

# COMMUNITIES AND PARTNERSHIP COMMITTEE



**Thursday, 03 December 2020**

**Democratic and Members' Services**  
Fiona McMillan  
Monitoring Officer

**10:00**

Shire Hall  
Castle Hill  
Cambridge  
CB3 0AP

## **COVID-19**

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

## **AGENDA**

**Open to Public and Press**

### **CONSTITUTIONAL MATTERS**

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

*Guidance on declaring interests is available at*  
<http://tinyurl.com/coc-conduct-code>

**2a Minutes of the Meeting Held on 8th October 2020**

View minutes here: [Minutes - 8th October 2020](#)

**2b Communities and Partnership Committee Minutes Action Log 1 - 6**

**3 Petitions and Public Questions**

### **DECISIONS**

<b>4</b>	<b>Support Cambridgeshire 2019-20 Annual Report</b>	<b>7 - 28</b>
<b>5</b>	<b>Local Council Development Plan Annual Report</b>	<b>29 - 36</b>
<b>6</b>	<b>CUSPE Policy Challenge on the Effect of Council Decision Making on Community-Led Initiatives</b>	<b>37 - 142</b>
<b>7</b>	<b>Report of the Service Director for Communities and Partnerships</b>	<b>143 - 152</b>
<b>8</b>	<b>Cambridgeshire Skills Six-Month Review</b>	<b>153 - 160</b>
<b>9</b>	<b>Innovate and Cultivate Fund - Endorsement of Recommendations (December 2020)</b> <i>Report to follow</i>	
<b>10</b>	<b>Communities and Partnership Committee Review of Draft Revenue and Capital Business Planning Proposals for 2021-2026</b> <i>Report to follow</i>	
<b>11</b>	<b>Performance Report – Quarter 2 2020-21 Financial Year</b>	<b>161 - 182</b>
<b>12</b>	<b>Finance Monitoring Report – December 2020</b>	<b>183 - 218</b>
<b>13</b>	<b>Community Champions Oral Updates</b>	
<b>14</b>	<b>Communities and Partnership Committee Agenda Plan</b>	<b>219 - 222</b>

The Communities and Partnership Committee comprises the following members:

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

Councillor Steve Criswell (Chairman) Councillor Lina Nieto (Vice-Chairwoman) Councillor Barbara Ashwood Councillor Henry Batchelor Councillor Adela Costello Councillor Lis Every Councillor Janet French Councillor Elisa Meschini Councillor Mandy Smith and Councillor Amanda Taylor

Clerk Name:	Nick Mills
Clerk Telephone:	01223 699763
Clerk Email:	nicholas.mills@cambridgeshire.gov.uk







## Communities and Partnership Committee Minutes Action Log

This is the updated action log as at 25<sup>th</sup> November 2020 and captures the actions arising from recent Communities and Partnership Committee meetings and updates Members on the progress in complying with delivery of the necessary actions.

Minutes of 12 <sup>th</sup> March 2020					
Minute number	Item title	Responsible officer(s)	Action	Comments	Status
245.	Joint Health and Wellbeing Strategy Consultation	L Robin	Provide Members with information on the committees and boards that would host presentations or workshops on the Joint Health and Wellbeing Strategy, including when and where they would be held.	<p>The consultation on the Joint Health &amp; Wellbeing Strategy was placed on “pause” during the latter half of March due to the current situation around the COVID-19 outbreak. When the consultation resumes, a full list of committees/ boards, with dates of meetings, will be provided to the Committee.</p> <p>November 2020 update: The formal consultation will be restarted in 2021, and the Committee will be briefed on the detail in advance via one of the preceding service director reports. As this will be a new process, this action is marked as complete, but the need to provide a detailed update to the Committee ahead of consultation restarting has been recorded.</p>	Complete
249.	Domestic Abuse and Sexual Violence Service Review and White Ribbon Campaign	J Cullum	Investigate the possibility of the Council signing up to the Employers’ Initiative on Domestic Abuse (EIDA).	This has been agreed by the council’s senior leadership team. Officers are now working with colleagues in our Human Resources team to ensure processes are in place to meet the EIDA requirements before we confirm our commitment to EIDA. This will be completed before the January 2021 Committee meeting, and Members will be updated by that date.	Ongoing

## Minutes of 22<sup>nd</sup> April 2020

Minute number	Item title	Responsible officer(s)	Action	Comments	Status
260.	Cambridgeshire County Council's Response to Covid-19	A Chapman	Connect town and village response coordinators to the County Council through the respective local Members.	Following the recent Committee workshop, a series of place-based events is being scheduled to take place in all 22 service delivery areas between now and the end of February 2021. Local Members will be directly involved with the events relevant to their areas, and connections required as a result of this action will be formalised as part of this. Further updates on progress and impact will be provided to Committee in future reports.	Complete

## Minutes of 6<sup>th</sup> August 2020

Minute number	Item title	Responsible officer(s)	Action	Comments	Status
292.	Cambridgeshire County Council's Response to Covid-19	A Chapman	Provide Members with information on the different types of support available for people self-isolating, including those in quarantine when returning from a holiday or trip, and how they could be accessed, to share with affected residents.	A briefing note was circulated to Members.	Complete

## Minutes of 3<sup>rd</sup> September 2020

Minute number	Item title	Responsible officer(s)	Action	Comments	Status
302.	Cambridgeshire County Council's Response to Covid-19	A Chapman	Investigate how much proactive work business organisations, such as local Business Improvement Districts (BIDs), were undertaking.	A response was provided by the Head of Regulatory Services at the Committee meeting on 8 <sup>th</sup> October 2020, which confirmed the range of opportunities and interventions that are being actively deployed to support businesses.	Complete
		A Chapman	Circulate guidance published by the LGA on the role of elected members during the pandemic.	The LGA guidance was circulated to Members.	Complete
		J Lewis	Request a briefing note from the Director of Education on what support was being provided to teachers in preparation for the reopening of schools, such as the provision of personal protective equipment.	A response from the Director of Education was read out at the Committee meeting on 8 <sup>th</sup> October 2020 and included in the minutes of that meeting.	Complete
		A Chapman	Include information in the November iteration of the Covid-19 report on how universities were preparing for the return of students and how the outbreak control plan was managing the relationship with the universities.	A full briefing note was provided to the Local Member Engagement Board at the beginning of November, which has also now been circulated to Communities and Partnership Committee Members.	Complete

## Minutes of 8<sup>th</sup> October 2020

Minute number	Item title	Responsible officer(s)	Action	Comments	Status
311.	Report of the Service Director for Communities and Partnerships	A Chapman	Circulate examples of local and national schemes similar to monitoring system being developed for the Youth in the Community Programme for their consideration prior to the workshop.	Information was circulated to Members in advance of the Member Workshop held on 12 November 2020.	Complete
312.	Libraries Open Access Project	G Porter	Establish how the Open Access Project could connect to other programmes and strategies currently being developed across the County.	A full overview of opportunities will be incorporated in the library service report due to be presented to the committee in January 2020.	Ongoing
313.	Cambridgeshire Registration Service Annual Report	L Clover	<p>Provide further information and demographic data of marriages and any shifts that may be occurring in the statistics, both on a local and national level.</p> <p>Consider collating specific data on forced and sham marriages in Cambridgeshire.</p>	<p>A briefing note was circulated to Members.</p> <p>The majority of forced marriage issues for those living in Cambridgeshire relate to ceremonies taking place outside England and Wales, which means they do not involve the County's registration service. Annual monitoring of numbers will continue to take place and any issues will be flagged to the Committee via the regular Service Director reports.</p>	Complete

314.	Innovate and Cultivate Fund – Endorsement of Recommendations – October 2020	E Matthews	Include information on how previously funded projects had fared after receiving funding in the next Innovate and Cultivate report	Updates on previously funded projects will be included in the 'Innovate and Cultivate Fund – 2019-20 Evaluation and Endorsement of Recommendations' report to be presented at the Committee meeting on 21st January 2021.	Ongoing
315.	Community Champions Annual Review	E Matthews	Consider whether Community Champions' written reports that were submitted for each Committee meeting could indicate how their ongoing work aligned with the Council's corporate policies.	A new standard reporting template has been developed and agreed with Community Champions, which will ensure consistency of reporting as well as capturing details of links to the Council's corporate policies and priorities.	Complete
316.	Business Planning Proposals for 2021-26: Opening Update and Review	A Chapman	Provide Members with data collated from research by the Adults Committee, as well as the Children and Young People Committee, on the demographic pressures and demands they were facing, prior to the Committee workshop in November	Information relating to this action was incorporated into the context setting presentation used during the Committee workshop on 12 November.	Complete



## Support Cambridgeshire 2019-20 Annual Report

To: Communities and Partnership Committee

Meeting Date: 3 December 2020

From: Service Director: Communities and Partnerships, Adrian Chapman

Electoral division(s): All

Key decision: No

Outcome: For Committee to have received the annual summary of the Support Cambridgeshire achievements between September 2019 and August 2020, and priorities for 2020-21.

Recommendation: The Communities and Partnership Committee is asked to:

- a) Note achievements outlined in this report for the period September 2019-August 2020;
- b) Note the achievements shown in Appendix 1, 'Impact of the Partnership during Covid'; and
- c) Note the priority outcomes agreed for September 2020 to September 2021.

### Officer contact:

Name: Elaine Matthews  
Post: Think Communities Area Manager  
Email: [elaine.matthews@cambridgeshire.gov.uk](mailto:elaine.matthews@cambridgeshire.gov.uk)  
Tel: 01223 706386

### Member contacts:

Names: Councillor Steve Criswell  
Post: Chairman  
Email: [steve.criswell@cambridgeshire.gov.uk](mailto:steve.criswell@cambridgeshire.gov.uk)  
Tel: 01223 706385

## 1. Background

- 1.1 In 2016, Cambridgeshire County Council replaced nine annual grants to Voluntary and Community Sector (VCS) Infrastructure Support organisations with one combined agreement. Providers were invited to tender against a new single service specification to build the capacity of voluntary organisations, community groups and local councils, and our relationship with the sector. This new arrangement was an opportunity to have a strategic, long-term approach, which reduced duplication and was more efficient and effective for all parties.
- 1.2 The successful provider was Support Cambridgeshire, a partnership between Hunts Forum of Voluntary Organisations (lead), Cambridge Council for Voluntary Services and Cambridgeshire ACRE (Cambridgeshire's Rural Community Council). The new grant agreement started on 1 September 2016 and was due to end August 2020.
- 1.3 The November 2019 Committee endorsed an extension to the current grant agreement with Support Cambridgeshire up to 31 March 2021, and on 2 July 2020 Committee endorsed a further extension to 30 September 2021, to allow for adherence to procurement regulations for the new support contract.
- 1.4 This report covers the achievements made during the fourth year, 1 September 2019 to 31 August 2020.
- 1.5 Collectively, Support Cambridgeshire delivers:
  - Support for town and parish councils – To improve the lives of local communities through vibrant, dynamic and effective town and parish councils
  - Volunteering and social action – To promote alternative forms of volunteering and place-based social action initiatives
  - Voice and representation – To facilitate a better understanding of the voluntary and community sector and deliver trained, knowledgeable representation
  - Information and advice – To increase the capacity of the voluntary and community sector through training, information and advice
  - Support for community facilities – To increase the contribution of well managed and sustainable community owned facilities

## 2. Main Issues

- 2.1 On 21 November 2019, Communities and Partnership Committee endorsed the following Council priorities for Support Cambridgeshire for the coming year
  - More placed based approaches that complement the work of Think Communities.
  - More added value contracts which support a sense of place and complement the work of Think Communities
  - Expansion of the Local Council Conference to meet the needs of delegates and partners
  - A contract review which will assess the Partnership's progress against the original project plans and the terms of engagement
  - The continued development of the Chief Executive Officer Network as a one stop shop for information exchange between the statutory and voluntary/community sectors



- The continued development of the Commissioning Forums to identify best practice in commissioning and procurement.
- A Connecting Communities Conference which examines volunteering and its impact on youth engagement
- A wide and varied training offer which will include new topics based upon information received from the sector and arising out of the State of the Sector report 2019
- Three more Practitioner Forums which focus specifically on charity and business relationships (the Support Cambridgeshire 'More than a Giving Machine' series)
- Further best practice sessions based upon work stream activity which includes village hall coffee mornings and local council peer networking

2.2 During what has been an extraordinary year, for reporting purposes Support Cambridgeshire's work can be split into pre-pandemic delivery and that carried out in response to COVID-19, although much of the support to the sector set up pre-COVID-19 continued throughout the year.

### 2.2.1 Pre-pandemic

Work plans incorporating all Council priorities were agreed by partners and delivery started or continued on the following:

- Community facilities
  - Promoting Village Halls Week
  - Increasing take up of the Hallmark Quality Scheme
  - Providing Peer Mentoring/advice and guidance
- Town & Parish Councils
  - Coordinating the Annual Local Council Conference
  - Monitoring the Local Council Development Plan
- Volunteering & Social Action
  - Delivering a Connecting Communities Conference
  - Designing and delivering Corporate Social Responsibility events – Think Differently
  - Promotion and engagement with Think Communities, influencing priorities as the voice and representative of the sector
  - Providing access to funding through the SC4C funding portal
- Voice & Representation
  - Continued representation at Influencing and Engaging Forums
  - Continued development of Networking events – including the CEO Network and the Trustee Network
  - Continued development of Commissioning Forums and involvement in the Integrated Commissioning Board
- Information & Advice
  - Delivery of a co-ordinated training programme
  - Delivery of an extensive support service to VCS groups
  - Provision of an increased range of resources responding to the sector needs including toolkits, factsheets and communications
  - Provision of funding support

## 2.2.2 Response to COVID-19

During lockdown all services moved to telephone or videoconferencing, Support Cambridgeshire Partners joined the VCS Emergency Partnership co-ordinated by Red Cross to co-ordinate local VCS responses. They attended weekly meetings of the resilience forum and linked local VCS with county and district hubs.

The Support Cambridgeshire and all partners' websites were updated with timely and relevant COVID-19 related information and advice. Partners have shared new fact sheets, videos and information helping groups to find the information they need. Newsletters moved from monthly to weekly (and sometimes more often) to ensure that groups were kept up to date and they have continued to send round the funding bulletins. From the start of March to June Support Cambridgeshire sent out 25 news bulletins, with feedback showing the information within was very well received.

2.3 Appendix 1 shows an infographic depicting the impact of the Support Cambridgeshire partnership during the pandemic from March to August 2020. From March 2020 and the start of the pandemic lockdown, support for the Voluntary and Community Sector required a fast, flexible and focused response and Support Cambridgeshire were able to fulfil that immediate need for the sector. As a member of the Cambridgeshire and Peterborough multi agency COVID-19 Community Resilience Group, Support Cambridgeshire were well placed to provide the voice and representation of the voluntary and community sector at the higher strategic level.

2.4 Support Cambridgeshire's key outputs over the last year include:

- 35 news bulletins, 12 funding alerts and 888 factsheets, keeping the sector up to date with key information, support to access COVID-19 funds and how to run trusted and resilient organisations
- 3 Impact of COVID-19 surveys with 51% response rate, shaping the way we support the VCS as they further develop their community response (some feedback is provided at Appendices 2 and 3)
- 2,199 Volunteers accessed online video training sessions
- 80 people attended the Connecting Communities Conference, with 249 views afterwards
- 210 attendees at online webinars with 2,430 views afterwards, providing access to support in a more accessible and flexible way
- 98 attendees at CEO Network and Trustee Network sessions
- 110 attended formal training sessions, increasing the knowledge, skills and behaviours of those service our communities from within the sector
- The Communities Facilities network dealt with 286 enquiries with 147 attending peer support sessions
- 238 new users on the funding portal with a massive £443,213.00 secured in the last 12 months

2.5 In addition to the key outputs, much of the impact from Support Cambridgeshire delivery is less easy to quantify with data, but nonetheless vital to the sector in being able to carry out their role for longer, more professionally or with greater confidence. The feedback from the sector demonstrates the importance of the Support Cambridgeshire support, advice and guidance.

- "Just had to let you know we got it !!!! The full £50,624!!! ABSOLUTELY THRILLED!! Keeps us going for another 6 months and we shall hopefully apply for 3 year funding in February 2021. THANK YOU SO VERY MUCH for your help as ever but particularly in these uncertain times, it really is such a huge boost to my confidence to have your back up and thoughts"
- "First I want to you to know that [named officer] have been a huge help to me. I was feeling pretty overwhelmed, working on my own with a seemingly insurmountable amount of things to do. [They] spent time with me on Zoom and made lots of suggestions how I could manage. Since then I have a list app on my phone and have delegated a huge piece of work which was overwhelming me. I also attended [their] COVID risk and recovery training and have completed my risk assessment and recovery plan. I hosted a Zoom board meeting on Saturday and they were very impressed."
- "...Thank you for the signposting and awareness building of grants – it is getting harder and harder to compete with hearts and minds larger charities for the funds and donations so getting an email alert is a magic! Our admin assistant has also been accessing your training sessions (is on one today) and again this accessible and affordable type of training is so vital. Keep up the great work it is appreciated even if we never meet face to face."

2.6 Other case studies demonstrate the value of linking local organisations in to others with similar experiences or to share learning. For example:

#### Case study: Hauxton Parish Council

The parish council are building a new village hall, which they will be running as a central community hub for the village. ACRE have supported both the old village hall charity and parish council as they close one facility and open the new facility. Part of their aspiration for this project will be to include other community services so that the community have access to more services. One local ambition included exploring the idea of having post office services within their new facility. ACRE were able to help and support the parish council by facilitating discussions with other community buildings around the county that offer this service (offering peer-peer support and learning) and support them as they work with Post Office services to develop their local offer.

#### Case Study: 'I love Wisbech'

A cross-sector partnership that has been active in Wisbech for many years and conducted the largest single survey the town has seen. Over 40 partners have been involved over time developing projects and ideas to benefit the town and its communities. With the '*I love Wisbech*' project coming to an end, many partners were keen not to lose the momentum and co-operation that had been developed and asked Support Cambridgeshire to look at options.

Following a series of surveys and workshops, the 'I love Wisbech' partners have developed a shared vision and understanding that will help ensure that the partnership work in Wisbech will continue. Next steps are to develop a strong partnership agreement that will help to leverage in greater sums of funding for the town and its communities, increasing projects and enhancing the lives, opportunities, and culture of the town.

- 2.7 The outcomes agreed for the year ending 31 September 2021 continue to focus on the five main headings in the current Grant Agreement, with each having a new or updated outcome to suit the priorities relevant to the Cambridgeshire Local approach and the pandemic response and recovery, and deliverable within the 13-month timeframe, as follows:

### Community Facilities

For community facilities to remain at the heart of their communities, responding to the changing requirements brought about by COVID, developing their offer and adapting to the need within the communities they serve.

### Voice and Representation

Enabling the VCS to play an equal role in co-producing services and supporting our communities as the needs grow and change.

### Volunteering and Social Action

For communities and individuals to feel empowered to develop a response to their local needs, to have the support, information, confidence and skills that allows them to be in the best place to respond.

### Town and Parish Council

For the successful delivery of a Cambridgeshire Local Council Conference in October 2021. That the Local Council Development Plan is adapted and updated in 2021 to represent the change in the needs of the communities and services the Parish Councils are now offering.

### Information and Advice

That the VCS have access to the information and advice, connections and networks they feel they need to be better resourced within their organisations.

## 3. Alignment with corporate priorities

### 3.1 A good quality of life for everyone

- The VCS supports people to have a good quality of life in a range of ways. There is evidence that community participation supports the adoption of a healthy lifestyle and builds engagement in health and wellbeing improving initiatives.
- VCS infrastructure support in building VCS capacity and to support communities that are safe and are good places to live, is a cornerstone of our early help and preventative strategies for vulnerable people.

### 3.2 Thriving places for people to live

- The VCS employs a significant number of people and contributes positively to the local economy.
- This affords opportunities for individuals and communities to develop skills through participating in their community, which will help them within the workplace and build resilience to undertake initiatives that improve and enable independence, health and well-being.

- 3.3 The best start for Cambridgeshire's children
- The support of the VCS could make a real difference to the lives of children and families, providing opportunities for the whole population to succeed and to enable improved outcomes.
- 3.4 Net zero carbon emissions for Cambridgeshire by 2050
- The VCS play a key role in championing environmental concerns and local action. This grant agreement supports VCS organisations to achieve their ambitions and Local Councils to understand environmental concerns and how to address those.

## 4. Significant Implications

- 4.1 Resource Implications
- County Council resources for this work are already identified in the Council's budget for 2020/21.
- 4.2 Procurement/Contractual/Council Contract Procedure Rules Implications
- Support Cambridgeshire's grant agreement was fulfilled in line with the Council's Contract Procedure Rules.
- 4.3 Statutory, Legal and Risk Implications
- There is a continuing legal duty on local authorities to ensure that vulnerable people are not exposed to additional or unreasonable levels of risk as a result of the implementation of these strategic objectives
- 4.4 Equality and Diversity Implications
- Evidence indicates that some services delivered within local communities can be more successful than statutory services at reaching people who may need support.
  - Building capacity within local communities to help people help each other should therefore support more equal and diverse accessible provision locally
  - Some of our services will become increasingly more localised, so that we can meet local and individual need within each specific community context
- 4.5 Engagement and Communications Implications
- Engagement with VCS has resulted in a greater understanding of the needs of the sector and has shaped the previous, current and future agree outcomes required from this service.
- 4.6 Localism and Local Member Involvement
- The role of Members helps in contributing towards the success of a thriving local VCS. Members can connect local groups to this support.
- 4.7 Public Health Implications
- A thriving VCS supports individuals and communities to take responsibility for their own physical and mental health. It can engage them in taking steps to adopt a healthy lifestyle and other health improving activities
  - Building community resilience and VCS infrastructure will impact on many of the needs identified in different Joint Strategic Needs Assessments, including the following:
    - Long term conditions

- New communities
- Homelessness and at risk of homelessness
- Vulnerable children and adults
- Carers
- Older people's mental health
- Substance Misuse
- Unhealthy lifestyles

**Have the resource implications been cleared by Finance? Yes**

Name of Financial Officer: Martin Wade

**Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement? Yes**

Name of Officer: Gus DeSilva

**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: Adrian Chapman

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

Name of Officer: Christine Birchall

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

Name of Officer: Adrian Chapman

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

Name of Officer: Val Thomas

## 5. Appendices

Appendix 1 - Impact of the Partnership During Covid-19

Appendix 2 - Survey of Charities and Community Groups

Appendix 3 - The Impact of Covid-19 on Huntingdonshire Community Groups and Charities

## 6. Source documents

None

# Impact of the Partnership during COVID



## Parish & Town Councils

51%

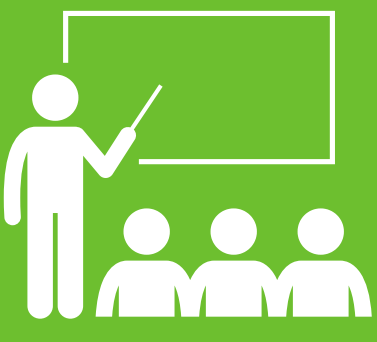
of councils responded to the Local Councils COVID-19 Survey, allowing us to better understand the hyper-local impact and likely future support needs during recovery

7

Local Council Strategic Partnership Meetings leading to closer working between those supporting local councils through the crisis



## Training



110 attended online webinar events, with 249 more viewing the recordings

Peer-to-peer support events have attracted over 74 individuals across the county

"One of the most useful training sessions I have attended!"

Feedback from a participant on the Managing Volunteer Opportunities course.

## Voice and Representation

77

meetings where VCSE was represented; this included Health, Cambridge County Council and district council meetings

24

CEOs & community leaders attended the CEO Network events

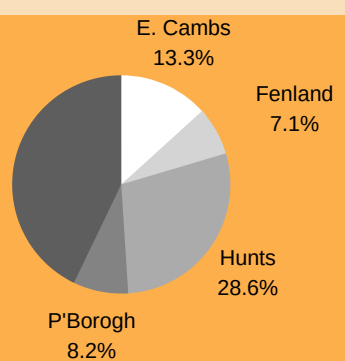


## Community Building Support



147 attended Community Building Coffee Mornings

One-to-one support given across Cambridgeshire & Peterborough



## Volunteering and Social Action

Feedback from the Volunteer Conference

'As a member of a very small charity with few resources, being able to attend without travel was very useful, Thank you'

80 VCSE professionals attended the conference

3,318 views of support videos and factsheets around volunteer management



## Communication and Funding



Outside funding brought into Cambridges using Grant Finder

Cambridge City	£37,910
East Cambridge	£33,145
Fenland	£1,500
Huntingdonshire	£27,600
South Cambridgeshire	£31,158

Totalling £131,313



336 e-funding alerts were sent & opened leading to 1,119 funding searches on the portal



3,000 users with 88% being new users



43,500 impressions with a following of 876







# CCVS

Support for community & voluntary groups

Appendix 2

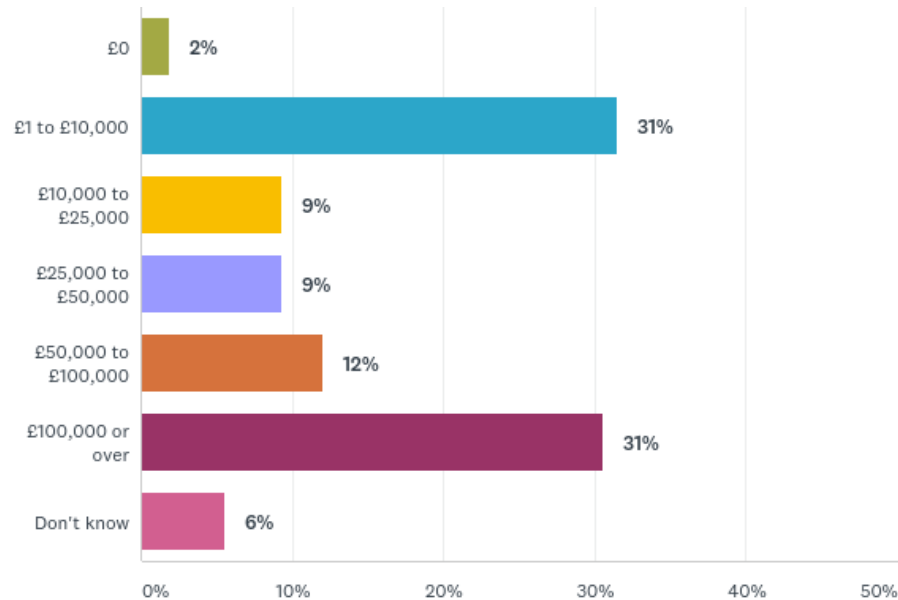
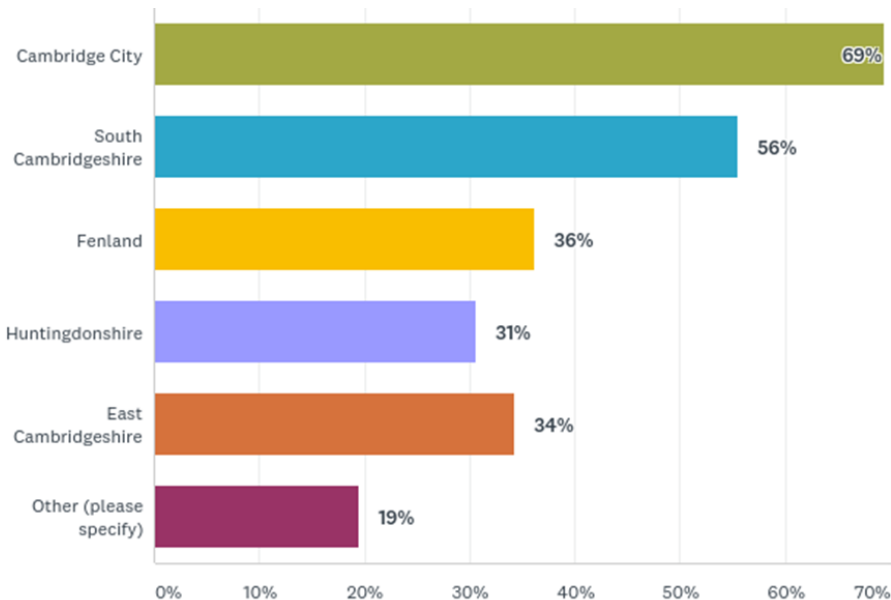


# Survey of charities and community groups

April 2020

# Where groups work and their income

Answered: 108 Skipped: 0



## What groups are doing falls into four main areas

### Covid emergency response

“Providing support for the local volunteers through the Mutual Aid group. Running Food Hub. Linking with the local schools, Doctors surgery, local business and organisations to support the most vulnerable”

### Have cancelled any face to face work but offering other forms of support.

“We have moved all of our services to remote delivery and are offering 1-1 support to LGBTQ+ young people by phone/text/email/video call, and weekly online groups by video call. We have also been distributing relevant books and DVDs to young people by post. We have been investigating how we can move our training delivery online.”

### Closed most services but still keeping in touch with people.

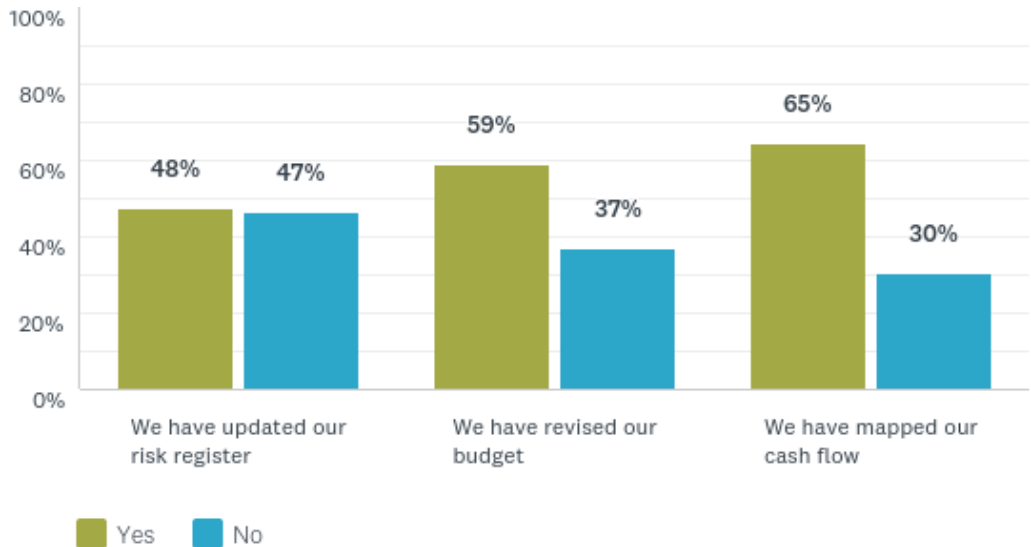
“Our normal sessions are closed but we are keeping in touch with families via our Facebook page, Messenger and some Zoom sessions. We have also loaned toys/activities to some of the more vulnerable families who we are keeping a more regular contact with and supporting where necessary.”

### Closed

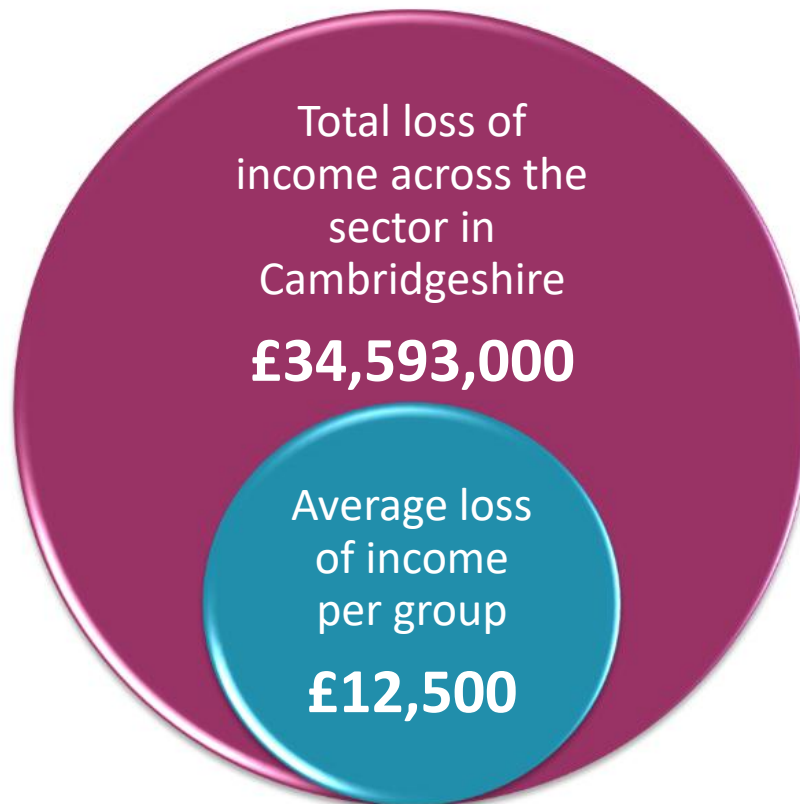
“Our small staff group of six are furloughed. The site is closed to co-workers, volunteers, staff and customers.”

# Have you taken action to plan your finances?

Answered: 104    Skipped: 4

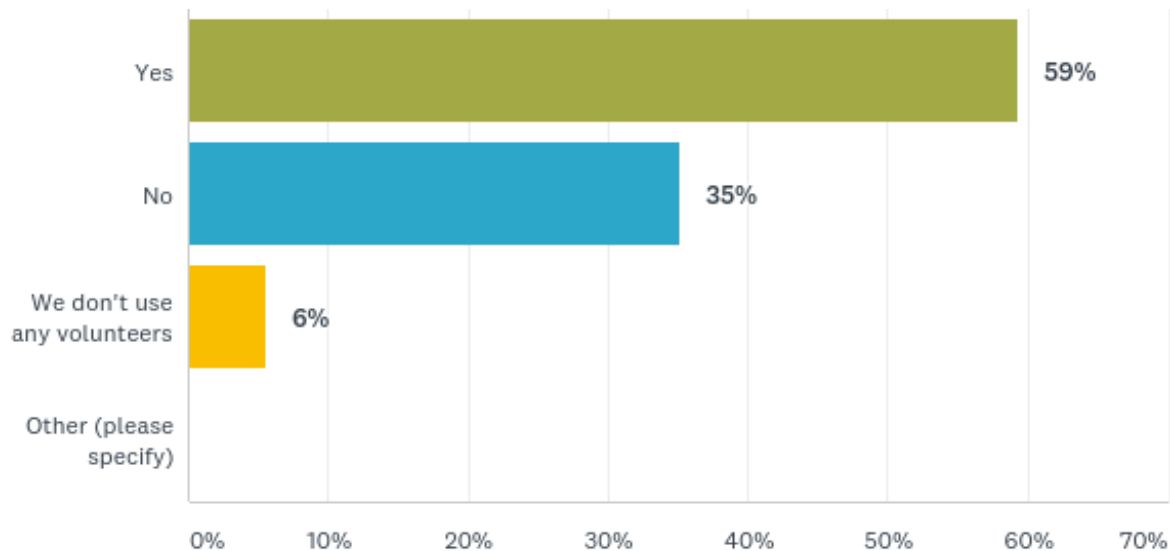


## How much funding will your organisation lose due to Covid-19?



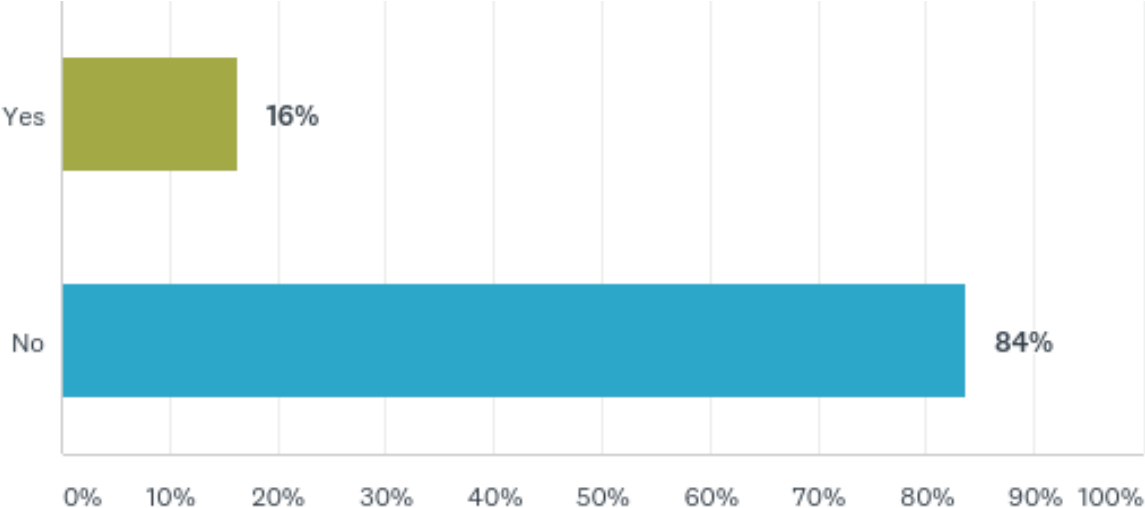
# Will volunteers still be delivering services?

Answered: 108 Skipped: 0



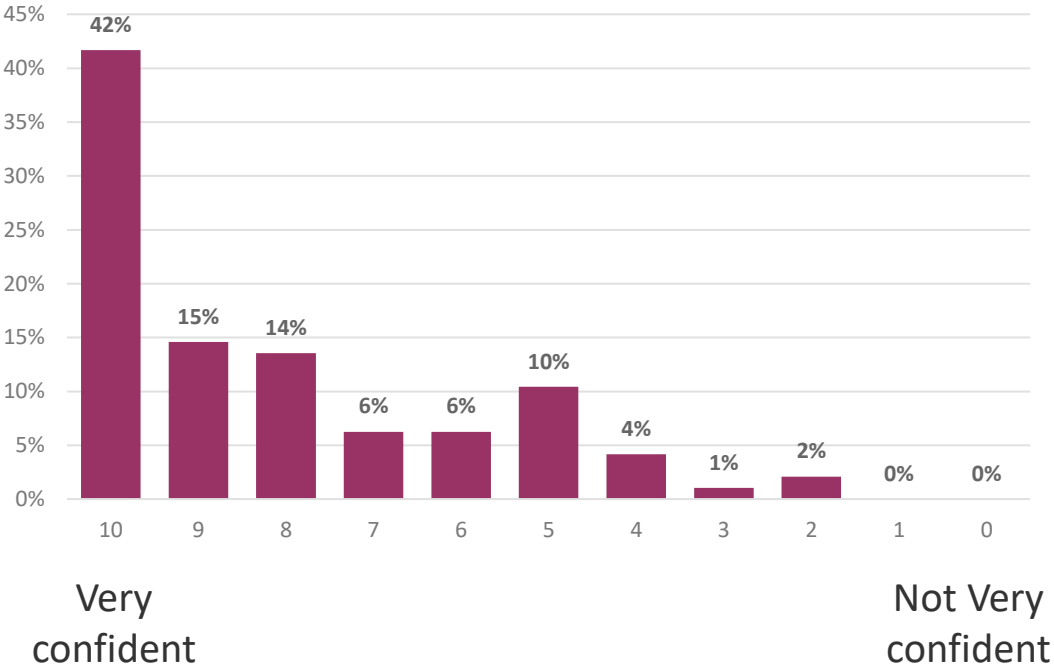
# Will you need more volunteers?

Answered: 92   Skipped: 16



# How confident are you that your organisation will survive the next 6 months?

Answered: 96   Skipped: 12





## The main concerns identified for the future can be grouped as follows.



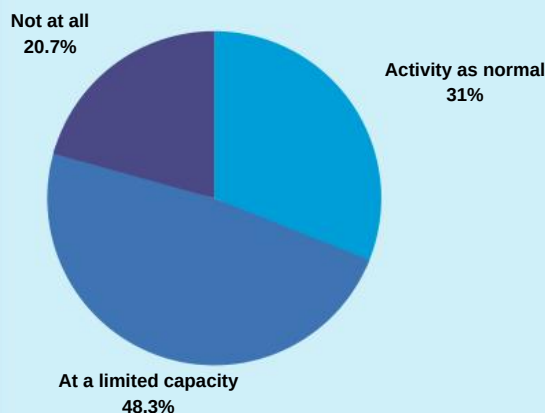


# THE IMPACT OF COVID-19 ON HUNTINGDONSHIRE COMMUNITY GROUPS AND CHARITIES

Appendix 3

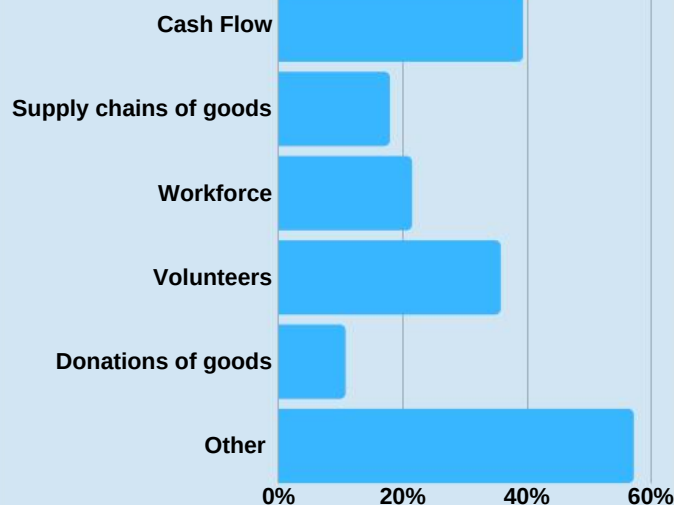


## Percentage of groups managing to deliver activity linked to their main mission statement



**75%**  
stated they  
were now  
carrying out  
new activity  
linked to  
COVID 19

## What issues are groups currently facing



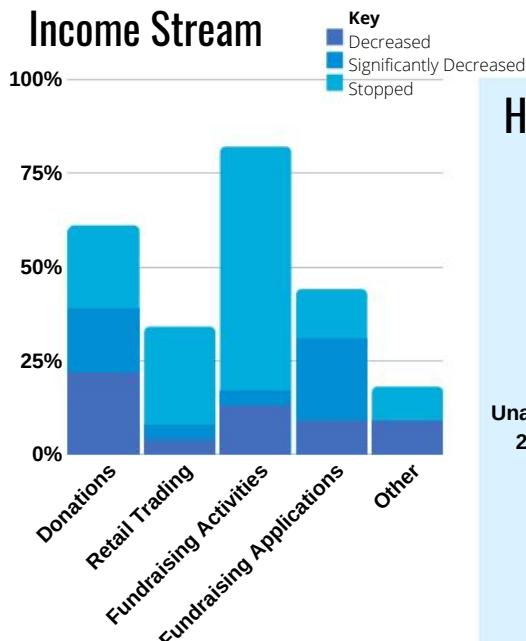
### Other issues facing groups included:

- Cash donations
- Unable to start new projects
- Venue closures
- Mapping & understanding the need
- Uncertainty

## How has delivery of services changed



## Income Stream

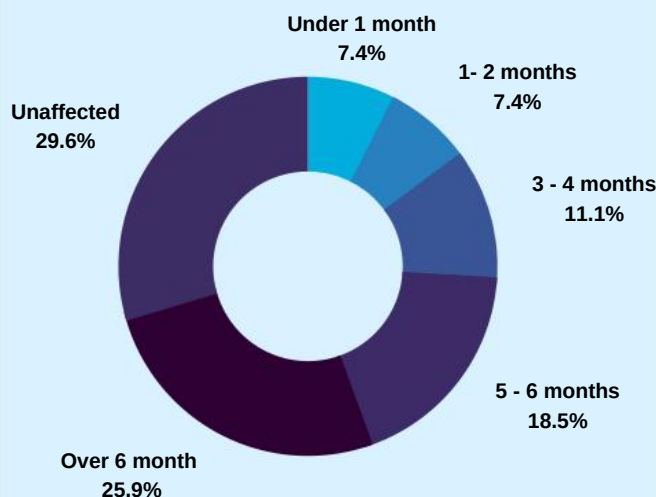


## Other income streams affected



Membership Fees Venue Hire

## How long they estimated they would be able to continue to offer their main service under current conditions



**62% are NOT**  
accessing the  
Government  
Job Retention  
Scheme with  
**10%** having  
not decided



## Local Council Development Plan Annual Report

To: Communities and Partnership Committee

Meeting Date: 3 December 2020

From: Service Director: Communities and Partnerships, Adrian Chapman

Electoral division(s): All

Key decision: No

Outcome: For the Committee to be provided with a summary of the progress made against the five-year Local Council Development Plan during 2019-20, and consider the next phase of delivery.

Recommendation: The Committee is asked to:

- a) Consider progress made in Year 3 against the five-year Local Council Development Plan; and
- b) Consider and comment on the next phase of delivery of the Development Plan.

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# 1. Background

- 1.1 In November 2017, a five-year Local Council Development Plan was launched at the Countywide Local Council Conference.
- 1.2 Developed alongside Local Councils, District Councils, Cambridgeshire and Peterborough Association of Local Councils (CaPALC), and the Cambridgeshire and Peterborough Society for Local Council Clerks (SLCC), the Plan is co-ordinated by Cambridgeshire ACRE (Cambridgeshire's Rural Community Council) as part of their role as a partner in Support Cambridgeshire (the collective name for the three organisations who come together to provide Voluntary and Community Sector Infrastructure Support across Cambridgeshire).
- 1.3 The Local Council Development Plan sets out our collective aspirations for Cambridgeshire's Local Council sector and recognises the need to:
  - increase the potential of Town and Parish Councils through extending opportunities for networking, shared learning and partnership
  - provide support for Town and Parish Councils so they can improve standards, make the most of current and future opportunities and to increase their capacity, so they can plan their futures and unlock the potential of their communities
- 1.4 On 21 November 2019, the Communities and Partnership Committee considered and recorded appreciation of the progress made during the second year of the Development Plan along with acknowledgement of the growing success of the annual Local Council Conference.

# 2. Main Issues

## 2.1 Progress made:

- 2.1.1 Much of the delivery of the development plan in 2019/20 has been impacted by the pandemic, although progress can be summarised as follows:
  - Local Councils Strategic Partnership meetings have been held from April involving Cambridgeshire County Council, Peterborough City Council, CaPALC and Cambridgeshire ACRE. Discussions have included the COVID-19 impact, planning for the local councils conference, and future working arrangements and support for the local councils sector.
  - With planned face-to-face peer-networking events cancelled, online meetings have been held during the pandemic to understand work being undertaken by local councils to support community efforts and mutual aid groups.
  - A survey of local councils to assess the impact of COVID-19 was developed, promoted and reported, with a 51% response rate. Findings have been discussed with strategic partners and headlines from the results report have been shared with all those who took part.

- An investigation has been completed into how local councils align to Primary Care Networks.
- Plans were developed to run the annual Local Councils Conference using online technologies. Detailed planning activity was undertaken including aligning speakers, recording presentations, and promoting stallholder opportunities. Online training was provided for online booth holders and in use of collaboration room technology to ensure workshop leads understand how to maximise the benefit from sessions.
- Promotion and advertising of the Local Councils Conference to drive up attendance to the highest ever levels (with 371 registered attendees and 117 different local councils represented).
- Key messages relating to COVID-19 pandemic have been posted on the blog and social media. Articles have also been included in daily/weekly countywide e-newsletters issued by Cambridgeshire County Council.

2.1.2 At just over the mid-point of the Local Council Development Plan's life there are a number of successful key elements that are now in place to move forward to the next stage of the Local Council work in Cambridgeshire including:

- Improved understanding of the Local Council sector in Cambridgeshire and Peterborough through baseline surveying and then regular follow-up surveying and consultations, giving a much better ongoing overview of the Sector's development and needs.
- Improved jointly held data and intelligence available to the partnership to plan services and training needs going forward.
- Improved digital communications across all organisations, opening better messaging and communications with all Local Councils.
- Improved dialogue with all Local Councils with most of the 238 having engaged at some point over the last 4 years.

2.1.3 Delivery of some areas of the action plan have proved difficult due to limited financial resources available to achieve the plan's ambitions and more recently due to the impact of COVID. The process to how the plan will be refreshed will be agreed by the Strategic Partnership at an early stage so that all Partners can be engaged in producing a realistic and jointly owned plan with clear outputs to take the work forward.

## 2.2 COVID-19

2.2.1 From March 2020 and the start of the pandemic lockdown, Local Councils were no longer able to meet and manage their business in the same way they had previously. CaPALC worked with the National Association of Local Councils to bring about change in the regulations, which has allowed Local Councils to continue with their council business remotely. Advice on this and other pressing concerns were addressed through regular emailed updates to all Local Councils.

2.2.2 The wonderful local community response during the pandemic has been spoken about many times, but even so it is appropriate within this document to recognise the value so many of the Local Councils brought to leading and supporting their communities during this time. Many Local Councils were able to respond quickly by utilising the community assets

already in place, including Parish Council-funded volunteer coordinators working on Time Banks and Good Neighbour Schemes. Others were able to provide support to emerging good citizens keen to help, to enable them to coordinate volunteers quickly and safely within their communities.

## **2.3 2020 Countywide Local Council Conference**

- 2.3.1 A strategic partnership provided the overall leadership for the design of the annual conference, and as part of that group Cambridgeshire ACRE were instrumental in delivering a very successful and definitely different conference, held as an online event on Friday 23 October 2020. Officers would like to acknowledge the talents and efforts of Cambridgeshire ACRE in delivering this event and thank the officers concerned for their excellent support provided.
- 2.3.2 The packed programme followed the successful format of previous years with an opening introduction by Gillian Beasley and a keynote interview by Adrian Chapman. The remainder of the morning session was given over to three pre-recorded inspirational video case studies from different-sized communities (Cottenham, Houghton and Wyton, and Wisbech), showing the approach taken by the Local Council to engaging their community in their COVID-19 response, and a Q&A session with a panel of experts (including Dr Liz Robin) to allow local councils to debate their role in supporting vulnerable residents post the pandemic. The afternoon allowed attendees to choose from six available learning workshops. In addition, there were many opportunities for online networking by way of an informal 'networking lounge' and a marketplace of 20 online booths for County Council teams and external organisations to display their offers to local councils.
- 2.3.3 A detailed evaluation report has been compiled and is available upon request but, in summary, we can say:
- Local councils were not 'put off' by the concept of an online conference, with a higher number registering to attend than in previous years.
  - The pre-recorded morning sessions (keynote address and case studies) were successful in engaging the audience, with a good deal on live text chat taking place and attendees linking up with each other through that means.
  - All six afternoon workshops were highly rated by participants; across the Conference, the workshops received an average score of 8 out of 10.
  - The marketplace of online booths provided a good opportunity for participating organisations to display their services to the local councils attending. The booths allowed organisations to talk to attendees either via text chat or via video chat, which took a little getting used to but attendees were also able to download files, watch videos and follow links to the organisation website and social media. Booths received an average of 34 visitors each.
  - The informal networking lounge provided a focus for attendees outside the programmed sessions and there was evidence of lots of relaxed chat taking place and swapping of information and ideas.
  - A formal request for feedback was sent around to attendees following the event and responses suggest the Conference was very well received with attendees awarding it an average score of 8.5 out of 10. Three quarters of respondents said they had picked up some actionable information that they would take back to their local council to implement and 93% of respondents would encourage others to attend next year's event (whether it is held online or in person).



- A range of positive comments were received from attendees including:
  - “Having the conference online allows more participation. I work for a large town council and normally only one or two officers would attend. The online format has allowed more officers to attend.”
  - “Well done! You highlighted the importance of everybody in making our communities collaborative.”
  - “Well done to all involved with the organisation of this event. This was new for all of us and I'm sure everyone gained from the experience.”
  - “Well done. It worked well; it was a good system. The mix of video and then going into Q&A was very effective - the videos excellent.”
  - “Well done in enabling the conference to take place. It appeared to be well attended and there was plenty of engagement, attendees asking questions and commenting.”
  - “I spoke to a few councillors who said they wouldn't have attended in person due to travel commitments and preferred being online. Excellent feedback for case study films.”
  - “Overall a very well put together event with loads of excellent material that has the added bonus as being captured on video so others can see it.”
  - “So much work went into a great event. Though it was online, it felt like a conference, so for that well done.”
  - “It was a very professionally-run event. Ultimately, in my opinion you cannot beat face to face contact but this event ran it pretty close.”

## 2.4 Next steps

- 2.4.1 The Local Council Development Plan falls within the remit of the Support Cambridgeshire Infrastructure Support contract, which is due to end on 30 September 2021. The stated outcomes for the final 13 months of that agreement (and Year 4 of the five-year Development Plan), relevant to the priority of Town and Parish Council support, is:
- The successful delivery of a Cambridgeshire Local Council Conference in October 2021
  - The Local Council Development Plan is adapted and updated in 2021 to represent the change in the needs of the communities and services the Parish Councils are now offering.
- 2.4.2 Apart from changing communities, there is also a need to ensure that the Local Council Development Plan aligns to the emerging Cambridgeshire Local programme, such as supporting Local Councils to work in the 22 service delivery areas and to engage in the wider programme of work in terms of their provision of leadership, support for services/ assets and targeting of services to the most vulnerable people.

## 3. Alignment with corporate priorities

- 3.1 A good quality of life for everyone
- This Local Council Development Plan will result in improvement to the lives of local communities through vibrant, dynamic and effective town and parish councils.
- 3.2 Thriving places for people to live

- A number of Local Councils already have ways in which they help their communities to thrive including through local council-led coordination of volunteer and community activities as well as links to other support schemes that increase skills. This work will support those Local Councils who are keen to do the same.

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

- A number of Local Councils already support or deliver local projects that support the children in their community to have the best start. The work delivered through this development plan, including the workshops focusing on how to fund community projects, understanding environmental concerns and how to address those, and engaging with communities and increasing volunteers, will all support those Local Councils keen to do the same or more.

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

- The work delivered through this development plan, including the annual Local Council Conference, helps Local Councils to understand environmental concerns and how to address those.

## 4. Significant Implications

### 4.1 Resource Implications

County Council resources for this work are already identified in the Council's budget for 2020/21.

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

Support Cambridgeshire's grant agreement was subject to a full tendering process in line with the Council's Contract Procedure Rules.

### 4.3 Statutory, Legal and Risk Implications

There is a continuing legal duty on local authorities to ensure that vulnerable people are not exposed to additional or unreasonable levels of risk because of the implementation of these strategic objectives.

### 4.4 Equality and Diversity Implications

- Evidence indicates that some services delivered within local communities can be more successful than statutory services at reaching people who may need support. Building capacity within local communities to help people help each other should therefore support more equal and diverse accessible provision locally.
- Some of our services will become increasingly more localised, so that we can meet local and individual need within each specific community context.
- This work will help to address issues of rural isolation.

### 4.5 Engagement and Communications Implications

Successful delivery of all aspects of the development plan will only be possible with significant engagement with our partners and Local Councils.

### 4.6 Localism and Local Member Involvement

- The work set out in the development plan will help empower Local Councils to harness the energy of local communities.

- The role of Members is crucial to help build relationships with Local Councils.
- The results of surveys and feedback from Councillors and Clerks shapes the content of the Local Council Annual Conference, with support from the Local Council Strategic Partnership, Chaired by the Chair of the Communities and Partnership Committee.

#### 4.7 Public Health Implications

A number of Local Councils already deliver work that supports the adoption of a healthy lifestyle and builds engagement in health improving initiatives. This work will support those Local Councils who are keen to do the same.

**Have the resource implications been cleared by Finance? Yes**

Name of Financial Officer: Martin Wade

**Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement? Yes**

Name of Officer: Gus DeSilva

**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: Adrian Chapman

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

Name of Officer: Christine Birchall

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

Name of Officer: Adrian Chapman

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

Name of Officer: Val Thomas

## 5. Source documents guidance

### 5.1 Source documents

Local Council Development Plan 2017-2022

### 5.2 Location

[https://cambsparishes.files.wordpress.com/2017/11/01\\_local\\_council\\_development\\_plan.pdf](https://cambsparishes.files.wordpress.com/2017/11/01_local_council_development_plan.pdf)



## CUSPE Policy Challenge on the Effect of Council Decision Making on Community-Led Initiatives

To: Communities and Partnership Committee

Meeting Date: 3 December 2020

From: Director of Business Improvement and Development, Amanda Askham

Electoral division(s): All

Key decision: No

Outcome: The committee is being asked to consider the findings and recommendations resulting from the Cambridge University Science and Policy Exchange's (CUSPE) Policy Challenge research into the question on how Council decision making affects the ability of Cambridgeshire communities to develop initiatives that lessen the need for formal health and social care services. The intended outcome is a decision as to whether and to what extent the research report's recommendations will be agreed to and implemented within the relevant Council services.

Recommendation: The Committee is asked to:

- a) Note and comment on the findings of the research undertaken by CUSPE relevant to the effect of council decision making on community-led initiatives;
- b) Consider the recommendations made by CUSPE as set out in the full report at Appendix 1; and
- c) Task officers, in response to the discussion at Committee, to prepare a detailed strategy setting out the ways in which recommendations can be driven forward and delivered, either by the council or in collaboration with our partners, and in the spirit of Cambridgeshire Local

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Names: Cllrs Steve Criswell / Lina Nieto

Post: Chairman / Vice Chairwoman

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Tel: 01487 740745 / 07402 351821

# 1. Background

- 1.1 In October 2016, Cambridgeshire County Council initiated an annual collaboration with the Cambridge University Science and Policy Exchange (CUSPE). The programme, known as the CUSPE Policy Challenges, brings teams of researchers from the University of Cambridge together alongside supporting members and officers to explore challenges the Council faces in the form of research questions.
- 1.2 In February 2020, the question of how growth affects community groups and community-led initiatives was formulated by Cllr Mark Goldsack and Amanda Askham and pitched to researchers at the programme's 2020 launch event at the University of Cambridge. In March 2020, the researchers who expressed high interest in this question were formed into a research team that began work in April 2020 with Cllr Goldsack's and Amanda Askham's support. The research report under consideration here is the outcome of the researchers' development of and response to this question.
- 1.3 At this time it was agreed that Communities and Partnership would be the most appropriate committee to consider the researchers' work and recommendations, given their focus on the Council's relationship to communities and community groups and the expectation that this would inform further development of the Council's Cambridgeshire Local approach.

# 2. Main Issues

- 2.1 The Cambridgeshire Local approach aims to transform the relationship between local government and communities, while the Council and its relevant partners continue their response to a situation in which prevention of ill health is a priority amidst a growing and ageing population with complex needs. The primary contention of this CUSPE research is that increased action supporting community-led initiatives is the most viable response the Council can make to this situation, in light of the evidence of the link between community-led initiatives and the health and wellbeing of the communities they serve.
- 2.2 The key findings of the research are that:
  - It is possible to empower communities to provide their own solutions to health and social care issues.
  - There are both social and financial benefits to supporting communities to improve population health and social care.
  - Community development has a greater impact on a community's health and wellbeing than the healthcare system itself does.
  - Population growth in Cambridgeshire is widely perceived by local community groups to be a positive opportunity for them to increase diversity and participation.
  - Inclusivity should receive greater focus in community development as socioeconomically deprived communities have less support, and individuals from minority groups within communities are underrepresented in community groups.
  - The Council can improve its support for community-led initiatives through further development and implementation of its Cambridgeshire Local approach, among other ways.
- 2.3 The research report begins with an introductory section (Section 1) that explains the

rationale for the focus on health; the current picture of growth, demographics, and health outcomes in Cambridgeshire and Peterborough in comparison with the national picture; and the current Council policies and initiatives responding to these circumstances.

- 2.4 Section 2 details the methods used to acquire qualitative and quantitative data in the research: rapid literature reviews of the impact of growth on community-led initiatives and the impact of such initiatives on the health and wellbeing of their participants; a questionnaire for people running community-led initiatives in Cambridgeshire on these two topics as well as the effect of Council decision-making on their initiative; follow up telephone interviews with selected questionnaire respondents for more in-depth information.
- 2.5 Section 3 concerns the ability of community-led initiatives to lessen a population's need for formal health and social care services. It focuses on community engagement in healthcare commissioning; the effect of community development on health and wellbeing; the economic benefits of community development; and community response to COVID-19.
- 2.6 Section 4 concerns the effect of population growth on health, wellbeing, and community-led initiatives. It focuses on the 'New Town Blues' phenomenon in general and in Cambridgeshire in particular; how to avoid this phenomenon and related problems in new developments; and community groups' perception of the effects of growth in Cambridgeshire.
- 2.7 Section 5 concerns the risks of embracing localism in a manner that exacerbates some of the problems it is intended to solve. It focuses on the history and debates surrounding localism in the UK; the effect of Neighbourhood Plan processes on deprived communities; and the importance of engaging marginalised groups within communities and how to do so.
- 2.8 Section 6 concerns the effect of Council decision-making on community-led initiatives. It focuses on the broader picture suggested by questionnaire answers from community group workers on this topic and related issues, including a subsection on Council support in light of COVID-19.
- 2.9 Section 7 concludes the report by summarising the recommendations offered within the preceding sections (most of which are further detailed with recommended actions or sub-recommendations for implementation) and then places them within a theory of change logic model that can serve as a tool to evaluate their implementation.
- 2.10 The full report is attached at Appendix 1.

### 3. Alignment with corporate priorities

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

The report above sets out the implications for this priority in 2.2, 2.3, 2.5, and 2.7

#### 3.2 Thriving places for people to live

The report above sets out the implications for this priority in 2.2, 2.5, 2.6, and 2.7

3.3 The best start for Cambridgeshire's children

There are no significant implications for this priority

3.4 Net zero carbon emissions for Cambridgeshire by 2050

There are no significant implications for this priority

## 4. Significant Implications

4.1 Resource Implications

There are no significant implications within this category.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category.

4.3 Statutory, Legal and Risk Implications

There are no significant implications within this category.

4.4 Equality and Diversity Implications

The report above sets out details of significant implications in 2.2 and 2.7

4.5 Engagement and Communications Implications

The report above sets out details of significant implications in 2.4 and 2.8

4.6 Localism and Local Member Involvement

The report above sets out details of significant implications in 2.2, 2.5, 2.7, and 2.8

4.7 Public Health Implications

The report above sets out details of significant implications in 2.2, 2.3, 2.5, and 2.6

**Have the resource implications been cleared by Finance? Yes**

Name of Financial Officer: Martin Wade

**Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement? Yes**

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**Have the equality and diversity implications been cleared by your Service Contact? Yes**

Name of Officer: Amanda Askham

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

Name of Officer: Christine Birchall



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

Name of Officer: Amanda Askham

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

Name of Officer: Val Thomas

## 5. Appendices

Appendix 1 – CUSPE Report

## 6. Source documents

None



# **The effect of Council decision making on the ability of Cambridgeshire communities to develop initiatives that lessen the need for formal health and social care services**

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Tarrion Baird, Alice Fletcher-Etherington, Jennie Leggat, Kirsty Mackinlay, Charlotte Rendina, Ivan Simpson-Kent

Cambridge University Science and Policy Exchange (CUSPE) in collaboration with Cambridgeshire County Council

November 2020

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## Acknowledgements

The report was conceptualised, researched and written with the help of Dustin McWherter, Amanda Askham and Cllr Mark Goldsack. We are extremely grateful for your invaluable support, which you gave despite the immense pressure on Council officers and members resulting from the COVID-19 pandemic. Thank you also to the many Council officers who gave anecdotal evidence for this report, and to the hard working and extremely committed community volunteers who gave up their time to respond to our questionnaire and take part in telephone interviews.

## Executive Summary

The health of our population is one of our nation's most important assets. Optimal health not only forms a central component of our happiness, but it is also vital for a strong economy. Despite this, reports suggest that population health is declining, with the average adult expected to spend 20% of their life in ill-health. Given the ever-increasing burden of non-communicable disease, such as cardiovascular disease and obesity-related conditions, alongside our growing and ageing population, the need for adequate strategies to *prevent* ill-health has never been greater. However, as our healthcare model is relatively centralised, the development, coordination and delivery of comprehensive prevention strategies is incredibly difficult. This is not only because a central system cannot make strategies that are flexible enough to cater for every demographic, but also because the average person spends very little time engaged directly with formal healthcare services. To circumvent these issues, focus has turned to the communities in which people live, work and play as an asset to prevent ill-health and promote wellbeing.

By combining rapid literature reviews with surveys of Cambridgeshire-based community groups, this report aims to investigate the role that community-led initiatives play in improving the health and wellbeing of the communities they serve, and to further identify policies that can be updated or implemented in order to support communities in this pursuit.

## Key Findings

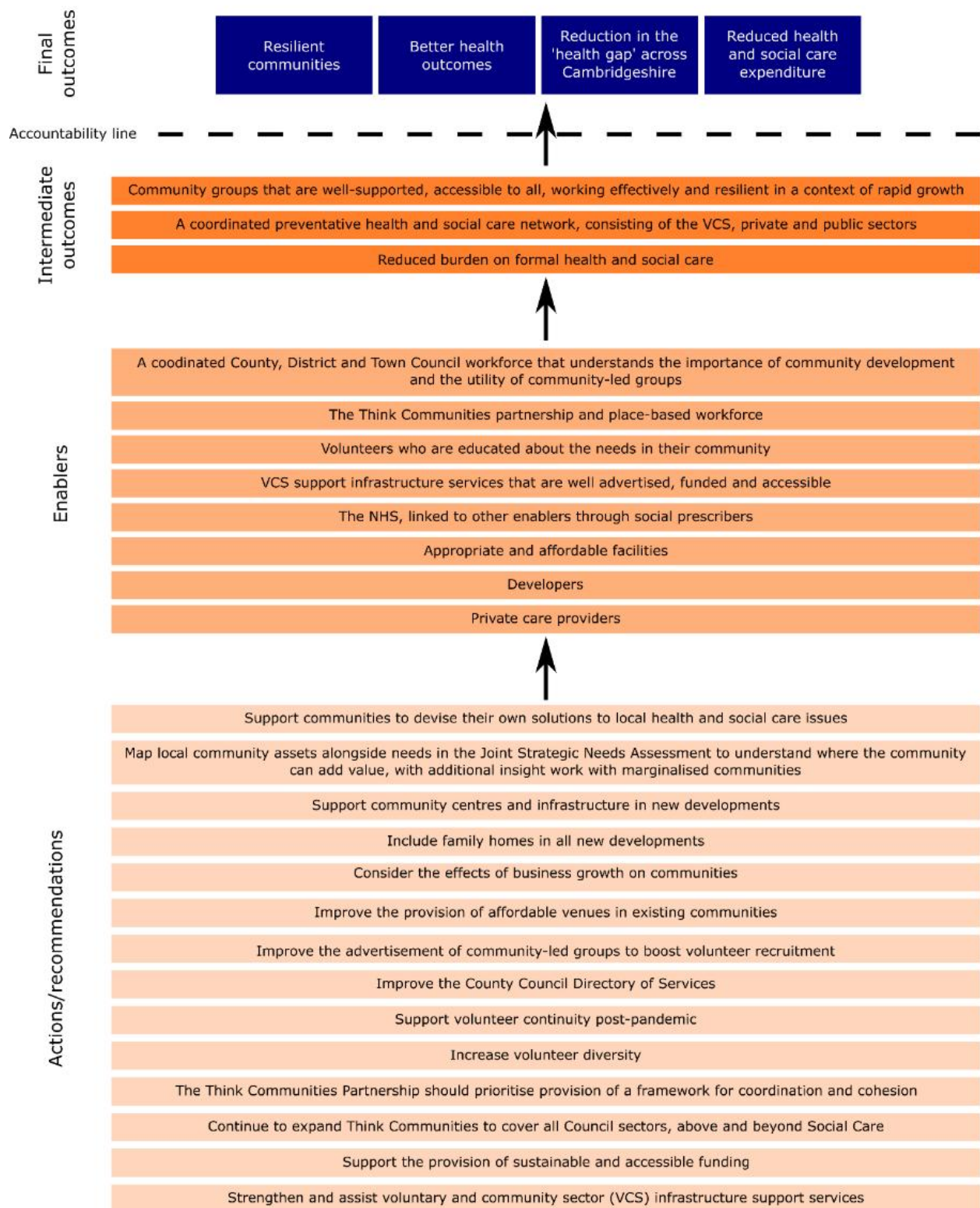
Research from the UK and beyond has shown that: (1) communities can be empowered to provide their own solutions to health and social care issues affecting the local population; (2) supporting communities to improve population health and social care is largely beneficial, both socially and financially; and (3) community development can have a greater impact on population health and wellbeing than the healthcare system itself. This is supported by our survey of Cambridgeshire community groups, in which the majority stated that their initiative improves the mental and physical health of both service-users and volunteers. This is despite the rapid rate of growth in Cambridgeshire, which may hinder the success of community groups due to a relative reduction in social infrastructure and community cohesion. Nonetheless, growth has in fact been perceived to be largely beneficial by Cambridgeshire community group leaders due to increased participation and diversity. The COVID-19 pandemic further highlighted the flexibility, resilience and resourcefulness of such groups, with the voluntary, community and social enterprise sector being firmly at the forefront of the response. However, issues of inclusivity were highlighted within the research, with socioeconomically deprived communities having less support in this regard, and those individuals who form a minority in their community being underrepresented in community groups. Finally, although implementation of the Think Communities approach is transforming relationships between Cambridgeshire County Council (CCC) and community-led groups, our survey has identified a number of ways in which CCC could improve their support for such initiatives, through the Think Communities approach and beyond.

## Key Policy Recommendations

From our research, we have identified a number of areas in which Council policy could be adapted in order to promote the creation of community-led initiatives and support them in the long-term by limiting the negative impacts of growth, with the ultimate aim of improving the health and wellbeing of the local population.

Our recommendations, which are introduced throughout the report and summarised in Section 7, are illustrated in our Theory of Change logic model on the following page.





## 1. Introduction

### 1.1. Why focus on health?

The standard model of healthcare - in which an individual accesses centralised care when they become ill - is no longer working. With a population of almost 67 million<sup>1</sup>, the United Kingdom can no longer rely on solely treating illnesses and must instead emphasise *prevention* of ill health. This is particularly relevant in relation to non-communicable diseases such as cardiovascular disease, obesity and type 2 diabetes, as the prevalence of these conditions is growing across the country. Likely due in large part to this 'epidemic of non-communicable disease', we are predicted to spend around 20% of our lives in ill-health, and reports suggest that overall population health is declining, whilst health inequalities between affluent and socioeconomically deprived areas are growing rapidly<sup>2,3</sup>. By turning our focus to the prevention of these conditions instead of their treatment, we could not only improve the health and wellbeing of the population, but also save significant sums of money in the process. Reviews of international research suggest that investment in prevention has significant long-term benefits, with each £1 invested resulting in approximately £14 of social savings<sup>2</sup>. However, currently only 5% of healthcare funding is spent on disease prevention in the UK<sup>2</sup>. This is partially explained by the fact that the vast majority of the population spends less than 0.1% of their time within healthcare settings and thus do not have significant opportunities to engage in prevention strategies that are developed and delivered within the centralised healthcare system<sup>4</sup>. However, given that the average person spends the majority of their time in the community, and that a number of factors that can impact health and wellbeing are determined at the community level, such as feeling safe, valued and connected, it is reasonable to suggest that the key to health promotion may lie within our communities. This is the conceptual basis of our report, which focuses on how Cambridgeshire County Council (CCC) can better support community-led groups and initiatives to improve health outcomes around the County.

### 1.2. The Cambridgeshire context

In this section we will provide a brief introduction to the county of Cambridgeshire, focusing on population growth predictions and health needs and comparing them to the overall picture in England and the single districts within the county.

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<sup>1</sup> 'Population Estimates - Office for National Statistics', accessed 11 October 2020, <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates>.

<sup>2</sup> 'Prevention Is Better than Cure: Our Vision to Help You Live Well for Longer', GOV.UK, accessed 11 October 2020, <https://www.gov.uk/government/publications/prevention-is-better-than-cure-our-vision-to-help-you-live-well-for-longer>.

<sup>3</sup> 'Health Equity in England: The Marmot Review 10 Years On', The Health Foundation, accessed 11 October 2020, <https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on>.

<sup>4</sup> 'Head, Hands and Heart: Asset-Based Approaches in Health Care', The Health Foundation, accessed 11 October 2020, <https://www.health.org.uk/publications/head-hands-and-heart-asset-based-approaches-in-health-care>.

Generally, both Cambridgeshire and Peterborough are considered to be relatively rural areas, in which 50% of the UK's best quality agricultural land can be found, together with other natural assets such as wetlands, woodlands, natural grassland and freshwater sources. These are of both economic and social importance as they benefit the economy and provide recreation and health benefits to communities<sup>5</sup>. In addition to its many natural assets, Cambridgeshire and Peterborough are also business innovation rich and, during the last decade, they have both seen strong economic growth, which has surpassed that of the UK as a whole. There are substantial innovation opportunities in the area as well as financial support, especially in the sectors of informatics, software development, telecommunications and life sciences. In particular, Peterborough is the fourth fastest growing city in the UK and has a young population which brings further economic dynamism to the area. However, this growth pattern is not even across Cambridgeshire, and, even in areas of high growth, issues of deprivation and inequality persist, making Cambridge itself the most unequal city in the UK<sup>5</sup>. In general, it is not uncommon for wealthy countries to contain poorer regions. However, compared to most other wealthy countries, the UK seems to be exceptionally unbalanced regionally<sup>6</sup>, which is also reflected at a more local level in Cambridgeshire and Peterborough.

### 1.3. Demographic and Economic Growth

Each local authority (LA) can be classified as more or less deprived based on 7 main domains of deprivation:

1. Income
2. Employment
3. Education
4. Health
5. Crime
6. Barriers to housing and services
7. Living environment

These same rates can also be applied to health and disability deprivation in Cambridgeshire as shown in Table 1<sup>7</sup>.

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<sup>5</sup> 'CPIER - Final Report', accessed 12 October 2020, <https://www.cpier.org.uk/final-report/>.

<sup>6</sup> 'Why Britain Is More Geographically Unequal than Any Other Rich Country', *The Economist*, 30 July 2020, <https://www.economist.com/britain/2020/07/30/why-britain-is-more-geographically-unequal-than-any-other-rich-country>.

<sup>7</sup> 'Cambridgeshire's Annual Public Health Report 2019', 2019, <https://cambridgeshireinsight.org.uk/wp-content/uploads/2020/01/CCC-APHR-2019-final.pdf>.

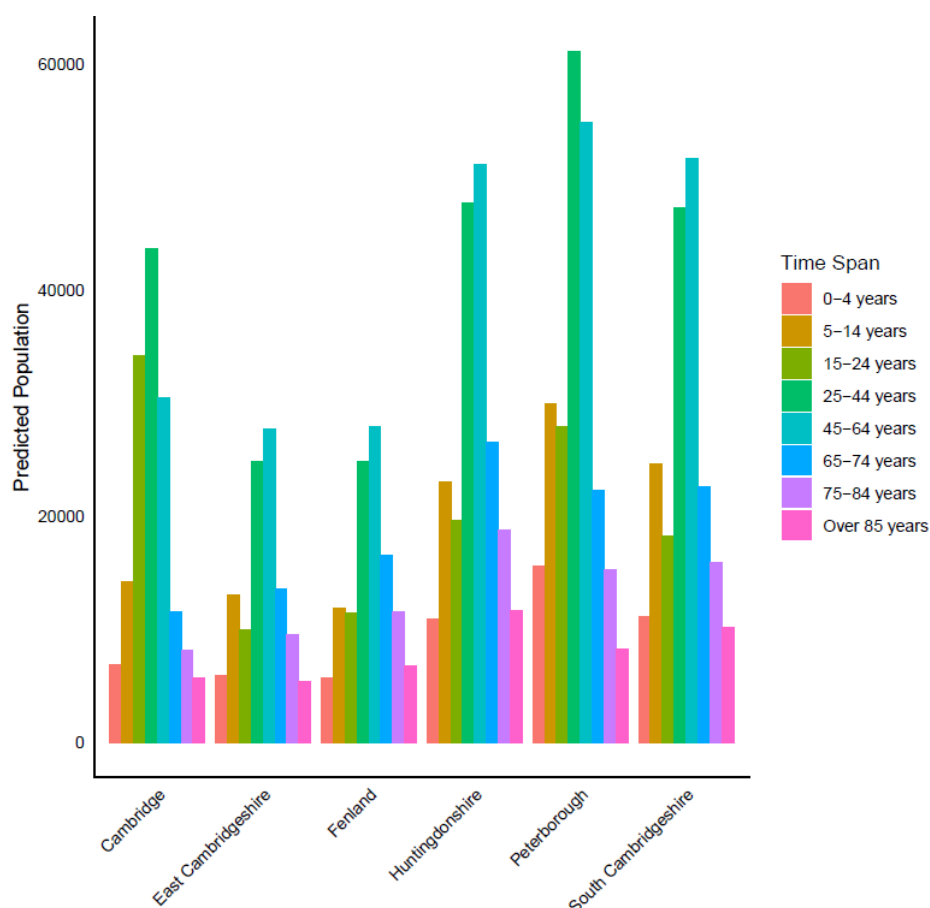
**Table 1:** Illustrates the deprivation scores assigned to Peterborough and Cambridgeshire, including at a district

<b>Peterborough</b>	20% <b>most deprived</b> LA nationally and 30% <b>most deprived</b> LA for health and disability	<b>Cambridge</b>	10-20% <b>least</b> deprived LA nationally
		Cambridge City	30-40% <b>least</b> deprived LA
		East Cambridgeshire	10-20% <b>least</b> deprived LA
		South Cambridgeshire	10% <b>least</b> deprived LA
		Huntingdon	20-30% <b>least</b> deprived LA
		Fenland	20-30% <b>most</b> deprived LA

level, ranking them nationally<sup>7</sup>.

The population density in Cambridgeshire and Peterborough is lower compared to the rest of England with an estimated population of 855,796 in 3,400 sq. km, which is equal to 1.28% of the UK population<sup>5</sup>. However, there are pockets in both counties in which the population is denser compared to the national average. In fact, since 2011, the population has been consistently growing and is estimated to reach 1,029,940 by 2036<sup>8</sup>. The driver of population change has been found to be almost equally natural population change and migration. Currently, the population is equally distributed amongst females and males, with a tendency of those living in Peterborough to be younger as opposed to those living in Cambridgeshire<sup>8</sup>. As the population increases, the proportion of individuals from each age group is also set to change, with a predicted decrease in the younger population and an increase in the older one as illustrated in **Figure 1** below.

<sup>8</sup> 'Cambridgeshire Insight – Population – Local Population Estimates and Forecasts', accessed 12 October 2020, <https://cambridgeshireinsight.org.uk/population/population-forecasts/?geographyId=3f57b11095784e27969369a52f7854ef&featureId=E05002702>.



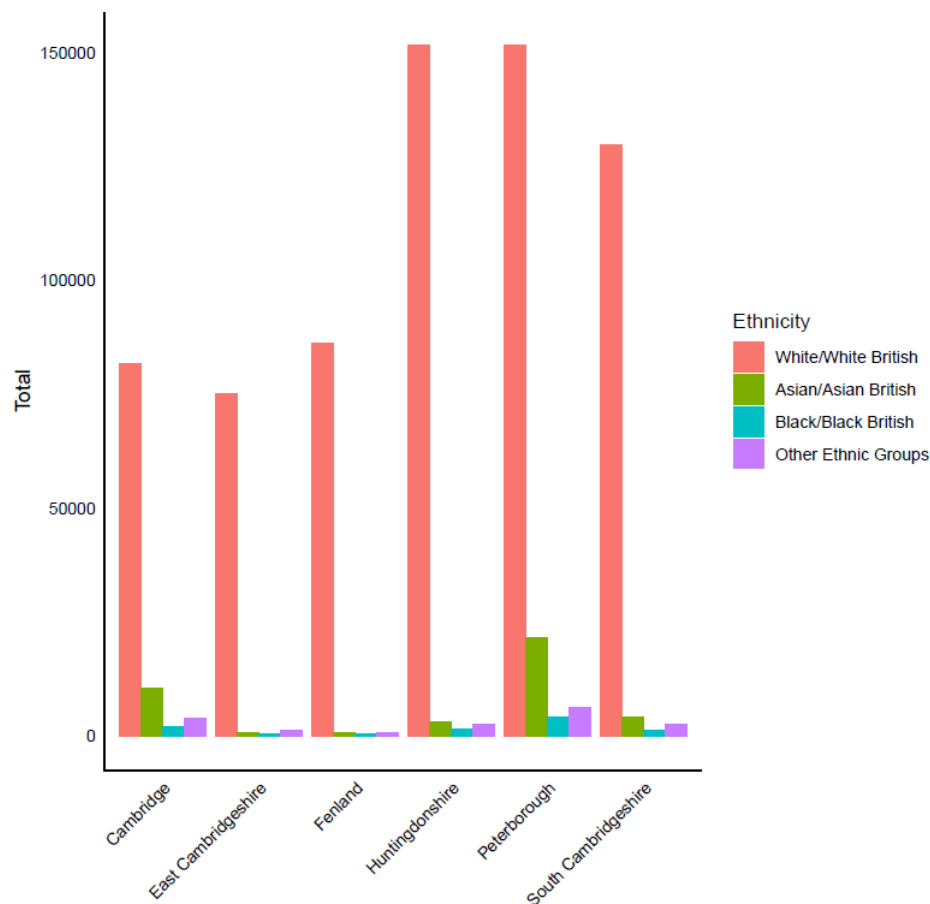
**Figure 1:** Predicted population growth for Cambridgeshire County. Data taken from <sup>9,10</sup>.

When considering ethnic diversity amongst the population, there are fewer people from ethnic minority groups in Cambridgeshire and Peterborough combined compared to the national average, despite the fact that, taken alone, Peterborough is more diverse and similar to the rest of England compared to Cambridgeshire, as illustrated in **Figure 2**<sup>9,10</sup>.

Following the release of land by district councils in Cambridgeshire, such as Cambridge City Council and South Cambridgeshire District Council, the region has seen an expansion in housing and employment – in part sustained by the creation of the Cambridge Science Park – which has incentivised both national and international research institutes and laboratories to move to the area. These high value industries have contributed to increasing employment, resulting in an average employment growth rate of 3.3% from 2010 to 2016 (details per district can be found in **Figure 3**), and an increase of the Gross Disposable Income per head of 11% between 2011 and 2016<sup>5</sup>.

<sup>9</sup> 'Cambridgeshire Insight – Population – Census 2011', accessed 13 October 2020, <https://cambridgeshireinsight.org.uk/population/census-2011/>.

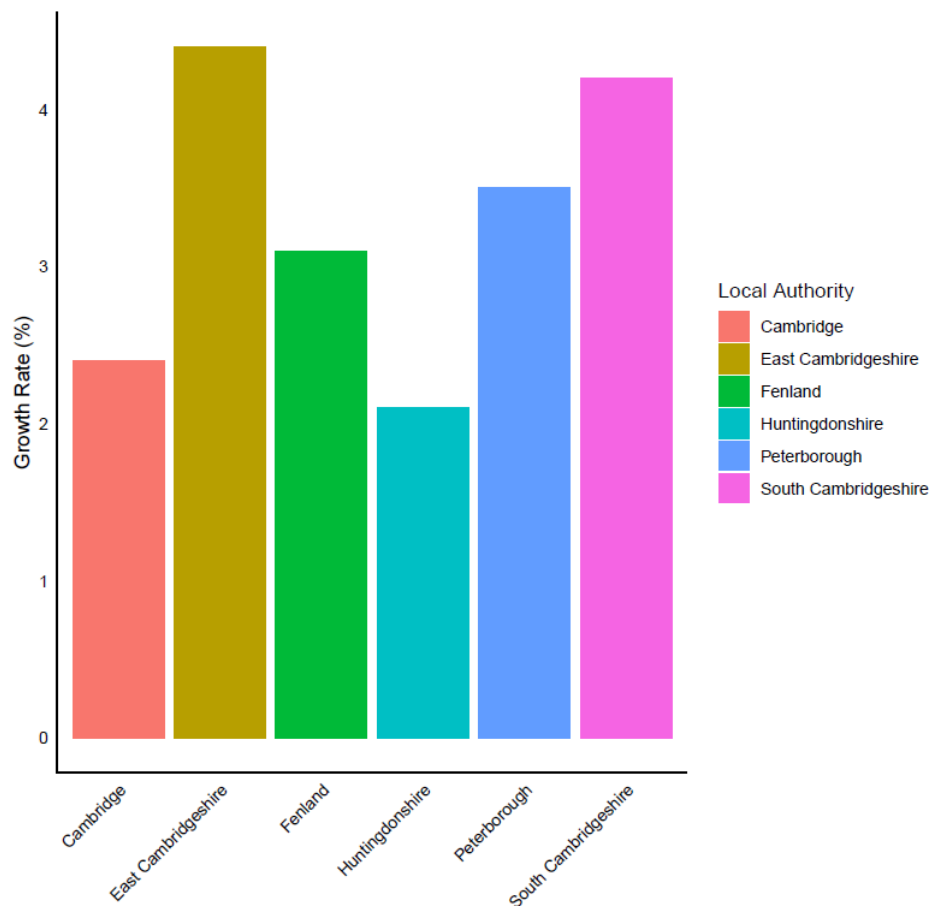
<sup>10</sup> 'Peterborough City Council Census 2011', Peterborough City Council, accessed 13 October 2020, [peterborough.gov.uk/council/about-peterborough/census-2011](http://peterborough.gov.uk/council/about-peterborough/census-2011).



**Figure 2:** Ethnicity estimates for Cambridgeshire County. Data taken from <sup>9,10</sup>.

With regards to economic growth it is important to note that there are three main economic groups in Cambridgeshire and Peterborough: 1) The Greater Cambridge area, 2) The Greater Peterborough area, and 3) The Fens. However, when defining the main economic groups, it is also important to recognise that market towns also have a prominent role in defining the socio-economic pattern of Cambridgeshire, acting as a central hub for rural communities.

There are also limitations to growth which must be considered. These include the limited possibility of economic development in the fens, which have been classified as a flood zone 3 (where the land has a 1 in 100 or greater annual probability of river flooding, or a 1 in 200 or greater annual probability of sea flooding), and drought risks in both Cambridgeshire and Peterborough, but also the lack of infrastructure and affordable housing, which drives both the population and businesses away from the area. In fact, in both counties housing affordability has worsened compared to other areas of England, especially in Cambridge, South Cambridgeshire, and East Cambridgeshire, with a high proportion of income being spent on rent<sup>5</sup>.



**Figure 3.** Employment growth rates for Cambridgeshire County. Data taken from <sup>9,10</sup>.

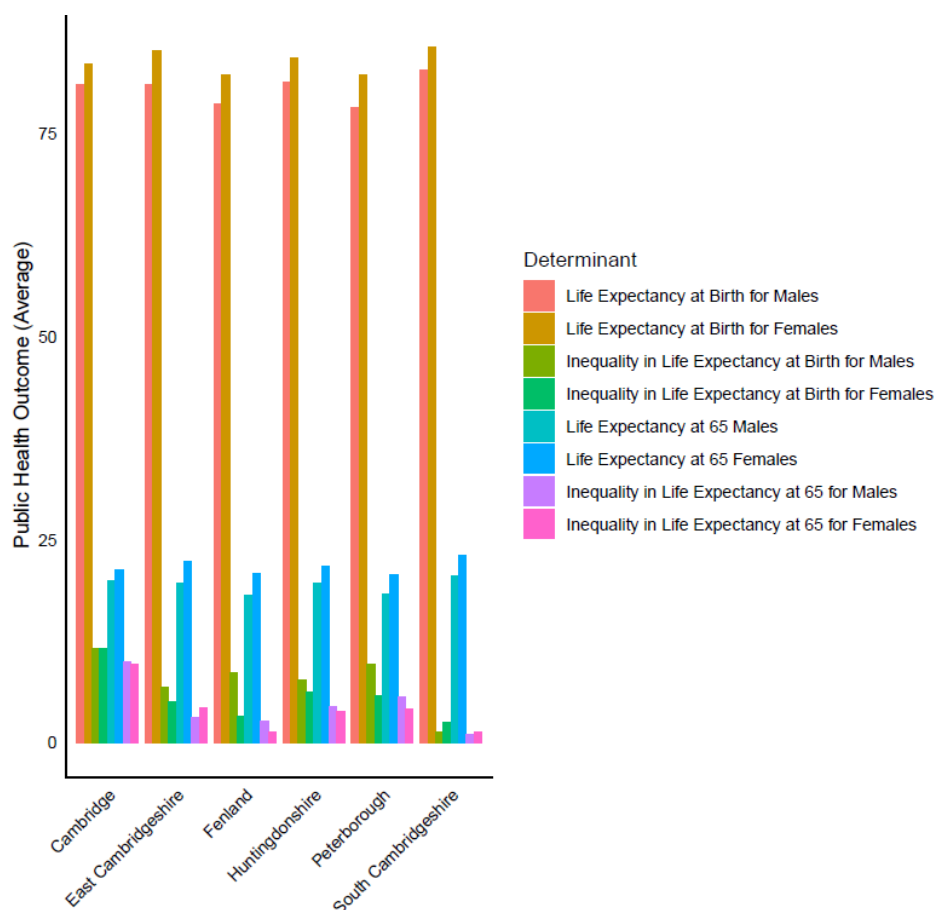
Particular attention should also be given to the increasing number of people who commute to work on a daily basis, which is known to have a detrimental effect on both health and wellbeing, not only does it affect the sleep cycle but it also represents an expenditure in time, cost and effort, as well as exposing people to pollution and potential travel related injuries. In addition, the effects of commuting impact the commuter both before, during and after the actual journey, with the potential of determining long-term related health issues<sup>11</sup>. In this respect, a significant number of people living and working in Cambridgeshire commute for over an hour a day, making Cambridge the fastest growing Travel to Work Area in the UK.

Another important economic and social issue is health and wellbeing, with the impact of health inequalities estimated to amount to national productivity losses of between £31-£33 billion per year, as well as lost taxes, higher welfare payments and additional NHS health care costs. These additional costs can be found amongst the extra spending associated with issues related to obesity, sedentary lifestyles, drugs and alcohol harm, mental health and cardiovascular disease, which reflects a systemic problem, requiring a solution which takes this into consideration<sup>5</sup>.

<sup>11</sup> Kiron Chatterjee et al., 'Commuting and Wellbeing: A Critical Overview of the Literature with Implications for Policy and Future Research', *Transport Reviews* 40, no. 1 (2 January 2020): 5–34, <https://doi.org/10.1080/01441647.2019.1649317>.

### 1.4. Public Health Outcomes and needs in Cambridgeshire

When considering the population overall, health and social determinants for Cambridgeshire and Peterborough combined are above national average, however there are disparities which must be taken into account. In fact, while Cambridgeshire compares well with England when considering health and wellbeing determinants, Peterborough presents more widespread issues. Great variability is also seen between Cambridgeshire districts, with particularly poor health outcomes in Fenland. Therefore, it becomes necessary to improve health determinants and outcomes in order to reduce health inequalities across the county, as illustrated in the following graph<sup>12,13</sup>.



**Figure 4:** Public Health Outcomes for Cambridgeshire County. Data taken from <sup>12,13</sup>.

<sup>12</sup> 'Cambridgeshire and Peterborough Joint Strategic Needs Assessment, Core Dataset 2020', 2020, [https://cambridgeshireinsight.org.uk/wp-content/uploads/2020/07/CP\\_JSNA\\_CDS\\_DRAFT\\_2020-FINAL\\_PUBLISHED20200706.pdf](https://cambridgeshireinsight.org.uk/wp-content/uploads/2020/07/CP_JSNA_CDS_DRAFT_2020-FINAL_PUBLISHED20200706.pdf).

<sup>13</sup> 'Public Health Outcomes Framework - PHE', accessed 12 October 2020, <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/gid/1000049/pat/126/ati/301/are/E06000015/cid/4/page-options/ovw-do-0>.



Different health priorities have been identified for both Cambridgeshire and Peterborough, as well as the indicators which have improved, remained the same or worsened since the last public health evaluations in 2019 and 2020<sup>12,14,15</sup>.

- **For Peterborough** there is a need to improve various health determinants and outcomes to reduce health inequalities such as child poverty, educational attainment, homelessness, violence, breastfeeding uptake, infant mortality, obesity in children and adults, physical activity, smoking prevalence, self-harm, incidence of hip fractures, incidence of TB, STI, life expectancy at birth, mortality due to cardiovascular disease and cancer, as well as premature mortality<sup>12</sup>.

The main health outcomes, which are **statistically worse** compared to England, are:

- Hospital admissions due to self-harm
- Average life expectancy for men and women
- Premature death from cardiovascular disease
- School readiness
- Percentage of adults who smoke and/or are overweight

Since the 2018 Annual Public Health report, there has been an improvement in teenage pregnancy rates, a reduced percentage of women who smoke during pregnancy and an increase in school readiness thanks to the development of the “Best Start in Life” strategy. However, these positive trends still need to be monitored to ascertain that the improvement will be sustained over time<sup>15</sup>.

- **For Cambridgeshire**, there is a need to improve various health determinants and outcomes to reduce health inequalities, especially amongst specific districts such as Cambridge and Fenland. Some of the main issues which need addressing are: school readiness, gap in the employment rate between those with a disability or in need of mental health services and overall employment rates, emergency hospital admissions (including self-harm and alcohol-related admissions), cancer and STI screening and vaccination coverage<sup>14</sup>.

Within Cambridgeshire, healthy life expectancy for females at 65 and the conception rate for under 16s are significantly **better than national average**.

Factors which continue to be **similar to national averages** are disability-free life expectancy at birth for females, adults classified as overweight and the percentages of both physically active and inactive adults.

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<sup>14</sup> ‘Public Health Outcomes Framework: Key Changes and Updates for Cambridgeshire and Its Districts: May 2020’, 2020, [https://cambridgeshireinsight.org.uk/wp-content/uploads/2020/05/May-2020-PHOF-update\\_Cambridgeshire.pdf](https://cambridgeshireinsight.org.uk/wp-content/uploads/2020/05/May-2020-PHOF-update_Cambridgeshire.pdf).

<sup>15</sup> ‘Peterborough Annual Public Health Report’, Peterborough City Council, accessed 12 October 2020, [peterborough.gov.uk/healthcare/public-health/annual-public-health-report](https://peterborough.gov.uk/healthcare/public-health/annual-public-health-report).

The main areas for which improvement is needed and values are **below national averages** are: hospital admissions for alcohol-related conditions, injuries on roads and self-harm<sup>12</sup>.

As mentioned above, within Cambridgeshire, differences can be found at a district level, as illustrated in **Table 2**, especially with regards to Fenland, in which there are many health and socio-economic issues<sup>14</sup>.

<b>DISTRICT</b>	<b>MAIN AREAS OF CONCERN</b>
Cambridge	Homelessness, emergency hospital admissions (self-harm, alcohol-related and falls in people over 80 years), cancer screening coverage, abdominal aortic aneurysm screening coverage, STI and diabetes diagnosis rates, tuberculosis incidence.
East Cambridgeshire	Emergency hospital admissions (self-harm, road injuries, falls in people aged 65 and over), abdominal aortic aneurysm screening coverage, STI and dementia diagnosis rates, antibiotic prescribing in primary care and mortality rate from specific communicable diseases.
South Cambridgeshire	Emergency hospital admissions (unintentional injuries in young people, self-harm and road injuries), STI detection rate, estimated diabetes and dementia diagnosis rate.
Huntingdon	Percentage of overweight adults, percentage of physically active and inactive adults, educational attainment, STI detection rate, antibiotic prescribing in primary care and excess winter deaths.
Fenland	Life expectancy at birth (males and females) and at 65 (males), hospital admissions (injury, self-harm, alcohol-related, emergency readmissions after 30 days), percentage of overweight and physically active adults, deaths from drug misuse, cancer screening coverage, STI detection rate, antibiotic prescribing in primary care, mortality from preventable causes and under 75 mortality rate for cancer (female) and respiratory diseases, estimated dementia diagnosis rate.

Overall, in the **Cambridgeshire and Peterborough Joint Strategic Needs Assessment** various priority areas were identified across both counties<sup>12</sup>:

**Table 2:** Main areas of concern related to health and wellbeing, for each district, which do not meet regional or national targets. Data adapted from<sup>12,14</sup>.

- Improving health determinants and outcomes as well as reducing health inequalities (Peterborough, Fenland and Cambridge)
- Educational attainment (Fenland, Huntingdon and Peterborough)
- Alcohol abuse (Cambridge and Fenland) and smoking
- Mental health

- Severe road injury rates
- Percentage of overweight adults and physical inactivity as well as diabetes diagnosis (Peterborough and Fenland)
- Falls and hip fractures in older people

We must also consider which indicators that were better than national averages, are now more similar to the rates in England as a whole. In fact, different issues have been identified as a matter of concern, because although they generally remain better than the national average, their rates are increasing over time. In addition, it is possible to find pockets, at the small area level, of deprivation which are worse for certain determinants compared to the larger area or county they are part of. It is also important to consider that although some indicators are better than national averages, they can still affect many people, and may disproportionately affect those belonging to vulnerable groups or living in more deprived areas<sup>12</sup>.

Currently, healthcare services for Cambridgeshire and Peterborough are provided by the National Health Service (NHS) and Public Health England, and at a community level, by the local authorities for social care issues and the Cambridgeshire Community Services NHS Trust, which covers services for children and young people, dental care, physiotherapy and rehabilitation, neuro-rehabilitation, contraception and sexual health and immunisation services<sup>16</sup>. Moreover, there are numerous healthcare initiatives, such as Everyone Health Cambridgeshire, which are supported by the council and have been established to support the community by promoting healthy lifestyle choices<sup>17</sup>.

There is a great opportunity for integrated health and social care in Cambridgeshire given the presence of a combined authority, strong presence of private health companies and the world-class University of Cambridge School of Clinical Medicine, meaning that the Academic Health Network is incorporated in the health system itself<sup>5</sup>.

The CCC has already set up specific initiatives and policies to meet the growth predictions and consequent healthcare needs of a growing population, as well as to address some of the main issues mentioned above. These will now be described in more detail.

### 1.5. Current policy landscape

The CCC has established several policies to meet the growth and care needs across Cambridgeshire and Peterborough. These programs are numerous and vary in terms of their goals and scopes. However, in accordance with the central aims of this report, we will only review four of these initiatives: Adult Learning and Skills, Be Well Cambridgeshire, Let's Get Moving Cambridgeshire, and Safe+Well.

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<sup>16</sup> Cambridgeshire and Peterborough Clinical Commissioning group, 'Community Services | Cambridgeshire and Peterborough Clinical Commissioning Group', accessed 13 October 2020, <https://www.cambridgeshireandpeterboroughccg.nhs.uk/your-health-and-services/other-local-services/community-services/>.

<sup>17</sup> 'Everyone Health', *Everyone Health* (blog), accessed 13 October 2020, <https://www.everyonehealth.co.uk/cambridgeshire-county-council/>.

- **Adult Learning and Skills (ALS)** is a community learning service for adults, which due to the COVID-19 pandemic, has moved its services online. The program offers a wide range of courses, including but not limited to improvement of English and Maths proficiency, vocational skills and family learning. In addition to the paid services provided by ALS, several courses are also offered online at no cost (e.g. 'Employability Bootcamp - Get That Job', 'Food Safety - Lockdown Style', and 'Art History'). Importantly, both the proprietary and free courses are extremely diverse in their content, which bodes well for the future growth of Cambridgeshire by equipping residents with the skills and knowledge necessary to contribute to the economy and prosper in their personal lives<sup>18</sup>.
- **Be Well Cambridgeshire (BWC)** is a public health service covering all constituent counties except for Peterborough, which is instead covered by Peterborough City Council. In total, BWC performs five public health functions (list reproduced from the official [website](#)):
  1. Helping protect people from the dangers of communicable diseases and environmental threats
  2. Organising and paying for sexual health services
  3. Providing specialist public health advice to primary care services: for example GPs and community health professionals
  4. Organising and paying for height and weight checks for primary school children
  5. Organising and paying for regular health checks for the population of Cambridgeshire

The program offers advice and directs residents to resources regarding [mental health & wellbeing](#), [smoking](#), [active living](#), [alcohol](#), and [healthy eating](#). Moreover, BWC provides [links](#) to various websites where Cambridgeshire residents can find pertinent health information and campaigns, including relevant [reports](#) organised by the County Council<sup>19</sup>.

- **Let's Get Moving Cambridgeshire** is an initiative that encourages people of all ages to participate in physical activity (e.g. exercise and sport). Each district has an area representative as well as a list of the sports and events that are being organised locally. Its website contains resources with the latest government recommendations regarding ways to keep active and support for families as well as individuals<sup>20</sup>.
- **Safe+Well** is a living aid service that provides relief to individuals who are elderly, have a disability, have recently been discharged from hospital, or are carers for others. The website links to a [questionnaire](#) that enables those seeking help to identify the

<sup>18</sup> 'Cambridgeshire Skills', Adult Learning and Skills, accessed 13 October 2020, [cambsals.co.uk/](https://cambsals.co.uk/).

<sup>19</sup> 'Be Well in Cambridgeshire', Be Well in Cambridgeshire, accessed 13 October 2020, [bewellcambridgeshire.co.uk/](https://bewellcambridgeshire.co.uk/).

<sup>20</sup> 'Home | Cambridgeshire | Let's Get Moving Cambridgeshire', accessed 13 October 2020, <https://www.letsgetmovingcambridgeshire.co.uk/>.

appropriate aid for them. Their offered services include occupational therapy, an advice line, and "local demonstration", the latter two being at no cost<sup>21</sup>.

Over the last few years, Cambridgeshire County Council has also begun to explore new ways of developing resilient, healthy communities through people-centred and place-based approaches that empower individuals to exercise greater autonomy in decisions affecting their own communities without substantial influence from the Council itself. In this report, we will frequently refer to two such initiatives. The first, Neighbourhood Cares, was a pilot project operational from October 2017 to October 2019 in two Cambridgeshire communities, St Ives and Soham<sup>22</sup>. The second, Think Communities, is a collaboration between CCC, the Cambridgeshire District Councils, and Peterborough City Council that works on a shared vision, approach and priorities for building community resilience across the county<sup>23</sup>.

The concept behind the Neighbourhood Cares Pilot (NCP) was for people to be able to access support from within their own communities, rather than having to rely on the NHS, Council or private health care services. This allowed support to be "tailored to meet their individual needs" whereby individuals were able to seek help in various forms including medical (e.g. stroke), social (e.g. loneliness), and mental (e.g. mourning a loved one).

An external evaluation of the NCP, which altogether serviced around 1,000 people, documented the program's effectiveness as well as provided suggestions for future improvement<sup>24</sup>. The report indicated that the NCP was regarded by many of the people it served, as "reliable and accessible" with the caregivers being labelled as "non-judgemental", "tenacious", "resilient" and "polite" (p. 17). Furthermore, in terms of effectiveness, the NCP was estimated to have prevented approximately 50 "unplanned hospital admissions", reduced need for residential care (for 7 clients), and significantly decreased client loneliness (p. 18). Last, but not least, the NCP carers themselves reported greater life satisfaction due to the autonomy afforded by the Council and the increased opportunity for novel skills development (p.18). The report hypothesised that one of the main causes underlying this success was the capability of direct and constant contact between carers, possibly due to the community-led nature of NCP (p. 18).

<sup>21</sup> 'Safe and Well - Cambridgeshire', accessed 13 October 2020, <https://www.safeandwell.co.uk/cambridgeshire>.

<sup>22</sup> 'Neighbourhood Cares', Cambridgeshire County Council, accessed 13 October 2020, [cambridgeshire.gov.uk/residents/adults/organising-care-and-support/types-of-support/neighbourhood-cares](https://cambridgeshire.gov.uk/residents/adults/organising-care-and-support/types-of-support/neighbourhood-cares).

<sup>23</sup> 'Think Communities', 2018, <https://www.cambridgeshire.gov.uk/asset-library/imported-assets/Think%20Communities%20Approach.pdf>.

<sup>24</sup> Charlotte Black, 'Neighbourhood Cares Pilot: Final Report', 2019, [https://cambridgeshire.cmis.uk.com/CCC\\_live/Document.ashx?czJKcaeAi5tUFL1DTL2UE4zNRBcoShgo=Tqp4S7dAMXm%2BDG%2F7cMxmV5y3Rouc7Id6SqBAS7vigDWH5P3%2Bd%2FyaNA%3D%3D&rUzwRPf%2BZ3zd4E7lkn8Lyw%3D%3D=pwRE6AGJFLDNIh225F5QMaQWCtPHwdhUfCZ%2FLUQzgA2uL5jNRG4jdQ%3D%3D&mCTIbCubSFfXsDGW9IXnlG%3D%3D=hFfIUdN3100%3D&kCx1AnS9%2FpWZQ40DXFvdEw%3D%3D=hFfIUdN3100%3D&uJovDxwdjMPoYv%2BAJvYtyA%3D%3D=ctNJFF55vVA%3D&FgPIIEJYlOtS%2BYGoBi5oIA%3D%3D=NHdURQburHA%3D&d9Qjj0ag1Pd993jsyOJqFvmyB7X0CSQK=ctNJFF55vVA%3D&WGewmoAfeNR9xqBux0r1Q8Za60lavYmz=ctNJFF55vVA%3D&WGewmoAfeNQ16B2MHuCpMRKZMwaG1PaO=ctNJFF55vVA%3D](https://cambridgeshire.cmis.uk.com/CCC_live/Document.ashx?czJKcaeAi5tUFL1DTL2UE4zNRBcoShgo=Tqp4S7dAMXm%2BDG%2F7cMxmV5y3Rouc7Id6SqBAS7vigDWH5P3%2Bd%2FyaNA%3D%3D&rUzwRPf%2BZ3zd4E7lkn8Lyw%3D%3D=pwRE6AGJFLDNIh225F5QMaQWCtPHwdhUfCZ%2FLUQzgA2uL5jNRG4jdQ%3D%3D&mCTIbCubSFfXsDGW9IXnlG%3D%3D=hFfIUdN3100%3D&kCx1AnS9%2FpWZQ40DXFvdEw%3D%3D=hFfIUdN3100%3D&uJovDxwdjMPoYv%2BAJvYtyA%3D%3D=ctNJFF55vVA%3D&FgPIIEJYlOtS%2BYGoBi5oIA%3D%3D=NHdURQburHA%3D&d9Qjj0ag1Pd993jsyOJqFvmyB7X0CSQK=ctNJFF55vVA%3D&WGewmoAfeNR9xqBux0r1Q8Za60lavYmz=ctNJFF55vVA%3D&WGewmoAfeNQ16B2MHuCpMRKZMwaG1PaO=ctNJFF55vVA%3D).

However, despite the overall positive impact and reception of the pilot, three main challenges emerged: 1) Lack of training, 2) Client engagement and 3) Assessment consistency. Carers expressed that they had hoped to have received more or earlier training related to team decision-making and management. Moreover, specifically for the Soham site, client engagement was thought to be greater due to the team being located at the local library, which was perceived by clients as “neutral, safe and non-stigmatised” (p. 18). Lastly, due to logistical inadequacies, monthly analysis was not readily available until late in 2018, which hindered quicker adjustment to issues that may have arisen. The Neighbourhood Cares pilot heavily inspired the formation of the Think Communities partnership in 2018, which seeks to change traditional approaches to service delivery by developing a framework that is people-centred, place-based and solutions focussed<sup>23</sup>. Prior to the COVID-19 pandemic, significant progress had been made in introducing the concepts of Think Communities across the sector, forming connections between the partners, and establishing a set of service delivery areas. Community engagement and the development of place-based data profiles and a workforce development programme had also begun. In order to deliver the objectives of Think Communities, CCC and health partners are forming a core team of place-based staff, including one Think Communities Coordinator for each District, and ten ‘community connectors’.

Upon the onset of the COVID-19 pandemic, the Think Communities workforce were directed towards outbreak management and community support. They are currently working on 8 priorities:

1. Outbreak management
2. Support for carers
3. Support for older people
4. Increased take-up of Technology Enabled Care (TEC)
5. Support for children and adolescents
6. Tackling food and fuel poverty and security
7. Improving social mobility
8. Implementing place-based commissioning

Another CCC initiative that is incorporating a Think Communities approach is the Future Libraries Initiative project. As part of this project, the Libraries First vision has been developed, which will put libraries at the centre of a person-centred, place-based model of service design and delivery. In collaboration with Think Communities, there are plans for a pilot to test a radical new approach to commissioning preventative services, with libraries as the commissioner.

In this report, we will investigate the effect of community development on the health and wellbeing of the local population, the effect of growth on said community development, and the ways in which the Council can support community development to effect positive change while decreasing the current socio-economic disparities which characterise the region.

## 2. Methods

The research methods for this report consisted of a rapid literature review and a community-based questionnaire which collected both qualitative and quantitative data. Lastly, five community groups were chosen based on their questionnaire responses for telephone interviews.

### 2.1. Rapid reviews

The rapid reviews aimed to relay a bird's eye view of the ways in which community-led initiatives can support the health and wellbeing of their members and in turn how growth can impact the formation and functioning of said community-led initiatives. Grey literature published by NGOs, charities and governing bodies were identified either through finger searching or upon recommendations from interviewees. Data gathered includes regional, national and international data, with the literature being presented not being exhaustive.

### 2.2. Questionnaire

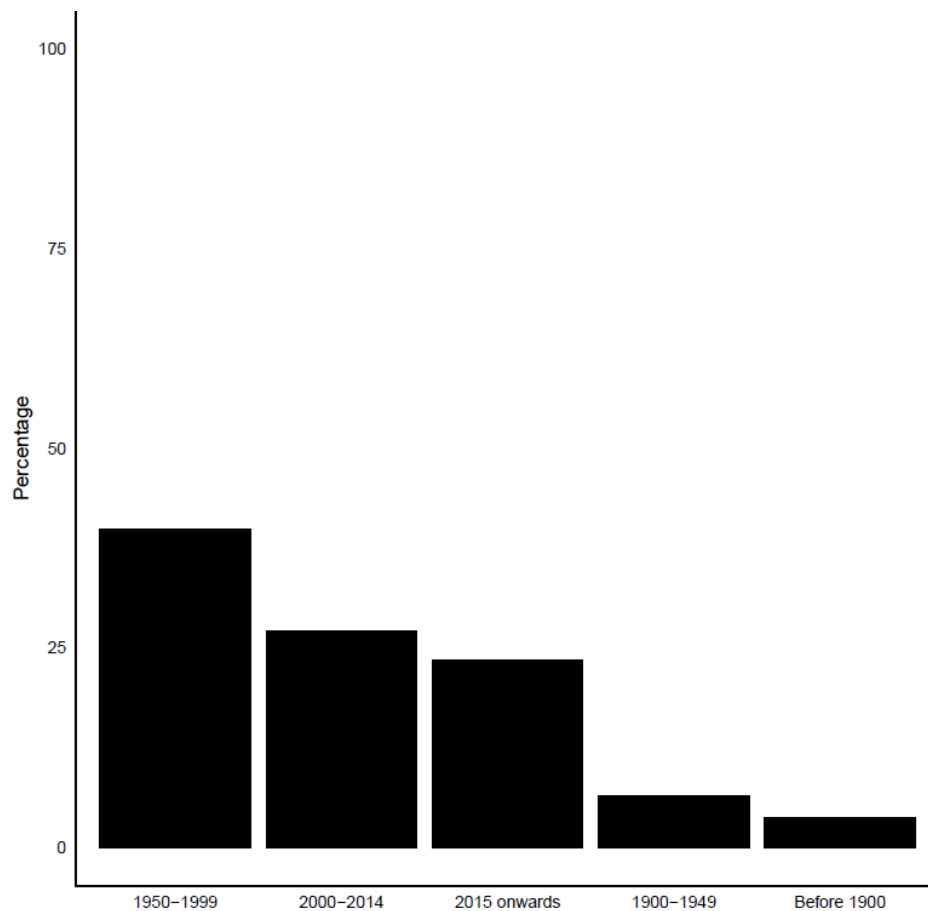
The aim of our questionnaire was to gain insight into the opinions of people that run community-led initiatives in Cambridgeshire on three topics: 1) The effect of the CCC's decision making on their initiative, 2) The effect of growth on their initiative, and 3) The effect of their initiative on the health of their volunteers and service users. While surveys of Cambridgeshire community groups have been conducted frequently by the Cambridge Council for Voluntary Service (CCVS), data from these surveys were too general to answer our specific research questions. Furthermore, these surveys have been predominantly aimed at Support Cambridgeshire member organisations and, therefore, may not reach groups who are unaware of such support networks.

Community-led initiatives were contacted by email and identified using a combination of random and non-random sampling. Two databases of community-led initiatives were used – the 2014 CCVS directory of Voluntary and Community groups in Cambridgeshire, and the CCC Directory of Services. Both databases were screened based on two criteria: 1) Cambridgeshire-based (including Cambridgeshire-based branches of national charities) and 2) Community-led (with no affiliation to CCC). Random sampling was additionally used on the basis that groups listed by the CCVS and CCC directories may have more contact with CCC than those which are not. In total, 606 groups were contacted and 146 responses (24.1% response rate) were received, including 16 partial responses. Consent to collect and store the responses was requested at the beginning of the questionnaire. All data was stored and processed in accordance with the General Data Protection Regulation 2016, as detailed in our privacy policy.

#### *2.2.1. General information about the respondents*

A range of general information was collected from each of the respondents so that associations could be made between variables (age of group, type of group, size of group etc.) and particular opinions or problems. Most of the groups that responded were reasonably well

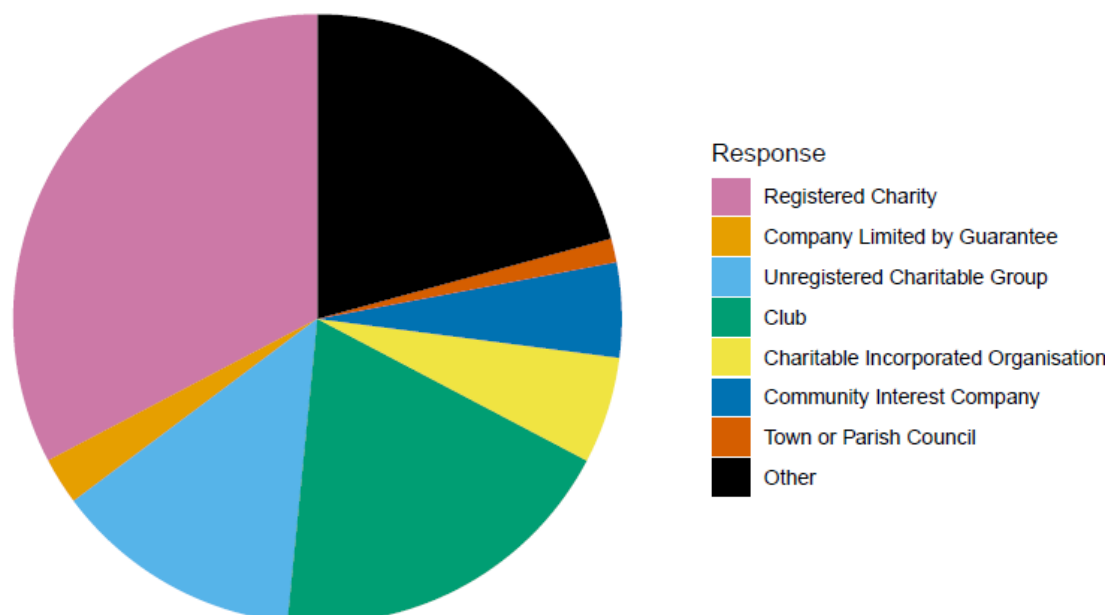
established, with 76.6% of the groups being founded before 2015 (**Figure 5**). Nine groups had been set up in response to the COVID-19 pandemic.



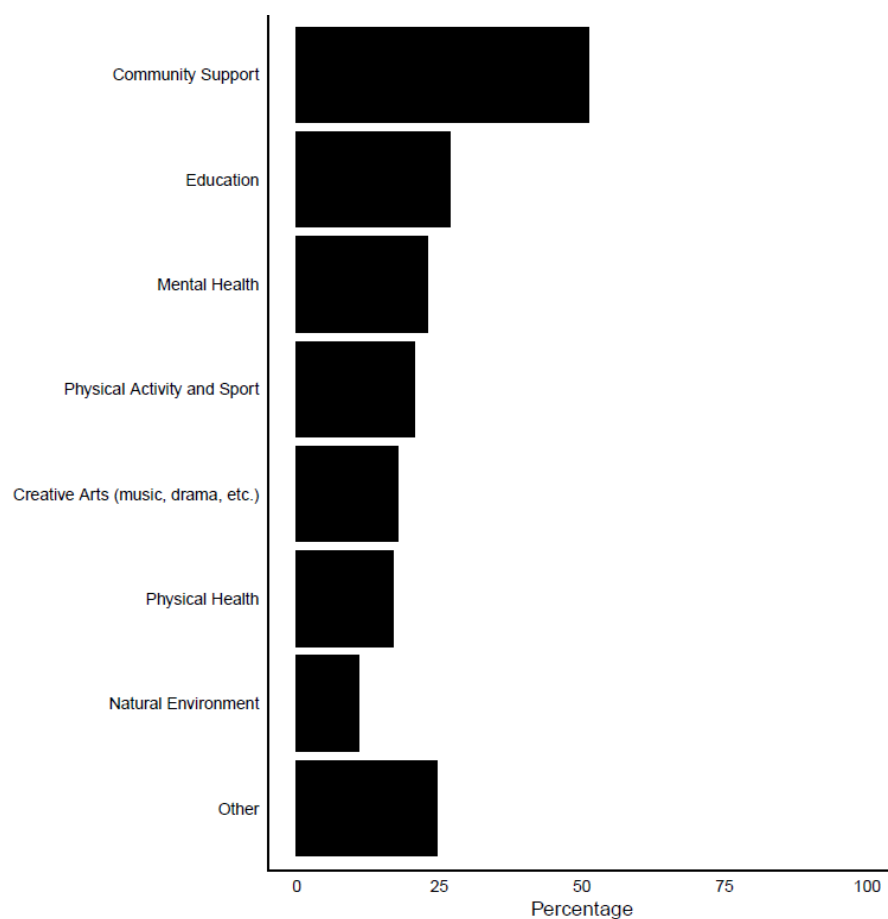
**Figure 5.** In what year was your organisation founded?

Although the majority of respondents were registered charities, a larger proportion of respondents were either unregistered charitable groups or clubs in comparison to the 2019 survey by the CCVS (**Figure 6**). We received responses from a wide range of groups based on both the category they come under (**Figure 7**) and the beneficiaries that they work with (**Figure 8**).

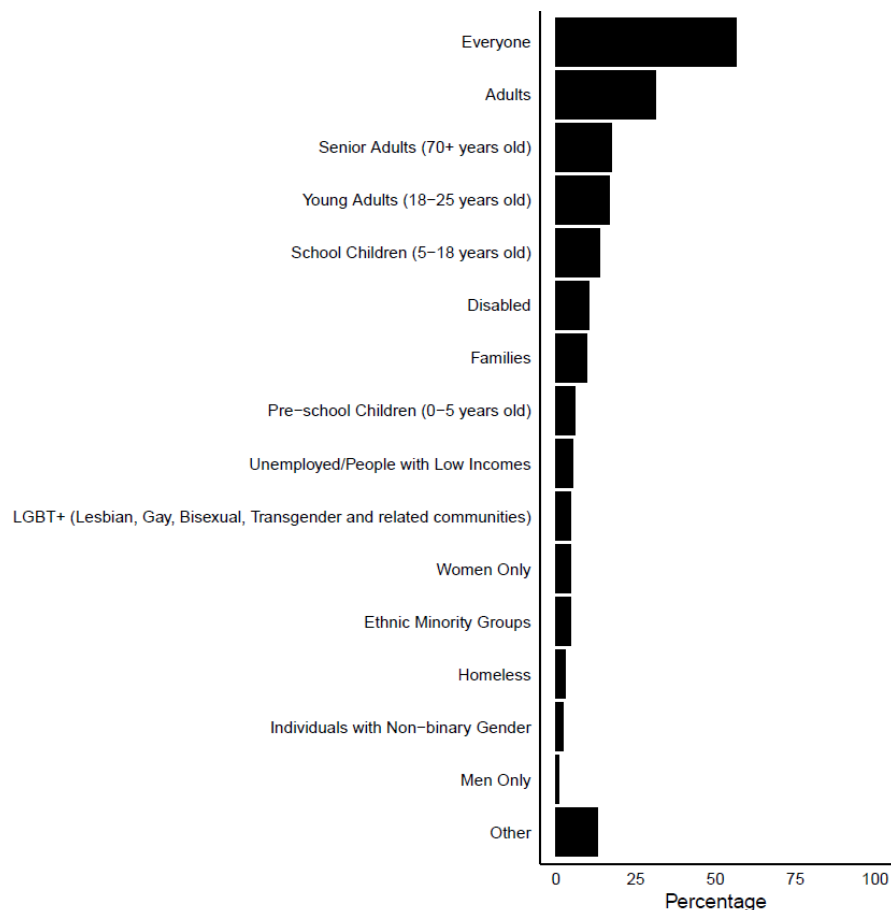




**Figure 6:** What type of organisation is your initiative? Respondents were able to select more than one option.



**Figure 7:** Which of these categories does your initiative fall under? Respondents were able to select more than one option.

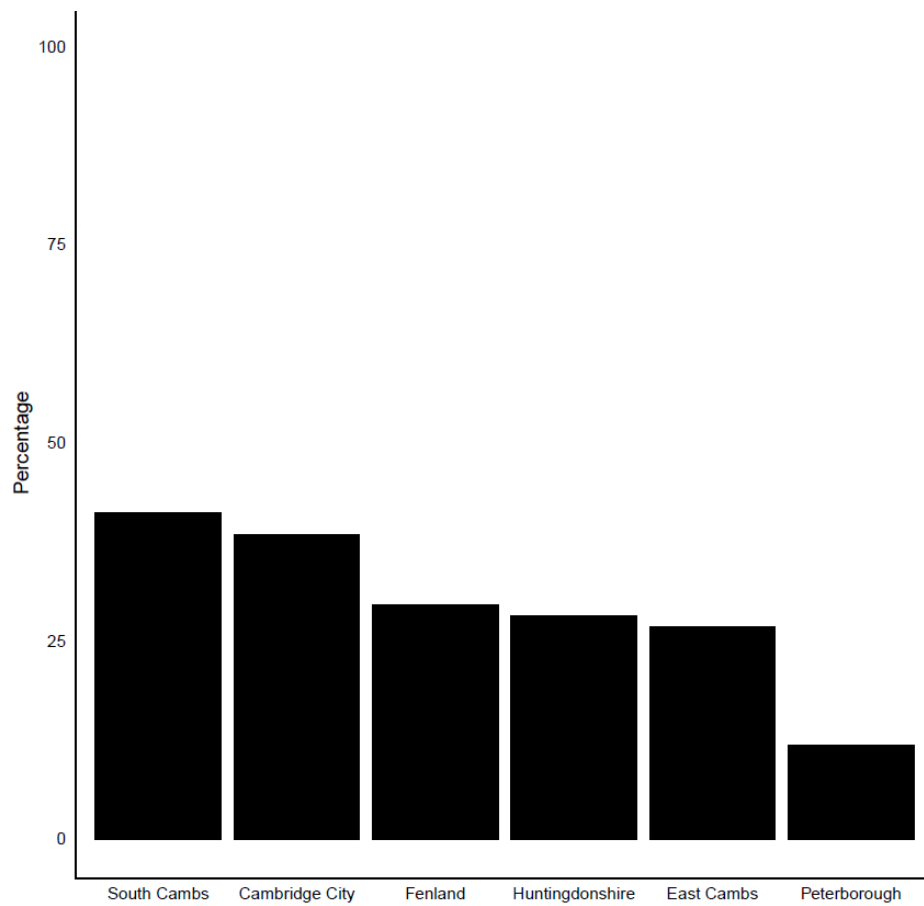


**Figure 8:** Which of these groups of people is your initiative aimed at? Respondents were able to select more than one option.

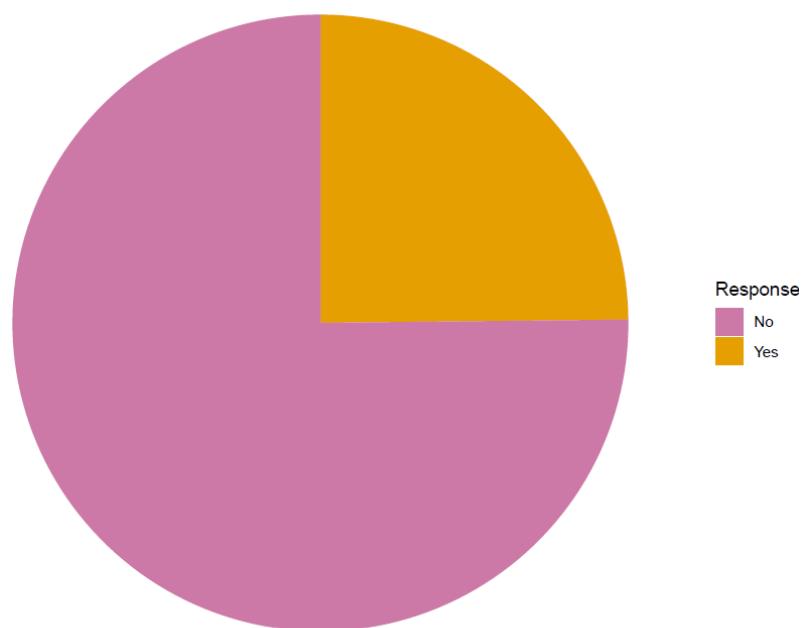
### 2.2.2. Geographic location

We also asked respondents which Districts their organisations operate in (**Figure 9**). As Cambridgeshire County Council (CCC) forms a Combined Authority with Peterborough, we included Peterborough as an option, although as the audience for our recommendations will be the County Council and not the Combined Authority, we did not actively seek out answers from groups that worked solely in Peterborough.

24.8% of respondents said their organisation additionally works outside of Cambridgeshire (**Figure 10**). Out of these, most worked in the surrounding counties. Others noted that although their physical activities may be based in Cambridge, their online activities were open to all around the UK.



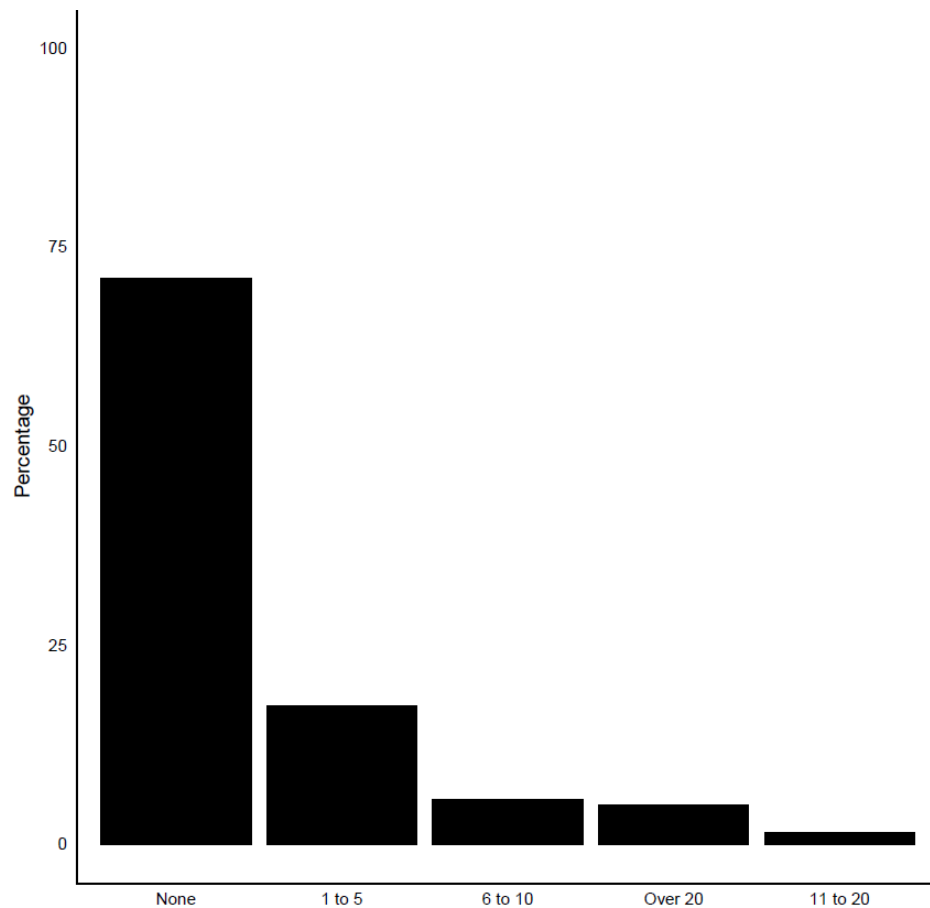
**Figure 9:** In which of these Districts does your organisation operate? Respondents were able to select more than one option.



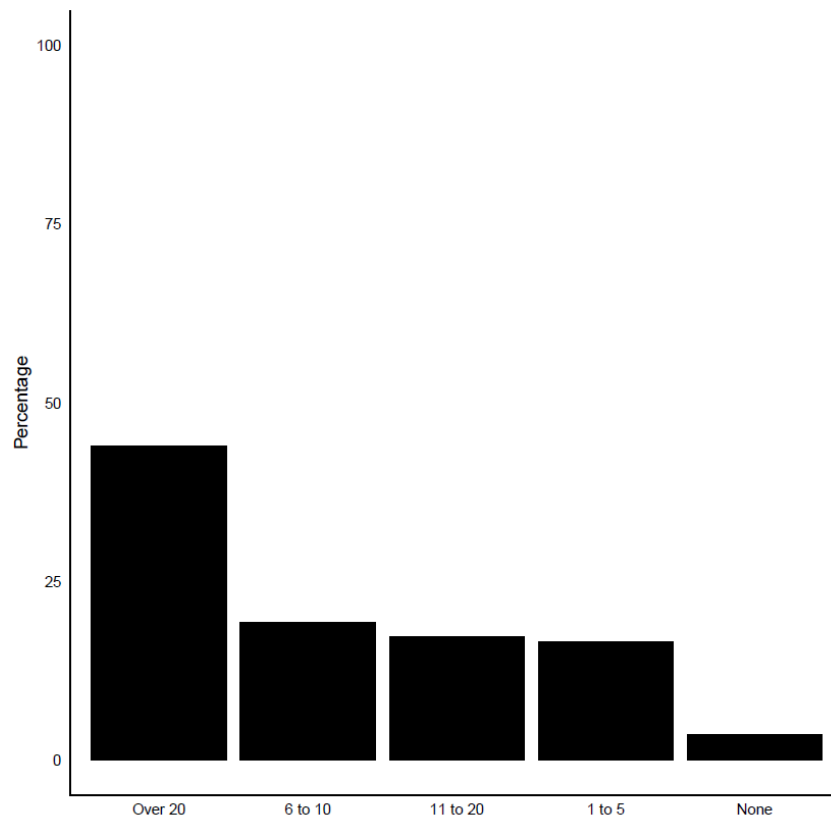
**Figure 10:** Does your work extend out of Cambridgeshire?

### 2.2.3. Size and economic status

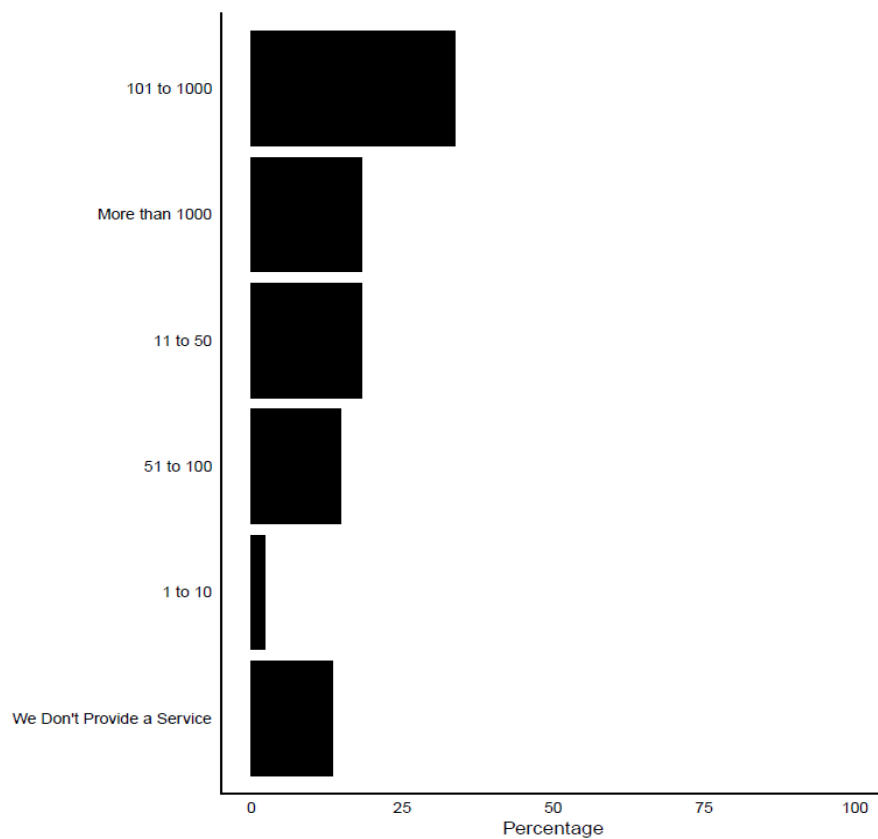
We then asked the organisations about their workforce and monetary income. The majority (71.0%) of responding groups are run entirely by volunteers (**Figure 11**). Only 3.4% of the groups are run exclusively by paid staff, while over 40% of the groups reported having over 20 volunteers (**Figure 12**). Nearly half of all the groups said they have more than 50 beneficiaries of the service they provide (**Figure 13**).



**Figure 11:** How many paid staff does your initiative employ?

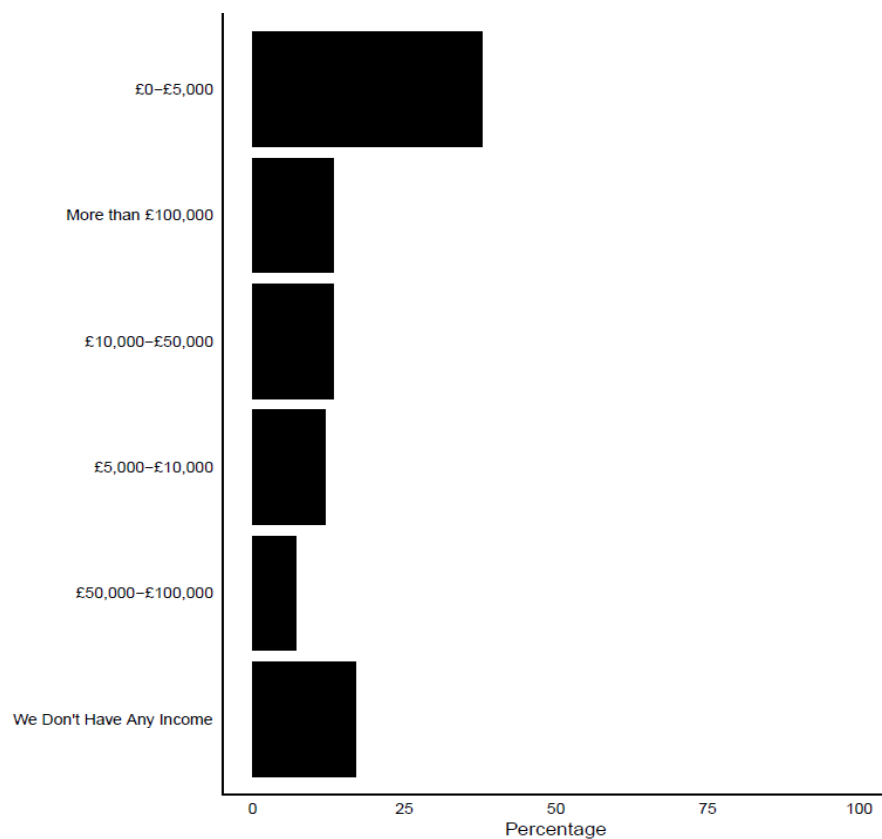


**Figure 12:** How many people volunteer for your initiative?

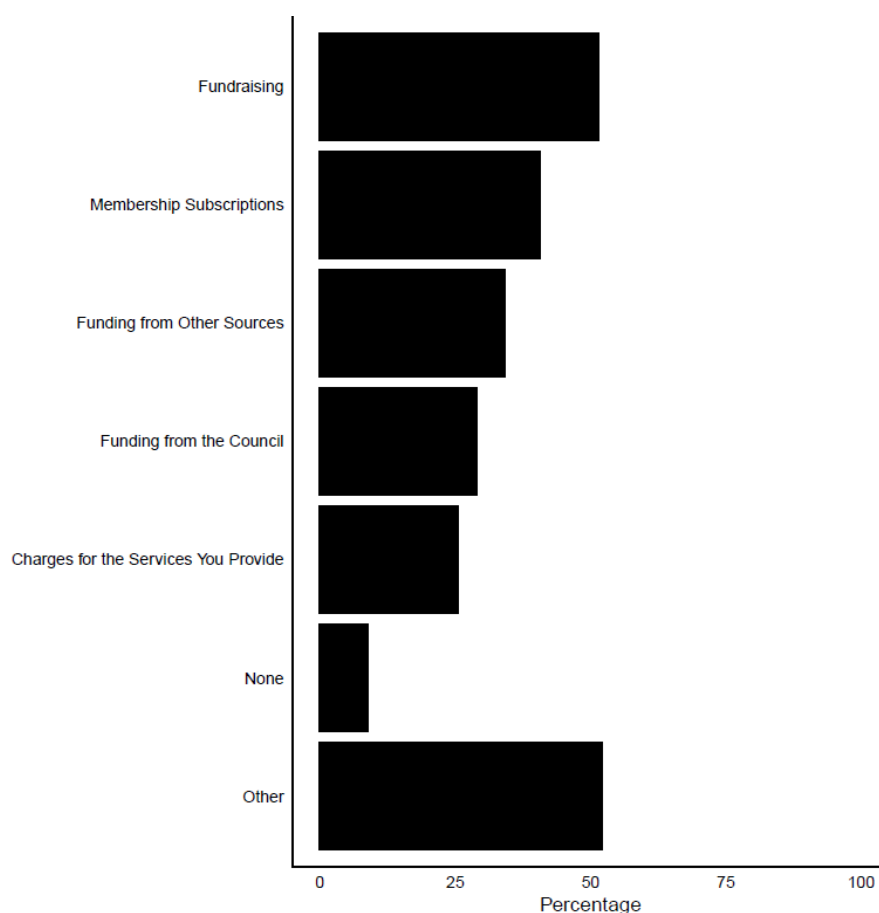


**Figure 13:** If your initiative provides a service, how many people benefit from your service?

The annual income of the responding groups varied widely from none to more than £100,000 (**Figure 14**). The majority of groups that responded reported receiving either no income (16.8%) or less than £5,000 per annum (37.8%). Moreover, 29.0% of groups received funding from the Council (although it should be noted that respondents may have considered this to include District and Town councils), whilst the most common source of funding was from fundraising (**Figure 15**). Out of the groups that selected 'Funding from other sources' or 'Other', sources that were noted included Parish Councils, District Councils, Town Councils, donations, sponsorships, National Lottery funds, central government grants, selling products, social enterprise and personal funds.



**Figure 14.** What is the annual income of your organisation?



**Figure 15:** What forms of income do you receive? Respondents were able to select more than one option.

Together, these results indicate that we were reaching our target audience of small to medium community-led initiatives run predominantly by volunteers based in the community.

### 2.3. Telephone interviews

Based on survey responses, a number of community group leaders were selected for telephone interviews. Five people from five different community groups which came under the category of 'community support' (**Figure 7**) were interviewed. Two of these groups were based in Huntingdonshire, two in Cambridge City and one in South Cambs. These interviews were designed to gather more in-depth information about how each group operates, including the challenges that they face - particularly with respect to community growth and COVID-19 - and how Council policy may affect their initiative going forward. We also gathered anecdotal evidence of how the outcomes of each group may impact on the health and wellbeing of both volunteers and service-users. Opinions from these interviews are embedded throughout this report.

For sections 4-6, further insights were gained from interviews with workers from CCC and Urban and Civic, with anonymity of the interviewees being respected throughout the report.

### 3. Community-led initiatives lessen the need for formal health and social care services

When the NHS was established in 1948, a centralised model of healthcare was adopted. Local authority and volunteer hospitals were taken over and incorporated into a single national hospital service. This meant that support within the community was largely limited to general practitioners and family members. However, in the modern world where chronic, lifestyle-associated conditions prevail, and in which our population is not only ageing but is growing ever-faster, a 'one size fits all' approach that focuses solely on treatment and largely ignores prevention will no longer suffice. A focus on prevention of ill-health is required, within a system that is sufficiently flexible to address the varying needs and priorities of disparate communities across different areas of the country. As this is not possible in a traditional centralised model of healthcare, we need to rapidly develop an alternative model to prevent the health of the nation from deteriorating irrevocably. One such alternative approach is to adopt and develop community-based healthcare.

#### 3.1. Community engagement in healthcare commissioning

A community is defined as a group of people that share a geographic location, or as a group of people united by more abstract factors such as ideology, demography, ethnicity, or common goals<sup>25</sup>. Communities were identified as 'major drivers of service improvement' in healthcare by a Labour government White Paper that demonstrated that individuals were no longer satisfied with the centralised model, and wanted to make choices about their own health and wellbeing<sup>26</sup>. As such, the National Institute for Health and Care Excellence (NICE) added recommendations to their national guidance in 2008 to promote community engagement in the design and development of health and social care services in order to address the needs of the community it serves<sup>27</sup>. Since then, a number of studies have found significant benefits in involving communities in the development of health services. One systematic review of 49 studies demonstrated that community involvement in this capacity has a positive impact on health at both the individual and community level<sup>28</sup>. An excellent example of this approach - albeit outside of the United Kingdom - is the Southcentral Foundation in Alaska; a not-for-profit that provides generalist community healthcare in a decentralised model. The community is actively involved in the design and management of its own care, participating in advisory groups and taking part in strategic planning. This model has transformed the community from

<sup>25</sup> Committee on Valuing Community-Based, Non-Clinical Prevention Programs, Board on Population Health and Public Health Practice, and Institute of Medicine, *An Integrated Framework for Assessing the Value of Community-Based Prevention* (Washington (DC): National Academies Press (US), 2012), <http://www.ncbi.nlm.nih.gov/books/NBK206926/>.

<sup>26</sup> 'Our Health, Our Care, Our Say: A New Direction for Community Services', GOV.UK, accessed 14 October 2020, <https://www.gov.uk/government/publications/our-health-our-care-our-say-a-new-direction-for-community-services>.

<sup>27</sup> 'The Effectiveness of Community Engagement Approaches and Methods for Health Promotion Interventions', 2008, 226, <https://www.nice.org.uk/guidance/ph9/documents/health-promotion-evidence-review-final2>.

<sup>28</sup> Victoria Haldane et al., 'Community Participation in Health Services Development, Implementation, and Evaluation: A Systematic Review of Empowerment, Health, Community, and Process Outcomes', *PLOS ONE* 14, no. 5 (10 May 2019): e0216112, <https://doi.org/10.1371/journal.pone.0216112>.



being simply service users to being 'customer-owners' of their own care, and as a result has strengthened community relationships, improved care coordination and has led to substantial reductions in A&E attendances and hospital admissions, with health outcomes in this region being among the best in the United States of America<sup>29</sup>. On the basis of outcomes such as these, the British government is running programmes to facilitate community engagement in the design and commissioning of health services, such as championing 'Community Organisers' and 'Citizen Commissioners' to listen to the problems of the community, come up with shared solutions and advocate for the community on commissioning decisions<sup>30</sup>. However, whilst this is all certainly positive, there is an argument to go even further than this, by supporting community development in order to empower communities to provide their own health and social care solutions themselves.

### 3.2. Community development for health and wellbeing

Studies show that the communities we are born, live, work, and socialise in have a greater impact on our health than the healthcare system itself<sup>31</sup>. This suggests that the community itself could serve as an asset that can contribute to the health and wellbeing of those belonging to it, outside of the formal health services provided for that community. In fact, the NHS 5 Year Forward View of 2014 set out a vision for the NHS as a 'social movement', stating that the NHS would be unsustainable without community support, and setting out a priority to strengthen communities in order to improve factors that affect their health without relying on formal health and social care services<sup>26</sup>. The key to communities being a tool to improve health and wellbeing is the fact that communities not only have health *needs*, but they also have health *assets*. These assets not only include the built environment, such as community centres and green spaces, but also the skills, knowledge and social networks of the people who belong to the community. Given that the average person spends less than 1% of their time interacting with formal healthcare services, it is not surprising that relying on these services to effect health promotion and ill-health prevention is often ineffective. However, empowering communities - where individuals spend the majority of their time - to use their assets to achieve this same goal promises to be a much more constructive strategy, as individuals can generally access support from their community more easily than from formal health services. Communities tend to have greater insight into, and understanding of, the needs and desires of their own community than local government or local healthcare providers and, as such, are often able to identify and address the root causes of health and social care issues in a more direct manner than any formal service. Consequently, empowering members of a community to work together can produce numerous benefits to community health and wellbeing.

### 3.3. The ways in which community development improves health and wellbeing

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<sup>29</sup> 'Reimagining Community Services', The King's Fund, 23 January 2018, <https://www.kingsfund.org.uk/publications/community-services-assets>.

<sup>30</sup> 'Civil Society Strategy: Building a Future That Works for Everyone', GOV.UK, accessed 14 October 2020, <https://www.gov.uk/government/publications/civil-society-strategy-building-a-future-that-works-for-everyone>.

<sup>31</sup> 'Communities and Health', The King's Fund, 14 February 2018, <https://www.kingsfund.org.uk/publications/communities-and-health>.

The term 'health' does not only describe the absence of illness; it is also the ability of individuals to achieve their potential throughout their lifetime. It has long been recognised that human beings have various needs that should be met to facilitate this pursuit. Abraham Maslow posited the 'Hierarchy of Needs' in 1943 to explain what motivates humans and to similarly explain the needs that must be fulfilled to achieve happiness, wellbeing and, by extension, health<sup>32</sup>. Whilst recent advancements in psychological research have suggested that these needs are more interdependent than previously assumed, they are still considered vital for optimal human health and wellbeing (**Figure 16**)<sup>33</sup>.

When considering community development in the context of health, we can use this hierarchy to posit why community-led initiatives may be beneficial:

- The act of coming together as a community in a common pursuit, whatever that pursuit may be, is highly likely to address the 'Belongingness and love needs' by generating friendships and social networks. As such, this is likely to improve health and wellbeing, as societal need fulfilment has been shown to be predictive of subjective wellbeing (see '**Case Study: Forever Manchester, Manchester**')<sup>34</sup>.
- Depending on the output of the initiative, it may also address 'Esteem needs', for example, if the initiative encourages participants to make things that will then give the participant a sense of accomplishment when complete. This could include sewing groups, Men's Sheds (see **Section 3.5**), cookery clubs etc.
- Initiatives may even support the pursuit of 'Self-actualization' if they consist of creative activities that align with the beliefs and desires of the participants.

In this way, community initiatives in *almost any form* are likely to have a positive impact on the health and wellbeing of those who take part.

Belongingness and love needs, esteem needs and self-actualisation all rest above as they rely on physiological and safety needs to be met before they can be achieved. However, they are placed next to each other and overlapping as they are interdependent.

The aspect of 'Belongingness and love needs' is worth considering further. Community groups provide, almost regardless of output, an opportunity for community members to come together and socially interact. This social interaction is notoriously undervalued as a tool to improve wellbeing and, by extension, health, but it is *essential*. Loneliness increases the risk of mortality by 26%, thus community-led interventions are important tools to prevent social isolation and associated premature death<sup>35</sup>. Social interaction has

<sup>32</sup> A. H. Maslow, 'A Theory of Human Motivation', *Psychological Review* 50, no. 4 (1943): 370–96, <https://doi.org/10.1037/h0054346>.

<sup>33</sup> Craig Harper, 'Transcending Maslow's Pyramid: A New Hierarchy of Human Needs', Medium, 14 April 2020, <https://medium.com/open-psychological-science/transcending-maslows-pyramid-a-new-hierarchy-of-human-needs-2ca50a49af35>.

<sup>34</sup> Louis Tay and Ed Diener, 'Needs and Subjective Well-Being around the World', *Journal of Personality and Social Psychology* 101, no. 2 (2011): 354–65, <https://doi.org/10.1037/a0023779>.

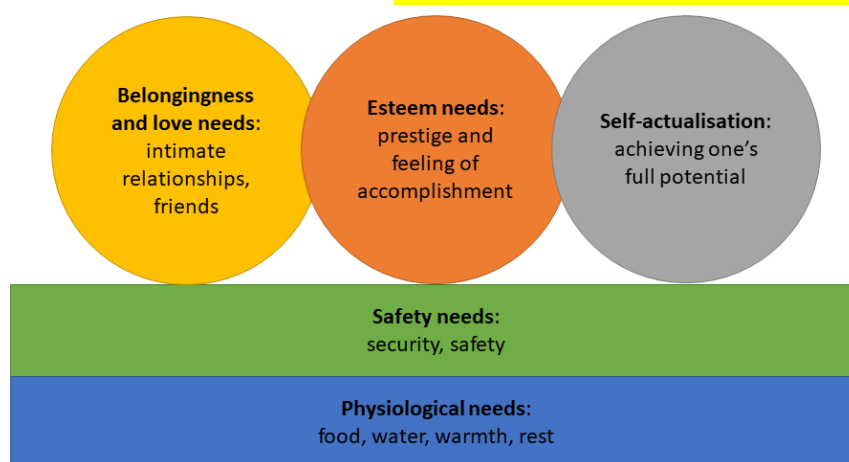
<sup>35</sup> 'Health Matters: Community-Centred Approaches for Health and Wellbeing', GOV.UK, accessed 14 October 2020, <https://www.gov.uk/government/publications/health-matters-health-and-wellbeing->

also been shown to improve health behaviours, such that people engage more in health-seeking behaviours such as exercise and healthy eating, as well as engage less in risk behaviours such as smoking and drinking<sup>36</sup>. Given that such behavioural patterns are estimated to be responsible for 40% of all premature deaths, and that social networks are as powerful predictors of mortality as common lifestyle risks

#### Case Study: Forever Manchester, Manchester

Forever Manchester was a scheme funded by the National Lottery that commissioned community projects with the aim of building social networks and thereby improving community sustainability. This is a form of asset-based community development, that brings people together over a common passion and therefore empowers them to consider and discuss the assets, needs and desires of the community. Within 18 months of the project, all communities involved reported a dramatic increase in community activity and social networking between residents, and individuals reported increased social trust, self-esteem and sense of purpose.

Source: Rippon, S. & Hopkins, T. (2015) Head, hands and heart: asset-based approaches in health care. *The Health Foundation*.



**Figure 16:** Maslow's Hierarchy of Needs. Physiological needs and safety needs are displayed as the bedrock upon which the other needs rest as they are regarded as essential.

such as smoking and obesity, it is likely that these initiatives in themselves could reduce the risk of premature death as well as improve health<sup>37,38</sup>. What's more, social support is critical to improve recovery from illness and increase the resilience of individuals, resulting in higher levels of wellbeing and improved health outcomes. This social capital can also bridge gaps of wealth and status if people from different socioeconomic backgrounds are brought together with a common interest or goal, helping to narrow socioeconomic and health inequalities. This is incredibly important, now more than ever, as communities that experience socioeconomic deprivation or marginalisation have worse health outcomes than more affluent communities,

community-centred-approaches/health-matters-community-centred-approaches-for-health-and-wellbeing.

<sup>36</sup> Julianne Holt-Lunstad, Timothy B. Smith, and J. Bradley Layton, 'Social Relationships and Mortality Risk: A Meta-Analytic Review', *PLOS Medicine* 7, no. 7 (27 July 2010): e1000316, <https://doi.org/10.1371/journal.pmed.1000316>.

<sup>37</sup> 'From Evidence into Action: Opportunities to Protect and Improve the Nation's Health', GOV.UK, accessed 14 October 2020, <https://www.gov.uk/government/publications/from-evidence-into-action-opportunities-to-protect-and-improve-the-nations-health>.

<sup>38</sup> Sherman Folland, 'An Economic Model of Social Capital and Health', *Health Economics Policy and Law* 3, no. 4 (2008): 333–48.

and this 'health gap' is only getting wider<sup>39</sup>. Furthermore, we know that poorer communities tend to have lower levels of voluntary, community and social enterprise activity<sup>40</sup>. The Marmot Review of 2010 recognised these issues and provided evidence that the most efficient way to reduce health inequalities is to improve social capital in the most deprived areas of our country<sup>41</sup>. Providing adequate funding, actively involving citizens in prevention programmes, and strengthening community assets are key to rapid health improvement, particularly in our most socioeconomically deprived areas.

#### Case Study: Positively UK, London

Positively UK is a peer-to-peer programme that supports the wellbeing of HIV positive patients in London. By connecting newly-diagnosed patients with those who have been infected with HIV for longer to share experiences, the stigma and fear of the disease can be lessened. Participants generally report improved mental health and emotional wellbeing, whilst data demonstrates that the participants also benefit from a significant increase in health literacy regarding HIV specifically, which empowers participants to self-manage their condition and reduces their reliance on formal healthcare.

Source: Finniss, A. et al. (2016) Realising the value. Nesta.

Community initiatives that are *specifically* directed towards health promotion and ill-health prevention, as well as those that are targeted at helping individuals to manage their own chronic health condition, may have an additional benefit to health and wellbeing beyond those described above. It has been shown that community-led initiatives improve critical health literacy amongst participants<sup>42</sup>. This means that participants' understanding of their own health condition, and of how to remain healthy, is improved by taking part. In turn, this knowledge empowers people

to take control of their own condition through self-management and thereby improves health and reduces reliance on formal health services. In addition, self-management education programmes - that aim to empower patients with chronic health conditions to understand their condition and manage it themselves - have consistently proven successful at improving clinical health outcomes in targeted populations, and are known to increase participants' self-confidence and quality of life<sup>43,44</sup>. What's more, by linking patients up with peers who are affected by a similar condition, self-management groups encourage people to compare themselves positively to their peers rather than negatively to their pre-diagnosis self, further

<sup>39</sup> 'Community-Centred Public Health: Taking a Whole System Approach', GOV.UK, accessed 14 October 2020, <https://www.gov.uk/government/publications/community-centred-public-health-taking-a-whole-system-approach>.

<sup>40</sup> 'Rolling Out Social Prescribing | National Voices', accessed 14 October 2020, <https://www.nationalvoices.org.uk/publications/our-publications/rolling-out-social-prescribing>.

<sup>41</sup> 'Fair Society Healthy Lives (The Marmot Review)', Institute of Health Equity, accessed 14 October 2020, <http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>.

<sup>42</sup> Liesbeth de Wit et al., 'Community-Based Initiatives Improving Critical Health Literacy: A Systematic Review and Meta-Synthesis of Qualitative Evidence', *BMC Public Health* 18, no. 1 (20 July 2017): 40, <https://doi.org/10.1186/s12889-017-4570-7>.

<sup>43</sup> Patricia A. Grady and Lisa Lucio Gough, 'Self-Management: A Comprehensive Approach to Management of Chronic Conditions', *American Journal of Public Health* 104, no. 8 (12 June 2014): e25–31, <https://doi.org/10.2105/AJPH.2014.302041>.

<sup>44</sup> 'Realising the Value: Ten Actions to Put People and Communities at the Heart of Health and Wellbeing', Nesta, accessed 14 October 2020, <https://www.nesta.org.uk/report/realising-the-value-ten-actions-to-put-people-and-communities-at-the-heart-of-health-and-wellbeing/>.

enhancing their sense of wellbeing (see '**Case Study: Positively UK, London**')<sup>45</sup>. Further benefits can also be seen from initiatives that promote physical activity, e.g. sports clubs, and those that promote healthy living such as cookery clubs, as these initiatives promote the practice of a healthy lifestyle and empower people to maintain it<sup>46,47</sup>.

Nevertheless, it has been shown that there is no need for community groups to specifically focus on health-related outputs in order to positively impact health and wellbeing. In fact, the majority of initiatives studied in this research are simply groups that bring the community together, without any focus on health issues as such, but that improve health and wellbeing in the long-term regardless (see '**Case Study: Altogether Better, UK**' and '**Case Study: The Health Empowerment Leverage Project, Devon**'). This demonstrates that local government can support volunteering and community development across wide interest areas, not necessarily focused on health-associated outputs, and still see an improvement in community health and wellbeing.

#### Case Study: Altogether Better, UK

The Altogether Better initiative aimed to enable communities to be active partners in their own health in order to improve wellbeing within the community and reduce demand for formal health and care services. To do this, over 1,100 volunteer 'Champions' across 7 regions were trained to provide support to the community through group activities such as choirs, walking groups, cancer support groups, craft clubs and music groups, including many more. Over two years, 17,000 people accessed the support offered by the scheme, and 94% of participants subsequently reported improved mental wellbeing and significant increases in health literacy.

Source: McGregor, A. et al. (2018) Altogether Better: working together to create healthier people and communities. *Altogether Better*.

<sup>45</sup> 'Building Community Capacity: 7 Economic Case Studies', 7 May 2019, <https://www.thinklocalactpersonal.org.uk/Latest/Building-Community-Capacity-Economic-Case-Studies/>.

<sup>46</sup> Christer Malm, Johan Jakobsson, and Andreas Isaksson, 'Physical Activity and Sports—Real Health Benefits: A Review with Insight into the Public Health of Sweden', *Sports* 7, no. 5 (May 2019): 127, <https://doi.org/10.3390/sports7050127>.

<sup>47</sup> Jessica Herbert et al., 'Wider Impacts of a 10-Week Community Cooking Skills Program - Jamie's Ministry of Food, Australia', *BMC Public Health* 14, no. 1 (12 December 2014): 1161, <https://doi.org/10.1186/1471-2458-14-1161>.



**Case Study: The Health Empowerment Leverage Project, Devon**

The Health Empowerment Leverage Project (HELP) was a scheme commissioned by the Department of Health to research the impact of community development on health and wellbeing. The scheme was run across three neighbourhoods in Devon and supported neighbourhood partnerships which boost community activity. Over three years, the scheme generated an estimated saving of £558,714 for the NHS due to an annual 5% improvement in health factors, which equates to a 1:3.8 return on investment. The model additionally demonstrated that financial investment in this scheme within the 20% most deprived neighbourhoods could produce health savings of more than £4 million over 3 years. These outcomes persist despite the fact that the investment was not specifically directed to health- or social-care-related initiatives.

Source: Fisher, B. (2014) Community development through health gain and service change - do it now! *London Journal of Primary Care* 6(6):154-158

**3.4. The economic case for community development**

Community development can also be very positive financially, largely through savings due to a reduction in demand for formal health and care services. Economic modelling of implementing peer support and self-management education, such as the Positively UK initiative (Case Study 4), particularly targeted towards those with long-term conditions, could lead to net savings of £2,000 per person per year, equating to direct health savings of £5 million per year for the average Clinical Commissioning Group, with an additional £22 million of wider social savings<sup>48</sup>. These savings would likely grow with time as hospital admissions for chronic conditions are prevented through self-management, and learning can be passed down through generations. Another similar economic model suggests that each £1 spent in community development saves £3.80 in reduced health service use, as 5% of conditions observed in disadvantaged neighbourhoods can be prevented by community development<sup>49</sup>. A price cannot be placed on the improvement in the quality of life of those individuals who benefit from community development, but these savings certainly go some way in demonstrating the potential financial benefits of this approach.

**3.5. Outcomes from the Cambridgeshire survey**

To assess how Cambridgeshire-based community-led initiatives consider their impact on health and social care, the survey enquired as to whether initiatives believed their work affected the physical or mental health of volunteers and service users. 89% (115/129) of respondents believe that their community group improves the mental health of service users, whilst 72% (93/129) believe their community group improves their physical health (**Figure 17**). Regarding volunteers, 83% (106/128) responded that their group improves volunteer

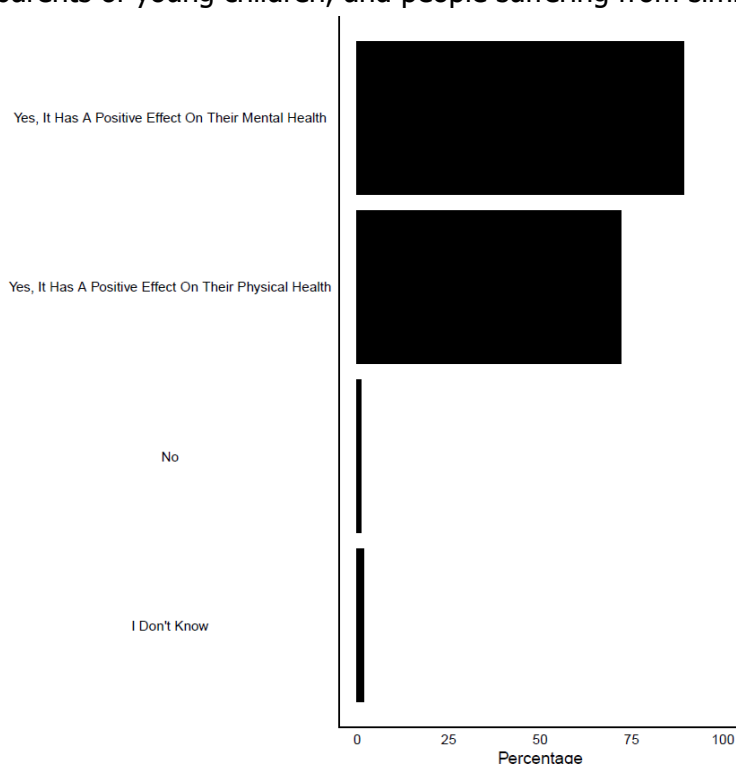
<sup>48</sup> 'Supporting Self-Management: A Summary of the Evidence', accessed 14 October 2020, <https://www.nationalvoices.org.uk/publications/our-publications/supporting-self-management>.

<sup>49</sup> Mary Reed et al., 'Developing Stroke Rehabilitation and Community Services: A Meta-Synthesis of Qualitative Literature', *Disability and rehabilitation (Disabil Rehabil)*, 2012), <https://doi.org/10.3109/09638288.2011.613511>.

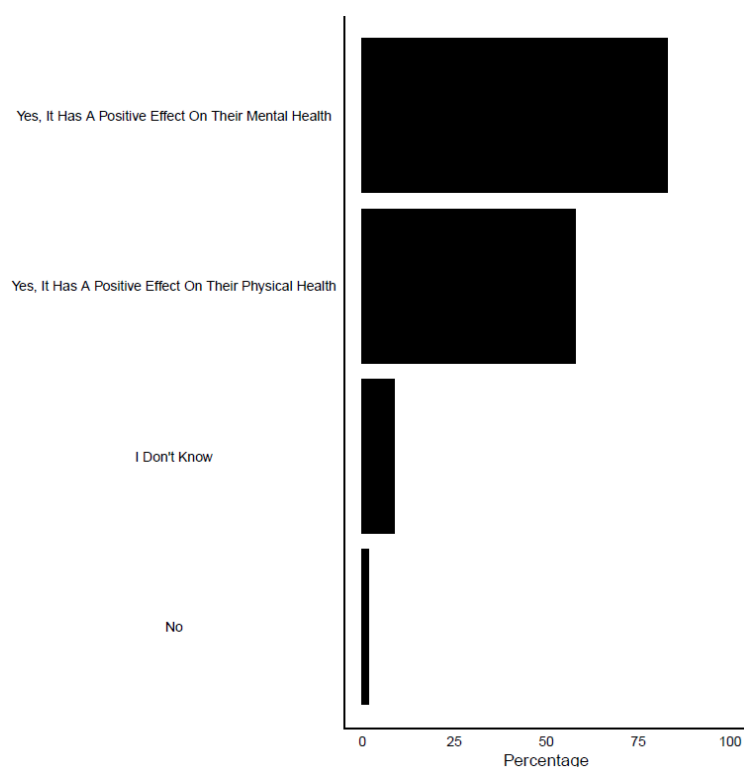
mental health, and 58% (74/128) responded that their group improves volunteer physical health (**Figure 18**). These results support the above evidence, suggesting that community groups can improve both the physical and mental health of those associated with them, whether participants or volunteers.

The health benefits of some of the surveyed community groups is perhaps more apparent than others. For example, among them were groups that directly supported patient access to medical care, such as collecting prescriptions or driving patients to appointments. Other groups change batteries in hearing aids, allowing people to communicate, or provide meals for patients who have recently left hospital. In addition, several groups endorse healthy lifestyles for particular demographics, for example promoting LGBTQ safe sex practices. A number of community groups also improved health through altering people's diet or nutrition, either by providing food, advising on healthy eating, or providing space for users to grow their own food. The health benefits associated with community sport and exercise groups are also clear and were stated by many respondents to the survey. Lastly, it is also important to note that non-exercise groups highlighted their potential to promote exercise for elderly people by providing a reason for them to leave their homes and walk to the sessions.

Mental health is another area directly supported by community groups that provide counselling or signpost users to other available mental health support services. However, in addition to this direct support, community groups not associated with the provision of mental health support are able to recognise and redirect those suffering from mental health problems to appropriate services. In addition, our survey highlights the benefits of like-minded people being able to form a community, with responses from groups as varied as LGBTQ people, carers, parents of young children, and people suffering from similar medical problems.



**Figure 17:** Do you believe your initiative affects the physical or mental health of your service users?  
Respondents were able to select more than one option.



**Figure 18:** Do you believe your initiative affects the physical or mental health of your volunteers?  
Respondents were able to select more than one option.

Many respondents stated that their initiative reduces loneliness, can integrate people into their communities, and provide people with communication skills and confidence. Given the aforementioned effects of loneliness and social interaction on mortality rates and health seeking behaviours, these community groups have the potential to provide an enormous benefit to the health of the communities that they serve. For example, Cambridgeshire is home to a number of 'Men's Sheds'. The Men's Sheds initiative began in the 1990s in Australia when men's health became a subject of concern. The model brings men together in an informal environment, often within workshop areas, to allow them to take part in meaningful social and recreational activities, and gives them the opportunity to create a support network. Global research of this initiative suggests that participants tend to increase their physical activity, improve their health literacy, experience greater feelings of contentment and reduced feelings of anxiety, and alter their behaviour such that risk behaviour is reduced and health-seeking behaviour is increased<sup>50</sup>. As such, it is likely that this initiative reduces the need for formal health services, although data has not been generated to this end. One Men's Shed in Cambridgeshire divulged that at least one of their members has been saved from committing

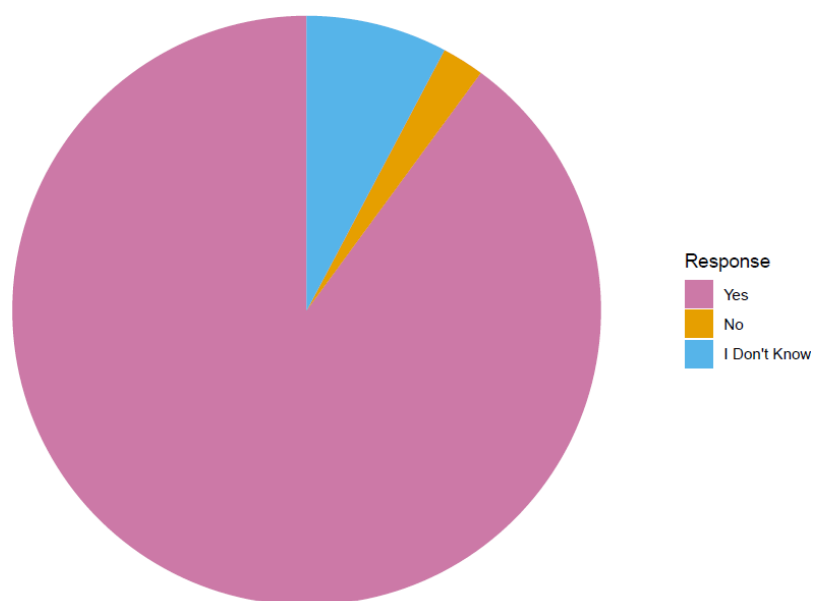
<sup>50</sup> Danielle Kelly et al., 'Men's Sheds: A Conceptual Exploration of the Causal Pathways for Health and Well-Being', *Health & Social Care in the Community* 27, no. 5 (2019): 1147–57, <https://doi.org/10.1111/hsc.12765>.



suicide directly because of their involvement in the Shed, and that others express “feeling much better” due to the social nature of the Shed. This provides clear evidence of community groups making a positive difference to the lives and wellbeing of those who take part, despite the goals of the initiative not being explicitly directed towards health improvement. Most importantly for this report, this is already being achieved in Cambridgeshire, and should be supported wherever possible.

For volunteers, in addition to reducing loneliness, respondents stated that volunteering provides satisfaction from helping others, therefore community groups may fulfil the ‘belongingness and love needs’, ‘esteem needs’ and ‘self-actualisation needs’ described in the hierarchy of needs above (**Figure 16**). Respondents also described the opportunities for people to learn new skills in community groups, both for young people who benefit from developing useful life skills, and the elderly who benefit from maintaining their mental agility. Community groups also provide specific opportunities to children and young people; for example, they can learn communication and social skills vital for later life by interacting with their peers, and have access to toys and stimulation which may otherwise be unavailable to them.

The survey also enquired whether respondents believed the Cambridgeshire County Council has a role to play in improving the health of Cambridgeshire residents. Results revealed that 90% of respondents (116/129) responded with ‘Yes,’ only 2% (3/129) said ‘No’ (**Figure 19**). Given this research and survey responses, we suggest that supporting community initiatives would be a prudent way to play this role. The Cambridgeshire County Council has already demonstrated that it is able to effectively support community initiatives in order to generate positive outcomes in relation to health and wellbeing through The Neighbourhood Cares pilot (NCP). NCP represented a novel method of adult social care services, aiming to provide



**Figure 19:** Do you believe the Cambridgeshire County Council has a role to play in improving the health of Cambridgeshire residents?

individuals with the support they need in the community, such as post-stroke care, tackling

loneliness and helping the elderly. A report on the pilot of this initiative concluded that the project had been broadly beneficial to the health and wellbeing of the community. For example, an estimated 50 unplanned hospital admissions were prevented due to the scheme, patients found that they were seen quicker than when they reported complaints to local health services, and clients reported feeling more confident, more independent and less lonely<sup>24</sup>. This is a clear example of how initiatives can improve the health of their community and thereby lessen the need for formal health and social care services with the support of the Council.

### **3.6. Community response to the COVID-19 pandemic**

The beneficial effects of community-led groups and initiatives has perhaps never been felt more acutely than during the COVID-19 pandemic that swept across the globe earlier this year. In the UK, a national lockdown restricted the movement of individuals with the aim of reducing the spread of the virus. However, by virtue of confining people to their homes, the measures also contributed to deteriorating population physical and mental health. This is due to a combination of factors, including but not limited to: reduced social interaction; increased anxiety about personal health; increased anxiety over financial matters; reduced access to open spaces; increased emotional tension within crowded households; reduced ability to partake in physical exercise; and reduced access to health and social services. Formal social care services were put under enormous strain as workers fell ill and had to self-isolate, and demand for services increased as hospitals discharged patients to care homes<sup>51</sup>. As such, unmet need for social care drastically increased, such that around two thirds of people who previously received social care from the local authority reported that their support had reduced in the pandemic<sup>51</sup>. To deal with this shortfall in supply versus demand, new neighbourhood mutual aid groups were formed rapidly across the country. By coordinating members of the community, these groups were able to provide essentials such as food, medicine and emotional support for those shielding or self-isolating, relieving pressure on formal services. Perhaps more importantly, due to the groups comprising a wide range of community members across multiple locations, they were able to much more rapidly identify individuals in need and respond than formal services would have been able to. As such, social prescribing has been a key player in the response to the pandemic, meaning that the voluntary, community and social enterprise sector has often been at the forefront of local responses to the pandemic<sup>40</sup>. In Cambridgeshire alone, over 2,500 people signed up to volunteer at the beginning of lockdown to aid key workers and those who were shielding, clearly demonstrating the willingness and capability of the community to come together to help one another<sup>52</sup>. This increased demand for services has required many community initiatives to dramatically change their model of operation. The Cambridge Council for Voluntary Service (CCVS) conducted a survey of charities and community groups in Cambridgeshire, which revealed that the overall response across the county has been positive, with widespread efforts from both residents and

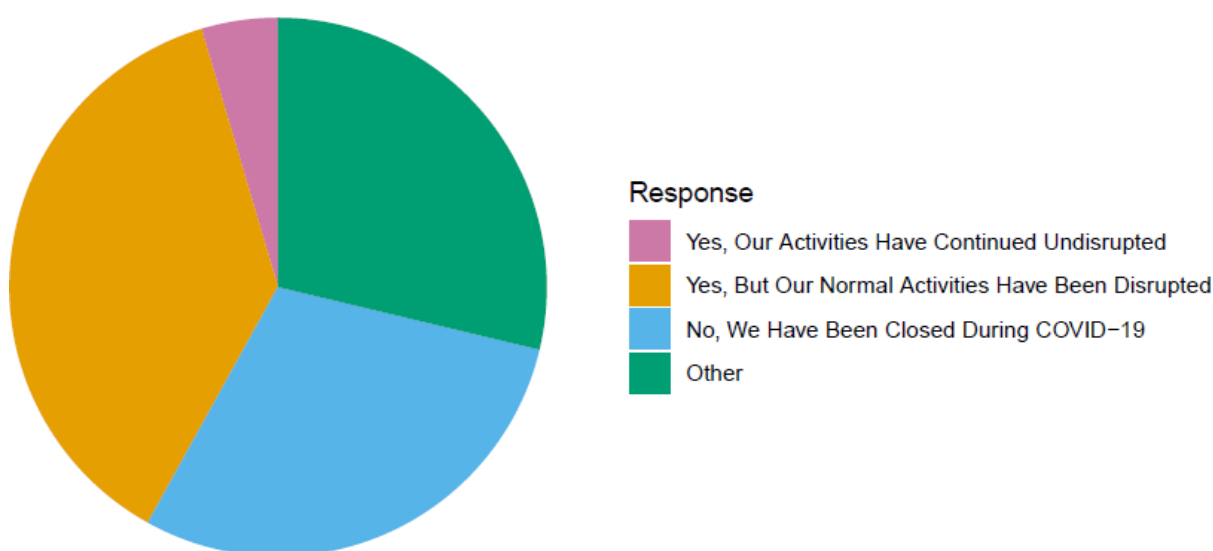
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<sup>51</sup> Simon Bottery, 'How Covid-19 Has Magnified Some of Social Care's Key Problems', The King's Fund, 25 August 2020, <https://www.kingsfund.org.uk/publications/covid-19-magnified-social-care-problems>.

<sup>52</sup> 'Coronavirus (COVID-19) - Community Support', Cambridgeshire County Council, accessed 14 October 2020, [cambridgeshire.gov.uk/residents/coronavirus/covid-19-coordination-hub-your-community-needs-you](https://www.cambridgeshire.gov.uk/residents/coronavirus/covid-19-coordination-hub-your-community-needs-you).

organisations to provide the necessary support to community members<sup>53</sup>. The majority of groups and initiatives surveyed reported that they had altered their service model to fit government guidelines whilst still providing some level of support, such as providing services over online virtual platforms or over the phone, or completely changing their model such that they provided support to the emergency response via Mutual Aid groups<sup>51</sup>. Our own questionnaire reported similar results, with a total of 57.9% (73/124) of groups reporting that their organisation had remained active throughout the pandemic (**Figure 20**). Of those, 6.5% (8/124) said that their activities had continued undisrupted, while 52.4% (65/124) of groups had altered their service model, for example through cancelling face-to-face events and providing support online.

These data truly demonstrate both the flexibility of these groups and their absolute willingness to help and support their community, bringing into sharp relief the value of social prescribing in responding to a rapidly changing and complex situation for the benefit of community health and wellbeing. The inspiring level of commitment afforded by Cambridgeshire community groups during the COVID-19 pandemic was emphasised by one group leader in our telephone interviews:



**Figure 20:** Has your initiative been active during the COVID-19 pandemic?

*'For the last 6 months, [running our community group] has been a full time job... It's something I've found very hard to switch off from, because when it's the number of your helpline in the public domain, and elderly people who are in distress and don't know where to go call that number, you need to know that you've got people and systems in place that can get to work. It may not be our problem to solve, but we need to make timely and reliable referrals to people who will do something... I can think of 4 or 5 people who we've carried through COVID. We've sorted out their food, we've sorted out their admin, we've sorted out their mental health. One of them we've given job coaching and mock interviews*

<sup>53</sup> Cambridge Council for Voluntary Service, 'Survey of Charities and Community Groups', 2020, <https://www.cambridgecvsv.org.uk/media/Document/446/document/survey%20presentation.pdf>.

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*to help [them] get back into employment... If you have those relationships with people you can't just walk away from them.'*

### 3.7. Recommendations

The research papers and case studies detailed in this section clearly demonstrate that it is possible to deliver health outcomes outside of formal health and care services. In order to achieve this in Cambridgeshire, we believe that the Council should consider the following:

#### **Recommendation 1: Support communities to devise their own solutions to local health and social care issues.**

Our research provides evidence that communities can be engaged around social issues and contribute to solutions, and that they have the assets and capabilities to take control of their own health and reduce pressure on the healthcare system if they are empowered to do so. In addition, they demonstrate that local government can support volunteering and community development across wide interest areas, not necessarily focused on health-associated outputs, and still likely see an improvement in community health and wellbeing. Together, this suggests that communities should be supported to achieve these outcomes. This support can come in many forms, such as:

- Providing seed funding for new initiatives.
- Providing access to consultants and advice for initiatives.
- Organising public consultations to establish the key issues in the area and how they can be addressed by the community.
- Rolling out a social prescribing scheme such that health and social care professionals are aware of the health and wellbeing benefits of local initiatives, and can prescribe these to patients who may profit from these.

This will require the continuation of the Think Communities partnership and the integration of Think Communities ideals into all Council directorates (expanded in **Recommendation 12**).

#### **Recommendation 2: Map local community assets alongside needs in the Joint Strategic Needs Assessment to gain an idea of where the community can add value, with additional insight work with marginalised communities.**

This research suggests that communities not only have needs, but they also have their own assets - such as community venues, outdoor spaces, existing community groups & networks, and significant knowledge & skill sets - that can be utilised in order to address key issues in the area. By mapping these assets, the Council will be able to gain a sense of what the community may be able to achieve with their current assets, and in which particular areas they may need additional Council support in order to carry out this role effectively. Particular focus should be paid to deprived or marginalised communities, as this research has demonstrated that these communities are not only the most likely to be detrimentally affected

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by health and social care issues, and the least likely to have access to effective community initiatives, but also the most likely to benefit from this sort of intervention.

## 4. The effect of growth on health, wellbeing and community-led initiatives

Whilst it is clear that community-led initiatives can have positive impacts on population health and wellbeing, we cannot ignore the impact of external factors on the ability of these initiatives to operate effectively. In Cambridgeshire, perhaps the most pressing issue facing these initiatives and the communities they serve is growth. Cambridgeshire has experienced extensive growth in recent years, which has certainly had positive financial implications across the region as a whole but has arguably worsened existing inequalities. Investigating the impact of growth on the ability of communities to live well and effectively cooperate is essential when looking at the viability of utilising community-led initiatives to improve health and wellbeing within Cambridgeshire specifically.

### 4.1. Avoiding “New Town Blues”: Mitigating the impacts of growth within communities

The presence of community infrastructure, be that physical or social, can be invaluable for the nurturing of support networks between residents. Without it, the health and well-being of residents can be severely affected. Such a phenomenon was observed following the mid-century construction of the “New Towns” within the United Kingdom. The New Towns Act of 1946 instigated an ambitious programme for building new towns by granting the UK government powers to designate areas where new towns were to be built and to subsequently pass development control to a Developmental Corporation. This was accompanied by the promise to create towns that fostered a “spirit of friendship, neighbourliness and comradeship” by Lewis Silkin, the chair of the government’s Town and Country Planning department at the time. Consequently, 32 “New Towns” were built in the UK, including Milton Keynes, Stevenage and Redditch. However, the programme subsequently gave rise to a phenomenon that was coined “New Town Blues”, characterised by “problems of loneliness, and of physical and psychological disorders” within residents of the New Towns<sup>54</sup>. Although some dispute the existence of such a phenomenon, Clapson argues that, although it is a difficult outcome to quantify, residents of the New Towns indisputably experienced a degree of emotional suffering despite the careful geographical and architectural planning that went into the development of the New Towns. He finds that inhabitants often felt cut off from the wider world, specifically cut off from the larger cities that many residents had moved from. Similarly, a 2006 report noted that within the New Towns there was a tendency for design and physical issues to eclipse community and social provision during the planning process<sup>55</sup>.

The New Town Blues phenomenon, unfortunately, has not been consigned to history. A prime example has been observed within the Cambridge development of Cambourne, a housing development programme founded in 1998 consisting of 4,250 homes over a 417-hectare area.

<sup>54</sup> Mark Clapson, *Invincible Green Suburbs, Brave New Towns: Social Change and Urban Dispersal in Postwar England* (Manchester University Press, 1998).

<sup>55</sup> Department for Communities and Local Government: London, ‘Transferable Lessons from the New Towns’, 2006, <https://www.westminster.ac.uk/sites/default/public-files/general-documents/Transferable-Lessons-from-the-New-Towns.pdf>.

In 2006, a group of practitioners who deliver services in Cambourne met with the Consultant in Public Health to share concerns related to the low level of mental health that they had observed through their work in GP practises, schools, churches and beyond<sup>56</sup>. The mental distress experienced by the residents of Cambourne was not discriminant, afflicting residents from across the social strata. According to the report, the consensus within the meeting was that the cause of such distress was the developers failing to integrate a plan to foster a sense of community within the development. A stark example of this failure was the lack of any provision for informal gathering space where residents could meet casually and develop their own social networks; there were many estate agents and betting shops, but no post office or coffee shop.

However, the Cambourne development programme is not alone in its failure to successfully support community building. A review of the "Lessons learned from Orchard Park", a development in the Cambridge area consisting of 900 homes that began in 2000, concluded that more consideration should have been given to providing a variety of social interactions for early occupants within the development<sup>57</sup>. Similarly, the review suggested that "care should be taken to ensure community development work continues to focus on building resilient empowered communities rather than dependent communities", referring to the need to ensure there are self-sustaining support networks between residents within new developments.

Support networks can be crucial in times of change, and relocating is a time of significant upheaval: residents often move because of a new job, the need to upsize as a result of a new child, or because they are moving into their first residence away from their family home. Therefore, when these transitions coincide with a newfound remoteness from family and friends, the impact on mental health can be seismic. This is captured in interviews with Cambourne residents with one head teacher at a local school:

*"The social problems really worry me. It's interesting how change affects people. It creates high levels of anxiety in both children and parents... People can be lonely and anxious. Husbands are away a lot of the day. They leave at 6 and get back late. Women haven't got the support they need."*<sup>56</sup>

Similarly, a librarian stated:

*"Some people came [to Cambourne] because they wanted a change. They might have been starting a family and wanted a new environment for their children. I talked to the mothers*

<sup>56</sup> Stephen Platt, 'Lessons from Cambourne', 2007, <https://www.carltd.com/sites/carwebsite/files/Lessons%20from%20Cambourne%20Report.pdf>.

<sup>57</sup> 'Review of the Orchard Park Development and Lessons to Be Learnt for Future Major Developments', 2016, [https://democracy.cambridge.gov.uk/Data/Environment%20Scrutiny%20Committee/20090623/Agenda/Item%205%20-%20REVIEW%20OF%20THE%20ORCHARD%20PARK%20DEVELOPMENT%20AND%20LESSONS%20TO%20BE%20LEARNT%20FOR%20FUTURE%20MAJOR%20DEVELOPMENTS\\_1.pdf](https://democracy.cambridge.gov.uk/Data/Environment%20Scrutiny%20Committee/20090623/Agenda/Item%205%20-%20REVIEW%20OF%20THE%20ORCHARD%20PARK%20DEVELOPMENT%20AND%20LESSONS%20TO%20BE%20LEARNT%20FOR%20FUTURE%20MAJOR%20DEVELOPMENTS_1.pdf).



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*and some of them moved because they wanted a fresh start in a new place. This may have created problems because there weren't the usual support mechanisms and facilities.*<sup>56</sup>

The level of anxiety caused by such upheaval should not be underestimated. Indeed, LaCapra (1972) found that excess rates of suicide are observed in societies undergoing forms of dislocation and loosening of social bands<sup>58</sup> while other studies observed a lack of social ties or social network as a predictor of mortality rate for almost every cause of death<sup>59,60</sup>.

A failure to address community cohesion not only has implications for the mental health of the residents, but it also impacts crime rates within the development area. A Cambourne Survey of Youth Behaviour found that 30% of respondents felt that youth behaviour problems were one of the worst things about the area. Indeed, one Cambourne resident interviewed was quoted to have said:

*"There was nothing for children to do [in the area], and children began hanging around... There are times when as many as 100 kids gather together. There is underage drinking."*  
*Ruth Poulton, Chairman, Cambourne Parish Council<sup>61</sup>.*

Similarly, there were also complaints from residents in relation to antisocial behaviour and drug-related activity in the area<sup>56</sup>. If left unchecked, increased demands on the health service and on policing equates to higher costs for councils and other public services. This means that it is in the interest of councils to ensure that the development projects which are granted planning permission operate in a way that extensively integrates community cohesion into their development roadmap.

There is a need for building developers to gain a practical understanding of what can be done to encourage social engagement and mutual support networks that are self-sustaining. Social infrastructure has been defined to include "a range of activities, organisations and facilities that can support the development and sustaining of social relation"<sup>61</sup>. Voluntary and community sector infrastructure organisations in the Milton Keynes and South Midlands growth area estimated that the cost of social infrastructure needed in new developments is about £700 per resident<sup>62</sup>. The following section will bring together information gathered from literary resources, and also primary data gathered from interviewing professionals working within the community development sector, in an attempt to outline ways in which New Town Blues can be avoided by investing and enabling social infrastructure to develop within future developments.

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<sup>58</sup> Dominick LaCapra, *Emile Durkheim: Sociologist and Philosopher* (Ithaca, NY: Cornell University Press, 1972).

<sup>59</sup> J. S. House, K. R. Landis, and D. Umberson, 'Social Relationships and Health', *Science* 241, no. 4865 (29 July 1988): 540–45, <https://doi.org/10.1126/science.3399889>.

<sup>60</sup> Lisa F. Berkman, 'The Role of Social Relations in Health Promotion', *Psychosomatic Medicine* 57, no. 3 (June 1995): 245–254.

<sup>61</sup> 'Never Again: Avoiding the Mistakes of the Past', updated 2012 2010, <https://youngfoundation.org/wp-content/uploads/2013/01/Never-Again-January-2010.pdf>.

<sup>62</sup> 'Social Infrastructure Planning Obligations - Milton Keynes Council', n.d., <https://www.milton-keynes.gov.uk/planning-and-building/planning-policy/social-infrastructure-planning-obligations>.



A special case is made for the adoption of the “Master Developer” approach to large scale developments such as those undertaken within defined “Growth Areas”. Indeed, this approach was adopted within the Alconbury and Wintringham sites in Cambridge with Urban & Civic acting as Master Developers. Such an approach lends itself more easily to strong place-making and the development of community infrastructure in a way that developments executed by housebuilders alone cannot. As housing demands continue to rise within the Cambridge area, new towns and housing developments will be needed. Ensuring such developments are executed in a way that positions the community at their forefront will be crucial not only for resident’s health and wellbeing, but also for public sector expenditure in the long term.

#### *4.1.1 Incorporating community from the very beginning*

Housing development can be an inherently divisive practise, and proposed developments are frequently met with strong opposition for a variety of reasons. Residents’ views can be troublesome for developers, particularly for those unwilling to cooperate, or to compromise on issues. However, resident input need not be a thorn in a developers’ side and when done correctly can lead to more successful, mutually beneficial developments being built.

To understand how resident consultation can be carried out at all stages of development, we interviewed professionals who were involved in the community development strategy of several Cambridge-based new developments that were either completed or were ongoing. All those interviewed stressed the importance of integrating resident consultation at the very start of the development project. This was important to diffuse potential conflict down the line; when residents felt they had agency over the development, an “us and them” dynamic between the public and the developers was far less likely. As a general outline, one interviewee described how their organisation tended to arrange their consulting procedure throughout the development process:

*"At the beginning of the consultation process we invited residents to events where they could share their priorities, visions, and expectations for the development, with a very vague outline of what the development wanted to achieve. This involved asking residents to write on sticky notes the assets, both social and physical, that they felt should be prioritised. We then held subsequent consultations every 4-5 months, where we would aim to highlight how feedback from the previous consultation had influenced the subsequent development plan. At the final stages of the development process we made models of the development project for residents to view and interact with. We also handed out surveys with both open and closed questions in relation to the development at these events. The key thing that residents want to see that their ideas are being heard and acted upon."*

This highlights the need to involve residents’ feedback at every stage of development, and many interviewees felt this was key to ensuring that developments would meet the expectations of those moving in. When there is a pressure within developments to deliver high numbers of new homes that turn a profit, concern about wider social issues can become a lower priority and developers can also lack the expertise or incentives to produce housing environments that are socially cohesive.

To counter this, in situations where a planned growth area has been designated, general consultations can be organised by the council to invite neighbouring residents who represent diverse backgrounds to relay their opinions, priorities and expectations in relation to the infrastructure, design and assets within the development of the area. These can then be used to collate a “check list” of criteria, which developers who want to develop the land must demonstrably meet in their plans in order to be considered for the project. This both provides residents with a sense of agency over the project from the beginning and also means that developers must offer a defined set of assets from the start. This would avoid new towns being built that lack obvious community-focussed provisions, such as community halls, GPs, cafes, green spaces, youth centres, and also means that residents do not then have to fight for the insertion of these provisions into an already submitted planning proposal. Such an approach bears resemblance to a neighbourhood plan, but on a micro-level, outlining specific provisions for specific growth areas. An interviewee from Urban & Civic, the master developer of the new Wintringham development in Cambridge, emphasised that the organisation had undertaken extensive primary research into the other recent developments within the area, such as Cambourne and Love’s Farm, the latter being a development in St Neots of 1,350 houses, in order to understand the issues that residents had faced. This even included interviewing members of the Love’s Farm Community Association and gaining several rounds of feedback on Wintringham’s plans for community development.

It should be mandatory that there is at the very least a functional community centre or town hall completed prior to the first residents moving into the development. A member of the Love’s Farm Community Association who was interviewed expressed disappointment at having to rely on a local cricket club’s bar as a place where social events for new residents were held as a result of there being no community centre or hall available when the first residents arrived.

#### *4.1.2 Community building throughout development*

Housing developments take time to be completed, and are not filled instantaneously, meaning that there are waves of residents moving in throughout the development process. Ensuring that the first residents who move in, often referred to as the “pioneers”, are provided with opportunities to build community networks can be instrumental to subsequent community growth. Residents who we interviewed from Love’s Farm described how crucial the establishment of the Love’s Farm community association was to the organisation of social events between the pioneer residents and emphasised the crucial role that their Community Development Officer (CDO) played in supporting them to do this, helping them through the process of the organisation’s establishment and also in the initial organising of social gatherings. Indeed, the Arbury Park Scrutiny review made future recommendations for new developments to ensure that there is a CDO who is in charge of arranging “regular and varied community activities which bring together residents in small and larger numbers until networks

develop and become self-sustaining.”<sup>63</sup> This demonstrates how external support and input can be a catalyst for the formation of community networks when done well and how crucial it is that a CDO enables socialising at the very early stages of development.

The presence of a CDO within the first two years of a housing development opening was cited as being an absolute necessity by Love’s Farm residents. Given this, any future development project should be required to employ CDOs, with the number provided relative to the size of the development. It goes without saying that a development consisting of thousands of inhabitants needs several development officers. Research should be carried out to identify the optimal ratio of CDO to residents such that an officer can maintain a good level of familiarity with every resident that they come into contact with. An interviewed member of the CCC who has worked with both the Community Land Trusts and large-scale private developers cited the importance of having CDOs who are able to build a rapport with residents to the level that the majority of residents would feel comfortable “chatting over coffee” with them. The interviewee said this was key to ensuring comprehensive and authentic feedback from residents that in turn allowed residents to feel a sense of agency over the social infrastructure of the area.

Interestingly, residents interviewed from Love’s Farm made observations that were mirrored by Cambourne residents in terms of the progression of community links over time. Both referred to an initial buzz of networking within the pioneer residents, who were initially few in number and keen to socialise, that was then followed by a gradual decline in social interaction as new residents moved in and the development began to grow in size<sup>56</sup>. This was captured by a head teacher from Cambourne who was interviewed:

*“Those who came early had a vision, a pioneering spirit that inevitably has been diluted with later arrivals.”<sup>56</sup>*

Love’s Farm residents suggested this may have been caused by insufficient physical communal areas which were not varied enough to meet the needs of the diverse population of residents. Indeed, Love’s Farm residents criticised the lack of a community centre at the early stages of the development, citing communal space as essential to allowing resident-led groups to form and to be sustained. This again shows how crucial it is that developments integrate community building from the very start of the project, as soon as residents move in, as this is a key period that can determine the success of community building for years to come.

CDOs also have a part to play in the long-term maintenance of social structures within a new development. A Love’s Farm Community Association member described an increase in workload as the CDO gradually removed themselves from the community. Given that the Community Association is composed of volunteers, members felt that they were unable to fully support residents in the way they would have liked simply due to their workload constraints. This struggle they felt could not be solved by increased funding provisions: when asked whether they would prefer funding to increase their capacity while maintaining autonomy, or to have an external CDO employed again to support social infrastructure, the

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<sup>63</sup> South Cambridgeshire District Council, ‘Arbury Park Scrutiny Review’, 2008, <https://scambs.moderngov.co.uk/documents/s26434/Arbury%20Park%20-%20app.pdf>.

latter was said to be strongly preferable. This demonstrates that external support for social infrastructure perhaps should not be viewed as a transient role that is only required for the first few years of development. In reality, new developments can take several years to mature as new residents move in and issues arise as the area matures. Community volunteers are not always able to meet the demands of their peers while also meeting work-life demands. Thus, CDOs could be employed and integrated within the community for many years. Indeed, interviewees expressed frustration at the phenomenon of developers “washing their hands” of their housing developments and the residents within them once construction is completed. Therefore, it could be considered reasonable to expect developers to either directly or indirectly deliver funding for long term CDOs within new towns.

Similarly, residents at Love’s Farm were extremely frustrated with lines of communication between residents and those responsible for physical infrastructure maintenance. An interviewee complained of an extended “foggy period” within which responsibility for road and infrastructure repairs is handed over from the developer to the Council. Within this period, residents felt there was no organisation held accountable for dealing with reports of broken lamp posts, potholes, unfinished roads and beyond. This situation left residents feeling extremely frustrated and powerless and, in some cases, regretful to have moved into a newly built area. Such a failure of communication should be addressed for future projects, with all residents being clearly informed of who to contact for repairs at different periods within the project, and an efficient complaints system to the council if repairs are not completed. This once again emphasises the importance of employing CDOs who can relay this information within the community over an extended period, rather than for a few initial years.

Providing residents with contact information and general information on the area is an important method to prevent feelings of alienation and remoteness. While interviewing professionals who work on community-engagements within Cambridge, a well touted and relatively easy way to support residents moving into new towns is to provide all households with a directory of all the necessary information that they may need such as the local GPs, schools, public transport routes, hospitals, and local services along with information concerning recreational activities such as restaurants, cinemas, sports fields and clubs. This was something also highlighted in the review of lessons learned from Orchard Park<sup>57</sup>. In future projects, community officers within new town developments could be required to distribute such information to their residents, and continually update it with information relating to local groups and organisations that are formed. This would also relieve the burden of community associations. A member of the Love’s Farm community association who was interviewed highlighted the amount of time that members of the association dedicate to putting members of the community in contact with public service providers such as the police or health service practitioners; they suggested that a resource which provided as much as this information as possible would relieve their workload significantly and also prevents residents from feeling frustrated about not knowing who to contact with their issues.

While carrying out this literature review, there was found to be a severe lack of evidence-based literature and recommendations on the specific provisions that new towns need in order for a community to be fostered. With housing demands rapidly increasing, it is crucial that

there is evidence-based policy that determines the success of planning applications from developers. A thorough investigation must be undertaken to uncover the quantitative and qualitative needs of residents within communities. This should address questions such as the basic key social infrastructure required, be that community halls, coffee shops, play groups or green spaces. This should also include the optimum number and functions of CDOs for successful community relationships and lines of communication to form between the residents, the Council and the developers. Many new developments have taken place in Cambridgeshire over the past decades that can be studied and subsequently inform future stipulations that developers must meet. Failure to learn from previous mistakes risks not only the mental and physical health of residents themselves but will be costly for public services that must later counteract the social fallout from such ailments.

#### *4.1.3 Long-term investment for long-term communities: the role of Master Developers in community creation*

For a new development to successfully foster community networks, the developer must be incentivised to adopt a long-term perspective on the place they are developing. The current developments of Alconbury and Wintringham are being developed under a "Master Developer" called Urban & Civic. Upon discussing the reasons why the Love's Farm development had resulted in such poor community infrastructure and poor dialogue between residents and the developer, an interviewee from Urban & Civic suggested this was as a result of the development plan not being orchestrated by a Master Developer. Instead, as with many new developments, the responsibility of building the homes lay with a "housebuilder", a company whose aim is to simply build the houses within the development, and to then sell them once completed. These housebuilders do not necessarily have expertise in large-scale placemaking or town planning, and often are not incentivised to create places where social and physical infrastructure are sustainable in the long-term, as their responsibility for an area quickly diminishes once the houses that they built are sold. In contrast, an Urban & Civic employee suggested that having a project run by a Master Developer promotes longevity within the project and allows housebuilders to be held accountable for failings in infrastructure. This can lead to greater support for social infrastructure from the Master Developer and a significantly higher importance placed on social infrastructure.

For a site to be considered suitable for a Master Development it will usually involve 1,000 houses or more as the projects generally rely on economies of scale. Such sites are appropriate for the development of "growth areas" designated in Local Development Plans. Given the size of these projects, they are delivered over a long period of time, with several rounds of house building, and typically require varying degrees of green spaces, placemaking and community infrastructure delivery. Master Developers will unlock "raw land" through early investment in planning and infrastructure delivery across a large piece of land. This will include delivering drainage and main service upgrades, flood defences, road works, cycle ways, schools, local community centres and beyond. Parcels of land within the development are then sold off to regional or national housebuilders in packages varying between 50-400 dwellings periodically throughout the development. This approach gives housebuilders a low risk project, in which they are not responsible for site-wide planning, infrastructure delivery or environmental

considerations. Instead, housebuilders can focus on the quality of their builds and the sale of them. Contrastingly, the Master Developer has strategic control on the project and employs specialists who are responsible for managing the longer-term nature of the project. Indeed, "with Master Developers having a long term interest in these sites, stakeholders can take comfort that MDs have a vested interest in the success of a scheme over an extended period"<sup>64</sup>. This removes the risk of housebuilders simply cutting ties with communities once houses are sold, leaving residents stranded as was the case in the Love's Farm development.

Similarly, the housebuilders are contractually obliged to the Master Developer, meaning that if they fail to meet a specified standard of build, or are the cause of resident's complaints, then the Master Developer is able to hold them accountable and demand resolution. This further removes the risk of residents being left with incomplete infrastructure or facilities that do not work, without any means of resolution, as is sometimes the case when housebuilders are the sole developers within a project such as Love's Farm. Similarly, having a Master Developer responsible for dealing with infrastructure issues relieves the responsibilities of community-led initiatives such as Resident's Associations who would otherwise be tasked with the extremely arduous task of chasing contractors and housebuilders. This allows such community groups to dedicate their time to perhaps more socially focussed projects. Indeed, an interviewee from Urban & Civic who was involved with the Alconbury development stated that Urban & Civic employees working within Alconbury had even provided their work mobile numbers to residents in some instances, so that residents felt that they would be able to have their matters dealt with directly and could speak to someone who they felt they knew. Such dialogue between resident and developer may prevent residents from feeling powerless and isolated, and instead bestows in them a sense of being supported and having agency.

As well as supporting the long-term integrity of physical infrastructure within communities, Master Developers are also incentivised to foster community networks as the desirability of building sites to housebuilders will depend on the long-term desirability of the areas that they are creating. They are as a result well positioned to dedicate significant resources to fostering community initiatives. An Alconbury-based Urban & Civic employee described how they had been involved in supporting residents to organise street parties, social clubs, and even a resident's association. Interestingly, they mentioned that within the first few years, this had proved very difficult, and in some cases unsuccessful, suggesting that perhaps it was "too early days" within the development. However, as Alconbury matures, they have observed community networks beginning to be built and the seeds of initiatives beginning to grow. This demonstrates how important a long-term approach is when fostering community networks. Similarly, they outlined their plans for supporting residents in setting up their own Parish Council in the future. In order to do this, their community development officers had been working to develop strong links with residents, in order to both educate residents on what such a process would involve, but also to identify residents who stand out as potential "champions", who are well liked or connected within the community who may be appropriate community leaders. They also mentioned that at Alconbury, Urban & Civic Development

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<sup>64</sup> 'The Rise of the Master Developer', n.d., <http://cbre.vo.llnwd.net/grgservices/secure/Master%20Developer%20FINAL.pdf?e=1604342773&h=c7aeb3538afaf2e0e4ccbff193a6b779>.

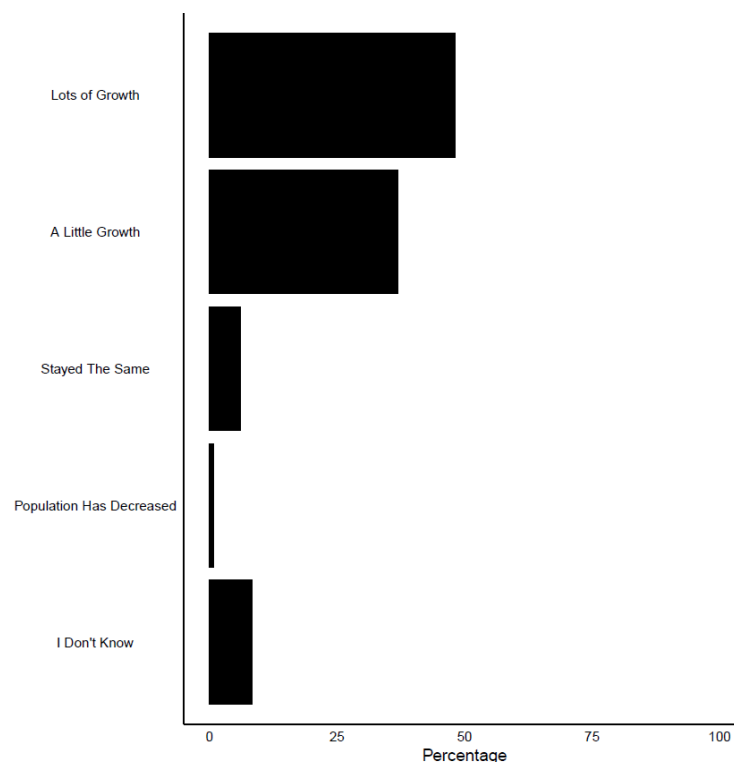
Officers were holding increasingly more frequent and varied resident forums addressing various governing, social or physical issues within the community. They see this as a means of gradually giving residents more experience in community management and eventually granting them more agency in the issues that affect them. The interviewee emphasised that this process takes time, and when rushed can “scare residents off” if they feel that being a community representative may be too burdensome or can lead to residents holding positions of responsibility that they are not well trained for. Similarly, Urban & Civic were planning on organising and funding training programmes for residents who were interested in taking up managerial or governing positions within the community but felt they would benefit from further training.

The long-sighted approach also allows Master Developers to be reactive to social and health issues that arise within communities within their developments. Urban & Civic organise quarterly strategy meetings with those working within the public services within their developments. This provides service providers the opportunity to relay any negative patterns of behaviour or health within residents. Such a process makes it more likely that issues such as antisocial behaviour or mental health are communicated and responded too. This has obvious benefits for the wellbeing of residents but also allows developers to maintain long-term desirability of the development. If such issues are allowed to propagate within developments, there is a risk that demand for land by housebuilders will diminish within the development.

Overall, the scale and length of Master Developer projects positions them “to better draw on the economy of scale to deliver better places for people, whether that’s reducing carbon footprints, increasing biodiversity, delivering imaginative play areas for children, creating stronger community engagement and encouraging healthy lifestyles with footpaths and cycleways”<sup>64</sup>. With austerity measures demanding local authorities take a more commercial approach to house building, partnership arrangements with Master Developers provides them with an opportunity to leverage the land owned within specified Growth Areas outlined in Local Development Plans. Indeed, successful examples of partnerships between developers and local authorities already include the Slough Urban renewal, which is a joint venture between Morgan Sindall Investments and Slough Borough Council, along with the local example of Waterbeach, in which Ministry of Defence has partnered with Urban & Civic for the development of 6,500 new homes. Such partnerships present a structure of development and growth that is focussed on longevity, thereby promoting the creation of places where community networks can be nurtured.

#### **4.2. Perceptions of Cambridgeshire community groups on the effects of growth**

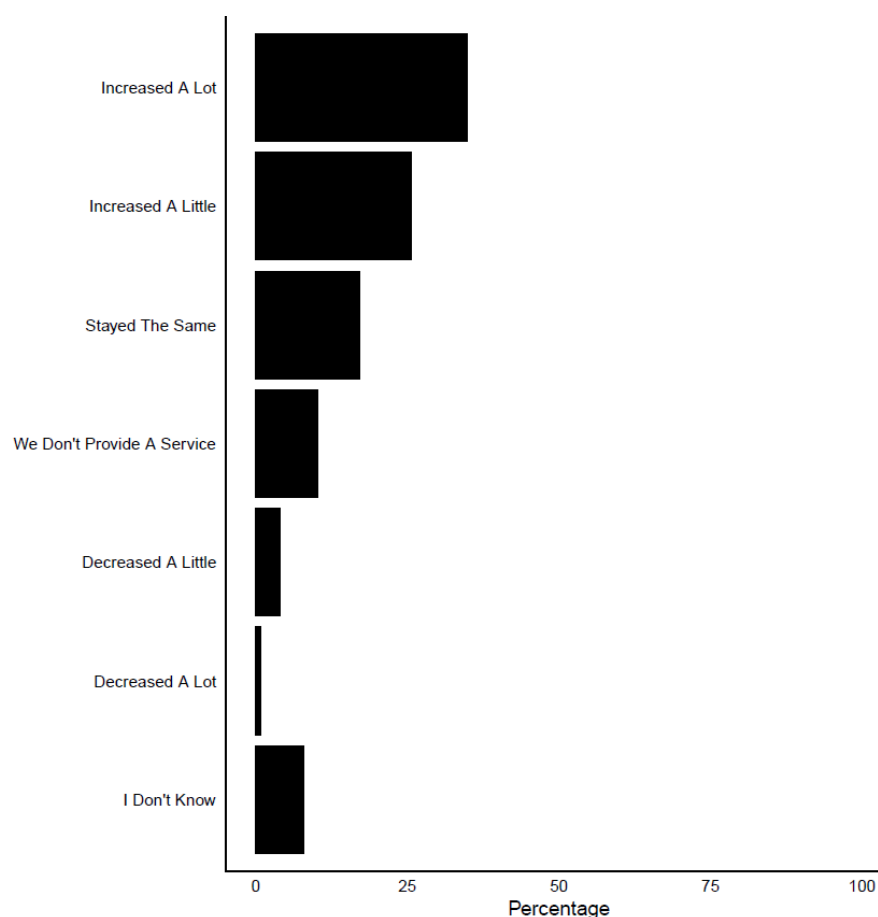
The survey demonstrated that most initiatives believe there has been an increase in population in their area in the last 10 years. 48% (64/133) believed there was ‘lots of growth,’ and 37% (49/133) believed there was ‘a little growth’ while only 0.75% (1/133) believe the population decreased (**Figure 21**). This widespread population growth could have multifarious effects on health, wellbeing and community-led initiatives, as described in **Section 3**.



**Figure 21:** Do you believe there has been an increase in population in your area?

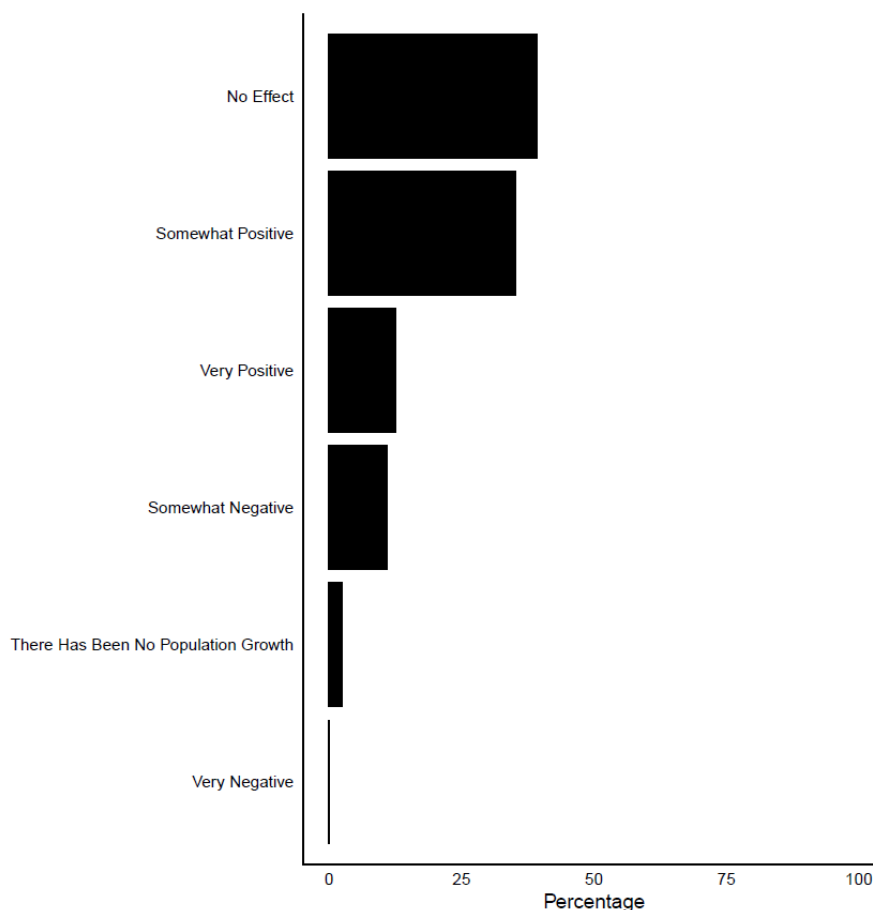
Over half of community initiatives surveyed reported an increase in demand for their services, with 34% (45/129) stating demand had 'increased a lot,' and 26% (33/129) stating demand had 'increased a little' (**Figure 22**). It is also important to recognise that population growth may not be a causal link with increase in demand for all services. For example, one LGBT organisation surveyed suggested the increase in demand seen by their organisation was due to increased awareness and acceptance of LGBT individuals in society resulting in more people living openly, and an increase in hate crimes. In addition, various groups suggested that the increasing financial pressures on citizens, and the decrease in funding available for government/NHS associated schemes, has resulted in increased use of community support groups regardless of population growth. Respondents to the survey also describe the dispersed effects of growth: growth in one area may result in community groups in that area being overloaded and people travelling to other locations to access services, demonstrating that population growth can have effects on community groups geographically distant from the area of growth.





**Figure 22:** Do you believe there has been an increase in demand for your services?

Whilst demand for services has increased, 39% (50/128) of respondents stated that population growth has 'had no effect on their organisation.' 35% (45/128) stated that population growth had a 'somewhat positive' effect, and 12.5% (16/128) stated it had a 'very positive' effect (**Figure 23**). Comparatively, only 10.9% (14/128) stated population growth had a 'somewhat negative' effect, and 0% said it had a 'very negative' effect. This suggests that whilst population growth is occurring, and there is increased demand for services, the increased demand is not necessarily caused by the growth, or the increased demand is not having a negative effect on community groups.



**Figure 23:** How do you feel population growth has affected your organisation?

Regardless of whether population growth is the cause of the increase in demand for the services of community groups in Cambridgeshire identified here, community groups still perform vital work towards the health and wellbeing of residents. Indeed, one respondent to the survey states that they gain most of their participants through NHS referrals. Therefore, it is essential that community groups are able to keep up with demand. 60% (67/111) of respondents said they are able to keep up with demand. It is noteworthy that demand may have increased with the COVID-19 crisis, and whilst currently able to manage that demand, some organisations are unsure whether they will be able to maintain this level of output long-term should the demand remain. However, it is worth noting that some survey respondents stated that the COVID-19 pandemic has increased community engagement in volunteering, which indeed appears to be a UK wide phenomenon, with over 2000 mutual aid groups listed on the mutual aid website<sup>65</sup>, but even this may not be enough if this momentum is not fostered by local government in the aftermath of the pandemic. Other reasons stated for being unable to keep up with demand include a lack of funding, a lack of appropriate venues/sports spaces, and in particular a lack of volunteers. Interestingly, other organisations responded stating

<sup>65</sup> Craig Allan, 'Mutual Aid', accessed 29 October 2020, <https://www.mutual-aid.co.uk>.

their large volunteer base as the reason their organisations could expand and meet the increased demand.

Survey respondents were then asked about how population growth has helped their organisation, and how population growth had negatively impacted their organisation, the results of which can be seen in **Tables 3 and 4**. The main benefit mentioned within the responses was an increase in membership/participants/users for the community organisations. Interestingly, whilst the increase in participants was mentioned 39 times within the responses, the increase in volunteer numbers was only mentioned 10 times, potentially highlighting a disparity between growth rates of participant and volunteer numbers. In addition to the number of people involved, the diversity of the population and having a younger population were both stated as positive effects of population growth. The increased opportunities to promote their organisation/increased awareness of their organisation, and the opportunity to cover a wider geographical area were mentioned, and though less frequent, the increase in donations, opportunities to fundraise, funding availability and the chance to demonstrate a need for funding were also mentioned.

<b>Benefit</b>	<b>Number of mentions</b>	<b>Example quotation</b>
more participants	39	<i>"More people getting involved is always good"</i> <i>"Positive: increased potential membership base"</i> <i>"more people means more members and more income for our organisation"</i>
more volunteers	10	<i>"We have seen an increase in the number of volunteers"</i> <i>"A larger population gives us a larger catchment of potential volunteers."</i>
increased diversity	5	<i>"More people means more variety! We see families from all walks of life at our groups which is lovely."</i> <i>"Population growth brings a wider range of cultures and skills. It helps to develop established practices so that they meet new challenges more effectively."</i>
increased promotion and awareness	3	<i>"Growth has Raised awareness/profile of us as a charity"</i>
younger population	2	<i>"Younger people joining us"</i>
improved community spirit	2	<i>"Growth provides more members and more community spirit"</i> <i>"The social activities and community feel have increased."</i>
wider geographical area	2	<i>"wider geographical area, now includes Hunts"</i>
more funding	1	<i>"We see more young people regularly so we are able to capture the need for our initiative and funders see the need to approve funds."</i>

more donations	1	<i>"We have seen an increase in the number of volunteers and donations."</i>
easier fundraising	1	<i>"We fundraise each year for local people to benefit so the more people that attend the more funds we can raise."</i>

**Table 3:** The benefits of growth to community groups.

<b>Disadvantage</b>	<b>Number of mentions</b>	<b>Example quotation</b>
less community engagement	5	<i>"By creating an influx of new residents who have little interest in local initiatives, and community activities, and who are 'socially disconnected' from their community."</i>
lack of suitable venues	5	<i>"More pressure on pitch availability for training and matches"</i> <i>"Bigger numbers mean venues may be too small to accommodate"</i>
lack of funding	4	<i>"funding hasn't risen in line with the increase in population"</i> <i>"Our waiting list has grown disproportionately to our grant income and ability to deliver our service."</i>
lack of volunteers	4	<i>"We need to grow our capacity and capability to reach out to more communities but there are difficulties in finding sufficient volunteers especially from BAME communities."</i> <i>"As noted above, increased membership not accompanied by willingness [sic] to volunteer, creating pressures."</i>
too much demand	4	<i>"We have had to turn people away when numbers limit reached"</i>
traffic	3	<i>"bad traffic on hills road"</i> <i>"Maybe greater traffic increase might deter travel to classes"</i>
negative impact on participants	2	<i>"Because current planning policies encourage infill, we are losing gardens in the village so the number (not just the percentage) of villagers with very little garden is increasing."</i>
lack of long term commitment	2	<i>"People less inclined to attend long term"</i> <i>"People less committed to the area in the long term means it's harder to secure volunteers."</i>
increased crime	1	<i>"Crime, anti-social behaviour, drugs and traffic have an overall negative effect."</i>

**Table 4:** The disadvantages of growth on community groups.

When asked about the negative effects of population growth, the most frequently mentioned themes are lack of community engagement, and lack of suitable venues. Overall, however, there appears to be a linked issue: respondents state that growth causes a lack of settled

population. These residents are not engaged in the community, nor are they available for a long-term commitment to their community or community groups. As such, community groups struggle to find volunteers. Other issues mentioned included a lack of funding, traffic or crime preventing people attending their community groups, too much demand for their group, and growth having a negative impact on participants.

Overall, community groups do not feel negatively impacted by growth, and whilst demand for their services has increased, most feel able to manage this increase. However, the vital nature of community groups in promoting health and wellbeing and contributing to the quality of life in this County means that support should be in place to aid those community groups who are unable to manage the demand for their services, and for future groups who may be impacted through growth. This survey shows a lack of community engagement and a lack of venues as the key mediators of the negative impact of growth on community groups.

### **4.3. Recommendations**

#### **Recommendation 3: Support community centres and infrastructure in new developments.**

**3.1.** When possible, consider forming partnerships with Master Developers when developing large sites, especially those within “growth areas”.

**3.2.** Consult with community groups prior to granting contracts with Developers. Use these consultations to set a minimum standard and overarching infrastructure promises that potential developers must meet in order to be considered.

**3.3.** Install community spaces before residents move into developments.

**3.4.** Construct a list of national organisations which can support the setup of local area groups in new communities and make this available to new residents.

**3.5.** Commission a report on the physical and social requirements of new communities that covers quantitative and qualitative criteria.

**3.6.** Lobby for infrastructure that is mindful of health, promoting the development of environments that are green and sociable.

Northstowe, a new town that has been built on the outskirts of Cambridge as part of NHS England’s ‘Healthy New Towns’ initiative, is a great example of how planning should be undertaken in future as the needs and desires of the community have been considered above the needs and desires of business. This approach should be followed when planning the expansion of existing towns or creation of new towns.

#### **Recommendation 4: Promote and support the inclusion of family homes in all new developments.**

The survey highlighted that community groups require residents' long-term commitment to their communities to be successful and increase volunteer numbers. Therefore, efforts should be made in future developments to include affordable family homes, in the hope of residents staying in the area permanently. In addition, providing venues for community groups may help people integrate into an area and make them more likely to stay long term.

### **Recommendation 5: Consider the effects of business growth on communities**

In addition to population growth, survey responses drew our attention to business growth, for example the impacts of the Cambridge Biomedical Campus on surrounding residential areas. They stated the impacts of increased traffic, house prices, and a lack of long-term commitment to the area making volunteer recruitment difficult.

Cambridgeshire County council should:

5.1 Conduct meaningful consultations with communities throughout the development process to make sure growth has a positive effect on surrounding areas.

5.2 All developments, business or housing should have a nominated liaison to work with local residents and community groups and ensure successful growth.

However, this survey did not focus on business growth specifically, and further work needs to be done to fully assess how communities can be supported through local business growth.

### **Recommendation 6: Improve the provision of affordable venues in existing communities**

Cambridgeshire County Council should:

**6.1.** Conduct research into the availability of community facilities, to identify facility 'black holes.'

**6.2.** Conduct research to identify *specialised* facilities that are lacking in each region

**6.3.** Ensure that initiatives that improve or provide new venues are informed by public consultation.

**6.4.** Consider using money that has previously been put into funding pools to provide free or subsidised facilities for community groups, whether these be libraries, other council owned facilities such as Child and Family Centres, or schools.

**6.5.** Prioritise areas with poor health outcomes

**6.6.** Ensure that any new venues are physically accessible. This means that adequate transport links should be set up to and from the community hub in order to ensure that all community members can partake in community groups if they desire, with adequate cycle

routes, pedestrian access and parking, and that all facilities are accessible for those who may be differently abled.

An expansion of this recommendation is provided in **Recommendation 11.2**, which considers how the Think Communities programme and Libraries First model could use community hubs as a means to improve coordination and cohesion between community groups and other actors.

### **Recommendation 7: Improve the advertisement of community-led groups to boost volunteer recruitment**

The survey shows that a lack of community engagement, and a lack of long-term commitment, both contribute to the lack of volunteers for community groups. Cambridgeshire County Council should support community groups with volunteer recruitment by:

**7.1.** Support and enhance VCS infrastructure support services (see **Recommendation 14**)

**7.2** Use existing VCS infrastructure to host a large-scale volunteer event, in which community groups can have stalls promoting their groups, and potential volunteers can find opportunities. This could be online during the pandemic.

Other ideas include free printing for flyers and posters, promoting advertising opportunities in schools and libraries, subsidising advertisements in newspapers or on the radio, or sending out information alongside council tax bills. This would ensure that opportunities reach every household in Cambridgeshire.

### **Recommendation 8: Improve the County Council Directory of Services**

We found the County Council Directory of Services to be a poor resource that is difficult to use and does not cover the breadth of community groups within Cambridgeshire. To improve the advertisement of community groups, and also improve the access of council workers to community-specific knowledge (**Recommendation 12**), it will be vital to improve this resource. As the directory will be a key enabler of the Think Communities objectives, we recommend that the Directory of Services becomes the responsibility of the Think Communities partnership. This will also allow local knowledge from each partner organisation to inform the resource.

**8.1.** Work with District Councils and VCS infrastructure support services to expand and align databases of community-initiatives

**8.2.** Group initiatives based on district as well as theme - a good example of this is 'Connect to Support Hampshire'<sup>66</sup>.

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<sup>66</sup> 'Connect to Support Hampshire', accessed 15 October 2020, <https://www.connecttosupporthampshire.org.uk/directories&Type=Local>.

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**8.3.** Include a link for community groups to list their services on the directory

**8.4.** Show which organisations are actively recruiting volunteers

**8.5.** Ensure that there is up-to-date contact information for every group and that organisations that are no longer active are removed

**8.6.** Advertise the application and produce physical copies to be distributed at local community centres, shops, libraries and GP practices.

Such a resource would also be invaluable for social prescribers and other community-facing workers, such as social workers and teachers, who may be able to identify individuals who could benefit from such services

### **Recommendation 9: Support volunteer continuity post-pandemic**

Cambridgeshire County Council should put infrastructure in place to maintain the momentum of new volunteers in the pandemic and signpost people to other opportunities post-pandemic. This may help maintain community cohesion and increase volunteer numbers. This is especially important, as pre-pandemic, volunteer numbers throughout the country were remaining largely stable (e.g. NCVO<sup>67</sup>). Therefore, this may be an invaluable opportunity to recruit new volunteers.

Cambridgeshire County Council should:

**9.1.** Signpost people who volunteered in the pandemic to other volunteering opportunities post-pandemic.

**9.2.** Improve public awareness and understanding of community needs to encourage people to volunteer.

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<sup>67</sup> 'Volunteering', NCVO, n.d., <https://almanac.fc.production.ncvocloud.net/volunteering/>.



## 5. With great devolution of power, comes great responsibility: localism that empowers rather than exacerbates

### 5.1. Localism in the UK

Within the UK, devolution remains a divisive policy. In 2010, the UK Government introduced the 'localism' agenda, which, in conjunction with the "Big Society", sought to shift power and responsibilities from central governments to the private and voluntary sectors, communities and individuals within their respective localities<sup>68</sup>. In theory, local authorities were to be recast as 'enablers', rather than providers, of public services ranging from development to healthcare and social care<sup>69</sup>. On the surface, the notion that an increase of public participation in policy leads to an empowered *demos* appears intuitive. Localism has the potential to bring 'decision-makers closer to citizens to enable them to participate more effectively in shaping the public policy decisions and service outcomes that impact upon their lives'<sup>70</sup>. In doing so, localism promises to engage and empower neighbourhoods<sup>67</sup>, and provide citizens with the opportunity to take responsibility for issues affecting their communities<sup>71</sup> while also increasing trust and a shared feeling of identity<sup>72</sup>. However, critics of localism proclaim that it is simply a means by which the government can cut public services, leaving local communities with no choice but to fill the gaps left in the support services which are relied upon by the most vulnerable within society<sup>73</sup>. Levitas (2012) suggests that localism can be interpreted as either a 'hermeneutics of suspicion' in which austerity-related policy allows parochialism and inequality to grow, or a 'hermeneutics of faith' in which local people harness their new found power to further social justice, participation and tolerance<sup>74</sup>. With this in mind, the following section explores various perspectives on localism in an attempt to understand how the localist agenda can be optimised so that individuals can be supported in developing innovative and inclusive policy agendas and local services within their communities. This will be followed by a narrowing of focus on how specifically health-oriented initiatives can be engineered and led by communities.

<sup>68</sup> Edward Hall and Sarah McGarrol, 'Progressive Localism for an Ethics of Care: Local Area Co-Ordination with People with Learning Disabilities', *Social & Cultural Geography* 14, no. 6 (1 September 2013): 689–709, <https://doi.org/10.1080/14649365.2013.803290>.

<sup>69</sup> Andy Westwood, 'Localism, Social Capital and the "Big Society"', *Local Economy* 26, no. 8 (1 December 2011): 690–701, <https://doi.org/10.1177/0269094211422195>.

<sup>70</sup> J. Painter et al., 'Connecting Localism and Community Empowerment: Research Review and Critical Synthesis for the AHRC Connected Community Programme.', Monograph, Project Report. Durham University, Department of Geography and School of Applied Social Sciences, Durham. (Durham: Durham University, Department of Geography and School of Applied Social Sciences, October 2011), <http://dro.dur.ac.uk/9244/>.

<sup>71</sup> Liz Richardson, 'Working in Neighbourhoods, Active Citizenship and Localism', JRF, 29 March 2012, <https://www.jrf.org.uk/report/working-neighbourhoods-active-citizenship-and-localism>.

<sup>72</sup> Gerry Stoker, 'New Localism, Participation and Networked Community Governance' (Manchester: University of Manchester. Institute for Political and Economic Governance, 2007).

<sup>73</sup> Neil Hanlon, Greg Halseth, and Alec Ostry, 'Stealth Voluntarism: An Expectation of Health Professional Work in Underserved Areas?', *Health & Place*, Health Geographies of Voluntarism, 17, no. 1 (1 January 2011): 42–49, <https://doi.org/10.1016/j.healthplace.2010.05.005>.

<sup>74</sup> Ruth Levitas, 'The Just's Umbrella: Austerity and the Big Society in Coalition Policy and Beyond', *Critical Social Policy* 32, no. 3 (1 August 2012): 320–42, <https://doi.org/10.1177/0261018312444408>.

One of the dominant concerns of those who are sceptical of localism is that it encourages a “post-code lottery” in terms of community provisions. In theory, better resourced communities stand a better chance of adapting to neighbourhood-run support systems compared to localities with restricted community funds or those with general populations which lack the temporal, professional or social capital demanded by localist agendas<sup>75</sup>. It has been argued that a localist approach assumes that communities and neighbourhoods are homogenous and equally resourced when in fact the reality is quite the opposite<sup>76</sup>. Consequently, localism runs the risk of exacerbating the already present inequalities that exist between places and communities.

## 5.2. Neighbourhood Planning: localism in action

The uptake rate of the Neighbourhood Plan initiative, one of the flagship policies of the UK coalition government’s localist agenda, validates concerns of a geo-economical divide in community resources. Generally, the initiative endeavoured to allow communities to produce a Neighbourhood Development Plan outlining the community’s vision for future statutory land use planning policies. If successfully passed, which requires over 50% of the vote from a neighbourhood referendum, then a Neighbourhood Plan ‘take[s] precedence over existing non-strategic policies in the local plan for the neighbourhood, where they are in conflict’ (NPPF, 2012). However, the path to an approved Neighbourhood Plan is long, taking on average 29 months and requiring a considerable amount of time and expertise from participants; there are many examples of Neighbourhood Plans being initiated but never completed<sup>73</sup>. Reported difficulties and the time consuming-nature of the process has “meant that urban and more deprived communities have been slower to take up or progress, or have been deterred by the burdens involved”<sup>77</sup>. Similarly, a survey carried out by an online group called “Neighbourhood Planning” involving 45 ‘Fronrunner’ areas, which were areas that received extra public funding and support in preparing their Neighbourhood Plans, found that ‘most of those who responded said that communities lack resources and expertise’. However, respondents also claimed that the Neighbourhood Planning process “provides plenty of opportunities for built environment professionals with knowledge of the planning system to make their contribution to the big society”<sup>78</sup>. Such comments elude to an environment which favours those privileged with professional expertise at the expense of those who do not. These imbalances have a knock-on effect in the success of community-led planning. Parker & Salter (2017) observed a vast North-South divide in terms of the number of Neighbourhood Plans produced: 41% of Neighbourhood Plans that were initiated were based within the South-East

<sup>75</sup> Simin Davoudi and Paul Cowie, ‘Are English Neighbourhood Forums Democratically Legitimate?’, *Planning Theory & Practice* 14, no. 4 (1 December 2013): 562–66, <https://doi.org/10.1080/14649357.2013.851880>.

<sup>76</sup> Gavin Parker and Kat Salter, ‘Taking Stock of Neighbourhood Planning in England 2011–2016’, *Planning Practice & Research* 32, no. 4 (8 August 2017): 478–90, <https://doi.org/10.1080/02697459.2017.1378983>.

<sup>77</sup> Susannah Gunn and Elizabeth Brooks, ‘The Community’s Capacity to Plan: The Disproportionate Requirements of the New English Neighbourhood Planning Initiative’, in *Reconsidering Localism*, 2015, 147–167.

<sup>78</sup> neighbourhoodplanning, ‘Neighbourhood Planning: Lessons from the Fronrunners’, 10 November 2011, <https://neighbourhoodplanning.wordpress.com/2011/11/10/neighbourhood-planning-lessons-from-the-fronrunners/>.

and South-West of England. Similarly, 37% of the Neighbourhood Plans which were finalised and passed were based in the South-East of England. The rate of Neighbourhood plans initiated was also lowest for the North of England. By using the Index of Multiple Deprivation at the LPA level, which places the most deprived areas into the 5<sup>th</sup> quartile, and the least deprived into the 1<sup>st</sup>, Parker & Salter (2017) found that 23% of the designated Neighbourhood Plan Areas existed within locations falling within the upper two quartiles of the deprivation index, whereas only 7.5% were found within areas classed as belonging in the lowest quartile of the deprivation index. Taken together, this evidence supports the concerns that there can be weaker uptake of community-led initiatives within disadvantaged areas, something that can in some cases be associated with the time and organisation skill-set demanded by such an undertaking. If left unchecked, such discrepancies, paired with an increased reliance on community-led public services, have the potential to lead to an enhancement of inequalities between areas.

Equity, rather than equality, may pave the way forward, however. Returning once again to Neighbourhood Planning as an exemplar of localism in practise, the majority of areas that finalised their plans the quickest were “Frontrunners” that had received £20,000 towards developing their plan and also received support from local authorities<sup>73</sup>. These frontrunners included both urban and rural areas and were evenly spread across England. This demonstrates that external support can be effective to “enabling” communities to organise and develop their own policy, regardless of socioeconomic status. Communities are diverse, and the underrepresented and marginalised can be easily overpowered or shouted over. However, if given the right tools and opportunities, less privileged communities can be empowered and given a voice. The following section focuses on how several underrepresented groups that exist within communities can be either let down or supported by localism. Being aware of such opportunities and hurdles has implications for equality at both the intra- and inter-community level and can be the difference between a self-selecting localism which simply perpetuates divides, and one which furthers democratic governance.

### 5.3. Devolution vs democracy: giving everyone a voice

When devolving power to localities, there is a danger that the nature of political and social participation will result in a “favouring of better educated, well-off and more vocally social groups, who have the time, capacity, and inclination to engage”<sup>73</sup>. Within this context, “the most organised and articulate, i.e. those able to mobilise and draw on networks of social capital, (are) likely to be the most able to manipulate the new environment to serve their own ends”. Selen and Hendricks (2011) call upon theories of “deliberative democracy” as a way to avoid this<sup>79</sup>. Deliberative democracy is based on the idea that “those affected by a collective decision have the right, capacity, and opportunity to participate and deliberate in the making of those decisions”<sup>76</sup>. Specifically, they suggest that a focus on macro-democracy, which places an emphasis on the role that social movement networks, local associations, and the

<sup>79</sup> Selen A. Ercan and Carolyn M. Hendriks, ‘The Democratic Challenges and Potential of Localism: Insights from Deliberative Democracy’, *Policy Studies* 34, no. 4 (1 July 2013): 422–40, <https://doi.org/10.1080/01442872.2013.822701>.

media (be that social or otherwise), can be informative<sup>80</sup>. Accordingly, to provide a sufficient platform to achieve deliberative democracy, public deliberation should be encouraged within various environments simultaneously; this involves everyday informal talks amongst citizens and social movements, being considered on a par with formal decision-making structures such as public assemblies and participation. Indeed, no single forum is sufficient and deliberative democracy can only be achieved when public deliberation is respected with a plethora of social institutions, arenas and spaces<sup>81</sup>. In order for local authorities to act as “enablers” they must re-evaluate the spaces that they consider amenable to public deliberation and the actors within these spaces. Barnes et al. (2004) claims that “the institutional design of participatory spaces has a significant impact of who participates and under what terms”<sup>82</sup>.

Von Lieres and Kahane (2007) suggest that a particularly effective way of supporting inclusivity in deliberative forums is to create ‘separate spaces’ where members of marginalised groups can reflect on dynamics of power and exclusion, and ‘negotiate questions of common agendas, strategies, and destinies’<sup>83</sup>. An example of “separate spaces” was demonstrated within the Romanow Commission established by 2001 by the Canadian Government. The commission structured a separate track for deliberative engagement with aboriginal people called the Aboriginal Forum which “offered a context within which members of marginalised groups could build confidence and capabilities and their culturally specific modes of communication could find expression”. Similarly, Zapata (2009) describes how within the Valley Futures Project in California, a scenario planning process, adopted strategic recruitment techniques to ensure broad community representation of culturally diverse groups, and the procedures encouraged multiple forms of communication, such as storytelling<sup>84</sup>. Employing unconventional forms of deliberation has been suggested to invert the usual bias towards wealthy, well-educated and high-status individuals and groups<sup>85</sup>. Similarly, Barnes et al. (2004) found that emotional and figurative speech communicated through a storytelling format can help encourage participation of those who are normally underrepresented in decision making processes. This encompassed older people, disabled people, and people with learning difficulties or mental health problems.

Creating a dialogue within communities that is modelled on a bottom-up, rather than top-down approach, can be key to gathering honest and representative feedback and community perspectives, which in turn can lead to effective community-led services. When faced with an

<sup>80</sup> *Democracy and Difference*, 1996,

<https://press.princeton.edu/books/paperback/9780691044781/democracy-and-difference>.

<sup>81</sup> Archon Fung and Erik Olin Wright, *Deepening Democracy: Institutional Innovations in Empowered Participatory Governance*, The Real Utopias Project 4 (Conference ‘Experiments in Empowered Deliberative Democracy’, London: Verso, 2003).

<sup>82</sup> Marian Barnes et al., ‘Recent Research: The Micro-Politics of Deliberation: Case Studies in Public Participation’, *Contemporary Politics* 10, no. 2 (1 June 2004): 93–110, <https://doi.org/10.1080/1356977042000278756>.

<sup>83</sup> Bettina Von Lieres and David Kahane, ‘Inclusion and Representation in Democratic Deliberations: Lessons from Canada’s Romanow Commission’, in *Spaces for Change?: The Politics of Citizen Participation in New Democratic Arenas*, 2007.

<sup>84</sup> Marisa A. Zapata, ‘Deliberating across Differences: Planning Futures in Cross-Cultural Spaces’, *Policy and Society*, Deliberative Governance in the Context of Power, 28, no. 3 (1 October 2009): 197–209, <https://doi.org/10.1016/j.polsoc.2009.08.002>.

<sup>85</sup> Iris Marion Young, *Inclusion and Democracy* (Oxford University Press, 2002).

"outsider", individuals may be reluctant or feel uncomfortable relaying their opinions or sharing their views if they feel they will be judged, misunderstood or simply ignored. A response to this is to appoint community members as the data collectors or interviewees. The Lambeth First initiative is an example of an inclusive and successful programme which did this and in doing so fostered greater community links, employability, inclusion and business. The programme was funded to train unemployed local people from the Stockwell area as community researchers in order to carry out interviews with a representative sample of local people in order to assess their perceptions of the area and how it may have changed over the last seven years. In order to be recruited onto the scheme, applicants were required to be a resident of the area and be either a lone parent not in work, on incapacity benefits, unemployed for more than six months, unemployed and disabled but able to work or on benefits for more than six months. Of the 50 applicants, 34 were enrolled onto the training programme, which provided them with training in personal development and interpersonal skills; training for community consultants; interview skills and questionnaires, and piloting questionnaires. Out of all the participants, 18 were then offered 14 weeks of employment upon completion of the training course. The community researchers carried out over 900 interviews with local residents<sup>86</sup>. Overall, the Lambeth First initiative brought immediate benefits to the individuals involved as it provided trainers with palpable transferable skills that boosted their employability, while also supporting conversations between local people around the development of their area and communities. Perhaps unsurprisingly, the project was selected for a regeneration award by the Local Government Chronicle.

#### **5.4. Bringing marginalised groups to the forefront**

For localism to be truly inclusive, specific marginalised groups within communities must be actively engaged with and supported to spearhead services and initiatives: without this, localism will simply become an austerity measure which facilitated the reduction of public services. Minorities are 'already less likely to be involved in local decision making and are substantially under-represented at every level of the political system, be it parliament, local councils or devolved assemblies'<sup>87</sup>. Without inclusive decision making, localism runs the risk of giving rise to populism, and much needed services and provisions being shunned by a small, narrow- but equally minded few. This is particularly pertinent when communities are given agency over planning and development in their areas: building applications for mosques, provisions for asylum seekers, and provisions for traveller or gypsy sites run the risk of being left off the planning agenda if those connected to such sites are absent from community forums<sup>83</sup>.

Decentralised service provision also leaves room for unaccounted discrimination and abuse of power, meaning local authorities must be resolute in setting clear structures of accountability

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<sup>86</sup> Stockwell Partnerships, 'Stockwell Urban II: Forward Strategy, Training and Employment Project Evaluation Report to Research Management and Outcomes Group', 2008, [https://www.stockwell.org.uk/wp-content/uploads/2013/05/090325\\_Evaluation-report-A4-Stockwell-Urban-II.pdf](https://www.stockwell.org.uk/wp-content/uploads/2013/05/090325_Evaluation-report-A4-Stockwell-Urban-II.pdf).

<sup>87</sup> Vicki Butler, 'Local Communities, Diverse Voices', 2011, <https://www.runnymedetrust.org/uploads/publications/pdfs/TUCLocalismGuide-2012.pdf>.

and protocols of complaints<sup>88</sup>. Similarly, they suggest that an “agreed set of rights and entitlements for key public services should be established such as wait times and standards of care should be agreed to and thoroughly enforced”. This ensures that users of public services can be reassured that they are receiving an equitable service, regardless of where they live or who is providing the service. It is also paramount that service providers are continually held accountable for their level of inclusivity and reach. To ensure this, delivering organisations should ensure to continually collect data that will enable them, and outsiders, to scrutinise the equality implications of their work. Similarly, it should be the responsibility of local authorities to inform local service-providing organisations that they will be covered by the public sector equality duty by virtue of the fact they will be exercising a public function<sup>84</sup>. This will mean that the relevant service providers will be required to consider how their policies or decisions affect people who are protected under the Equality Act. If they fail to do this, they may be liable to be challenged in court by users who feel their service is discriminatory.

Elderly residents within communities are also less likely to be engaged with local service development; evidence suggests that people over the age of 75 are less likely to feel they can influence decisions that affect them locally more than any other group<sup>89</sup>. However, localism presents significant opportunities to empower those later in their life. Neighbourhood planning can be used to protect green spaces, local shops and community transport infrastructure, while the ability to nominate assets of community value also presents an opportunity to protect community centres and halls. Once again engagement is key and must be an active rather than passive process. In collaboration with Age UK Rotherham, Rotherham Borough Council devised a “Home from home” scheme in which sessions were run in local residential homes to support residents and their families in expressing their view about the care they were receiving. Greater local engagement can empower older people and alleviate feelings of loneliness or isolation. An example of a programme which encourages mutual support, which can be seen as a means of ridding feelings of being burdensome, can be found in Age UK Bromley’s community volunteers Time Banking scheme, which allows people ‘to deposit time spent helping others, until they need to “withdraw” it to receive help themselves’<sup>85</sup>. These examples demonstrate how innovative schemes can support elderly people in being empowered through localism, rather than becoming even more isolated.

Localism also poses potential risks to achieving gender equality within communities. The unpaid caring responsibilities carried by women vastly outweigh those by men. Around the world, women spend two to ten times more time on unpaid care work than men<sup>90</sup>. This means that any policy which changes the way in which care services are provided or simply reduces the level of care services cut, will almost certainly disproportionately affect women. A policy report published by the OECD claims “how society and policy makers address issues concerning care has important implications for the achievement of gender equality: they can either expand the capabilities and choices of women and men, or confine women in traditional

<sup>88</sup> Phil McCarvil, ‘All Things Being Equal: Equality and the Localism Act’, 2011, <https://www.runnymedetrust.org/uploads/publications/pdfs/TUCLocalismGuide-2012.pdf>.

<sup>89</sup> Gemma Bradshaw, ‘Inclusive Localism’, 2011, <https://www.runnymedetrust.org/uploads/publications/pdfs/TUCLocalismGuide-2012.pdf>.

<sup>90</sup> Gaëlle Ferrant, Luca Maria Pesando, and Keiko Nowacka, ‘Unpaid Care Work: The Missing Link in the Analysis of Gender Gaps in Labour Outcomes’, 2014, 12.

roles associated with femininity and motherhood”<sup>86</sup>. The report continues: “every minute more that a woman spends on unpaid care work represents one minute less that she could be potentially spending on market-related activities in her educational and vocational skills”. It is, therefore, paramount that localism does not fail women in this regard by simply leading to a greater burden of unpaid care responsibilities which act to hinder a women’s education, employability, financial independence, and their right to safety from sexual and physical abuse (OECD). In fact, the report specifically stipulates that in order to reduce inequalities in unpaid work, there must be “better access to public services, childcare and care for the elderly [which] allows for a better work-life balance”. For localism to not fail women, the care provisions derived from community forums must not rely on majority female volunteers and must go above and beyond what previously existed as the status quo is clearly already insufficient. This further emphasises the need for organisations to continually record and publish data on the impact of their work from an equalities perspective so that they can be held accountable.

Localism does nonetheless present a much-needed opportunity to place women’s voices front and centre of voluntary and community-led groups such that services can be designed and delivered in a way which liberates and empowers women. A report commissioned by Oxfam found that within central Local Strategic Partnerships (LSPs), only 28% of chairs were women and of those that they surveyed 72% of LSPs claimed they did not provide any specific support for women to engage in their business or structure<sup>91</sup>. Similarly, they found over 80% of LSPs did not monitor women’s representation and of those that did, only four monitored gender representation in any formal way. This example not only demonstrates a lack of women’s leadership and engagement within community-level governing structures but also an absence of data needed to tackle such inequalities. The report goes on to propose ways in which LSPs, but also by extension to local authorities and service-providing organisations generally, can ensure they support community-led initiatives that promote gender equality. They suggest that the government should set up and resource a scheme for local bodies to learn from good practice in representing women in decision-making; this could also fall under the remit of local authorities. They also suggest collecting, analysing, using and reporting on gender-disaggregated data as part of routine performance management.

Overall, in order for localism to lead to empowerment and inclusion, community-led initiatives must be representative of their respective communities at every level, be that at the level of service provision, management or leadership. The Council can encourage this by placing an emphasis on council grant application forms for provision of data on and examples of how community-led initiatives have considered and implemented actions that promote inclusion and access. Decision making processes at every level should be carried out through a range of focus groups, meetings and discussion groups that are tailored to the respective demographics within a community and data should always be collected from any of these events so that their success in achieving inclusion can be discerned. Importantly, these platforms should also be organised and run in collaboration with members of the community. Given that virtual meetings and online calls have become the norm in the post-COVID era,

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<sup>91</sup> ‘Getting Women into Local Strategic Partnerships: Knowing Your Community, Improving Public Services | Oxfam Policy & Practice’, Policy & Practice, n.d., <https://policy-practice.oxfam.org.uk/publications/>.



governing committees and meetings can be made more accessible to those who may otherwise find it difficult to leave the house at certain times due to childcare, professional work or schooling. Similarly, the ability to record virtual meetings and communicate via online communication platforms means that meetings need not be confined to a defined period of time, which can lead to a lack of representation and engagement. Instead, discussions can instead be accessed at any time by all interested parties, and commented on at a later date, supporting a dialogue that is continuous, reactive and, most importantly, inclusive.

## 5.5 Recommendations

### Recommendation 10: Increase volunteer diversity

There has been large amounts of research into barriers to volunteering for different demographics, this is summarised in the review by Southby *et al.* (2019) who demonstrate that different demographics of people face different barriers to volunteering<sup>92</sup>. Zaitsu *et al.* (2018) also found that increased diversity in community groups correlated with improved self-rated health status, demonstrating that increasing the diversity of volunteer recruitment may improve health<sup>93</sup>.

Cambridgeshire County Council should:

- 10.1.** Investigate the backgrounds of people who volunteer in Cambridgeshire.
- 10.2.** Provide specific support to encourage underrepresented groups into volunteering.
- 10.3.** Make the provision of inclusion data and strategies to promote inclusivity mandatory within council grant applications for community-led initiatives

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<sup>92</sup> Kris Southby, Jane South, and Anne-Marie Bagnall, 'A Rapid Review of Barriers to Volunteering for Potentially Disadvantaged Groups and Implications for Health Inequalities', *VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations* 30, no. 5 (1 October 2019): 907–20, <https://doi.org/10.1007/s11266-019-00119-2>.

<sup>93</sup> Masayoshi Zaitsu et al., 'Participation in Community Group Activities Among Older Adults: Is Diversity of Group Membership Associated With Better Self-Rated Health?', *Journal of Epidemiology* 28, no. 11 (5 November 2018): 452–57, <https://doi.org/10.2188/jea.JE20170152>.

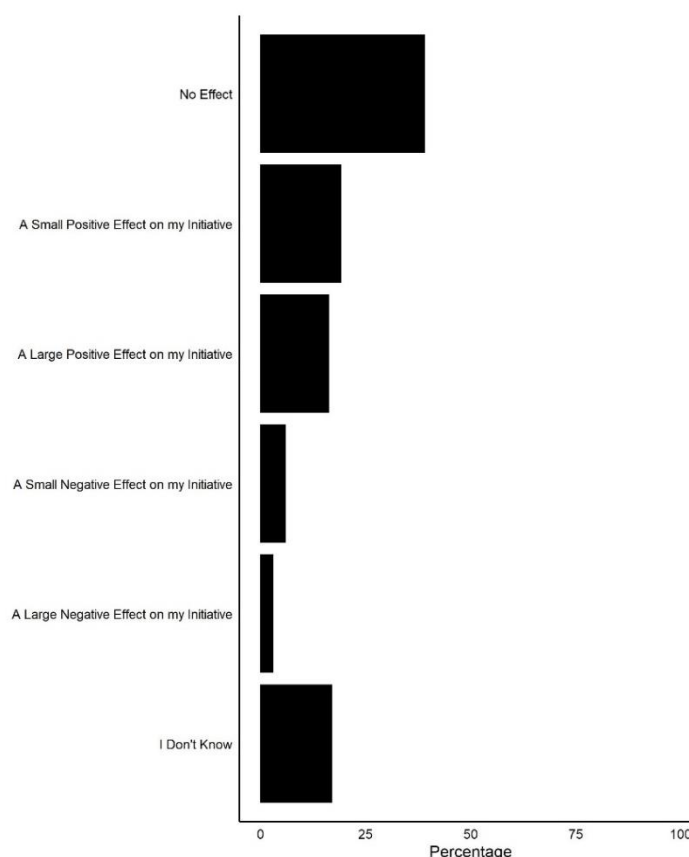


## 6. The effects of CCC decision making on community-led initiatives

This section has been informed by questionnaire responses and telephone interviews. Written responses are noted in blue, and spoken quotes are in orange.

### 6.1. Opinions of Cambridgeshire-based community-led initiatives on County Council involvement

One section of our questionnaire aimed to examine awareness, understanding and opinions of the effects of CCC decision making on community-led initiatives. Firstly, we asked whether the community group leaders thought that the actions of the CCC had an overall positive, negative or neutral effect on their initiative (**Figure 24**). The most common response (39.0%) was that they felt that the CCC had no effect on their initiative. The responses to this question indicated a lack of overall understanding regarding the role of the CCC, not only in supporting community-led initiatives but also more generally – this question gave the highest percentage of 'I don't know' responses (16.9%) out of all the questions in the survey. 40.4% of respondents also left additional comments (**Table 5**). Reasons for the council having a positive effect included funding, use of council-owned premises, support and advice, use of libraries, and advertisement. Examples of negative effects included delays in council service provision, a lack of suitable facilities, diminishing funding availability, and cuts to local services that put pressure on voluntary organisations to fill the gaps. A number of respondents stated



**Figure 24:** What effect has CCC had on your initiative?

that the majority of their interactions are with the District, Town or Parish councils rather than the CCC.

	Theme	Example quotations
<b>Positive effects</b>	Funding	<i>'The Innovate and Cultivate funding gave us the initial boost to set up our committee, devise our policies and help us get up and running with locating and training our first batch of volunteers.'</i> <i>'...we would not be here but for a brilliant initiative and seed-funding from Healthy Fenland Fund.'</i>
	Use of premises	<i>'The County Council has allowed [our initiative] to use the premises for the cooking of meals that are being distributed as part of hampers.'</i>
	Support and advice	<i>'We have used safeguarding advice and model policies.'</i>
	Dependence on libraries	<i>'Recent move to use library community room as main venue for club meetings.'</i> <i>'...our interactions with the county libraries have been excellent.'</i>
	Advertisement	<i>'helping to promote us'</i>
<b>Negative effects</b>	Delays in service provision	<i>'We often find ourselves lobbying the County Council for proper enactment of services which should be provided by default (grass cutting, road maintenance etc). Often this is much harder than it should be, taking volunteer resources.'</i>
	Lack of affordable facilities	<i>'there is a chronic lack of facilities that can have block bookings for competitive clubs like ours.'</i> <i>'[facilities] had become very costly in the past.'</i>
	Diminishing funding availability	<i>'Over the last 16 years we have seen a massive reduction in the funding provided by CCC for open-access youth work which has forced us to seek funding from individual Parish Councils meaning that smaller villages are unable to afford our services.'</i>
	Cuts to local services putting pressure on voluntary organisations	<i>'Because local Adult Carer Services struggle to fulfil all their duties under the Care Act a greater burden falls on families and our support is not able to cover all the gaps.'</i> <i>'The [youth service] cuts have had a very negative impact on what [our organisation] is able to provide.'</i>
<b>No effect</b>	Relationship is with District, Town or Parish Councils rather than CCC	<i>'Our main source of practical help during [COVID-19] lockdown was via district and especially parish councils. In "normal" times the only Council we have much to do with is the Parish Council.'</i>

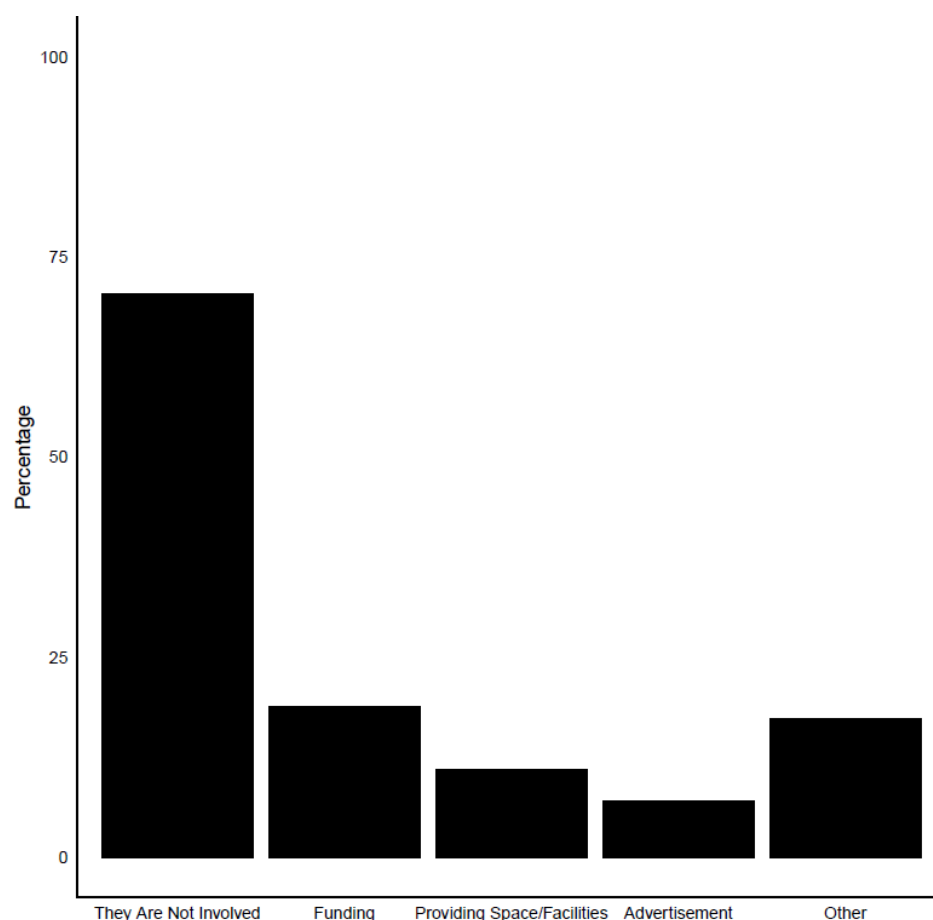
Next, we asked whether or not CCC has any direct involvement in their initiative, and if so, in what capacity. 70.3% of groups said that CCC had no involvement, while 18.8% said that they received Council funding, 10.9% use space or facilities owned by the Council and 7.0% have been promoted by the Council in the form of advertisements (**Figure 25**). Interestingly,

**Table 5:** Example comments in response to the question 'The actions of Cambridgeshire County Council have...'. Comments are grouped by theme.

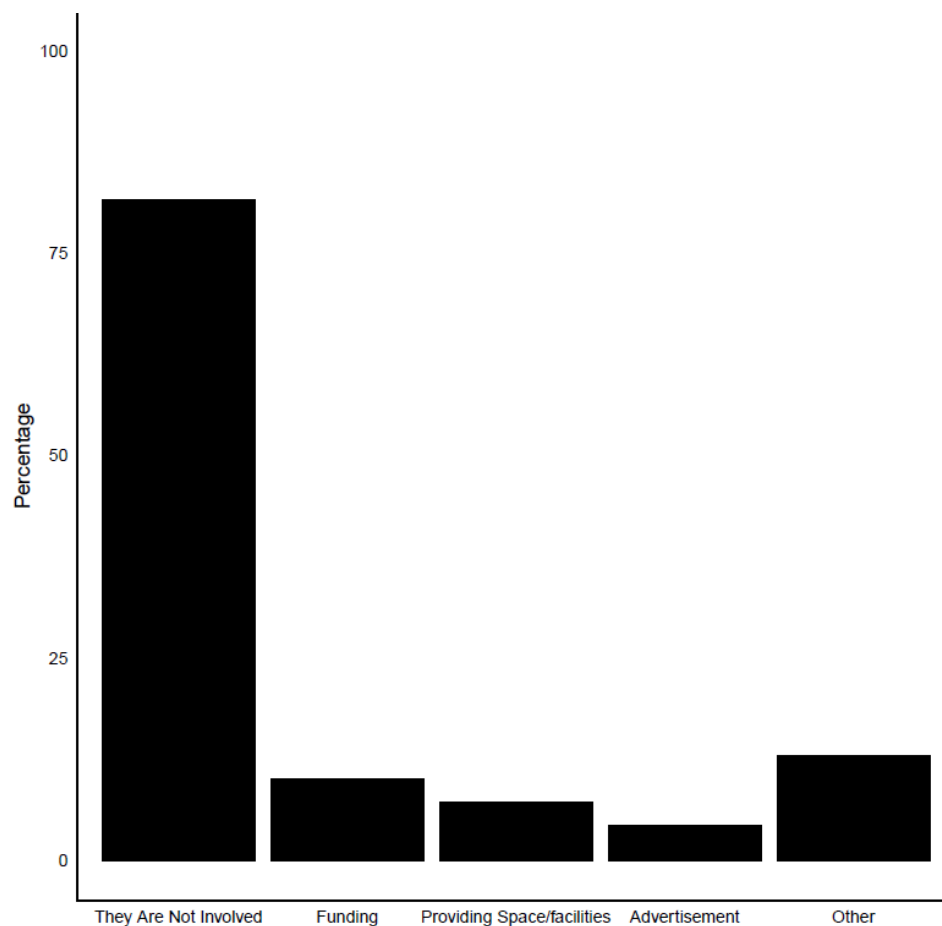
when only groups with an income of less than £5,000 were considered, the percentage of

groups which said the Council had no involvement increased to 81.4% (**Figure 26**). Other examples of involvement mentioned in the comments included provision of equipment, providing insurance and funding of partner agencies.

We also asked whether they were aware of any Council policies that *indirectly* affect their initiative. As we acknowledged that some people may be unaware of the Council's remit, we gave examples of public transport, education, social services and strategic planning. 45.9% of respondents answered this question. Positive examples of indirect involvement included council-run initiatives and events, and the provision of advice and support (**Table 6**). Negative examples included lack of public transport links hindering the ability of both workers and service users to access their groups, lack of facilities, social services, grass cutting, housing and school policies. Other examples with neutral connotations included local plans, strategic planning, environmental policy and planning permissions. A couple of groups acknowledged the impact of cuts to Council funding on the services they provide.



**Figure 25:** In what capacity is CCC directly involved with your initiative?



**Figure 26:** (For groups with an income less than £5,000) In what capacity is CCC directly involved with your initiative?

	Theme	Example quotations
Positive	Involvement in council initiatives	<i>'been involved in both transport strategy and the market town initiative - been hugely helpful to get [our town] on the map at county level'</i>
	Advice and support	<i>'Providing advice and support, links to resources and guidance.'</i>
Negative	Transport	<i>'public transport prices ( including discounting policies) , transport routes, and timetables as well as the availability and cost of parking, disabled parking, cycle parking and cycle routes are important considerations for our members who chose ( or have to use) all these modes of transport and also affect where we locate our premises. 'better transport' is helpful for members and staff but better will be different for each individual.'</i> <i>'The ability of our members to easily travel to volunteer for us at a variety of sites in Cambridge and South Cambs is important, and is dependent on transport links, parking etc.'</i>
	Facilities	<i>'high cost of rent of premises'</i> <i>'Lack of facilities for the disabled'</i>
	Social care policy	<i>'Many Adult Social Care policies have an indirect negative impact on what we do. Policies on implementation of the Care Act Mental Capacity Act and Mental Health Act spring to mind.'</i>
	Local plans	<i>'Local Plans [affect] our families with regards to changes to their neighbourhoods'</i>

**Table 6:** Example comments in response to the question 'Are you aware of any Council policies that indirectly affect your initiative (e.g. public transport, education, social services, strategic planning etc.)? This could include policies that have an impact on the ability of your staff/volunteers to carry out their roles, or the ability of the people that use your services to access your initiative. Please describe the effect these policies have on your initiative'. Comments are grouped by theme.

## 6.2. How could CCC help community-led initiatives?

Finally, we asked whether the community group leaders had ideas for how the CCC could help their initiatives. 54.1% of the questionnaire respondents answered this question. Answers fit into a number of themes, summarised in **Table 7** and discussed in more detail in the following sections. These answers led us to develop four more major recommendations, described in detail in **Section 6.4**:

1. Use the Think Communities approach to transform relationships with community-led groups by:
  - a. Improving coordination and cohesion (**Recommendation 11**)
  - b. Expanding Think Communities to cover all Council sectors, above and beyond Social Care (**Recommendation 12**)
2. Make funding sustainable and accessible for small start-up initiatives (**Recommendation 13**)
3. Strengthen and assist voluntary and community sector (VCS) infrastructure support services (**Recommendation 14**)

Theme	Example quotations	Recommendation
Increase recognition and understanding	<i>'More support and recognition of our groups and the benefits that they bring to the communities in Cambridge City would be welcome.'</i> <i>'Being aware of the gaps that services face when it comes to supporting young people and the importance of funding for local projects and services that help support them.'</i>	11 and 12
Improve relationships	<i>'Better direct relationships with officers responsible'</i> <i>'By helping us navigate who best to engage within the Council'</i>	
Acknowledge and utilise community knowledge	<i>'trusting and utilising our 'on the ground' knowledge'</i> <i>'By giving us more freedom to know what will work in our own neighbourhood.'</i>	
Conduct meaningful consultations	<i>'Ask for more bottom-up feedback from grass roots level'</i>	
Improve facilities	<i>'Help to provide venues'</i> <i>'[encourage] schools to be flexible in their approach to providing accommodation'</i> <i>'The biggest problem [we] face (generally speaking) is suitable, affordable and secure buildings in which to base [ourselves].'</i>	3, 6 and 11
Less bureaucracy, more adaptability	<i>'less 'RED Tape''</i> <i>'[The fund] has become too complicated to apply for.'</i>	11, 12 and 13

Sustainable funding	<i>'ensuring that funds are available to help us build our capacity for providing services that help the Council deliver its objectives'</i>	13 and 14
Increase promotion	<i>'We could benefit from free advertising' 'Maintaining directories of clubs and associations for residents to search'</i>	7 and 14
Aid recruitment of volunteers	<i>'help find and retain volunteers'</i>	
Provide advice and information	<i>'advice on legislation' 'advise us of any financial support that could be available to us' 'Training/advice on improving website and running social media campaigns'</i>	14

**Table 7:** Example comments in response to the question 'How could Cambridgeshire County Council help your initiative?' Comments are grouped by theme and the resulting recommendations (Section 6.4).

### 6.2.1. More recognition and understanding

Several groups highlighted the importance of their initiatives to their communities, describing how their services 'fill the gaps' left by local Council services and relieve pressure on Council workers and funds. For example, one group working in the adult care sector stated:

*'... the average cost of a person entering the care system is approx. 40-50,000 per annum. In the last 10 years [our initiative] has helped 14 people stay in their homes.'*

Both in the written questionnaire (Table 7) and telephone interviews, a theme that appeared was the desire for more recognition for and better understanding of the work that they do. One group spoke about this in detail, highlighting that better recognition and understanding would lead to better coordination between their group and the CCC, therefore helping to identify ways that their group could take pressure off CCC services:

*"[Our interactions with CCC are] very dependent on how much social care want us to be involved and have an understanding of our involvement with the families. Some of [the officers] will understand it really well and realise that we have a good insight into our families' lives because we've known them for a while and we see them regularly. Others will just think that we're a play group and that we don't have that much interaction... [We get] taken for granted a little bit...we do that lower-level support of families that they're not able to do because they don't have the money or the time to do it... [We're] identifying people that would never be on the radar of the County Council because they don't meet the criteria...and it goes unnoticed."*

### 6.2.2. Improve relationships

Another popular theme in answers to this question referred to inefficient interactions and relationships with Council workers and directorates. When asked whether they thought that

the community initiative would have benefited from closer relationships from CCC officers, one community group lead said:

*'[It] would have helped to have that assistance...this is a particular weakness of Cambridgeshire County Council, we just haven't had those relationships... With Huntingdonshire District Council...we have had a really good relationship with them and really good direct officer relationships... With CCC... it's always been really hard to find someone who will take responsibility for getting something sorted, basically their approach has been much more hands-off.'*

*'Having direct lines of communication with a dedicated officer or someone who was tasked to work with us and advocate for us [would've been good]. We have a County Councillor - that should be [their] role... our relationship with [them] hasn't been brilliant... we found that [they] haven't used [their] position and influence to advocate for us in the way that we might have hoped... If we'd had a clearer line of [communication], that would've been really helpful.'*

It was commonly reported that interactions are better with officers who understand the community and the community groups active in those areas, which provides support for the idea of improving knowledge and understanding of community groups within the CCC **(6.2.1)**. For example, one group lead compared interactions between the CCC Cycling Team and County Highways:

*'We have a really good relation with officers in the County Cycling Team... they know the area, they know us, they know what we're interested in. They have moved to a quite collaborative mind-set... We have never succeeded in building a relationship with County Highways... I would really like a relationship with [them] because I think there are things we could draw their attention to about the specific local context of a scheme.'*

One group lead noted that interactions with the CCC during the COVID-19 pandemic have been effective and timely, and should inform strategies for improving relationships with VCS group beyond the pandemic:

*'[One way in which we interact with CCC] has been through the support they provide for people who are shielding... on the whole [these interactions] have worked pretty well'*

### 6.2.3. Acknowledging and utilising community knowledge

As well as feeling like their work goes unrecognised, many groups also felt like their work is underutilised, and that their 'insider knowledge' could be used to improve Council services and the popularity of Council initiatives.

One group lead gave an example of where road closures during COVID-19 had been implemented without consultation. They felt that better relationships with County Highways would have led to a better outcome both for the residents and for the Council.



*'Because they have [closed roads] under emergency powers, they do it, and then consult afterwards, and that's an approach that automatically engenders hostility... because people do not feel like they're included in decision making about their area... It's been very clumsily communicated, there's been no attempts to say to local people... this will be better for you... They could've done a better job of selling it in its local context... we could've helped give them that local context.'*

#### 6.2.4. Meaningful consultations

Following on from the previous point, it was suggested multiple times that one way to better understand the work of community groups **(6.2.1)** and gather community knowledge **(6.2.3)** is through public consultation. One group lead highlighted the importance of any consultation being both early and meaningful:

*'They talk about consultation all the time, it's become a joke because there are so many consultations that go on in [our area] because there are so many schemes being delivered by the County, the City, the Combined Authority. They all do consultations, and none of the bits join up, and most of the time it feels like it's paying lip service to the idea of consultation... [Change] is ad-hoc, sprung on people, done very insensitively, and the project management is disastrous.'*

Speaking specifically about the Cambridge Biomedical Campus, one group lead noted:

*'There's never been a point where there's been a debate about its desirability or its practicality, it's always been a given that growth of the Campus is a good thing... We struggle to have a voice because the Campus is this wonderful global trophy for Cambridge, and the discomforts of its immediate neighbours are of much less interest.'*

While another spoke about how consultations they have been involved in regarding Child and Family Centres have been ineffective:

*'We used to get invited onto Child and Family Centre Partnership board meetings... but they were always quite sporadic, you never knew who was going to turn up... it felt like a chore to go to them because they were sold as this thing that they had to do to tick a box to make sure that they were involving their user groups, rather than it actually being meaningful.'*

#### 6.2.5. Improve facilities

As described in **Section 4**, a lack of venues was identified as a key mediator of the negative impact of population growth on community groups in Cambridgeshire. Out of 79 people who responded to this question, 17 (21.5%) specifically mentioned the lack of affordable facilities, and it was also a common theme in the telephone interviews. One group lead noted that their community support group has no access to suitable facilities to host events or store equipment, which is instead stored by various members of their group:



*'The one thing I have learnt doing this over the last 5 years is that if you do not have places to do things, your job will be 15, 20, 30 times harder...I am desperate for physical space.'*

#### 6.2.6. Less bureaucracy, more adaptability

It is apparent that interactions with the CCC that involve applications, including for funding or permission to host events, are hindered by overly bureaucratic processes.

*'In order to close a residential road for 3 hours [for Play Streets], you have to give 8 weeks' notice and you have to get a petition signed by 50% of the residents... Back in May and Early June, you couldn't go round door knocking then, asking for signatures [due to the COVID-19 pandemic]. I made some representation that they ought to relax their criteria for this year, and I got absolutely nowhere. That makes me really cross because I come at it from a community development point of view, and the way you develop community is by creating opportunities for people to come together... it is indicative of a very internally referenced frame-of-mind which is all about what suits them, rather than what would actually help residents.'*

People who had, or had considered applying for the CCC Innovate and Cultivate fund were asked about their experiences of applying. A family support group, who had previously looked into applying but had never done so, said that they were put off by hearing *'how time intensive the application process is and the amount of evidence you need to provide in terms of long term outcomes'*. They said that this was a particular problem for their type of group, as *'we often don't hold this sort of evidence as families leave us after three years max, sometimes earlier'*. In addition, they said that they have had *'mixed messages about our 'fit' with the fund'*, having been told on some occasions that their group would be a suitable applicant, and being told other times that they wouldn't - *'there seems to be a different understanding of what/who the fund is meant for depending on who you speak to'*.

The founder of a community support group, who received cultivate funding on the third time of application, spoke about how despite their extensive career background in business, they still had to 'learn' how to apply over a period of 2 years before writing a successful application.

*'I didn't know how to write policy documents... I had about 10 documents I had to [write in order to apply]...If it had been someone else who had knowledge of local government and had done these sorts of things before, my process would've been quicker.'*

When asked about the problems with the application and funding process, they spoke about a lack of help and advice, particularly on receiving a rejection, and the time-consuming evidence reporting:

*'Whenever I was rejected I always made the phone call... I thought 'I have to find out where I've gone wrong'. They should certainly be more proactive and say 'look, love your ideas, what we want from you is...' and just not wait for me to go to them... just take the time to hold people's hands because we're not used to talking in that format.'*

*'I do quarterly reports for [the cultivate funding]. It is [quite a lot of work], all for [around £2,000]. I mean, it's what I used to have to do [in my business] for half a million pounds in the EU.'*

### 6.2.7. Sustainable funding

19 of the 79 people who responded to this question said they would benefit from direct funding from the Council, for example through the Communities Capital Fund or CCC Innovate and Cultivate. 4 respondents noted that they simply required more information about sources of funding, and 11 said that the Council could help boost their funds indirectly, for example, by providing more affordable venues. Groups with an income of under £5,000 were more likely to mention the need for funding, or the lack of affordable venues (**Table 8**).

Topic mentioned	All groups (out of 79)	Groups with income under £5,000 (out of 41)	Groups with income over £5,000 (out of 38)
Funding (direct)	19 (24.1%)	11 (26.8%)	8 (21.0%)
More information about funding	4 (5.1%)	1 (2.4%)	3 (7.9%)
Funding (indirect)	11 (13.9%)	7 (17.1%)	4 (10.5%)
Facilities	17 (21.5%)	10 (24.4%)	7 (18.4%)

**Table 8:** Number of groups mentioning the need for funding, information about funding, or facilities, in response to the question 'How could the Council help your initiative?'.

There was a strong link between the themes of recognition and funding, with a number of groups suggesting that there is little recognition that the actions of these groups are saving the CCC money, and that some of the savings made should go towards these groups.

*'When we already volunteer our time to clear up litter in our area, we shouldn't have to volunteer more time trying to raise funds. We are obviously saving the council a lot of money they would of had to spend on street cleansing[sic], it would be nice if they recognised that and sent the group some of that saving.'*

*'We work in child and family centres and pay rent there... We're doing some of the universal work that potentially the County Council should be doing, or might have done in years past... and yet we're paying rent for the privilege of doing that.'*

Another suggestion for how the Council could provide indirect financial support was through the provision of free expert services, such as insurance or printing.

### 6.2.8. Increase promotion

Assisting the advertisement of community initiatives was also identified as a mechanism to mitigate the negative effects of population growth on community initiatives (**Section 4**).

Strategies to improve promotion in regards to volunteer recruitment were outlined in **Recommendation 7**, and will have the added benefit of increasing promotion to potential service users.

#### *6.2.9. Provide more advice and information*

Several respondents noted that more information about available funding would be useful (**Table 7**). When asked whether they were aware of any funding available for community-led initiatives, only 37 respondents said they were. 14 of these specifically noted funds available from the CCC, including the Innovate and Cultivate fund (7), the Community Reach Fund (3), Community Capital Fund (2) and Local Highway Improvement Funding (2). 2 respondents noted funding from the Support Cambridgeshire organisations, while 5 mentioned the Cambridgeshire Community Foundation Fund and 8 mentioned funds from Districts, Town or Parish councils. The need for advice on how to apply for funding and how to write policy and safeguarding documents was also frequently brought up.

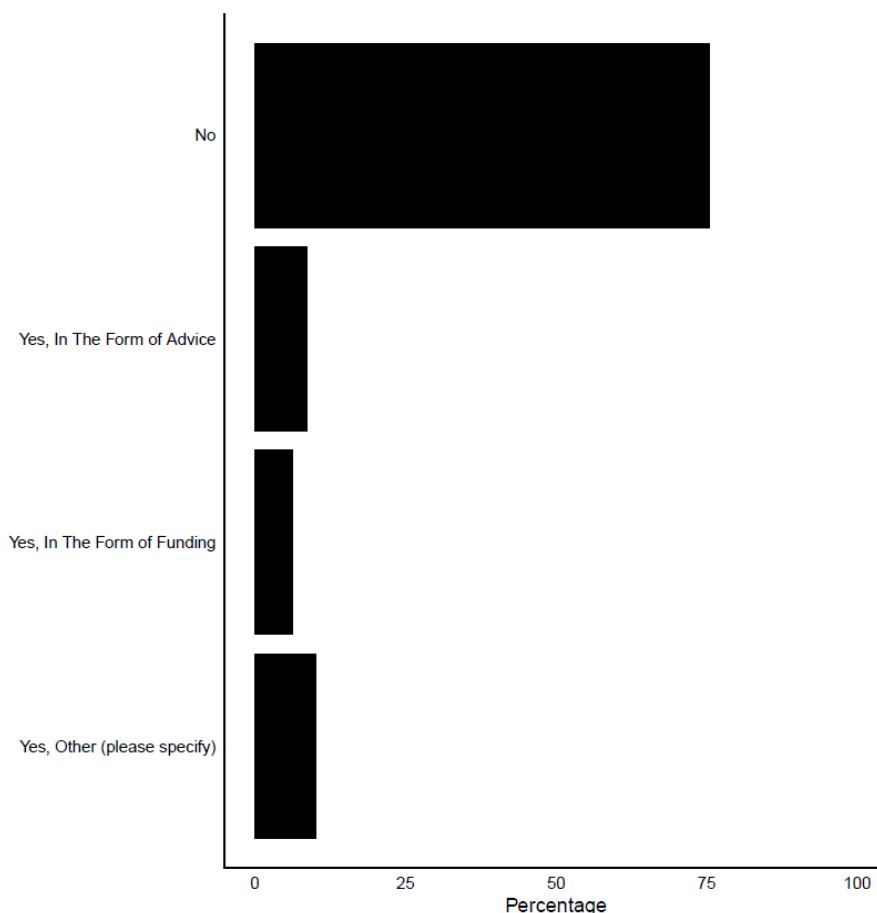
#### *6.2.10 Recruitment of volunteers*

A number of groups highlighted difficulties in retaining volunteers in situations of high population growth and fast population turnover. A discussion of this problem and the potential solutions are described in **Section 4**.

### **6.3. Council support in the time of COVID-19**

As described in **Section 3.6**, community-led groups and initiatives have been the key to mitigating the negative effects of the COVID-19 pandemic on community health and wellbeing. A key concern is how to now maintain the momentum gathered on these initiatives and to support them to continue their work throughout and following the pandemic.

In our questionnaire, we asked whether groups had accessed support from the CCC during the pandemic. 8.5% (11/130) groups said they had accessed support from CCC in the form of advice, while 6.2% (8/130) had received funding from the Council to provide COVID-19 related support in the community (**Figure 27**). Although 10.0% of people selected 'Other', most of the comments were unrelated to CCC COVID-19 related support.



**Figure 27:** Did you receive support from the CCC during the pandemic? If so, in what form?

We also asked how the CCC could be supporting community-based initiatives during the pandemic. We have decided to not make specific recommendations based on these responses as we consider the role of the CCC during the pandemic to be beyond the scope of our question. However, as we believe these answers may be of general interest, we have included some below (**Table 9**). The answers fit into four general themes, and generally correspond to the suggestions already made in response to 'How could the Council help your initiative?' (**Table 7**): sustainable funding, meaningful consultations, advice and information, and ensuring lessons are learnt. The anonymised responses have been shared with Transformation Manager Becca Gipp to inform a related research project commissioned by the Cambridgeshire and Peterborough Local Resilience Forum.

Our results align with those of the CCVS survey introduced in **Section 3.6**<sup>53</sup>. Most organisations surveyed by CCVS were concerned about a lack of funding, with the total income loss from voluntary services during the pandemic across Cambridgeshire predicted to be

£34,593,000. Concerns were also raised regarding the availability of volunteers, the mental health of volunteers in responding to such a crisis, and a lack of resources to allow the initiatives to adapt further.

Having observed how crucial these services have been throughout the pandemic, and having acknowledged the potential benefits of these initiatives for overall health and wellbeing (**Section 3**), these results suggest that the CCC should prioritise funding and providing adequate resources to voluntary services moving forward. Priority should be given to those which service marginalised and disadvantaged communities; we know that these communities often exhibit the worst health outcomes, and this has been no different during the COVID-19 pandemic, with infection rates and mortality rates being disproportionately higher in these communities<sup>94</sup>. There may be numerous reasons for this, such as these individuals being more likely to be employed as key workers, or more likely to live in multi-person households. However, one reason may be that these communities are less likely to be supported by voluntary and community services (**Section 5**), meaning support for those more vulnerable members of the community has not been available. This must be addressed by promoting and supporting community development in the most disadvantaged areas first and foremost.

Theme	Example quotations
Sustainable funding	<i>'Assurances around on-going funding'</i> <i>'financial help for cancelled fund raising[sic] events'</i> <i>'We are now quite financially strained, due previous outstanding charges and we have reduced subscriptions this term as meeting[sic] are no longer the same and some members have not participated. So some council grants could have been beneficial.'</i>
Meaningful consultations	<i>'Forums that draw communities groups together for information on how the County can support'</i> <i>'The lack of consultation about the closure of Mill Road bridge was hugely deleterious'</i>
Provide more advice and information	<i>'By ensuring that there is clear information about infection rates and other useful data across the County.'</i> <i>'advise how we can apply for funding now that our own fundraising activities have ceased'</i> <i>'We know how to contact the relevant service personnel to seek advice. It would be even better if the Council can reach out to the community groups more proactively to offer help.'</i>
Learn lessons	<i>'The CCC could look at what has gone well and not so well and then form a strategy for preserving the good things that have happened in communities. Now that people have learned to talk to each other and to help each other it would be good to keep this going before the lessons have been forgotten. I think its[sic] very easy to concentrate on COVID-19 and suddenly realise its[sic] Post-Covid-19 and now what do we do?'</i> <i>'more strategic thinking not just about the immediate situation but the long term benefits and opportunities of learning from COVID and lockdown'</i>

<sup>94</sup> Cato T. Laurencin and Aneesah McClinton, 'The COVID-19 Pandemic: A Call to Action to Identify and Address Racial and Ethnic Disparities', *Journal of Racial and Ethnic Health Disparities*, 18 April 2020, 1–5, <https://doi.org/10.1007/s40615-020-00756-0>.

**Table 9:** Example comments in response to the question 'How else could Cambridgeshire County Council be supporting community-based initiatives during the COVID-19 pandemic?'. Comments are grouped by theme.

## 6.4. Recommendations

### Lessons from the NCPs: Use the Think Communities approach across all Council sectors to transform relationships with community-led groups

The Think Communities partnership approach, initiated in 2018 as a collaboration between Cambridgeshire and Peterborough partner organisations, aims to create a shared vision on how to develop community resilience in a way that is place-based, people-centred and solutions-focussed<sup>23</sup>. Our research provides evidential support for the ideas underpinning this approach, while also highlighting areas for improvement and additional strategies that could be assimilated into this framework.

The current priorities for the Think Communities partnership are:

1. Outbreak management
2. Support for carers
3. Support for older people
4. Increased take-up of Technology Enabled Care (TEC)
5. Support for children and adolescents
6. Tackling food and fuel poverty and security
7. Improving social mobility
8. Implementing place-based commissioning

We propose two additional priorities for the Think Communities partnership moving forwards, as priorities shift from outbreak management:

1. Provide a framework for coordination and cohesion
2. Continue to expand Think Communities to cover all Council sectors, above and beyond Social Care

### **Recommendation 11: The Think Communities Partnership should prioritise provision of a framework for coordination and cohesion**

One of the hypotheses underpinning the commission of this report was that 'community groups do better when left to their own devices'. The feeling of community-groups towards this notion was summarised by one community group lead:

*'Being left to our own devices has resulted in something much more sustainable... but I don't think we've been well enough supported... it's a case of supporting better but not interfering or taking over, but providing resources, support and better lines of contact and communication.'*

*'It's not about the County Council trumping what everybody else does... It should be about people understanding what the statutory services are, what the county council are doing... and an understanding of what the voluntary sectors are doing.'*

From our research, we believe that the key to supporting community groups will be the formation of a framework that improves coordination and cohesion between different VCS actors and local government. While Think Communities is already working towards this objective, we believe its potential impact on community initiatives means it should be a major goal. One of the outcomes of the Neighbourhood Cares pilots was a framework that local VCS groups were able to operate within, but not bound to, allowing groups to access information about related services, and improve cohesion between actors. Applying such a framework to the Think Communities project would have the co-benefit of delivering the suggestions made by community groups in our research (**Table 7**), namely:

1. **Increasing recognition and understanding** of the utility and scope of community-led groups
2. **Improving relationships** between community-led groups and Council directorates
3. **Utilising community knowledge** to inform strategy
4. **Reducing bureaucracy**

We have identified three ways of improving coordination and cohesion: community development workers, community hubs, and funding for partnership projects.

*Recommendation 11.1: Integrate community development workers into the Think Communities place-based workforce*

One of the key features of the Neighbourhood Cares pilot was the placement of workers within the community, who helped to facilitate interactions between service users, community groups, domiciliary care providers and Council services. From the perspective of community-led initiatives, such a figure in the community would have a large impact on improving cohesion and points 1-4 above. One community support group, who were formed on a new development, spoke positively about the role of a temporary BPHA Housing Officer in setting up sustainable foundations for the community group and facilitating connections with the Council. They described how a more permanent community development worker would help relationships both between community groups and between community groups and the Council.

*'If there was somebody working full-time in the community to help draw some of these [initiatives] together... somebody to work alongside... the community chaplain... the school and those who already have a pastoral role in the community [that would be positive].'*



Examples of how other local authorities have previously utilised and integrated community development worker roles are provided in research commissioned by the Community Development Exchange<sup>95</sup>.

Think Communities have been allocated up to £1,686,000 from the Transformation Fund to develop a place-based workforce that will deliver the Think Communities objectives. This will include 'place co-ordinators' for each of the five districts, as well as ten 'community connectors'. Our research provides evidential support for this strategy. Given the challenges faced by community groups that we have identified, we suggest that the community connector role should involve:

- I. Providing a link between community-led groups and both the District and County Councils and their services, from social care to Highways and Transport, including facilitation of meaningful consultations.
- II. Providing a link between community-led groups and private service providers.
- III. Acting as a catalyst for groups within new developments.
- IV. Advising and supporting new and existing groups through:
  - Facilitating communication between groups to develop support networks
  - Providing links to VCS infrastructure support services such as Support Cambridgeshire and its member organisations, Cambridgeshire Community Foundation and the Cambridgeshire Volunteer Centres.
- V. Working with library staff and volunteers to deliver objectives of the Future Libraries Initiative

In terms of resource prioritisation and in line with our statements about the importance of health and wellbeing and the effect of community-led initiatives on health outcomes, we suggest that service delivery areas with the worst health indicators should be prioritised for service coverage by these roles.

*Recommendation 11.2: Use Think Communities and the Libraries First Model to develop community hubs as a base for community groups*

Our research highlights that the lack of affordable facilities is as much of a difficulty for community groups as funding. It was also identified as an important issue in our research on the potential effects of growth on community groups (**Section 4**). In **Recommendations 3 and 6**, we laid out suggestions to improve the provision of affordable venues. There are also opportunities for this problem to be addressed in line with both the Think Communities and Future Libraries Initiative projects.

The current 'Libraries First Model' has an aim of encouraging the use of libraries for services and events delivered by library staff or external local organisations, which could be commissioned directly by the Library Service. Our research provides a case for the use of

<sup>95</sup> 'Empowerment in Action Case Studies of Local Authority Community Development', The British Library (The British Library, n.d.), <https://www.bl.uk/collection-items/empowerment-in-action-case-studies-of-local-authority-community-development>.



libraries for local community groups, rather than those organised by the service or Council. We believe that the free provision of library facilities for community groups which have a low income would allow these groups to flourish and develop stronger connections.

In regards to the Future Libraries Initiative, we suggest:

- I. Ensuring that the community engagement stage of the 'Co-Design' phase specifically involves community groups that work in the areas surrounding the seven pilot libraries.
- II. Developing the 'Libraries First Model' to have a specific focus on providing facilities for local community-led groups with low incomes.

While we believe that the use of libraries as community hubs is an excellent strategy, it is important to note that libraries may not be a suitable space for all groups, for example Men's Sheds, sports or gardening groups. It is these same groups that will have struggled to provide online services during the COVID-19 pandemic, and therefore we believe the provision of suitable facilities for these groups is even more imperative (See **Recommendations 3 and 6**).

*Recommendation 11.3: Fund partnership projects*

In order to facilitate the formation of networks of community groups, we suggest that the Think Communities partnership considers awarding grants for place-based partnership projects that involve multiple groups that work within a particular service delivery area and share common goals.

**Recommendation 12: Continue to expand Think Communities to cover all Council sectors, above and beyond Social Care**

As detailed in previous sections, community-led groups in Cambridgeshire interact with a range of Council services and departments. Community-led groups offer an access point for Council workers to interact with Cambridgeshire communities, which will likely increase the success of both the community groups and also Council services and initiatives through the transfer of local contextual information (**6.2.3. Acknowledging and utilising community knowledge**). In line with the Think Communities workstream 'Workforce Reform', we believe that the partnership should aim to transform the ways in which Council directorates think about and interact with communities. This should go beyond the community-facing workforce. Our suggestions are:

**12.1.** Use the proposed workforce development programme to educate all council workers about the benefits of community-led initiatives in improving health and wellbeing (see **Section 3**), reducing the burden on council services and the use of community-led groups in providing place-based contextual information.

**12.2.** Mandate all Council directorates to develop a Think Communities policy that is outcome-based and outlines how their department will improve relationships with community-based groups.

**12.3.** Think Communities should take responsibility for the County Council Directory of Services (**Recommendation 8**) and develop it into a shared resource for County, District and Town Councils and other partners as a source of local information, in line with strategies to improve the use and availability of 'place-based' data and the creation of 'area profiles'. This will also be vital to improving the promotion of community groups to potential volunteers and service users (**Recommendation 7**).

Evidence from a survey of CCC workers who were redeployed from their substantive post to support COVID-19 response services has indicated that involvement in community-facing work can give workers new skills as well as improving job satisfaction. Over half of respondents felt like they had learnt new skills, while 48.4% said they would think differently about their substantive role as a result of their redeployment. This provides support for extending the Think Communities approach across all directorates beyond People and Communities.

### **Recommendation 13: Support the provision of sustainable and accessible funding**

As highlighted in **6.2.6. Less bureaucracy, more adaptability** and **6.2.7. Sustainable funding**, we have identified some key issues with the current funding framework used by CCC, namely:

- Intensive application processes that prevent people from applying
- Inadequate communication regarding expectations and 'fit' for particular funds
- Annual funding mechanisms leading to economic insecurity
- Demanding monitoring and review procedures

The beneficiaries of existing CCC funds such as the Innovate and Cultivate fund and the Communities Capital Fund have predominantly been established charities and parish councils that have been awarded relatively large sums of money. Our research indicates that small community-based groups and initiatives can have a big effect on community health outcomes, as well as reducing pressure on local authority services. Furthermore, small local groups that are embedded in the community, aware of local needs, and are well-connected and supported via other mechanisms proposed in this report, are a key enabler of the Think Communities objectives. The COVID-19 pandemic has shown the necessity of such groups for developing resilience within communities. Small groups with restricted service delivery areas require relatively little money in comparison to that currently given out by the Council, but also require financial security that isn't provided by one-off annual grants.

*'An annual payment of as little as £50 for each of our groups would go a long way to supporting our ongoing activities.'*

We recommend that the CCC and the Think Communities partnership:

**13.1.** Supports the provision of small but sustainable grants

- For example, a system where grants are awarded bi-annually for a minimum period of 3 years, under the condition that updates to constitutions and safeguarding documents are agreed with the funder, and a short outcome-based report is provided before each re-iteration of the funding (see point III).
- Moving towards an approach of funding smaller community-based projects should form part of the emerging strategy to change the way Early Intervention and Prevention strategies are commissioned.

**13.2.** Matches the amount of money applied for or awarded to the amount of documentation required for application and review**13.3.** Awards recurring grants based on proposals that are focussed on a rolling set of 'outcomes' rather than 'outputs'

- Often, local government can be too focused on precisely what the initiative is doing, rather than the impact the initiative is having on the everyday life of people who take part. CCC should focus on the *difference made* by outputs, not on the outputs themselves.
- We suggest that all applications require groups to use SMART objectives to describe their plans for the following funding period, setting goals that are 'specific', 'measurable', 'achievable', 'relevant' and 'time-bound'<sup>96</sup>.
- In the 'measurable' field, applicants should describe how they will evaluate the success of the project, and then use these techniques to provide evidence for the next funding round. It should be made clear that reiterations of funding are not dependent on all the objectives being met, as long as there is evidence of progress.
- Allowing groups to choose how their goals are measured will allow them to choose a method of evidence collection that is achievable for them - for example, some small groups may not have the capacity to deliver extensive surveys, but may instead provide written notes of support from service users.

**13.4.** Consider funding place-based partnership projects (**Recommendation 11.3**), to support the development of networks of community-based groups.**13.5.** Allocates funding in a proportionate way such that the most deprived areas and those with the highest comorbidity burden receive renewed investment first and at higher levels than other areas, as these neighbourhoods represent the greatest potential for improving health, wellbeing and financial savings.**Recommendation 14: Strengthen and assist voluntary and community sector (VCS) infrastructure support services**

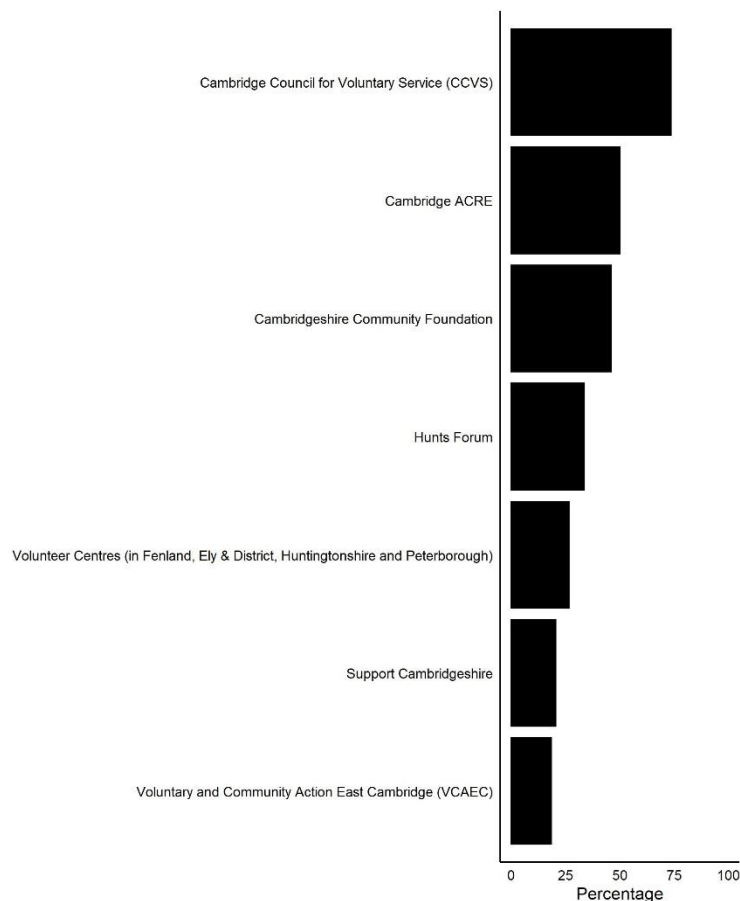
<sup>96</sup> 'Setting Smart Objectives', CMI (blog), 30 March 2020, <https://www.managers.org.uk/knowledge-and-insights/resource/setting-smart-objectives/>.

Three areas that were identified for improvement; promotion, advice and information, and recruitment of volunteers **(6.2.8-6.2.10)**, are all services provided by VCS infrastructure support services. Several of these services run throughout Cambridgeshire, including Cambridge Council for Voluntary Service (CCVS), Hunts Forum and Cambridge ACRE, which work independently but also form the partnership organisation, Support Cambridgeshire, which is funded by the CCC and aims to bring together these three partners to deliver better outcomes for local organisations. There is also Voluntary and Community Action East Cambridgeshire, Cambridgeshire Community Foundation and a number of Volunteer Centres.

Throughout the questionnaire and telephone interviews, it was apparent that the opinion of these services from groups that have accessed their support was high. For example, one group said that the main way that the CCC could help their initiative would be by *'Continuing to support Hunts Forum, Support Cambridgeshire and ACRE. We have found these organisations helpful.'* A founder of a new community support group agreed:

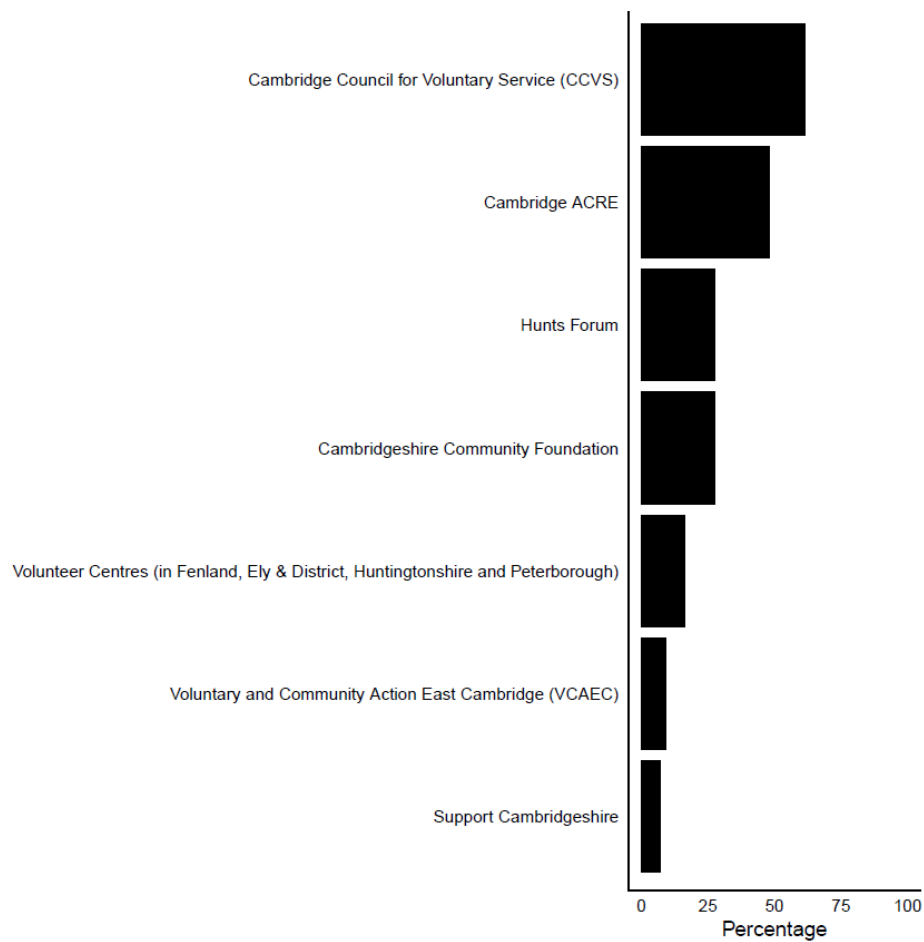
*'[Hunts Forum] are inspirational. They know everything, they know everybody... They go beyond just saying 'look here for information'. They'll sit down with you and say this is how you alter [your funding application]. They put you in touch with other people who have been through the mill. They'll share good practice documents, they'll share constitutions and safeguarding and GDPR documents... I can't praise them highly enough... I would promote Hunts Forum quite heavily if you want to start growing little initiatives.'*

In the questionnaire, we asked whether the groups were aware of these organisations. 98 (67.1% of total questionnaire respondents) people had heard of at least 1 of the 7 named organisations **(Figure 28)**. Whereas 73.5%, 33.7% and 50.0% of question respondents had heard of CCVS, Hunts Forum and Cambridge ACRE, respectively, only 20.4% had heard of Support Cambridgeshire. 4 respondents additionally left positive comments about the impact these organisations have had on their groups, while 5 respondents noted that although they had heard of these groups, they did not have any contact with them. 6 respondents left negative comments, largely regarding a lack of funding opportunities available from these organisations.



**Figure 28:** Are you aware of these voluntary and community sector (VCS) infrastructure support services?

A concerning aspect of this data is that when considering only those groups with an income of less than £5,000, the percentage of groups that had heard of at least one of the groups dropped to 56.4%, and out of those, the proportion that had heard of each organisation all dropped significantly (**Figure 29**). We can infer that these VCS support networks are not reaching the small and new community groups as well as the larger more established groups.



**Figure 29:** (For groups with an income less than £5,000) Are you aware of these voluntary and community sector (VCS) infrastructure support services?

In some follow-up interviews, we tried to determine how groups were finding these organisations. When asked how they initiated a relationship with Hunts Forum, one person said:

*'I went to an awful lot of networking events in my first year [of setting up the group]... I would go and meet people and exchange business cards... I met the lady who worked for Hunts Forum at a networking event at the Cambridge Science Park.'*

In order for these services to work optimally, the way in which these services are advertised needs to be improved.

We believe there is an opportunity for the CCC to support the foundation and development of community initiatives, in line with the Think Communities approach, through supporting these organisations. In particular, as we have identified that a lack of information about funding opportunities has been a problem for many groups, we envisage that CCC could improve this through Support Cambridgeshire and related groups. We acknowledge that the Support Cambridgeshire 4 Community Grant Finder portal is an excellent resource, but services like this just aren't reaching the groups who need it.

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We recommend that the CCC:

**14.1.** Continues to re-commission Support Cambridgeshire alongside Peterborough City Council

**14.2.** Advertises these services through their website (including in the Directory of Services) and local bulletins

**14.3.** Acknowledges that not all community groups may be comfortable with using the internet to access information, and works with Support Cambridgeshire to deliver targeted outreach programmes

**14.4.** Considers how the VCS infrastructure support services will integrate into the Think Communities programme. For example:

- Liaise with all organisations within Cambridgeshire to coordinate services across the established service delivery areas
- Create networks between these organisations and council workers by involving them in the workforce development programme
- Collaborate with these organisations on a shared database of community organisations (see **Recommendation 8**).

Increasing awareness of other funding opportunities, through VCS support networks, as well as providing smaller, more sustainable grants to localised community groups (**Recommendation 13**), will have the co-benefit of reducing the amount of money that CCC spends on grants.

## 7. Recommendation Analysis

### 7.1. Complex systems theory

Before discussion of the recommendations for the Council, we first preface this section within the broader context of complex systems theory<sup>97</sup>. A complex system is an entity composed of multiple interacting parts whose overall behaviour is greater than the sum of its constituent parts and include phenomena such as ecosystems, the human brain, and most relevant to this report, societies and their forms of government. The United Kingdom, therefore, represents an example of a complex system and hence requires governmental organisation that accommodates this societal structure. Towards this end, the UK's introduction of devolution a little more than 20 years ago complies with this definition by allowing more decentralised governing of local areas rather than placing the entire burden on national government. This structure allows subnational/local areas to make and perform decisions semi-autonomously to address concerns specific to them that they would ultimately be more knowledgeable about and, therefore, more capable of solving once given the appropriate resources and support.

However, in order for this scheme to carry on effectively, local and national government as well as communities and local government must work effectively in tandem or risk being overwhelmed by area-specific stresses (e.g. local) and/or inefficient in delegating needed resources (e.g. national). Therefore, in order for the Council to implement our recommendations listed below, it must, first and foremost, work to keep a continuously open line of communication between the Council and local community-led initiatives. This is important since, at each level, the group (Council or community) needs to have operating capabilities equal in complexity to their environment so their abilities are adequate to the scale of their responsibilities. This ensures that all levels (local and national) of the system run smoothly and are capable of doing multiple things simultaneously without major disturbances to productivity.

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<sup>97</sup> Alexander F. Siegenfeld and Yaneer Bar-Yam, 'An Introduction to Complex Systems Science and Its Applications', *ArXiv:1912.05088 [Physics]*, 10 December 2019, <http://arxiv.org/abs/1912.05088>.



## 7.2. Recommendations

Fundamental to community-based approaches to improving health and wellbeing is prioritising the question 'What keeps us healthy?' rather than 'What makes us ill?' Local government's primary aim, therefore, must be to grow the knowledge, skills and confidence of individuals and communities to recognise the needs of their community and manage their own health accordingly. To achieve this, local government needs to sit on the top rung of the Wilcox Ladder of Participation (**Figure 30**); *enabling* rather than leading. This means that it should provide support to independent initiatives, allowing the initiatives to make their own decisions corresponding to the needs of their community, and only provide expert support and guidance where required. This is quite a step up from standard practice, where local governments may consult communities on service commissioning but generally do not empower the community to provide the service themselves. These considerations are the basis for the Think Communities and Early Prevention and Intervention approaches already being employed by Cambridgeshire County Council. Our research provides resolute support for these initiatives, and therefore we encourage the Cambridgeshire Public Services Board to continue to give its full support and commitment to the implementation of Think Communities.



**Figure 30:** The Wilcox Ladder of Participation describes the range of ways in which leaders can engage their communities in decisions that affect them. From the bottom - where leaders simply inform communities of decisions - to the top - where communities make decisions for themselves with support from leaders – community involvement becomes ever greater.

Our full list of recommendations, which have been described in more detail in the context of the relevant sections of this report, is listed below:

### **Recommendation 1: Support communities to devise their own solutions to local health and social care issues.**

- Providing seed funding for new initiatives.
- Providing access to consultants and advice for initiatives.
- Organising public consultations to establish the key issues in the area and how they can be addressed by the community.
- Rolling out a social prescribing scheme such that health and social care professionals are aware of the health and wellbeing benefits of local initiatives, and can prescribe these to patients who may profit from these.

**Recommendation 2: Map local community assets alongside needs in the Joint Strategic Needs Assessment to understand where the community can add value, with additional insight work with marginalised communities.**

**Recommendation 3: Support community centres and infrastructure in new developments.**

- When possible, consider forming partnerships with Master Developers when developing large sites like those within “growth areas”.
- Consult with community groups prior to granting contracts with Developers.
- Install community spaces before residents move into developments.
- Construct a list of national organisations which can support the setup of local area groups in new communities, and make this available to new residents.
- Commission an extension report on the physical and social requirements of new communities that covers quantitative and qualitative criteria.
- Lobby for infrastructure that is mindful of health, promoting the development of environments that are green and sociable.

**Recommendation 4: Promote and support the inclusion of family homes in all new developments.**

**Recommendation 5: Consider the effects of business growth on communities**

- Conduct meaningful consultations with communities throughout the development process to make sure growth has a positive effect on surrounding areas.
- All developments, business or housing, should have a nominated liaison to work with local residents and community groups and ensure successful growth.

**Recommendation 6: Improve the provision of affordable venues in existing communities**

- Conduct research into the availability of community facilities, to identify facility ‘black holes.’
- Conduct research to identify *specialised* facilities that are lacking in each region
- Ensure that initiatives to improve or provide new venues are informed by public consultation.
- Consider using money that has previously been put into funding pools to provide free or subsidised facilities for community groups.
- Prioritise areas with poor health and socio-economic outcomes.
- Ensure that any new venues are physically accessible.

**Recommendation 7: Improve the advertisement of community-led groups to boost volunteer recruitment**

- Support and enhance VCS infrastructure support services
- Use existing VCS infrastructure to host a large scale volunteer event, in which community groups can have stalls promoting their groups, and potential volunteers can find opportunities.

**Recommendation 8: Improve the County Council Directory of Services**

- Work with District Councils and VCS infrastructure support services to expand and align databases of community-initiatives.
- Group initiatives based on district as well as theme.
- Include a link for community groups to list their services on the directory.
- Show which organisations are actively recruiting volunteers.
- Ensure that there is up-to-date contact information for every group.
- Advertise the application and produce physical copies to be distributed at local community centres, shops, libraries and GP practices.

**Recommendation 9: Support volunteer continuity post-pandemic**

- Signpost people who volunteered in the pandemic to other volunteering opportunities post-pandemic.
- Improve public awareness and understanding of community needs in order to encourage people to volunteer.

**Recommendation 10: Increase volunteer diversity**

- Investigate the backgrounds of people who volunteer in Cambridgeshire.
- Provide specific support to encourage underrepresented groups into volunteering.
- Make the provision of inclusion data and strategies to promote inclusivity mandatory within council grant applications for community-led initiatives

**Recommendation 11: The Think Communities Partnership should prioritise provision of a framework for coordination and cohesion**

- Integrate community development workers into the Think Communities place-based workforce
- Use Think Communities and the Libraries First Model to develop community hubs as a base for community groups
- Fund partnership projects

**Recommendation 12: Continue to expand Think Communities to cover all Council sectors, above and beyond Social Care**

- Use the proposed workforce development programme to educate all council workers about the benefits of community-led initiatives in improving health and wellbeing.
- Mandate all Council directorates to develop a Think Communities policy that is outcome-based and outlines how their department will improve relationships with community-based groups.
- Think Communities should take responsibility for the County Council Directory of Services and develop it into a shared resource for County, District and Town Councils and other partners as a source of local information, in line with strategies to improve the use and availability of 'place-based' data and the creation of 'area profiles'.

**Recommendation 13: Support the provision of sustainable and accessible funding**

- Support the provision of small but sustainable grants

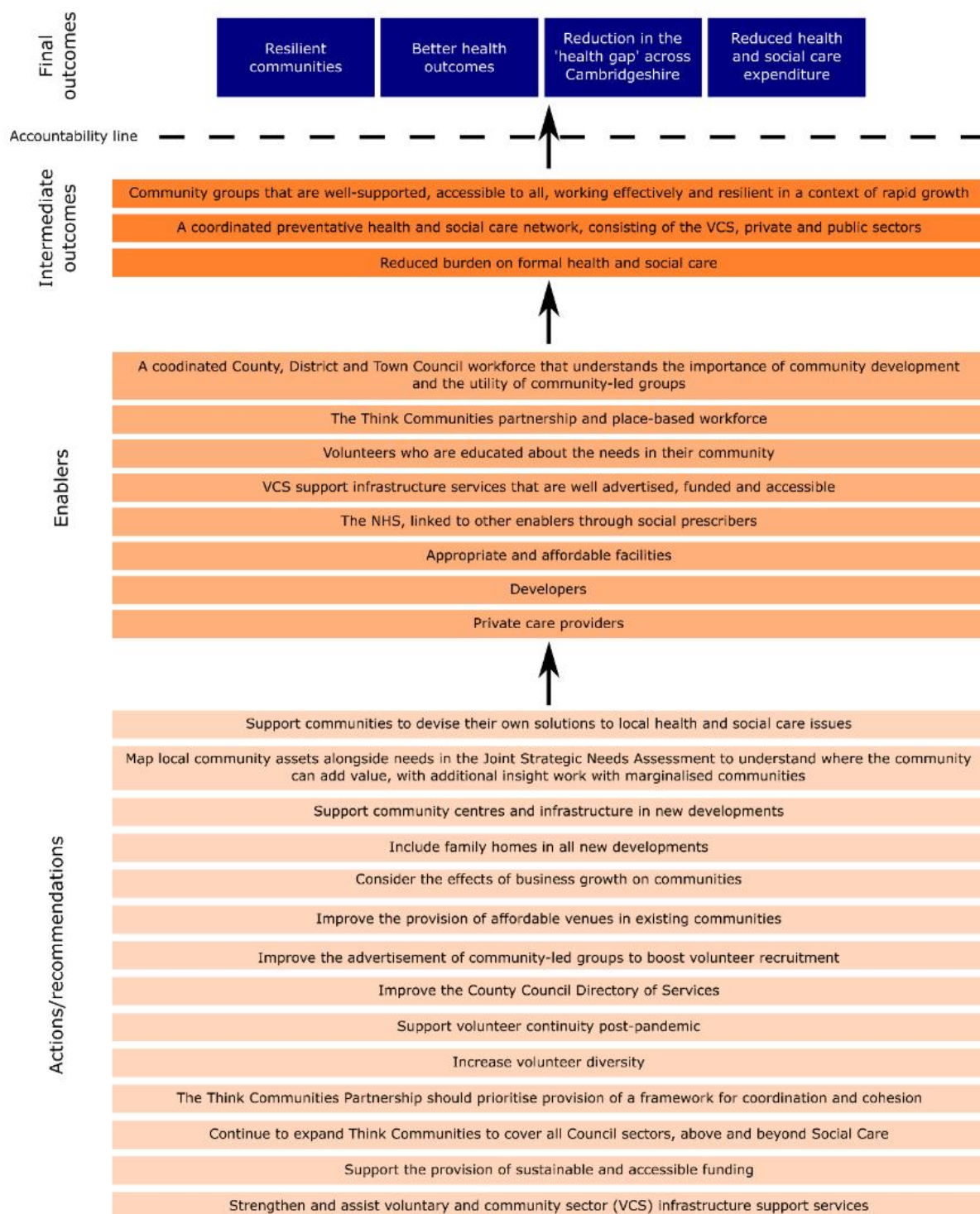
- Match the amount of money applied for or awarded to the amount of documentation required for application and review.
- Award recurring grants based on proposals that are focussed on a rolling set of 'outcomes' rather than 'outputs'.
- Consider funding place-based partnership projects, to support the development of networks of community-based groups.
- Allocate funding in a proportionate way such that the most deprived areas and those with the highest comorbidity burden receive renewed investment first and at higher levels than other areas, as these neighbourhoods represent the greatest potential for improving health, wellbeing and financial savings.

**Recommendation 14: Strengthen and assist voluntary and community sector (VCS) infrastructure support services**

- Continue to re-commission Support Cambridgeshire alongside Peterborough City Council.
- Advertise these services through the CCC website (including in the Directory of Services) and local bulletins.
- Acknowledge that not all community groups may be comfortable with using the internet to access information, and work with Support Cambridgeshire to deliver targeted outreach programmes.
- Consider how the VCS infrastructure support services will integrate into the Think Communities programme.

### 7.3. Theory of Change

The following theory of change logic model summarises our recommendations and highlights the expected intermediate and final outcomes, providing a basis for future evaluation of the recommended implementation.



#### **7.4. Conclusion**

In summary, this research has shown that it is possible to empower communities to provide their own solutions to many health and social care issues, with associated benefits for the local economy. It has further highlighted areas that may pose a challenge to developing communities, specifically related to growth and inclusivity. With this evidence in mind, we have proposed recommendations for Cambridgeshire County Council to consider in order to support community development that may, ultimately, improve community health outcomes.

## Report of the Service Director for Communities and Partnerships

To: Communities and Partnership Committee

Meeting Date: 3 December 2020

From: Service Director: Communities and Partnerships, Adrian Chapman

Electoral division(s): All

Key decision: No

Outcome: This Service Director report provides an overview of strategic activity relevant to this Committee, relating to both the response to the COVID-19 pandemic and 'business as usual' activity, and seeks to assure Members that the agreed direction of travel for the Committee's business is progressing at pace.

Recommendation: The Committee is asked to:

- a) Note and comment on the key themes discussed in this report; and
- b) Agree the Cambridgeshire Local branding and intended use.

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## 1. Background

- 1.1 At its August Committee meeting, Members agreed to receive a regular Service Director report, setting out information, opportunities and challenges relating to the cross-cutting work that the Committee and its service directorate has responsibility for. This includes the service directorate's role in supporting the COVID-19 response.

## 2. Main Issues

- 2.1 The work of the Communities and Partnership Committee is diverse and cross-cutting. The Committee combines responsibility for specific services but also for leading the transformation of our approach to ensuring communities and residents are at the heart of our decision making, service design and delivery. Further, it has the responsibility of developing meaningful, productive partnerships across all sectors that make a lasting and positive difference to communities and achieves improved outcomes for all. This Service Director report draws together a range of different but linked workstreams.
- 2.2 **Think Communities**
- 2.2.1 Following the allocation of funding to the Think Communities programme from General Purposes Committee, as updated at the last Committee meeting, work has developed at pace to ensure meaningful delivery of positive change across our county. The funding, and the associated work, signals a shift in emphasis for Think Communities, from being a concept which partners had signed up to with a few pilot projects taking place to test out the principles, to being a full-scale transformational approach to council and broader public service delivery.
- 2.2.2 To emphasise this change, we are developing the use of a new public-facing brand. As stated, this is based on the need to signal an important change, but also on feedback received that suggests the Think Communities identity may not be easily understood or interpreted by communities. We are therefore replacing the Think Communities brand with Cambridgeshire Local. This in no way changes the concepts and agreed principles of Think Communities, but is simply a more accessible public facing brand which better illustrates what we are striving to achieve. It is envisaged that the brand will become a countywide brand that other partners can use, adding their own logos underneath. This will create a strong, shared brand that the public will begin to recognise, and associate with positive, place based working that resolves challenges and presents opportunities. The main Cambridgeshire Local brand is shown below, along with an example of how we and a partner organisation may use it:







2.2.3 Through October, we have worked hard with our partners to develop the governance for Cambridgeshire Local. The Countywide Community Resilience Group (CRG) will oversee our action plan against the eight Cambridgeshire Local priorities with our initial focus being outbreak management, support for carers, and those who are struggling with economic hardship, food and fuel poverty. The CRG has been actively meeting since March in response to the pandemic, and is chaired by the Service Director for Communities and Partnerships. CRG members, who have been incredibly positive, proactive and determined to support our collective efforts, have recently agreed to support the continuation of the CRG beyond the pandemic, such is its effectiveness. For information, the current CRG membership is as follows:

- **Councils for Voluntary Service**
  - Hunts Forum
  - Cambridge Council for Voluntary Service
  - Peterborough Council for Voluntary Service
- **Voluntary Sector**
  - Age UK
  - Cambridgeshire ACRE
  - Cambridgeshire and Peterborough Association of Local Councils
  - Care Network
  - Caring Together
  - Health Watch Cambridgeshire and Peterborough
  - British Red Cross
  - Alzheimer's Society
  - Cambridge Citizens' Advice
  - Peterborough Citizens' Advice
  - Rural Cambridgeshire Citizens' Advice
- **Faith Representatives**
  - Archdeacon, Diocese of Ely
  - Peterborough Interfaith Council
- **District/City Councils**
  - Cambridge City Council
  - East Cambridgeshire District Council
  - Fenland District Council
  - Huntingdonshire District Council
  - Peterborough City Council
  - South Cambridgeshire District Council

- **Public Sector Representatives**
  - Cambridgeshire Fire and Rescue
  - Cambridgeshire Police
  - Office of the Police and Crime Commissioner
  - NHS Clinical Commissioning Group
  - Cambridgeshire and Peterborough Safeguarding Board
  - Department of Work and Pensions
  - Bedfordshire, Cambridgeshire and Hertfordshire Civil Contingencies Unit
- **Housing Partners**
  - Sub-Regional Housing Board
  - Cross Keys Homes
- **County Council Representatives**
  - Cambridgeshire Local
  - Children's Services Early Help
  - Adult Social Care
  - Commissioning Service
  - Public Health
  - Communications
  - Business Intelligence
  - Countywide Hub

- 2.2.4 Two full-service officer workshops were held in October, the aim being to ensure staff fully focus their practice on the eight Cambridgeshire Local Priorities. The workshops were also valuable in gathering feedback to help us identify key activities against outcomes as well as links to the broader service areas of the Communities and Partnerships directorate and Committee, and the wider council.
- 2.2.5 The officer workshops also informed the Committee workshop which was held on 12 November. This was a focussed workshop enabling Members to provide their insight, expertise and perspectives on how best to progress the initial Cambridgeshire Local priorities. Members were updated on progress toward the delivery of community engagement events across the 22 Service Delivery Areas in Cambridgeshire and in addition were able to give their valued input to the development of priority activity for Cambridgeshire Local for the next 12 months. The Cambridgeshire Local team will now use the feedback from the workshop to focus on priority activity where we think the most impact can be made, tracked and measured. The workshop also gave us the opportunity to check our thinking around behaviour change, with key feedback being given in areas such as how to better communicate and engage with unknown carers through to how we can re-engage young people in physical activity after lockdown.
- 2.2.6 Alongside the development of the action plans that will deliver our priorities, focused work has been undertaken to develop an appropriate tracking tool to make sure we are achieving what we set out to achieve, and that we are making a positive and lasting difference. The emerging tool will bring together details about specific activity with related information on progress, compared against key performance indicators, outputs and outcomes, and an assessment of impact. The tool will be brought to Committee, along with the proposed impact measures, in its draft state as soon as it is available.
- 2.2.7 Committee will be aware of the 22 Service Delivery Areas that have now been agreed. These offer an additional geographical definition where other boundaries do not provide the

place focus needed to resolve an issue or develop an opportunity. They do not replace any existing boundary (such as Council Division or parish council area). The Cambridgeshire Local Place Coordinators have been working with our Community Champions to develop engagement events in these 22 service delivery areas, to be held between now and February next year. Work has been undertaken to identify existing forums and networks where we are already engaged to be able to undertake early activity and we have developed an action plan to support delivery in areas that are not as well known to us. These initial engagement events are important opportunities to extend the reach and understanding of Cambridgeshire Local, and to ensure that communities and partners are fully briefed.

- 2.2.8 On 23 October the Cambridgeshire Local Councils Annual Conference took place as a virtual online event. Working with Cambridgeshire ACRE and the Cambridgeshire and Peterborough Association of Local Councils (CaPALC), more than 300 delegates logged in to take part in the workshops, view the opening address by Gillian Beasley and key note interview with Adrian Chapman. There was also a very popular networking lounge area as well as information booths and a panel discussion. Early indications suggest the event was highly successful, reaching out to a wider audience as well as enabling the efficient dissemination of information alongside the ability for people to make links with others in a creative way. Further information is provided in the Local Council Development Plan report also being presented to Committee in December.
- 2.2.9 The Cambridgeshire and Peterborough Against Scams Partnership have secured a monthly slot on BBC Radio Cambridgeshire's Jeremy Sallis show on the first Tuesday of every month. Six scams awareness audio files are being recorded for Soham Community Radio using local volunteers. 100 victim referrals have been received from the National Scams Investigation Team in recent weeks. All victims will be contacted with information and offers of support to stop the cycle of engaging with scammers.
- 2.2.10 A guide to help schools to support armed forces children has been published in partnership with the Education service directorate as part of our Armed Forces Covenant work. We have also led work to develop a new housing outreach project partnership, focused on understanding what data is available around the armed forces housing need, what would be required to help identify members of the armed forces community in the process, and how we can support partners to be able monitor this. The Armed Forces Housing Outreach Officer is also undertaking casework across the District and City councils and working in close partnership with the Defence Medical Welfare Service and Project Nova.
- 2.2.11 The National Citizen Service Autumn delivery started in Cambridgeshire recently: Fifty year 12 students from St Peter's School took part in a two day activity programme at Grafham Water Centre; Granta School also started their NCS Autumn programme in October with 17 of their sixth form students; Castle School and The Centre School began their NCS programmes in early November.
- 2.2.12 Youth and Community Coordinators are working alongside Littleport Academy to develop support for a group of Young Carers within the school, to improve aspirations, provide respite and offer an environment where likeminded young people can share their experiences, have fun and respite and explore the issues important to them in a safe and supportive environment. This is a vital pilot approach to support one of our key

Cambridgeshire Local priorities, and, if successful, we will seek to expand across the county.

2.2.13 Finally, at time of writing, interviews for the remaining two Cambridgeshire Local Place Coordinators (for the Huntingdonshire and Fenland areas) are due to take place on 26 November. Subsequent interviews for the Cambridgeshire Local Connectors are due to take place week commencing 7 December.

## **2.3 Community Safety**

- 2.3.1 A Domestic Abuse capacity building fund has been announced that will allocate £50K to each upper tier authority to assist with planning for the new Domestic Abuse Statutory duty, the details of which have been previously shared with Committee. Officers are developing proposals for the most appropriate way to commit this funding, and further details will be provided to Committee in the January Service Director report.
- 2.3.2 We are now seeing an anticipated increase in domestic abuse referrals, most likely linked to pressures caused by COVID-19 and lockdown. Quarter two data (July to September 2020) has highlighted an overall increase of around 8% in Independent Domestic Violence Adviser (IDVA) referrals compared to quarter two in 2019/20. There have been particular increases in A8 referrals from Eastern European communities and also from young people.
- 2.3.3 An 'Adolescent to Parent Violence and Abuse Needs Assessment' has been completed and taken to the Vulnerable People Recovery Sub-Group, part of the COVID-19 structure. It will now be taken to the Domestic Abuse and Sexual Violence (DASV) Delivery Board for further action.
- 2.3.4 'Housing First' properties have been identified in Fenland for individuals who face multiple disadvantage, supported through the county's Counting Every Adult programme. Further, a meeting with Accent Nene Housing Group led to their interest in the Housing First programme which may bring additional properties for Wisbech (and Peterborough). The addition of the Counting Every Adult service to the Communities and Partnerships service directorate is a relatively recent change, and a fuller overview of the work of this team will be included in the January Service Director report.

## **2.4 Regulatory Services**

- 2.4.1 Product safety issues are expected to increase on the run up to Christmas and with a rise in imported goods specifically for the Christmas market. Trading Standards are mobilised to act based on demand.
- 2.4.2 The planning application for the move of the Cambridge Registration Office to the Roger Ascham building is now not due to be heard at Planning Committee in Cambridge until January. As a result of this delay, other accommodation options are having to be explored although when this review was previously completed there were no other viable options available.
- 2.4.3 The Coroners Service are working with the Transformation Team to explore efficiencies in the use of IT and the viability of building a dedicated mortuary, pathology and inquest facility, as previously agreed by Committee.

## 2.5 COVID-19 Coordination and Response Hub

- 2.5.1 The Hub and our partner hubs have been supporting Clinically Extremely Vulnerable (CEV) people during the current lockdown. Although this group of almost 32,000 people across Cambridgeshire and Peterborough is not being advised to shield, they are being provided with enhanced advice to ensure they are protected as far as possible from the virus. This includes not going out to work or to shop, and to stringently avoid contact with others. Councils have been asked to deliver support to CEV people during the current lockdown in line with the new national Shielding Framework – the countywide hub has held discussions with each of our district council partners and with Peterborough to develop our local delivery and support model, and this has been operational since 5 November.
- 2.5.2 Our local model is based on our experiences during the previous shielding period, which closely mirrors many aspects of the new national Shielding Framework, and comprises four main principles:
- Supporting people to be independent (our offer will give people the information and resources they need to help themselves)
  - Local is best (individuals will be linked into local support in their area wherever it's available and appropriate)
  - Building on existing relationships (we will work with and support our partners to provide the most appropriate support possible in ways that make most sense to those that need it)
  - Data and Intelligence led (we will use our data, with our partners, to understand our CEV population and better tailor our offer of support)
- 2.5.3 At time of writing there were 31,977 people on the CEV list across Cambridgeshire and Peterborough. Over 11,000 people from this list have been proactively contacted by the Hub and district/city councils, these being those that we were providing support for when shielding was paused in August and those people subsequently added to the list. All of this group have been sent details of the full range of support available from the Hub network, as well as details of local community-based provision.
- 2.5.4 CEV people are able to register for support via a new national portal, and at time of writing just 1,493 people in our county had done so. All of those have been contacted by telephone, with 23% needing immediate support. Registration on the national portal enables CEV people to access priority supermarket home delivery slots, and nationally the NHS scheme to deliver medicines direct to CEV peoples' homes has been restarted; both of these services are thought to be the primary reasons why demand for support during this current phase is relatively low.
- 2.5.5 The Hub has continued to provide marshalling support at test sites in the North and South of the county which are available for key workers, run in collaboration with the NHS.
- 2.5.6 In October, the Government announced new funding to support people financially where self-isolating as a result of a positive test or from being contact-traced would lead to a loss of earnings. The scheme provides £500 for eligible applicants, and is administered by district and city councils. The countywide Hub has coordinated this effort in order to achieve consistency across our county. The Hub has also developed a local support scheme that wraps around the national offer, providing financial support where appropriate and where

the national scheme cannot help, but also other forms of support that prevents someone that must self-isolate from not being able to. A countywide working group continues to meet every 2 weeks to review requests coming through, share learning and identify any gaps that can be met through the local support scheme. At time of writing there had been around 700 applications to the national scheme, with around two fifths being approved.

- 2.5.7 District and City Councils have been asked to develop their own local rapid response plans to respond to the latest epidemiology. All of our partner councils have now compiled their plans, which are being signed off by the Director of Public Health, and are being monitored via local arrangements. Alongside this, we are in the process of developing the next iteration of the Local Outbreak Control Plan action plan; our current action plan, which underpins our Local Outbreak Control Plan, is now 80% complete. The next version of the plan will bring together the various workstreams that are operating as part of our COVID-19 response, including test and trace, self-isolation support, community engagement, communications, mass vaccination planning, and rapid response arrangements.
- 2.5.8 Although not wholly related to the COVID-19 response, the work to develop and deliver the local response to the Government's announcement to fund a Winter Grant Scheme is being led by the countywide Hub. At time of writing, we are awaiting final guidance from Government, and the Children and Young People Committee will be receiving a fuller report on our local response at its meeting on 1 December. However, in brief:
- Cambridgeshire County Council will receive total funding of £1.4million to cover the period from 1 December 2020 to 31 March 2021
  - Funds are expected to be allocated with 80% going to families and 20% to other groups or individuals, and with 80% funding food and utility bills and the remaining 20% for other essentials
  - The scheme is expected to provide support to families in need who are also eligible for free school meals, and is also clearly intended to offer support more widely and flexibly
  - The Department for Education has said that further announcements about support beyond Easter 2021 will be made at a later date
  - Utilising our Cambridgeshire Local approach, we propose to manage the Winter Fund through the countywide Hub, which will work closely with the district hubs in ensuring delivery of financial and practical support

Further details can be found in the Children and Young People Committee report pack at the following link:

[https://cambridgeshire.cmis.uk.com/ccs\\_live/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/1374/Committee/4/Default.aspx](https://cambridgeshire.cmis.uk.com/ccs_live/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/1374/Committee/4/Default.aspx).

Any subsequent changes, following publication of the guidance or as the detail of the local scheme is developed, will be shared with Communities and Partnership Committee Members either verbally or via the potential late report referred to in paragraph 2.5.9.

- 2.5.9 At time of writing, there are a significant number of live work streams that are at critical stages of development and decision making. Alongside this, the Government is making announcements relating to post-lockdown arrangements and the new tiered structure of local management arrangements. The Chairman has therefore agreed to accept a late report for December's Committee meeting if there is sufficient detail to be incorporated, in order that the Committee is as fully briefed and as up to date as possible.

### 3. Alignment with corporate priorities

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

The Committee's focus is on leading positive change, in collaboration with partners, which benefits our residents and their communities, offers opportunity for all, and ensures no community is excluded or disadvantaged. By focussing on these objectives, which the various workstreams set out in this report seek to do, we can ensure that the quality of life outcomes for everyone are improved.

#### 3.2 Thriving places for people to live

For citizens to be confident, healthy, safe and secure, they need to live in communities that mirror those attributes, and where there is a strong sense of local identity and cohesion. The workstreams set out in this report seek to support the development of a strong local identity, helping to create thriving places for people to live in.

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

All of the workstreams set out in this report affect all residents, regardless of age. Moreover, building communities that are vibrant and have opportunity, and enhancing the social mobility of families, will directly and positively create the best possible start for our children.

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

All of our work is cognisant of the net zero carbon emissions target.

### 4. Significant Implications

#### 4.1 Resource Implications

There have not been any significant changes in the projected financial consequences of the pandemic within the remit of this Committee since the September report.

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

Any purchases to support this project will be carried out in accordance with the Council's Contract Procedure Rules.

#### 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 a number of communications and engagement aspects to this report that our Communications team are aware of, and they are working closely and proactively with relevant officers where appropriate.

#### 4.6 **Localism and Local Member Involvement**

There are no significant implications within this category.

#### 4.7 **Public Health Implications**

This paper clearly lays out the diverse contributions that are being made through the work of the Communities and Partnerships Directorate to health and wellbeing, and to the management of the COVID-19 pandemic. It acknowledges that key to Public Health is the improvement of health and wellbeing which needs action across many determinants.

**Have the resource implications been cleared by Finance?** Yes

Name of Financial Officer: Martin Wade

**Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?** Yes

Name of Officer: Gus De Silva

**Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law?** Yes

Name of Legal Officer: Fiona McMillan

**Have the equality and diversity implications been cleared by your Service Contact?**

Yes

Name of Officer: Adrian Chapman

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

Name of Officer: Christine Birchall

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

Name of Officer: Adrian Chapman

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

Name of Officer: Val Thomas

## 5. Source documents

### 5.1 None



## Cambridgeshire Skills Six-Month Review

To: Communities and Partnership Committee

Meeting Date: 3 December 2020

From: Assistant Director: Skills, Employment and Libraries, Pat Carrington

Electoral division(s): All

Key decision: No

Outcome: For the Committee to be appropriately briefed on matters relating to the delivery of the Cambridgeshire Skills service delivery plan for the academic year 2019/20, and on the direction of travel for the current academic year.

Recommendation: The Committee is asked to:

- a) Note the progress of the Service operating as Cambridgeshire Skills;
- b) Comment on the ways the service has adapted to the ongoing impacts caused by the pandemic; and
- c) Suggest additional opportunities for the service to explore that will help meet the Council's objectives and support our communities.

### Officer contact:

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Tel: 01733 293891

### Member contacts:

Names: Councillor Steve Criswell  
Post: Chairman  
Email: [steve.criswell@cambridgeshire.gov.uk](mailto:steve.criswell@cambridgeshire.gov.uk)  
Tel: 01223 706398

## 1. Background

- 1.1 Cambridgeshire Skills is the County Council's adult education service, funded through the Cambridgeshire and Peterborough Combined Authority (CPCA) and the Department for Education (DfE). This grant funding, currently £2.3 million per annum, is for the provision of adult learning and training that is aligned to the County Council's priorities and the CPCA's Skills Strategy.
- 1.2 In 2018, the former service of Cambridgeshire Adult Learning and Skills Service transferred to the Communities and Safety service directorate and to the responsibility of the Communities and Partnership Committee. The Committee approved a proposal for the service to be managed through a Governing Board, which is chaired by the Chair of the Communities and Partnership Committee.
- 1.3 Prior to August 2019, adult education in Cambridgeshire was funded by the Department of Education. Since August 2019, the Adult Education Budget within Cambridgeshire has been devolved to the Combined Authority, who have prescribed the types, levels and geographical locations that are the priorities for delivery in this area.
- 1.4 In order to identify what would be required by the new service moving forward and running up to this transition of the new funding methodology, the Governing Board commissioned the Assistant Director for the service to carry out a review of the service and our preparedness for these funding changes. This review became the evidence base used to design the service and inform and make recommendations to the Committee.
- 1.5 Since the last report to the Committee, the focus of the Service has been to ensure it is operationally ready to deliver an adult skills service that meets both the council's priorities and its contractual requirement.

## 2. Progress of the Delivery plan

- 2.1 As referred to above, the transfer of the service to a new directorate and a new Committee enabled a full service review to be undertaken. This review resulted in a full service redesign, and a repurposed and rebranded service, Cambridgeshire Skills.
- 2.2 Since August 2019, Cambridgeshire Skills has achieved a number of important milestones, including securing the £2.15m contract with the CPCA and £146k via the Education Skills and Funding Agency. These contracts support enrolments and funding targeted at those furthest away from learning and work and to upskill others.
- 2.3 The Adult Education provision has been designed to meet corporate priorities of the Council's Business Plan, specifically:
  - A good quality of life for everyone
  - Thriving places for people to live
  - The best start for Cambridgeshire's children
- 2.4 The approach the Council is taking to develop place-based delivery models for all services was a key enabler in delivering targeted adult learning across the county.

In addition to meeting the needs of the Council, the service is meeting the CPCA priorities for adult skills through the:

- Development of skills to gain a job
- Retraining / reskilling to change employment
- Upskilling those in work, particularly those in low skill, low paid work
- Providing 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

2.5 The CPCA identified the importance of targeting provision in the areas of greatest need in Cambridgeshire, namely Fenland and East Cambridgeshire. Therefore, Cambridgeshire Skills have approached this by providing a hub and spoke model, with two bases and a large spoke in the targeted geographical areas:

- March Community Centre hub (similar to a local College) that serves Fenland and Huntingdonshire
- Library Learning Centre space in Ely, which has been redeveloped to become the East Cambridgeshire hub that also provides learning to South Cambridgeshire
- Cambridge Central Library, which delivers learning in Cambridge City

2.6 To further enable place-based delivery across the priority areas set out above, Cambridgeshire Skills delivered from 51 “spoke” delivery sites up to the first Covid lockdown. These are a combination of libraries, community centres, children’s centres, local schools, partner and employer venues and other venues conducive to deliver a positive and nurturing adult learning experience. The Head of Service has met with all four County Council Community Champions to promote the service.

2.7 Cambridgeshire Skills delivered learning to 1,732 residents up to the first Covid lockdown on 23 March 2020, with 2,100 residents in the pipeline for the Summer term. Courses ranged from accredited and non-accredited Basic Skills programmes – namely English, Maths, IT and English for Speakers of Other Languages (ESOL). It has also developed a range of accredited and non-accredited vocational programmes to meet local needs. Examples of this include Retail, Customer Service, Volunteering, and Teaching Assistant training. As a result of this:

- 240 classes ran in 51 venues, 62% of the classes were held in Fenland/Huntingdonshire and 38% in East Cambridgeshire/South Cambridgeshire/Cambridge City
- In addition to the direct delivery classes above, we worked with 13 subcontracted partners to extend our reach further
- 85% of all learners were retained for the duration of their course  
*(Due to Covid a number of learners were put on a temporary learning break and were unable to continue to the end of the course. This has impacted on the overall retention figure reported. 8% of learners were put on a temporary learning break)*
- 92% of all learners achieved their learning objective, with 6% achieving via a calculated result
- Overall 65% of learners have progressed, with those that were unemployed at

enrolment having progressed as below:

- 38% into further education/learning
- 12% into employment
- 2% into volunteering

Cambridgeshire Skills also worked with some local employers, including G's to upskill English language in their workforce, Citizen's Advice to offer safeguarding and financial literacy classes to volunteers and staff, RAF Marham and the Chatteris Business Cluster.

- 2.8 The service continues to work closely with the Cambridgeshire Libraries service and this was further strengthened during lockdown. We supported over 500 residents through a new, collaborative initiative, 'Open New Doors'. This project, developed alongside the library service, City College Peterborough and Civic, pulled together, in one place, a variety of activities, experiences and learning for our residents to try.

Residents were able to take a virtual tour through the Discovery Section, get crafty through our free craft pack distribution to individuals and families, learn how to sew scrub bags to donate to the NHS and care homes through the sewing bee campaign, learn new skills for work (or even a career change), and access our library resources through Libraries.Live.

In addition to this, the Library service were able to secure 10 free devices (including a data bundle) donated by the Good Things Foundation, and these were delivered as part of the Open New Doors initiative.

- 2.9 Cambridgeshire Skills continues to signpost to community "club" provision such as Makaton / internet clubs provided by the Voluntary Sector.
- 2.10 The academic year for 2019/20 was significantly different from any previous academic year due to Covid. Following the lockdown on 23 March 2020, 45% of the team were redeployed into the County Coordination Hub. The remainder of team members very quickly diversified into writing online content and courses and although we could not convert all pipeline enrolments, over 300 residents studied online to either attend a new class or complete their pre-Covid course.

All learners were supported throughout lockdown with support calls and the continuation of learning where possible.

Staff largely worked from home from 23 March through to 2 September 2020. Although some centres will not yet allow face-face-delivery we have returned to the office on a bubble rota to ensure we are available for our learners and to support the wellbeing of our team.

- 2.11 During 2019, the service was assessed for, and maintained, the Matrix award which is required in order to deliver Government and CPCA adult skills contracts. The Matrix Standard is a unique quality standard for organisations to assess and measure their advice and support services, supporting individuals in their choice of career, learning, work and life goals.
- 2.12 In order to ensure quality and up to date resources for our learners, the service upgraded all its computers at Cambridge Central and Ely Libraries. Alongside this, an essential fibre

broadband was installed in March Community Centre to increase the bandwidth capacity from 3mbps to 74mbps. The service also purchased 4 portable 72" smart screens to improve the adult learning experience when delivering digital skills. The service continues to grow its IT function and will offer a laptop loan service in the 2020/21 academic year and will upgrade the computers in March Community Centre.

- 2.13 The Service was successful in winning a £400k Capital bid from the CPCA Growth Fund. This grant will refurbish aspects of March Community Centre and create 5 more vocational classrooms. In addition to this, the community space will expand for our stakeholders and continue to be the vibrant centre for the residents in the surrounding area. Although there has been some project creep due to Covid, the contractor, Gleeds, have been appointed and work commences in the next 6-8 weeks.
- 2.14 Looking forward, the delivery plan for 2020/21 has been planned around the principles of post-Covid social and economic recovery. This includes the demand for re-skilling those residents who now find themselves unemployed or claiming Universal Credit and looking for work, supporting businesses, traineeship and Kickstart programmes to support 18-24 year olds, increasing digital inclusion and social mobility and meeting the priorities of our 'Cambridgeshire Local' place-based working model. The service will also be making extensive use of the new Cambridgeshire Local Outreach Vehicle.
- 2.15 The voice of the local authority continues to be represented at a strategic level with our funders. Both the Assistant Director and Head of Service sit on the CPCA Adult Learning Steering Group. In addition, the Assistant Director is a prominent member of the Combined Authority's Skills and Employment Board and has regular meetings with the Combined Authority's Director for Business and Skills in order to support, advise and influence the direction of skills across the County.
- 2.16 Critical to Cambridgeshire Skills success is strong leadership. The Governing Board is now well established and has been invaluable to the development of the Service. Governors have a breadth of knowledge and experience which has been integral to the success of the new service to date, offering strategic direction, challenge and support. The Governing Board meets bi-monthly, and in addition to these meetings has formed two sub groups: one for quality and curriculum; the other for finance and resources. The Chair of the Governing Board is also the Chair of the Communities and Partnership Committee which is where the overall governance responsibility lies. The Committee receives copies of the Governing Board minutes and a minimum of two reports a year from Cambridgeshire Skills.

### 3. Alignment with corporate priorities

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

The objectives the service commits to deliver and use its funding to support include:

- To advance education
- To relieve unemployment
- To relieve poverty
- To advance health
- To improve social mobility
- To improve digital inclusion
- The promotion of community participation in healthy recreation, in particular by

the provision of facilities for the playing of sports and related activities

### 3.2 Thriving places for people to live

The service has increased delivery in the targeted areas of need identified in local social and economic data. This has improved the work and life prospects of local residents.

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

We have engaged and provided skills to adults to improve support for children and families. Service Managers continue to work with the local primary schools and the Child and Family Centre Managers to devise pre-entry literacy and other courses and qualifications which will support improved literacy and other skills for local families. We are in the process of distributing 50 digital devices and internet dongles through the Connecting Families project to improve digital inclusion.

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

All work to be carried out during the refurbishment of March Community Centre has been approved by the Strategic Property Board and the new heating system complies with the Council's aspiration to have net zero carbon emissions by 2050.

## 4. Significant Implications

### 4.1 Resource Implications

There are no significant implications within this category.

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

There are no significant implications within this category.

### 4.3 Statutory, Legal and Risk Implications

There are no significant implications within this category.

### 4.4 Equality and Diversity Implications

The work carried out by the service is often with the county's most vulnerable residents and as such makes a positive contribution to issues of equality and accessibility.

### 4.5 Engagement and Communications Implications

The Service operates in partnership with local community and voluntary organisations.

### 4.6 Localism and Local Member Involvement

At the heart of the Adult Learning and Skills Service is its local engagement and place-based delivery. The development of the service has resulted in the provision of three discrete learning centres, one in March, one in Cambridge City and another in Ely. In addition, the Service continues to work to identify accessible, local buildings from which to deliver community-based learning, albeit this is proving more difficult in the current Covid climate.

The Governing Board has both County Council and District Council representation.

#### 4.7 Public Health Implications

Public health are a partner of the Adult Learning and Skills Service and is represented on our Governing Board.

The Public Health implications of this paper are positive. Improving access to adult training opportunities with appropriate targeting and positioning of the services will help address health and wellbeing inequalities across Cambridgeshire.

**Have the resource implications been cleared by Finance? Yes**

Name of Financial Officer: Martin Wade

**Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement? Yes**

Name of Officer: Gus de Silva

**Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law? Yes**

Name of Legal Officer: Fiona McMillan

**Have the equality and diversity implications been cleared by your Service Contact? Yes**

Name of Officer: Adrian Chapman

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

Name of Officer: Christine Birchall

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

Name of Officer: Adrian Chapman

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

Name of Officer: Val Thomas

## 5. Source documents guidance

### 5.1 Source documents

N/A





## Performance Report – Quarter 2 2020/21 Financial Year

To: Communities and Partnership Committee

Meeting Date: 3 December 2020

From: Service Director: Communities and Partnerships, Adrian Chapman

Electoral division(s): All

Key decision: No

Outcome: For Committee to be appropriately briefed based on a summary of performance information relating to the second quarter of the 2020/21 financial year.

Recommendation: The Committee is recommended to:

- a) Note and comment on performance information; and
- b) Suggest or recommend remedial action as necessary.

Officer contact:

Name: Andy Mailer

Post: Business Intelligence Manager

Email: [Andrew.mailer@cambridgeshire.gov.uk](mailto:Andrew.mailer@cambridgeshire.gov.uk)

Tel: 01223 715699

Member contacts:

Names: Cllr Steve Criswell

Post: Chairman

Email: [Steve.criswell@cambridgeshire.gov.uk](mailto:Steve.criswell@cambridgeshire.gov.uk)

Tel: 01223 706398

## 1. Background

- 1.1 This performance report provides information on the status of performance indicators the Committee has selected to monitor to understand performance of services the Committee oversees.
- 1.2 The report covers the period of Quarter 2 2020/21, activity taking place up to the end of September 2020.
- 1.3 The full performance report is detailed in Appendix 1. The reports contains information on:
- Current and previous performance and projected linear trend
  - Current and previous targets (not all indicators have targets, this may be because they are being developed or because the indicator is being monitored for context)
  - Red / Amber / Green / Blue ("RAGB") status
  - Direction for improvement (this shows whether an increase or decrease is good)
  - Change in performance (this shows whether performance is improving or deteriorating)
  - Statistical neighbour performance (only available where a standard national definition of indicator is being used)
  - Indicator description
  - Commentary on the indicator

An "actions" box has been added to the report to capture interventions being taken to address under-performance. It is intended that this new box will be populated for 'red' indicators only.

- 1.4 The following RAGB statuses are being used:
- Red – current performance is 10% or more from target
  - Amber – current performance is off target by less than 10%
  - Green – current performance is on target or better by up to 5%
  - Blue – current performance is better than target by more than 5%
  - Baseline – indicates performance is currently being tracked in order to inform the target setting process
  - Contextual – these measures track key activity being undertaken, but where a target has not been deemed pertinent by the relevant service lead
- 1.5 Information about all performance indicators monitored by the Council Committees will be published on the internet at <https://www.cambridgeshire.gov.uk/council/finance-and-budget/finance-&performance-reports/> following the General Purposes Committee meeting in each quarterly cycle.

## 2. Current Performance

- 2.1 The performance report contains information on the following priority areas identified by the Committee where quantitative data is available:
- Libraries

- Domestic Abuse and Sexual Violence
- Hate Crime
- Adult Skills Service
- Tackling Poverty and Social Mobility
- Wisbech 2020
- Trading Standards

2.2 As these are new indicators, many do not have targets. Targets are important in providing a clear statement of ambition, but they also need to be carefully considered to avoid introducing perverse incentives and to ensure that they are achievable and realistic. Due to the current Covid pandemic the work planned to develop recommended targets for these indicators has been delayed, and will be revisited as soon as practical.

### 3. Alignment with corporate priorities

3.1 A good quality of life for everyone

There are no significant implications for this priority.

3.2 Thriving places for people to live

There are no significant implications for this priority.

3.3 The best start for Cambridgeshire's children

There are no significant implications for this priority.

3.4 Net zero carbon emissions for Cambridgeshire by 2050

There are no significant implications for this priority.

### 4. Significant Implications

4.1 Resource Implications

There are no significant implications within this category.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category.

4.3 Statutory, Legal and Risk Implications

There are no significant implications within this category.

4.4 Equality and Diversity Implications

There are no significant implications within this category.

#### 4.5 Engagement and Communications Implications

There are no significant implications within this category.

#### 4.6 Localism and Local Member Involvement

There are no significant implications within this category.

#### 4.7 Public Health Implications

There are no significant implications within this category.

### 5. Source documents guidance

None.

Produced on: 11 November 2020



# Corporate Performance Report

## Quarter 2

### 2020/21 financial year

#### Communities and Partnership Committee

Business Intelligence  
Cambridgeshire County Council  
[business.intelligence@cambridgeshire.gov.uk](mailto:business.intelligence@cambridgeshire.gov.uk)

## Key



Data Item	Explanation
<b>Target / Pro Rata Target</b>	The target that has been set for the indicator, relevant for the reporting period
<b>Current Month / Current Period</b>	The latest performance figure relevant to the reporting period
<b>Previous Month / previous period</b>	The previously reported performance figure
<b>Direction for Improvement</b>	Indicates whether 'good' performance is a higher or a lower figure
<b>Change in Performance</b>	Indicates whether performance is 'improving' or 'declining' by comparing the latest performance figure with that of the previous reporting period
<b>Statistical Neighbours Mean</b>	Provided as a point of comparison, based on the most recently available data from identified statistical neighbours.
<b>England Mean</b>	Provided as a point of comparison, based on the most recent nationally available data
<b>RAG Rating</b>	<ul style="list-style-type: none"> <li>• <b>Red</b> – current performance is off target by more than 10%</li> <li>• <b>Amber</b> – current performance is off target by 10% or less</li> <li>• <b>Green</b> – current performance is on target by up to 5% over target</li> <li>• <b>Blue</b> – current performance exceeds target by more than 5%</li> <li>• <b>Baseline</b> – indicates performance is currently being tracked in order to inform the target setting process</li> <li>• <b>Contextual</b> – these measures track key activity being undertaken, but where a target has not been deemed pertinent by the relevant service lead</li> </ul>
<b>Indicator Description</b>	Provides an overview of how a measure is calculated. Where possible, this is based on a nationally agreed definition to assist benchmarking with statistically comparable authorities
<b>Commentary</b>	Provides a narrative to explain the changes in performance within the reporting period
<b>Actions</b>	Actions undertaken to address under-performance. Populated for 'red' indicators only
<b>Useful Links</b>	Provides links to relevant documentation, such as nationally available data and definitions

## Indicator 37: Number of visitors to libraries/community hubs every 1,000 population. Year to date.

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November 2020

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
1,842	↑	70	0	NA

RAG Rating

Red

## Indicator Description

The indicator is a cumulative total of the number of physical visits to Cambridgeshire libraries for every 1,000 population. The relevant mid-year population figure for each financial year is used to calculate the rate for each quarter.

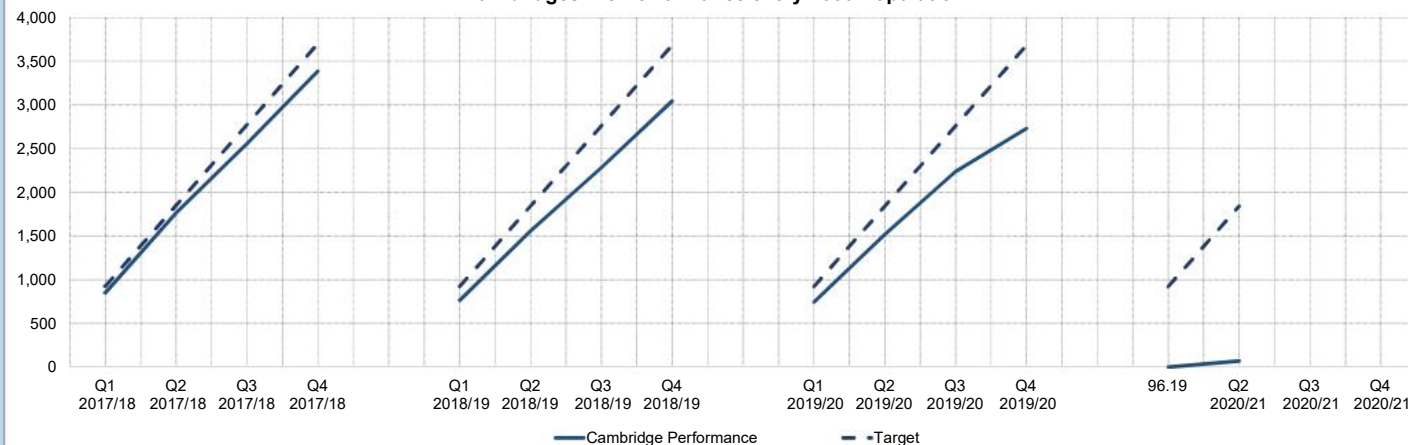
The comparison data is from the local area benchmarking tool from the Local Government Association. This also measures the number of physical visits to libraries for every 1,000 population. This data is based on mid-year 2015 population statistics, and so does not exactly match the quarterly data for Cambridgeshire.

Source: CIPFA Statistical Information Services

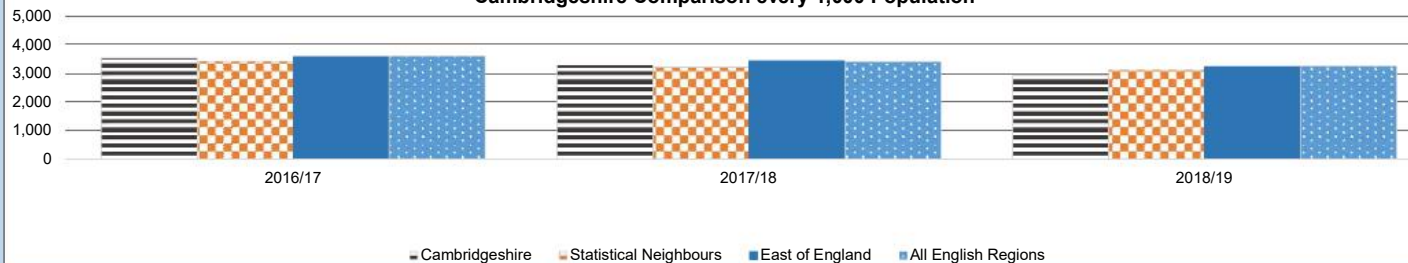
## Useful Links

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

## Cambridgeshire Performance every 1000 Population



## Cambridgeshire Comparison every 1,000 Population



## Commentary

All libraries were closed during quarter 1 due to the Coronavirus pandemic. Many were redeployed to support the hub focused on meeting needs of vulnerable people. Central Library and hub libraries re-opened in early July while the remaining libraries re-opened in August, all offering a socially distanced "Select and Collect" service. Whilst libraries were closed the library service stayed open expanding and diversifying its online offer i.e. virtual events via YouTube such as Rhymetime, Storytime, craft and Lego Club.

Previously reported figures may have changed as estimated or missing data is replaced with actual data. Comparison data is only available up to 2018/19 at present.

## Actions

## Indicator 38: Number of item loans (including eBook loans) quarterly

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November 2020

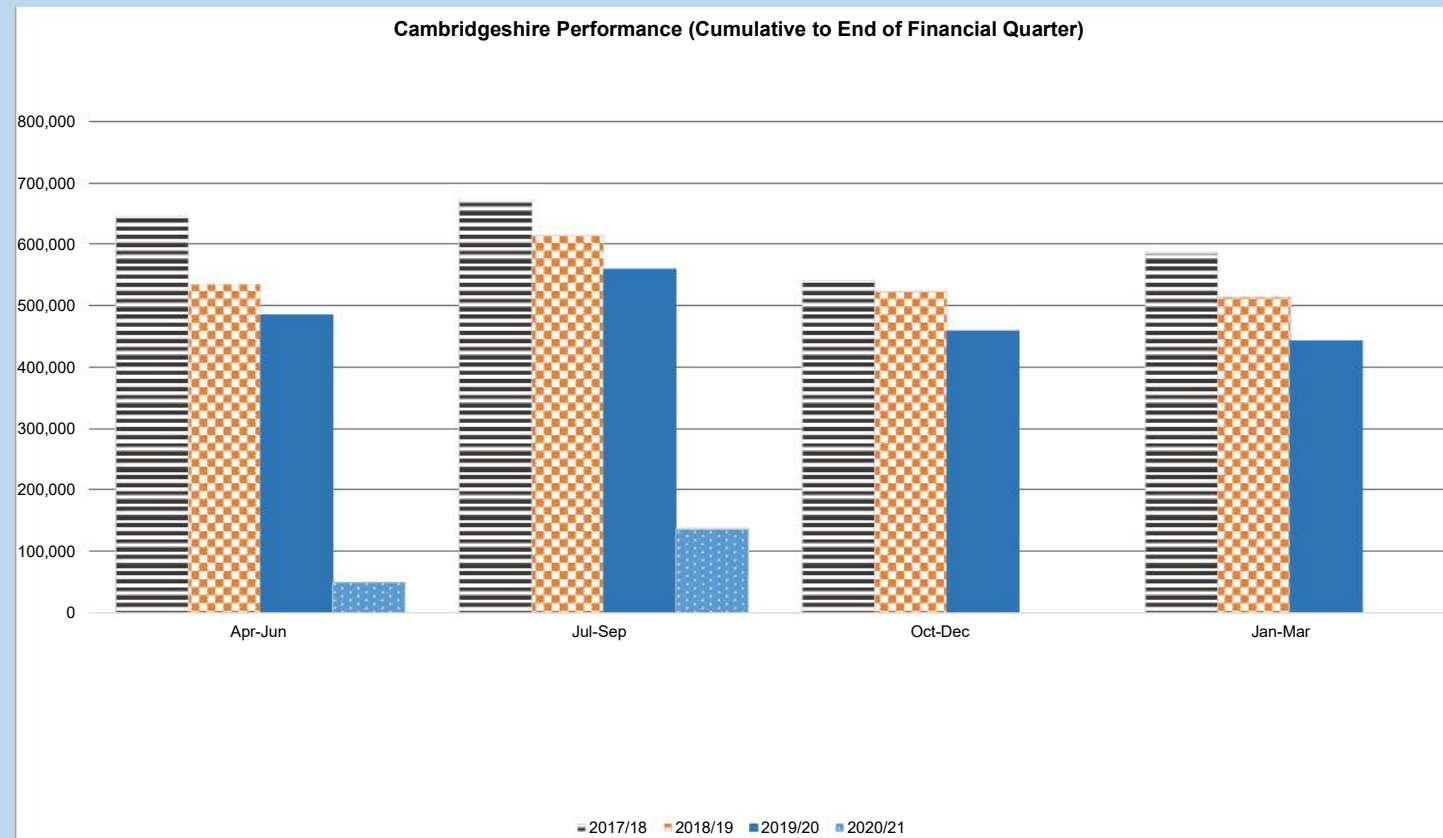
Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
Contextual	↑	137,445	49,840	Improving

## RAG Rating

Contextual

## Indicator Description

This indicator is based on extraction of data from the library management system and information from our eBook supplier.



## Commentary

All libraries were closed during quarter 1 due to the Coronavirus pandemic. Many were redeployed to support the hub focused on meeting needs of vulnerable people. Central Library and hub libraries re-opened in early July while the remaining libraries re-opened in August, all offering a socially distanced "Select and Collect" service. Whilst libraries were closed the library service stayed open expanding and diversifying its online offer i.e. virtual events via YouTube such as Rhymetime, Storytime, craft and Lego Club.

Previously reported figures may have changed as estimated or missing data is replaced with actual data.

## Useful Links

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

## Actions



Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
Contextual	↑	£210,092	£218,758	Declining

**RAG Rating**

Contextual
------------

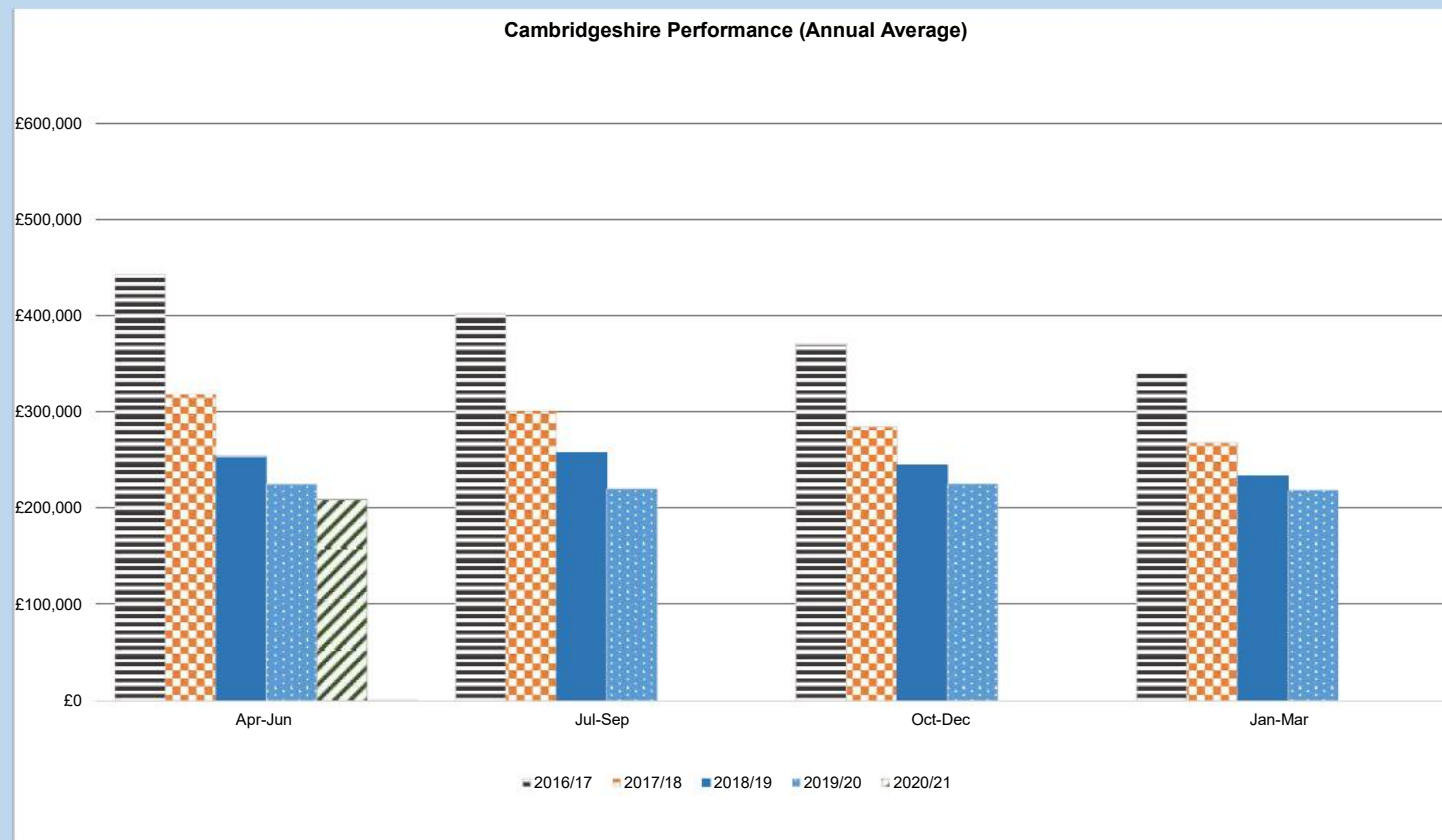
**Indicator Description**

This is a key indicator of success of interventions to protect consumers.

It is important to note, the amounts recovered do not reflect the success of the intervention. In many cases, the loss of a relatively small amount can have significant implications for victims. As such, the impact can only be viewed on a case by case basis.

It is also important to note, not all of the money saved has been reimbursed at the same time. This is because repayments of court ordered reimbursements can be repaid over months or years.

Data from 2018/19 includes Peterborough savings.

**Commentary**

£530.76 was saved due to our intervention in rogue trading incidents during the first quarter of 2020/21 (April to June 2020). The annual average based saved, on available data since April 2014, is £210,092.

The low figure for quarter 1 2020/21, is partly due to having staff redeployed along with dealing with product safety and personal protection equipment issues caused by Covid-19. There has also been a reduction in incidents being reported.

Quarter 2 figures were not available at the point where this report was produced.

**Useful Links****Actions**

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
Contextual	↓	58.1	61.7	Improving
Statistical Neighbour Mean	England Mean	RAG Rating		
56.4	70.6	Contextual		

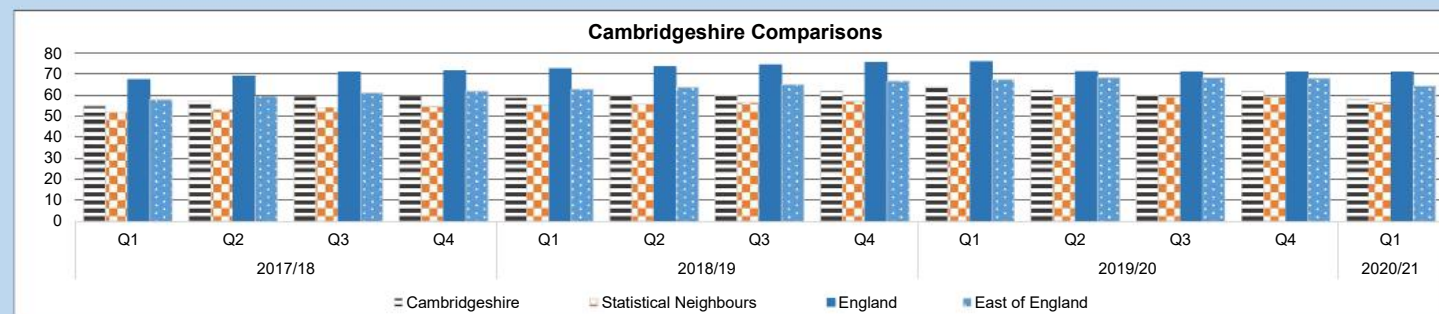
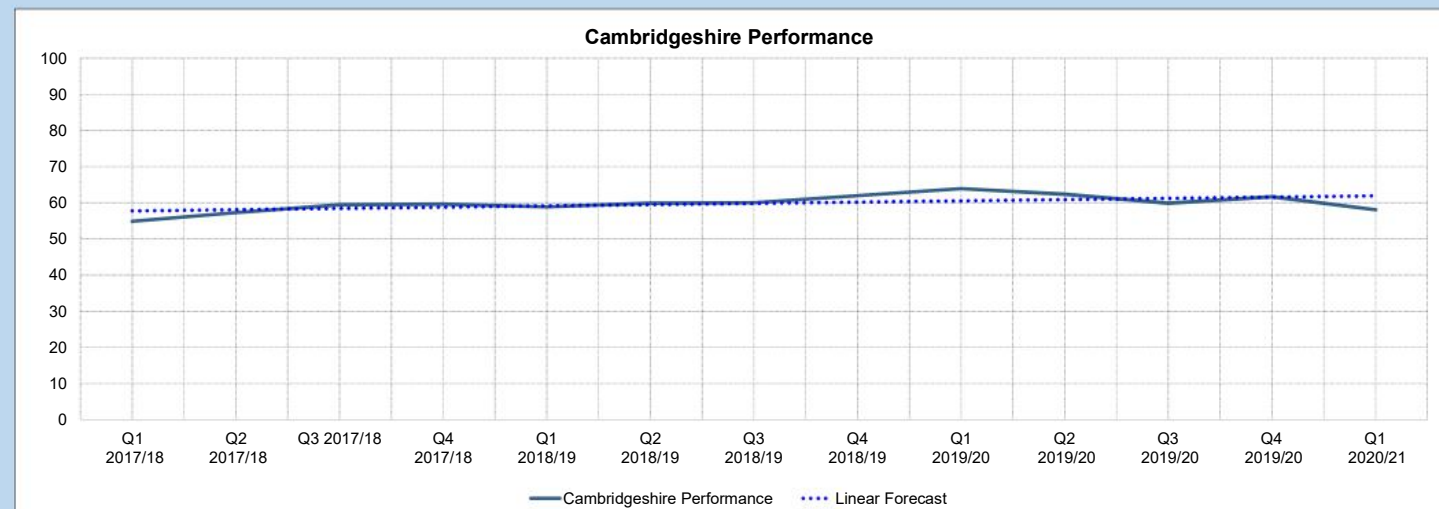
**Indicator Description**

Lower crime rates enable a safer environment for the public.

This indicator shows police-recorded victim based crimes. These include violence against the person, sexual offences, robbery, theft offences and criminal damage and arson offences.

This is a rolling 12 month figure. It represents the sum of incidents in the previous 12 months. It is expressed as a rate for every 1000 population.

Source: LG Inform

**Commentary**

Data only available to end of Q1 2020/21.

**Actions****Useful Links**

[Local Authority Interactive Tool \(LAIT\)](#)

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

# Indicator 136: Number of Learner Registrations as a Proportion of the Contractual Target

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November 2020

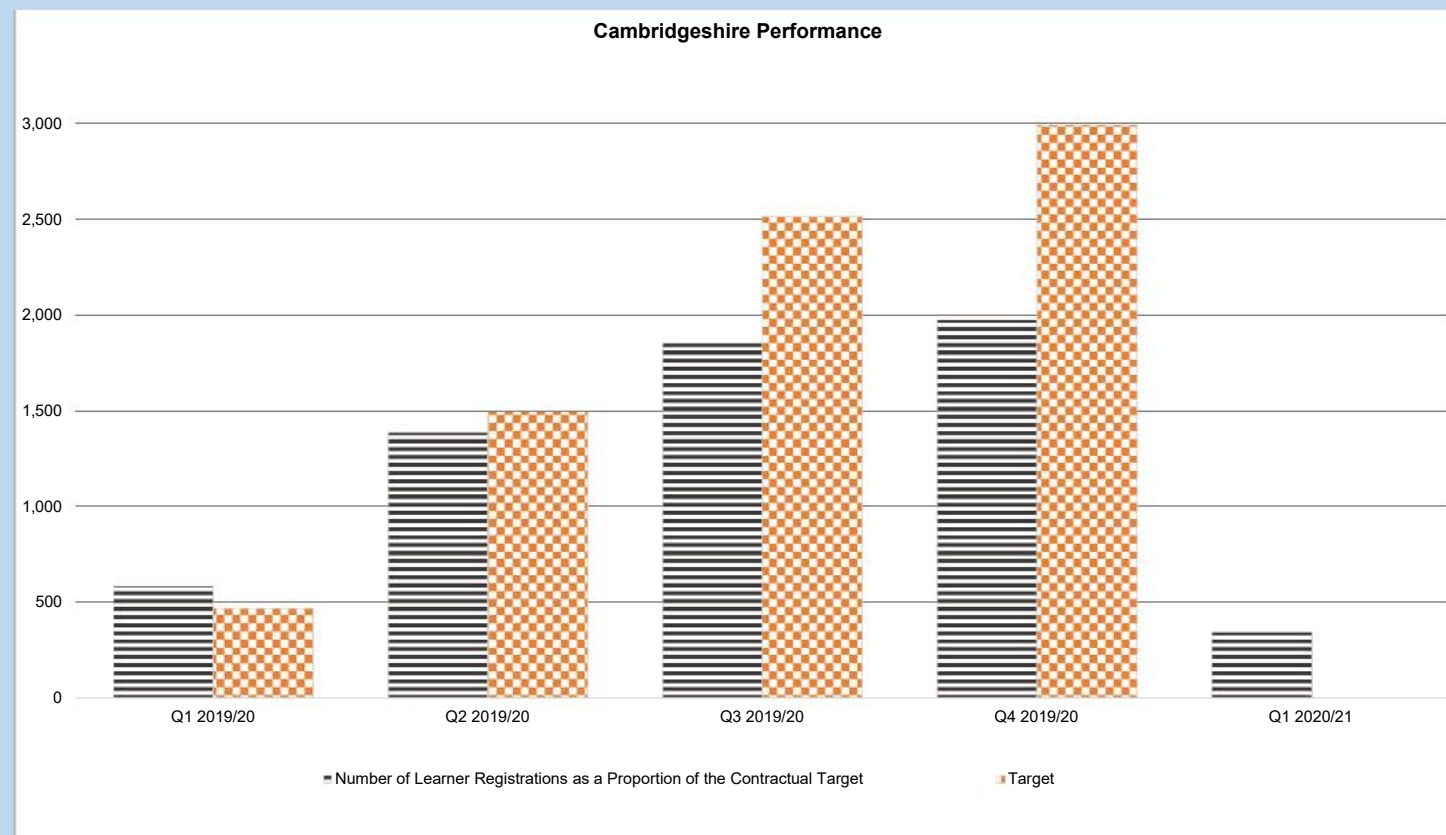
Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
n/a	↑	343	1976	n/a
RAG Rating				

## Indicator Description

Note: Quarter 1 commences in August.

The enrolment figure includes sub-contractors and direct delivery. The target and actual figures are cumulative.

This indicator refers to the total number of learner enrolments. This is because a single learner can have multiple enrolments.



## Commentary

Targets for the academic year 2020/21 are set in November and will be available in future iterations of this report.

## Useful Links

## Actions

Indicator 137: Percentage of Learners Retained as a Proportion of Learner Registration

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November 2020

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
n/a	↑	98%	89.0%	Improving

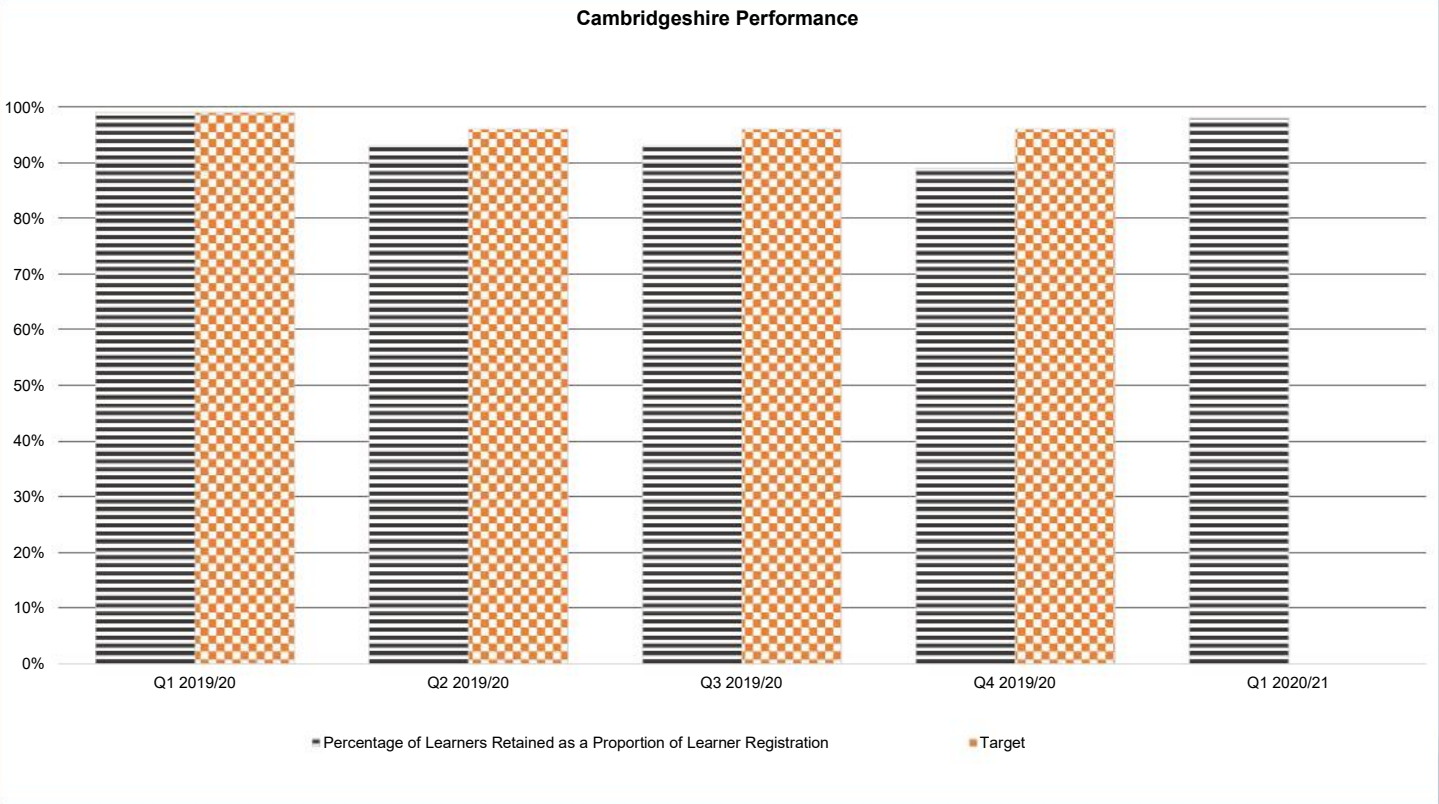
RAG Rating

Indicator Description

Note: Quarter 1 commences in August.

The enrolment figure used in the percentage includes sub-contractors and direct delivery.

The target and actual figures are cumulative. The retention figure in this indicator refers to the number of course enrolments where the course was fully attended, out of the total enrolments.



Commentary

Targets for the academic year 2020/21 are set in November and will be available in future iterations of this report.

Useful Links

Actions

## Indicator 174: Priority 4a. Tackling Hate Crime. Hate Crime Rates Per 100,000 Population (Breakdown by District).

[Return to Index](#)

November 2020

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
Contextual	NA	39.17	32.44	NA

## RAG Rating

Contextual

## Indicator Description

Data has been collected by Cambridgeshire Research Group from CADET the corporate performance tool. This was supplied by Cambridgeshire Constabulary's Performance Team on 3rd October 2020. Data is correct as of this date.

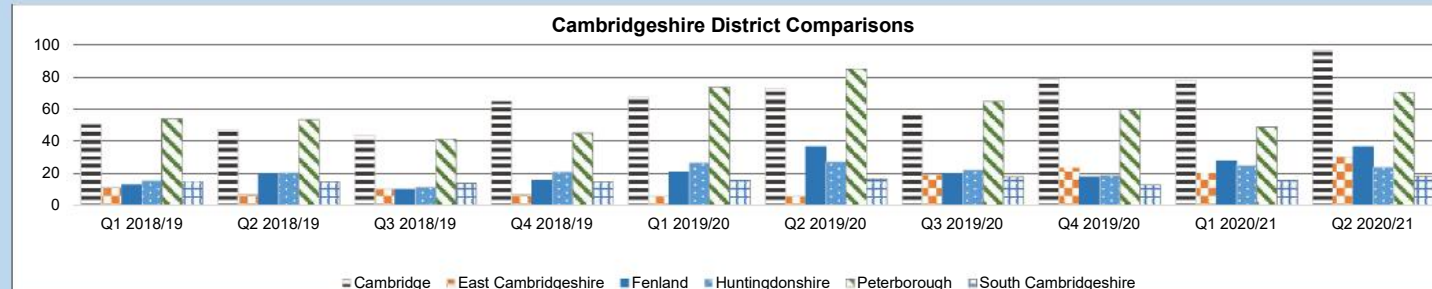
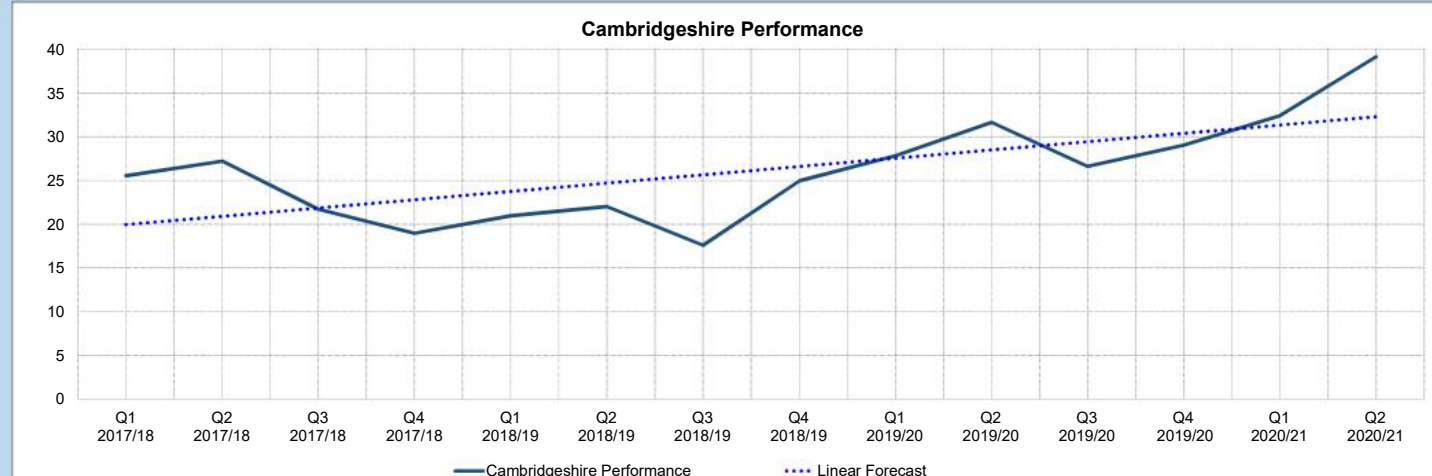
In May 2018, Cambridgeshire Constabulary went live with a new IT system called Athena. This means that data on crimes from that date (23rd May 2018) are subject to recording and extraction methods that are not identical to the previous system.

Previous Hate Crime, published by Cambridgeshire Research Group, may be reported using different time periods. Therefore, they may not be comparable.

Rates have been calculated by using ONS Mid 2019 Population Estimates

We have removed the 'direction for improvement' from this indicator. This is because, although we want to see less hate crime, the commentary makes clear it is under-reported.

## Useful Links



## Commentary

- The data showed that all age groups were victims of hate crime, with no group significantly higher than others. There continued to be a high number of youths who were victims of hate crime this month.
- In the North of the county victims of White British ethnicity were the highest affected ethnic group, representing 15.09% of victims in this area.
- In the South of the county victims of White British ethnicity continued to be the highest affected ethnic group, representing 13.33% of victims. Victims of 'Any other White Background', which would include Eastern Europeans, were the next highest ethnic group at 11.11%.
- Analysis showed that the vast majority of crimes reported across the South of Cambs were reported in Cambridge, in Kings Hedges, West Chesterton and Market wards.

## Actions



## Indicator 175: Priority 4b. Hate Crimes. Online Reporting by True Vision.

[Return to Index](#)

November 2020

Target	Direction for Improvement	Current Month	Previous Month	Change in Performance
Contextual	NA	30	49	NA

## RAG Rating

Contextual

## Indicator Description

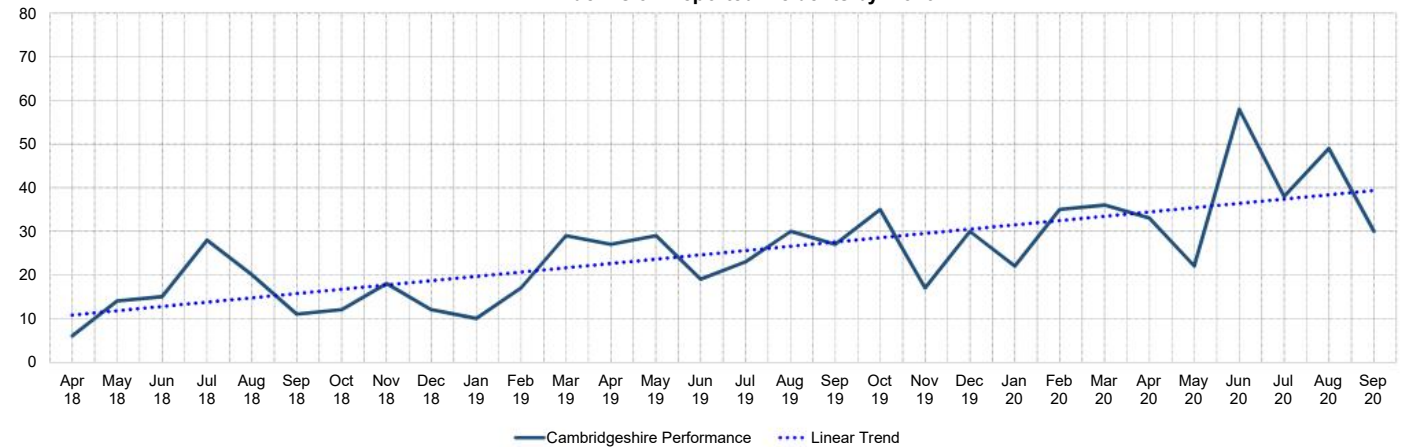
The reported incidents data is collected from True Vision. This is an online reporting tool used as an alternative to direct reporting by 101 or 999. Third Party Reporting Centres are advised to use True Vision. Although, it is not known what percentage of these centres constitute to the numbers.

True Vision is intend to help the reporting of Hate Crimes. However, incidents are not always consistently recorded. This is due to a lack of user understanding.

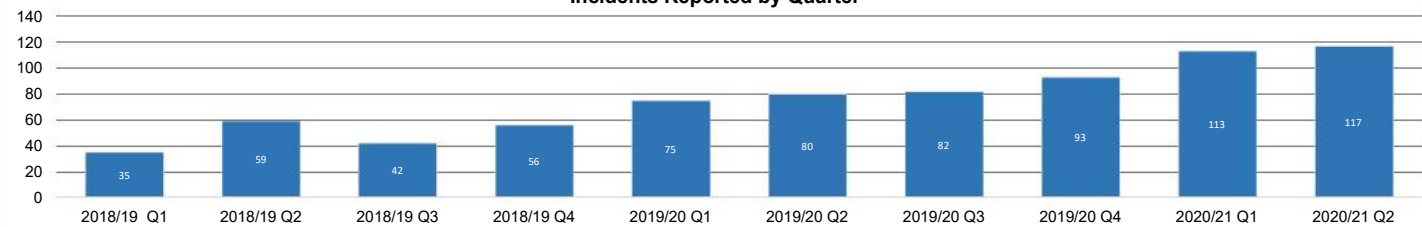
We have removed the 'direction for improvement' from this indicator. This is because, although we want to see less hate crime, the commentary makes clear it is under-reported.

## Useful Links

True Vision Reported Incidents by Month



Incidents Reported by Quarter



## Commentary

## Actions

## Indicator 176: Priority 7a. Wisbech 2020 Project, Wisbech School Attainment Levels

[Return to Index](#)

November 2020

	Direction for Improvement	Current Year	Previous Year	Change in Performance
EY	↑	63.91%	60.36%	Improving
KS1	↑	52.65%	47.48%	Improving
KS2	↑	45.29%	41.31%	Improving

**Indicator Description**

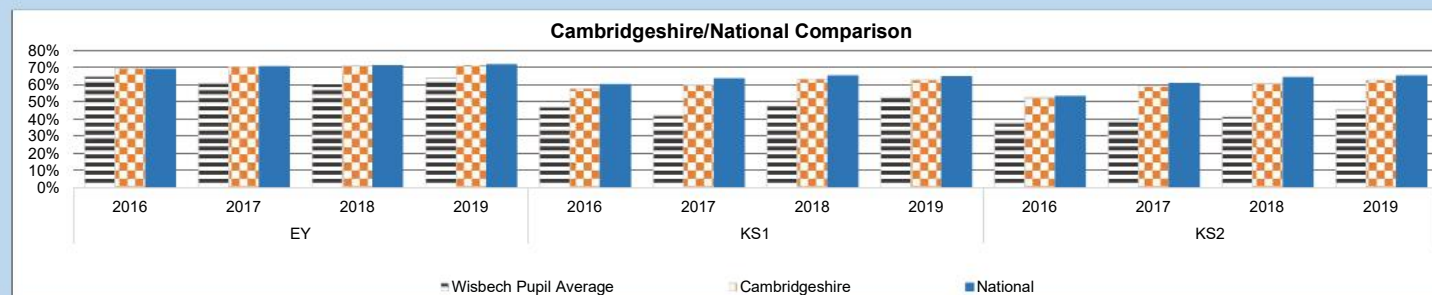
Statistics for Wisbech are based on a weighted average by cohort numbers for pupils in the below schools.

Peckover Primary School  
Orchards Church Of England Primary  
Clarkson Infants School  
St Peter's CofE Aided Junior School  
The Nene Infant Academy  
Ramoth Junior School  
Elm Road Primary School  
Elm CofE Primary School  
Friday Bridge Community Primary School  
Leverington Academy  
Beaure Community Primary School

For Early Years, attainment is measured by percentage of students who have achieved the expected 'Good Level of Development'.

For Key Stage 1 and Key Stage 2, attainment is measured by percentage of students who have achieved 'Reading, Writing, Maths equal or above the expected standard'.

Statistics source: Nexus

**Useful Links****Commentary**

These figures have been updated with the latest data available from the Department for Education for 2019 tests. They show improvement in attainment at Early Years, Key Stage 1 and Key Stage 2.

**Actions**

## Indicator 177: Priority 7b. Wisbech 2020, Looked After Children from Wisbech

[Return to Index](#)

November 2020

Target	Direction for Improvement	Current Year	Previous Year	Change in Performance
Contextual	↓	43.00	59.00	Improving

## RAG Rating

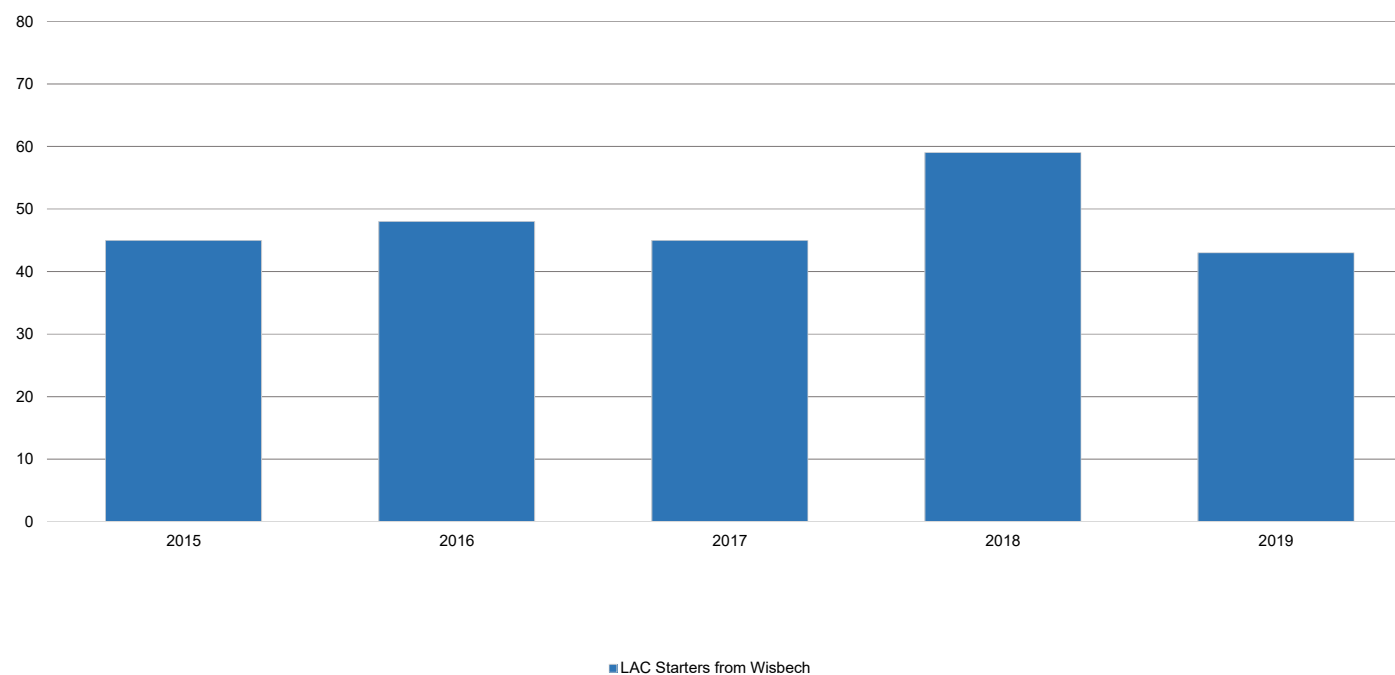
Contextual

## Indicator Description

The Wisbech Looked After Children data is compiled from Looked After Children Return 903 data but refers to the calendar years 2015 to 2019.

This data includes all Looked After Children Return episodes with a Reason for New Episode of care being 'S' (Started to be Looked After), and a current home address within the Wisbech Parish.

## LAC Starters from Wisbech



## Commentary

Previous data subject to change due to increased reporting accuracy of postcode locations.

## Useful Links

[Website for 'Wisbech 2020 Vision'.](#)

## Actions



## Indicator 178: Priority 7c - Cambridgeshire Free School Meals 6 Educational Attainment

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November 2020

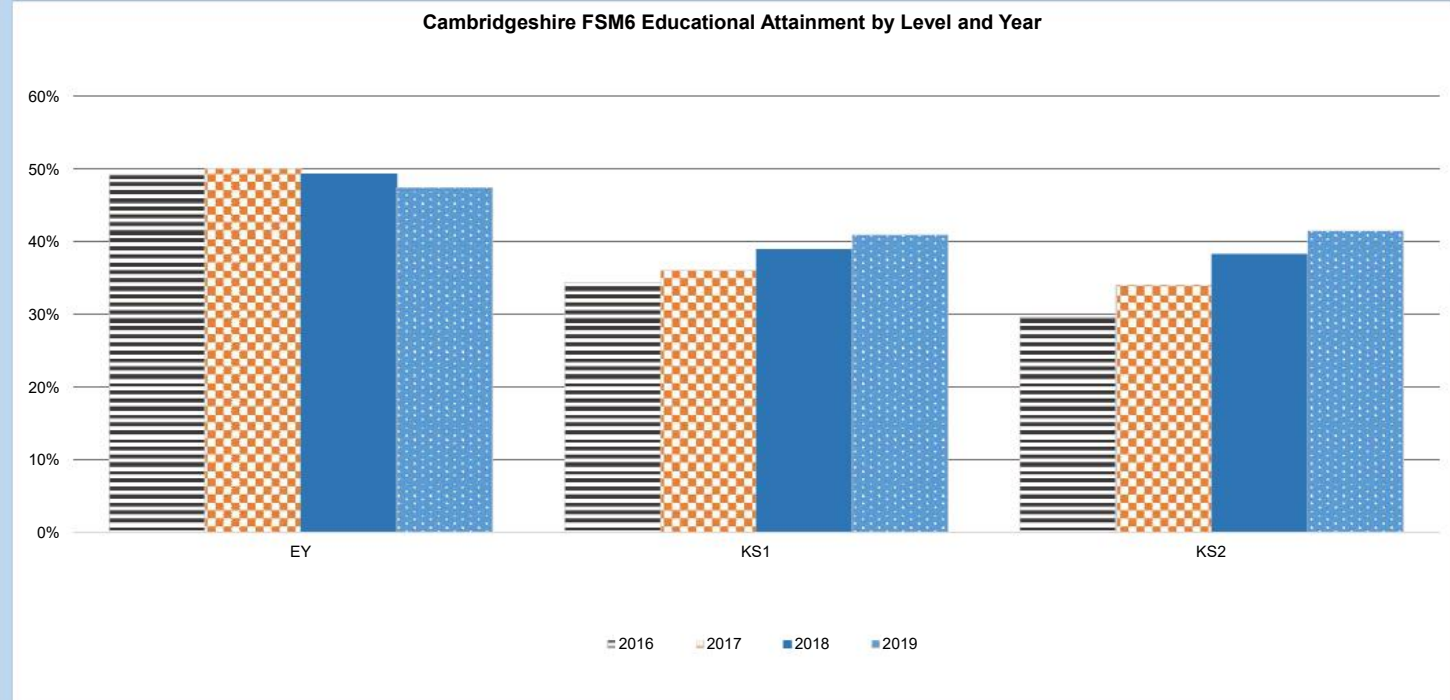
	Direction for Improvement	Current Year	Previous Year	Change in Performance
EY	↑	47.50%	49.30%	Declining
KS1	↑	41.00%	39.00%	Declining
KS2	↑	41.50%	38.30%	Declining

**Indicator Description**

For Early Years, attainment is measured by the percentage of students who have achieved the expected 'Good Level of Development'.

For Key Stage 1 and Key Stage 2, attainment is measured by the percentage of students who have achieved 'Reading, Writing, Maths equal or above expected standard'

Statistics Source: Nexus

**Commentary**

These figures have been updated with the latest data available from the Department for Education for 2019 tests. They show improvement in attainment at Key Stage 1 and Key Stage 2, and a slight decrease at Early Years.

**Useful Links****Actions**

## Indicator 179: Priority 7d. Cambridgeshire Employment Rates by District.

[Return to Index](#)

November 2020

	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
<b>Cambs City</b>	↑	80.80	81.70	Declining
<b>East Cambs</b>	↑	82.10	81.50	Improving
<b>Fenland</b>	↑	68.60	67.80	Improving
<b>Hunts</b>	↑	76.60	78.50	Declining
<b>South Cambs</b>	↑	80.40	81.50	Declining

**Indicator Description**

This indicator presents data from the annual population survey 'A residence based labour market survey encompassing population, economic activity (employment and unemployment), economic inactivity and qualifications'.

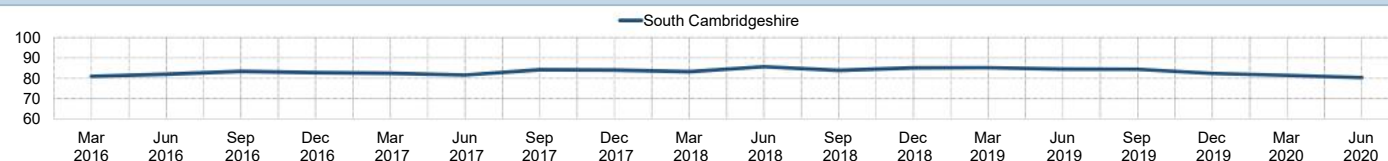
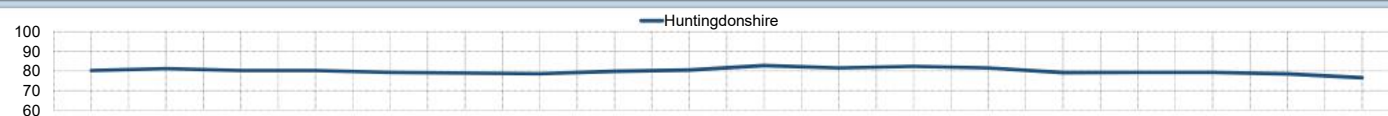
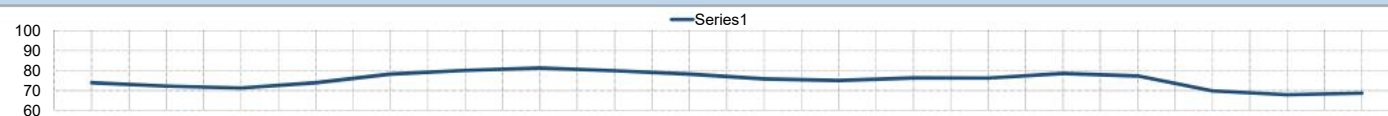
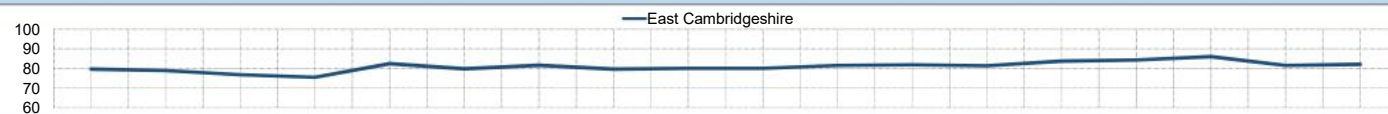
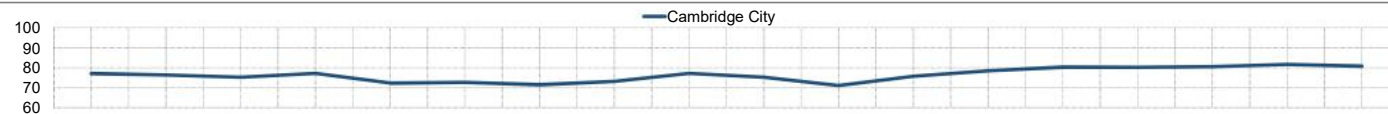
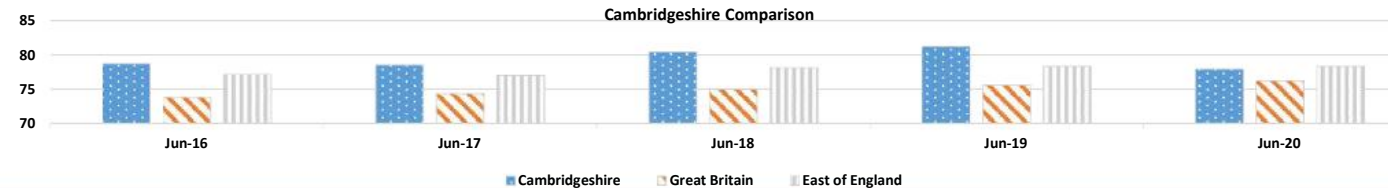
These are broken down where possible by gender, age, ethnicity, industry and occupation. These are available at local authority level and above and are updated quarterly.

Employment data represents a rolling 12 month average, updated every financial quarter. This has a 95% confidence interval of percent figure (+/-).

Data Source: Office for National Statistics. Official labour market statistics.

**Useful Links**

[Official labour market statistics from the Office for National Statistics](#)

**District Employment Rate (%) per Quarter****Cambridgeshire Comparison****Commentary**

Data only available to end of Q1 2020/21.

**Actions**

## Indicator 197: Cambridgeshire Libraries Events and Events Attendance

[Return to Index](#)

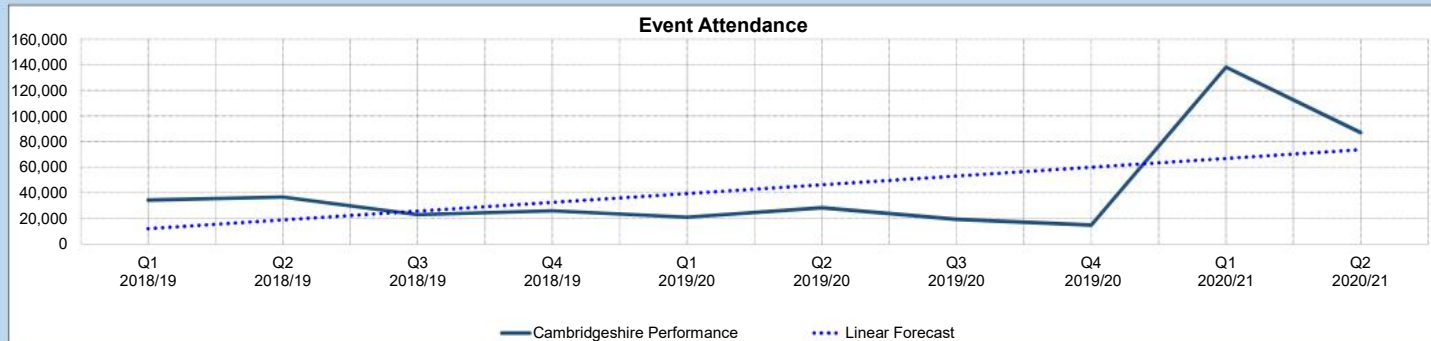
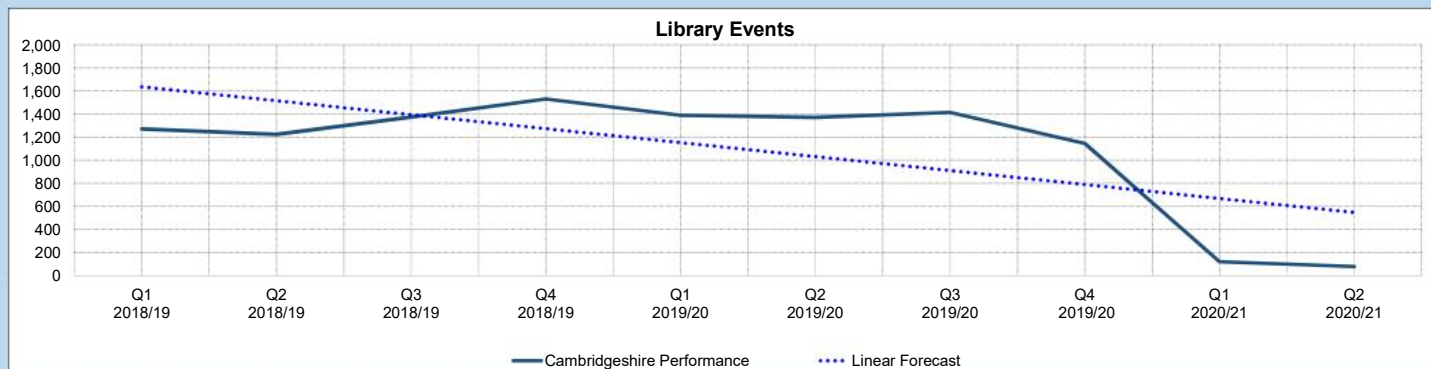
November 2020

	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
No. Events	↑	78	119	Declining
Attendance	↑	86,996	138,149	Declining

## Indicator Description

Events (activities) and attendance data includes both adults' and children's events.

Data now includes virtual online events as of Q1 2020/21



## Commentary

All libraries were closed during Qtr1 due to the Coronavirus pandemic. Many were redeployed to support the hub focused on meeting needs of vulnerable people. Central Library and hub libraries re-opened in early July while the remaining libraries re-opened in August, all offering a socially distanced "Select and Collect" service. Whilst libraries were closed the library service stayed open expanding and diversifying its online offer i.e. virtual events via YouTube such as Rhymetime, Storytime, craft and Lego Club.

## Useful Links

## Actions

## Indicator 198 : The Rate of Repeat Referrals to the Independent Domestic Violence Advocacy (IDVA) Service

[Return to Index](#)

November 2020

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
Contextual	↓	33%	34%	Improving

## RAG Rating

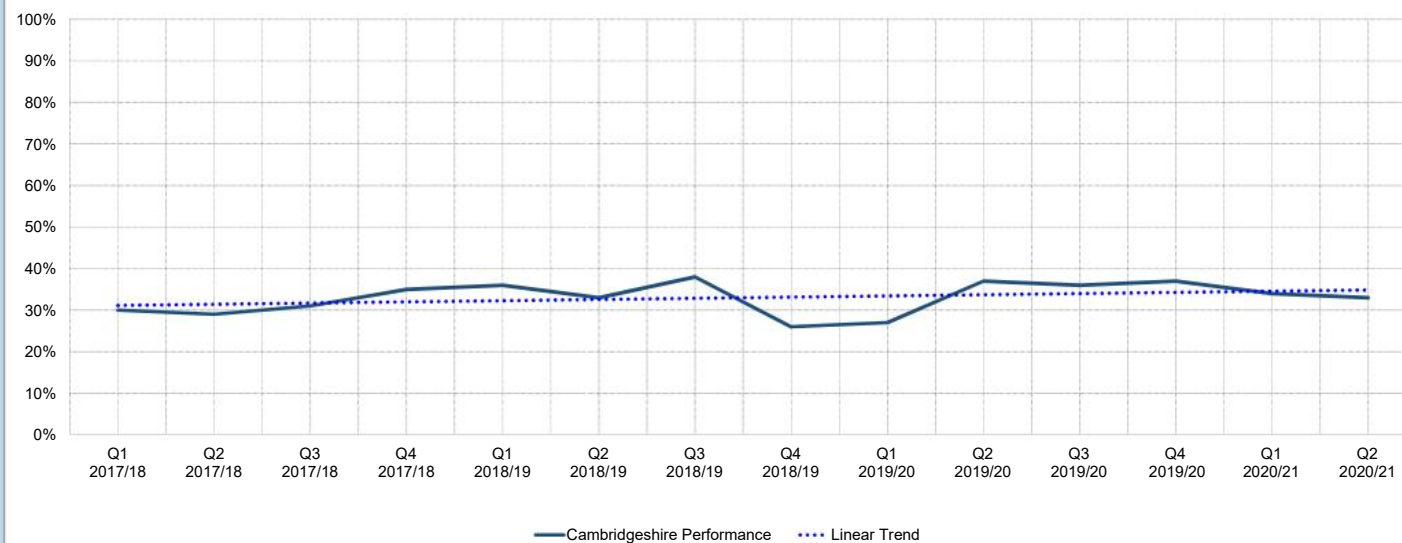
Contextual

## Indicator Description

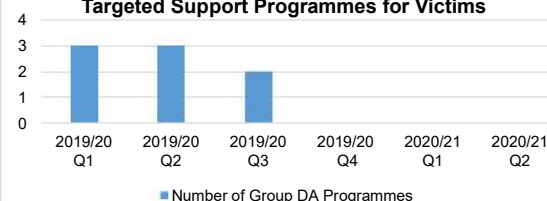
Note, the repeat referral rate is a combined Cambridgeshire and Peterborough rate from 2017/18 onward.

The domestic abuse programmes refer only to 'RISE' from 2019/20 quarter 3.

## Cambridgeshire Performance



## Targeted Support Programmes for Victims



## Targeted Support Programmes for Victims

2018/19 Total 8 (4 x IMPACT courses for young people and 4 RISE courses)

## Commentary

Referrals to the IDVA Service continued to increase during quarter two, with a slow down in the rate towards September. Overall there has been an 8% increase compared to the same quarter last year. Referrals to the IDVA Service are from professionals only, with nearly 90% coming from the police. These are predominately high risk cases scoring 17 or above on the DASH risk assessment or referred as high risk on professional judgement, escalation or repeat.

Specialist IDVAS also receive standard and medium risk referrals for clients from the A8 Eastern European countries, hospital referrals and young people aged 13-19 and there has been a significant increase in the number of A8 and Young people's referrals. Young people's referrals have increased by 126% and A8 by 98% compared with the same period last year.

The repeat rate has remained steady. Although a low repeat rate is desired, a certain level of repeats is seen as a positive as it can mean that clients are following their safety plans and calling the police if needed. Engagement with the IDVA Service is also voluntary and a number of repeats will be for clients that have chosen not to engage with the service.

The group work offer has been put on hold during the COVID lockdown although plans are starting to resume these in the new year.

## Actions

## Useful Links

## Indicator 199: The Number of Referrals and the Number of Repeat Referrals to the Domestic Violence Perpetrator Panel

[Return to Index](#)

November 2020

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
Contextual	↓	34.00	42.00	Improving

## RAG Rating

Contextual

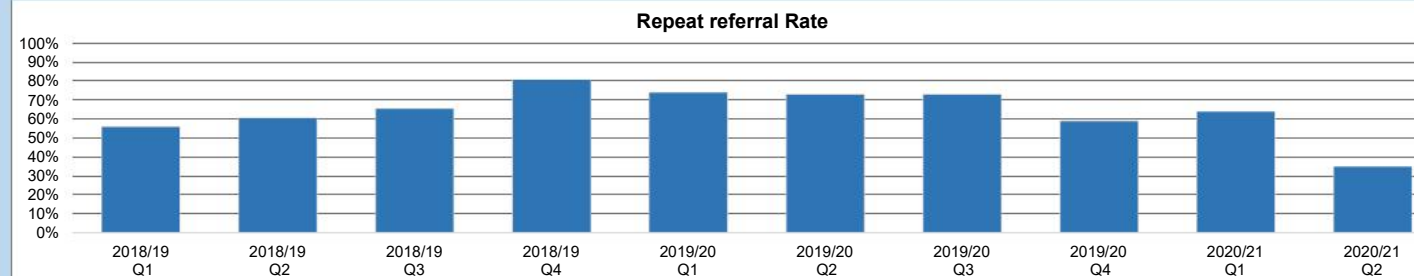
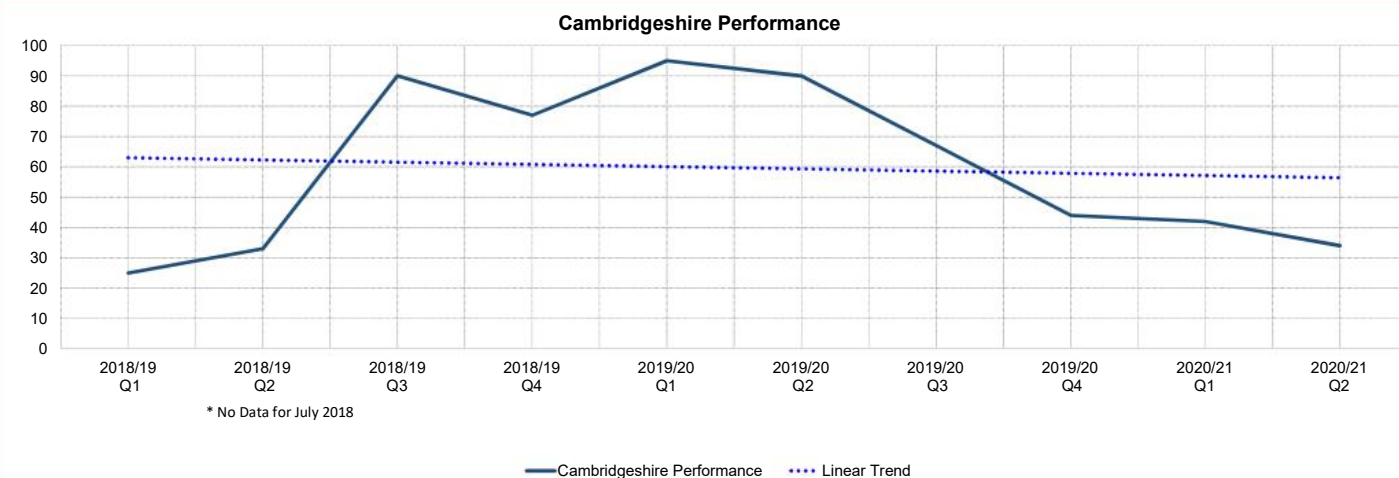
## Indicator Description

The number of Repeat Referrals = total number of referrals - new referrals.

Repeat Referral % = Number of Repeat Referrals/Total Referrals (cases heard).

The perpetrator panel does not record and recognise repeat referrals in the same way as other services. Cases remain on the agenda for the panel until a decision is made that they no longer need to be discussed.

## Useful Links



## Commentary

Referral to the DV Perpetrator panel are made through the police RFG and others referrals on professional judgement. Repeat rates are generally high due to perpetrators remaining on the agenda until the risk has reduced. The rate for quarter two is lower than normal due to the August meeting being cancelled leading to an increase in new referrals, alongside changes to the way that referrals are made.

The referral rate is calculated from the number of referrals minus the number of new referrals.

Referral rates for quarter two are lower as the August perpetrator panel did not take place.

## Actions

## Indicator 200: Percentage of Learners Achieving the Agreed Outcome as a Proportion of Learners Retained

[Return to Index](#)

November 2020

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
n/a	↑	98%	89.0%	Improving

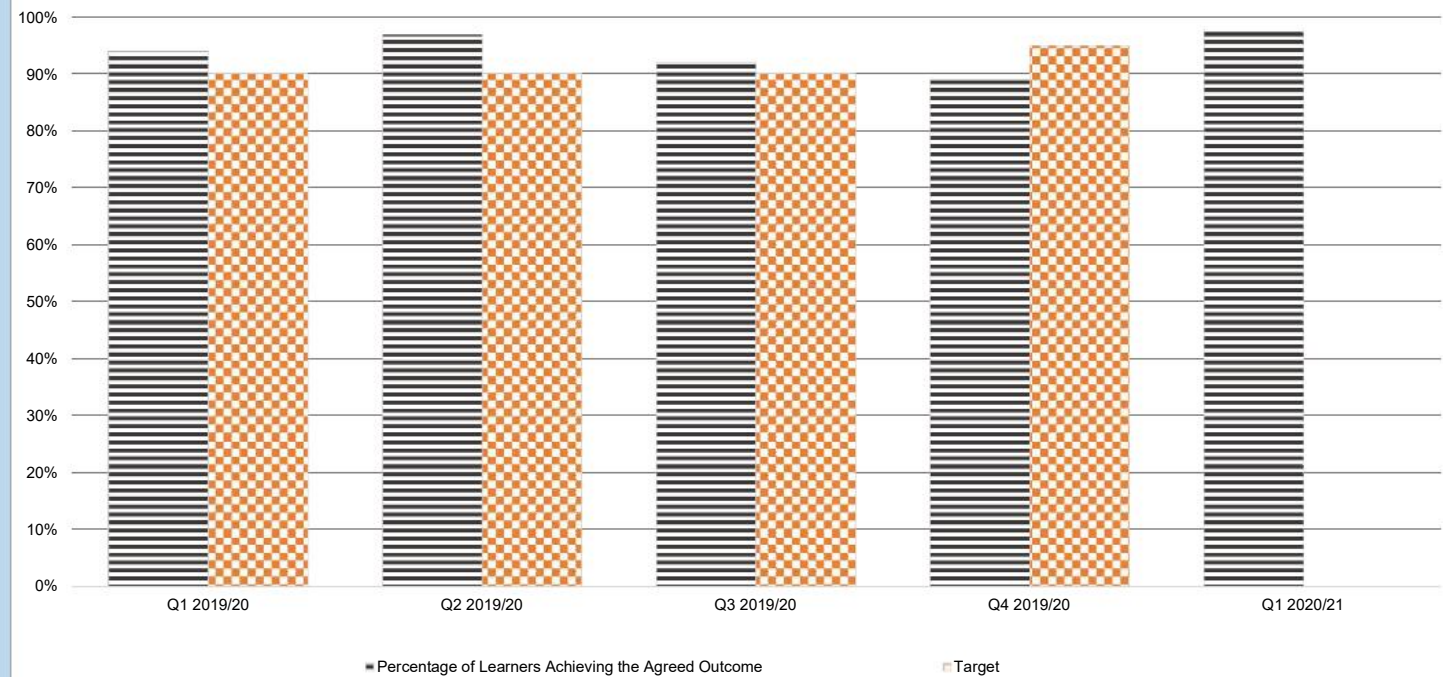
RAG Rating

**Indicator Description**

Note: Quarter 1 commences in August.

This indicator shows the percentage of learners achieving the agreed outcome as a proportion of retained enrolments only. Retained enrolments refer to where there was full course attendance.

The percentage refers to the number of retained enrolments where the agreed outcome/course criteria was met, out of all retained enrolments.

**Useful Links****Cambridgeshire Performance****Commentary**

Targets for the academic year 2020/21 are set in November and will be available in future iterations of this report.

**Actions**



## Finance Monitoring Report – December 2020

To: Communities and Partnership Committee

Meeting Date: 3 December 2020

From: Executive Director: People and Communities, Wendi Ogle-Welbourn  
Chief Finance Officer, Chris Malyon

Electoral division(s): All

Key decision: No

Outcome: To provide the Committee with the October 2020 Finance Monitoring Report for People and Communities Services (P&C). The report is presented to provide the Committee with the opportunity to comment on the financial position as at the end of October 2020.

Recommendation: The Committee is asked to:

Review and comment on the report.

### Officer contact:

Name: Emma Jones  
Post: Senior Finance Business Partner  
Email: [emmac.jones@cambridgeshire.gov.uk](mailto:emmac.jones@cambridgeshire.gov.uk)  
Tel: 01223 743846

### Member contacts:

Names: Cllr Steve Criswell  
Post: Chairman  
Email: [steve.criswell@cambridgeshire.gov.uk](mailto:steve.criswell@cambridgeshire.gov.uk)  
Tel: 01223 706398

## 1. Background

- 1.1 Under the current Virtual Meetings Protocol it has been agreed that the revised Finance Monitoring Report will now be presented at all scheduled substantive Committee meetings (but not reserve dates) to provide the Committee with the opportunity to comment on the financial position of the services for which the Committee has responsibility.
- 1.2 This report is for the whole of the P&C Service, and as such, not all of the budgets contained within it are the responsibility of this Committee. Members are requested to restrict their attention to the budget lines for which this Committee is responsible, which are detailed below

Forecast Variance Outturn (Previous) £000	Directorate	Budget 2020/21 £000	Actual 2020 October £000	Forecast Outturn Variance £000
-11	Strategic Management - Communities & Partnerships	231	127	0
208	Public Library Services	3,698	1,889	152
-0	Cambridgeshire Skills	2,308	894	-0
-8	Archives	355	189	-27
-3	Cultural Services	311	122	-3
550	Registration & Citizenship Services	-651	-96	550
182	Coroners	1,537	969	167
0	Trading Standards	694	388	60
-31	Domestic Abuse and Sexual Violence Service	822	445	-26
1,168	Think Communities	443	2,111	1,443
<b>2,055</b>	<b>Total Expenditure</b>	<b>9,748</b>	<b>7,038</b>	<b>2,316</b>
0	Grant Funding	-2,857	-2,655	0
<b>2,055</b>	<b>Total</b>	<b>6,891</b>	<b>4,383</b>	<b>2,316</b>

## 2. Main Issues – Revenue

- 2.1 The October 2020 Finance Monitoring report is attached at Appendix 1. At the end of October 2020, the overall P&C position shows a net improvement to a revised overspend of £12,144k; around 4.4% of budget. The majority of the reported forecast pressures are as a result of the Covid-19 pandemic. As referenced previously the estimated financial impact on the Council has been submitted to the Ministry of Housing, Communities and Local Government (MHCLG) at regular intervals during the pandemic. In many areas these remain indicative contingent on the length of disruption and the impact on activity levels, and as such these estimates will continue to be refined as the position becomes clearer.



A summary of the current significant revenue over and underspends within C&P can be seen below:

Think Communities (previously Strengthening Communities) is forecasting a £1,443k overspend in 2020/21. £210k of this is due to costs incurred by the Covid-19 co-ordination and distribution hub including food parcels, and the running costs of the distribution centre in Alconbury, along with a £175k contribution to the Cambridgeshire Coronavirus Fund. The remainder is the financial impact of staff redeployment to the Covid-19 response to the end of September, predominantly supporting those who are shielding. This adjustment is net-neutral across the council, reducing spend showing in other budget areas.

The Public Library service is forecasting a £152k overspend by the end of 2020/21. This is a Covid-19 loss of income relating to the closures of the library buildings and is net of staff redeployment.

The Registration & Citizenship service is forecasting a £550k under recovery of income, relating predominantly to marriage notice fees, marriage certificates and ceremony fees.

The Coroners service is forecasting £167k overspend. This is Covid-19 related and in the main due to the increased cost of post-mortems where Covid-19 is suspected.

## 2.3 Capital

- 2.3.1 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 2020/21 as below. At this stage of the year the level of slippage is not expected to exceed the revised capital variation budget of £6.5m so to show the impact of overall forecast pressure, the capital variations budget is shown fully utilised.

Service	Capital Programme Variations Budget £000	Forecast Outturn Variance (Oct) £000	Capital Programme Variations Budget Used £000	Capital Programme Variations Budget Used %	Revised Outturn Variance (Oct) £000
P&C	-6,523	6,523	3,041	46.6%	3,014
Total Spending	-6,523	6,523	3,041	46.6%	3,014

## 3. Alignment with corporate priorities

- 3.1 A good quality of life for everyone  
There are no significant implications for this priority.
- 3.2 Thriving places for people to live  
There are no significant implications for this priority.

3.3 The best start for Cambridgeshire's children  
There are no significant implications for this priority.

3.4 Net zero carbon emissions for Cambridgeshire by 2050  
There are no significant implications for this priority.

## 4. Significant Implications

4.1 Resource Implications  
This report sets out details of the overall financial position of the P&C Service.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications  
There are no significant implications within this category.

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

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

4.5 Engagement and Communications Implications  
There are no significant implications within this category.

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

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

## 5. Source documents

5.1 Source documents

As well as presentation of the FMR to the Committee the report is made available online each month.

5.2 Location

<https://www.cambridgeshire.gov.uk/council/finance-and-budget/finance-&-performance-reports/>

Service: People and Communities (P&C)

Subject: Finance Monitoring Report – October 2020

Date: 13<sup>th</sup> November 2020

## Key Indicators

Previous Status	Category	Target	Current Status	Section Ref.
Red	Revenue position by Directorate	Balanced year end position	Red	1.2
Green	Capital Programme	Remain within overall resources	Green	2

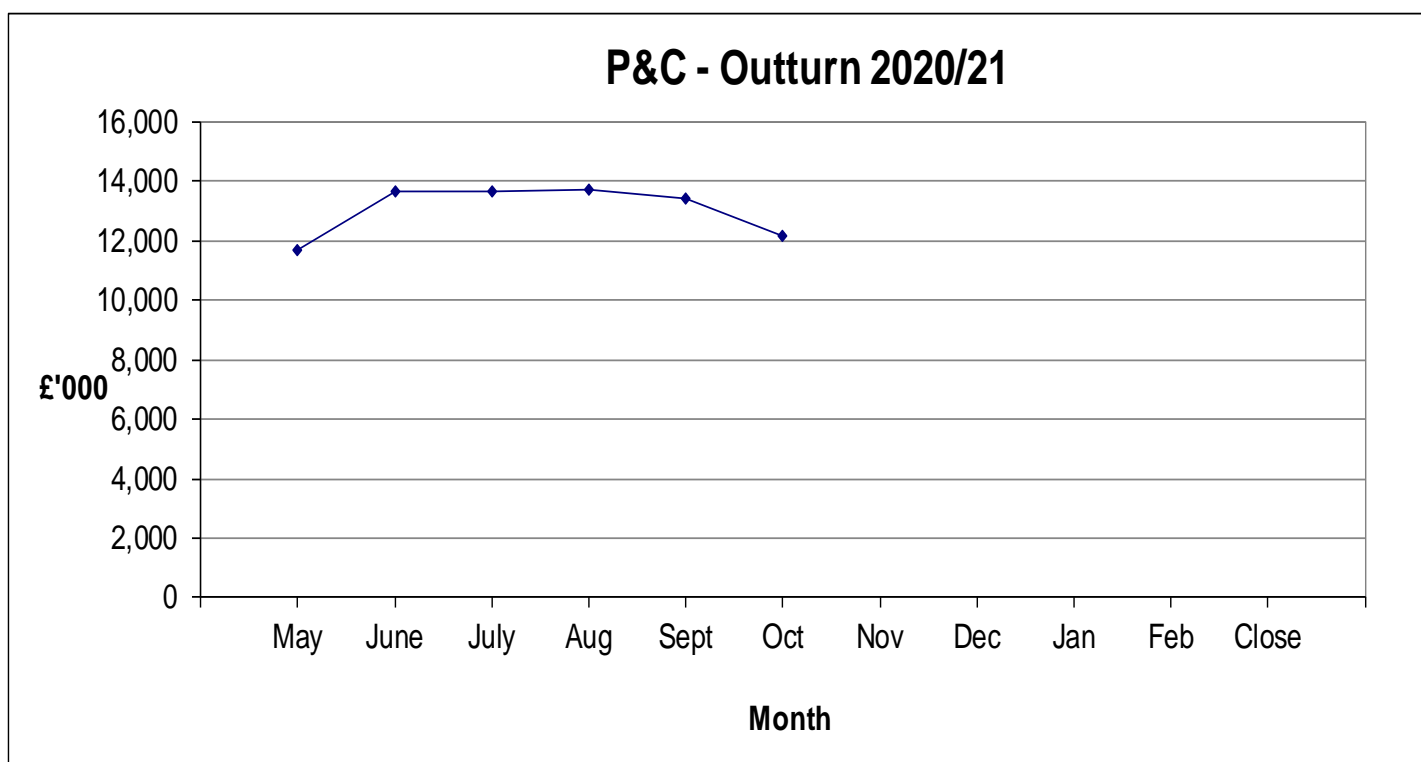
## Contents

Section	Item	Description	Page
1	Revenue Executive Summary	High level summary of information: By Directorate By Committee Narrative on key issues in revenue financial position	2-8
2	Capital Executive Summary	Summary of the position of the Capital programme within P&C	9
3	Savings Tracker Summary	Summary of the latest position on delivery of savings	9
4	Technical Note	Explanation of technical items that are included in some reports	9
5	Key Activity Data	Performance information linking to financial position of main demand-led services	9-14
Appx 1	Service Level Financial Information	Detailed financial tables for P&C's main budget headings	15-17
Appx 1a	Service Level Financial Information	Detailed financial table for Dedicated Schools Grant (DSG) main budget headings	18
Appx 2	Service Commentaries	Detailed notes on financial position of services that are predicting not to achieve their budget	19-29
Appx 3	Capital Appendix	This will contain more detailed information about P&C's Capital programme, including funding sources and variances from planned spend.	30-32
<i>The following appendices are not included each month as the information does not change as regularly:</i>			
Appx 4	Savings Tracker	Each quarter, the Council's savings tracker is produced to give an update of the position of savings agreed in the business plan.	
Appx 5	Technical Appendix	Twice yearly, this will contain technical financial information for P&C showing: Grant income received Budget virements into or out of P&C Service reserves	

# 1. Revenue Executive Summary

## 1.1 Overall Position

People and Communities is forecasting an overspend of £12,144k at the end of October.



## 1.2 Summary of Revenue position by Directorate

Forecast Outturn Variance (Previous) £000	Directorate	Budget 2020/21 £000	Actual £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
8,757	Adults & Safeguarding	156,896	116,440	9,455	6.0%
501	Commissioning	46,875	8,299	688	1.5%
2,057	Communities & Partnerships	10,120	6,918	2,320	22.9%
-1,344	Children & Safeguarding	60,508	32,680	-2,391	-4.0%
3,011	Education - non DSG	35,104	15,140	2,487	7.1%
12,476	Education - DSG	67,529	44,856	11,286	16.7%
427	Executive Director	1,866	1,002	-414	-22.2%
<b>25,885</b>	<b>Total Expenditure</b>	<b>378,898</b>	<b>225,334</b>	<b>23,429</b>	<b>6.2%</b>
-12,476	Grant Funding	-103,309	-69,274	-11,286	10.9%
<b>13,408</b>	<b>Total</b>	<b>275,588</b>	<b>156,061</b>	<b>12,144</b>	<b>4.4%</b>

The Covid-related grants from central government are held centrally within the Council, and so the numbers in the table above are before any allocation of the funding to specific pressures.

### 1.2.1 Summary of Covid-19 Expenditure by Directorate

Directorate	Actual Covid-19 Related Spend to date £000	Forecast Covid-19 Pressure £000
Adults & Safeguarding	3,717	9,747
Commissioning	207	359
Communities & Partnerships	1,541	2,093
Children & Safeguarding	224	270
Education	22	2,549
Executive Director	487	514
<b>Total Expenditure</b>	<b>6,198</b>	<b>15,532</b>

Note – the ‘actual’ column includes only Covid-related additional spend, while the ‘forecast’ column also includes estimations around loss of income and savings impairment that will not result in new spend

## 1.3 Summary by Committee

P&C’s services are overseen by different committees – these tables provide committee-level summaries of services’ revenue financial positions.

### 1.3.1 Adults Committee

Forecast Variance Outturn (Previous) £000	Directorate	Budget 2020/21 £000	Actual 2020 £000	Forecast Outturn Variance £000
8,757	Adults & Safeguarding	156,896	116,440	9,455
173	Adults Commissioning (including Local Assistance Scheme)	23,316	-4,101	260
<b>8,930</b>	<b>Total Expenditure</b>	<b>180,212</b>	<b>112,339</b>	<b>9,715</b>
0	Grant Funding (including Improved Better Care Fund etc.)	-21,673	-15,457	0
<b>8,930</b>	<b>Total</b>	<b>158,539</b>	<b>96,881</b>	<b>9,715</b>

### 1.3.2 Children and Young People Committee

<b>Forecast Variance Outturn (Previous) £000</b>	<b>Directorate</b>	<b>Budget 2020/21 £000</b>	<b>Actual 2020 £000</b>	<b>Forecast Outturn Variance £000</b>
250	Children's Commissioning	23,188	12,030	350
3	Communities & Safety - Central Integrated Youth Support Services	373	-120	4
-1,344	Children & Safeguarding	60,508	32,680	-2,391
3,011	Education – non DSG	35,104	15,140	2,487
12,476	Education – DSG	67,529	44,856	11,286
<b>14,396</b>	<b>Total Expenditure</b>	<b>186,703</b>	<b>104,586</b>	<b>11,735</b>
-12,476	Grant Funding (including Dedicated Schools Grant etc.)	-78,779	-51,161	-11,286
<b>1,920</b>	<b>Total</b>	<b>107,924</b>	<b>53,425</b>	<b>450</b>

### 1.3.3 Community and Partnerships Committee

<b>Forecast Variance Outturn (Previous) £000</b>	<b>Directorate</b>	<b>Budget 2020/21 £000</b>	<b>Actual 2020 £000</b>	<b>Forecast Outturn Variance £000</b>
2,054	Communities and Partnerships	9,746	7,038	2,316
<b>2,054</b>	<b>Total Expenditure</b>	<b>9,746</b>	<b>7,038</b>	<b>2,316</b>
0	Grant Funding (including Adult Education Budget etc.)	-2,857	-2,655	0
<b>2,054</b>	<b>Total</b>	<b>6,889</b>	<b>4,383</b>	<b>2,316</b>

### 1.3.4 Cross Cutting Policy Lines

<b>Forecast Variance Outturn (Previous) £000</b>	<b>Directorate</b>	<b>Budget 2020/21 £000</b>	<b>Actual 2020 £000</b>	<b>Forecast Outturn Variance £000</b>
78	Strategic Management – Commissioning	371	370	78
427	Executive Director (Exec Director and Central Financing)	1,866	1,002	-414
<b>504</b>	<b>Total Expenditure</b>	<b>2,237</b>	<b>1,372</b>	<b>-337</b>
0	Grant Funding	0	0	0
<b>504</b>	<b>Total</b>	<b>2,237</b>	<b>1,372</b>	<b>-337</b>

## 1.4 Significant Issues

People & Communities started 2020/21 with a balanced budget and a requirement to make around £12.5m of savings. P&C budgets are facing increasing pressures each year from rising demand and changes in legislation, with the directorate's budget increasing by around 5% in 2020/21. Covid-19, however, has severely impacted on the projected financial position of P&C.

At the end of October 2020, the overall P&C position is a forecast overspend of £12,144k; around 4.4% of budget. Within this total £15,532k is in relation to forecast pressures as a result of the Covid-19 pandemic, offset by mitigations and underspends on other service lines. The summary table in 1.2.2 above shows the current level of Covid-19 actual spend to date and forecasts by directorate. The council has received approximately £30m of funding from central government related to Covid, but this is not sufficient to meet all of our identified Covid pressures across the whole council. This funding has not currently been allocated at service level, and so figures in this report are before any mitigation by that funding.

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 2 providing a narrative from those services projecting a significant variance against budget.

### 1.4.1 Adults

Similar to councils nationally, cost pressures have been faced by Adult Services in Cambridgeshire for a number of years, in particular the rising cost of care homes and home care, particularly the requirement to ensure compliance with the national living wage, as well as the increasing needs of people in receipt of care. Adult services generally benchmark as low cost and good outcomes. Despite this, for 2020/21, Adults Services had a balanced starting budget with no un-mitigated pressures carried-forward from the previous year.

The impact of Covid-19, however, will be very high for Adult Services – we are expecting to spend at least 10% more than budgeted for. A substantial proportion of this will be funded by the NHS as part of national financial arrangements for hospital discharges until September, but the Council is having to make investments into the care sector to ensure stability and sustainability (the major element of which is a 10% resilience payment made to most providers of adult social care for much of the first quarter of the year to fund Personal Protective Equipment (PPE), additional staff costs, increased cleaning regimes and similar pressures), and is facing a severe impact on its delivery of savings programme.

We have also faced increasing demand pressures. 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 or other preventative services have been restricted due to the refocusing of staffing resources towards Covid needs. Many vulnerable adults have developed more complex needs during lockdown as they have not accessed the usual community based services due to lockdown.

At the end of October, Adult Services are forecast to be £9.7m overspent (5.4%), most of which is related to Covid-19, and we expect increased costs once NHS Covid funding is discontinued.

The Strategic Management – Adults line is forecasting an overspend of £7m. This line contains the cost of the 10% resilience payment referenced above as well as some projected under-delivery of savings due Covid-19 that cannot be apportioned specifically to other budgets. This line has increased in October, as a provision is made for potential worsening of the financial position across Adult Services over the coming months due to the second national lockdown.

The Learning Disability Partnership pooled budget is projected to overspend by around £1,567k, with the Council's share being £1,207k and the rest paid by the Cambridgeshire Clinical

Commissioning Group. Demand increases so far this year are exceeding levels originally budgeted for, much of which is linked to Covid. For example, the closure of day services has seen an increased amount of spend on support for people at home.

Older People and Physical Disability Services, and Mental Health Services are forecasting an overspend of £2.1m and an underspend of £1m respectively. These services are facing pressures particularly from the impact of Covid-19 on the delivery of savings. Pressures are partially offset by lower levels of council funded residential and nursing care placements than budgeted for over the first half of the year due to national financial arrangements around hospital discharges during the emergency period.

The Executive Director line is forecasting an underspend of £414k. The main cause of the underspend is a service-wide reduction in mileage spend, now assumed to continue through to at least the end of the third quarter. This line also includes substantial spend on PPE; as the impact of the national scheme to provide free PPE to councils becomes clearer, projections around spend on equipment in the second part of the year will likely reduce.

#### 1.4.2 Children's

Although the current levels of actual spend in relation to Covid-19 are still low within Children's there are a number of areas which are likely to result in significant increased costs as a result of the pandemic:

- Due to the lockdown and lack of visibility of children, referrals to Children's saw a significant reduction; it is likely we will see latent demand and there will be a need for an increase in staff costs resulting from an increase in the number of referrals leading to the need for assessments and longer term working with families, whose needs are likely to be more acute, due to early support not having been accessed, within both early help and children's social care;
- We are also now beginning to see an increase in the numbers of referrals of children and young people in very complex circumstances. 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.
- Risks that some or all of anticipated savings targets in respect of budgets associated with children in care placement costs will not be achieved. This is because we are needing to place children in more specialist costly placements due to presenting complex needs. The effective launch of the Family Safeguarding approach in children's services has also been affected by Covid-19, with challenges in respect of recruiting and training adult practitioners. Family Safeguarding is associated with lower numbers of children in care, and delayed full implementation of the approach may mean that numbers in care do not fall as expected over the remainder of this financial year.

Children in Care Placements – Commissioning has a savings target for the year in excess of £4m, and to date is on track to deliver the majority of this with a revised residual overspend position of +£350k. This reflects a £100k increase on the previous month as a result of an increased commitment for an existing secure placement. However the ongoing demand management work continues to deliver positive outcomes. The remainder of the overspend is predominantly due to having more placements within Independent Foster Agencies (IFA) than budgeted for. There are also additional costs due to the Covid-19 pandemic, currently recorded at £73k, which are reflected in this overspend, however as outlined above these costs could increase over the remainder of the financial year.

Strategic Management – Children & Safeguarding is currently reporting a forecast underspend of -£600k. This is made up of a forecast underspend of -£380k related to a service restructure which has been put on hold, realising an in year saving whilst posts remain vacant, a further -£300k due to a



combination of posts becoming vacant and recruitment to vacancies taking longer than anticipated in the current climate and additional costs of £80k associated with the use of the Grafham Water Centre to provide temporary accommodation to vulnerable young people during the Covid-19 crisis.

**Children in Care** – following a further review of commitments, this service is now reporting a revised underspend of -£1,050k in respect of the unaccompanied asylum seeker children (UASC) and Leaving care budgets. An increase in the level of grant received from the Home Office, backdated to 1<sup>st</sup> April has contributed to the overall improved position. This is alongside the acceleration in the amount of Home Office decisions around asylum claims and the team's progression with Human Rights Assessments. We are also now seeing the full year benefits of the comprehensive review of placements undertaken in 2019/20.

**The Children's Disability Service** is forecasting an over spend of £200k. As a result of the Covid-19 pandemic individual care packages for children and young people with the highest level of needs have needed to be increased as they have been unable to attend their special school and/or there is a reduction in their usual care packages due to staff shortages (e.g. staff shielding / isolating) across the short breaks provisions.

**Adoption** – has a forecast underspend of -£750k. During the 2020/21 financial year, the service has a high number of young people in care turning 18 years old and for the majority of children this will see the allowances paid to their carers ceasing. The service review on this area of activity to ensure allowances received by carers are in line with children's needs and family circumstances has now been completed and as a result additional savings identified.

**Safeguarding South** - are reporting an underspend of -£125k. This is a result of the implementation of the Family Safeguarding Model and the reduction in case numbers, alongside the impact of Covid-19 and subsequent restrictions being placed on contact and reduced activities.

#### 1.4.3 Education

**Strategic Management - Education** – is forecasting a -£200k underspend as a result of posts becoming vacant and recruitment to vacancies taking longer than anticipated in the current climate.

**Education** – A number of services within Education are forecasting overspends due to of loss of income as a result of the Covid-19 pandemic. Some areas have been able to deliver services in different ways, or have utilised their staff and/or building to provide support to other services to mitigate the overall impact. However the overall impact is still significant for many services with a traded element, and may continue to deteriorate further dependent on buying decisions in future terms:

- The Early Years' Service is forecasting a £149k overspend.
- The School Improvement Service is forecasting a £81k overspend.
- The Outdoor Centres are currently forecasting a £1,193k overspend.
- Cambridgeshire Music is forecasting a £237k overspend.
- 0-19 Organisation and Planning - the Attendance and Behaviour Service (£410k) and Education Safeguarding Team (£78k) are forecasting a combined overspend of £488k. This is offset in part by an underspend of -£131k on the centrally retained growth fund for schools which is part of the Dedicated Schools Grant.

**Home to School Transport – Special** - A significant increase in transport costs in the latter part of 2019/20 has resulted in an opening pressure of £800k. While an increase in pupils receiving SEND Transport of 10% a year has been included within the budget, we have seen an increase in the average cost of transport per pupil in excess of available budget. This is as a result of price inflation as well as complexity of need meaning that more pupils require individual taxis, passenger assistants or a specialised vehicle. In two cases, private ambulances have had to be provided due to the severity of

the children's medical needs following risk assessments undertaken by health and safety, and insurance colleagues.

**Home to School Transport – Mainstream** is forecasting an overspend of £200k. As reported in 2019/20 we are seeing significant increases in the costs being quoted for routes in some areas of the county. Where routes are procured at particularly high rates these are agreed on a short-term basis only with a view to reviewing and retendering at a later date in order to reduce spend where possible, however there is no guarantee that lower prices will be secured in future.

**Children in Care Transport** – is forecasting an underspend of £500k in 2020/21. This underspend is as a result of a number of factors including improved procurement and route planning processes, an ongoing reduction in the number of children in care, and reduced spend on contact visits over the summer term due to the majority of these taking place remotely.

**Dedicated Schools Grant (DSG)** – An additional Appendix 1a has been added to provide a detailed breakdown of all DSG spend within P&C. The budget figures are net of recoupment for academies and high needs place funding, and as such are subject to change should more schools convert during the year.

Based on current available funding levels compared 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 underlying in-year pressure on the High Needs Block element of the DSG funded budgets is estimated to be in the region of £11.4m for 2020/21. This includes savings in relation to funding devolved to secondary schools through the Behaviour and Attendance Improvement Partnerships (BAIP's) implemented from September and savings as a result of a number of high cost placements. Due to Covid-19 it is likely that a number of the remaining savings initiatives will be delayed and as such savings not realised until next year.

When added to the existing DSG deficit of £16.6m brought forward from previous years the level potential deficit at the end of 2020/21 is significant. This is a ring-fenced grant and, as such, overspenders do not currently affect the Council's bottom line however there is increasing scrutiny and challenge from the DfE to manage the deficit and evidence plans reduce spend. The level of deficit also impacts on the Council's overall cash-flow position and as such senior officers have written to the DfE on several occasions to request support in this matter. Officers are currently waiting for further guidance from the DfE in respect of the next steps with a view to meeting with DfE officials to discuss the position in more detail.

#### 1.4.4 Communities and Safety

**Think Communities** (previously Strengthening Communities) is forecasting a £1,443k m overspend in 2020/21. £210k of this is due to costs incurred by the Covid-19 co-ordination and distribution hub including food parcels, and the running costs of the distribution centre in Alconbury, along with a £175k contribution to the Cambridgeshire Coronavirus Fund. The remainder is the financial impact of staff redeployment to the Covid-19 response to the end of September, predominantly supporting those who are shielding. This adjustment is net-neutral across the council, reducing spend showing in other budget areas.

The **Public Library service** is forecasting a £152k overspend by the end of 2020/21. This is a Covid-19 loss of income relating to the closures of the library buildings.

The **Registration & Citizenship service** is forecasting a £550k under recovery of income, relating predominantly to marriage notice fees, marriage certificates and ceremony fees.

The **Coroners service** is forecasting £167k overspend. This is Covid-19 related and in the main due to the increased cost of post-mortems where Covid-19 is suspected.

## 2. Capital Executive Summary

### 2020/21 In Year Pressures/Slippage

At the end of October 2020 the capital programme is forecast to be £3.482m overspent at the end of the financial year. The level of slippage is not expected to exceed the revised Capital Variation Budget of £6.5m.

Details of the currently forecasted capital variances can be found in appendix 3.

## 3. Savings Tracker Summary

The savings tracker is produced quarterly, and the second quarter's tracker was published in September. As reported in September, against a target for the year of £12.8m across People & Communities, we are projecting an under-delivery of £5.5m. Almost all of this is due to the impact of Covid-19, which has resulted in the implementation of a number of savings plans being delayed or reconsidered.

## 4. Technical note

On a biannual basis, a technical financial appendix will be included as appendix 5. This appendix will cover:

- Grants that have been received by the service, and where these have been more or less than expected
- Budget movements (virements) into or out of P&C from other services (but not within P&C), to show why the budget might be different from that agreed by Full Council
- Service reserves – funds held for specific purposes that may be drawn down in-year or carried-forward – including use of funds and forecast draw-down.

## 5. Key Activity Data

The Actual Weekly Costs for all clients shown in section 2.5.1-2 are calculated based on all clients who have received a service, are receiving a service, or we plan will receive a service. Some clients will have ceased receiving a service in previous months, or during this month, or we will have assumed an end date in the future.

## 5.1 Children and Young People

### 5.1.1 Key activity data at the end of Oct 20 for Children in Care Placements is shown below:

	BUDGET				ACTUAL (Oct 20)				VARIANCE		
Service Type	No of placements Budgeted	Annual Budget	No. of weeks funded	Average weekly cost per head	Snapshot of No. of placements Oct 20	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	3	£455k	52	2,915.31	7	6.38	£1,223k	3,473.80	3.38	£768k	558.49
Residential - secure accommodation	1	£376k	52	7,230.40	1	0.70	£192k	5,250.00	-0.30	-£184k	-1,980.40
Residential schools	14	£1,736k	52	2,385.29	12	11.05	£1,189k	1,928.57	-2.95	-£548k	-456.72
Residential homes	38	£7,101k	52	3,593.39	38	37.16	£6,530k	3,345.56	-0.84	-£570k	-247.83
Independent Fostering	230	£10,171k	52	850.40	237	243.73	£10,742k	864.80	13.73	£572k	14.40
Supported Accommodation	25	£1,562k	52	1,201.87	21	20.57	£1,772k	2,102.66	-4.43	£210k	900.79
16+	5	£302k	52	1,162.16	12	10.30	£360k	682.13	5.30	£58k	-480.03
Growth/Replacement	-	£k	-	-	-	-	£43k	-	-	£43k	-
Additional one off budget/actuals	-	£k	-	-	-	-	£k	-	-	£k	-
Mitigations required	0	£k	0	0.00	0	0.00	£k	0.00	-	£k	0.00
<b>TOTAL</b>	<b>316</b>	<b>£21,703k</b>			<b>328</b>	<b>329.89</b>	<b>£22,053k</b>		<b>13.89</b>	<b>£350k</b>	
In-house fostering - Basic	225	£2,332k	56	185.11	207	207.00	£2,332k	179.82	-18	£k	-5.29
In-house fostering - Skills	225	£2,351k	52	200.94	207	207.00	£2,351k	163.42	-18	£k	-37.52
Kinship - Basic	40	£452k	56	201.84	30	30.00	£452k	197.28	-10	£k	-4.56
Kinship - Skills	11	£52k	52	90.35	11	11.00	£52k	82.69	0	£k	-7.66
<b>TOTAL</b>	<b>265</b>	<b>£5,187k</b>			<b>237</b>	<b>237.00</b>	<b>£5,187k</b>		<b>-28</b>	<b>£k</b>	
Adoption Allowances	110	£1,210k	52	211.59	82	82.75	£940k	195.68	-27.25	-£270k	-15.91
Special Guardianship Orders	320	£2,412k	52	144.95	249	280.21	£2,112k	148.78	-39.79	-£300k	3.83
Child Arrangement Orders	86	£712k	52	159.26	60	60.10	£539k	156.92	-25.9	-£173k	-2.34
Concurrent Adoption	5	£46k	52	175.00	2	1.85	£18k	192.50	-3.15	-£28k	17.50
<b>TOTAL</b>	<b>521</b>	<b>£4,380k</b>			<b>393</b>	<b>424.91</b>	<b>£3,609k</b>		<b>-27.25</b>	<b>-£771k</b>	
<b>OVERALL TOTAL</b>	<b>1,102</b>	<b>£31,270k</b>			<b>958</b>	<b>991.80</b>	<b>£30,850k</b>		<b>-41.36</b>	<b>-£421k</b>	

#### NOTES:

In house Fostering and Kinship basic payments fund 56 weeks as carers receive two additional weeks payment during the Summer holidays and one additional week each for Christmas and birthday.

Balanced budget forecast on fostering/kinship lines as data being re-loaded onto new financial system following rate uplift and will be available end November 2020

### 5.1.2 Key activity data at the end of Oct 20 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 actual data at the close of 2019/20 and an increase in pupil numbers over the course of the year.

Actual data is based on a snapshot of provision taken at the end of the month and reflect current numbers of pupils and average cost

Provision Type	BUDGET				ACTUAL (Oct 20)					FORECAST	
	No. pupils	Expected in-year growth	Average annual cost per pupil (£)	Budget (£000) (excluding academy recoupment)	No. Pupils as of October		% growth used	Average annual cost per pupils as of September		Forecast spend (£)	Variance (£)
					Actual	Variance		Actual (£)	Variance (£)		
Mainstream top up *	1,700	155	8,070	13,413	1,760	60	139%	8,275	205	14,715	1,302
Special School **	1,305	119	10,509	20,345	1,332	27	123%	10,573	64	19,512	-833
HN Unit **	168	0	13,850	2,925	194	26	n/a	13,739	-111	3,479	554
Out of School Tuition ****	90	0	45,600	4,084	118	28	n/a	47,865	2,265	4,084	0
SEN Placement (all) ***	203	13	53,087	10,757	212	9	172%	53,028	-59	11,242	485
<b>Total</b>	<b>3,464</b>	<b>286</b>	<b>-</b>	<b>51,523</b>	<b>3,616</b>	<b>152</b>	<b>153.03%</b>	<b>-</b>	<b>-</b>	<b>53,032</b>	<b>1,508</b>

\* LA cost only

\*\* Excluding place funding

\*\*\* Education contribution only

## 5.2 Adults

In the following key activity data for Adults & Safeguarding, the information given in each column is as follows:

- Budgeted number of care packages: 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 packages and cost: these figures are derived from a snapshot of the commitment record at the end of the month and reflect current numbers of service users and average cost

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 compares the current month's figure with the previous month.

This information will include any placements made that are directly or indirectly linked to Covid-19, other than a number of newly commissioned Covid block beds. These 240 beds have been commissioned through joint arrangements with the NHS to support hospital discharges and are fully reimbursed by the NHS. This may result in the number of placements in residential and nursing care in May in the below tables appear lower.

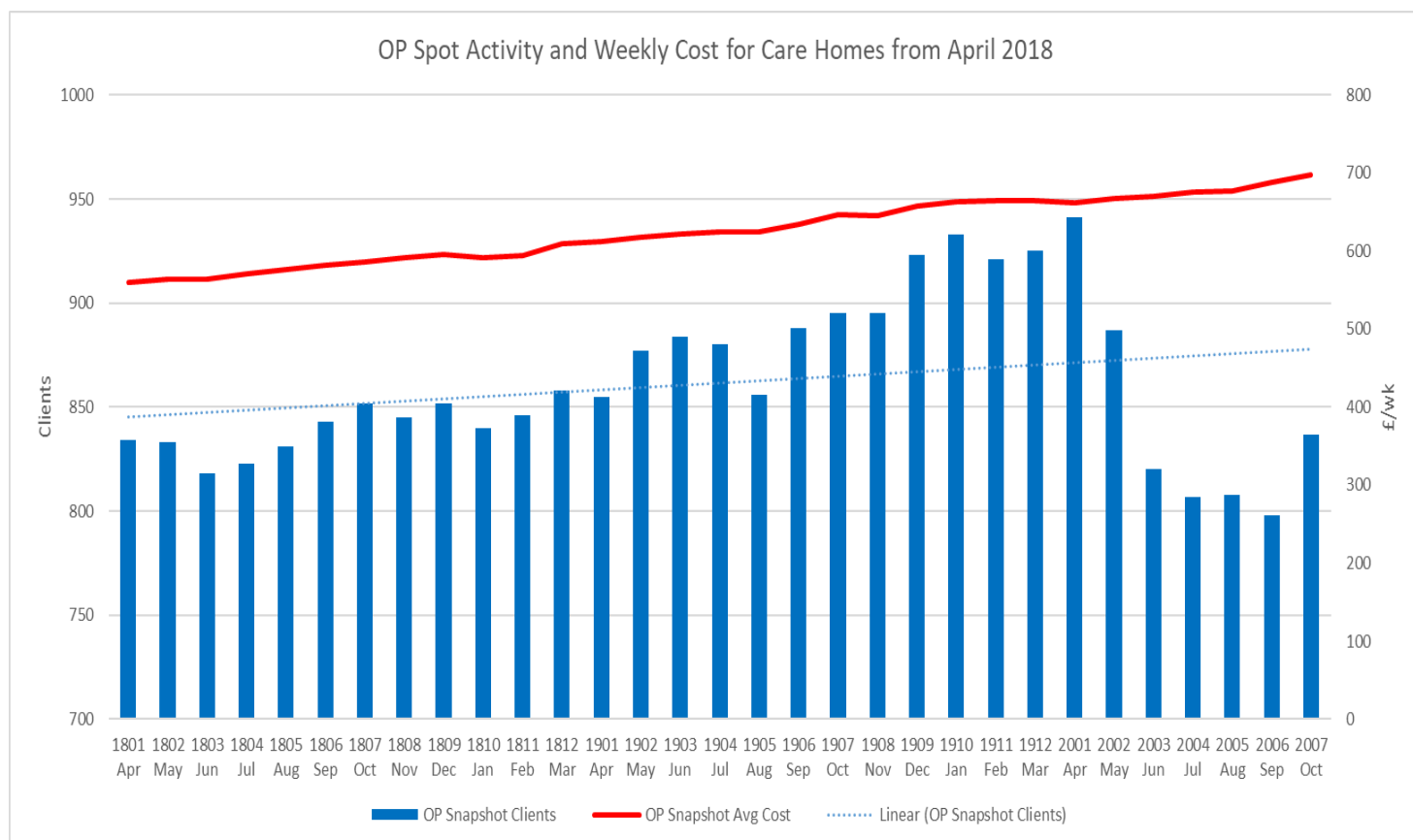
### 5.2.1 Key activity data at the end of Oct 20 for Learning Disability Partnership is shown below:

Learning Disability Partnership	BUDGET			ACTUAL (Oct 20/21)				Forecast		
Service Type	Expected No. of Care Packages 2020/21	Budgeted Average Unit Cost (per week)	Annual Budget	Current Care Packages	D o T	Current Average Unit Cost (per week)	D o T	Forecast Actual	D o T	Variance
Accommodation based										
~ Residential	256	£1,684	£23,441k	258	↔	£1,699	↔	£24,029k	↓	£587k
~Residential Dementia										
~Nursing	7	£1,918	£738k	7	↔	£1,881	↔	£734k	↑	-£4k
~Nursing Dementia										
~Respite	43	£169	£435k	44	↔	£144	↔	£419k	↑	-£16k
Community based										
~Supported Living	436	£1,238	£31,055k	437	↔	£1,226	↔	£31,851k	↑	£797k
~Direct payments	432	£423	£8,902k	422	↔	£423	↔	£8,827k	↑	-£75k
~Live In Care	16	£1,969	£1,646k	16	↔	£1,986	↓	£1,658k	↑	£12k
~Day Care	441	£177	£4,328k	441	↓	£175	↑	£4,143k	↓	-£185k
~Other Care	49	£45	£1,037k	49	↔	£43	↔	£709k	↓	-£328k
~Homecare	394	Per Hour £17.85	£6,417k	399	↔	Per Hour £17.35		£6,269k	↑	-£148k
Total In Year Expenditure			£77,999k					£78,639k		£640k
Care Contributions			-£4,299k					-£3,872k	↓	£427k
Health Income										
Total In Year Income			-£4,299k					-£3,872k		£427k
Forecast total in year care costs										£1,068k

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 Oct 20 for Older People's (OP) Services is shown below:

Older People	BUDGET			ACTUAL (Oct 20/21)				Forecast		
Service Type	Expected No. of Care Packages 2020/21	Budgeted Average Unit Cost (per week)	Annual Budget	Current Care Packages	D o T	Current Average Unit Cost (per week)	D o T	Forecast Actual	D o T	Variance
Accommodation based										
~Residential	477	£611	£16,465k	417	↑	£614	↑	£15,240k	↓	-£1,224k
~Residential Dementia	438	£625	£15,477k	414	↑	£644	↑	£15,876k	↑	£399k
~Nursing	278	£711	£11,333k	268	↑	£724	↑	£11,386k	↑	£53k
~Nursing Dementia	143	£850	£6,970k	128	↑	£856	↑	£6,431k	↑	-£539k
~Respite			£882k					£951k	↓	£69k
Community based										
~Supported Living	355	£115	£5,555k	352	↑	£138	↓	£5,508k	↑	-£48k
~Direct payments	183	£321	£2,734k	163	↓	£336	↑	£2,780k	↓	£47k
~Live In Care	25	£805	£1,095k	29	↓	£805	↓	£1,216k	↓	£122k
~Day Care	127	£67	£683k	92	↓	£67	↑	£768k	↑	£84k
~Other Care	7	£30	£107k	3	↔			£114k	↑	£7k
~Homecare	1,115	210	£12,013k	1,145	↓	£226	↑	£12,805k	↑	£792k
		Per Hour £17.18				Per Hour £17.29	↔			
Total In Year Expenditure			£73,313k					£73,075k	↑	-£239k
Care Contributions			-£20,621k					-£19,939k	↓	£681k
Health Income			£k							
Total In Year Income			-£20,621k					-£19,939k	↓	£681k
Forecast total in year care costs			£52,693k					£53,136k	↑	£443k



The vertical bars represent the OP Snapshot Clients over time.  
The solid line represents the OP Snapshot average cost over time.  
The dotted trend line indicates 4 service user increase each month.

### 5.2.3 Key activity data at the end of Oct 20 for Physical Disabilities Services is shown below:

Physical Disabilities	BUDGET			ACTUAL (Oct 20/21)				Forecast		
Service Type	Expected No. of Care Packages 2020/21	Budgeted Average Unit Cost (per week)	Annual Budget	Current Care Packages	Difference	Current Average Unit Cost (per week)	Difference	Forecast Actual	Difference	Variance
Accommodation based										
~Residential	35	£1,040	£1,729k	31	↑	£998	↓	£1,639k	↓	-£90k
~Residential Dementia	2	£700	£73k	3	↔	£833	↔	£130k	↔	£57k
~Nursing	38	£968	£1,954k	34	↓	£979	↑	£1,934k	↓	-£21k
~Nursing Dementia	2	£776	£81k	2	↑	£788	↑	£40k	↔	-£41k
~Respite			£75k					£43k	↓	-£33k
Community based										
~Supported Living	27	£253	£276k	36	↑	£407	↓	£410k	↑	£134k
~Direct payments	290	£374	£5,264k	296	↔	£369	↑	£5,219k	↑	-£45k
~Live In Care	33	£818	£1,448k	36	↓	£836	↓	£1,535k	↑	£87k
~Day Care	28	£84	£121k	24	↑	£78	↑	£100k	↑	-£21k
~Other Care	1	£60	£1k	2	↑	£60	↑	£50k	↑	£49k
~Homecare	303	220.86	£3,482k	353	↑	£232	↑	£4,008k	↑	£526k
		Per Hour £17.22				Per Hour £17.36	↔			
<b>Total In Year Expenditure</b>			<b>£14,504k</b>					<b>£15,106k</b>		<b>£602k</b>
Care Contributions			-£1,946k					-£1,746k	↑	£199k
Health Income			-£450k					-£450k	↓	£k
<b>Total In Year Income</b>			<b>-£2,396k</b>					<b>-£2,196k</b>		<b>£199k</b>
										£k
										£k
<b>Forecast total in year care costs</b>			<b>£12,109k</b>					<b>£12,910k</b>		<b>£801k</b>

## 5.2.4 Key activity data at the end of Oct 20 for Older People Mental Health (OPMH) Services:

Older People Mental Health	BUDGET			ACTUAL (Oct 20/21)				Forecast		
Service Type	Expected No. of Care Packages 2020/21	Budgeted Average Unit Cost (per week)	Annual Budget	Current Care Packages	D o T	Current Average Unit Cost (per week)	D o T	Forecast Actual	D o T	Variance
Accommodation based										
~Residential	26	£689	£974k	22	↑	£733	↑	£788k	↓	-£186k
~Residential Dementia	18	£654	£606k	14	↔	£718	↑	£492k	↓	-£114k
~Nursing	21	£740	£991k	22	↑	£799	↑	£909k	↑	-£82k
~Nursing Dementia	76	£839	£3,245k	55	↓	£806	↓	£2,292k	↓	-£953k
~Respite	0	£0	£k	0	↔	£0	↔	£k	↔	£k
Community based										
~Supported Living	4	£487	£107k	5	↔	£382	↓	£103k	↓	-£4k
~Direct payments	7	£200	£70k	6	↔	£162	↔	£40k	↓	-£30k
~Live In Care	5	£1,124	£293k	6	↔	£1,038	↔	£306k	↓	£13k
~Day Care	5	£30	£8k	0	↓	£0	↓	£2k	↔	-£6k
~Other Care	0	£0	£24k	1	↑	£6	↑	£54k	↑	£30k
~Homecare	46	£181	£412k	49	↑	£238	↑	£501k	↓	£89k
		Per Hour £16.93				Per Hour £16.78				
Total In Year Expenditure			£6,729k					£5,486k		-£1,243k
Care Contributions			-£960k					-£904k		£56k
Health Income			£k					£k		£k
Total In Year Income			-£960k					-£904k		£56k
Forecast total in year care costs			£5,768k					£4,582k		-£1,186k

## 5.2.5 Key activity data at the end of Oct 20 for Adult Mental Health Services is shown below:

Adult Mental Health	BUDGET			ACTUAL (Oct 20/21)				Forecast		
Service Type	Expected No. of Care Packages 2020/21	Budgeted Average Unit Cost (per week)	Annual Budget	Current Care Packages	D o T	Current Average Unit Cost (per week)	D o T	Forecast Actual	D o T	Variance
Accommodation based										
~Residential	57	£775	£2,291k	56	↔	£744	↓	£2,301k	↑	£10k
~Residential Dementia	6	£782	£239k	6	↔	£813	↔	£241k	↓	£1k
~Nursing	13	£705	£422k	11	↔	£799	↑	£487k	↓	£65k
~Nursing Dementia	2	£755	£102k	3	↔	£666	↔	£102k	↔	£k
~Respite	0	£0	£k	0	↔	£0	↔			£k
Community based										
~Supported Living	119	£122	£761k	105	↓	£146	↑	£778k	↓	£17k
~Direct payments	14	£350	£278k	15	↓	£341	↑	£286k	↔	£7k
~Live In Care	2	£970	£102k	2	↔	£970	↔	£101k	↔	£k
~Day Care	3	£55	£11k	3	↔	£55	↔	£11k	↔	£k
~Other Care	0	£0	£16k	0	↔	£0	↔	£9k	↓	-£7k
~Homecare	57	£125	£396k	56	↓	£141	↑	£464k	↑	£68k
		Per Hour £22.93				Per Hour £20.98				
Total In Year Expenditure			£4,619k					£4,779k		£160k
Care Contributions			-£350k					-£314k		£36k
Health Income			£k					£k		£k
Total In Year Income			-£350k					-£314k		£36k
Forecast total in year care costs			£4,269k					£4,465k		£196k



## Appendix 1 – P&C Service Level Financial Information

Forecast Outturn Variance (Previous) £'000	Ref	Service	Budget 2020/21 £'000	Actual Oct 20 £'000	Outturn Variance £'000	Outturn Variance %
<b>Adults &amp; Safeguarding Directorate</b>						
6,239	1	Strategic Management - Adults	-6,504	16,515	7,032	108%
-0		Transfers of Care	1,964	1,198	-0	0%
24		Prevention & Early Intervention	9,088	6,311	0	0%
60		Principal Social Worker, Practice and Safeguarding	1,347	903	60	4%
53		Autism and Adult Support	1,216	667	80	7%
-80		Carers	150	23	-80	-53%
<b>Learning Disability Partnership</b>						
690	2	Head of Service	5,395	3,273	853	16%
8	2	LD - City, South and East Localities	36,914	23,434	-119	0%
1,209	2	LD - Hunts & Fenland Localities	30,127	19,899	1,188	4%
-378	2	LD - Young Adults	8,278	4,353	-365	-4%
38	2	In House Provider Services	7,179	4,132	11	0%
-360	2	NHS Contribution to Pooled Budget	-20,146	-15,157	-360	-2%
<b>1,207</b>		<b>Learning Disability Partnership Total</b>	<b>67,748</b>	<b>39,935</b>	<b>1,208</b>	<b>2%</b>
<b>Older People and Physical Disability Services</b>						
812	3	Physical Disabilities	12,512	8,982	1,138	9%
-204	4	OP - City & South Locality	22,707	14,300	-204	-1%
-556	4	OP - East Cambs Locality	9,020	5,046	-556	-6%
1,012	4	OP - Fenland Locality	10,695	6,264	1,012	9%
795	4	OP - Hunts Locality	13,354	8,299	795	6%
<b>1,858</b>		<b>Older People and Physical Disability Total</b>	<b>68,289</b>	<b>42,891</b>	<b>2,184</b>	<b>3%</b>
<b>Mental Health</b>						
-70	5	Mental Health Central	1,858	892	-40	-2%
126	5	Adult Mental Health Localities	5,471	3,743	196	4%
-661	5	Older People Mental Health	6,270	3,362	-1,184	-19%
<b>-605</b>		<b>Mental Health Total</b>	<b>13,599</b>	<b>7,996</b>	<b>-1,028</b>	<b>-8%</b>
<b>8,757</b>		<b>Adults &amp; Safeguarding Directorate Total</b>	<b>156,896</b>	<b>116,440</b>	<b>9,455</b>	<b>6%</b>
<b>Commissioning Directorate</b>						
78		Strategic Management –Commissioning	371	370	78	21%
0		Access to Resource & Quality	1,240	699	0	0%
133	6	Local Assistance Scheme	300	350	133	44%
<b>Adults Commissioning</b>						
167	7	Central Commissioning - Adults	18,205	-7,449	173	1%
-120		Integrated Community Equipment Service	1,082	561	-82	-8%
-7		Mental Health Commissioning	3,730	2,436	36	1%
<b>40</b>		<b>Adults Commissioning Total</b>	<b>23,016</b>	<b>-4,451</b>	<b>127</b>	<b>1%</b>

Forecast Outturn Variance (Previous) £'000	Ref	Service	Budget 2020/21 £'000	Actual Oct 20 £'000	Outturn Variance £'000	Outturn Variance %
		<b>Children's Commissioning</b>				
250	8	Children in Care Placements	21,703	11,331	350	2%
0		Commissioning Services	245	0	0	0%
<b>250</b>		<b>Children's Commissioning Total</b>	<b>21,948</b>	<b>11,331</b>	<b>350</b>	<b>2%</b>
<b>501</b>		<b>Commissioning Directorate Total</b>	<b>46,875</b>	<b>8,299</b>	<b>688</b>	<b>1%</b>
		<b>Communities &amp; Partnerships Directorate</b>				
-11		Strategic Management - Communities & Partnerships	231	127	0	0%
208	9	Public Library Services	3,698	1,889	152	4%
-0		Cambridgeshire Skills	2,308	894	-0	0%
-8		Archives	355	189	-27	-8%
-3		Cultural Services	311	122	-3	-1%
550	10	Registration & Citizenship Services	-651	-96	550	84%
182	11	Coroners	1,537	969	167	11%
0		Trading Standards	694	388	60	9%
-31		Domestic Abuse and Sexual Violence Service	822	445	-26	-3%
1,168	12	Think Communities	443	2,111	1,443	326%
3		Youth and Community Services	373	-120	4	1%
<b>2,057</b>		<b>Communities &amp; Partnerships Directorate Total</b>	<b>10,120</b>	<b>6,918</b>	<b>2,320</b>	<b>23%</b>
		<b>Children &amp; Safeguarding Directorate</b>				
-230	13	Strategic Management – Children & Safeguarding	3,628	1,705	-600	-17%
0		Partnerships and Quality Assurance	2,367	1,112	0	0%
-750	14	Children in Care	17,113	10,115	-1,050	-6%
0		Integrated Front Door	2,007	1,321	-0	0%
200	15	Children's Disability Service	6,684	4,391	200	3%
-0		Children's Centre Strategy	0	0	-0	0%
-0		Support to Parents	1,126	-266	-0	0%
-385	16	Adoption Allowances	6,032	2,589	-750	-12%
0		Legal Proceedings	2,009	954	0	0%
-54		Youth Offending Service	2,108	962	-66	-3%
		<b>District Delivery Service</b>				
0		Safeguarding Hunts and Fenland	3,741	2,249	0	0%
-125	17	Safeguarding East + South Cambs & Cambridge	5,070	2,670	-125	-2%
0		Early Help District Delivery Service –North	4,269	2,494	-0	0%
0		Early Help District Delivery Service – South	4,354	2,385	-0	0%
<b>-125</b>		<b>District Delivery Service Total</b>	<b>17,434</b>	<b>9,798</b>	<b>-125</b>	<b>-1%</b>
<b>-1,344</b>		<b>Children &amp; Safeguarding Directorate Total</b>	<b>60,508</b>	<b>32,680</b>	<b>-2,391</b>	<b>-4%</b>

Forecast Outturn Variance (Previous) £'000	Ref	Service	Budget 2020/21 £'000	Actual Oct 20 £'000	Outturn Variance £'000	Outturn Variance %
<b>Education Directorate</b>						
0	18	Strategic Management - Education	2,276	1,022	-200	-9%
132	19	Early Years' Service	2,329	1,608	149	6%
123		School Improvement Service	1,011	390	81	8%
-147	20	Schools Partnership service	619	852	-138	-22%
1,203	21	Outdoor Education (includes Grafham Water)	-77	654	1,193	-%
237	22	Cambridgeshire Music	0	114	237	-%
0		Redundancy & Teachers Pensions	2,896	1,826	0	0%
<b>SEND Specialist Services (0-25 years)</b>						
0	23	SEND Specialist Services	10,833	5,779	-632	-6%
0		Funding for Special Schools and Units	23,420	13,722	0	0%
0	23	High Needs Top Up Funding	22,641	11,168	-789	-3%
0	23	Special Educational Needs Placements	11,306	8,161	561	5%
-0		Out of School Tuition	4,084	1,507	-0	0%
-291	23	Alternative Provision and Inclusion	6,403	3,887	-291	-5%
12,744	23	SEND Financing – DSG	-12,744	0	12,744	100%
<b>12,453</b>		<b>SEND Specialist Services (0 - 25 years) Total</b>	<b>65,941</b>	<b>44,224</b>	<b>11,593</b>	<b>18%</b>
<b>Infrastructure</b>						
484	24	0-19 Organisation & Planning	3,178	2,745	357	11%
0		Education Capital	179	-3,339	-1	0%
800	25	Home to School Transport – Special	12,513	5,154	800	6%
0	26	Children in Care Transport	1,785	575	-500	-28%
200	27	Home to School Transport – Mainstream	9,983	4,173	200	2%
<b>1,484</b>		<b>0-19 Place Planning &amp; Organisation Service Total</b>	<b>27,638</b>	<b>9,307</b>	<b>857</b>	<b>3%</b>
<b>15,487</b>		<b>Education Directorate Total</b>	<b>102,633</b>	<b>59,996</b>	<b>13,772</b>	<b>13%</b>
<b>Executive Director</b>						
427	28	Executive Director	1,846	1,001	-414	-22%
0		Central Financing	21	0	0	0%
<b>427</b>		<b>Executive Director Total</b>	<b>1,866</b>	<b>1,002</b>	<b>-414</b>	<b>-22%</b>
<b>25,885</b>		<b>Total</b>	<b>378,898</b>	<b>225,334</b>	<b>23,429</b>	<b>6%</b>
<b>Grant Funding</b>						
-12,476	29	Financing DSG	-69,277	-46,995	-11,286	-16%
0		Non Baselined Grants	-34,033	-22,279	0	0%
<b>-12,476</b>		<b>Grant Funding Total</b>	<b>-103,309</b>	<b>-69,274</b>	<b>-11,286</b>	<b>11%</b>
<b>13,408</b>		<b>Net Total</b>	<b>275,588</b>	<b>156,061</b>	<b>12,144</b>	<b>4%</b>

# Appendix 1a – Dedicated Schools Grant (DSG) Summary FMR

Forecast Outturn Variance (Previous) £'000	Ref	Service	Budget 2020/21 £'000	Actual Oct 20 £'000	Outturn Variance £'000	Outturn Variance %
<b>Commissioning Directorate</b>						
<b>Children's Commissioning</b>						
0		Commissioning Services	245	0	0	0%
<b>0</b>		<b>Children's Commissioning Total</b>	<b>245</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>0</b>		<b>Commissioning Directorate Total</b>	<b>245</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>Children &amp; Safeguarding Directorate</b>						
<b>District Delivery Service</b>						
0		Early Help District Delivery Service –North	0	-14	0	0%
0		Early Help District Delivery Service – South	3	2	0	0%
<b>0</b>		<b>District Delivery Service Total</b>	<b>3</b>	<b>-12</b>	<b>0</b>	<b>0%</b>
<b>0</b>		<b>Children &amp; Safeguarding Directorate Total</b>	<b>3</b>	<b>-12</b>	<b>0</b>	<b>0%</b>
<b>Education Directorate</b>						
0		Early Years' Service	1,518	612	0	0%
23		Schools Partnership service	150	0	23	15%
0		Redundancy & Teachers Pensions	0	0	0	0%
<b>SEND Specialist Services (0-25 years)</b>						
-0	23	SEND Specialist Services	7,826	3,974	-832	-11%
0		Funding for Special Schools and Units	23,420	13,722	0	0%
0	23	High Needs Top Up Funding	22,641	11,168	-789	-3%
0	23	Special Educational Needs Placements	11,306	8,161	561	5%
-0		Out of School Tuition	4,084	1,507	-0	0%
-291	23	Alternative Provision and Inclusion	6,328	3,714	-291	-5%
12,744	23	SEND Financing – DSG	-12,744	0	12,744	100%
<b>12,453</b>		<b>SEND Specialist Services (0 - 25 years) Total</b>	<b>62,859</b>	<b>42,246</b>	<b>11,393</b>	<b>18%</b>
<b>Infrastructure</b>						
0	24	0-19 Organisation & Planning	2,602	1,998	-131	-5%
0		Home to School Transport – Special	400	0	0	0%
<b>0</b>		<b>0-19 Place Planning &amp; Organisation Service Total</b>	<b>3,002</b>	<b>1,998</b>	<b>-131</b>	<b>-4%</b>
<b>12,476</b>		<b>Education Directorate Total</b>	<b>67,529</b>	<b>44,856</b>	<b>11,286</b>	<b>17%</b>
<b>12,476</b>		<b>Total</b>	<b>67,777</b>	<b>44,844</b>	<b>11,286</b>	<b>17%</b>
<b>0</b>		<b>Contribution to Combined Budgets</b>	<b>1,500</b>	<b>1,500</b>	<b>0</b>	<b>0%</b>
<b>Schools</b>						
0		Primary and Secondary Schools	118,557	67,917	0	0%
0		Nursery Schools and PVI	36,473	20,870	0	0%
0		Schools Financing	-224,307	-89,506	0	0%
0		Pools and Contingencies	0	-82	-0	-100%
<b>0</b>		<b>Schools Total</b>	<b>-69,276</b>	<b>-801</b>	<b>-0</b>	<b>0%</b>
<b>12,476</b>		<b>Overall Net Total</b>	<b>0</b>	<b>45,543</b>	<b>11,285</b>	<b>0%</b>

## Appendix 2 – Service Commentaries on Forecast Outturn Position

Narrative is given below where there is an adverse/positive variance greater than 2% of annual budget or £100,000 whichever is greater for a service area.

### 1) Strategic Management – Adults

<b>Budget 2020/21 £'000</b>	<b>Actual £'000</b>	<b>Outturn Variance £'000</b>	<b>Outturn Variance %</b>
-6,504	16,515	7,032	108%

The forecast overspend for this line consists mainly of three elements:

- The 10% market resilience payment agreed by Adults Committee in May covering the period from 20<sup>th</sup> of April to 30<sup>th</sup> of June 2020. This payment is being made to most providers of social care funded by the Council, and reflects additional cost pressures that the sector is facing as a result of the Covid emergency (PPE, additional staffing, increasing cleaning etc.). All of this payment is reported here, where previously some was reported within LD budgets.
- The anticipated impact on delivery of in-year savings through the Adults Positive Challenge Programme as a result of the Covid emergency. The additional demands faced during the emergency period have resulted in a lower level of demand management activity than would otherwise have taken place.
- The impact of Covid on the adults transport budget, particularly the reduced opportunity to rationalise or retender routes and the reduced income from transporting people to day centres.

### 2) Learning Disability Partnership

<b>Budget 2020/21 £'000</b>	<b>Actual £'000</b>	<b>Outturn Variance £'000</b>	<b>Outturn Variance %</b>
67,748	39,935	1,208	2%

The Learning Disability Partnership (LDP) is forecasting an overspend of £1,567k for 2020/21, of which the council's share is £1,207k. There has been no movement from the position reported last month.

£690k of the overspend is due to the impact of Covid 19 on the LDP's finances. The learning disabilities and working age adults client group has been differently affected by Covid compared to other client groups and there have been positive efforts to prevent hospital admission and delays. The LDP has seen the cost pressures of supporting the care market with Covid-related costs, but has not seen any reduction in the demand for services that has been seen in some other client groups due to Covid. A particular pressure for the LDP is in supporting service users who normally access day services with alternative care, as day centres are currently closed due to Covid 19.

While the NHS is directly funding some of the Covid-related costs for block purchased accommodation and packages after hospital discharge, there is a further £348k of Covid-related costs – increases in service users' care packages that are not being directly funded by the NHS. Additionally, there is a £205k pressure due to the waiver of client contributions for services that are not being received. However, we have continued to pay for these services to support providers; this is mostly in relation to day care. There is a £57k pressure in In House provider units due to the loss of 6 months of income as day services are closed, and a further £84k in increased PPE costs in the provider units.

In addition to this, there is a £877k underlying overspend on the LDP that cannot be directly linked to Covid 19. Mostly this increase is due to transitions of new service users into the LDP and current

service users' needs increasing at assessment by more than has been allowed for in demography allocation. This position continues to be monitored.

### 3) Physical Disabilities

<b>Budget 2020/21 £'000</b>	<b>Actual  £'000</b>	<b>Outturn Variance  £'000</b>	<b>Outturn Variance  %</b>
12,512	8,982	1,138	9%

Physical Disability Services are reporting an overspend of £1.138m. The service has provided increased volumes of community-based support to clients since the start of the financial year which has resulted in higher than budgeted spend. This trend is continuing, and has resulted in the increase in forecast this month.

The Council's response to the Covid pandemic has included reprioritising the activities of preventative services and this is expected to continue having an adverse effect on demand for social care in future months. An estimate of the resulting pressure has been incorporated into the forecast position.

New placements out of hospital or to facilitate avoidance of admission into hospital were funded through NHS England as continuing health care in the short term. A provision has been made for clients with assessed social care needs returning to local authority funding streams within the forecast.

### 4) Older People

<b>Budget 2020/21 £'000</b>	<b>Actual  £'000</b>	<b>Outturn Variance  £'000</b>	<b>Outturn Variance  %</b>
55,777	33,909	1,046	2%

Older People's Services are continuing to report an overspend of £1,046k.

The Council's response to the Covid pandemic included reprioritising the activities of preventative services and this was expected to have an adverse effect on demand for social care during the course of the pandemic. This is being reflected though increased levels of community-based care provided since the start of the financial year. Conversely, the Covid pandemic has had a significant impact on existing clients with the most acute needs placed in care homes, resulting in a notable decrease in placements.

New placements out of hospital or to facilitate avoidance of admission into hospital were funded through NHS England as continuing health care in the short term. Work has been completed to further refine the assumptions regarding the financial impact of clients with assessed social care needs returning to local authority funding streams, and this is incorporated into the forecast.

## 5) Mental Health Services

<b>Budget 2020/21 £'000</b>	<b>Actual £'000</b>	<b>Outturn Variance £'000</b>	<b>Outturn Variance %</b>
13,599	7,996	-1,028	-8%

Mental Health Services are reporting an underspend of £1.028m. The Covid pandemic has had a significant impact on existing elderly clients with the most acute mental health needs, and this is reflected in the forecast position. Conversely, the service has provided increased volumes of community-based support to clients since the start of the financial year.

New placements out of hospital or to facilitate avoidance of admission into hospital were funded through NHS England as continuing health care in the short term. Work has been completed to further refine the assumptions regarding the financial impact of clients with assessed mental health social care needs returning to local authority funding streams. This, in conjunction with one-off net savings from ongoing work to secure appropriate funding for service users with health needs, has resulted in the favourable movement in forecast this month.

## 6) Local Assistance Scheme

<b>Budget 2020/21 £'000</b>	<b>Actual £'000</b>	<b>Outturn Variance £'000</b>	<b>Outturn Variance %</b>
300	350	133	44%

Cambridgeshire's Local Assistance Scheme (CLAS) is a contracted service that provides a front-line safety net to individuals and families facing unexpected financial difficulties and hardship. During the Covid-19 crisis we have seen an increase in the demand and provision of food from a number of different voluntary sources, with the Cambridge Foodbank confirming that they increased from 600 food parcels a week up to 1,100 at the beginning of lockdown. This is coupled with a reduction in donations. CLAS is expecting to see a further increase in requests with schools returning, as transmission of infections rise and further restrictions are imposed, and as national support measures such as eviction moratorium and furlough scheme draw to a close. We are therefore predicting that the additional Covid funding will be needed as yet more people sign up for Universal Credit and seek CLAS help to help them buy food and fuel.

## 7) Central Commissioning – Adults

<b>Budget 2020/21 £'000</b>	<b>Actual £'000</b>	<b>Outturn Variance £'000</b>	<b>Outturn Variance %</b>
18,205	-7,449	173	1%

There is a £224k delay in the achievement of savings on housing related support contracts, causing an in year pressure on this budget. This programme has achieved £477k of savings to date, with savings work likely to end due to the impact of Covid. It is due to deliver a further £65k of savings in 2021/22 with the remainder being achieved in 2022/23. This has been delayed from full delivery of the remaining savings in 2021/22, as a retender of housing related support services has been delayed due to Covid.

In addition, hospital discharge requirements that came in to place on March 23<sup>rd</sup> set out that discharge to assess pathways must operate between 8 am and 8pm 7 days a week. This meant that the brokerage team who operated 8am to 5pm 5 days a week had to increase working time which was

facilitated by working overtime. Latest advice from NHS England gives no timescale for changes to this arrangement. In addition, some additional capacity in this team over the second part of the year is being funded through the NHS as part of the joint discharge process. This has led to a forecast pressure of £135k, although this is under constant review.

## 8) Children in Care Placements

<b>Budget 2020/21 £'000</b>	<b>Actual  £'000</b>	<b>Outturn Variance  £'000</b>	<b>Outturn Variance  %</b>
21,703	11,331	350	2%

Current forecast over spend of £350k. This has increased due to the change in commitment for the existing secure placement which had initially been for 12 weeks and is now committed to end of financial year. In addition, the opening position in IFA was significantly higher than budget allowed (268 on 1<sup>st</sup> April against budget of 230), and we saw a further shift from in-house carers to IFA at the start of the year. There is also additional cost of covid-19, currently recorded at £73k, which is reflected in this over spend. Work is ongoing to reduce existing commitment levels for external placements, including regular review meetings, reducing tiers of support and stepping down from residential to fostering and other support. This is against a backdrop of increasing costs, with the average IFA placement now at £860 per week, rather than the £850 per week budgeted.

<b>External Placements Client Group</b>	<b>Budgeted Packages</b>	<b>31 Oct 2020 Packages</b>	<b>Variance from Budget</b>
Residential Disability – Children	3	7	+4
Child Homes – Secure Accommodation	1	1	0
Child Homes – Educational	14	12	-2
Child Homes – General	38	38	0
Independent Fostering	230	237	+7
Supported Accommodation	25	21	-4
Supported Living 16+	5	12	+7
<b>TOTAL</b>	<b>316</b>	<b>328</b>	<b>+12</b>

## 9) Public Library Services

<b>Budget 2020/21 £'000</b>	<b>Actual  £'000</b>	<b>Outturn Variance  £'000</b>	<b>Outturn Variance  %</b>
3,698	1,889	152	4%

The Public Library service is forecasting a £152k overspend by the end of 2020/21. This is a Covid-19 loss of income relating to the closures of the library buildings. The position has improved since last month due to a reduction in staffing hours.



## 10) Registration & Citizenship Services

<b>Budget 2020/21 £'000</b>	<b>Actual £'000</b>	<b>Outturn Variance £'000</b>	<b>Outturn Variance %</b>
-651	-96	550	84%

The Registration & Citizenship service is forecasting a £550k under recovery of income in 2020/21, relating predominantly to marriage notice fees, marriage certificates and ceremony fees.

## 11) Coroners

<b>Budget 2020/21 £'000</b>	<b>Actual £'000</b>	<b>Outturn Variance £'000</b>	<b>Outturn Variance %</b>
1,537	969	167	11%

The Coroners service is forecasting a £167k overspend by the end of 2020/21. This is Covid-19 related and in the main due to the increased cost of post-mortems where Covid-19 is suspected.

There are anticipated extra pressures relating to a couple of complex inquests. The costs relating to these will start to appear at the end of 20/21. It is too soon to forecast the pressure but this will be included towards the end of the year.

## 12) Think Communities

<b>Budget 2020/21 £'000</b>	<b>Actual £'000</b>	<b>Outturn Variance £'000</b>	<b>Outturn Variance %</b>
443	2,111	1,443	264%

Think Communities (previously Strengthening Communities) is forecasting a £1.4m overspend in 2020/21. £210k of this is due to costs incurred by the Covid-19 co-ordination and distribution hub including food parcels, and the running costs of the distribution centre in Alconbury, along with a £175k contribution to the Cambridgeshire Coronavirus Fund. The remainder is the financial impact of staff redeployment to the Covid-19 response to the end of September, predominantly supporting those who are shielding. This adjustment is net-neutral across the council, reducing spend showing in other budget areas.

## 13) Strategic Management - Children & Safeguarding

<b>Budget 2020/21 £'000</b>	<b>Actual £'000</b>	<b>Outturn Variance £'000</b>	<b>Outturn Variance %</b>
3,628	1,705	-600	-17%

Strategic Management – Children and Safeguarding is forecasting an under spend of £600k. This is an increase of £370k due to vacancy savings projections (-£300k) and better clarity on service restructure costs (-£70k). Both influenced by the difficulty in recruiting to vacant posts in the current climate.

The underspend is due to:

- An over achievement of the vacancy savings target across the service of -£300k, due to a combination of posts becoming vacant and recruitment to vacancies taking longer than anticipated in the current climate.

- A service restructure which has been delayed, partly also due to the Covid 19 crisis, which has realised an in year saving of -£380k.
- This is partially offset by an £80k recharge for the use of Grafham Water Centre as a contingency for temporary placements of Children in Care between April and September 2020. The Covid 19 crisis exacerbated already fragile placements, and as a result, we saw more placements ending in an unplanned way. Grafham was identified as a suitable placement location for emergency placement of Children in Care whose placements had come to an unplanned end, and where no alternative placement existed.

#### 14) Children in Care

<b>Budget 2020/21 £'000</b>	<b>Actual £'000</b>	<b>Outturn Variance £'000</b>	<b>Outturn Variance %</b>
17,113	10,115	-1,050	-6%

The UASC/Leaving care budgets are forecasting an under spend of -£1.05m. This is an increase of -£300k, which is due to a revised forecast based on additional funding from the Home Office across both cohorts the grant supports.

We are seeing activity undertaken in the service to support moves for unaccompanied young people to lower cost but appropriate accommodation during 2018/19 realising the full year effect. The continued close scrutiny and oversight of children's care planning including their care arrangements, is resulting in more young people moving to benefit sustainable accommodation in a timely way and in line with their age, level of independence and ability to access welfare entitlements when their status to remain is confirmed. The decision by the Home Office to increase grant allowances from 1 April has also contributed to an improved budget position.

This improved position in 2020/21 has enabled £300k of base budget from this service to be offered up as a Business Planning saving in 2021/22.

#### 15) Children's Disability Service

<b>Budget 2020/21 £'000</b>	<b>Actual £'000</b>	<b>Outturn Variance £'000</b>	<b>Outturn Variance %</b>
6,684	4,391	200	3%

The Children's Disability Service is forecasting an over spend of £200k.

As a result of the Covid-19 pandemic we have needed to increase individual care packages for children and young people with the highest level of needs as they have been unable to attend their special school and/or there is a reduction in their usual care packages due to staff shortages (e.g. staff shielding / isolating) across our short breaks provisions.

#### 16) Adoption

<b>Budget 2020/21 £'000</b>	<b>Actual £'000</b>	<b>Outturn Variance £'000</b>	<b>Outturn Variance %</b>
6,032	2,589	-750	-12%

The Adoption Allowances budget is forecasting an under spend of -£750k. This is an increase of -£365k after the service have now completed the planned review of all allowance streams and implemented the new policy guidance.

During this reporting year the service has, and will continue to have, a high number of young people in care turning 18 years old and for the majority of children this will see the allowances paid to their carers ceasing. We continue to focus on this area of activity to ensure allowances received by carers are in line with children's needs and family circumstances. The Council also introduced a new allowance policy in April 2020 which clearly set out the parameters for new allowances and also introduced a new means test in line with DFE recommendations that is broadly lower than the previous means test utilised by the Council.

#### 17) Safeguarding East & South Cambs and Cambridge

<b>Budget 2020/21 £'000</b>	<b>Actual £'000</b>	<b>Outturn Variance £'000</b>	<b>Outturn Variance %</b>
5,070	2,670	-125	-2%

Safeguarding South are reporting an underspend of £125k in their team budgets.

This is 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 is also linked to the implementation of the Family Safeguarding Model and the reduction in case numbers.

#### 18) Strategic Management - Education

<b>Budget 2020/21 £'000</b>	<b>Actual £'000</b>	<b>Outturn Variance £'000</b>	<b>Outturn Variance %</b>
2,276	1,022	-200	-9%

Strategic Management – Education is forecasting a £200k underspend in 2020/21 due to an increased vacancy savings projection.

#### 19) Early Years' Service

<b>Budget 2020/21 £'000</b>	<b>Actual £'000</b>	<b>Outturn Variance £'000</b>	<b>Outturn Variance %</b>
2,329	1,608	149	6%

The Early Years' Service is forecasting a £149k overspend by the end of 2020/21. This is due to the loss of income from the cancellation of courses as a result of Covid-19.

#### 20) Schools Partnership Service

<b>Budget 2020/21 £'000</b>	<b>Actual £'000</b>	<b>Outturn Variance £'000</b>	<b>Outturn Variance %</b>
619	852	-138	-22%

The Virtual School is forecasting an underspend of £138k. This is predominantly due to the disruption that there was to schooling in the summer term.

## 21) Outdoor Education (includes Grafham Water)

<b>Budget 2020/21 £'000</b>	<b>Actual £'000</b>	<b>Outturn Variance £'000</b>	<b>Outturn Variance %</b>
-77	654	1,193	-%

The Outdoor Centres are forecasting a £1.2m overspend at the end of 2020/21. This is due to the loss of income as a result of Covid-19 closures of the centres until September and allows for any reduction in costs due to staff being furloughed to the end of October where appropriate and for redeployment adjustments. The recent announcement of the extension to the furlough scheme will result in an improvement in this position.

## 22) Cambridgeshire Music

<b>Budget 2020/21 £'000</b>	<b>Actual £'000</b>	<b>Outturn Variance £'000</b>	<b>Outturn Variance %</b>
0	114	237	-%

Cambridgeshire Music is forecasting a £237k overspend at the end of 20/21. This is due to the loss of income directly from the impact of Covid-19 on the service to the end of year £456k, offset by a redeployment adjustment of £218k.

## 23) SEND Specialist Services (0-25 years)

<b>Budget 2020/21 £'000</b>	<b>Actual £'000</b>	<b>Outturn Variance £'000</b>	<b>Outturn Variance %</b>
38,438	28,994	11,593	30%

The SEND and Inclusion service are forecasting an £11.6m in-year overspend, of which £11.4m relates to an underlying pressure on the High Needs Block of the Dedicated Schools Grant (DSG). This is in addition to the cumulative deficit carried forward on the DSG which stood at £16.6m at the end of 2019/20.

Between April 2019 and March 2020 we saw an increase in the number of pupils with EHCPs of 454 (10.4%) taking the total number of pupils with EHCPs to 4,803. This continued growth, along with an increase in complexity of need, has resulted in a pressure on all demand-led elements of the service.

This is a ring-fenced grant and, as such, overspends do not currently affect the Council's bottom line, however there is increasing scrutiny and challenge from the DfE to manage the deficit and evidence plans to reduce spend.

As part of this recovery work, a reduction of 10% has been applied to the annual funding devolved to secondary schools through the Behaviour and Attendance Improvement Partnerships (BAIP's). The reduction was applied from September 2020, resulting in an in-year saving of £291k.

## 24) 0-19 Organisation & Planning

<b>Budget 2020/21 £'000</b>	<b>Actual £'000</b>	<b>Outturn Variance £'000</b>	<b>Outturn Variance %</b>
3,178	2,745	357	11%

The Attendance and Behaviour service is forecasting a £410k overspend by the end of 20/21. This is due to the decision by Government not to issue penalty notice fines or initiate any legal proceedings on parents relating to school attendance at least until the end of the Summer Term. While fines and legal proceedings may continue from September 2020 it is anticipated that the level of these will not return to pre-Covid levels during the Autumn Term.

The Education Safeguarding team have also seen a loss of income due to the cancellation of training courses.

There is also a -£131k underspend on the centrally retained growth fund for schools. This is part of the Dedicated Schools Grant to provide support for new and growing schools with funding allocated based on criteria agreed by Schools Forum.

## 25) Home to School Transport – Special

<b>Budget 2020/21 £'000</b>	<b>Actual £'000</b>	<b>Outturn Variance £'000</b>	<b>Outturn Variance %</b>
12,513	5,154	800	6%

A significant increase in transport costs in the latter part of 2019/20 has resulted in an opening pressure of £800k on the Home to School Transport – Special budget in 2020/21. While an increase in pupils receiving SEND Transport of 10% a year has been included within the budget, we have seen an increase in the average cost of transport per pupil in excess of available budget. This is as a result of price inflation as well as complexity of need meaning that more pupils require individual taxis, passenger assistants or a specialised vehicle. In two cases, private ambulances have had to be provided due to the severity of the children's medical needs following risk assessments undertaken by health and safety, and insurance colleagues.

Workstreams to reduce the pressure due to be implemented in 2020/21 include

- A programme of Independent Travel Training
- Introduction of a Dynamic Purchasing System to increase market competition
- A review of all routes with a view to optimize them where possible

The service has seen additional costs as a result of Covid-19 safety measures, ensuring that different schools are not travelling on the same LA transport routes. These costs are being funded in full by a grant received by the Department for Education.

## 26) Children in Care Transport

<b>Budget 2020/21 £'000</b>	<b>Actual £'000</b>	<b>Outturn Variance £'000</b>	<b>Outturn Variance %</b>
1,785	575	-500	-28%

Children in Care Transport is forecasting an underspend of £500k in 2020/21. This underspend is as a result of a number of factors including improved procurement and route planning processes, an

ongoing reduction in the number of children in care, and reduced spend on contact visits over the summer term due to the majority of these taking place remotely.

## 27) Home to School Transport – Mainstream

<b>Budget 2020/21 £'000</b>	<b>Actual £'000</b>	<b>Outturn Variance £'000</b>	<b>Outturn Variance %</b>
9,983	4,173	200	2%

Home to School Transport – Mainstream is forecasting an overspend of £200k in 2020/21. As reported in 2019/20 we are seeing significant increases in the costs being quoted for routes in some areas of the county. Where routes are procured at particularly high rates these are agreed on a short-term basis only with a view to reviewing and retendering at a later date in order to reduce spend where possible, however there is no guarantee that lower prices will be secured in future.

A Dynamic Purchasing System is due to be implemented this year in order to increase market competition which should help to reduce some of these costs. In addition to this, a review of existing routes will be undertaken with a view to optimization.

The service has seen additional costs as a result of ensuring that pupils attending special schools are travelling to and from school in the same bubbles that they are spending the rest of the day in, wherever possible. These costs are being funded in full by a grant received by the Department for Education.

## 28) Executive Director

<b>Budget 2020/21 £'000</b>	<b>Actual £'000</b>	<b>Outturn Variance £'000</b>	<b>Outturn Variance %</b>
1,846	1,001	-414	-22%

An overspend is being forecast in relation to the purchase of Personal Protective Equipment (PPE) for use by CCC staff, in order to comply with government and Public Health England guidance for the protection of front-line workers during the Covid 19 pandemic. It is now projected that spend will remain broadly stable at June's level for the rest of the year, after higher spend in April and May. Some funding has been provided by the NHS to fund PPE in the Council's Reablement service where required where supporting a hospital discharge, and it is anticipated that central government will supply some of the Council's PPE needs for the remainder of the year, which may result in the forecast reducing.

Spend on PPE is offset on this line by an underspend on mileage budgets across the directorate, as considerably less travel has been undertaken by staff than was budgeted for – this is assumed to be the case through to the end of the third quarter, which has increased the effect of this mitigation.

## 29) Financing DSG

<b>Budget 2020/21 £'000</b>	<b>Actual £'000</b>	<b>Outturn Variance £'000</b>	<b>Outturn Variance %</b>
-69,277	-46,995	-11,286	-16%

Within P&C, spend of £69.3m is funded by the ring fenced Dedicated Schools Grant. Pressures on SEND Financing (£12.74m); SEN Placements (£0.56m); Schools Partnership (£0.02m) and savings within SEND Specialist Services (-£0.83m); High Needs Top Up Funding (-£0.79m); Alternative Provision and Inclusion (-£0.29m) and 0-19 Organisation & Planning (-£0.13m) will be carried forward as a deficit on the DSG. The final DSG balance brought forward from 2019/20 was a deficit of £16.6m.

## Appendix 3 – Capital Position

### 3.1 Capital Expenditure

Original 2020/21 Budget as per BP £'000	Scheme	Revised Budget for 2020/21 £'000	Actual Spend (Oct) £'000	Outturn Variance (Oct) £'000	Total Scheme Revised Budget £'000	Total Scheme Forecast Variance £'000
	<b>Schools</b>					
28,582	Basic Need - Primary	13,178	7,863	193	168,877	0
14,408	Basic Need - Secondary	12,671	6,486	310	311,261	0
269	Basic Need - Early Years	1,297	374	0	7,119	0
0	Adaptations	1	384	549	351	0
2,500	Conditions Maintenance	5,055	2,654	0	26,555	0
813	Devolved Formula Capital	2,194	0	0	10,031	0
4,450	Specialist Provision	2,951	1,475	112	19,633	0
2,150	Site Acquisition and Development	2,485	454	0	2,450	0
1,500	Temporary Accommodation	750	587	0	11,750	0
275	Children Support Services	275	0	0	2,575	0
6,998	Adult Social Care	6,998	2	-1,183	57,400	0
5,900	Cultural and Community Services	7,909	1,565	-3,022	7,362	0
-7,541	Capital Variation	-6,523	0	6,523	-59,982	0
1,513	Capitalised Interest	1,513	0	0	8,798	0
<b>61,817</b>	<b>Total P&amp;C Capital Spending</b>	<b>50,754</b>	<b>21,843</b>	<b>3,482</b>	<b>574,180</b>	<b>0</b>

The schemes with significant variances (>£250k) either due to changes in phasing or changes in overall scheme costs can be found below:

#### St Neots, Wintringham Park primary

Revised Budget for 2020/21 £'000	Forecast Spend - Outturn (Oct) £'000	Forecast Spend - Outturn Variance (Oct) £'000	Variance Last Month (Sep) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
3,900	4,300	400	282	118	282	118

Forecast overspend is expected to be £400k due to additional costs incurred by the contractor due to Covid-19 pandemic. The 2021-22 Business plan will request additional budget of £282 as a result. £118k of the Covid-19 additional costs can be absorbed from expected future saving in contingency budgets.

#### St Ives, Eastfield / Westfield primary

Revised Budget for 2020/21 £'000	Forecast Spend - Outturn (Oct) £'000	Forecast Spend - Outturn Variance (Oct) £'000	Variance Last Month (Sep) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
400	50	-350	-350	0	0	-350

Slippage has been incurred, condition surveys are still being undertaken and which will mean most of works will occur in 21-22.

#### Cambourne West secondary

Revised Budget for 2020/21 £'000	Forecast Spend - Outturn (Oct) £'000	Forecast Spend - Outturn Variance (Oct) £'000	Variance Last Month (Sep) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
250	400	150	250	-100	0	150



Accelerated spend anticipated based on a requirement to commence on site next Autumn to complete works for summer 23. MS1 has a draft programme of 89 weeks.

#### Duxford - Fire Damage Rebuild

Revised Budget for 2020/21 £'000	Forecast Spend - Outturn (Oct) £'000	Forecast Spend - Outturn Variance (Oct) £'000	Variance Last Month (Sep) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
0	550	550	300	250	0	550

This programme will be added to the 2021-22 business plan and a full business case has been submitted to Capital Programme Board. In response to the fire £550k of works is anticipated in 20-21 for demolitions, temporary works and commence redesign.

#### East Cambridgeshire Adult Service Development

Revised Budget for 2020/21 £'000	Forecast Spend - Outturn (Oct) £'000	Forecast Spend - Outturn Variance (Oct) £'000	Variance Last Month (Sep) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
1,558	375	-1,183	-1,183	0	0	-1,183

Slippage has been incurred of £1,183k. The planning stages of the project and confirming financial agreement with the NHS has meant that the earliest start on site is likely to be Jan 2021.

#### Community Fund

Revised Budget for 2020/21 £'000	Forecast Spend - Outturn (Oct) £'000	Forecast Spend - Outturn Variance (Oct) £'000	Variance Last Month (Sep) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
5,000	2,000	-3,000	-3,000	0	0	-3,000

The community fund has been fully committed in 2020-21, however the approved schemes are at differing stages. It is unlikely that the fund will be distributed in its entirety during this financial year and will be carried forward into 2021-22 for those projects with longer construction/implementation timescales

#### Capital Variation

Revised Budget for 2020/21 £'000	Forecast Spend - Outturn (Oct) £'000	Forecast Spend - Outturn Variance (Oct) £'000	Variance Last Month (Sep) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
-6,523	0	6,523	6,523	0	6,523	0

The Capital Variation budget of has been revised based on the carry forward and roll forward position for 2020/21. The capital variation is based on 12% of the total annual capital programme. At this stage of the year the level of slippage is not expected to exceed the revised capital variation budget of £6.5m.

#### Other changes across all schemes (<250k)

Revised Budget for 2020/21 £'000	Forecast Spend - Outturn (Oct) £'000	Forecast Spend - Outturn Variance (Oct) £'000	Variance Last Month (Sep) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
	-	393	193	200	478	-85

Other changes below £250k make up the remainder of the scheme variances

## P&C Capital Variation

The Capital Programme Board recommended that services include a variations budget to account for likely slippage in the capital programme, as it is sometimes difficult to allocate this to individual schemes in advance. The allocation for P&C's negative budget has been revised and calculated using the revised budget for 2020/21 as below. At this stage of the year the level of slippage is not expected to exceed the revised capital variation budget of £6.5m so to show the impact of overall forecast pressure, the capital variations budget is shown fully utilised with zero spend expected.

Service	Capital Programme Variations Budget £000	Forecast Outturn Variance (Oct) £000	Capital Programme Variations Budget Used £000	Capital Programme Variations Budget Used %	Revised Outturn Variance (Oct) £000
P&C	-6,523	6,523	3,041	46.6%	3,014
Total Spending	-6,523	6,523	3,041	46.6%	3,014

### 3.2 Capital Funding

Original 2020/21 Funding Allocation as per BP £'000	Source of Funding	Revised Funding for 2020/21 £'000	Forecast Spend - Outturn (Oct) £'000	Forecast Funding Variance – Outturn (Oct) £'000
20,626	Basic Need	20,626	20,626	0
3,877	Capital maintenance	5,066	5,066	0
813	Devolved Formula Capital	2,194	2,194	0
4,140	Adult specific Grants	4,140	4,140	0
8,034	S106 contributions	6,491	6,491	0
3,333	Other Specific Grants	2,889	2,889	0
1,608	Other Contributions	1,608	1,608	0
1,000	Capital Receipts	0	0	0
18,798	Prudential Borrowing	8,152	11,634	3,482
-412	Prudential Borrowing (Repayable)	-412	-412	0
<b>61,817</b>	<b>Total Funding</b>	<b>50,754</b>	<b>54,236</b>	<b>3,482</b>

## Communities and Partnership Committee Agenda Plan

Published on 25th November 2020

### Notes

The definition of a key decision is set out in the Council's Constitution in Part 2, Article 12.

\* indicates items expected to be recommended for determination by full Council.

+ indicates items expected to be confidential, which would exclude the press and public.

The following are standing agenda items which are considered at every Committee meeting:

- Minutes of previous meeting and Action Log
- Finance Report – The Council's Virtual Meeting Protocol has been amended so monitoring reports (including the Finance report) can be included at the discretion of the Committee.
- Agenda Plan, Training Plan and Appointments to Outside Bodies and Internal Advisory Groups and Panels

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
03/12/20	Minutes of the Meeting held on 12th November 2020	N Mills		23/11/20	25/11/20
	Support Cambridgeshire Annual Report	M Oliver			
	Local Council Development Plan Annual Report	M Oliver			
	CUSPE Policy Challenge on the Effect of Council Decision Making on Community-Led Initiatives	D McWherter			
	Report of the Service Director for Communities and Partnerships	A Chapman			
	Cambridgeshire Skills Six-Month Review	T Meadows			

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
	Innovate & Cultivate Fund – Endorsement of Recommendations	E Matthews			
	Business Planning	A Chapman / E Jones			
	Performance Report – Quarter 2 2020/21 Financial Year	T Barden			
	Finance Monitoring Report – December 2020	E Jones			
	Community Champions Oral Update	Community Champions			
	Agenda Plan and Appointments	A Chapman			
21/01/21	Minutes of the Meeting held on 3rd December 2020	N Mills		11/01/21	13/01/21
	Report of the Service Director for Communities and Partnerships	A Chapman			
	CUSPE – Tackling Climate Change Through Community-Based Networks and Resources	D McWherter			
	Cambridgeshire and Peterborough Region of Learning	A Askham P Carrington			
	Innovate & Cultivate Fund – 2019-20 Evaluation and Endorsement of Recommendations	E Matthews			
	Community Champions Oral Update	Community Champions			
	Agenda Plan and Appointments	A Chapman			
[18/02/21] Provisional Meeting					
04/03/21	Minutes of the Meeting held on 21st January 2021	N Mills		22/02/21	24/02/21
	Report of the Service Director for Communities and Partnerships	A Chapman			

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
	Recommissioning of Cambridgeshire Local Assistance Scheme	H Andrews	2021/013		
	Cambridgeshire Libraries, Including Civic Partnership Project	G Porter			
	Communities Capital Fund – Project Delivery Update	I Phillips			
	Community Champions Oral Update	Community Champions			
	Agenda Plan and Appointments	A Chapman			
[01/04/21] Provisional Meeting					

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

