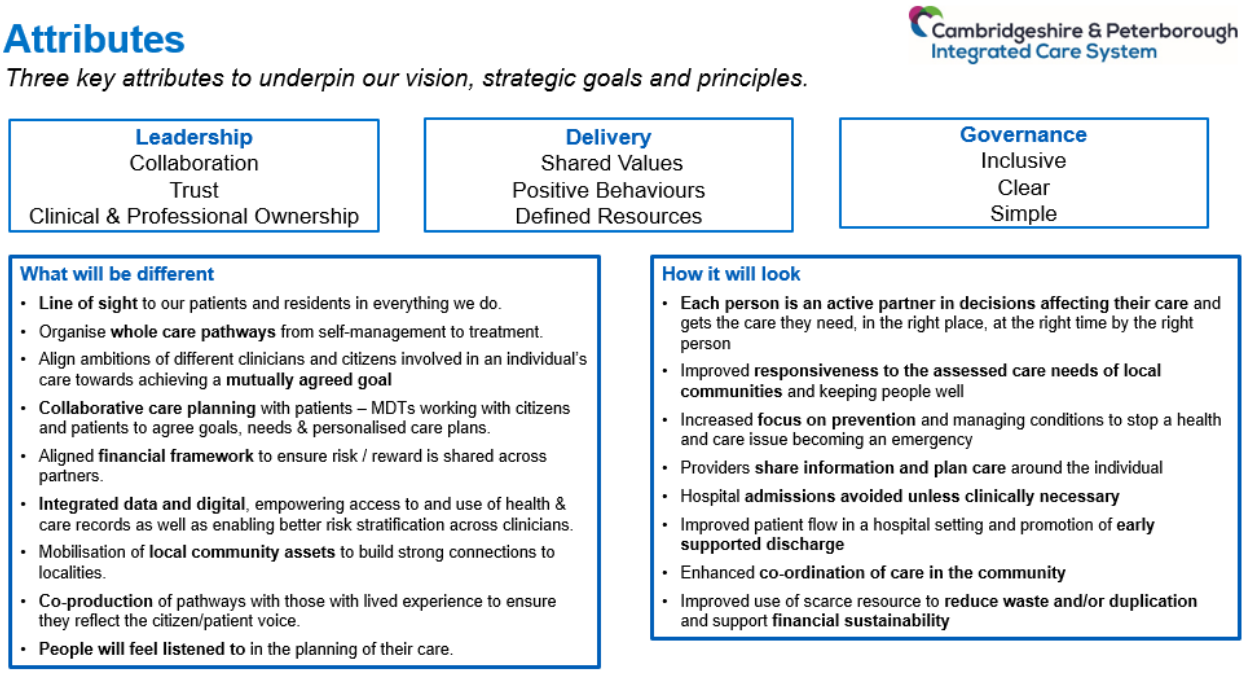
2.16 **Next Steps**

Planning is underway locally, led by the Local Authorities and NHS partners who come together as a single delivery executive team, to establish our North Place by July 2022 subject to legislation.

2.17 It is proposed that the Place forms ‘the guiding mind,’ across the Cambridge and Peterborough health and care system, in creating an integrated health and care strategy.

2.18 Local stakeholders have confirmed that Place provides an opportunity to build a broader approach to planning based on population need, particularly across the NHS, putting JSNA insights front and centre. It also provides opportunity to strengthen accountability to local people; to focus on healthy life expectancy and addressing inequalities and inclusion; to build on collaborative approaches developed during Covid19; and to maximise collective endeavours including as anchor organisations and in the use of the one ‘public purse.’ This is a real opportunity to do things differently, ensuring we have the right care in the right setting at the right time for people in their local communities. This is underpinned by the

following key attributes.



2.19 Over the last 6-12 months our Place-based Partnerships has worked at speed to develop our future structure and operating plans in readiness for the establishment of Integrated Care Boards (ICBs) on 1 July 2022.

2.20 Reflecting on this work, we have set out below four areas of focus for Place in our first 'transition' year to April 2023.

1. **Making subsidiarity a reality – the 'function' of Place**

   The principle of subsidiarity of decision-making to Places was helpfully reaffirmed in the White Paper ***Joining up care for people, places and populations*** (the Integration White Paper). Putting the principle into practice has however been more challenging. After all, Places are not intended to be simply operational units of their ICB; to achieve their fundamental aim of improving outcomes for their populations, they must have a broader role and involve and encompass functions from wider Place partners. This requires a different approach to decision-making, including a collective risk appetite..

   Over the next few months, we will continue working through the leadership required to except a 'full delegation' model from ICB to Place, via a host organisation arrangement. The **Integration White Paper** gives April 2023 as a key date for the development of shared outcomes by Place together with a shared resource plan. 2022/23 will therefore be a key period for Place to further develop our approach to support the delegation of more functions from ICBs to Place, and from other key partners.

There will need to be a particular emphasis on developing shared local outcomes, aligned to the Place Joint Health & Wellbeing Strategy, Integrated Care Partnership Strategy and the ICB's plans.

To support further delegation from the ICB, Place will need to demonstrate strong governance that is capable of managing the significant spend the Integration White Paper anticipates being funded through resource held at Place. A clear approach to allocation of resource, as well as dealing with deficits, will be critical if Places are to be ready to discharge this function for the next financial year.

2. **Strengthening the foundation for health and social care integration**

Focus has been placed to date, by necessity, on delegation from ICB to Place as CCGs face dissolution. As noted above, however, the success of Place in improving health outcomes will depend on a broader partnership approach, not least with local authorities. This is not easy given the different statutory and governance frameworks for local authorities, not to mention differing funding streams and priorities. Despite expectations that it might do so, the Health & Care Act 2022 does not in fact provide new tools for local authorities to delegate their functions to Place.

The key statutory tool to enable health and social care integration, which long precedes the integration agenda, therefore remains section 75 of the NHS Act 2006. The Integration White Paper confirms section 75 as the key tool for Place outcome-based approaches. NHS and local authority commissioners are familiar with section 75 arrangements enabling integrated and lead commissioning, as well as aligned and pooled funding arrangements. The Better Care Fund makes use of the tool forming the bedrock of integrated health and care approach in Place. In some Places, NHS Trust providers also have integrated provision arrangements in place with their local authority partners under section 75 agreements.

There is however an opportunity for section 75 agreements to embed a transparent approach to the NHS and local authority resource through 'aligning' or bringing 'into view' Place resource, underpinned by joint governance and oversight mechanisms as well as integrated teams and leaders.

Bearing all this in mind, a key task for Place in 2022/23 and beyond will be to review section 75 arrangements and consider how they could be developed to support the approach to shared outcomes and resource at Place, potentially expanding their scope and bringing them within the wider Place lens and governance arrangements.

3. **Deploying the Place people resource**

Understanding the staff resource and expertise available and how the Place can best utilise it to support its operating model is key. Equally, Place should be supported by collaborative leaders from partner organisations who are capable of generating trust and developing relationships. Place requires a different kind of leadership as a partnership approach reflecting the significant collaboration that already exists between the council and NHS partners

Developing the Place team during 2022/23 will be key to successful Place operations and this may include consideration of more joint appointments between Place partner organisations where this will contribute to the achievement of Place outcomes.

4. **Refining the governance – the 'form' of Place**

   As ICB establishment approaches, delegation arrangements are starting to be confirmed by ICB, enabling initial governance structures to be finalised.

   A key workstream for North Place during 2022/23 and beyond is to strengthen and develop our Place governance to support further delegation of functions to Place from the ICB

   Most importantly, North Place aims to ensure that decision-making arrangements are simple and easy to navigate, avoiding duplication of existing structures.

2.21 **How can the Local Authority influence and support the Place Journey**

As a local system partner, and key link to local communities, the local authority is key to the ongoing development of the North Place agenda at all levels, from members, to senior leadership through to direct front line delivery, we need to continue to work together to develop and deliver integrated system thinking and new evidence based models of delivery that meet the needs of local communities. The local authority can continue to influence and support this through a variety of ways:

- Embed Leadership roles within North Place Board, Engagement committee and Delivery Executive team
- We would also welcome Councillors direct involvement with their local ward members – socialising our strategy and plans – feeding their views back into the engagement committee
- Working collaboratively with the NHS to form a place-based budget that the partnership recommends to commissioners as the best use of resources in addressing the health inequalities and deprivation challenges for North Place
- We have already successfully coproduced with council colleagues an integrated team approach to reablement – this example of integration of service provision is a foundation to further integrate our teams at the most local level

3. Source documents guidance

3.1 Source documents

White Paper Integration and Innovation: working together to improve health and social care for all.

3.2 Location

Integration and innovation: working together to improve health and social care for all)