ADULTS AND HEALTH

Cambridgeshire County Council

Thursday, 17 March 2022

Democratic and Members' Services
Fiona McMillan
Monitoring Officer

10:00

New Shire Hall
Alconbury Weald
Huntingdon
PE28 4YE

Multi Function Room, New Shire Hall, Alconbury Weald, Huntingdon PE28 4YE
[Venue Address]

AGENDA

Open to Public and Press by appointment only

CONSTITUTIONAL MATTERS

1	**Apologies for absence and declarations of interest** *Guidance on declaring interests is available at* http://tinyurl.com/ccc-conduct-code	
2	**Minutes - 13 January 2022**	**5 - 26**
3	**Petitions and Public Questions**	

STRATEGIC ISSUES

4	**COVID-19 Update**	**27 - 30**
5	**Cambridgeshire & Peterborough Safeguarding Adult Partnership Board Annual Report 2020-21**	**31 - 74**

18	**Children and Young Peoples Mental Health Provision**	**313 - 328**

19 Date of Next Meeting

14 July 2022

Attending meetings and COVID-19

Meetings of the Council take place physically and are open to the public. Public access to meetings is managed in accordance with current COVID-19 regulations and therefore if you wish to attend a meeting of the Council, please contact the Committee Clerk who will be able to advise you further. Meetings are streamed to the Council's website: Council meetings Live Web Stream - Cambridgeshire County Council. If you wish to speak on an item, please contact the Committee Clerk to discuss as you may be able to contribute to the meeting remotely.

The Adults and Health comprises the following members:

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

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

Date: Thursday 13 January 2021

Time: 10.00 am - 3.00 pm

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

Present: Councillors David Ambrose Smith, Chris Boden, Alex Bulat (substitute for Gerri Bird), Steve Corney, Adela Costello, Claire Daunton, Lis Every (Appointee, Part 2 only), Jenny Gawthorpe-Wood (Appointee, Part 2 only), Nick Gay, Mark Howell, Richard Howitt (Chair), Edna Murphy, Kevin Reynolds, Philippa Slatter, Susan van de Ven (Vice-Chair), Graham Wilson and Sarah Wilson (Appointee, Part 2 only).

Part 1: 10.00am – 12.00pm

60. Apologies for Absence and Declarations of Interest

Apologies were received from Councillors Hay and Bird and Councillors Clark and Garvie for part two of the meeting only.

The Chair drew Members attention to an urgent decision that had been added to the Committee agenda, which had been circulated to the Committee the day before via email and published on the Council's website. He explained that the decision was in relation to the 'Allocation of Adult Social Care Omicron Support Funding in response to the COVID-19 Pandemic'. The Constitution allowed an urgent item to be added to an agenda which had been published if it met the urgency criteria set out in Part 4 – Rules of Procedure, Part 4.4(a), the Procedure for Taking Urgent Decisions. He stated that, as the Chair of the Committee, he had received an explanation as to why the decision was urgent. Firstly, the Council needed to be able to respond quickly where failure to do so would not be in the public interest. Secondly, the procedure for taking urgent decisions was being used because failure to take the decision quickly would, or would be likely to, harm the interests of the Council and the public. He explained that in this case the grounds were a service not being provided and the public being put at serious risk of harm. He had therefore authorised the inclusion of the urgent report so that Members of the committee could take the decision. He stated that the report would be taken after item 7 on the agenda

61. Minutes – 9 December 2021 and Action Log

The minutes of the Adults and Health Committee meeting held on 9 December 2021 were agreed as a correct record and signed by the Chair.

Members requested an update on action 35 'The provision of NHS Dental Services in Cambridgeshire', in relation to the data update.ACTION

The action log was noted.

62. Petitions and Public Questions

There were no petitions or public questions.

63. COVID-19 Update

The Committee received a report and presentation that gave an update on coronavirus in Cambridgeshire.

In particular, the Director of Public Health highlighted:

- Rates are high with parts of the County such as Huntingdonshire being above average for the East of England with rising rates in the over 60's.
- The current omicron variant was highly transmissible and it was likely that there would be a steep rise in cases over the next few weeks in schools.
- There had been a recent change in requirements for confirmation PCR tests that are affecting the reliability of the data
- Deaths within 28 days were stable but patient numbers in hospitals were rising.
- There was an impact on workforce absences due to the high rates of infection caused by the current variant.
- Rates of booster take up had been positive and all adults in Cambridgeshire had been offered boosters by 31 December 2021. Take up of boosters was higher than the national average other than in Cambridge City.
- First dose take up had also seen a steady rise as well as school age vaccine take up.
- The ERA status had finished and all of the measures were now available through the Government's Plan B measures.

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

- Discussed the positive signs in relation to vaccination and booster take up and the affects it was having in relation to fewer hospitalisations and deaths.
- Sought a further push on redoubling efforts on social media and in press releases to get the message out further about vaccinations and boosters. The Chair highlighted the ongoing work of the communications team in terms of getting the message out and praised them for their efforts. He ensured Members that the communications team would continue to get the messages out to the public via all channels.

- Highlighted the need to give a balanced view of the situation in order to maintain credibility in the future if there was a need for further measures due to other variants.

- Discussed vaccinations for under 12's. The Director of Public Health stated that the Joint Committee on Vaccination and Immunisation (JCVI) where actively considering the possibilities of lowering the age range but and had not been considered necessary as yet.

- Sought clarity on whether there were specific groups that the authority should continue to target due to vaccine hesitancy. The Director of Public Health explained that Adrian Chapman was leading on the vaccine hesitancy programme. She explained that there was variation based on geography and that all new migrants were being offered vaccinations. She explained that there was ongoing work looking at the barriers to vaccinations including transport and childcare and that the authority were offering solutions to these barriers. She explained that the vaccination bus had been off the road due to the need to maximise vaccination resource for third doses, but there are plans to get the bus back on the road later in the month.

- Queried if there was anything that could be learnt from the experience of London who were ahead of the curve with the Omicron variant. The Director of Public Health stated that we would of course look to learn from areas that are ahead of the curve but there are differences as London has a younger population and that Cambridgeshire would have been able to get more individuals vaccinated, ahead of the curve.

- Questioned what conditions would trigger a reassessment of measures currently in place. The Director of Public Health stated that she would consider the Governments removal of Plan B, local infection rates, local vaccination rates and hospitalisation in her reassessment of measures

- Queried if the authority had influence over encouraging mask wearing in supermarkets. The Director of Public Health explained that it was the role of the authority to encourage the use of face coverings and this was a key part of the communications campaign. She explained that there had been issues with some of the bus companies in relation to the enforcement of face coverings and environmental health were working with the police regarding enforcement.

In bringing the debate to a close the Chair thanked the Director of Public Health and her team for their continued efforts throughout the Covid pandemic.

It was resolved unanimously to:

Note the update on the current coronavirus pandemic.

64. Integrated Care System (ICS) - Cambridgeshire County Council position paper

The Committee considered a report that provided a strategic overview of Cambridgeshire County Council's response to the establishment of an Integrated Care System for Cambridgeshire and Peterborough and secure member support for the County Council's approach.

In particular, the Executive Director of People and Communities highlighted:

- The report focussed on the role of the local authority in the ICS and the opportunities and challenges of the ICS, the national context and specific areas for further discussion.

- The priorities and principles to be pursued by the authority working in conjunction with the ICS were outlined in section 5.4 of the report and gave a real opportunity to join health and care through a place-based approach, taking forward local authority priorities, involving local communities and offering new solutions, in particular in relation to workforce.

The Director of Public Health highlighted:

- The planned changes to the Health and Wellbeing Board and the establishment of the Integrated Care Partnerships. She explained that there had been a development session in October and from this session key there was agreement to take forward a single system wide Health and Wellbeing Plan. Key priorities for that plan were also agreed at that session. She explained that there was a further development day scheduled for 17 January 2022 and this would focus on how the strategy could be developed further and focus on working as a system.

The Chair of the Committee stated that there was a general excitement about what could be achieved by working together and that the report was the most important paper at Committee since the administration had come into power and had direct implications for the authority. He stated that officers had worked intensively on the report which was an orientation of the strategy the authority would undertake.

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

- Questioned how the differences in operational and governance models would be brought together as traditionally there had been different approaches. The Executive Director of People and Communities stated that the integration was already happening and that it was really positive that the authority had a place on the Integrated Care Board which was something that the authority did not have before. The Chair thanked the Vice Chair who was also the Chair of the Health and Wellbeing Board for all of the work that had been done so far to develop the ICS with partners. He stated that the authority was well informed by the LGA position and had taken part in two events and had received advice from them. .

- Queried if the criteria to inform decisions and decision-making processes that impact on County Council responsibilities and services were congruent with the Council's priorities. The Executive Director of People and Communities stated that the principles were very welcome and were congruent with the County Council's ambitions in relation to decentralisation and delivering services at the most local level. She explained that this could be seen in the proposals to change the way in which domiciliary care was commissioned through 'Care Together', work on Think Communities and the County Council's focus on promoting independence and supporting people to stay at home. The Director of Public Health highlighted the work that had been done so far in gaining agreement from the system to work together towards the shared priorities. She stated that there would be a lot of work on recovery post covid and there needed to be a system shift to reduce inequalities and improve health outcomes.

- Queried how preferred providers would be appointed and if there was assurance that the NHS would be the first-choice provider before the private sector. The Executive Director of People and Communities explained that there was a clear process for appointment of providers which would take up to 18 months. She stated that there was still an awful lot of work to be done in this area and this could be explored in the ICS scrutiny session of the meeting.

- Expressed concerns that some of the reforms could potentially increase privatisation of services and also pointed to the powers of the Secretary of State to intervene in local decisions. The Executive Director of People and Communities explained that this would be something to pick up in the scrutiny session in the afternoon but that the response to the Council's comments in the consultation on the constitution had some very encouraging messages in relation to this area. She also explained that Secretary of State Powers already existed in relation to system failure and the interventions came in many different forms.

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- Questioned why the priorities and principles outlined in the report had not been put in priority order and requested that this be considered.
  The Chair agreed to reflect on this in developments going forward.

- Expressed concerns in relation to the powers that the CQC would have in relation to the ICS. The Executive Director of People and Communities explained that the CQC and OFSTED would be the main organisations that would be assessing local authority performance but did take on board the comments in relation to the constraints of the CQC framework.

- Highlighted that prevention was key to the system as a whole and this needed to be more explicit in the response. The Executive Director of People and Communities explained that she would take these comments on board and ensure that prevention was highlighted more explicitly throughout the process. The Director of Public Health stated that that hard work was needed to engender the shift from primary care services towards prevention.

- Stated that it would be helpful to look at the principles and priorities from an individual patient and resident's point of view to focus on what changes they would see and the positives that the authority could deliver. The Executive Director of People and Communities explained that there had been a huge effort by communities throughout the pandemic and that there needed to be a focus on the ICS outcomes for individuals and communities as a whole.

The Chair concluded the debate by highlighting the changes in relation to the scrutiny function and the need to build capacity in the Public Health team to advise on health strategy. He explained that getting the governance right was crucial and that the Health and Wellbeing Board would be key in realising ambitions in relation to the Care Together strategy. He highlighted the excellent relationships that had been built so far and hoped that the report would empower officers.

It was resolved unanimously to:

a) Note the national and local context of the development of the ICS.

b) Support the principles and priorities set out in section 5.4.

c) Note that the Health and Wellbeing Board and the Integrated Care Partnership Committee will be aligned and operate as a 'committee in common' with aligned membership of the Health and Well Being Board and Integrated Care Partnership.

d) Confirm the criteria at Section 5.7.1 that will be applied to any County Council decisions about ICS integrated services, joint appointments or joint commissioning arrangements.

e) Confirm that the Council considers expanding its health policy capacity, to provide advice to members and officers in their work with the ICS.

f) Champion the principle of local democratic accountability in the ICS, in accordance with Section 5.8 of the report.

65. Adult Market Pressure Payments

The Committee considered a report that which aimed to secure sustainable provision of Adult Social Care capacity across Cambridgeshire's independent provider market which met the eligible assessed needs of individuals in line with the Councils' statutory responsibilities.

In particular, the presenting officers highlighted:

- Providers were under significant sustained financial pressures and examples of this were highlighted in section 1.2. of the report.

- Officers had been actively engaging with providers around the financial pressures, to ensure that capacity was maintained going forward, particularly mid-term capacity. Officers had seen a trend of providers wanting to hand

back packages of care as a result of the financial pressures and officers had been putting mitigations in place to avoid increases in this area.

- Considered a number of options to achieve more mid-term and long-term capacity. Officers recommended option 4 in the report to Members, which was a targeted approach, which had a financial implication of a £2.2 million investment in year, which would be covered by the adult social care budget underspend and the application of in year workforce grant funding. Introduced a £2 million investment into the next financial year.

- The deployment of the Workforce Recruitment and Retention fund listed at 2.19 of the report, where agreement was sought to passport 80% of the funding through to providers and keep 20% to address the authorities workforce issues, specifically, the retention of key frontline social care roles. Officers explained that more detail on this fund would be presented in the next report on the agenda.

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

- Queried whether the authority was able to reject the hand back of contracts. Officers explained that the reality was that some providers might go out of business in some cases if they were not able to hand a contract back and this would have care impacts on individuals.

- Sought further explanation in relation to the comment in the report on the loss of income regarding private occupancy levels, which had gone down by 28%. Officers explained that the loss of private occupancy was due to the impacts of covid and changes to the discharge process.

- Sought reassurance that the 80% of the Workforce and Retention fund that was being passported over to providers went to the frontline workers and requested that this was audited by the authority. Officers confirmed that the funding had to be spent on frontline work staff and this would be part of the grant agreement.

- Queried if there were figures on what percentage of staff were from abroad over the last 5-6 years and if it was expected that the 12-month visas implemented for overseas workers by the Government would make any difference to the staffing shortages. Officers stated that it was difficult for the authority to know the numbers of overseas workers as they were not employed by the authority. Officers explained that the feedback that they had received in relation to the implementation of the 12 months visas for overseas workers had made very little impact on the staffing shortages and that it was a very expensive process. Officers stated that other industries were attracting the resource away from the care market which was having a significant impact on staffing.

It was resolved unanimously to:

a) Agree to the implementation of the proposed approach to managing market pressures with budget implications for 2022/23 and beyond to be built into the Business Plan; and

b) Agree to the proposed use of the Workforce Development Grant Round 2.

66. Adult Social Care Retention Payments

The Committee considered a report that proposed a retention payment scheme in order that the current Adult Social Worker capacity could be retained. This would result in a positive impact on outcomes, quality, performance, management of demand and prepare the Service to meet the additional requirements resulting from adult social care reforms.

In particular, the Executive Director of People and Communities highlighted:

- Challenge in relation to the recruitment and retention of Adult Social Workers and highlighted that there were issues in a number of teams in relation to recruitment and retention.

- Officers had looked at the data and this had showed that the authority was not retaining individuals in posts and that there were a number of reasons for this.

- Officers had looked at best practice in Children's services, where a retention scheme had been implemented, which had been successful. The proposal was to implement this scheme for Adult Social Workers. The report set out which teams this would apply to and how this would work.

- The authority would struggle to meet its statutory functions without this intervention.

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

- Commented that as a result of the implementation of the scheme, it was hoped that the authority could rely less on the use of agency workers going forwards as it would make employment directly by the council more attractive. Officers stated that it was hoped that the scheme would make a difference to recruitment and retention, so that agencies would not need to be used as frequently.

- Queried if there was any insight into the high levels of vacancies in the Learning Disability/ Adults with Autism teams than in relation to other areas. The Executive Director of People and Communities explained that there was an uneven pattern where different teams experienced retention difficulties at different times. She explained that the authority carried out exit interviews and there was not a particular theme that had been identified. She explained

that these are challenging jobs in this area and the needs of many people supported by Adult Social Care had increased as a result of the pandemic.

- Questioned whether retention payments were likely to increase budget pressures over time, particularly if the shortages were not addressed at a national level. The Executive Director of People and Communities explained that they had looked at less expensive alternatives to the payments but reached a conclusion that the authority needed to future proof. She explained that there was a need to review the pay and reward scheme particular as a whole.

- Sought clarity on what the scheme was likely to cost over the next few years. Officers explained that the 20% of the workforce retention grant discussed in the last report could be used to reward the authorities social workers and this grant would be used to fund costs in the current year, then £302,000 would be built into the business plan for 2022-23 and then a further £152,000 in 2023-24.

- Queried whether other neighbouring authorities were looking at similar schemes. Officers stated that other authorities will be looking at similar schemes so there was a need to get ahead of the curve.

- Commented that the change in the cap of social care payments and additional responsibilities that the authority faced would lead to workforce challenges and there was a need to protect and nurture the workforce now. The Executive Director of People and Communities stated that the authority was very fortunate to have the staff that they did and it was therefore crucial that they retained and developed the current workforce.

- The Chair highlighted that there was an awareness of the stress that the health service was under but that there was rarely a discussion on the stress that colleagues in social care were under and that there was a real need to recognise the value of the workforce and retaining them and ensuring that they were properly recompensated in relation to the cost of living and be ahead of the curve on this.

It was resolved by majority to:

a) Agree to the implementation of a retention payment scheme for Adult Social Workers, with an investment of £302k in 2022/23 and a further £152k in 2023/24.

67. Urgent Report - Allocation of Adult Social Care Omicron Support Funding in response to the COVID-19 Pandemic

The Committee received a report an urgent report that sought approval for the allocation of Omicron Support Funding from Government which had been issued as a one-off payment of £581,014 to be spent in January 2022.

In particular, the presenting officers highlighted:

- One off funding to support providers with infection control measures. £60 million was announced by Government back in December 2021 and the local allocation and guidance was issued on 10 January 2022, hence the urgent report to Committee.

- The notification of the grant funding did not always coincide with meetings of the Adults and Health Committee. Given the need to allocate this funding quickly, it was proposed that the Committee delegate authority to distribute urgent Government grant funding, where it is not practical to wait until the next committee meets, to the Executive Director of People and Communities in consultation with the Chair and Vice Chair of the Committee.

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

- Queried how significant the grant funding would be in relation to providers. Officers commented that the grant money allocated was not a significant amount of money for providers

It was resolved unanimously to:

a) approve the recommended allocation of the Adult Social Care Omicron Support Fund, which have been issued by central government on a one-off basis to cover spend from January 2022 and to spent as soon as possible, where this falls in line with grant conditions set.

b) delegate future decisions relating to the distribution of urgent Government grant funding, where it is not practical to wait until the next committee meets, to the Executive Director of People and Communities in consultation with the Chair and Vice Chair.

68. Adults and Health Agenda Plan and Training Plan

In relation to the forward agenda plan members requested that:

- Covid 19 Updates be added to all future meetings. ACTION
- The forward agenda plan was updated in relation to items for future meeting dates were possible. ACTION

It was resolved unanimously to note the agenda plan and training plan.

Part 2 Health Scrutiny : 13.00pm - 15.00pm

69. Neuro-Rehabilitation Consultation

The Committee considered a report that provided background information in relation to the consultation process and to obtain views on the proposals outlined in the Neuro-rehabilitation consultation document, noting that the recommendation was to cease funding the provision of neuropsychological rehabilitation at the Oliver Zangwill Centre

In particular, the presenting officers highlighted:

- The service provided at the Oliver Zangwill Centre was neuropsychological rehabilitation for patients who had an acquired brain injury, specifically 12 months after injury.

- A review was conducted in 2019 of all of the neuro-rehabilitation services in Cambridgeshire and Peterborough. The findings of the review were set out in detail in the consultation document.

- A number of areas were identified through the review for improvement, including better integration across the services, and a need for a more in-depth review of the Oliver Zangwill Centre.

- Findings from the review showed that it was a unique service that was not commissioned by other CCGs in England and that over the past two years referrals had dwindled. The consultation was presented in the context of Cambridgeshire and Peterborough CCG being in a very significant financially challenging position, officers reported a level 4 nationally, the highest level of concern.

- The service at the centre costs £800,000.

- The proposal in the consultation document was to cease provision of this service. There are a range of alternative services which would meet the needs of the population. There was a community neuro rehab team that takes several thousand referrals and operates a multi-disciplinary approach including speech and language therapy, psychological and other specialisms.

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

- Expressed concern regarding the wording of the survey that accompanied the consultation documents, in particular the phrasing of the question “Do you understand why we are consulting you?”. Some Members felt the wording was not appropriate to the message it was conveying. Officers explained that the question sought to clarify whether people felt the consultation document was clear in the information it provided. Officers stated that if people understood why where being consulted, then the CCG could determine that

the information was clear. Members were put in touch with the CCG Engagement team to address other concerns around the survey. ACTION

- Highlighted that the Oliver Zangwill Centre provided a unique rehabilitation service that was not commissioned elsewhere. Members reported and recognised the excellent reputation that this specialist service had. A note of caution was made that if you break up the current arrangement it cannot be put back. Officers reported that they had analysed services across the country but they were unable to determine the impact on patients as this service was so specialist.

- Suggested that the range of NHS neuro-rehabilitation services for Cambridgeshire and Peterborough patients which would continue to be provided had not been explicitly detailed in the consultation document. Members felt that a cost analysis of patients receiving NHS neuro-rehabilitation treatment in lieu of treatment at the Oliver Zangwill Centre, would have provided a clear picture of the cost savings resulting from closure of the Oliver Zangwill Centre. Officers explained that different delivery models had been considered and work had been carried out to attempt a service redesign of the Oliver Zangwill Centre. Officers explained that none of the options for the redesign of the service were deemed cost-effective in the context of the current referral rates and the specialist nature of the service that resulted in such a breadth of clinicians and critical mass of staff needed.

- Expressed concern with the data presented in relation to the reduction in referral rates to the service as this included the years 2020 and 2021 in which referral rates would have been impacted by the Covid-19 pandemic. Members suggested that a review of referral rates for a longer period be carried out. Officers responded that other services had evolved across the country and it was possible that referrals from insurance agencies were now being made more locally. Members stated that information from insurance providers may provide a more comprehensive picture to the reduction in referrals.

- Sought clarification on the professional groups within the Oliver Zangwill Centre and the potential impact on redundancy or redeployment. Members expressed concern on the impact closure would have for the current staff at the Oliver Zangwill Centre. Members highlighted that the consultation did not provide information on the potential redundancy costs and some members were concerned that it could be read that a decision had already been made. Officers explained that a decision had not been made and all consultation responses would be reviewed before a final consultation feedback report would be taken to the CCG governing body at the end of the consultation period. Officers stated that in relation to any redundancy implications that the CCG would work hard to find redeployment in the local system for therapy staff and there were currently a large number of vacancies in the NHS for this workforce.

It was resolved unanimously to:

comment on the public consultation following the neuro-rehabilitation review at their meeting on 13 January 2022 and the consultation proposal to cease provision of Neuro-Psychological Rehabilitation at the Oliver Zangwill Centre.

70. Integrated Care System for Cambridgeshire and Peterborough

The Committee considered a report for scrutiny which detailed plans for the new Integrated Care System for Cambridgeshire and Peterborough (ICS). The Chair of the Committee welcomed Jan Thomas, Chief Executive Officer, Cambridgeshire and Peterborough Clinical Commissioning Group and Chief Executive Designate of the ICS and John O'Brien, Chair Designate of Cambridgeshire and Peterborough Integrated Care Board, to the meeting and highlighted that both the Chair and Vice Chair of the Committee had been meeting with them fortnightly over the last six months and thanked them for the time and effort that they had put in to dialogue with Members and officers and the rich and constructive relationship being built. The Chair explained that Cambridgeshire was part of the third wave of Integrated Care Services nationally and there had been learning from other areas. He also highlighted the short timescales that had been given by government to get arrangements in place in the context of the ongoing covid pandemic.

In particular, the presenting officers highlighted:

- The ICS was due to become a statutory body on 1 July 2022.
- The potential for a more population-based approach to Health and Care was important and a strong commitment to tackling health inequalities.
- Recognise the vital role that local government played in terms of Social Care, Housing, Children's' Services and wider economic development, as conveners and leaders of communities and the insight and knowledge this brought to the table.
- Both the NHS and local government faced big challenges in relation to finance and resources and there would be pent up demand on services due to the covid pandemic.
- The partnership had worked constructively throughout the covid pandemic and made extraordinary progress in exceptional circumstances and this would be built on moving towards full statutory status.
- In terms of what was going to be different, it was recognised that the role of looking ahead at the needs of the population, needed to be more strategic, based on population health and personal to individuals in communities, impacting on health inequalities in the longer term.
- Being far more specific about how services were provided to communities in need and gave an example of the diabetes work that had been undertaken were the population had been segmented out and had targeted resource where the pre diabetic prevalence was high.

- The Health Service employed one in 25 working age adults in Cambridgeshire and Peterborough so had a big role in offering local residents good employment.

- Six accountable business units would be set up and be far more place focused and devolve accountability at a local level, two-placed based partnerships, North and South Place, which would further integrate health and care services, and build on the success of the existing two Alliances, which are based on the footprints of the two acute providers in the North and South, co-led by primary and secondary care, three collaboratives across the Cambridgeshire and Peterborough system: Mental health (MH) and Learning Disabilities (LD), Children's and Maternity and Specialist Acute and Strategic Commissioning.

- Real examples that showed the new approach in practice were outlined in the report and included the different approach to end-of-life services and integration with the voluntary sector and the 111 service for end-of-life advice and the Health Inequalities Challenge prize, asking people to come forward to make inroads into digital poverty.

- A further workshop would be taking place in the next week to review the agreed joint objectives of the Health and Wellbeing Board and the ICS to look at how tangible progress could be made on the objectives.

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

- Highlighted anomalies in relation to administrative borders in relation to North Hertfordshire being included in the Cambridgeshire and Peterborough ICS and how the anomalies would be overcome to provide a seamless experience for individuals who lived in the border area. Officers stated that there was also an anomaly with Royston and that there were some specific challenges in relation in particular to primary care.

- Was a North and a South alliance going to be another level of bureaucracy, would it be accessible to individuals. Officers explained that they were conscious of not creating another level of bureaucracy and the local neighbourhood teams were key. Officers explained that they wanted to make it easier for GPs to work with hospitals and this was where the advantages of North and South alliances came in. Officers gave an example of the hospital discharges team where they work across the geography and had regular joint meetings.

- Queried what the benefits of the ICS would be for the individual, patients and local residents and what were the key changes and benefits they perceive. Officers stated that they had to be realistic as there was a lot to achieve by 1 July and this needed to be done in a safe and legal way and there were many statutory responsibilities to adhere to. Officers stated that there was a need to quickly agree on what the ICS was seeking to change and how individuals

would see over time that services were more joined up and that they felt closer to the services geographically and that over time they could be involved in how those services were shaped and delivered.

- Questioned how long the ICS would take to bed down. Members stated that there had been numerous health service changes over the year and sought clarity on how and when the current changes would show real benefits. Officers explained that in the short term the ICS would look to ensure that access to healthcare was right at a local level and in a timely manner. Officers gave an example of the vaccination roll out and the principles behind it and applying this to healthcare going forward ensuring that the most vulnerable were supported first and were supported by GPs and going out to individuals with services.

- Sought clarity on what health partners saw when they looked at local government and subsidiarity. Officers stated that the ICS was about engaging people at a local community level. Officers explained that the ICS looked to local government for critical contribution in relation to a whole range of responsibilities and issues that impact health including housing, wider economic development, as well as mainstream functions at a county level and the county being a key player in leading some of the placed based activities. Officers also highlighted the important role that local authorities played in relation to education and the pipeline of individuals taking up careers in health as well as transport links, the intricate strategic links that were crucial to joining up. The Chair highlighted that work was ongoing with the ICS in relation to workforce development.

- Sought clarity on how preferred providers would be identified and if NHS providers would be first preference in the process and how long the process would take. The Chair questioned whether the County Council would potentially be considered as a preferred provider as well as other public sector partners and how this would be considered through the process. Officers explained that under the new ICS legislation there was more flexibility than there had ever been previously in relation to procurement. Officers clarified that where it made sense and was part of core health services in the future, they would look at how local providers could provide the service and link with other local services without having to go out to the open market.

- Questioned where voluntary organisations fitted into the process as they would not be represented at the Integrated Care Board, and who would champion their needs, in particular in relation to finance and resources. Officers stated that the voluntary sector was one of the big opportunities and was a broad church and a key part of the strategy. Officers explained that clearly there must be a strong voluntary sector voice through the Integrated Care Partnership and this must be translated into the strategy that was developed and delivered by the Board.

- Questioned whether there were plans to increase capacity in the NHS sector and whether government exemptions in relation to social care visas had helped with staffing issues. Members also highlighted that the real living wage

was a priority for the joint administration at the County Council and queried if this had been considered in relation to implementation through the ICS. Officers stated that there was a real need to train and retain more people and give people a better experience of working in the health service and NHS so that they want to stay and grow. Officers explained that they could push the real living wage within their own services but could not take accountability for their commissioned services and this would need to be discussed further with the County Council in order to understand how this was being rolled out and understand the costs further and how it could fit as part of the strategy. Officers stated that there were financial restrictions and needed to make sure that services were productive as possible and make best use of the workforce.

- Expressed concern that the new legislation would open up to privatisation of the NHS and if partners had a view on this. Officers stated that there were different levels of privatisation that existed. Officers explained that where additional capacity was required they would always look at where it was best to get this capacity from. Officers gave an example of hearing tests at Specsavers, where they could avoid a block in audiology in hospitals by providing this service through a high street chain to make it convenient and local for people and that it was often not as straight forward and there was a balance but that this was not privatisation of the NHS. The Chair questioned whether there would be a commitment to creating capacity within the NHS. Officers stated that NHS capacity was being increased all of the time but that there were some limitations in terms of capacity in buildings that were quite old and the capital programmes they have to address. Officers explained that they had put in additional capacity in relation to a number of services including primary care, ambulance and the 111 provider. Officers explained that the key challenge was the workforce and this was why the Strategic Workforce Plan was so important going forward.

- The Chair questioned whether a new ICS could be launched with chronic underfunding of the health service in Cambridgeshire and be a success. Officers stated that there was a need to bring funding into the sector the allocation that they got through the CCG was only a 3rd of the revenue that they received for Cambridgeshire and Peterborough. Officers stated that they would welcome the chance to work together in relation to arguing for a review in the funding formula in the longer term.

- Questioned how the Combined Authority and the Combined Authority Skills Strategy would be fed into the process as skills had been an issue for many years and the skills and careers service lay with the Combined Authority.

- Highlighted the current issues and barriers encountered with dentistry and podiatry and if capacity would be increased in these areas. Officers stated that dentistry was currently run by the regional NHS dentistry team and not held by the ICS, however under the new legislation it was one of the accountabilities that would move from being regional to local so the ICS would be accountable for the provision of dentistry services. Officers stated that all partners would need to work together to improve dental services, in particular

access. Officers explained that they were not clear about the responsibilities in relation to podiatry and would need to go away and look at this further.

- The Chair sought a view from ICS colleagues on what they expected from the local government and its role in the ICS. Officers stated that the local authority should bring all of its experience and expertise to the table not just health and social care and to continue to challenge health partners in discussions. Officers explained that it would take some tough decisions over time and it will not happen quickly but was critical to the future success of the system.

- The Chair highlighted the balance between acute provision and prevention and delivering was extremely difficult and queried how this was realistically going to be delivered in order that the ICS would make a difference helping individuals live healthier lives for longer. Officers stated that the ICS would convince people by its actions and that the ICS would not succeed unless partners worked hard together to make the shift happen to move towards prevention.

In bringing the debate to a close the Chair paid credit to ICS colleagues and highlighted the statement made at the start of the debate by ICS colleagues which was a commitment to a population health management approach, tackling inequalities, building in broader economic social development to health objectives were strongly supported by the local authority and that they were committed to working with ICS colleagues towards achieving these objectives .

It was resolved to note the progress of the developing Integrated Care System (ICS).

71. Date of the Next Meeting – 17 March 2022.

The Chair thanked all attendees and closed the meeting.

ADULTS AND HEALTH COMMITTEE MINUTES-ACTION LOG

This is the updated action log as at 8 March 2022 and captures the actions arising from the most recent Adults and Health Committee meeting and updates Members on the progress on compliance in delivering the necessary actions

Meeting 22 September 2021						
Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
35.	The provision of NHS Dental Services in Cambridgeshire	Kate Parker	Raised concerns that it was difficult to get urgent dental care and queried if there were new practices coming on stream as this had been an issue pre covid. Officers stated that the issue with new practices coming on stream was reliant on old practices being handed back when they folded. Officers stated that the data in the report was 6 months behind and that they would follow up with the Committee when they had up to date figures.	NHS England Officers have been contacted to remind them of the data updates requested. NHS England to provide further information. They have been chased three times now.	In progress	

Meeting 9 December 2021						
Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
45.	Update on Enhanced Response Area Status	Democratic Services	Requested that Covid 19 Updates were scheduled on to the agenda plan for future meetings due to the current situation	Update Report added on to future meetings	Closed	
47.	Day Opportunities for Older People and Physical Disabilities	Will Patten	Questioned whether discussions in relation to the contracts could be taken in private session so that Members could bring in some local knowledge to discussions. .	The Chair acknowledged that this was an important question and highlighted that it was in the public interest that the Committee took these decisions in public. He explained that all Members had the opportunity to write to officers if they had individual concerns in relation to providers. He also stated that spokes meetings could also be used to raise issues in private. The Chair agreed to discuss with officers how a combined approach could be used in the future	Closed	

Meeting 13 January 2022						
Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
61.	Minutes – 9 December 2021 and Action Log	Kate Parker	Members requested an update on action 35 'The provision of NHS Dental Services in Cambridgeshire', in relation to the data update See action 35 Above	See action 35 above	In progress	
68.	Adults and Health Agenda Plan and Training Plan	Tamar Oviatt-Ham	Covid 19 Updates be added to all future meetings.	See action 45 above	Closed	
68.	Adults and Health Agenda Plan and Training Plan	Charlotte Black/Jyoti Atri	The forward agenda plan was updated in relation to items for future meeting dates were possible.	Agenda Plan has been updated and included in the published reports	Closed	
69.	Neuro-Rehabilitation Consultation	Kate Parker	Members were put in touch with the CCG Engagement team to address other concerns around the survey.	Actioned	Closed	

Agenda Item No: 4

COVID-19 Update

To:	Adults and Health Committee
Meeting Date:	17 March 2021
From:	Jyoti Atri, Director of Public Health
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	Not applicable
Outcome:	This report provides an update on the current Coronavirus pandemic.
Recommendation:	Adults and Health Committee is asked to note the update on the current Coronavirus pandemic.

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

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

1. Background

1.1 For over two years we have continued to respond to the Coronavirus pandemic, including a second wave of Coronavirus and a second lockdown, and now the impact of the Omicron variant.

1.2 The impact of the pandemic has affected all areas of life. The purpose of this paper is to provide the Adults and Health Committee with an update of the impact of the Omicron variant.

2. Main Issues

2.1 In order to provide the Committee with the most up to date Coronavirus data, a presentation will be prepared for Committee and published on the Council's website for the public to access.

3. Alignment with corporate priorities

3.1 Communities at the heart of everything we do:

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

3.2 A good quality of life for everyone:

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

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

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

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

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

3.5 Protecting and caring for those who need us:

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

4. Source documents

4.1 Source documents

Sources

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

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

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

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

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

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

To:	Adults and Health Committee
Meeting Date:	17 March 2022
From:	Charlotte Black, Chair of Cambridgeshire & Peterborough Safeguarding Adult Partnership Board
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	N/A
Outcome:	That the Adults and Health Committee receive and note the content of the Safeguarding Adults Partnership Board 2020 -2021 annual report
Recommendation:	The Adults and Health Committee is recommended to: Receive and note the content of the annual report.

Officer contact:
Name: Jo Procter
Post: Head of Service – Cambridgeshire & Peterborough Safeguarding Partnership Boards
Email: Joanne.procter@peterborough.gov.uk
Tel: 01733 863765

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

1. Background

1.1 The report is submitted to the Adults and Health Committee following sign off and publication of the Cambridgeshire and Peterborough Safeguarding Adult Partnership Board Annual Report 2020-21 in November 2021.

There is a statutory requirement under the Care Act 2014 that Safeguarding Adult Boards publish an annual report detailing the work of the Board.

2. Main Issues

2.1 The purpose of the report being brought to the Committee is to ensure members are fully aware of the work and progress of the Cambridgeshire and Peterborough Adult Safeguarding Partnership Board.

The annual report includes information on the work that has been undertaken by the Cambridgeshire and Peterborough Safeguarding Adult Partnership Board in the period April 2020- March 2021.

Partner agencies, including Cambridgeshire County Council, contributed to the information contained within the annual report.

The annual report highlights the significant events during the last year, summarises both the work of the Adult Safeguarding Partnership Board and the work of the sub committees. It highlights areas of good practice and presents statistical information about safeguarding performance.

Covid
The report includes the important role played by the Board during Covid and the lockdown period. Within a few days of the Country entering into the first lockdown, the Partnership had developed bespoke guidance and virtual safeguarding training that was specifically tailored to new volunteers and safeguarding during Covid. A Covid Safeguarding Resource page was developed on the Partnership website that contained detailed information and resources on a range of safeguarding and Covid issues. This included information on scamming, online safety, domestic abuse, mental health and talking to children about Covid 19. The website page was launched on the 31st March 2020 and by the 31st March 2021, had been accessed in excess of 18,000 times.

The Partnership Board played a key role in communicating information about the pandemic, including the need to recognise and report abuse, via its social media platforms. Throughout the year there was an active social media campaign across Twitter, Facebook and Instagram, which had in excess of 190,000 reaches.

Independent scrutiny and quality assurance
The report provides assurances around independent scrutiny of the multi-agency safeguarding adults partnership and details quality assurance activity that has been undertaken and the outcomes from the activity. Members will note that an Independent Scrutineer has scrutinised the work of the Safeguarding Adults Partnership Board and provided their assurances that the work is being effectively progressed.

Safeguarding Adults Reviews
Six Safeguarding Adults Reviews were completed within the timescale covered by this annual report. All of the reviews have supporting multi agency action plans that are progressed and monitored through the Safeguarding Adults Review subcommittee. All

actions plans are either completed or on track to be completed within the next few months. The outstanding actions relate to audit activity planned for March 2022.

Multi agency training
The Board has continued to deliver its multi agency safeguarding training throughout the pandemic. A suite of SWAYs have been developed to up skill staff, these were viewed in excess of 10, 700 times within the timescale covered by the report.

The annual report was approved by the Cambridgeshire & Peterborough Safeguarding Adult Partnership Board in November 2021 and was subsequently published on the Boards website (www.safeguardingpeterborough.org.uk) and shared on social media.

Members are requested to note the contents of the report which can be found at Appendix 1.

3. Alignment with corporate priorities

3.1 Communities at the heart of everything we do
The extent to which Safeguarding is delivered effectively will have an impact on:
The capacity of families to meet their own needs independently

3.2 A good quality of life for everyone
The extent to which Safeguarding is delivered effectively will have an impact on:
The capacity of families to meet their own needs independently

3.3 Helping our children learn, develop and live life to the full
The extent to which Safeguarding is delivered effectively will have an impact on:
The capacity of families to meet their own needs independently

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

3.5 Protecting and caring for those who need us
The extent to which Safeguarding is delivered effectively will have an impact on:
The capacity of families to meet their own needs independently

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 for this priority

4.3 Statutory, Legal and Risk Implications
There are no significant implications for this priority

4.4 Equality and Diversity Implications
There are no significant implications for this priority

4.5 Engagement and Communications Implications
There are no significant implications for this priority

4.6 Localism and Local Member Involvement
There are no significant implications for this priority

4.7 Public Health Implications
There are no significant implications for this priority

4.8 Environment and Climate Change Implications on Priority Areas

4 8.1 Implication 1: Energy efficient, low carbon buildings.
Positive/neutral/negative Status: N/A
Explanation:

4.8.2 Implication 2: Low carbon transport.
Positive/neutral/negative Status: N/A
Explanation:

4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats and land management.
Positive/neutral/negative Status: N/A
Explanation:

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
Positive/neutral/negative Status: N/A
Explanation:

4.8.5 Implication 5: Water use, availability and management:
Positive/neutral/negative Status: N/A
Explanation:

4.8.6 Implication 6: Air Pollution.
Positive/neutral/negative Status: N/A
Explanation:

4.8.7 Implication 7: Resilience of our services and infrastructure, and supporting vulnerable people to cope with climate change.
Positive/neutral/negative Status: N/A
Explanation:

Have the resource implications been cleared by Finance? No
External report, no sign off required

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the Head of Procurement? No External report, no sign off required

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law? No External report, no sign off required

Have the equality and diversity implications been cleared by your Service Contact?
No External report, no sign off required

Have any engagement and communication implications been cleared by Communications?
No External report, no sign off required

Have any localism and Local Member involvement issues been cleared by your Service Contact? No External report, no sign off required

Have any Public Health implications been cleared by Public Health? No External report, no sign off required

If a Key decision, have any Environment and Climate Change implications been cleared by the Climate Change Officer?
No External report, no sign off required

5. Source documents guidance

5.1 Source documents

None

Appendix 1 is available in different format on request to Joanne.procter@peterborough.gov.uk

Cambridgeshire and Peterborough Safeguarding Adults Partnership Board

Annual Report 2020/21

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FORWARD

We are pleased to present the annual report of the Cambridgeshire & Peterborough Safeguarding Adults Partnership Board for 2020-21. This is presented on behalf of the three statutory partners and the local multi-agency safeguarding arrangements.

The annual report outlines the key activities and achievements of the Board and its partners over the last year. You will see in the report that we have worked through our priorities throughout the year. The multi-agency safeguarding training has continued to develop and grow, front line practitioners' voices have been captured through a series of consultation surveys and forums, and quality assurance and scrutiny activity has taken place. One of the key roles of the Board is to ensure that partners continue to work together effectively and this has been evidenced throughout the year. We continue to work closely with other partnerships to ensure that the work is delivered jointly and consistently and there is no duplication or gaps.

Safeguarding is about people, their safety, wishes, aspirations and needs. The partnership has been active in identifying and learning lessons through the Safeguarding Adult Review subgroup. We have published six case reviews within the time period covered by this review. The learning from these reviews has been identified and disseminated through various activities including briefings, workshops and learning lessons training. The dissemination of the learning is explored in greater detail within the report.

Over the last 12 months the safeguarding landscape has been complex, presenting many new challenges, in addition to those faced day-to-day. We want to assure people that throughout the Covid pandemic to date, the Board has continued to work closely with both statutory and wider partners to scrutinise how safeguarding issues are addressed, gain reassurance that they are dealt with appropriately and provide a forum for sharing best practice across the partnership. It has also ensured that safeguarding adults remains a key focus for agencies across the County.

Finally, we would like to thank all members of the Board for their professionalism, commitment and support. We would also like to say thank you to all agencies and frontline staff for the incredible work that they do to keep adults safe from abuse and neglect.

Wendi Ogle-Welbourn	Carol Anderson	Vicki Evans
Executive Director, People and Communities	Chief Nurse	Assistant Chief Constable
Cambridgeshire County Council / Peterborough City Council	NHS Cambridgeshire and Peterborough Clinical Commissioning Group	Creating a safer Cambridgeshire

ABOUT THE BOARD

The Care Act 2014 makes Safeguarding Adults Board a statutory requirement.

The Cambridgeshire and Peterborough Safeguarding Partnership Board is made up of statutory and non-statutory organisations representing health, care and support providers and the people who use those services across Cambridgeshire and Peterborough.

The membership of the Partnership Board is made up of the following organisations/agencies:

Cambridgeshire County Council
Peterborough City Council
Creating a safer Cambridgeshire
NHS Cambridgeshire and Peterborough Clinical Commissioning Group
NHS England
NHS Cambridgeshire Community Services NHS Trust
healthwatch Cambridgeshire
NHS Royal Papworth Hospital NHS Foundation Trust
NHS Cambridgeshire and Peterborough NHS Foundation Trust
healthwatch Peterborough
NHS Cambridge University Hospitals NHS Foundation Trust
NHS North West Anglia NHS Foundation Trust
HUC
NHS East of England Ambulance Service NHS Trust
OPCC Police and Crime Commissioner Cambridgeshire and Peterborough
Cambridgeshire Fire & Rescue Service
CKH Cross Keys Homes
National Probation Service
Peterborough College
City College Peterborough
Working together, learning together
The Diocese of Peterborough
The Church of England Diocese of Ely
Care Quality Commission
Department for Work & Pensions

[1] Cambridgeshire County Council and Peterborough City Council representatives include Adult Social Care, Public Health and Elected councillors

What we do

The overarching purpose of the SAB is to safeguard adults with care and support needs, and assure itself that effective local adult safeguarding arrangements are in place. As a Board, we support the systems that keep adults with care and support needs safe, preventing abuse where possible and hold partner agencies to account.

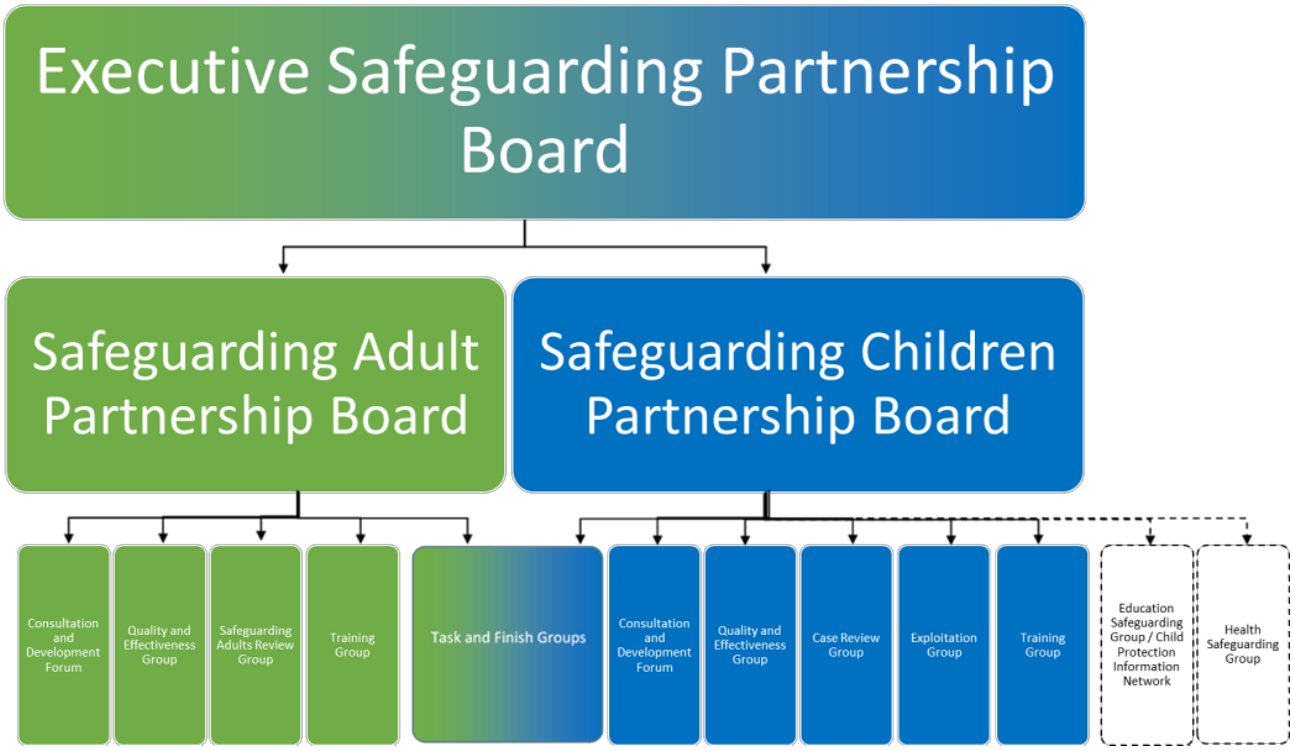
We do this by:

- Proactively identify and respond to new and emerging safeguarding issues and develop multi-agency policies, procedures and work streams.
- Communicate widely to persons and bodies of the need to safeguard and promote the welfare of adults, raising their awareness of how this can best be done and encouraging them to do so.
- Oversee, evaluate and seek assurance on the effectiveness of single/multi-agency safeguarding practice in order to drive improvement.
- Undertake Safeguarding Adults Reviews to identify learning and improve practice.
- Raise awareness and train the multi-agency workforce to promote a common, shared understanding of safeguarding and local need.

The Board has three core duties. They are:

- Develop and publish a ***strategic plan*** setting out how we will meet our objectives and how our member and partner agencies will contribute.
- Publish an annual report detailing how effective our work has been.
- Commission Safeguarding Adults Reviews (SARs) for any cases which meet the criteria for these.

The local safeguarding arrangements have a number of Boards and subgroups that oversee the Safeguarding Partnership. The most senior Board is the Executive Safeguarding Partnership Board, which is made up of membership from the 3 statutory partners (LA, CCG and Police), public health, Healthwatch and the voluntary sector. The Executive Safeguarding Board considers both the children's and adults safeguarding agenda. The Safeguarding Adult Partnership Board sits directly below the Executive Safeguarding Partnership Board and has wider partnership membership (Appendix 1 details those agencies who are members of the Board). The diagram below details the current governance structure.



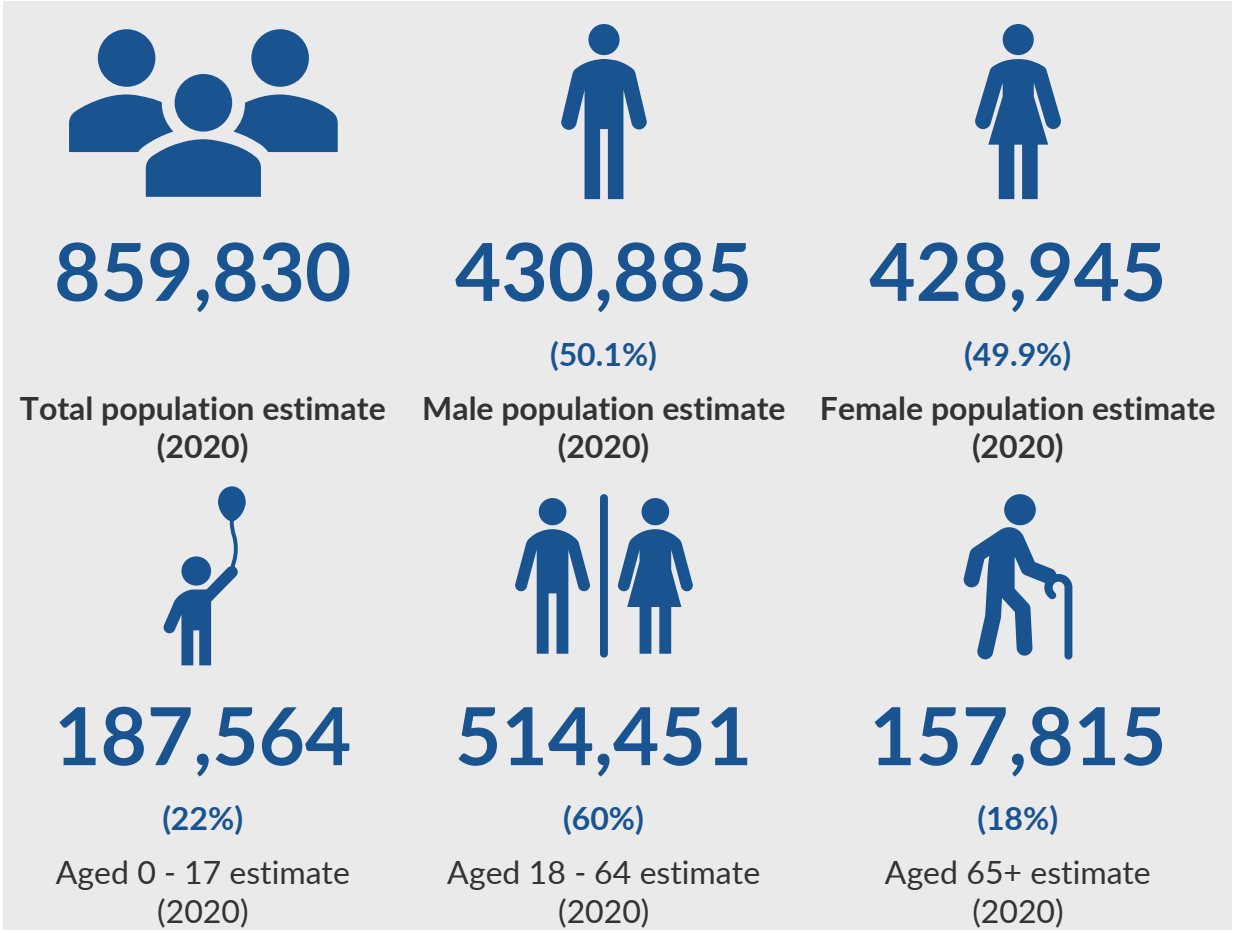
The Executive Safeguarding Partnership Board has maintained it's links with other groups and Boards who impact on child and adult services this year. These are illustrated in Figure 1. This ensures that all aspects of safeguarding are taken into account by the other statutory Boards and that there is a co-ordinated and consistent approach. These links mean that safeguarding vulnerable people remains on the agenda across the statutory and strategic partnership and is a continuing consideration for all members.

Links to other statutory Boards

DEMOGRAPHICS

Cambridgeshire covers an area 1,309 sq miles in the East of England bordering Lincolnshire to the north, Norfolk to the north-east, Suffolk to the east, Essex and Hertfordshire to the south, and Bedfordshire and Northamptonshire to the west. The county is divided between Cambridgeshire County Council and Peterborough City Council, which since 1998 has formed a separate unitary authority. In the non-metropolitan county there are five district councils, Cambridge City Council, East Cambridgeshire District Council, Fenland District Council, Huntingdonshire District Council and South Cambridgeshire District Council.

Population of Cambridgeshire and Peterborough at a glance[2]



Cambridgeshire and Peterborough's ethnic composition is primarily White (90.3%). The next largest ethnicity group is Asian (5.9%) and Black (1.3%)

The ethnic composition of Cambridgeshire and Peterborough differs between areas. Peterborough is much more ethnically diverse, with a larger proportion of people from 'Asian; Indian/Pakistani/Bangladeshi' and 'White Other' ethnicities. There are more than 100 languages spoken in Peterborough with more than a third of children speaking English as their second language. In Cambridgeshire districts, Cambridge City is much more ethnically diverse than Fenland. Within Cambridge City 82.5% of residents identified as White compared to 97.2% of Fenland residents.

According to the Census 2011 figures, there were 2,068 people identified with the ethnic background White: Gypsy or Irish Traveller.

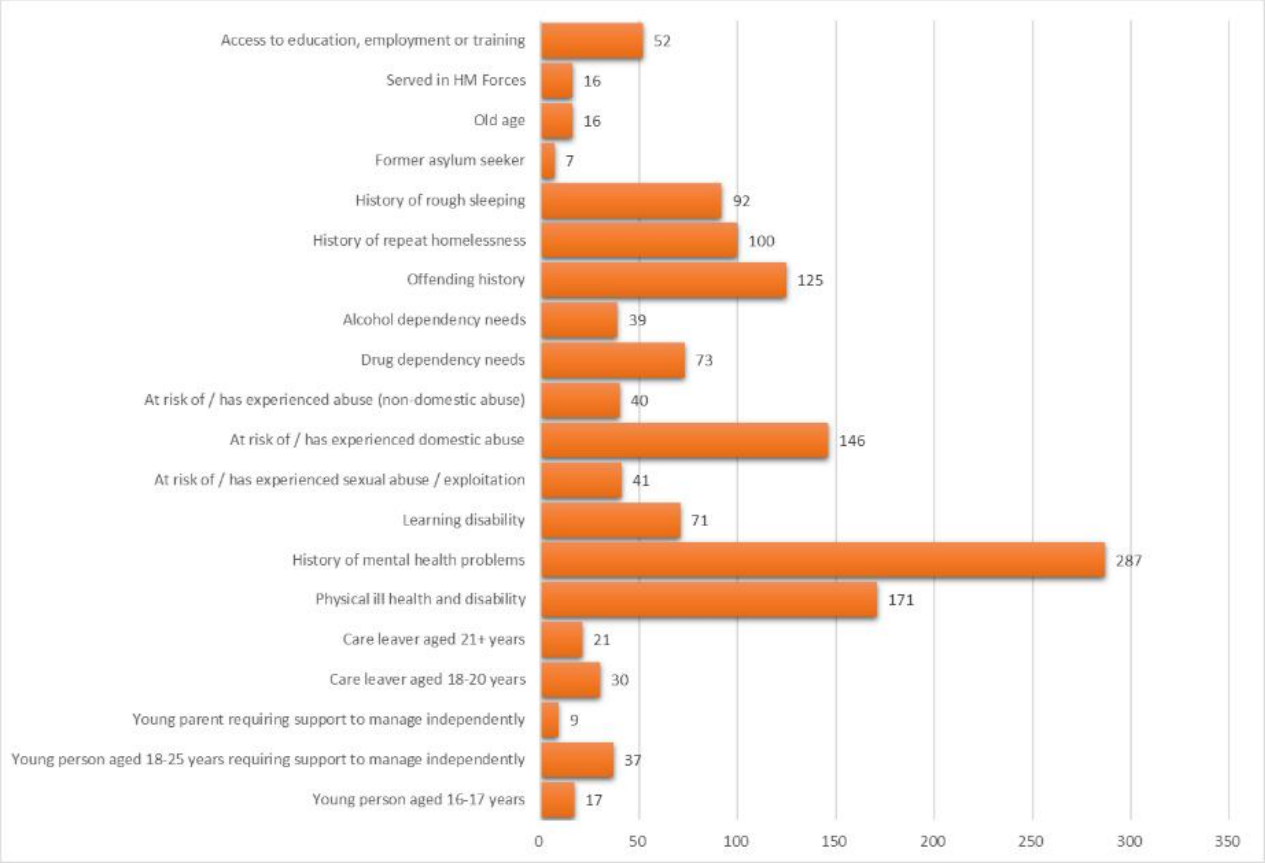
The traveller caravan count data provided by local authorities on the number of caravans and traveller sites, does not cover the number of occupants residing in these caravans or caravan sites. In January

[2] https://cambridgeshireinsight.org.uk/population/report/view/9eb28cf5b5d045d28eeabce7819ba4f6/E47000008

2020, there were a total of 1,650 caravans on authorised (socially rented and private) and unauthorised sites. 35% of these were located in East Cambridgeshire and 34% were in Fenland[3]

Homeless population

At the end of March 2021 there were 961 households assessed as homeless or threatened with homelessness. 49% were from Peterborough and Huntingdonshire. Of the 961, 535 households were identified as having support needs.



There were 595 households in temporary accommodation, 295 households in temporary accommodation had a combined total of 488 children.

There were 41 rough sleepers across Cambridgeshire and Peterborough in Autumn 2020[4], 39% of which were in Cambridge.

Prison Population

HMP Whitemoor is situated in Fenland, Cambridgeshire and is a maximum security prison for men in Category A and B with an operational capacity of 459. An HMP scrutiny visit carried out in August

[3] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/891230/Traveller_caravan_count_live_tables_Jan_count.xlsx

[4] The annual rough sleeping snapshot takes place on a single date chosen by the local authority between 1 October and 30 November

2020 found there to be 450 prisoners of which 15% were foreign nationals and 51% from BAME backgrounds.

HMP Littlehey is situated near Huntingdon and is a category C training prison specialising in holding 1,220 prisoners convicted of sexual offences. In July 2019, there were 1,211 male prisoners, all aged 21 and over. 10.2% were foreign nationals and 69% were listed as White British.

HMP Peterborough is situated in Peterborough and is a dual-purpose prison, housing both male and female prisoners. It has an operational capacity of over 1,200 places (868 male, 396 female) including a 12-bed mother and baby unit. Recent HMP Peterborough Inspection reports carried out in September 2017 found there to be 367 women prisoners of which 4% were under 21 years of age, 18% were foreign nationals and 69% were listed as White British. There were 808 male prisoners of which 7.5% were under 21 years of age, 12.5% were foreign nationals and 61.6% were White British.

Safeguarding Adults Data 2020-21

A safeguarding concern is any issue raised with Adult Social Services, which is identified as being about an adult safeguarding matter. If the concern meets the criteria for safeguarding (as defined by the Care Act 2014), a Section 42 Enquiry is raised, which involves fuller investigation and formal intervention.

In Cambridgeshire, there were 8,272 concerns of abuse raised; this is a decrease on the previous year. 15% (1,274) of concerns led to Section 42 safeguarding enquiries involving 1040 individuals being commenced.

During the year, 1,918 Section 42s had concluded. Neglect and Acts of Omission were the most prevalent type of risk identified in Safeguarding Enquiries (31%), followed by Financial or Material Abuse (17%). The majority of risks were located in their own homes, followed by Residential Care Homes. The source of risk came from someone known to the victim. 91% of completed Safeguarding Enquiries had removed or reduced the risk identified.

38% of concluded enquiries found the person at risk had lacked mental capacity, of these 86% had support provided by an advocate, family or friend.

An important measure of the success of safeguarding is the person's desired outcomes being met. This provides an indication of how well the principles of Making Safeguarding Personal are becoming embedded. In 2020/21, in 73% of concluded Safeguarding Enquiries, the person at risk was asked and expressed what their desired outcomes were. 96% of people had their outcomes fully or partially achieved in their safeguarding enquiry where the adult at risk (or their representative), expressed their desired outcomes.

Peterborough Data

In Peterborough, there were 1,375 concerns of abuse raised. This is a decrease on the previous year. 6% (87) of concerns led to Section 42 safeguarding enquiries involving 80 individuals being commenced.

During the year, 123 Section 42s had concluded. Neglect and Acts of Omission were the most prevalent type of risk identified in Safeguarding Enquiries (28%), followed by Financial or Material Abuse (23%). As in Cambridgeshire, the majority of risks were located in their own homes, followed by Residential Care Homes. The source of risk came from someone known to the person at risk. 92% of Safeguarding Enquiries had removed or reduced the risk identified.

49% of concluded enquiries found the person at risk had lacked mental capacity and of these 98% had support provided by an advocate, family or friend.

In 2020/21, 76% of concluded Safeguarding Enquiries, the person at risk was asked and expressed what their desired outcomes were. 86% of people had their outcomes fully or partially achieved in their safeguarding enquiry where the adult at risk (or their representative) expressed their desired outcomes.

COVID 19 AND THE WORK OF THE PARTNERSHIP

Covid 19 has had a significant impact on society during the period of time covered by this annual report. From the outset, partners worked together collaboratively to ensure an effective response to the Covid 19 situation. Partners demonstrated a flexible approach to systems and processes that ensured that the needs of the ever-changing safeguarding landscape were met. At times, these discussions and decisions were challenging as resources were stretched and new ways of working needed to be established quickly. However, the initial responses and ongoing evolving processes, evidence the value and strength of the partnership relationships and working practices.

It is recognised that lockdown resulted in a number of adults becoming increasingly vulnerable and potentially invisible as health services, voluntary sector services and other agencies moved to a virtual world and resources were realigned to meet the needs of the pandemic. The Board played an important role in cascading messages around the need to recognise and report abuse. However, Covid 19 also saw people work together to help some of the most vulnerable people within our communities. There were significant increases in individuals taking up volunteering positions, many of which had no, or very limited, understanding of safeguarding. Within a few days of the Country entering into the first lockdown, the Partnership had developed bespoke guidance and virtual safeguarding training that was specifically tailored to new volunteers and safeguarding during Covid. A Covid Safeguarding Resource page was developed on the Partnership website that contained detailed information and resources on a range of safeguarding and Covid issues. This included information on scamming, online safety, domestic abuse, mental health and talking to children about Covid 19. The website page was launched on the 31st March 2020 and by the 31st March 2021, had been accessed in excess of 18,000 times. As the Partnership Board website is actively used across the partnership, it was used to host the professionals virtual test and trace training and virtual resources.

The Partnership Board played a key role in communicating information about the pandemic, including the need to recognise and report abuse, via its social media platforms. Throughout the year there was an active social media campaign across Twitter, Facebook and Instagram, which had in excess of 190,000 reaches. The Safeguarding Partnership Board was also an active member of countywide Covid 19 communications meetings, ensuring a consistency of messages and a joined up approach.

During the Covid 19 pandemic, the Partnership Board has continued to facilitate partnership meetings and discussion groups, focusing on the Board's safeguarding priorities. Face to face meetings were discontinued due to governmental legislation and virtual meetings initiated.

The Partnership response to Covid 19 and Safeguarding was discussed and agreed at all of the Executive Safeguarding Partnership Board meetings held throughout the year. In addition, Executive Safeguarding Board members met extraordinarily to discuss urgent issues that also occurred throughout the year.

The Partnership was aware of the need to continue to up-skill the workforce on safeguarding issues and as a result developed virtual briefings. Locally, these are referred to as Sways (the software that is

used for the briefings). In essence, these are a presentation but each slide has an audio that discusses the content of the slide. Generally, they last around 20 minutes per briefing. The virtual briefings are available on the Partnership Board website and can be accessed at any time. As a result, staff who are working night shifts, weekends or early shifts can all access the training at their convenience.

The first virtual briefing to be uploaded onto the board's website during April 2020 was on 'Safeguarding for Community Volunteers' closely followed by 'Safeguarding from Online Abuse', a recognised high-risk area of concern during lock down. The virtual briefings that followed focused on safeguarding during Covid and locally identified areas of safeguarding risk, as well as the Board's priorities. However, as the popularity of the virtual briefings increased it was apparent that these were a hugely useful resource and further topics were added. Between April 2020 and March 2021, the virtual briefings had been viewed a total 10,753 times.

SAFEGUARDING ADULTS PARTNERSHIP BOARD PRIORITIES 2020/2021

Priority One: The importance of Making Safeguarding Personal (MSP) is recognised and implemented effectively across agencies

Making Safeguarding Personal (MSP) is a golden thread running throughout everything the Board does and is in all of our multi-agency training, resources and audits. The Importance of listening and acting to the voice of the adults is imperative throughout all safeguarding practice. A dedicated area on the Safeguarding Partnership Board's website has been created for the Board's priority of Making Safeguarding Personal, which includes an overview and resources for practitioners.

Discussion within the Board's Quality and Effectiveness Group determined that practitioners are not always consistent in the terminology and language used. Consultation with front line practitioners confirmed this and established that not all practitioners refer to the process of "making safeguarding personal" and may call it something else. However, many do follow making safeguarding personal processes in their practice. To support practitioners in their understanding of the terminology associated with Making Safeguarding Personal and the wider adult safeguarding context, a 'Safeguarding Glossary', was developed and launched on the website in June 2020. The glossary contains agreed Partnership language and interpretation, and includes the definition of what is an 'Adult at Risk'.

A safeguarding professionals survey was conducted, the findings evidenced that some professionals needed further support in understanding what MSP was in practice and how to ascertain the Lived Experience of the Adult (LEotA). This resulted in MSP workshops being cascaded both face to face and virtually. In addition, a LEotA resource pack was developed that contained resources and information to support practitioners in this important area of safeguarding. The impact of this work is being evaluated and will be discussed in the 2021/22 annual report.

MSP continues to be discussed at the Quality & Effectiveness subgroup as part of the Single Agency Performance monitoring to see how agencies are embedding the assessment and support of MSP

into practice. An MSP audit tool was also developed and agreed at QEG by the partners. At the time of writing this report, the audit had included 25 safeguarding referrals across agencies being analysed against the MSP audit tool. The findings and recommendations are to be discussed at QEG later during 2021 and will be reported on in next year's annual report.

Priority Two: Agree and implement pathways for those vulnerable adults considered "at risk"

We want adults and older people to be safe and healthy, to be independent and maximise their potential, and to be supported to make a positive contribution within their community which reciprocally supports them. This requires the Partnership to have agreed pathways for those vulnerable individuals who agencies consider to be "at risk".

One of the local processes in place to support this cohort of individuals is the Multi-Agency Risk Management (MARM) process. A safeguarding professionals survey was carried out, which identified that professionals needed support in understanding where to find the MARM Guidance (MARM) and how to use it in practice. A MARM audit undertaken in February 2021 made several recommendations and a MARM task and finish group has been set up to address them. Immediate steps were taken to ensure MARM is featured within the Boards multi-agency training and a MARM briefing was developed to support professionals. The MARM process has been in place since 2019 and we are taking this opportunity to refresh the process. In addition to the feedback we have received from practitioners, we are currently seeking the views of individuals who have been the subject of a MARM process. The outcomes of this work will be discussed in the 2021/22 annual report.

The involvement of vulnerable adults in countylines has been recognised and a new 'cuckooing' policy has been implemented as a pilot in Peterborough, to support those vulnerable adults being targeted by individuals. The policy is one of support and once evaluated will be rolled out across both authority areas.

Work has taken place to help professionals understand more about the Sexual Assault Referral Centre (SARC), the services that they offer and how to support adults at risk. A virtual workshop took place and was recorded. The recording is openly available for all professionals across the county to access via the Safeguarding Partnership Board's website. To date, 115 people have accessed the virtual recording.

There is a dedicated 'Abuse, Exploitation and Wellbeing' page on the Safeguarding Partnership Board's website which includes information and resources for practitioners and service users.

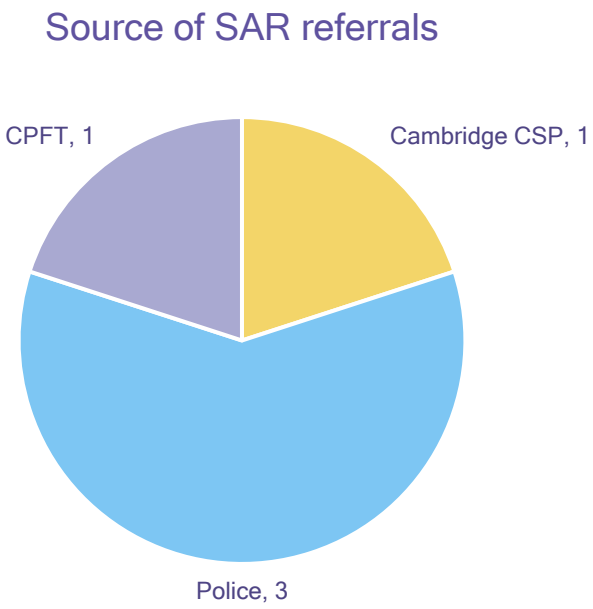
LEARNING FROM SAFEGUARDING ADULT REVIEWS

Section 44 of the Care Act describes the statutory duties placed upon Safeguarding Adult Boards to review cases where a person has died or been seriously injured, and abuse or neglect is known or suspected.

A Safeguarding Adults Board (SAB) may also arrange for there to be a review of any other case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs).

Safeguarding Adults Reviews (SARs) may also be used to explore examples of good practice where this is likely to identify lessons that can be applied to future cases. Safeguarding Adult Reviews are not to apportion blame but to identify lessons to be learnt in order to prevent similar occurrences from happening.

Number of SAR referrals considered within timeframe covered by annual report	Referrals for SAR to CPSAPB		SARs completed within timeframe covered by annual report	SARs still in progress
	Criteria met	Criteria not met		
5	3	2	6	5



Between April 2020 and March 2021 there were 5 new SAR referrals. Of the 5 referrals, 2 cases did not meet the criteria for a review and 3 met the criteria for a SAR. During the year, 6 SARs were signed off by the Board, all of them had commenced prior to March 2020. The 5 SARS that were referred during the timeframe covered by this annual report, will be published post March 2021. These SARs will be detailed in the 2021/22 annual report.

The following SAR's were published during the timeframe covered by this annual report.

Simon

Simon was a 90 year old man who died in 2017. Simon started to become known to a number of agencies around 2008 and in 2009 he was admitted to hospital for the removal of a frontal lobe meningioma (brain tumour). Simon also had a history of pressure ulcers, kidney disease and his mobility and ability to swallow deteriorated progressively over time. Simon died in hospital having developed pneumonia secondary to aspiration, caused by his poor swallow response.

Between 2014 and 2017 professionals identified a number of increasing concerns for Simon in relation to; tissue viability, being drag lifted by family members, poor nutrition, lack of pain relief being administered and the family refusing necessary supportive equipment. On many occasions agencies deemed that care provision for Simon was to increase. However, these additional services were repeatedly declined by the family.

Learning from this review includes:

- Agencies should openly discuss and explain to family members what keeping an Adult at Risk (AAR) safe and well means and make clear that if the AAR is not kept safe and well what might happen, whether that is further intervention or potential legal redress.
- Agencies should have considered whether an advocate working on Simon's behalf would have been beneficial to support Simon's views and working with the family and services to address his care and support needs.
- Professionals should be aware of what the Lasting Power of Attorney means and of the procedures and processes involved with the Office of the Public Guardian when supporting an adult at risk.
- There were a lack of clear agency care plans being completed, recorded and put into place, both in relation to Simon living in the community and prior to his discharge from hospital stays.
- For accountability and safeguarding purposes, it is vitally important that all agencies and professionals record; assessments, care plans, work completed with the AAR, liaison with the family and other agencies and note safeguarding concerns.
- Professionals should consider if an AAR is experiencing neglect and evidence what the signs and indicators are for that individual, whether it be lack of; care, food, treatment, equipment, cleanliness or medication and record the perceived impact on the individual.
- Professionals need to understand what domestic violence is and to be professionally curious to 'rule in or rule out' potential domestic violence, whilst being confident and having 'respectful uncertainty' in order to challenge what is said to them. Professionals need to be able to make appropriate referrals to the police and social care if an adult at risk might be experiencing domestic violence.
- Professionals should be aware of what 'financial abuse' is and consider if an AAR is being financially abused by family members, friends or other people known to them.

- Practitioners should always communicate with the adult at risk and ascertain their thoughts, feelings and wishes; though at the same time, professionals should find out the reasons why services are being declined and weigh up what the risks of significant harm are for that individual if services are not implemented or are withdrawn. Professionals need to hear the voice of the AAR and not let stronger voices, such as family members, over impose.

Claire

Claire suffered from muscular dystrophy which resulted in having a pacemaker fitted and was diagnosed with recurrent depressive and adjustment order. Claire had three children, two of whom were also born with muscular dystrophy. For the most part, Claire was a single parent but did have an on-off relationship with the father of one of her children. It was recorded that Claire had experienced domestic violence previously from her relationships with men. There were also reports of Claire being violent towards both her partner and her children.

During 2017 Claire suffered a stroke and after several nights in hospital was discharged. After her discharge there were records of her struggling to control her outbursts and that she could be violent towards her children.

After Claire presented at hospital in a mental health crisis with 'thoughts of killing herself' and feeling that she was 'not a fit mother', Children Social Care placed two children into voluntary foster care and placed the third child with their father.

During February 2018 an initial Court hearing took place in respect of the care of the children who were made the subject of a variety of Court orders designed to support and to protect them. An independent psychological assessment and a parenting assessment of Claire was carried out.

In June 2018 Claire received the independent psychologist's report which referred to her 'poor parenting' and news that she was unlikely to have her children returned to her. Later that day Claire tragically took her own life, she was 39 years of age.

Learning from this review includes:

- There were several important high-risk management meetings for both the childrens and adult services where either professionals were not invited or practitioners were required to attend but failed to turn up with their non-attendance not being pursued. Without a full picture of the family's circumstances and all of the agencies involved, the decisions made, risk assessments, along with planning and interventions, might not have been effectively completed and important information may have been missed.
- Claire, on occasions, said that she felt suicidal to different agencies. However, these feelings were not shared with all of the relevant agencies.
- Professionals not being aware of the risks, leads to inaccurate risk assessments and potentially, as in this case, the withdrawal of important health services needed to support the adult at risk.

Alice

Alice lived with her husband and in 2001 was diagnosed with multiple sclerosis (MS) and was able to continue working until 2008. During 2009, Alice requested assistance from adult social care to relieve

the pressure on her husband. At around the same time, Alice reported to professionals that she has been experiencing serious emotional and physical domestic abuse from her husband. There were ongoing disclosures from Alice of continued domestic violence during the subsequent years.

In 2016 Alice left her husband and was accommodated within a local care home. During the year Alice made contact with her husband despite advice and support from her Independent Domestic Violence Advocate (IDVA). Alice returned home to live with her husband but due to the effects of MS, she was confined to her bedroom. Alice was admitted to hospital in 2018 with an infection to her groin and sadly died two days later.

Learning from this review includes:

- Professionals should be aware of what 'coercive control' is and what this might look like between the relationships of the Adult at Risk's (AAR) family members, friends or other people known to them.
- All care homes should review their policies and procedures to develop a means of highlighting important sensitive information regarding certain residents and how and when that information can be shared.
- When working together to secure the wellbeing and safety of an AAR all agencies who have contact with the AAR should be involved when sharing information and holding multi-agency risk meetings.
- Health professionals need to 'look further that an AAR medical needs' and to consider other potential safeguarding concerns such as domestic abuse.
- There must be respectful challenge whenever a professional or agency has a concern about the action or inaction of another. The aim must be to resolve a professional disagreement at the earliest possible stage, always keeping in mind that the adult at risk's safety and welfare is paramount. All agencies and professionals should be aware of and able to use the 'Cambridgeshire and Peterborough Safeguarding Partnership Board Resolving Differences (escalation policy).

Dorothy

Dorothy was a 77 year old female who lived with her daughter.

Dorothy displayed hoarding behaviours and the Housing Association attempted to support Dorothy to address this due to the fire risk that was posed to the other residents residing in the properties either side of Dorothy and Faye's property. In February 2018, the local authority Homelessness team became involved as Dorothy and her daughter were facing homelessness as a result of possible eviction. Both agencies made further attempts to support Dorothy and Faye to clear the property but had limited success.

Dorothy was deemed to have capacity following these earlier referrals and the concerns referred to Adult Social Care did not meet the safeguarding criteria.

In January 2019, after being found unresponsive by her family, Dorothy was admitted to hospital and died on the same day. She had a large open wound from an untreated breast cancer tumour, which

had become necrotic with metastatic deposits throughout both lungs. The state of Dorothy's health was unknown to health agencies, or any other professional before 24th January as she had not sought any medical support.

Learning from this review includes:

- The needs of Dorothy's daughter had been overshadowed and as such, any opportunity to support her had been missed.
- Adult Social Care could have been clearer to other professionals, and Dorothy and her daughter, regarding their role and the support they may have been able to offer.
- There were no indications that Dorothy had been offered mental health support for her hoarding behaviour.
- All referring agencies should be aware of their responsibility to follow up referrals with Adult Social Care if they do not receive a response.

Peter

Peter was a 45 year old man who was an EU national and came to the United Kingdom around 2008. Peter was employed in Poland as an IT professional, but was unable to find employment once he arrived in the UK. He was married twice and became estranged from his second wife, at which time it is recorded that he sought support from his general practitioner for suicidal ideation and alcohol misuse.

Peter returned to Poland for a short time and whilst there he sustained a serious head injury. Peter explained to some people that the injury was from being assaulted and to others that he had been involved in a car accident. As a result of the incident, Peter's frontotemporal region of the brain was damaged and he experienced memory difficulties, headaches and black outs.

On returning back to the UK from Poland he had no recourse to public funds due to his immigration status and as a result was homeless, spending 'extensive periods' living and sleeping on the streets. Peter suffered from alcohol dependency and due to his lifestyle was regularly admitted to hospital. It is recorded that he attended hospital on 25 separate occasions, either due to being intoxicated or from sustaining injuries whilst falling down inebriated.

Several charitable agencies were involved in trying to support Peter both with his accommodation and engaging him to access support services in relation to his drug and alcohol use. Peter refused to engage and explained that he would continue to 'drink alcohol everyday if he could'.

Medically the general practitioner, hospital, dual-diagnosis team and substance misuse agencies, all tried to support Peter. Agencies stated that when Peter was sober he appeared to have capacity and to be able to make decisions but he did not want to access the help offered.

As time went on and winter approached, Peter's health deteriorated and the risks to his wellbeing and safety increased. Agencies assessed that Peter might die during the colder months and they actively responded by working together and involved Adult Social Care with a view to finding him supportive accommodation to get him off of the streets.

Tragically during 2018, after attending hospital and being discharged, Peter fell into a river and later died of a cardiac arrest.

Learning from this review includes:

- Professionals need to have greater understanding of the long-term effect of alcohol misuse on an individual's mental capacity.
- When undertaking assessments, professionals need to be aware of Alcohol Related Brain Damage as a mental health condition and how this may impact on an individual's behaviour.
- Professionals need to have a greater understanding of the duty of care under the Care Act 2014 and what is available for those individuals who have no recourse to public funding.
- Professionals should be aware of the Cambridgeshire and Peterborough Multi-Agency Risk Management Guidance and consider its use for working with, and supporting, vulnerable adults at risk who struggle to engage with services.
- Professionals working within hospital settings should be aware of the Homeless Hospital Discharge Protocol and ensure that it is consistently applied for each and every homeless person's hospital admission.
- The Local Authority, District Councils and Housing providers should also be aware of the Homeless Hospital Discharge Protocol and of their roles and responsibilities within it.

Alan

Alan was 92 years of age at the time of the incident that initiated this review.

Alan suffered from a number of health conditions including; chronic back problems, diabetic retinopathy, high blood pressure, hearing difficulties and dementia.

Over a long period of time, numerous safeguarding concerns were raised with Adult Social Care over the care being afforded to Alan including incidents of neglect and psychological abuse.

The police were called and found Alan in a poor state of health and the house was reportedly in an 'unsanitary condition' with most rooms covered in pet faeces. It was at this point that Alan was taken to hospital.

Learning from this review includes:

- This omission of key agencies resulted in a lack of sharing information with no coherent and coordinated action plan being formulated to address the presenting issues.
- The history of the case was not reviewed and safeguarding enquiries were often closed without exploring the cumulative effect of the previously reported concerns.
- The RSPCA undertook an unannounced visit and gave a warning regarding the conditions that the pets were left in. Agencies did not follow this up or highlight it as a concerning contributory factor to the case. This resulted in no consideration being given to what the neglect of animals meant within the bigger picture of what was happening within the home.

At the conclusion of a SAR, an action plan is developed and implemented. This is monitored through the SAR sub-group. A series of workshops are held to ensure that the learning is disseminated across the Partnership. A series of written briefings are also produced that focus on the implications for practice.

The latest national research undertaken by Preston – Shoot et al (2020) 'Analysis of Safeguarding Adult Reviews April 2017 – March 2019: Findings for sector-led improvement' was cascaded to professionals through the virtual termly safeguarding workshop. Alongside this report our local findings and latest SARs were also presented and discussed.

The lessons learned from SARs continue to be discussed at the QEG as part of the single agency performance monitoring to see how agencies are embedding the learning from local and national reviews into safeguarding practice.

During 2021, a 'Database of Learning' was developed to record details and findings from all of the Safeguarding Adult Reviews and Child Serious Case Reviews / Child Safeguarding Practice Reviews across the county.

THE LEARNING DISABILITIES MORTALITY REVIEW (LEDER) PROGRAMME

Research has shown that, on average, people with learning disabilities die earlier than the general population, often for reasons that are preventable, and face barriers to accessing health and care services. LeDeR reviews the deaths to see where we can find areas of learning, opportunities to improve, and examples of excellent practice. This information is then used to take action to reduce the health inequalities people with learning disabilities experience.

Established in 2017 and funded by NHS England and NHS improvement, it's the first of its kind. LeDeR works to:

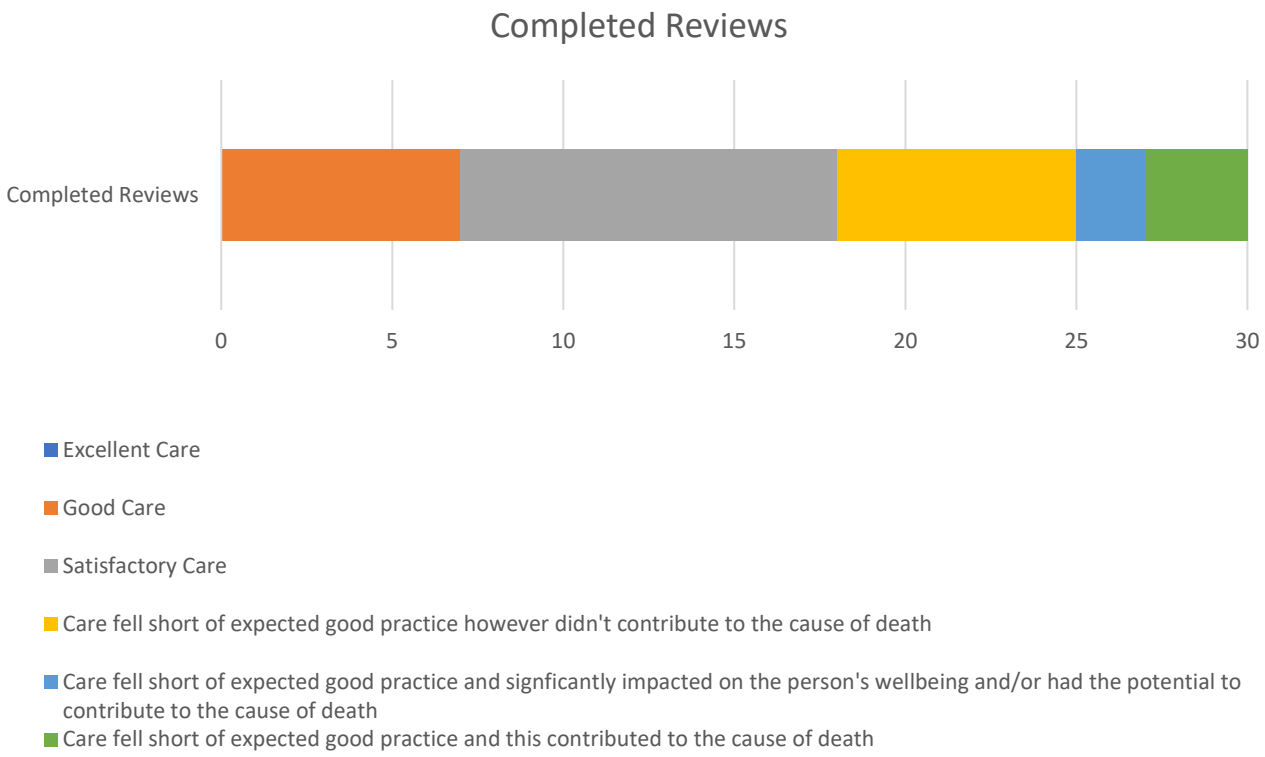
- Improve care for people with a learning disability and autism.
- Reduce health inequalities for people with a learning disability and autism.
- Prevent people with a learning disability and autism from early death.

From September 2021 LeDeR will include improving services for autistic people too.

Annual report Cambridgeshire and Peterborough

LeDeR deaths APR 20 – MAR 21 - 43.

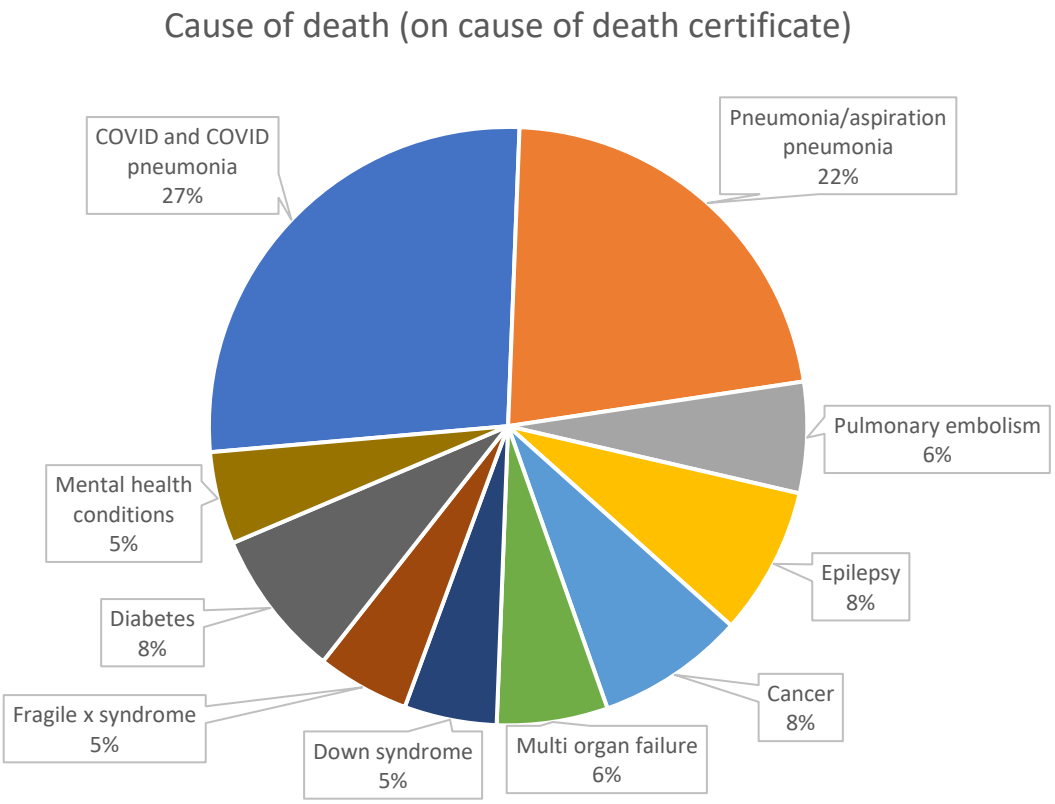
Total notifications for duration of programme - 151



Emerging themes

The stats used underplay the gap in life expectancy, a more illustrative comparison would be (from the LeDeR report):

'During 2018-2019, median age of death data shows that for males with learning disabilities age of death is 23 years younger than the general population and for females 27 years younger. 2020 data is not such a useful comparison as numbers are impacted by Covid.'



Recurring themes

- No annual health check in last 12 months.
- Insufficient level of care and support.
- Lack of compliance with principles of the MCA.
- No hospital passport and/or not provided or utilised.
- Delayed reviews/assessments.
- ReSPECT/DNACPR's not correctly completed or followed.
- Health screening not up to date – Bowel, breast and cervical cancer screening.
- No flu and/or pneumonia vaccination.
- No learning disability Nurse review while admitted.
- Lack of reasonable adjustments.

CONTRIBUTIONS FROM THE STATUTORY SAFEGUARDING PARTNERS

Adult Social Care

Adults Safeguarding is a core function within the Adults and Safeguarding directorate which is led strategically by Director of Adult Social Care (DASS) for Cambridgeshire County Council and Peterborough County Council, Charlotte Black.

Safeguarding adults remains a high-profile commitment for the Adults and Safeguarding Directorate, with the establishment of a dedicated post of Principal Social Worker and the introduction of the Care Home Support Team being particular highlights. The impact of Covid is still being understood.

The Head of Safeguarding represents the directorate at the SAB and our Principal Social Worker, attends the SAR sub-group ensuring that we are fully involved in making Safeguarding Adult Reviews (SAR) referrals and gathering and analysing information when referrals are received.

During 2020/21 our key achievements have been:

- **Covid-19:** A flexible and adaptable approach was taken to deal with the unprecedented issues raised by the Covid-19 pandemic. There was close engagement with the CQC, private sector care providers and other partners to manage risk. This involved providing advice and support, extra PPE, training sessions, targeted and compliant care home visiting, establishing a Covid Hub, ensuring staff well being.
- **Safeguarding Training:** Training continues by making use of online training and sessions being delivered via teams.
- **Adult MASH:** Work continued with closer working of the CCC and PCC adult MASH teams to ensure consistent and responsive working across both teams. The work flow has been harmonised and it is virtually the same in both areas. Continuous review of work processes to ensure risk to adults at risk is minimised, e.g. the introduction of a MASH Duty function in both areas to work alongside the MASH triage function in order to better understand referrals and ensure the correct response is taken.
- **Quality and Practice:** A dedicated Quality and Practice Team manage a cycle of managerial audits of practice, incorporating safeguarding. Practice guidance on specific safeguarding related topics has been developed; Coercive Control, Medication errors, Safeguarding Adult Reviews, Notice of Concerns Database. We communicate practice and legislative updates in our practice newsletters and in online sessions with staff.'
- **Care Home Support Team:** This new team started work in January 2021 with a team of five social workers and a team manager. The team works with Care Homes across Cambridgeshire and Peterborough, supporting them to improve services and reduce risk to their residents.
- **IDVA Service:** There has been a significant increase in funding with has resulted in the recruitment of a number of new practitioners. The need for a specialist IDVA to work with individuals who are not adults at risk but have increased vulnerabilities had been recognised

and a new worker is due to start soon. They will work closely with MASH and in line with the Care Act principle of early intervention and prevention.

- **Mosaic (CCC's and PCC's Adult Social Care System):** Developments have been introduced to improve the safeguarding information gathering work-step. Inappropriate referrals are now managed in a more efficient manner freeing up lead practitioner time to focus on those most at risk. Organisational/provider records have now been created on Mosaic allowing better provider recording and understanding of organisational risk. The Council's formal separate Notice of Concerns database, that detailed issues with service providers has been incorporated onto Mosaic. This ensures all provider information is on one system. PCC and CCC are now aligned with almost identical safeguarding workflows.
- **Change of roles and responsibilities:** The role of Principal Social Worker was separated from the responsibility of the Head of Safeguarding in order to provide a more focused support with quality practice delivery and safeguarding in the service.
- **CPFT:** There has been increased partnership working to ensure that the relationship between CPFT, both physical and mental health is robust and works towards getting the best outcome for the adult at risk. There is a more streamlined referral route which will support both organisations to ensure that concerns are managed in a timely manner.
- **SARs:** Actions arising from learning from SARs are overseen by the Practice Governance Board. Activities have included specific learning events being held to identify areas where practice needs to improve, learning incorporated into MASH practice guidance and discussions at practice forums.

The Adult Safeguarding Priorities for 2021/22 are:

- Ongoing Covid recovery
- Complete the integration of CCC and PCC Adult MASH process and practice
- Contribute to the MARM review
- Identify opportunities to improve the quality of outcomes in safeguarding enquiries through audit activity
- Explore how Transitional Safeguarding guidance, 'Bridging the Gap' could be embedded into practice

Cambridgeshire & Peterborough Clinical Commissioning Group

The Cambridgeshire and Peterborough CCG's Safeguarding Teams merged into one team in 2020-2021 under a Head of Safeguarding People to help embed the Safeguarding "Think Family" approach. The role of the Safeguarding People Team is to provide support to the health system and provide ongoing monitoring and assurance of safeguarding practice to ensure all providers of health care services have competent and well-trained staff who can safeguard vulnerable people.

The Safeguarding People Team provide bespoke advice, guidance and training as required along with regular safeguarding supervision to each health care provider. The support available is provided across the health system; including acute care, the ambulance service, primary care, community care, nursing homes and across all age groups; children and adults.

We also support our internal CCG workforce with safeguarding decision making. To fulfil our statutory safeguarding responsibilities within the CCG, the Safeguarding Team is comprised of professionals who have different specialisms and expertise.

Throughout 2020-2021 the CCG increased their support to health providers mindful of the pandemic, the pressures on the system and subsequent potential increased risk to protect vulnerable children and adults from harm. Whilst the methods of support may have altered, the amount increased and the CCG thought creatively about how this support could continue. Regular communications were sent out and support was provided virtually. A regular resilience meeting was set up with health providers to provide an opportunity for a systemwide response to managing safeguarding in a pandemic which Safeguarding Health Provider Leads attended chaired by the CCG Safeguarding People Team Lead. The team continued to provide advice to our providers whilst, as commissioners, balancing this with continued assurance with compliance to Safeguarding across the system at a time of increased risk, working closely with CQC, Ofsted, Local Authorities and the Safeguarding Partnership Boards.

During the last 12 months support has been provided to our health providers to progress the aligned model for the Multi-agency Safeguarding Hub to support best practice and information sharing between Health and Partner Agencies, this will support with system wide risk.

There has been a conscious shift to move away from a quality monitoring model to a quality improvement model with an enabling focus.

The Safeguarding People Team will continue to lead on the development of a system wide Safeguarding Officer Apprenticeship which we hope will be agreed in 2021/2022.

Cambridgeshire Constabulary

Cambridgeshire Constabulary continues its active membership of the Safeguarding Adults Board. Over the past 12 months we have been represented at Executive and Board level by Assistant Chief Constable Vicky Evans, Detective Chief Superintendent Mark Greenhalgh (Head of Crime and Vulnerability) and Detective Superintendent John Massey (Head of Protecting Vulnerable People Department). The constabulary is also represented at all the key subgroups to the Board where we continue to engage with all our partners on the Board's priorities, seeking to support, challenge and learn from all our colleagues in our shared goal of continual improvement.

We remain absolutely committed to the principle that it is only through this close working relationship and continual interaction with our partners that we can achieve the best possible outcomes for the most vulnerable adults across Cambridgeshire and Peterborough. The past year has seen notable progress, underlining the strength of our partnerships.

There has been an unprecedented focus on the police response to Violence Against Women and Girls (VAWG), and a rise in Domestic Abuse allegations. Support from our partners, especially through the

Domestic Abuse and Sexual Violence Delivery Group has been pivotal in our formulation of strategies to counter these challenges together.

We have created new Vulnerability Focus Desks and Early Intervention Domestic Abuse Desks to greatly enhance our response to those at risk. We continue to work with great support from local authority partners and the Office of the Police and Crime Commissioner in devising bids for vital central government funding and have recently secured funding for three Domestic Abuse, Child to Parent Violence, and Stalking Perpetrator Programmes that will go live across the county this autumn. Further partnership engagement has been seen within Perpetrator Panels and the DA Scrutiny Group and Rape Scrutiny Panels; these fora provide invaluable opportunities for feedback, transparency, practical direction and shared expertise and an overall 'critical friend' input to help maintain our focus and performance.

A particular highlight of our partnership co-operation came in our collective success in being selected to become one of only 2 areas in the country to have a Specialist DA Court with Mentoring Status. This will equip us with a Programme Manager, 2 dedicated IDVAs and a coordinated evaluation process that will upskill staff and ensure Cambridgeshire and Peterborough can offer the best possible service to those who have been victims of domestic assaults, coercive behaviour, harassment or sexual violence while also reducing the long-term harm caused to children exposed to such behaviours in the home.

As we look ahead to the next twelve months, we are acutely aware of the challenges to come - particularly as we face some of the consequential effects of the Covid lockdown periods. However, we are confident that through our partnership structures and oversight we have both the unified purpose and the coordinated relationships within the Boards to meet these challenges successfully.

SCRUTINY AND QUALITY ASSURANCE

Local scrutiny arrangements

Currently the scrutiny function of the partnership is discharged through an independent scrutineer who provides a scrutiny assurance report at each Executive Safeguarding Board meeting (Quarterly).

In addition to the scrutiny undertaken by the scrutineer, there is a significant range of scrutiny functions that are currently in place that offer additional scrutiny of the safeguarding and partnership arrangements. A number of these functions are undertaken by the Independent Safeguarding Partnership Service (Business Unit).

The table below evidences the additional robust scrutiny of the partnership arrangements across both adults and children's outside of the scrutineer's role.

Type	What we scrutinise	Activity
Single agency operational practice	Quality of single agency and multi-agency practice Decision making Professional challenge/ escalation Impact/outcomes	Single agency quality assurance activity Peer to peer reviews Single agency inspections Serious incidents Performance management information
Partnership working and multi-agency practice	Single agency and multi-agency practice Decision making Professional challenge/ escalation Impact/outcomes	Independent scrutiny of Case reviews through independent chair of the case review groups. Head of Service for Safeguarding Partnership Boards chairs some of the case review panel meetings. Independent authors for case reviews. JTAI and other inspections. S11 self-assessment and adult equivalent – this includes agency challenge sessions. Regular QA assurance activity undertaken by Business Unit staff, including audits, dip samples and case reviews. Consultation and development forums this provides mechanism of front line engagement. They are held 4x a year, each one addresses one of the business priorities.

		Qualitative performance reporting through the Quality & Effectiveness Groups on a quarterly basis. Surveys and consultations with children and young people, parents and professionals. Multi-agency workforce development feedback and impact process. The Head of Service for the Safeguarding Partnership Boards chairs the following meetings: • Quality & Effectiveness Groups (adults and children) • Exploitation Strategic Group • Exploitation Delivery Group (CSP's) • Various task and finish groups. The Training & Development sub-group is Chaired by a member of the Independent Safeguarding Partnership Service (Business Unit) Validation of single agency training Head of Service for Safeguarding Partnership Boards has independent oversight of the partnership budget. Head of Service Safeguarding Partnership Boards and other members of the Independent Safeguarding Partnership Service (Business Unit) are members of various Boards/meetings where they scrutinise practice.

Quality Effectiveness Group (QEG)

This group is responsible for monitoring the individual and collective effectiveness of the safeguarding practice carried out by the agencies represented on the Safeguarding Adults Partnership Board. The group has a strong quality assurance function including undertaking audits, dip samples, self-assessments focus groups and surveys. The annual themed audit programme includes both single and multi-agency audits and are linked to the Board's priorities. QEG advises and supports the Board in achieving the highest safeguarding standards and promoting safeguarding across Peterborough and Cambridgeshire through evaluation and continuous improvement. During the twelve months covered by this report, the following audit activity has taken place:

The impact of Covid 19 had a huge effect on agencies during the time period covered by this report. Due to national lockdown restrictions, a number of services ceased to offer face to face appointments, people were asked to stay at home and the vulnerable members of our society became less visible. The impact of Covid 19 on safeguarding issues and agencies service delivery was a standard agenda item and considered at every QEG meeting. This was with a view to assuring partners around safeguarding practice during this difficult period and supporting a systems led approach to the issues being faced across all partners.

Single Agency Performance Commentary completed by partners for each of the Boards priorities with each priority being reviewed at QEG twice a year. Includes what has worked well, areas for improvement and what the agency has done to contribute to those improvements, where multi-agency support is needed and issues to be escalated to the Executive Board. This process has worked well and its impact is evidenced through the numerous changes in processes and policies and additional training courses being offered as a result of the scrutiny at QEG.

Multi-Agency Training Impact on Professional Practice Report completed annually and presented at QEG and the Training Subgroup (see training section below for evidence of impact). The Partnership Board also continues to endorse single agency safeguarding training to ensure that training provided to the wider safeguarding workforce is robust, fit for purpose and contains consistent messaging. In the past 12 months a total of 9 courses have been validated for the Police, Early Years Peterborough, Early Help Cambridgeshire and Peterborough, and Cambridgeshire and Peterborough NHS Foundation Trust.

The Annual Training Needs Survey is undertaken to ascertain what safeguarding training is currently available within agencies, understand how well Safeguarding Board priorities are being incorporated into agency training programmes and identify any potential gaps there may be in safeguarding children's training that need to be met. As a result of this survey, additional training has been developed.

DASH / 102 audit -This audit focused on the quality of Police DASH/102 forms. The aims of the audit were to identify good practice, explore any areas where practice needed to improve in relation to safeguarding assessments and referrals made via the 102 (Safeguarding Adults at Risk Referral/

Assessment) form when related to domestic violence incidents. A dip sample of 40 DASH + combined 102 forms were analysed alongside an audit tool. The findings included good practice of management oversight in every case and all DASH forms being completed with regards to a variety of domestic violence incidents. Areas for improvement included practitioners being clear that the referrals should be made for adults at risk not for all cases. Additionally, explaining and gaining consent from victims was highlighted along with analysing risk and protective factors. Since the audit, the DASH/102 form has been revised and work undertaken with front line practitioners around consent. Currently, the MASH police representative helps to filter out those safeguarding referrals which do not meet the criteria as of an adult at risk and there are regional support desks with experienced staff whom front line police can contact for more specialised support around issues such as safeguarding.

A Thematic Review of the Professional Themes found within Safeguarding Adult Reviews (SARs) and SAR Action Plans from 2015 – 2019 was undertaken. This was in response to requests from the SAR subgroup to explore the changes within SARs since the implementation of the Care Act 2014 in respect of the overall analysis of both 'good' and 'poor' professional practice for improved learning. This included the thematic review of 4 SARs and the findings from this paper were fed back into the Boards training and illustrations given to professionals to incorporate into front line practice at the virtual termly workshop.

Multi-Agency Risk Management (MARM) process was introduced in 2019. An audit was undertaken to look at the effectiveness of the process. Analysed 11 MARM referrals received by the Multi-Agency Safeguarding Hub over a set period of time against a MARM audit tool. Findings included that there were few MARM referrals made, not all referrals met the criteria for a MARM and not all elements of making safeguarding personal were adhered to by professionals. Immediate steps were taken to ensure MARM is featured within the Board's multi-agency training and a MARM briefing was developed to support professionals. The MARM process has been in place since 2019 and we are taking this opportunity to refresh the process. In addition to the feedback we have received from practitioners, we are currently seeking the views of individuals who have been the subject of a MARM process. The outcomes of this work will be discussed in the 2021/22 annual report.

The Safeguarding Adults Practitioner Survey consisted of 14 questions that related to safeguarding practice. 100 professionals from a range of agencies across Peterborough and Cambridgeshire responded. Findings showed that practitioners were working together to safeguard adults, practitioners needed more support in understanding the Multi-Agency Risk Management (MARM) process and struggled in understanding how to ascertain the lived experience of the adult. In response, Lived Experience of the Adult Practitioner Guidance and resources were developed and launched and suite of training developed. Immediate steps were taken to ensure MARM is featured within the Board's multi-agency training and a MARM briefing was developed to support professionals. The MARM process is also being refreshed. The findings from the survey will also help inform the deeper analysis needed for the self-assessment audit to be undertaken in 2021.

Making Safeguarding Personal dip sample audit of adult at risk safeguarding referrals across agencies commenced within the last week of the timeframe covered by this report. The findings and recommendations of the report will be reported within next year's annual report.

Independent Scrutineer's Report and Findings

The main priority during the last year with those providers of adult services has been to ensure that agencies and professionals deliver a service that takes account of the principles of 'Making Safeguarding Personal'.

Any scrutiny of the Adult Safeguarding Board and it's partnership must bear in mind the hard work that agencies and professionals have worked through in relation to COVID-19. The delivery of services through COVID-19 by agencies, individuals and the partnership can only be described as excellent. Extraordinary effort has been involved to ensure those that are vulnerable are given as good a service as possible.

The partnership has in place an Executive Board which combines both adults and children and also combines the Local Authority areas for Cambridgeshire and Peterborough. The three statutory partners as prescribed by The Care Act 2014, being Police, Local Authority and the CCG are all members of this Board and their attendance has been 100% throughout the year, as has their commitment to adult safeguarding.

The combined Safeguarding Adult Board is chaired by the Director of Adult Services for both Local Authorities. I have attended two of the SAB meetings and was very impressed by the wide-ranging attendance including all statutory partners and a large number of other partners including the voluntary sector. One concern on membership is how to get service user representation adequately provided. The meetings were chaired extremely well and in one of them the main concentrated on the sign off a number of SARs.

The SAR sub-group is ably chaired by an Independent chair and further scrutiny in the most serious of cases is provided by this individual who has a vast amount of experience and knowledge. The biggest issue for the partnership and one that causes extreme pressure on not only the Independent Safeguarding Partnership team, but also all agencies is the number of SARs currently in progress. To the partnerships immense credit, that they have managed to conclude and sign off six SARs in the last year and implemented the learning from these cases.

The Multi-Agency training provision has been examined and is extremely thorough and wide reaching. During the initial lockdown all safeguarding Board training was paused due to the regulations. The Partnership was aware of the need to continue to up-skill the workforce on safeguarding issues and as a result they developed virtual briefings. The introduction of SWAY's has provided a platform for training to be available 24 hours a day, 7 days a week. As a result, it is accessible to shift workers and those individuals' working weekends and evenings.

The SWAYs are a huge success for the Partnership Board.

MULTI-AGENCY SAFEGUARDING TRAINING

Safeguarding Partnership Board's Response to Multi-Agency Training During the Covid 19 Pandemic

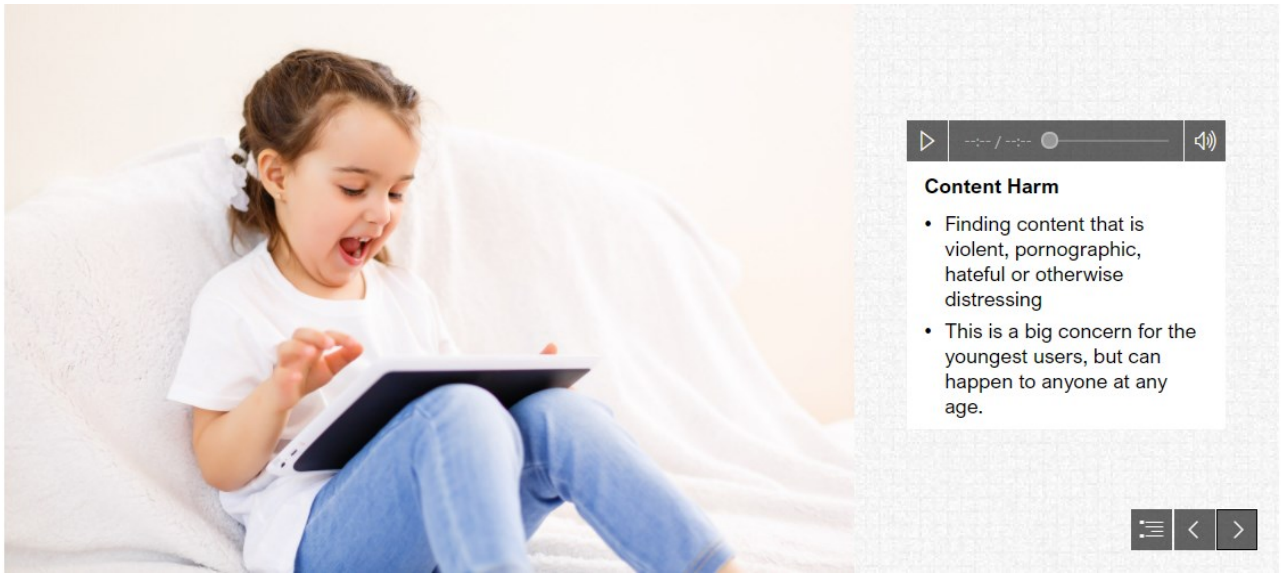
Due to government restrictions during the pandemic, most staff from organisations were either required to work from home, or re-deployed into new roles to help combat the pandemic and support local communities. Face-to-face training had to be suspended and alternatives to learning sought. An urgent response was needed to provide volunteers, who would be visiting shielding members of the public and their families, with safeguarding training.

A COVID 19 Information page on the Safeguarding Partnership Board website was set up within a week of the first lockdown period. The page contained information on COVID 19, local safeguarding arrangements, links to useful agency resources, presentations on basic safeguarding children and safeguarding adults at risk in a COVID context, leaflets, briefings and video links and a link to CPSPB online training. Bespoke virtual safeguarding training for community volunteers, was developed and available within 72 hours of going into lockdown. Feedback from volunteers and working professionals found the information 'invaluable' and 'informative' to support their knowledge of safeguarding and what to do if they had safeguarding concerns

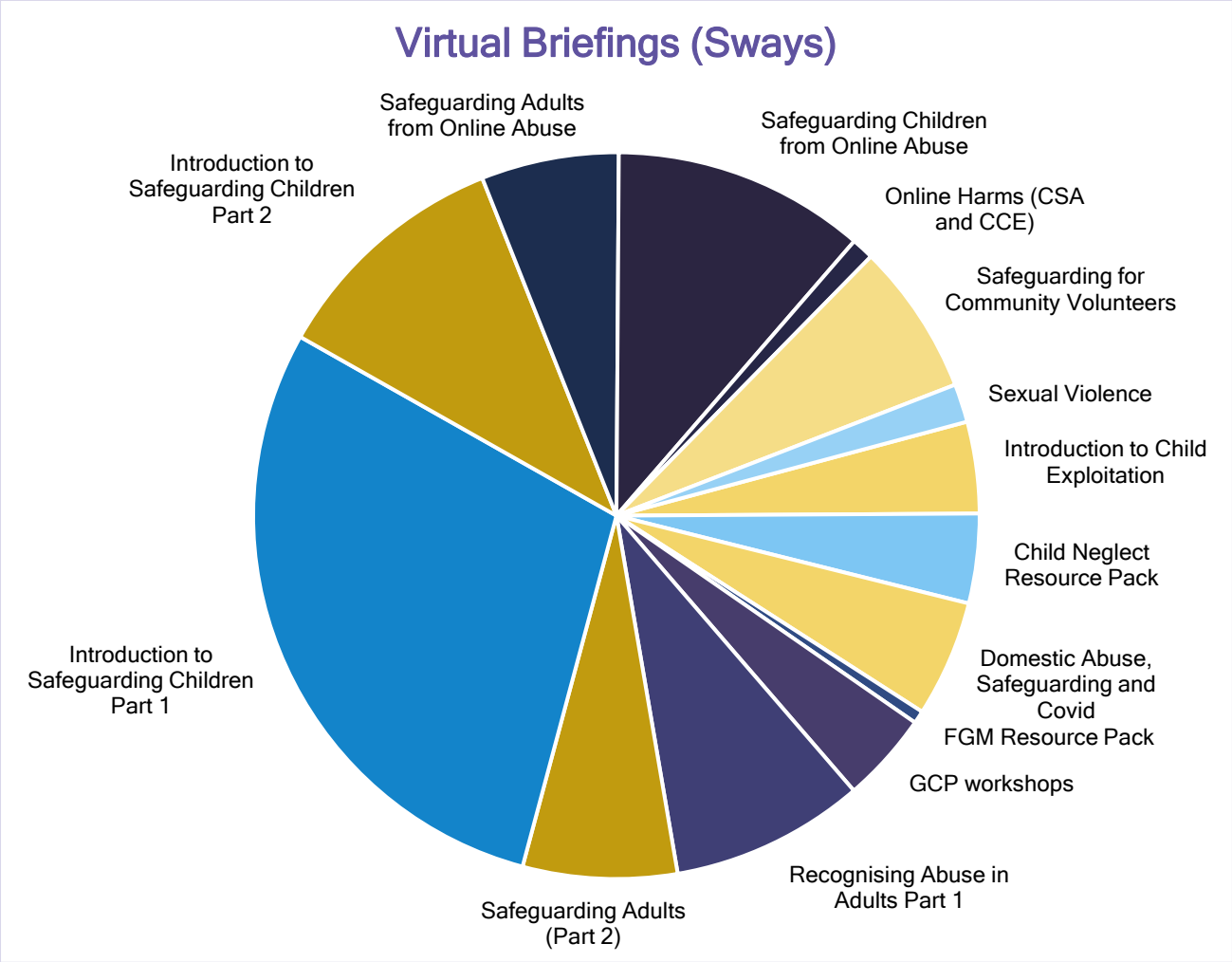
Virtual Briefings (Sways)

The Partnership was aware of the need to continue to up-skill the workforce on safeguarding issues and as a result they developed virtual briefings. Locally, these are referred to as Sways (the software that is used for the briefings). In essence, these are a presentation but each slide has an audio that discusses the content of the slide. Generally, they last around 20 minutes per briefing. The virtual briefings are available on the Partnership Board website and can be accessed at any time. As a result, staff who are working night shifts, weekends or early shifts can all access the training at their convenience.

The first virtual briefing to be uploaded onto the Board's website during April 2020 was on 'Safeguarding for Community Volunteers' closely followed by safeguarding from online abuse, a recognised high-risk area of concern during lock down. The virtual briefings that followed focused on safeguarding during covid and locally identified areas of safeguarding risk, as well as the Board's priorities. However, as the popularity of the virtual briefings increased it was apparent that these were a hugely useful resource and further topics were added. For those professionals who complete the SWAY there is a downloadable certificate as proof of completion. The majority of professionals gave the SWAYs a 4 to 5 star exceptional rating and described them as, 'informative and really useful'. They have been very well received by agencies and have been used and adapted within our local partners' resources and utilised by other Safeguarding Boards across the Country.



Between April 2020 and March 2021, the virtual briefings had been viewed a total 10,753 times.



Virtual Training Webinars

Virtual Training Webinars developed from existing face to face training materials and condensed into 60 or 90 minute sessions were facilitated from September 2020 by members of the Independent Safeguarding Partnership Service.

As with the briefings, the webinars focused on safeguarding risks and the Board's priorities. As part of a rolling training programme, the webinars included Self-Neglect, Hoarding, Making Safeguarding Personal, Sexual Assault Referral Centre (SARC) and Termly workshops on the latest safeguarding messages

8 webinar sessions took place during September 2020 to March 2021, where 192 people attended. Initially groups of a maximum of 20 rising to 40 professionals were allowed to access the training online. However, the demand for the training has been so great that up to 100 places on each course are now available.

As the sessions progressed, a feedback form was developed and 100% of professionals reported that they felt that the safeguarding virtual training content met their training needs and 99% of professionals stated that they felt that the delivery of the training was right for them. Professionals' comments included:

- "Really helpful and useful subject and great to be able to access training, my first online training"
- "Very well delivered – lots of information and links to further reading"
- "It was clear accessible and kept me engaged"
- "Helpful to talk in chat / really good and involved participants"

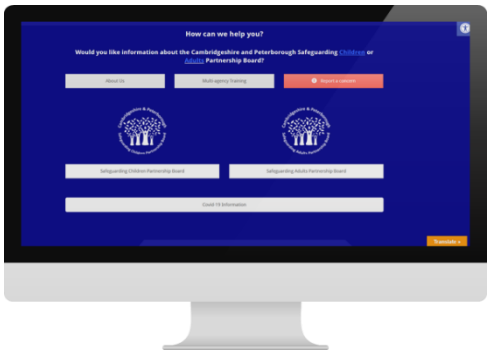
The Sexual Assault Referral Centre webinar which took place during November 2020 was recorded and uploaded onto the Safeguarding Partnership Board's YouTube channel and added to the Safeguarding Partnership Boards website. These video clips are openly available to professionals.

Whilst the face to face training provision has always been well attended it would never have reached the number of people who have accessed the Virtual Briefings and webinars. It is to the credit of the Partnership that whilst other areas in the region stopped all training delivery, locally we evolved and adapted to the lockdown environment.

WEBSITE & SOCIAL MEDIA

Over the past year we have had 275,602 page views and 71,987 users to the website.

On average, a user spent an average 2 minutes per session on the website, and the bounce rate has remained close to 40% which would indicate users find what they are looking for quickly.



Apart from the home page, the Multi-agency training page was the most visited page on the site, followed by 'Reporting a concern' and our virtual Sway briefings pages

52% of visitors reached our site via entering keywords into search engines. 66% accessed the site via a desktop device (i.e. Laptop) and 30% accessed the site via a mobile.

Feedback from visitors includes:

- *Its really easy to use, very clear and content is good.*
- *Easy to manoeuvre around the website*
- *Breadth of training resources available and are easily accessible*
- *the clarity, layout and range of information available far exceeded what was expected*

Our social media presence

The CPSPB uses Twitter, Facebook and Instagram for all sorts of communications from the latest safeguarding news, to events that the Safeguarding Partnership Board are hosting.

During the last year the CPSPB has continued to strengthen its profile on social media. On Twitter, we posted 328 tweets, had 111,383 impressions, were retweeted 292 times, had 1540 reactions and 1,007 followers. On Facebook and Instagram, we put out 400 posts, had a reach[5] of 80,112, with 683 reactions, 57 comments, 768 shares and 458 followers on Facebook and 124 on Instagram.

If you haven't yet followed us, please do!

@cplscb @cplscb @cpsafeguardingboard

[5] The number of people who saw any content from your Page or about your Page, including posts, stories, ads, social information from people who interact with your Page and more. Reach is different from impressions, which may include multiple views of your posts by the same people.

APPENDIX 1 - LIST OF AGENCIES REPRESENTED ON THE SAFEGUARDING ADULTS PARTNERSHIP BOARD

- Cambridgeshire and Peterborough Local Authorities including
    - Adult Social Care
    - Public Health
    - Elected Members
- Clinical Commissioning Group
- Cambridgeshire Constabulary
- Further Education
- East of England Ambulance Service
- Cambridgeshire and Peterborough Foundation Trust
- Cambridgeshire Community Services
- Royal Papworth Hospital
- North West Anglia Hospitals
- Cambridge University Hospital
- Office of the Police and Crime Commissioner
- Ely Diocese
- Cambridgeshire Fire and Rescue
- Cambridge District Council
- Cross Keys Homes – representing Housing
- National Probation Service
- Healthwatch
- Department for Work and Pensions
- Voluntary sector representatives

Cambridgeshire & Peterborough Safeguarding Adults Partnership Board

Contact details: 01733 863744

Email: safeguardingboards@cambridgeshire.gov.uk

Procurement of Older Peoples Visiting Support Service

To:	Adults and Health Committee
Meeting Date:	17 March 2022
From:	Will Patten, Service Director, People & Communities
Electoral division(s):	All
Forward Plan ref:	2022/006
Key decision:	Yes
Outcome:	To provide Committee with an understanding of the approach that will be taken to re-procure the countywide Older Persons Visiting Support Service. To provide Committee with information on the timescales for the planned procurement. To seek approval from Committee to proceed with the proposed procurement approach.
Recommendation:	Adults and Health Committee is being asked to; a) Approve the recommissioning of the Older Persons Visiting Support Service for a contract period of 5 years and total value of £4,537,895. b) Agree to delegate the responsibility to award the contract to the Executive Director of People and Communities.

Officer contact:
Name: Lisa Sparks
Post: Senior Commissioner – Early Intervention and Prevention
Email: lisa.sparks@cambridgeshire.gov.uk
Tel: 07900 163590

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

1. Background

1.1 The Older Persons Visiting Support Service supports older people (65+) in Cambridgeshire and is currently delivered by 3 local providers; Age UK Cambridgeshire & Peterborough, South Cambridgeshire District Council and Cambridge City Council.

1.2 The service offers short-term, low-level support to a range of older people across the County. The service aims to support people to manage presenting needs that impact on their ability to live independently, to enable them to continue to live in their own home for as long as possible and prevent or delay the need for them to access high-cost care services and avoid unnecessary hospital admissions.

1.3 This support is available to any older person in Cambridgeshire living in their own home and supports many people who do not currently receive any services or support from Adult Social Care.

1.4 Support delivered is very varied and can include signposting to other services, assisting with grant or benefit applications, helping people to apply for home adaptations or access social care assessments and supporting people with hoarding behaviours.

1.5 There is no charge for this service, and it is available to people within different types of accommodation including sheltered housing residents, private sector renters and homeowners.

1.6 The current services are delivered through a mixture of arrangements. The Age UK service is delivered through a standard contract arrangement, and there are Partnership Agreements in place with Cambridge City Council and South Cambridgeshire District Councils for their services.

1.7 The current services have been operating since September 2018. The current contract arrangements for all services end on 31st August 2022.

2. Main Issues

Current Service

2.1 Approximately 500 older are supported by this service each quarter people. The support provided is based on the needs of the individual.

2.2 The table below shows some of the support interventions delivered from April to December 2022, and case studies illustrating the positive impact for customers are included as Appendix A. Whilst not included within the monitoring figures, providers have also all reported an increase in the number of people they are working with who have hoarding behaviours.

Interventions and Support for independent living Quarters 1 to 3 2021/22	**Age UK**			**South Cambs DC**			**Cambridge City**		
	Q1	**Q2**	**Q3**	**Q1**	**Q2**	**Q3**	**Q1**	**Q2**	**Q3**
Assisting with Attendance Allowance applications	13	13	27	22	14	14	3	2	7
Assisting with Blue Badge applications	2	4	9	0	0	0	0	0	0
Nutrition advice	4	0	0	0	0	0	0	Not recorded	Not recorded
Arranged shopping support/meals on wheels	7	3	3	13	0	0	0	1	0
Safety at Home advice	25	7	0	12	13	0	0	Not recorded	Not recorded
Assisting with financial and domestic paperwork	3	25	0	15	1	12	6	Not recorded	Not recorded
Providing information on moving to sheltered and extra care accommodation	N/A	3	0	N/A	4	12	N/A	11	9
Reducing social isolation & loneliness	4	7	14	9	12	9	26	Not recorded	Not recorded
Assisting with Homelink applications	N/A	0	10	N/A	7	7	N/A	24	12
Supported to access Lifeline service	8	8	5	13	9	8	55	140	17
No. of referrals to Assistive Technology Team	1	6	1	4	5	4	7	10	11
No. of people supported to access NRS Safe & Well service (for daily living equipment)	5	1	4	5	7	9	2	2	1
Referrals to Cambridgeshire Handyperson service/ SCDC Handy Man	7	12	0	4	3	4	0	24	26
Referrals to Home Improvement Agency	0	0	0	3	2	4	0	8	0
Referrals to exercise classes (RightStart or Forever Active)	0	1	1	0	0	0	0	0	0
Source cleaners, gardeners and/or other services	62	3	0	152	11	11	782	782	1,140

2.3 We know that the current demand on care and support services is high and that the number of people aged 65 and over in Cambridgeshire is predicted to increase significant over the next 10 years. With this predicted increase in the older population, preventative services like this one will be crucial in supporting older people to remain living in their own homes for as long as possible, therefore reducing or delaying the need for higher support from statutory services.

2.4 During the Covid-19 pandemic, when many older people were advised to remain in their homes, the services moved to supporting people remotely via phone calls, social media or virtual meetings (where available and appropriate). Whilst face to face support is also important, this does highlight the potential for virtual support options to be developed in future.

Service Feedback

2.5 A wide range of stakeholders were contacted and given the opportunity to provide feedback on the current service. This included referrers and key partners. An online survey was also undertaken in November to provide current and former customers with an opportunity to give feedback.

2.6 Responses received from referrers and partners was overall very positive and confirmed that there was an ongoing need for the service and that it was valued and well used.

2.7 130 customers responded to the online survey. Respondents indicated a very positive experience with 98% stating they would recommend the service to others. Respondents identified a range of things they had been supported with and also other things which they would like to be able to get support with. Details of responses can be found in Appendix B.

2.8 One particular gap that has been highlighted by various stakeholders is around numbers of older peoople being ‘digitally excluded’, either due to costs associated with internet connectivity and digital devices, or due to a lack of digital skills.

2.9 The feedback received has been used to inform the new Service Specification, and particular emphasis has been placed on supporting older people to become digitally connected so that they can enjoy the benefits that this can offer.

Procurement Approach

2.10 Feedback and monitoring data suggests the current service is working well and is delivering good outcomes for customers, therefore we are not seeking to redesign this service but will incorporate any potential areas for development into the updated service specification.

2.11 In keeping with the emphasis on ‘place based’ commissioning and the ‘Think Local Act Personal’ approach, the services across each area will be offered as separate Lots. This will ensure that there are opportunities for smaller local providers and charitable organisations to bid for a specific area which they may already be working within. However, should a provider wish to bid for more than 1 Lot then they will also be able to do this.

2.12 We are proposing to undertake a different Procurement approach for the Lots 1 to 3 and Lots 3 and 4.

2.13 For Lots 1 to 3 we are proposing a standard 'Open' procurement for the Lots to be tendered and to offer a 5 year contract (3 + 1 + 1).

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

2.15 The total proposed contract value is £4,537,895. The annual breakdown is shown below.

District Area	Annual Contract Value	Total Contract Value (5 yrs)
Lot 1 East Cambridgeshire	£151,515	£757,575
Lot 2 Huntingdonshire	£138,687	£693,435
Lot 3 Fenland	£161,437	£807,185
Lot 4 Cambridge City Council	£183,600	£918,000
Lot 5 South Cambs District Council	£272,340	£1,361,700

2.16 The amounts allocated to each area reflect the current demand across the Districts. This will be reviewed in line with demand trends over the life of the contract.

2.17 For Lots 4 and 5 we are proposing that the existing Partnership Agreement arrangement be continued with our District Council partners. There are three reasons for this being the preferred approach;

- Previous Legal advice was that *"contracts which establish co-operation between public entities with the aim of ensuring that a public task is carried out fall outside the public procurement rules insofar as such contracts are concluded exclusively by public entities and implementation of that co-operation is governed solely by considerations and requirements relating to the pursuit of objectives in the public interest".* This advice still applies.
- As all the staff delivering the South Cambridgeshire and Cambridge City services are members of the Local Government Pension Schemes, our Pensions Team were asked to complete a 'Pension Information Memorandum' (PIM) report for each service. These PIM's show that there are likely to be significant financial implications if these services were to be awarded to another service provider. In order to make the contract viable for a new provider, it is likely that at least a proportion of the risk and liability would need to be underwritten by the County Council. Although the total indemnity needed to cover all financial risk would vary in accordance with staff turnover, for the first year, the worst-case scenario position would be £928k. Different approaches could be taken to mitigating risks, but any way of managing this would result in additional costs which could not be met through the current contract value.
- Both Councils have retained their own housing stock and therefore have an active housing function, which these services are part of. Whilst the Older Persons Visiting Support Service provides a distinct support offer in both areas, being part of wider housing delivery has enabled both district partners to commit additional resources to the services, which would not be available if arrangements changed.

2.18 The proposed timetable for the Procurement is shown below;

Activity	Date
Tender goes Live	March 2022
Tender Submissions	April 2022
Contract Award	May 2022
Contract Start Date	1st September 2022

Social Value

2.17 All bidders will be required to demonstrate how their proposed service solution will deliver social value. Responses will be evaluated and delivery of committements monitored.

3. Alignment with corporate priorities

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

3.2 A good quality of life for everyone
The report above sets out the implications for this priority in paragraphs 1.2 to 1.3 and 2.1 to 2.3

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

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

3.5 Protecting and caring for those who need us
The report above sets out the implications for this priority in paragraphs 2.1 to 2.3

4. Significant Implications

4.1 Resource Implications
The report above sets out details of significant implications in paragraph 2.13

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications
The report above sets out details of significant implications in paragraphs 2.8 to 2.15

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

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

4.5 Engagement and Communications Implications
There are no significant implications within this category.

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

4.7 Public Health Implications
The report above sets out details of significant implications in paragraphs 2.1 to 2.3

4.8 Environment and Climate Change Implications on Priority Areas

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

4.8.2 Implication 2: Low carbon transport.

Status: Neutral
Explanation:

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

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

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

4.8.6 Implication 6: Air Pollution.
Status: Positive
Explanation: Maximising opportunities for people to be supported remotely (where appropriate) rather than face to face will reduce the number of car journeys being made by support workers.

4.8.7 Implication 7: Resilience of our services and infrastructure, and supporting vulnerable people to cope with climate change.
Status: Positive
Explanation: If there is a climate change event (like flooding), if there is capacity for virtual support then there is a greater chance that customers can still make use of the service, therefore business continuity is improved.

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

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

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

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

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

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

Name of Officer: Will Patten

Have any Public Health implications been cleared by Public Health?
Yes
Name of Officer: Emily Smith

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

Appendix A

Case Study 1 – Age UK Cambridgeshire & Peterborough

Tick	Intended service outcomes (in agreement with service user)
x	Improved mobility and personal safety
x	Improved social exclusion and reduced isolation
x	Improved self determination
x	Improved resilience to cope, self-confidence and independence
x	Improved/additional preventative support

1. **ABOUT THE PERSON**
Mrs X is a 72 year old lady who lives on her own in her privately owned property. She has no family but does have a good friend network around her. She is a very independent lady and keeps herself active despite health issues. She is struggling to manage her home since the loss of her husband.

2. **WHAT WAS THE SITUATION**
Mrs X came to our service through environmental health raising concerns that her home was in a very bad state, with many dogs and feral cats around the property. The home was falling down around her. Mrs. X has been trying to do the repairs herself but it was becoming too much for her.

The house had no heating, she used an open fire in the lounge which was near to where she slept. She did not have access to her upstairs as she had too much furniture stored and the roof leaked. There was no working toilet, only a camper porta loo.

The back door didn't lock and she was constantly being broken into. There was no lighting.

Mrs . X lives for her animals and would rather feed them then herself

3. **WHAT DID AGE UK DO TO MAKE A DIFFERENCE?**
Contacted The grants officer to see if there were grants available to help her.
Contacted the environmental health officer as Mrs.x was being summoned to court regarding keeping too many animals.

The Bobby scheme was contacted to discuss security concerns
Contractors was contacted using the trusted traders and asked to visit to obtain quotes for work to be completed at the home.

4. **WHAT OUTCOMES WERE ACHIEVED?**
Working with the grants officer we have managed to make Mrs.x life more comfortable for her. We have managed to get central heating installed where she has a back boiler to heat water and radiators around her home. The roof has been repaired so it is not leaking. The gutters were cleaned out as they was causing an issue with damp running down the walls. Insulation was installed in the roof. Electrics were installed so she now has usable lights and plugs.

She has a working toilet now installed. She has security lights and a home security system installed and a new door fitted with a lock so she is secure. The total of the grant awarded was £25,000.

Mrs.x was supported through going to court, she was ordered to pay a fine to only keep two dogs. She only has 2 dogs now and has realized that rehoming the others was the best thing as it had become too much for her. She is able to manage them and finds that she has money to feed herself now.

Case Study 2 – Cambridge City Council

Background:
Mr N is a 67 year old gentleman living at a Sheltered Housing Scheme run by a local Housing Association, to whom the Independent Living Service provide the support element for any eligible referred tenants residing there.

Mr N was referred to Independent Living Service for weekly support visits by the scheme warden in October 2021, having previously been supported by CMHT whose input ended as it was considered there were no requirements for extra/ongoing support other than Mr N receiving routine appointments.

Following an initial support plan assessment, it was apparent that Mr N's benefits had stopped for some time when he became pensionable age, though for some unknown reason no claim for his pension was ever made and he was instead living off his Personal Independence Payment money.
Due to Mr N's mental health, he did not necessarily understand the need to claim his pension, least of all knowing how to do so nor having the motivation to do this without support and guidance. Mr N presented as someone who needed more than just encouragement to do activities of daily living which needed to be done. His previous team had been aware of his benefits stopping when he became pensionable age and tried contacting the family about the issue, though we were informed they did not respond and therefore no further action was implemented in relation to resolving the matter.

Support given:
During our initial weekly visits, Mr N displayed a lack of motivation and seemingly alack of concern in regard to pressing issues (such as debts which he owed), we had to develop a relationship with him where he felt supported, but where we were very clear on the consequences of not dealing with some of these issues.
Mr N had received numerous debt letters from TV Licensing re his tv licence and also from DVLA re his car tax all of which had been ignored/not dealt with, which in turn then lead to further fines which also had been ignored/not dealt with by Mr N. The ILF supported Mr N during the visits and each agency was duly contacted about the separate debts. Mr N was assisted to pay his TV licence in full for the entire year as this is what he chose. Mr N was then supported to deal with the correspondence from DVLA re his road tax, which saw him having incurred a £45 fine due to the failed renewal of his road tax. After the fine was paid, we then attempted to assist Mr N to pay his actual road tax charge; however further investigations revealed a very complicated issue with regards to his log book (which he couldn't locate). Mr N

was supported to resolve this by requesting a new log book, and his road tax is now up to date.

We were also able to contact The Pension Service about his missed pension claim. However, this could not be done over the phone and instead a form would be sent out to him for completion. Once received, we completed another visit to support Mr N.A to complete it, however due to him being unable to recall some important information, he then gave his consent that we could contact his family about the required information, chasing them regularly until they provided it. Eventually we were able to obtain the information required to fully complete the pension claim form and send it off. 3 weeks later, Mr N received confirmation that his pension would be paid and that it would be backdated for 1 year as per pension service procedure.

Outcome:
In addition to the above outcomes, Mr N now receives weekly telephone calls and visits by our service, during which time he is supported to deal with any correspondence or bills, so this can be acted upon in good time so to prevent him getting into a precarious situation involving his finances. We will also make contact with his family or GP/CPN should we have any concerns about him. Though Mr N remains mainly passive, he is none-the-less engaging with our service now, and it is evident that he does have ongoing support needs which he cannot meet on his own/of his own volition.

Case study 3 - South Cambridgeshire District Council

Details of Support Needs:
This 88-year-old lady was referred by SCDC rents due to substantial rent arrears and by her housing officer due to her garden being overgrown state. On the first visit I found this client to be terminally ill, bedridden and on end-of-life care. The family were at the property, when I asked if she realised, she was in rent arrears, she cried and said she hadn't known. Her family asked me not to speak to her about this and told her they were sorting it all out. There were court orders for council tax and rent arrears, but she wasn't aware of these. I asked the family for her bank statements to check housing benefit and to apply for Attendance Allowance. I visited 2 days later to find bank statements had been left and she had hardly any money in her bank account. As soon as her state pension and private pensions were paid into her account the money was drawn out immediately by family who were in possession of her bank card. While at the property the TV rental company had left a card to say they had come to collect the TV which hadn't been paid in 5 months. I called them and they agreed to put collection on hold. I checked the amount of food she had and found she had very little to eat. I contacted the family to say she needed shopping, but family weren't taking my calls, I did some shopping so that she had food. I did a safeguarding and within 2 days met a social worker at the property. That morning she had used her carer's phone to say her phone wasn't working. While social worker was present, I contacted phone provider and the only way they would put the phone back on was to pay the outstanding bill, which I paid. The Social worker informed me she was on funded continuing heath care and that there were outstanding debts for the TEC life line. She was asked if she would like the police involved and she refused although she realised the family had taken advantage of

her. She said she would like a meeting with her family, myself and the social worker, the social worker tried for several days but the family weren't answering the phone, so this couldn't be arranged.

Economic Well Being:
Contacted SCDC recovery team and got the court proceeding stop.
Claimed Attendance Allowance under special rules – she was awarded high rate.
Contacted the bank several times with her permission and was assigned a manger to help with reissuing bank cards, debts and resetting up DD's. Two bank cards had to be cancelled and new one's resent, twice the family contacted me to say the ATM had taken her bank card.

Contacted SCDC, phone provider, and utility providers regarding debts and set up repayment plans.

Contact local charity who brought TV from rental company so she could kept her TV. Also applied for Christmas hamper money for food, which was granted.

Applied to the Household Support Fund. She was granted a Supermarket shopping voucher and payment towards for fuel bill.

Contacted insurance company as she had a whole life policy, and with her permission was able to find out it was a paid-up policy and she said this was for her funeral.

With her permission quarterly invoice were paid for TEC life line, phone bill. Direct debits were set up for rent and council tax, including arrears. Direct debits amended for utilities.

Health:
Family were doing her washing but brought it all back wet and said they couldn't afford to dry it. She needed sheets changing on hospital bed. Took washing home and did washing from then on.
Continued to do shopping as she kept giving her bank card to family to do shopping, who continued to misuse it despite being told that she had very little to live on.

Enjoy and Achieve:
Contacted her knitting circle who had put a note through the door and arranged a visit from one of the ladies, who brought her a basket of fruit before Christmas. Shewas thrilled to see her friend and catch up with news from the knitting circle.

Arranged for a close friend to visit at at her request. The family had stopped this friend visiting because she had tried to help with finances in the past.

With intervention she was able to keep her TV and working phone, these were her only forms of contact with the outside.

Outcome of Support:
This is one of the saddest cases I have dealt with in 22 years of supporting vulnerable adults.

This lady despite a good state pension and two small private pensions had obviously lived very frugally and had told me she always paid her bills on time and never been in debt. Her one wish was to not owe money to anyone. We supported this client for less than 3 months, but in those months her debts were sorted out and toward the end her finances were in order and all letters and paperwork in order. Funding from the Household Fund was used to purchase care items, and things she liked to eat and a few luxuries like chocolate and ice-cream, which she said she would love and hadn't had in a long time. She was so grateful for the support she received from the visiting support which went above and beyond to support this lady in these dreadful circumstances.

Appendix B

Summary of Online Survey

130 respondents including Older Peoples' day service providers, older people living in the community in their own homes or tenancies and their carers.

Respondents would like more opportunities:

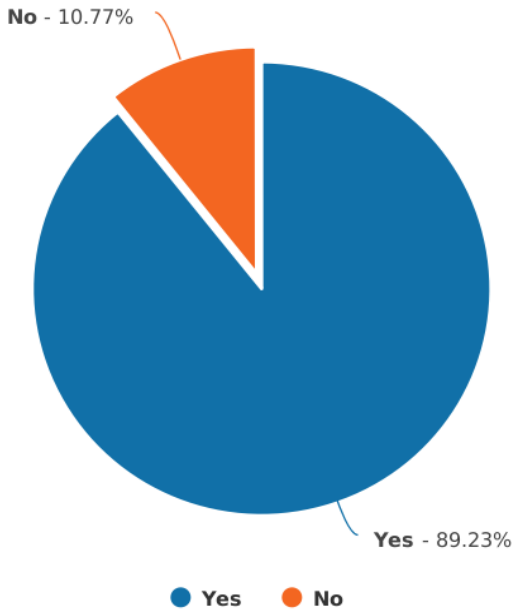
- for social interactions at home and within the community
- help around the home
- having a safer home through falls prevention equipment
- extended availability of day services
- help to get to social events in the evening
- help with technology and day-to-day living, such as correspondence, online applications and keeping active

The following pages set out their responses to questions asked:

Older People's Visiting Support Service

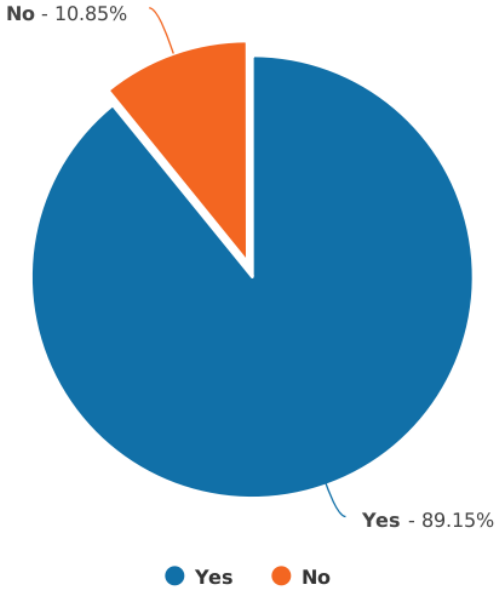
1. Introductory

1. Have you heard of the Visiting Support Service?



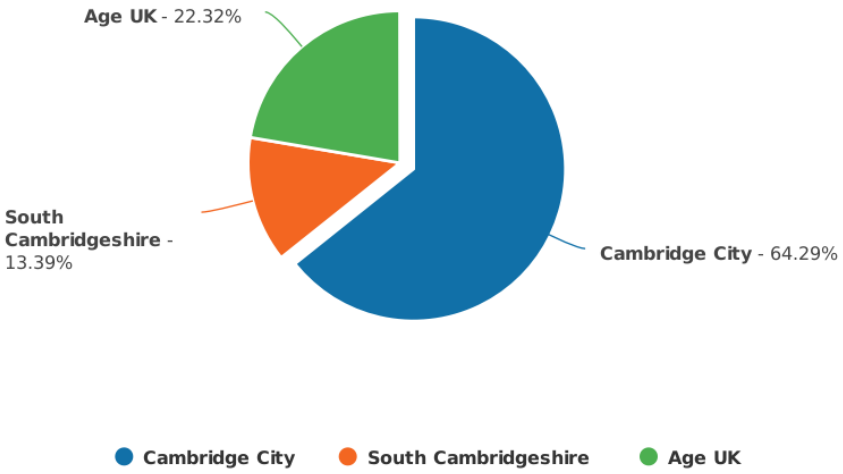
Answer Choices		Response Percent	Response Total
1	Yes	89.23%	116
2	No	10.77%	14

2. Have you used the Visiting Support Service?



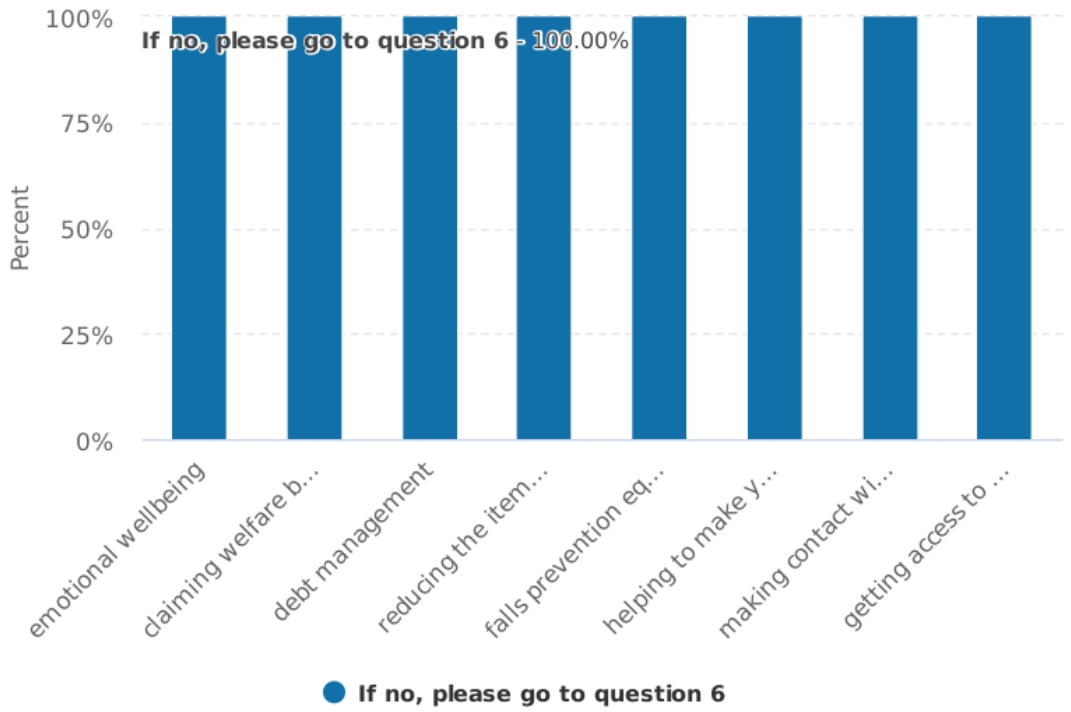
Answer Choices		Response Percent	Response Total
1	Yes	89.15%	115
2	No	10.85%	14

3. If yes, which service did you use?



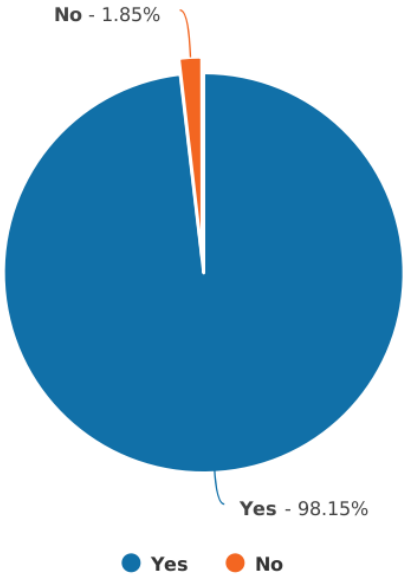
Answer Choices		Response Percent	Response Total
1	Cambridge City	64.29%	72
2	South Cambridgeshire	13.39%	15
3	Age UK	22.32%	25

4. Please can you tell us if the service helped you with any of the following things:



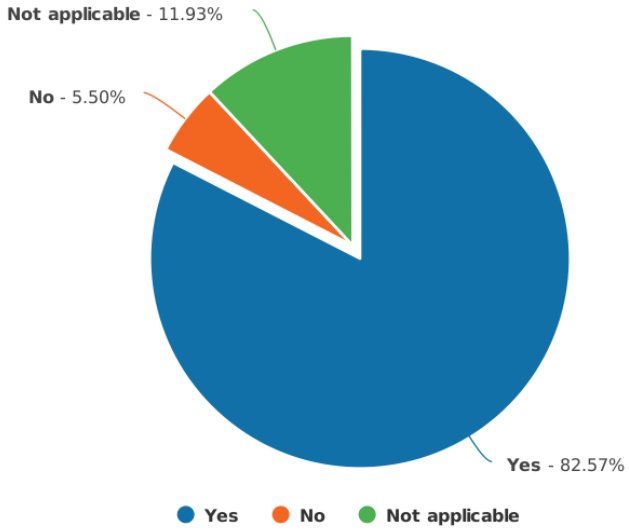
Answer Choices	If no, please go to question 6	Response Total
emotional wellbeing	100.00% 78	78
claiming welfare benefits	100.00% 60	60
debt management	100.00% 26	26
reducing the items in your home	100.00% 17	17
falls prevention equipment and/or advice	100.00% 32	32
helping to make your home safer	100.00% 60	60
making contact with social care and health services	100.00% 61	61
getting access to other services in your local area	100.00% 54	54

5. If you have used the Visiting Support Service would you recommend this service to other people you know?



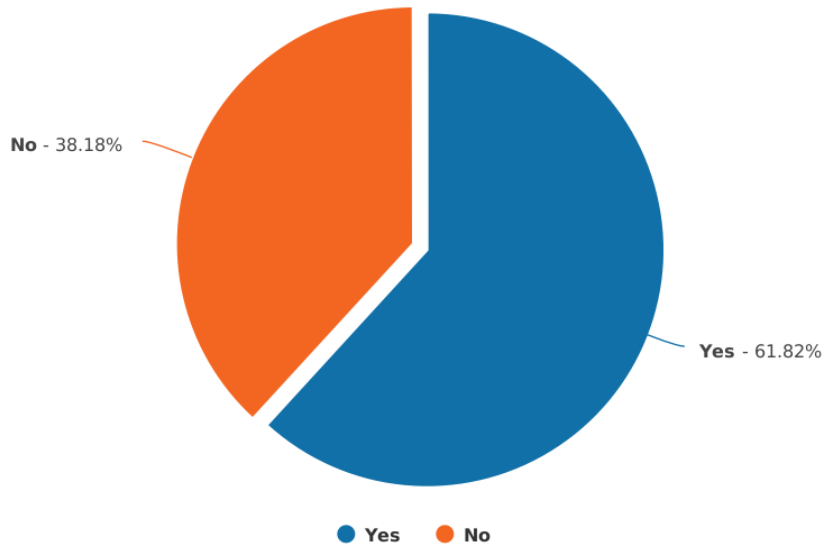
Answer Choices		Response Percent	Response Total
1	Yes	98.15%	106
2	No	1.85%	2

6. The introductory page explains what the service can offer. Do you think this is a service you might want to use at some time?



Answer Choices		Response Percent	Response Total
1	Yes	82.57%	90
2	No	5.50%	6
3	Not applicable	11.93%	13

7. Do you know anyone else who would benefit from this service?

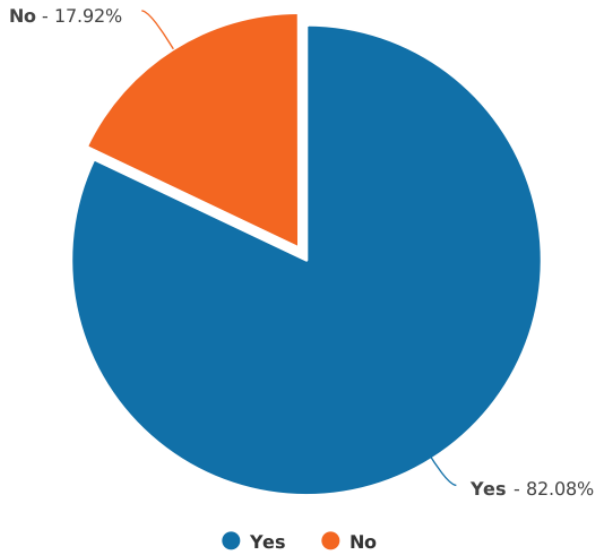


Answer Choices		Response Percent	Response Total
1	Yes	61.82%	68
2	No	38.18%	42

8. Have you needed help with claiming a grant or benefit e.g. blue badge or attendance allowance?

Answer Choices		Response Percent	Response Total
1	Yes	50.46%	55
2	No	49.54%	54

9. Are there things that you are aware of that older people currently struggle with?



Answer Choices		Response Percent	Response Total
1	Yes	82.08%	87
2	No	17.92%	19

Procurement of Countywide Floating Support Service to prevent homelessness

To:	Adults and Health Committee
Meeting Date:	17 March 2022
From:	Will Patten, Service Director, People & Communities
Electoral division(s):	All
Forward Plan ref:	2022/007
Key decision:	Yes
Outcome:	To provide Committee with an understanding of the approach that will be taken to re-procure the Countywide Floating Support Service for adults requiring support to maintain or sustain their accommodation. To provide Committee with information on the timescales for the planned procurement. To seek approval from Committee to proceed with the proposed procurement approach.
Recommendation:	The Adults and Health Committee is being asked to; a) Approve the recommissioning of the Countywide Floating Support service for adults with support needs for a contract period of 5 years and total value of £4,848,160. b) Agree to delegate the responsibility to award the contract to the Executive Director of People and Communities.

Officer contact:
Name: Lisa Sparks
Post: Commissioning Manager – Housing Related Support
Email: lisa.sparks@cambridgeshire.gov.uk
Tel: 07900 163590

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

1. Background

1.1 The Countywide Floating Support Service is part of the range of service commissioned by Cambridgeshire County Council to provide support to people experiencing homelessness.

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

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

1.4 Homelessness negatively impacts people's physical, emotional and mental wellbeing and can result in people requiring access to statutory, higher need or crisis services. Delivering this support to prevent homelessness enables people to address issues earlier and to help them build the necessary resilience and capacity to manage adverse situations in future.

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

1.6 The current service has been operating since October 2018. The contract expires 30th September 2022.

2. Main Issues

Current Service

2.1 As of 31st December 2021 (end of the Quarter 3 monitoring period) the service was supporting 274 people across Cambridgeshire.

2.2 Over the life of the contract the service has also developed a 'drop-in' type element which enables them to support people with 'one-off interventions' to access specific support in relation to areas such as debt, assistance to contact other support services and general signposting

2.3 Referral information for April 2020 to December 2021 is shown below. This shows a significant increase of referrals following the ending of Covid lockdown in Quarter 2 and then the subsequent removal of the government's Eviction Protection measures.

	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21	Q1 2021-22	Q2 2021-22	Q3 2021-22
Cambs							
New referrals this month	100	249	267	270	252	198	249

2.4 During Covid the service moved to supporting people remotely via phone calls, social media or virtual meetings. This was positively received by customers, many of whom expressed a preference to be supported in this way. As a result of this feedback, the service has continued to offer much of its support virtually. Reducing the amount of travel for workers has also enabled them to increase caseloads slightly so that more people can be supported by the service.

2.5 The service supports people with a range of needs. The table below shows the identified needs of clients who were being supported at the end of Quarter 3.

Need	**No with Need**
Mental health problems	182
Drug problems	29
Alcohol problems	29
Experiencing /have experienced domestic abuse	20
Offending history	42
Physical disability	85
Learning disability	44

2.6 At the end of this quarter the service was also supporting;

- 109 clients who had children
- 34 clients who were also being supported by Children's Social Care
- 21 clients who were also being supported by Adult's Social Care

Service Outcomes

2.7 Since April 2019 the service has supported more than 1,800 different customers across Cambridgeshire. The service aims to provide support to customers for between 3 and 6 months, though this can be extended where there is an ongoing need. The table below highlights some of the outcomes the service has achieved for customers who have completed their support journey with the service over the past 9 months.

Client Outcomes	**Q1 2021/22**	**Q2 2021/22**	**Q3 2021/22**
Housing:			
Number of clients for whom eviction or repossession action was prevented	64	72	56
Number of clients who were evicted this quarter	0	1	2
Children:		0	
Number of clients who have engaged with children's social care services	22	19	22
Number of clients who have attended child protection and/or child in need meetings	12	15	11
Be Healthy:			
Number of clients who have accessed mental health services	40	41	35
Number of clients who have accessed drug and/or alcohol services	12	17	12

Enjoy and Achieve:			
Number of clients who have accessed employment	18	13	12
Number of clients who have accessed volunteering roles/opportunities	2	6	2
Economic Wellbeing:			
Number of clients who have accessed debt advice or are successfully managing debts	71	88	48
Number of clients who have developed budgeting or money management skills	73	82	48
Positive Contribution:			
Number of clients who report increased self confidence and self esteem	59	109	63
Number of clients who report they are feeling less isolated	47	93	55

(A full table of outcomes can be found at Appendix A, along with two case studies which illustrate the positive impact of the service for customers)

Service Feedback

2.8 A wide range of stakeholders were contacted and given the opportunity to provide feedback on the current service. This included referrers, key partners and the support staff delivering the service. An online survey was also undertaken in to provide current and former customers with an opportunity to give feedback.

2.9 A total of 27 responses were received from professionals and the feedback overall was very positive with an overwhelming view that the service was very much needed; *"P3 is my "go to" when families I am supporting have issues with housing and tenancy. The impact of losing this service would be huge. When supporting a family who moved across county they acknowledged the loss of P3, as the new area had no such service."*

2.10 Feedback provided by P3's own staff was also very positive. Staff were clearly committed to the service and felt valued and supported by P3 as an organisation. The importance of shared knowledge and learning within the team was also highlighted.

2.11 32 customers responded to the online survey. All respondents indicated a very positive experience of the service and identified a range of things they had been supported with. A summary of responses can be found in Appendix B. The feedback received has been used to inform the new Service Specification.

Procurement Approach

2.12 Feedback and monitoring data suggests the current service is working well and is delivering good outcomes for customers, therefore we are not seeking to redesign this service but will incorporate any potential areas for development into the updated service specification.

2.13 We are proposing to undertake a standard 'Open' procurement and to offer a 5 year contract (3 + 1 + 1).

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

2.15 The total proposed contract value is £4,848,160. The annual breakdown is shown below.

Annual contract value	Total contract value (5 yrs)
£969,632	£4,848,160

2.16 The intention to continue to include a small amount of Peterborough funding within this contract. By jointly procuring we can avoid the need to undertake two separate procurement exercises. This reduces the need for providers to make multiple bids for what is essentially the same service within both areas. It also enables internal resources to be focussed on a single procurement, rather than administering two separate processes.

2.17 The proposed timetable for the Procurement is shown below;

Activity	Date
Tender goes Live	April 2022
Tender Submissions	May 2022
Contract Award	July 2022
Contract Start Date	1st October 2022

Social Value

2.17 All bidders will be required to demonstrate how their proposed service solution will deliver social value. Responses will be evaluated and delivery of committements monitored.

3. Alignment with corporate priorities

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

3.2 A good quality of life for everyone
The report above sets out the implications for this priority in paragraphs 1.2 to 1.3 and 2.5 to 2.7

3.3 Helping our children learn, develop and live life to the full
The report above sets out the implications for this priority in paragraphs 2.6 and 2.7

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

3.5 Protecting and caring for those who need us
The report above sets out the implications for this priority in paragraphs 2.5 to 2.7

4. Significant Implications

4.1 Resource Implications
The report above sets out details of significant implications in paragraph 2.18

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications
The report above sets out details of significant implications in paragraphs 2.14 to 2.17

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

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

4.5 Engagement and Communications Implications
There are no significant implications within this category.

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

4.7 Public Health Implications
The report above sets out details of significant implications in paragraphs 2.5 and 2.7

4.8 Environment and Climate Change Implications on Priority Areas

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

4.8.2 Implication 2: Low carbon transport.
Status: Positive
Explanation: Being able to offer support remotely means that the amount of travel for support workers can be reduced.

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

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

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

4.8.6 Implication 6: Air Pollution.
Status: Positive
Explanation: Maximising opportunities for people to be supported remotely (where appropriate) rather than face to face will significantly reduce the number of car journeys being made by support workers.

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

Explanation: If there is a climate change event (like flooding), if there is capacity for virtual support then there is a greater chance that customers can still make use of the service, therefore business continuity is improved.

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

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

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

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

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

Have any localism and Local Member involvement issues been cleared by your Service Contact? Yes
Name of Officer: Will Patten

Have any Public Health implications been cleared by Public Health? Yes
Name of Officer: Emily Smith

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

Appendix A: Outcomes Table and Case studies

Client Outcomes	Q1 2021/22	Q2 2021/22	Q3 2021/22
Housing:	CCC	CCC	
Number of clients for whom eviction or repossession action was prevented	64	72	56
Number of clients supported to set up a new home / tenancy	50	67	41
Number of clients who were assisted to move to more suitable accommodation	83	92	62
Number of clients who were evicted this quarter	0	1	2
Children:		0	
Number of clients who have engaged with children's social care services	22	19	22
Number of clients who have attended child protection and/or child in need meetings	12	15	11
Number of clients who have accessed local Children's Centre	7	7	5
Be Healthy:			
Number of clients who have accessed general health services e.g. GP, dentist, ante natal services	85	105	76
Number of clients who have accessed mental health services	40	41	35
Number of clients who have accessed drug and/or alcohol services	12	17	12
Number of clients who have accessed counselling	9	17	14
Number of clients who have accessed community support e.g. parenting group, peer support, social club etc	14	15	17
Enjoy and Achieve:			
Number of clients who have participated in leisure & social activities	25	18	23
Number of clients who have participated in faith or cultural activities	3	6	7
Number of clients who have accessed training or education	7	8	4
Number of clients who have accessed employment	18	13	12
Number of clients who have accessed volunteering roles/opportunities	2	6	2
Stay Safe:			
Number of clients who have taken positive measures to improve their personal safety	71	79	51
Number of clients who have taken positive measures to improve the safety of children or other dependents	33	28	30
Economic Wellbeing:			
Number of clients who have accessed debt advice or are successfully managing debts	71	88	48
Number of clients who have accessed or reclaimed/reinstated benefits	69	76	58
Number of clients who have accessed independent financial advice	30	42	26
Number of clients who have developed budgeting or money management skills	73	82	48
Positive Contribution:			
Number of clients provided with advocacy and liaison support	71	111	86
Number of clients who report increased self confidence and self esteem	59	109	63
Number of clients who report they are feeling less isolated	47	93	55

Below are two case studies illustrating how the service has made a positive impact on the lives of those they have supported.

Case Study 1:
Referral:
K was referred to the P3 Floating Support service in the Fenland area. The referral was made by Cambridgeshire County Council's Adult Social Care team. The referral stated that K was accruing rent arrears and there were concerns around K's declining mental health.
Needs assessment:
K explained that his property was in poor condition with damp and mould. He had not approached the landlord and did not feel able to. K explained that the condition of his home hadn't bothered him whilst he was working as he was not there often. K had been working full time until his recent diagnosis of Epilepsy. His work had involved long hours and the use of heavy machinery. He was informed by his employer that their insurance would no longer cover his employment with them and his contract was ended. K explained that his home was privately rented, and he had accrued rent arrears alongside other debts. K spoke about his diagnosis of Bipolar and his history of significant self-harm. K felt able to talk about the impact of his current situation on his mental health.
Support:
Support was provided to make a Universal credit claim and ensure that K had an income. The housing benefit element was also applied for. It was, however, established that this would not cover the full amount of K's rent. A discretionary housing benefit application was discussed to cover the shortfall in rent whilst alternative solutions could be explored. Prior to this application being made, a section 21 eviction notice was received. Support was provided to make a homeless application and to register on home link, alongside this, time was spent looking at all accommodation options including hostels, private rent, and housing associations. K's preference was to live in an area where regular contact with his children could continue. The eviction and related worry had negatively impacted K, and his mental health had declined further. Support to access mental health services was provided and relevant referrals were made.
Now:
K is now actively engaging with a mental health support worker and is currently living in semi supported hostel accommodation. K is addressing previous debts and with the progress made will shortly be moving into independent accommodation close to his brother and his children. K is feeling better able to cope and has noted an improvement in his confidence and ability to manage independently.

Case Study 2:
Referral:
The referral, made by Cambridgeshire County Council, noted that J had recently been granted custody of his two children. J was living in a one-bedroom flat. Due to Covid-19 the introduction to the service was made over the phone.
Needs assessment:
J was happy to discuss his situation and what support he felt he needed. J discussed his concerns around the size of his property with his teenage son and his younger daughter moving in with him. J wanted help to explore his housing options based on his new situation. He was yet to consider any impact on finances and benefits. J had not registered the potential impact of his immigration status on his housing and benefits. He was not sure where to start or who to ask for help. Initial support / advice and information was given at point of needs assessment to help manage and meet basic, immediate needs. J and his son did their best to set up makeshift beds in the lounge whilst J's daughter slept in the bedroom. Vouchers and support were put in place to ensure there was food, gas and electricity in the property.
Support:
Support was provided to make a home link application, registering the current overcrowding situation and to bid on more appropriate properties. Help to obtain, organise, and submit the

correct documents around J's immigration status was given, which ensured J was being offered appropriate properties via the home link system. This proved to be quite complicated and support to engage with specialist services was provided. Emotional support alongside help to meet basic needs and manage their current tenancy continued throughout the waiting period. It took some time to confirm J's settled status and to get the housing priority banding changed before properties started to be offered. J and his family were in an overcrowded small one-bedroom property and emotions ran high, the outside support and perspective that P3 were able to provide was much appreciated by J and his children. Support was provided to bid on properties and secure a 3 bedroomed house which was to become their new family home. Support was provided with initial tenancy set up. An energy grant application was made and utility payment plans were set up. Grants were accessed for furniture and beds. Help was given to inform the department for work and pensions of the changes in circumstances and J's benefits were amended accordingly, once in place support to create a current and usable budgeting plan was provided. The family registered at the local GP surgery and the children's schools were informed of the new address and change in circumstances.

Now:

J and his family have settled into their new home. The space they now have has improved their relationships with one another. As a family they are happy, healthy, and no longer require the support of P3.

P3 Customer Feedback Survey

The survey ran from the 11th November 2021 to the 15th of December 2021.

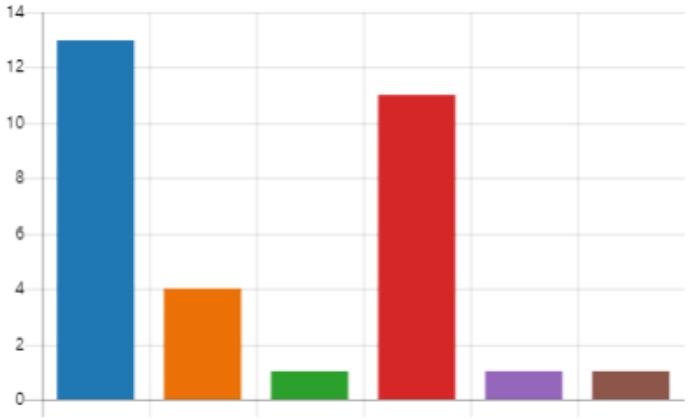
A total of 32 responses were received.

The results are presented below.

1. Which part of Cambridgeshire do you live in?

Insights

Cambridge	13
East Cambridgeshire	4
Fenland	1
Huntingdonshire	11
Peterborough	1
South Cambridgeshire	1



2. Did you refer yourself to this service?

Insights

Yes	10
No	21

3. How easy did you find it to refer yourself to the service?

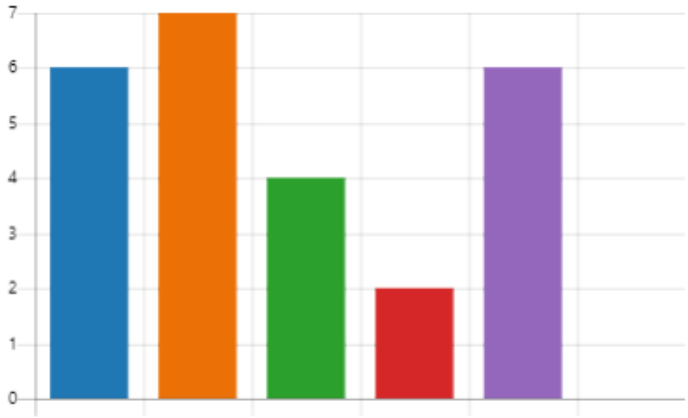
Very easy	8
Quite easy	2
Not easy	0

4. Are you currently working with P3?

Yes	6
No	4

5. How long did P3 work with you for?

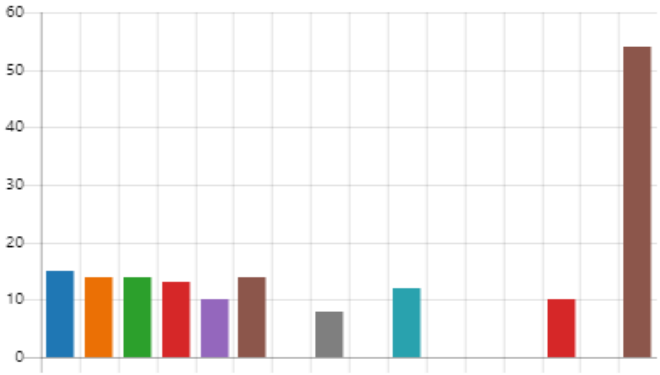
less than 3 months	6
3 to 6 months	7
6 to 9 months	4
9 to 12 months	2
more than 12 months	6
	0



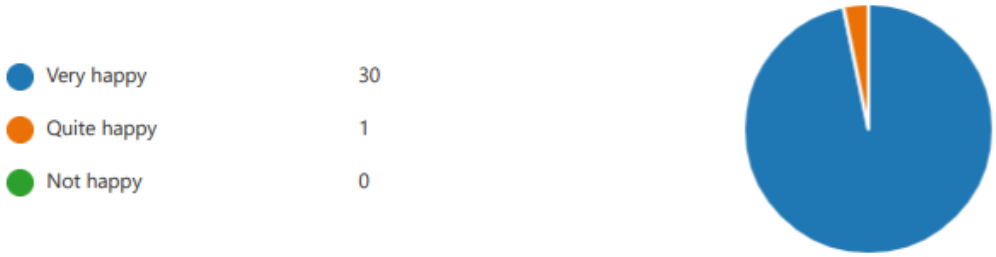
6. What sort of things do / did P3 help or support you with? (Please select all that apply)

More Details

sorting out rent arrears	15
sorting out a debt or debts	14
managing bills	14
budgeting	13
dealing with an eviction notice	10
applying for benefits	14
Homelink application/bidding...	0
setting up a new home	8
contact/work with other servic...	0
managing mental health	12
managing physical health	0
access clubs/groups/leisure se...	0
improving home/home repairs	0
Finding a new home	10
Apply for grant/charitable funds	0
Other	54



7. How happy were you with the help or support you received form P3?



8. Would you use this service again

9. Would you recommend this service to someone else?

Comments from Customers:

Customers were given the opportunity to give any additional feedback they wished to. The following comments were received;

I'm very happy I just would like p3 to help people need to fill form for PIP or for universal credit Thank you for all your support and support

P3 helped me confidently make improvements to my life. Encouraging me to take steps I was afraid to do so myself and reminding me I was a good person Thank you

I would like to say thank you very much for all your help and your support and I like to thank you the manager of the P3 charity in Cambridge and I like to thank you my support worker XX She help me a lot and she give me all the support and effort

Thank you very much again for the support of XX for helping me all the way through my journey with Home-Link plus others.I really do appreciated all the hard work she has put in my case.

I spoke with XX and she was amazing from start to finish she helped me in so many ways and I will be forever great full to her

You have fantastic staff! Very helpful, knowledgeable & informative. Had we have known about your service we would without doubt have sought help sooner!

I am grateful for XX's kind words although we only spoken a few times I have felt much better after being able to speak with her and knowing that she has then been bale to convey certain things back to the council where I may have failed has been a great load off my mind. I am truly grateful. Thankyou!

The service is still going on at the moment, and I feel that it is helping with what needs to be done at the present time

This service has been amazing my support worker has been efficient and consistent without this service I honestly don't think I'd be here

I have been so lucky and very grateful for having the best case working XX and before her XX Thankyou

XX had been brilliant. She has helped me with things where I didn't know what to do or where to turn to - the knock on effect to many family is noticeable. I am a lot less stressed and feel more able to cope going forward. I couldn't speak more highly of her. Thank you from the bottom of my heart and on behalf of my family too to XX and P3.

Absolutely brilliant help from XX even when was difficult to manage with my circumstances, lovely lady. Many thanks.

I don't know where i would be without the support of this service. It's so nice to know that i've been heard and i know my views are taken into account.

I was at a point of losing everything but with the support of P3 i've managed to turn my life around. I can now start making plans for my future which i never thought i would be able to do.

I've worked with XX on and off for over a year now after initially being referred by Cambridge City Council. XX has helped me no end with all the overwhelming issues I did my best to avoid. Mental health, housing, benefits, court proceedings, drs appointments and just generally being there to support me through what was an unbelievably difficult time. XX was incredibly kind to me and generous with her time. Nothing was too much trouble for her and all of her help came without judgment. XX said that she was only a phone call away and it would be possible for me to self refer if I ever needed support in the future which was very reassuring when I was discharged from the service. I kept in touch with updates as to how I was progressing with my court proceedings and always received an encouraging response. I didn't hesitate to contact XX again recently when I needed her help again with a homelink application after being awarded joint custody of my 2 sons and again she was only to happy to help. I am genuinely so very grateful for all the support XX has given me. Her patience, her kindness, compassion and mixed with humour when things got a bit heavy a long time ago he way. I would recommend P3 to anyone who is struggling, the service really was a life line for me. Thank you so much XX

Totally invaluable, they helped so much and I would have been lost without them.

There should be more services like this to support people who are struggling.

Professional and very approachable.
I cannot imagine where I would be without this service and the support they offer.

I would be homeless if it wasn't for this service.

I first contacted P3 after being given details by my nurse and after my initial contact XX was in contact extremely quickly and it was in relation to find a property to rent, however due to my mental health I stopped using the service. It was 1 year later that I contacted P3 again XX was in contact in record time and especially given the situation of Covid at the time. I would like to say XX is a great advocate for P3 and has helped me immensely and without doubt made it possible for me to move out of my previous address and into my own place and I am so grateful for all the help and support I have received. With numerous issues I had/have XX 100% made it possible for me to move into my own place which in itself has helped my mental health. Heidi has been able to make relevant referrals (those of which I would not have been aware of if I had not been in contact with P3/ XX), give information of support/useful contact's etc and her continued support has been invaluable and an absolute God send and I can't thank her enough. P3 is a service I would never have been aware of if it was not for my nurse passing on the detail's and I don't know what the exact job description is for P3 staff but I believe XX has gone above and beyond and most importantly I actually felt like she cared and has been so efficient and she has restored some of my faith in such services after being let down over the last few years by many others. This service should receive the recognition it deserves and especially for the service and support provided by XX and I hope you are able to invest in such amazing people as XX and support your staff the way XX has supported me. Thank you for everything.

This service remained open for support whilst all other services seemed to close/vanish during Covid I'm currently finding this service to be really supportive. I'm treated with respect and I know I am not just a number. It would be great to see this service continue long into the future as there is definitely a need for it.

The best case worker in Cambridge XX without a doubt. Helpful ,kind ,and go extra mile to help ,As much as she can Very grateful 😊 thanks

Recommissioning of Healthwatch Grant Agreement

To:	Adults and Health Committee
Meeting Date:	17 March 2022
From:	Charlotte Black – Executive Director People and Communities
Electoral division(s):	All
Forward Plan ref:	2022/005
Key decision:	Yes
Outcome:	The recommissioning of Healthwatch services across Cambridgeshire in line with statutory obligations as set out in the Health and Social Care Act 2012 which places a duty on each local authority to have their own local Healthwatch. This enables Cambridgeshire County Council to bring service user voices into the heart of commissioning helping us and our partner agencies to facilitate collaboration at place and system level.
Recommendation:	The Adults and Health Committee is being asked to agree the following recommendations: a) Approve the approach for a 5-year grant agreement with Healthwatch Cambridgeshire and Peterborough to deliver the statutory function and Partnership Boards across Cambridgeshire. b) The committee is being asked to approve the spend for Cambridgeshire County Council of £1,786,480.

Officer contact:
Name: Charlotte Knight
Post: Commissioner
Email: charlotte.knight@peterborough.gov.uk
Tel: 07825 867196

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

1. Background

1.1 The Health and Social Care Act 2012 established Healthwatch to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf. The Act established Healthwatch England nationally and required each Local Authority area to have their own local Healthwatch or arrange for a corporate body that is a social enterprise to deliver an effective Healthwatch Service in their local area.

Local Healthwatch are funded and accountable to Local Authorities who are responsible for protecting the independence of Healthwatch whilst monitoring its adherence to the above principles and statutory requirements. This balance should be carefully established within any contract or grant agreement between the Local Authority and Local Healthwatch.

1.2 Local Healthwatch perform statutory public functions with their core principle being that the views of the public should shape the health and care services provided by the Local Authority. To achieve this principle, Healthwatch state that they should be:

- Independent in purpose to ensure that the voices of service users are amplified, and their experiences of health and social care are heard.
- Independent in voice in order to speak for those who are marginalised, face disadvantage or discrimination.
- Independent in action in order to deliver services that suit those who need them.

More information in respect of Healthwatch's statutory duties can be found here: 20200405 Commissioning an effective local Healthwatch.pdf

1.3 All local Healthwatch organisations working under the Healthwatch brand must comply with the guidelines set out by Healthwatch England which include constitutional and branding arrangements.

1.4 Locally, the Healthwatch function is delivered by Healthwatch Cambridgeshire and Peterborough, which is a Community Interest Company and there is no competition in Cambridgeshire to deliver the statutory function. The contractual relationship is through a grant agreement which is held by Peterborough City Council (PCC) and works in partnership with Cambridgeshire County Council. The current arrangement ends on 31st March 2022.

1.5 Healthwatch Cambridgeshire and Peterborough develop an annual work plan which identifies the priorities for further review based on the feedback they receive in relation to local health and social care services. The most recent report can be found at Appendix 1. More recently regular meetings have been introduced between Healthwatch and the Head of Adults Commissioning and Senior Commissioners to ensure that the planned activity aligns with and can influence procurement plans. Examples of recent activity and reports from Healthwatch during the first six months of 2021/22 include:

- 1,051 people have given feedback and/or used the signposting service during April – September 2021
- Review of GP Websites and GP Winter Funds
- Campaigns include support for local vaccinations, Healthwatch England waiting times campaign and Care Home survey

- Delivery of local Health and Care Forums
- 41 volunteers as at the end of September 2021
- Representation on local Boards and forums including supporting the development of the Integrated Care System in Cambridgeshire and Peterborough.

1.6 In addition to their statutory functions, Healthwatch Cambridgeshire and Peterborough also operate our standalone and completely independent Adult Social Care Partnership Boards across Cambridgeshire. The remit of the Partnership Boards is to support and improve care and ensure the highest quality and best value health and social care services are delivered for local people. The following Partnership Boards are in operation:

- Physical Disability Partnership Board
- Sensory Impairment Partnership Board
- Carers Partnership Board (an all-age Board reflecting all types of carer)
- Older People's Partnership Board (for those aged 65 and over)
- Learning Disability Partnership Board (which includes adults on the autistic spectrum).

1.7 The role of the Partnership Boards is to:

- Raise practice and commissioning issues and concerns with the council.
- Share examples of good practice.
- Identify common themes and problems.
- Discuss topics and ideas that are important to them.
- Help the council to co-produce services that meet people's needs. This includes supporting commissioning in the designing and procurement of services.

Please see Appendix 2 which highlights some of the work undertaken by the Partnership Boards during the last year, including examples of actions on concerns raised by the Partnership Boards, and the added social value of the Partnership Boards work. Further information can be found here: What we do | Healthwatch Cambridgeshire

1.8 Each Partnership Board agrees annual priorities for their work that are of importance to the client group that they represent and Healthwatch supports the Partnership Boards to take forward actions on these priorities. Membership for each Partnership Board includes service users and/or carer experts by experience.

1.9 The Partnership Boards link to the Adult Social Care Forum for Cambridgeshire and Peterborough, chaired by the Head of Adult Social Care Commissioning. The Adult Social Care Forum identifies and considers key themes arising from the Partnership Boards, experts by experience groups, and other participation groups/forums, and uses this information to support the continuous improvement of local health and social care services.

2. Main Issues

2.1 This proposal supports Cambridgeshire County Council's statutory obligation to commission a Healthwatch service to ensure that service users and communities are involved in decisions around the health and social care provisions.

2.2 Commissioners have carried out the following activities to ensure that the statutory Healthwatch function is compliant and will continue to deliver statutory requirements:

- Attended Healthwatch Commissioners Event which assured Commissioners that our approach is in line with other local authorities.
- Ensured compliance with Healthwatch England: Commissioning and Effective Local Healthwatch
- Engaged with the Regional Co-ordinator for Healthwatch England to ensure specification meets requirements
- Liaised with other Local Authorities to ensure best practice in procurement options and monitoring arrangements.

2.3 In addition, the following activities have been carried out to develop an updated service specification for the Adult Social Care Partnership Boards work:

- The current service specification for the Partnership Boards work has been reviewed by Healthwatch Cambridgeshire and Peterborough as well as a working group made up of representatives from Adults and Safeguarding and Adults Commissioning.
- New service outcomes are being developed, co-produced with experts by experience Partnership Board members, which will be based on the use of 'I' and 'We' statements taken from the Making it Real themes, co-produced by Think Local Act Personal. Making it Real is a framework to support good, personalised care and support for providers, commissioners and people who access services. The six themes describe what good looks like from an individual's perspective and what organisations should be doing to live up to those expectations. More information in relation to Making it Real can be found here: Making it Real - Think Local Act Personal

2.4 Proposal

2.4.1 Commissioners are recommending that the Healthwatch statutory function and delivery of Partnership Boards is recommissioned under a grant arrangement as this is currently working effectively and there is minimal competition from other organisations locally.

2.4.2 It is proposed that the grant arrangement runs for a period of 3+2 years commencing from 1st April 2022. The delivery of the statutory function and the Partnership Boards would be included under the same arrangement but would be able to be terminated separately if required.

2.4.3 It is recommended that a joint grant agreement is developed with Peterborough City Council as the lead Authority. It is also proposed that a Delegation and Partnership Agreement is in place to govern the arrangement between the two authorities. The joint arrangement continues to offer the best use of resources, maximum economies of scale and a consistent approach across both authorities. This will ensure that there is a clear contractual relationship which reflects the overlapping health and social care landscape between Cambridgeshire and Peterborough and protects both local authorities in terms of the requirement, deliverables and finances involved in the delivery of both the statutory functions and facilitation of the Partnership Boards.

2.5 Financial Implications

2.5.1 The budgets identified for the Healthwatch statutory function and Partnership Boards within Cambridgeshire are outlined below:

Local Authority	Statutory Function (Annual Budget)	Partnership Boards (Annual Budget)	**Total for length of Grant Agreement (5 years)**
Cambridgeshire County Council	£287,102	£70,194	**£1,786,480**

Approval for Peterborough City Council's Healthwatch Grant is being sought simultaneously via Peterborough's governance channel.

2.5.2 There is considerable change and pressure facing health and social care at the moment and financial stability for the Healthwatch function will ensure that the service is not only able to maintain its current level of engagement activities across the Cambridgeshire footprint but will also be able to represent local communities within the emerging Integrated Care System structures as well as support Council priorities such as the roll out of Care Together.

2.6 Risks

2.6.1 The following risks and mitigations have been identified:

Risks	Possible Mitigations
1. Specification not reflective of statutory functions	1. Engagement undertaken with Healthwatch England, local Healthwatch and other Local Authorities
2. Healthwatch Cambridgeshire and Peterborough fail to deliver quality service in line with local health and social care priorities	2. Updated specification outlines requirements. Robust monitoring requirements against Quality Framework now included in specification. Closer alignment with commissioning plans.

2.7 Next Steps

2.7.1 The next steps for the recommissioning of this service will be:

- 17th March 2022 – Commissioners seeking Adults and Health Committee approval.
- Current Grant Agreement ends on the 31st March 2022.
- Implement proposed new Grant Agreement on 1st April 2022 pending key decision.
- Ongoing monitoring of Grant Agreement.

3. Alignment with corporate priorities

3.1 Communities at the heart of everything we do
The following bullet points set out details of implications identified by officers:

- Healthwatch provides a vital bridge between the Local Authority and our communities and service users. The recommissioning of the Healthwatch Grant Agreement will provide a voice to our communities and allow them to continue to be an integral part of the commissioning process, scrutiny and management of health and social care services.
- The report also sets out the implications for this priority in paragraph 1.4 above.

3.2 A good quality of life for everyone

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

- The Partnership Boards operated by Healthwatch allow for our service users to outline factors that the Local Authority can improve upon in order to provide a good quality of life for everyone. This is particularly important when considering those with protected characteristics such as disability, race and age who may be underrepresented in other forums.
- Engagement with Healthwatch focus groups and the Partnership Boards provides the ability to test out new ideas (such as Independent Living Services) that can enhance an individual's quality of life.
- The ability of Healthwatch to signpost services will empower service users and increase the quality of the lives of service users in need.

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

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

- Healthwatch are committed to Safeguarding children and maximising outcomes for families particularly the impact for parent carers. Healthwatch work closely with the voluntary and community sector to ensure that any key learning is shared and to allow specialists to carry on with their specialist functions without any duplication. For example, Healthwatch have just published a report highlighting the challenges that parent carers have faced in accessing health and social care services for their disabled child/children during the pandemic.

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

There are no significant implications.

3.5 Protecting and caring for those who need us

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

- Healthwatch provides a voice for those who may feel that they are at a disadvantage by way of a protected characteristic such as disability or age.

- The report also sets out implications for this priority in paragraphs 1.2 and 1.7 above.

4. Significant Implications

4.1 Resource Implications

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

- In addition to the spend (Cambridgeshire County Council's commitment will be £1,786,480) Healthwatch become involved with commissioning activities to ensure the best value and outcomes are achieved for connected parties such as service users, both authorities and the Cambridgeshire and Peterborough Clinical Commissioning Group.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

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

- As this proposal is for a grant agreement, the usual contract procurement rules do not apply. When awarding Grant Agreements, it is policy to advertise the grant to the public. However, given that it is a statutory requirement for Healthwatch to carry out these functions, advertisement of the grant is not needed as there are no alternative corporate body social enterprises registered with Healthwatch England to deliver these functions locally in Cambridgeshire.

4.3 Statutory, Legal and Risk Implications

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

- This proposal is in line with the Local Authority's statutory obligation as derived in the Health and Social Care Act 2012.
- The report above sets out details of significant implications in paragraph 1.1 – 1.13.

4.4 Equality and Diversity Implications

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

- The recommissioning of Healthwatch will allow their statutory activities to provide a voice to those with protected characteristics, largely by way of engagement with the Partnership Boards but also via Healthwatch's statutory activities.
- Further implications in relation to Equality and Diversity can be found in the Equality Impact Assessment document at Appendix A.

4.5 Engagement and Communications Implications

There are no significant implications for this category.

4.6 Localism and Local Member Involvement

There are no significant implications for this category.

4.7 Public Health Implications

The report sets out details of significant implications in paragraphs 1.4 and 1.7.

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

4.8.1 Implication 1: Energy efficient, low carbon buildings.
Neutral
Explanation: There are no significant implications for this priority

4.8.2 Implication 2: Low carbon transport.
Neutral
Explanation: There are no significant implications for this priority

4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats and land management.
Neutral
Explanation: There are no significant implications for this priority

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
Neutral
Explanation: There are no significant implications for this priority

4.8.5 Implication 5: Water use, availability and management:
Neutral
Explanation: There are no significant implications for this priority

4.8.6 Implication 6: Air Pollution.
Neutral
Explanation: There are no significant implications for this priority

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

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

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

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

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

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

Have any localism and Local Member involvement issues been cleared by your Service Contact? Yes
Name of Officer: Will Patten

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

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

Appendix 1

Healthwatch Work Plan 21/22 – six month progress report

	Overview of activities	Outputs/outcomes	Lead
1. Information and intelligence	Delivery of Healthwatch information service, line managing Information and Signposting Assistant, responding to queries from the public, colleagues and stakeholders. Liaising with other Healthwatch as appropriate.	1,051 people have given us feedback and/or used the signposting service during April – Sept. As at the end of September 54% of people contacting us required signposting Usage and trends tracked and reported bimonthly to Board in CEO reports.	Julie McNeill
	Maintenance of experiences' evidence base, progressing and tracking concerns. Using new tracker and associated staff training.	Healthwatch England Impact Tracker used to track escalations and influencing. Bimonthly briefings to Board and staff.	
	Data analysis elements of project work, drawing out relevant themes to support production of high quality evidenced-based reports.	Analysis completed for: • Review of GP websites • GP Winter Funds	
	Work with primary care to improve quality of information (with JNR) so people know how to access	See GP website report and actions.	

	GP services and are encouraged to self-care.		
	Development of website information to support self-care (with AR).	Pages on both websites regularly updated with timely and accurate service details.	
	Policy and service change horizon scanning. Sharing information about relevant new services and developments in support and guidance.	Regular updates around policy and service change.	
2.Communications	Delivery of year two of the communications and engagement strategy to promote Healthwatch and its activities to identified stakeholders, ensuring brand values are maintained. Developing promotional materials – both digital and hardcopy, and ongoing PR activities.	Publication of a wide range of news stories and website information. Increasing levels and reach of social media. Regular e-newsletters and team e-news. Promotional materials produced to support activities. Range of PR activities include articles in traditional media, community newsletters, plus health and care provider and commissioners' newsletters. Data and detail reported bimonthly to Board in CEO report.	Angie Ridley

	Work with colleagues to identify and deliver a programme of integrated campaigns, based on local intelligence and linked to national initiatives, including Healthwatch England, NICE and others. This includes developing and promoting surveys as part of project / campaign activities.	Campaigns completed or underway: • Support for local vaccination campaign • Healthwatch England waiting times campaign • Care home survey	
	Work with colleagues in extending and upgrading use of online tools and skills for digital engagement.	Individual support and training sessions in place to help the team develop their skills.	
	Development of website information to support self-care (with JMN)	Pages on both websites regularly updated with timely and accurate service details.	

	Provide communications support to project activity work – including marketing advice, promotion, and report editing.	News stories developed and press releases sent to promote project activities such as Partnership Boards, report publications and feeding back on care. Promotion of Health and Care Forums, workshops and Board meetings. Six reports published.	
3.Community engagement	Expand attendance of Health and Care Forums	Consistent attendance at forums, numbers reported bimonthly to Board in CEO reports. Work in hand to extend reach especially to seldom-heard communities. Forums Chairs met to share learning and agree improved systems for capturing and evidence response to feedback.	Caroline Tyrell-Jones
	Partnership Board meetings and promote an integrated health and care approach	Consistent attendance at boards, recruitment in hand to meet membership targets. Numbers reported bimonthly to Board in CEO reports. Partnership Board Chairs meet regularly to share learning, identify cross board themes and topics for future training and events.	
	Gather learning and assess possibilities for future engagement approaches, blending	Regular review of feedback and experience of online meetings. Options for blended format and	

	online and face to face.	technical possibilities being explored.	

	Implement system for volunteers to develop knowledge of and links to local voluntary and community groups (VCS) and other organisations	41 volunteers as at the end of September 21. Volunteers linking to local communities and VCS.	
	Scope and develop new engagement opportunities with excluded communities	Increasingly diverse group of volunteers. Engagement team are specifically seeking opportunities to engage with communities who we do not usually hear from. Plans in development to increase engagement with young people.	
4.Projects	Implementation of Business Development Strategy	Five externally funded projects in hand or completed: • Healthwatch England quality framework webinar and resources • Gypsy, Romany and Traveller Lottery-funded project • Mapping of VCS for ICS engagement • Health Champions (South place ICS) • GP winter funds.	Jo McHattie
	Development of bids to support project work	Applications for funding submitted as capacity allows and appropriate opportunities arise.	

	Development of methods and processes to engage with young people about health and social care (with CTJ)	Plans in development to increase engagement with young people.	
	Establish Project Programme Group to provide overview of project development, delivery, and reports to Board	Project register, planning and tracking system in place. Status, detail and reviews reported bimonthly to Board in CEO report and to Business Development Programme Group.	
5.Strategic influencing	Representation of Healthwatch on local groups maximises influencing opportunities	Strategic meeting planner and leads reviewed. Meeting report template used to collate impact. Board reports and discussions to share intelligence.	Sandie Smith
	Overview of escalations, projects, evaluation and quality	Escalations and projects reported to Board via briefings and CEO report. Project review and evaluation system in place. Quality check included in project planning.	
	Adoption of Healthwatch England Impact Tracker	Impact Tracker in place.	
	Develop patient and public elements of integrated care system at system, place and neighbourhood linking to existing hubs and	Chair and CEO actively involved in developing ICS engagement strategy.	

	local authority structures		
	Host a public event drawn from all Healthwatch networks, including Council-commissioned Partnership Boards and Local Healthwatch Forums	AGM conference delivered. Keynote speaker and workshops attended by over 60 people. Positive reviews, learning to inform future activities.	
	Support providers, including primary care, to develop effective approaches to patient involvement	Leads identified to engage with providers, promoting best practice, offering support and access to our intelligence.	

6. Finance and workforce	Management and reporting of financial position, including tracking of income and expenditure and ring-fenced budgets.	Bimonthly budget position reports to General Purposes Group. Ring-fenced budget monitoring and reporting system in place.	Carole Rose
	Maintain overview of HR systems and support to managers where required	Bimonthly HR updates to General Purposes Group. Staff sickness monitored and reported. Training catalogue and training record in place. Regular review of risk register and policies.	
	Ensure compliance with Health and Safety standards	Health and safety policies reviewed and approved by Board.	
7. Governance	Ensure effective and transparent governance and oversight	New Chair appointed 1st October 2021. New Director recruitment in hand. Review of Governance Policy underway.	Stewart Francis Sandie Smith
	Review of operational models to take account of implications of Covid-19	Infection rates and Covid-19 guidance tracked. Working arrangements regularly reviewed to	

		ensure safety and compliance.	

Appendix 2:

Recent examples of outcomes as a result of the Partnership Boards

- The Partnership Boards raised concerns about the Blue Badge applications/renewals process for people without internet access during the first COVID-19 lockdown period, especially when the libraries were closed and therefore unable to offer assistance with completing applications (especially around the scanning of eligibility documents). This was followed up with the council's Blue Badges team who provided information about the telephone support available and also details of a discretionary process whereby they could ask questions over the telephone about a customer's medical conditions or disabilities that affect their walking (rather than requiring the eligibility documents). If the customer then met the eligibility criteria the Blue Badge could be awarded for three years.

- The Partnership Boards raised concerns about mistakes and omissions in information sent (in May 2020) to direct payment holders advising them about the temporary 10% COVID-19 resilience payment and related COVID-19 guidance. This resulted in corrections being made and further information being shared via Healthwatch Cambridgeshire and Peterborough, the Direct Payment Support Service, and updated guidance being added to the County Council website.

- A parent of an adult with learning disabilities was concerned about the arrangements for visiting, and being visited by, her daughter as the Coronavirus lockdown restrictions started to be eased in summer 2020. The parent was concerned that no activities were taking place, that walks were not being taken, and that her daughter could not visit her. Also, the parent was concerned that the lack of activity would have a negative impact on the mental health and wellbeing of the people living in the group home.

These concerns were then raised with the relevant commissioner and the Head of the Learning Disability Partnership. As a result of this feedback, arrangements were reviewed at the group home and steps were taken to enable the daughter to visit with her mother overnight. Also, guidance was shared with other group homes on this matter.

- The Partnership Boards raised concerns about problems with the process for the distribution of free PPE to personal assistants employed by direct payment employers. Their feedback resulted in changes to the process which ensured that the free PPE was then able to be accessed successfully. Also, this concern helped identify gaps in contact information for carers, in particular e-mail addresses, on the council's Mosaic social care case management system which is being followed up.

- Significant concerns were raised by the Sensory Impairment Partnership Board about an e-scooters trial project being run in Cambridge. This resulted in the Cambridgeshire and Peterborough Combined Authority agreeing to attend the Partnership Board on a regular basis to discuss progress, provide feedback and hear concerns as well as inviting Partnership Board representatives to their

project steering group. Also, Partnership Board representatives were invited to be members of the stakeholder group run by Voi, the e-scooter trial project provider.

Added social value of the Partnership Boards work

In addition to the 'business as usual' activities of the Partnership Boards there has been a variety of work that they have been involved in during the past year which has had added social value. For example:

- Changes to TV Licencing for people aged 75 and over

Older People's Partnership Board members were invited to an online engagement event organised by Spotty Dog Communications who were carrying engagement activities on behalf of TV Licencing.

The changes to the eligibility for free TV Licences were explained and people had the opportunity to ask questions. Information was provided on methods by which people could pay for their licence. Also, information was given on the eligibility for free TV Licences, how to apply for relevant benefits, and how to spot scams in relation to the licence changes.

Partnership Board members were then able to share this information with their networks.

- Census 2021

As the Census 2021 was being held online Healthwatch Cambridgeshire and Peterborough met with the local census managers to talk about the impact on people who are, for whatever reason, digitally excluded. They then circulated information about the census to all the Partnership Boards. This ensured that people were aware of the census, that it would be taking place online, and that support was available to people who could not complete it online as well as information available in alternative formats.

- Links to other 'experts by experience' forums and groups

Through the support of Healthwatch Cambridgeshire and Peterborough the Partnership Board membership has been able to link to, and work with, a range of other forums and groups beneficial to their activities. These included:

  - Four place-based Health and Care Forums run by Healthwatch Cambridgeshire and Peterborough, covering Huntingdonshire, Fenland, Greater Cambridge, and Peterborough, which help to inform the work of the Partnership Boards.
  - The Wheelchair Users Forum for Cambridgeshire and Peterborough.
  - The Speak Out Council – representing those with learning disabilities and those on the autistic spectrum in Cambridgeshire.
  - SUN Network – representing those who use mental health or drug and alcohol services across Cambridgeshire and Peterborough.

- The Counting Every Adult co-production group – representing adults with experience of multiple issues, such as homelessness.

Equality Impact Assessment
For employees and/or communities

This EIA form will assist you to ensure we meet our duties under the Equality Act 2010 to take account of the needs and impacts of the proposal or function in relation to people with protected characteristics. Please note, this is an ongoing duty. This means you must keep this EIA under review and update it as necessary to ensure its continued effectiveness.

Section 1: Proposal details

Directorate / Service Area:		**Person undertaking the assessment:**	
People & Communities		**Name:**	Charlotte Knight
Proposal being assessed:		**Job Title:**	Commissioning Officer
Re Commissioning of Healthwatch Services		**Contact details:**	Charlotte.knight@peterborough.gov.uk
Business Plan Proposal Number: (if relevant)		**Date commenced:**	12/01/2022
		Date completed:	27/01/2022

Key service delivery objectives:

Include a brief summary of the current service or arrangements in this area to meet these objectives, to allow reviewers to understand context.

The Health and Social Care Act 2012 established Healthwatch as an independent organisation to ascertain what individuals like about Local Authority services, gain insight into what can be improved within health and social care and provide information and signposting to local communities.

Healthwatch then feeds back this valuable information to those commissioning services in order to drive forward change and ensure that services are reflective of service users wants and needs. The Act established Healthwatch England nationally and required each Local Authority area to have their own local Healthwatch or arrange for a corporate body that is a social enterprise to deliver an effective Healthwatch Service in their local area.

This proposal to is to approve a 5-year (3+2) grant agreement with Healthwatch Cambridgeshire and Peterborough to deliver their statutory functions and Partnership Boards. The grant agreement would establish Peterborough City Council as the Lead Authority and work in conjunction with Cambridgeshire County Council would be governed via a Delegation and Partnership Agreement.

Key service outcomes:

Describe the outcomes the service is working to achieve

The service proposal will embed the following outcomes:

Communities at the heart of everything that we do:

- The statutory activities and Partnership Boards carried out by Healthwatch provide a vital bridge between the Local Authority and our communities and

service users. The recommissioning of Healthwatch will provide a voice to our communities, in particular service users with protected characteristics, and allow them to continue to be an integral part of the commissioning, scrutiny and management of health and social care services.

- Healthwatch gain the views of service users and local communities in respect of their needs for and experiences of local care services and make these views known to those responsible for commissioning, providing and managing the services as well as reporting to Healthwatch England. This allows for a community focused position to be taken when commissioning new ideas and ensures that those with protected characteristics are at the forefront of conversations.

A good quality of life for everyone:

- Healthwatch Partnership Boards allow for our service users to outline factors that the Local Authority can improve upon in order to provide a good quality of life for everyone. This is particularly important when considering those with protected characteristics such as disability, race and age who may be underrepresented in other forums.
- Engagement with Healthwatch focus groups and Partnership Boards provides the ability to test out new ideas (such as Independent Living Services) that can enhance individuals quality of life.
- The ability of Healthwatch to signpost services will increase the quality of the lives of service users in need.

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

- The statutory activities undertaken by Healthwatch provide an essential link between Local Authority and Service users and promote a well-connected community who share ideas and work collaboratively for the better of their population.

Protecting and caring for those who need us:

- Healthwatch provides a voice for those who may feel that they are at a disadvantage by way of a protected characteristics and allows the Local Authority to commission services or improve already established services in order to care for those who need care and support.

What is the proposal?

Describe what is changing and why

This proposal supports the Local Authority's statutory obligation to commission a Healthwatch service to ensure that service users and communities are involved in decisions around health and social care provisions. In order to do this, it is proposed that: -

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

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

What information did you use to assess who would be affected by this proposal?

For example, statistics, consultation documents, studies, research, customer feedback, briefings, comparative policies etc.

Service users from across will be positively impacted by this proposal as they will continue to be involved in the commissioning, provision and scrutiny of local health and care services.

Commissioners have carried out the following activities to ensure that the statutory Healthwatch function is compliant and will continue to deliver statutory requirements:

- Attended Healthwatch Commissioners Event
- Ensured compliance with Healthwatch England: Commissioning and Effective Local Healthwatch
- Engaged with the Regional Coordinator for Healthwatch England to ensure specification meets requirements
- Liaised with other Local Authorities to ensure best practice in procurement options and monitoring arrangements.

In addition, the following activities have been carried out to develop an updated service specification for the Adult Social Care Partnership Boards work:

- The current service specification for the Partnership Boards work has been reviewed by Healthwatch Cambridgeshire and Peterborough as well as a working group made up of representatives from Adults and Safeguarding and Adults Commissioning.
- New service outcomes are being developed, co-produced with experts by experience Partnership Board members, which will be based on the use of 'I' and 'We' statements taken from the Making it Real themes, co-produced by Think Local Act Personal. Making it Real is a framework to support good, personalised care and support for providers, commissioners and people who access services. The six themes describe what good looks like from an individual's perspective and what organisations should be doing to live up to those expectations. More information in relation to Making it Real can be found here: Making it Real - Think Local Act Personal

Are there any gaps in the information you used to assess who would be affected by this proposal?

If yes, what steps did you take to resolve them?

As Healthwatch Cambridgeshire and Peterborough and Healthwatch England are commissioned to carry out a statutory function, full service specifications are prepared and monitored to ensure that Local Authority's are well informed in respect of activities carried out.

However, in light of COVID-19 some of the functions carried out by Healthwatch Cambridgeshire and Peterborough have been impacted which could result in an information gap. In particular, Partnership Boards which were held in person, were moved to virtual meetings. Some attendees of Partnership Boards found it difficult to play a full part in discussions due to technical difficulties. Therefore, it could be said that there are gaps in the information fed back to Healthwatch since the start of the pandemic. However, Healthwatch Cambridgeshire and Peterborough have worked hard to ensure that service users are still able to contact them and attend virtual meetings to mitigate this issue.

Who will be affected by this proposal?

A proposal may affect everyone in the local authority area / working for the local authority or alternatively it might affect specific groups or communities. Describe:

- *If the proposal covers all staff/the county, or specific teams/geographical areas;*
- *Which particular employee groups / service user groups would be affected;*
- *If minority/disadvantaged groups would be over/under-represented in affected groups.*

Consider the following:

- *What is the significance of the impact on affected persons?*
- *Does the proposal relate to services that have been identified as being important to people with particular protected characteristics / who are rurally isolated or experiencing poverty?*
- *Does the proposal relate to an area with known inequalities?*
- *Does the proposal relate to the equality objectives set by the Council's Single Equality Strategy?*

The proposal has the ability to affect everyone in both Local Authority areas via engagement with Healthwatch Peterborough and Cambridgeshire together with attendance at Partnership Boards. Partnership Boards are currently held for those with protected characteristics such as physical disability and visual impairment.

This allows those from under-represented groups and those who are rurally isolated or experiencing poverty to be present and part of conversations that will influence the health and care services that impact upon their lives. This has the ability to have a significant impact on those affected persons as any issues or comment raised to Healthwatch will feed back into the commissioning, scrutiny and management of the health and social care services used by the affected persons.

Section 2: Scope of Equality Impact Assessment

Scope of Equality Impact Assessment					
*Check the boxes to show which group(s) is/are considered in this assessment. Note: * = protected characteristic under the Equality Act 2010.*					
*	Age	☒	*	Disability	☒
*	Gender reassignment	☒	*	Marriage and civil partnership	☒
*	Pregnancy and maternity	☒	*	Race	☒
*	Religion or belief (including no belief)	☒	*	Sex	☒
*	Sexual orientation	☒			
	Rural isolation	☒		Poverty	☒

Section 3: Equality Impact Assessment

The Equality Act requires us to meet the following duties:

Duty of all employers and service providers:

- *Not to directly discriminate and/or indirectly discriminate against people with protected characteristics.*
- *Not to carry out / allow other specified kinds of discrimination against these groups, including discrimination by association and failing to make reasonable adjustments for disabled people.*
- *Not to allow/support the harassment and/or victimization of people with protected characteristics.*

Duty of public sector organisations:

- *To advance equality of opportunity and foster good relations between people with protected characteristics and others.*
- *To eliminate discrimination*

For full details see the Equality Act 2010.

We will also work to reduce poverty via procurement choices.

Research, data and/or statistical evidence
List evidence sources, research, statistics etc., used. State when this was gathered / dates from. State which potentially affected groups were considered. Append data, evidence or equivalent.
- Attendance at Healthwatch Commissioning Event - Legal? - Other LA's - Quality framework - "Commissioning an effective Healthwatch"
Consultation evidence

State who was consulted and when (e.g. internal/external people and whether they included members of the affected groups). State which potentially affected groups were considered. Append consultation questions and responses or equivalent.

The following activities were carried out by way of consultation: -

- Attendance at the Healthwatch Commissioners Event
- Compliance was confirmed with Healthwatch England's document *"Commissioning and Effective Local Healthwatch"*
- Engagement was undertaken with the regional Co-ordinator for Healthwatch England to ensure that the service specification meets requirements.
- Other Local Authorities have been liaised with to ensure best practice in procurement options and monitoring arrangements.
- A working group made up of representative from Adults and Safeguarding Adults was established to review the current service specification for the Healthwatch Partnership Boards.

Based on consultation evidence or similar, what positive impacts are anticipated from this proposal?

This includes impacts retained from any previous arrangements. Use the evidence you described above to support your answer.

The recommissioning of Healthwatch Services will ensure that service users become involved in commissioning activities to ensure best value and outcomes are achieved for all connected parties.

Healthwatch Services also ensure that those with protected characteristics are heard, represented and involved in conversations about services that impact upon their lives. This gives those people the ability to feedback what works for them or what needs to be changed. This in turn may afford those with a protected characteristic a significant positive impact on their life. For example, an individual who feels lonely and isolated in their rural location may engage with Healthwatch who could signpost local groups and service to help battle loneliness, this then has the potential to positively influence the isolated individual's life.

Furthermore, attendance at the Partnership Boards run by Healthwatch allows those with protected characteristics to be present in feedback of Local Authority service where they may usually be underrepresented. For example, those with visual impairments are able to attend the Healthwatch Partnership Board for Visual Impairments whereby information is given in inclusive formats. This may not always be available to those with visual impairments and therefore the recommissioning of Healthwatch services will have a positive impact.

More generally, the recommissioning of Healthwatch will ensure that the services commissioned by the Local Authority are reflective of service users' needs and wants. This in turn promotes a well-connected community that is able to share ideas and work collaboratively for the better of their population.

Based on consultation evidence or similar, what negative impacts are anticipated from this proposal?

This includes impacts retained from any previous arrangements. Use the evidence you described above to support your answer.

The uncertainty of the COVID-19 pandemic has drawn attention to some potential negative impacts. For example, Healthwatch's various Partnership Boards have all been moved to virtual meetings via zoom. It could be argued that the moving to virtual meetings has made some meetings and Partnership Boards less accessible for those with protected characteristics. For example, those who are rurally isolated may not be able to confidently rely on an internet connection to ensure their attendance at meetings. Additionally, those with hearing impairments may struggle to grasp the full content of meetings when internet transcriptions are not always accurate. If these examples were to happen, then Healthwatch risks having an inaccurate representation of communities and risks missing out on important service user input.

Oppositely, if meetings resumed in person, some service users may feel a degree of trepidation about attending meetings in person or may be shielding. Again, this may lead to a lack of diversity in feedback obtained by Healthwatch meaning that the Local Authority's commissioning intentions are not reflective of the communities wants and needs, especially the wants and needs of those with protected characteristics.

How will the process of change be managed?

Poorly managed change processes can cause stress / distress, even when the outcome is expected to be an improvement. How will you involve people with protected characteristics / at risk of poverty/isolation in the change process to ensure distress / stress is kept to a minimum? This is particularly important where they may need different or extra support, accessible information etc.

Although there will not be a great deal of change as we are seeking to recommission a service that is already established, the local authority will ensure that a high standard of service is being received.

Healthwatch Cambridgeshire and Peterborough develop an annual work plan which identifies the priorities for further review based on the feedback they receive in relation to local health and social care services. More recently regular meetings have been introduced between Healthwatch and the Head of Adults Commissioning and Senior Commissioner to ensure that the planned activity aligns with and can influence procurement plans.

The Local Authority will also continually monitor the service specification and ensure that Healthwatch Peterborough and Cambridgeshire upholds its statutory duties.

How will the impacts during the change process be monitored and improvements made (where required)?

How will you confirm that the process of change is not leading to excessive stress/distress to people with protected characteristics / at risk of isolation/poverty, compared to other people impacted by the change? What will you do if it is discovered such groups are being less well supported than others?

It is envisaged that there will be little impacts during the change process as this is a service that is already established and running.

Section 4: Equality Impact Assessment - Action plan

See notes at the end of this form for advice on completing this table.

Details of disproportionate negative impact *(e.g. worse treatment / outcomes)*	**Group(s) affected**	**Severity of impact** *(L/M/H)*	**Action to mitigate impact with reasons / evidence to support this** ***or*** **Justification for retaining negative impact**	**Who by**	**When by**	**Date completed**
Service users who are rurally isolated may not be able to attend meetings/Partnership Boards when they take place in person	Service users who are rurally isolated.	M	The Council should work to ensure that all Healthwatch is taking these factors into account when speaking to service users and establish the best way that conversations can happen affectively.	Healthwatch	Throughout the duration of the Grant Agreement	N/A
Service users may be unable to attend meetings/partnership boards if they cannot afford to attend in person or do not have access to technology	Poverty	M	Healthwatch should ensure that each service user is fully able to engage with them in order for feedback to the Council to be inclusive and reflective of the local community.	Healthwatch	Throughout the duration of the Grant Agreement	N/A
Service users with disability may find Healthwatch's statutory activities inaccessible. For example, those with hearing impairments may not have access to technology or may not	Disability	H	Healthwatch should ensure that all of its services are accessible to those with disability, whether that means providing content is accessible formats such as Braille or ensuring that those who have hearing impairments are content with transcription services or	Healthwatch	Throughout the duration of the Grant Agreement.	N/A

Details of disproportionate negative impact *(e.g. worse treatment / outcomes)*	**Group(s) affected**	**Severity of impact** *(L/M/H)*	**Action to mitigate impact with reasons / evidence to support this** ***or*** **Justification for retaining negative impact**	**Who by**	**When by**	**Date completed**
be able to rely upon transcription services accurately.			asking whether they require a BSL interpreter.			

Section 5: Approval

Name of person who completed this EIA:	Martin Kemp	**Name of person who approves this EIA:**	
Signature:		**Signature:**	
Job title:	Quality Manager Social & Education Transport Team	**Job title:** *Must be Head of Service (or equivalent) or higher, and at least one level higher than officer completing EIA.*	
Date:	11/11/21	**Date:**	

Guidance on completing the Action Plan

If our EIA shows that people with protected characteristics and/or those at risk of isolation/poverty will be negatively affected more than other people by this proposal, complete this action plan to identify what we will do to prevent/mitigate this.

Severity of impact

Equality Impact Assessment
For employees and/or communities

To rate severity of impact, follow the column from the top and row from the side and the impact level is where they meet.

		Severity of impact				Priority and response based on impact rating		
		Minor	**Moderate**	**Serious**	**Major**	**High**	**Medium**	**Low**
Likelihood of impact	**Inevitable**	**M**	**H**	**H**	**H**	*Amend design, methodology etc. and do not start or continue work until relevant control measures are in place. Or justify retaining high impact*	*Introduce measures to control/reduce impact. Ensure control measures are in use and working. Or justify retaining medium impact*	*Impact may be acceptable without changes or lower priority action required. Or justify retaining low impact*
	More than likely	**M**	**M**	**H**	**H**			
	Less than likely	**L**	**M**	**M**	**H**			
	Unlikely	**L**	**L**	**M**	**M**			

Actions to mitigate impact will meet the following standards:

- *Where the Equality Act applies: achieve legal compliance or better, unless justifiable.*
- *Where the Equality Act does not apply: remove / reduce impact to an acceptably low level.*

Justification of retaining negative impact to groups with protected characteristics:

There will be some situations where it is justifiable to treat protected groups less favourably. Where retaining a negative impact to a protected group is justifiable, give details of the justification for this. For example, if employees have to be clean shaven to safely use safety face masks, this will have a negative impact on people who have a beard for religious reason e.g. Sikhism. The impact is justifiable because a beard makes the mask less effective, impacting the person's safety. You should still reduce impact from a higher to a lower level if possible, e.g. allocating work tasks to avoid Sikhs doing tasks requiring face masks if this is possible instead of not employing Sikhs.

Personalisation of Care Individual Service Funds Tender Proposal

To:	Adults and Health Committee
Meeting Date:	17 March 2022
From:	Graeme Hodgson, Commissioning Lead, Care Together
Electoral division(s):	Burwell, Ely North, Ely South, Littleport, Soham North & Isleham, Soham South & Haddenham, Sutton, Wood Ditton
Key decision:	Yes
Forward Plan ref:	2022/008
Outcome:	Potential and predicted outcomes include: - Greater choice and control over how a personal budget is spent with reduced administrative burden on individual, compared to Direct Payments. - Greater efficiency in identifying duplication of spend and potential cost avoidance. - Stimulation of community-based care micro-enterprise development as Individual Service Funds (ISFs) can be used to pay sole traders and community interest companies, part of the ***Care Together*** programme.
Recommendation:	Adults and Health Committee are asked to; Approve to tender the ISF Support Service through a Dynamic Purchasing System for 3+1+1 years at a maxim total value of £17.7 million. Approve delegation of authority to award to Executive Director of People and Communities following bidding, evaluation, and moderation.

Officer contact:
Name: Graeme Hodgson
Post: Commissioning Lead, Care Together
Email: graeme.hodgson@cambridgeshire.gov.uk
Tel: 07448 379944

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

1.1 Under the Care Act (2014), a Personal Budget is produced following a Care Needs Assessment. The personal budget can be used in three ways:

a) *Commissioned Care and Support Services chosen by the Council:*
These are also known as more traditional Home Care "packages" which are purchased through existing contracts held by the Council with a range of organisations. Whilst this will ensure that the needs of individual outlined in the assessment are met and the Council will manage provider payment and associated activities on their behalf, there can be very little change in provision (number of visits, duration of visits) over the course of the 12 months or so between initial needs assessment and annual review. Homecare agencies delivering support are also experiencing high staff turnover and workforce capacity pressures which can impact on the consistency of provision offered as well as level of flexibility.

b) *A Direct Payment (DP)is where individuals choose and control how the budget is spent:*
Using their Direct Payment, people can choose to recruit and directly employ a Personal Assistant and/or access other services in the community. However, they do need to take responsibility for managing the account themselves, keeping track of any payments and tax/insurance contributions required by law, or paying for a payroll service or managed account with a Direct Payment Support Service, who can take care of bureaucratic tasks, but do not have the capacity to engage in regular care and support planning with individual clients.

c) *An Individual Service Fund (ISF) is* where a third-party organisation holds the funds on behalf of the service user and agrees with them which activities, services and support they would like to access, with a high degree of flexibility over time. This option has not previously been available in Cambridgeshire but is now part of the Care Together approach to Social Care, with an estimate of 75 new ISFs per year being set-up during the period of the proposed tender, totalling 375 by 2027.

The relevant legislation pertaining to ISFs can be found in Section 31 of The Care Act (2014), which lays out the conditions for receipt of a Direct Payment as one form of self-directed support enabling personalisation and choice. Section 36 describes alternative financial arrangements, whilst the Statutory Guidance: The Care and Support (Direct Payments) Regulations (2014, clause 11.33) states:

"Where there are no Individual Service Fund arrangements available locally, the local authority should consider establishing this as an offer for people and reasonably consider any request from a person for an ISF arrangement with a specified provider."

Cambridgeshire County Council's performance in relation to the use of Direct Payments currently represents an area for improvement. At present, the percentage of people with eligible care needs in receipt of a Direct Payment is lower than both the regional national average. Only 23% of people in Cambridgeshire have a Direct Payment, compared to an average of 26% both regionally and nationally.

The Direct Payment Board was established to improve performance within this area, and through this the Adult Social Care Commissioning Team identified an opportunity to increase

the proportion of people with eligible care needs accessing self-directed support by offering Individual Service Funds. The Centre for Welfare Reform, a subject matter specialist in this area, was subsequently invited to provide support and training to Cambridgeshire County Council staff in best practices associated with ISFs and a licence for the software for personalised care and support planning was acquired and plans were made to make ISFs available in the county.

The implementation of Individual Service Funds is considered a priority by the Joint Administration and is part of the innovative place-based programme ***Care Together***, which received approval for investment of £2.9 million over 4 years from 2022-23.

2. Main Issues

2.1 For Individual Service Funds (ISFs) to work, referrals need to be made to organisations to enable them to hold the Personal Budget on behalf of individuals, and providers must be found to do this. The Council must identify a group of trusted providers who have fully understood the proposal and what is expected in terms of personalised care and support planning with maximum choice, flexibility, and control by the ISF holder. Such providers can be commissioned through a competitive and quality-assured process in line with procurement regulations

The intended outcome of the ISF Tender is to identify and work with trusted ISF providers who will enable the Council to offer greater personalisation, choice, control and flexibility to people with eligible care needs, whilst meeting our statutory obligations and complying with best practices in terms of safeguarding and quality of care. Personal choice is guaranteed as the ultimate decision about which provider will administer Personal Budgets lies with the service user, who will choose from a list of approved ISF providers who have capacity to offer support. Regular meetings to discuss desired outcomes also ensure that individuals are at the centre of decision-making about their care and support.

2.2 Contracting Options

Several procurement models or approaches were considered by Adult Social Care Commissioning in collaboration with the Procurement Team and other subject matter experts, including co-production with the very people who will benefit from ISFs. A Dynamic Purchasing System (DPS) proved to be the best option due to the following benefits:

- Flexibility to commission a variety of providers, rather than a single source;
- Capacity to bring new provider onboard during the lifetime of the arrangement, essential for broadening choice;
- Possibility of personalisation, giving service users the final choice;
- Light-touch evaluation so application process is not too onerous for providers, whilst ensuring quality. This will enable engagement from a range of small, local enterprises where possible.

A DPS is run as a completely electronic process (no paper or posting required) and

allows new suppliers to join at any time, subject to the appropriate due diligence being undertaken on the organisation (meaning that if a provider has been unsuccessful at securing a place they can always try again in the future).

2.4 Evaluation methodology

In addition to co-production of the initial service specifications, evaluation of bids provides a further opportunity to employ co-production techniques by inviting a panel of service users with lived experience to take part in the evaluation. This embodies best practices in terms of service-user engagement with the procurement and commissioning process.

Due to the different profiles of organisations that can become ISF Providers, specifically around whether or not they deliver personal care themselves, the DPS will consist of 2 lots and these lots will require certain minimum standards of bidding organisations (including but not limited to):

Lot 1 – Providers of Care

- CQC Rating of Good or Outstanding
- Previous experience (evidence of personalised care and support planning/delivery).
- Includes Voluntary and Community Sector organisations and smaller local companies.

Lot 2 – Brokers of Care (including but not limited to):

- Previous experience (evidence of personalised care and support planning).
- Includes Voluntary and Community Sector organisations and smaller local companies.

In addition, all bidders will be required to answer the following method statement questions, adapted from the Think Local Act Personal (TLAP) Making It Real statements (See Appendix IV):

No.	Question	Weighting
1	How will you support people to live the life they want, keeping safe and well, promoting wellbeing and independence?	15%
2	How will you share information and advice with people, so they have the information they need when they need it?	15%
3	How will you enable family and friends to be involved in ensuring individuals are active members of a community, where this is desired by and in the best interests of the individual?	10%
4	How will you enable flexible and integrated care and support planning with emphasis on personalisation, choice and control?	15%
5	How will you manage changes in activities chosen by clients but also changes in their care and support needs over time, empowering them to remain in control?	15%
6	How will you ensure all people with protected characteristics under the Equality Act (2010) - including candidates, staff, clients and other stakeholders - are treated fairly and	10%

	respectfully in all aspects of your operation, from recruitment to service delivery?	
7	*To be both defined and scored by panel of service-users*	10%
8	*To be both defined and scored by panel of service-users*	10%

Evaluation Panels will also include social work practitioners who have been involved in the ISF project, having attended 5 modules of training relating to best practices and care needs reviews that balance outcomes against budget reductions as people become more independent etc.

2.5 Finance

Analysis of the current split between service types in Direct Payments and the average weekly personal budgets in care and support plans for those with Direct Payments were used as a basis for calculating the total maximum allocation of funds over the 5-year lifespan of the proposed ISF DPS (3 years +1 year + 1 year).

This amount comes to a total of £17.7 million, assuming a maximum of 75 ISF holders in 2022-23, increasing in annual increments of 75 as ISFs are expanded county-wide. This budget would be transferred to an ISF budget from current Home Care and Day Care budgets. There is therefore no additional investment resulting from the adoption of an ISF approach. This approach will help meet demand for care and support which is currently unmet due to pressures on the home care market.

2.6 Overview of Benefits

At least 18 other Local Authorities in England have implemented ISFs in recent years and many have reported significant savings due to the following benefits:

- *Individualised support plans enable "waking nights" services to be decommissioned from some venues and in some cases*
- *Increased use of Assistive Technology*
- *Local and central overheads reduced to 15% of ISFs as various offices no longer needed*
- *Shared Lives services were established*
- *Pooling personal budgets was encouraged*
- *More personal assistants were introduced*

Such benefits are reportedly combined with multiple outcome improvements, as identified by people, families, and professionals (including quality of life, control over life, range of choice, involvement in community life, quality of support, privacy, communication, safety, independence, skills for daily living, freedom and friendships).

2.7 Timeline

Event	Expected Date
ASC Community Board Approval	02/11/2021
P&C JCB Approval	23/11/2021
Adults & Health Committee Approval	17/03/2022
Issue ITT	01/04/2022
Tender Clarification Deadline	30/04/2022

Return of Final Tender Documents	07/05/2022
Evaluation of Tenders	08/05/2022 – 30/05/2022
Moderation meeting	03/06/2022
Internal review and approvals	04/06/2022 – 10/06/2022
Inform tenderers of outcome of evaluation process	11/06/2022
End of Standstill Period	Midnight at end of 21/06/2022
Due diligence (contracts)	11/06/2022 – 21/06/2022
Contracts issued and implemented	22/06/2022 – 28/06/2022
Start of Contract Period	01/07/2022

3. Alignment with corporate priorities

3.1 Communities at the heart of everything we do

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

- The ISF workstream is part of the Care Together programme, which is a place-based approach to community-based care and support commissioning.
- ISFs will enable people living in rural communities typical of Cambridgeshire to access services provided by small micro-enterprises, such as sole traders, operating in their local communities, rather than necessarily rely on care packages provided by large regional and national corporation.

3.2 A good quality of life for everyone

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

- Because ISFs are personalised, flexible and conducive to greater choice and control by the service user, those with protected characteristics such as physical or learning disability, mental health needs, a rural location, will be empowered to do the things they choose to do in the place they call home.
- Individuals living in rural communities with limited employment opportunities can be paid to deliver care and support services at a higher rate than that paid by agencies, thus enabling social mobility, income generation and increased quality of life for care workers.

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

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

- In the same way that many children benefit from Direct Payments, which allow them and their families a greater degree of choice and personalisation in accessing services and activities, ISFs will offer the same flexibility, choice and control, with none of the burden of financial and administrative responsibility which is currently incurred by those who manage their own Direct Payments.

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

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

- The place-based model enabled by Individual Service Funds will lead to fewer car journeys e.g. care workers who currently live in one district commuting to deliver support in another. Instead, sole traders (care micro-enterprises) living and working in the same community will be able to walk or cycle to their clients' homes, improving air quality and reducing carbon footprint. Such sole traders can be paid by Direct Payment or Individual Service Fund.

3.5 Protecting and caring for those who need us

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

- Just as people with learning disabilities, physical disabilities and the challenges associated with older age benefit from Direct Payments, these cohorts will also benefit from Individual Service Funds, with the added benefit of not needing to carry the

burden of financial and administrative responsibility for directly employing a personal assistant or making payments to providers. ISF providers will be responsible for ensuring cover is in place during PA holidays/sickness etc. In a DP this responsibility falls to the individual employer, but an ISF removes that burden. We encourage Personal Assistants (as well as self-employed care workers paid by DP or ISF) to form co-ops or networks, who cover for each other.

4. Significant Implications

4.1 Resource Implications
The report above sets out details of significant implications in paragraph 2.5.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications
The report above sets out details of significant implications in paragraphs 2.2, 2.3 and 2.4 and in Appendix 1.

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

4.4 Equality and Diversity Implications
The report above sets out details of significant implications in paragraph 3.2 and a Community (Equality) Impact Assessment is in Appendix 2.

4.5 Engagement and Communications Implications

- As part of the Care Together programme in East Cambridgeshire, Individual Service Funds were discussed at co-design events with local residents, of which 2 were held in each of the following locations: Ely, Burwell, Littleport and Soham.
- The proposal was also taken to Healthwatch Carers Partnership Board and Physical Disability Partnership Board, meeting with a positive reception from those with lived experience and those on the edge of care who seek greater freedom of choice and control over how their eligible care needs are met.

4.6 Localism and Local Member Involvement

- The proposal empowers communities to do more for themselves by enabling a place-based approach to care and support provision, using care micro-enterprises.
- The proposal will harness the energy of local communities to work with the County Council by offering greater flexibility, choice and control to individuals, resulting in higher satisfaction and fewer complaints about providers commissioned to deliver home care.
- The proposal involves devolving decision-making and delivery to a more local level, that is, to the individual, prioritising provision by local community assets such as care micro-enterprises and sole traders.
- Local Members have been informed about matters affecting their divisions during the formative stages of policy development and discussion at informal meetings, as required by Part 5.3 – Member/Officer Relations of the Council's Constitution and a Member Briefing on Care Together, of which ISFs are a workstream, was produced (see Appendix 3).

4.7 Public Health Implications
There are no significant implications.

4.8 Environment and Climate Change Implications on Priority Areas

4.8.1 Implication 1: Energy efficient, low carbon buildings.
Positive/neutral/negative Status: Neutral
Explanation: No buildings are involved in the services to be commissioned by this tender process.

4.8.2 Implication 2: Low carbon transport.
Positive/neutral/negative Status: Positive
Explanation: ISFs will make it possible (and ideal) for people with eligible care needs to pay for small community-based micro-providers to support them. These sole traders will live and work in the same community as the people they serve, avoiding long distance car journeys and carbon emissions.

4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats and land management.
Positive/neutral/negative Status: Neutral
Explanation: N/A

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
Positive/neutral/negative Status: Neutral
Explanation: N/A

4.8.5 Implication 5: Water use, availability and management:
Positive/neutral/negative Status: Neutral
Explanation: N/A

4.8.6 Implication 6: Air Pollution.
Positive/neutral/negative Status: Positive
Explanation: ISFs will make it possible (and ideal) for people with eligible care needs to pay for small community-based micro-providers to support them. These sole traders will live and work in the same community as the people they serve, avoiding long distance car journeys and carbon emissions.

4.8.7 Implication 7: Resilience of our services and infrastructure and supporting vulnerable people to cope with climate change.
Positive/neutral/negative Status: Positive
Explanation: Introduction of ISFs help diversify the care market, reducing pressure on home care providers who are already struggling to meet demand due to staff shortages. By enabling place-based solutions and community assets, such as care micro-enterprises to be paid by an ISF provider, we will reduce the risk of care packages being handed back due to lack of capacity in traditional home care agencies.

Have the resource implications been cleared by Finance? Yes
Name of Financial Officer: Rebecca Bartram

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

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or Pathfinder Legal? Yes
Name of Legal Officer: Karen White, Pathfinder Legal

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

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

Have any localism and Local Member involvement issues been cleared by your Service Contact? Yes
Name of Officer: Will Patten

Have any Public Health implications been cleared by Public Health?
N/A
Name of Officer: Kate Parker

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

5. Source documents guidance

5.1 Source documents

Section 31 of the Care Act (2014) https://tinyurl.com/5c468hvv

ISFs (by Animate) https://tinyurl.com/429k88z4

ISFs and Contracting for Flexible Support https://tinyurl.com/yc5ay9n9

6. Appendices

6.1 Appendix 1 – Service Specification

6.2 Appendix 2 – Equality Impact Assessment

6.3 Appendix 3 - Member Briefing

6.4 Appendix 4 – Think Local, Act Personal “Making It Real” Report

Alternative formats of the appendices are available on request by contacting graeme.hodgson@cambridgeshire.gov.uk

Service Specification:
Individual Service Funds

CONTENTS

1. INTRODUCTION

1.1. It is widely acknowledged that people often enjoy a greater quality of life when they are able to remain at home for longer. This is the Council's preferred method of support. Individual Service Funds support people in Cambridgeshire & Peterborough to do this.

1.2. This Specification details service delivery expectations for Individual Service Funds, within the County of Cambridgeshire (including Peterborough) with separate clauses relating to those ISF providers delivering care themselves (Lot 1 of the ISF Dynamic Purchasing System) and those exclusively brokering care and support delivered by other providers (Lot 2).

1.3. The Services shall be those Services to be provided or brokered by the ISF Provider, as set out below, and performed in accordance with best practices in the care sector relating to how an individual's Personal Budget is spent. See Figure 1.

Figure 1 – Three methods for managing a Personal Budget

1.4. The legislation and Terms and Conditions for this service are outlined within the Cambridgeshire & Peterborough Individual Service Funds Contract.

1.5. This Service Specification shall be implemented as part of the Council's commitment to supporting people to live their lives as independently as possible, in their own home for as long as they wish to. People using the Service can be assured of dignity, choice, control and quality of life. See Figure 2.

This diagram shows the different relationships that are important when implementing and delivering ISFs.

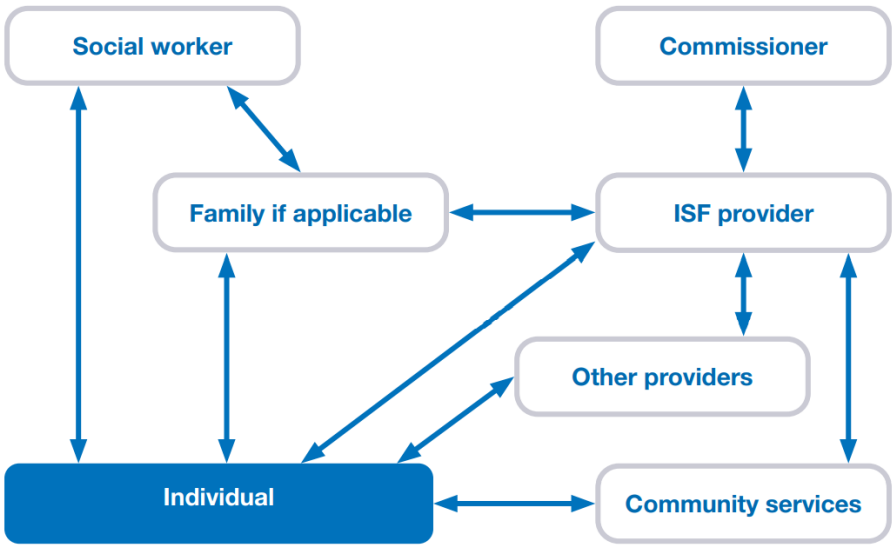


Figure 2 – Relationships involved in an Individual Service Fund

2. OUTCOMES OF THE SERVICE

Purpose of the Service

2.1. With an Individual Service Fund (ISF), the Service User chooses a provider, rather than the Council, to manage their personal budget.

2.2. This use of an ISF provides a more flexible approach to spending a person's personal budget, with a specific focus on tailoring the service to individual needs (see Diagram 2.2.)

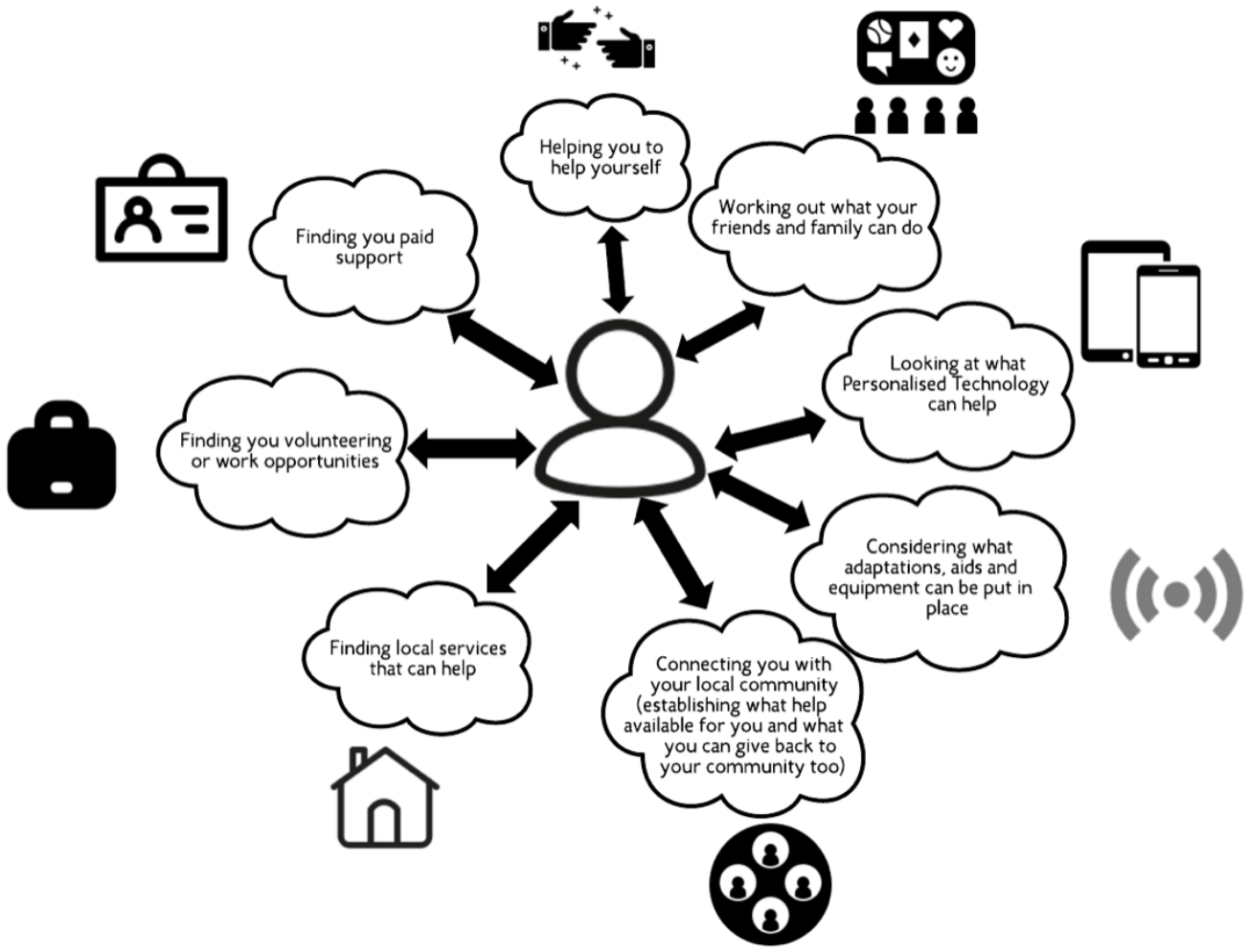


Diagram 2.2 – Examples of brokerage activities undertaken by an ISF Provider (not exhaustive)

2.3. In a time of reduced funding and increased demand, providing the same traditional services with less money is not feasible – ISFs should be viewed as a tool for delivering creative outcomes and getting better value for people using their budgets. Before spending the Service User's Personal Budget, ISF Providers will be expected to seek to understand and attract wider sources of funding and/or equipment as required e.g. Technology-Enabled Care, Disabled Facilities Grants etc.

Dignity, Choice and Control

2.4. People achieve better outcomes when they are supported to retain their dignity and have choice and control over the support they receive.

2.5. The Service will enable people to remain in their own homes and encourage autonomy and choice in care.

2.6. The Council expects ISF Providers to ensure that Service Users can retain their dignity and are offered choice and control wherever possible across all aspects of the Service using a person-centred approach at all times.

Enablement

2.7. The Council wishes to support people to remain as independent as possible in their own homes, for as long as possible, in order to prevent, reduce and delay the need for ongoing care and support.

2.8. This Service is designed to provide a flexible approach, in meeting the care and support needs of individuals.

2.9. Prevention and early intervention should still be a clear focus of the Service and the ISF Provider should go through the Council's Technology Enabled Care (TEC) route before sourcing their own equipment. The ISF should only be used for items of equipment that the Council cannot provide or source at a better value;

2.10. The ISF Provider will be expected to support Service Users to access other organisations (such as day centres, charities, volunteers, etc) when relevant and useful, taking full responsibility for making arrangements and paying invoices from the Service User's personal budget, held by the ISF Provider.

2.11. The ISF Provider will work with the Service User in a flexible way to provide or arrange the support in the care and support plan, using the money the Council has assessed that they need for their care and support (the Personal Budget).

2.12. The ISF Provider must make referrals to relevant health and social care professionals, should the Service User need further assessment or assistance, such as Occupational Therapy (OT), or relevant third-sector organisations that can provide a suitable service.

2.13. The ISF Provider must tailor support to the individual that promotes their independence. The ISF Provider is expected to promote enablement resulting in a reduction of support for the Service User. This could be through the use of TEC and/or asset-based approaches.

2.14. Where there may be family or informal carers involved, ISF Providers will signpost to support services to facilitate step down in care. ISF Providers will also refer informal carers to Caring Together and other third-sector organisations.

2.15. To achieve the outcomes stated above, the ISF Provider shall ensure that consistent focus is given to the needs and preferences of Service Users.

3. THE SERVICE

3.1. The Service is provided for all residents of Cambridgeshire and Peterborough who are identified as having eligible social care needs under the Care Act (2014) or Section 117 (Mental Health) aftercare, where individuals are registered with a GP belonging to the Cambridgeshire & Peterborough CCG. Agreements for individual Service Users may be entered into with both Cambridgeshire County Council and Peterborough City Council. ISF Providers who wish to provider services (and are subject to CQC regulation) will bid for Lot 1 on the ISF DPS. ISF Providers who wish to broker services provided by third parties (sub-contracted providers) will bid for Lot 2 (see Person Specification in Schedule 5).

3.2. Indicative budget setting process comprises the following steps:

3.2.1. The Council will set the indicative budget and high-level outcomes via care needs assessment and care and support plan;

3.2.2. Service User will choose their preferred ISF Provider;

3.2.3. ISF Provider and Service User will draw-up a plan to meet agreed outcomes and outline costs and approaches for doing this;

3.2.4. The Council (Social Worker) will agree to the ISF Plan;
3.2.5. The ISF Plan will be enacted and support will start;
3.2.6. The Council will review the arrangement after approximately 6 weeks and amend Personal Budget if applicable;
3.2.7. Reviews will take place annually or by request when a change of circumstance occurs.

Remuneration

3.3. ISF Providers in Lot 1 will be remunerated according to the 4-tiered approach in Schedule III. If more than 50% of a Personal Budget is being used to pay for services provided by the ISF Provider themselves (e.g. Home Care) then it is expected that the care and support planning element would be conducted under Business As Usual, with no extra fee being charged, that is, Tier 1 on Schedule III. ISF Providers in Lot 2 will be remunerated according to the 2-tiered approach in Schedule IV.

3.4. In terms of how Personal Budgets are calculated, the rates paid to ISF Providers are calculated in the same way as Direct Payments are calculated, that is, based on declared rates (or average rates) linked to the service provider model (i.e. home care/Supported Living, Day Opportunities etc.).

4. VARIATIONS IN NEED / CIRCUMSTANCES

4.1. Any request for additional budget to be added to the Personal Budget of a Service User (to meet assessed needs) shall be submitted in writing to the Social Care Representative with detailed breakdown of the proposed additional support together with supporting documentary evidence of the proposed additional support believed to be required, including activities and tasks, a breakdown of proposed costs and other associated cost implications.

4.2. The written submission stated in paragraph 4.1. shall be reviewed by the Council to determine if a change to support is justified. The Social Care Representative shall approve such variations prior to any changes being made to the Service User's care plan.

4.3. In the event of a crisis, the ISF Provider may adjust care delivery as required, and contact the Social Care Representative at the first available opportunity or within 24 hours, whereby the procedure set out in paragraphs 4.1. and 4.2. shall apply.

4.4. Where a Service User's needs are perceived to have decreased, the ISF Provider shall notify the Social Care Representative within one Working Day, and include this on their regular data reporting.

4.5. In the event of a change in the Service User's financial circumstances, the ISF Provider will notify CCC immediately.

4.6. The ISF Provider will respond promptly and proactively to any significant change in the Service User's needs/circumstances and seek support from the relevant health or Social Care Representatives.

4.7. In the event of termination of the Agreement by either Party, the ISF Provider shall repay the balance of the Personal Budgets of all service users to the Council immediately and the Council shall make any outstanding payments due to the ISF Provider within 30 Working Days.

5. SERVICE USAGE, FLEXIBILITY AND UTILISATION

5.1. The ISF Provider shall work flexibly with the Council to ensure optimum utilisation of the Personal Budget to meet agreed outcomes on the Care and Support Plan produced by Practitioners, with a view to increasing autonomy and independence of the Service User.

5.2. If the Service User doesn't have capacity to make decisions, the process will need to involve the best interest decision process and identify who is responsible for making decisions – this could be the Court of Protection, family member, an advocate or someone else in their circle of support. If,

however, there are no family members then an advocate will be involved as part of Care Act review. It's important to ensure that everyone involved is confident that ISF is the best option for the individual.

5.3. The Council is entering into a contract with the Provider on behalf of the Service User and consequently, if a Service User wishes to terminate provision of Services by the ISF Provider, they may contact their social worker and request a change. The Council may terminate the contract for the provision of Services to that Service User.

5.4. Payments to ISF Providers will be made montly in advance via PrePaid Card for four times the amount of any weekly personal budget. Any Service User contributions will be recovered by the Council separately (via invoice 4 weeks in arrears). The Council must be informed if any surplus (unspent budget) exceeds 12 x the weekly personal budget.

5.5. Care and Support Planning and Monitoring will be performed using the 247grid software and the Council will share a voucher code with the ISF Provider for each Service User. The ISF Provider will share access to it, to codesign and manage the ISF in partnership with the Service User and any family members and social workers/commissioning/brokerage and other teams of the Council as required.

5.6

6. ACCESSING THE SERVICE AND ASSESSMENTS

Referrals Process

6.1. The Council's Brokerage Team will share information on Service Users with all ISF Providers for the relevant Lot of the DPS. Details of those ISF Providers who respond positively (as having capacity to take-on that individual) will be shared with the Service User so they can make a personal choice/decision on which ISF Provider they wish to work with.

6.2. An ISF Provider may NOT be included in a referral if they are undergoing monitoring because of quality issues or complaints, at the discretion of the Council.

Operational hours

6.3. Referrals may be made by telephone / email from Monday to Sunday during Referral Hours. All weekend referrals shall be agreed and planned in advance. Referral hours are considered 9am to 5pm.

6.4. The ISF Provider shall ensure that the appropriate staff are available to accept Referrals, complete assessments and facilitate the Service to start within a maximum of 24 hours / the next day (where need is urgent) and non-urgent referrals can be processed at a pace that suits the Service User.

The ISF Provider must respond to the request for a new package of care within a time frame that is appropriate for the level and complexity of need of the Service User, detailing when they will commence the Service after an initial conversation with the Service User.

Coordination of Care and Support Delivery

6.5. The Social Care Representative / Brokerage Team will ensure relevant referral information is available to the ISF Provider prior to the Service commencing.

6.6. The ISF Provider will give the Service User a clear explanation of their commitment to them and will explain how the ISF is being used to meet their needs. Information given to the Service User must include the following and be signed off by the Service User and their circle of support:

6.6.1. Role of The ISF Provider and what the Service User can expect

6.6.2. What the budget is and how it will be used
6.6.3. A Service User contribution agreement
6.6.4. How the Service User will be involved in decisions about their budget
6.6.5. Making a plan with the Service User's family and circle of friends
6.6.6. Connecting to the local community (local clubs and groups)
6.6.7. Record keeping arrangements
6.6.8. Reviews and making changes to how support is delivered
6.6.9. Being clear about what parts of the agreement that can't be changed
6.6.10. How the Service User can influence how their support is being delivered
6.6.11. Notice periods for any changes
6.6.12. How to make a complaint either through Cambridgeshire County Council or the Ombudsman
6.6.13. Safeguarding
6.6.14. Key contacts
6.6.15. Boundaries and clear expectations for the roles and responsibilities for the Service User and service Provider(s)

6.7. The ISF Provider will maintain flexibility in planning and scheduling individual care and support planning visits to ensure geographical deployment maximises efficiency. The ISF Provider will work with other Providers to share information and avoid duplication where appropriate.

6.8. The ISF Provider will highlight any issues with accessing resources (such as equipment, TEC, medication etc.) on behalf of an individual as soon as possible to ensure that any issues can be addressed appropriately. The ISF Provider will collate evidence with date, time and names of any issues to share with the appropriate health or Social Care Representative.

6.9. The ISF Provider will work with CCC/PCC Adult Social Care Commissioning Managers, families and those people receiving care to introduce or make referrals for TEC.

6.10. The ISF Provider will demonstrate collaboration with external providers, community groups, voluntary organisations, Introductory Agencies and Micro providers/enterprises when/where available and will be expected to demonstrate use the of the personal budget for services outside of the scope of their own services.

6.11. The ISF Provider will develop mainstream capacity in areas where the transition service is operating to enable a seamless transfer from this service into regular home and community support.

Social Care Assessments

6.12. The Council has a statutory responsibility, within its eligibility criteria, to ensure the provision of certain statutory services in order to meet individual assessed needs and outcomes.

6.13. The needs of each individual shall be identified through a Care Act Assessment completed by a Social Care Representative from the Council. If the individual is eligible for an ISF, the Social Care Representative shall produce a personalised and outcome-focused Care and Support Plan with input from the assessed individual and/or their representatives, to identify how their needs will be met and the outcomes to be achieved. This may include empowering the Service User to complete a PATH (Planning for Alternative Tomorrows with Hope) template (See 6.14 and Schedule II).

PATH Approach and Mental Capacity

6.14. The PATH approach consists of the following steps (see Schedule II):
1. Look first at the person's dreams. No limits or constraints are placed on the dreams or the ideal future that they envisage, so that a person can indicate what matters most to them. Then, on the basis of the person's dreams and ideal future, specific goals that are both positive and possible are identified.
2. Imagine possible and positive achievements/goals that could be made over the next 1-2 years
3. This is then compared to how their life is 'now'
4. Identify people that they can involve to help get them to their goals and what they need to do to stay 'strong' and motivated.

5. Identify ways to build strengths to accomplish goals (for example, what skills need to be developed or what relationships maintained).
6. Individuals then plan the steps needed to achieve the goals. First they identify long term steps (3-6 months).
7. Then the Service User identifies shorter term steps (1-3 months), with support if necessary.
8. Lastly, the first steps are identified.

6.15. The Care Act Assessment, Care and Support Plan and, if relevant, the Mental Capacity Act assessment shall be shared with the Council's Brokerage Service responsible for liaising with ISF Providers.

6.16. Where the Service User has a cognitive impairment, the Provider will take proactive steps to engage the individual in the best way possible to discover their views and preferances in accordance with the Mental Capacity Act Code of Practice. If the Service User is found to lack mental capacity then a Best Interest Decision would be made by the social worker or holder of an LPA (Lasting Power of Attorney), which may support an ISF.

Inappropriate use of the ISF

6.17 The ISF provider will ensure that the ISF will not be used for:

a) health-related services – such as dentist, chiropody, physiotherapy appointments or household expenses, such as food, personal items or utility bills

b) for accommodation - rent, mortgage payments

c) for non-statutory liabilities such as tips, bonuses, ex gratia payments (the Commissioner is not obliged to fund costs that are incurred on a discretionary basis)

d) for anything that is illegal or to purchase services that do not keep you safe and well

e) for gambling, lottery, bingo tickets, raffle tickets, alcohol or cigarettes

f) to pay for long-term residential care. (It can be used for a short stay provided it does not exceed a period of 4 consecutive weeks in any 12- month period)

g) for anything that is not an activity that will assist the Adult to achieve their agreed outcomes. If the Adult wishes to change their agreed outcomes, the Commissioner's agreement to pursue different outcomes must first be obtained.

h) The ISF Provider must get the Commissioning Manager's written agreement to use the ISF to pay for services from a spouse, civil partner, relative or other person who lives in the Service User's household.

7. ISF HOLDER ENGAGEMENT

7.1. The ISF Provider must:

7.1.1. Engage with Service Users for feedback and demonstrate how they have acted upon the feedback.

7.1.2. Report feedback back to the council and any changes they have made as a result.

7.2. The ISF Provider must be able to demonstrate how they involve Service Users and stakeholders in the shaping of the service and respond to their input.

7.3. This will be provided to the Council on a quarterly basis in the form of a summarised report of findings and actions taken as a result of thematic analysis.

7.4. The ISF Provider will regularly review the support against the outcomes set (6 weeks at the start, at 3 months, then every 6 months). When they consider that the Service User's needs have changed or their needs could be met in a different way, they will work with them and their circle of support to redesign their services. In the case of any significant change to the budget (increase or decrease), they will notify The Council. The review processes will be designed with the ASC Workers.

8. INFORMATION AND GUIDANCE

8.1. Section 4 of The Care Act 2014 places a duty on the Council to put in place measures that ensure people are supplied with appropriate information and advice.

8.2. On initial contact with the Service User, the Provider shall supply the following information to them and/or their representative.

8.2.1. When and how to ask for an assessment from Cambridgshire County Council, Peterborough City Council and/or the Clinical Commissioning Group, as appropriate.

8.2.2. Basic information on Cambridgeshire County Council / Peterborough City Council Services, as appropriate.

8.2.3. Basic information on what financial support is available from Cambridgeshire County Council or Peterborough City Council, as appropriate.

8.2.4. Signpost to Independent Financial Advisors

8.2.5. Basic information on the advocacy service and when and how to use it.

8.3. Information related to financial and legal advice can be found on the Cambridgeshire County Council website (click here).

9. HOW AND WHAT WE WILL MONITOR

Complaints

9.1. The ISF Provider will follow the process within the Terms and Conditions of the contract, as well as following the process below if there are complaints relating specifically to Individual Service Funds. This might look like: Possible issues with timings, person not being happy with sub-contracted provider, etc.

9.1.1. The ISF Provider must inform the Social Care Representative / Brokerage Team of any concerns raised by Service Users, their families or professionals they may be working with, as soon as they receive it (within 24 hours).

9.1.2. A record will be kept and discussed at the regular performance monitoring meetings.

9.2. The Council is responsible for monitoring the quality of the Service provided and for reviewing the individual needs of Service Users and will be mindful to take a proportionate approach. However, the Council may also monitor the ISF Provider's performance in conjunction with other strategic partners and the ISF Provider acknowledges that the Council may undertake monitoring visits with these strategic partners including other Eastern Region Local Authorities and the local Clinical Commissioning Groups (CCGs) or ICS.

9.3. Quality assessment visits may (though not necessarily) be undertaken using the regional Provider Assessment & Market Management Solution (PAMMS) application. Once an assessment has been completed, the ISF Provider will receive an email including an attachment which they will be able to download so they may comment on any factual inaccuracies. The ISF Provider will have 14 days to

make any comments. Once any comments have been made (or if no comments are necessary) the ISF Provider will submit the report back to the Council by clicking the 'submit' button within the file.

Contract Management

9.4. The Council will use a variety of methods to assess ISF Provider quality and contract compliance. Additional assessment will include (but not be limited to) the following:

9.4.1. By feedback from Service Users and/or their representatives, and all other relevant professionals involved in their care on the standards of the Service being provided;
9.4.2. By feedback from Council Officers reviewing whether or not the Service is meeting the assessed needs and meeting agreed outcomes in the best possible way;
9.4.3. By systematic monitoring of the Provider by the Council, in order to evaluate and record the services delivered against the Specification;
9.4.4. By the investigation of complaints and/or safeguarding instances;
9.4.5. By reviewing written procedures and records for both ISF holders and Staff;
9.4.6. By the ISF Provider submitting to the Council an annual report detailing the outcome of quality assurance processes, including its Continuous Improvement Plans;
9.4.7. Through external compliance reports from CQC.

9.5. The ISF Provider will keep a clear record of the ISF received and its usage to meet the care and support needs including reports generated by the prepaid card portal, bank statements, invoices, receipts, cheque book stubs and any other documentary evidence that demonstrates how the ISF is being used. The Provider will return any surplus funds held in the ISF account which is in excess of 12 week's money, unless there is an agreed reason with CCC not to.

9.6. The ISF Provider shall attend regular Contract Management Meetings with the Council to review performance under the contract. The meeting shall be used to review the Performance Monitoring Report, share good practice and to agree areas for improvement.Furthermore, ISF Providers are expected to participate in ISF Provider Forums and promotional events.

9.7. The ISF Provider will allow the Council and the Service User (or nominated family member as agreed by Service User and Council) full access to their records for audit purposes and co-operate with any concerns regarding fraud and maladministration.

9.8. The ISF Provider will have a mechanism to effectively hold funds for each client that will enable them to provide CCC with an annual summary of income received and expenditure incurred every 12 months from the start date of the ISF and as and when required. This mechanism will normally take the form of a prepaid card sent to the provider following referral.

9.9. The ISF Provider acknowledges and agrees that Officers of the Council may take evidence of risks and concerns identified during contract monitoring visits, including photographs and photocopies, and for this to be used to formulate a plan of action to ensure the Provider complies with the Contract.

9.10. The Council is part of the Eastern region ADASS and as such may share information gained through the above monitoring with regional partners. Also Councils within the region may conduct monitoring visits with, or on behalf of, other regional authorities.

9.11. The Council may wish to make amendments to the way in which services are monitored during the lifetime of the contract. In these circumstances, the Provider will be given written information regarding these changes.

9.12. The Provider will maintain and keep records in line with all Data Protection Legislation including but not limited to the Data Protection Act 2018 and the UK GDPR.

10. KEY PERFORMANCE INDICATORS (KPI's)

10.1. Appropriate Key Performance Indicators (KPIs) have been developed to enable Cambridgeshire County Council and Peterborough City Council to understand and manage:

10.1.1. Performance of the Contract
10.1.2. Quality issues
10.1.3. Intended outcomes for Service Users
10.1.4. Demand for the service
10.1.5. What is working well and what isn't
10.1.6. Demand mapping across the geographical areas
10.1.7. Transition and continuity of care for Service Users

10.2. The KPIs may be revised throughout the lifetime of the contract to facilitate continuous improvement. The Council will work collaboratively with ISF Providers where amendments or new KPIs are found to be required.

10.3. Each month, in addition to the performance data required in the ISF agreement, the following additional data will be submitted to the Contract Manager / Commissioning Team regarding each of the Service Users:

247grid (access to this software will be provided by the Council) showing activities and tasks as well as committed spend against personal budget.

11. EQUALITY, DIVERSITY AND INCLUSION

11.1. The ISF Provider will comply with all relevant legislation including (but not limited to) the Equality Act (2010) and the Council's Safeguarding policies and procedures, equality, diversity & inclusion policies and health and safety policies.

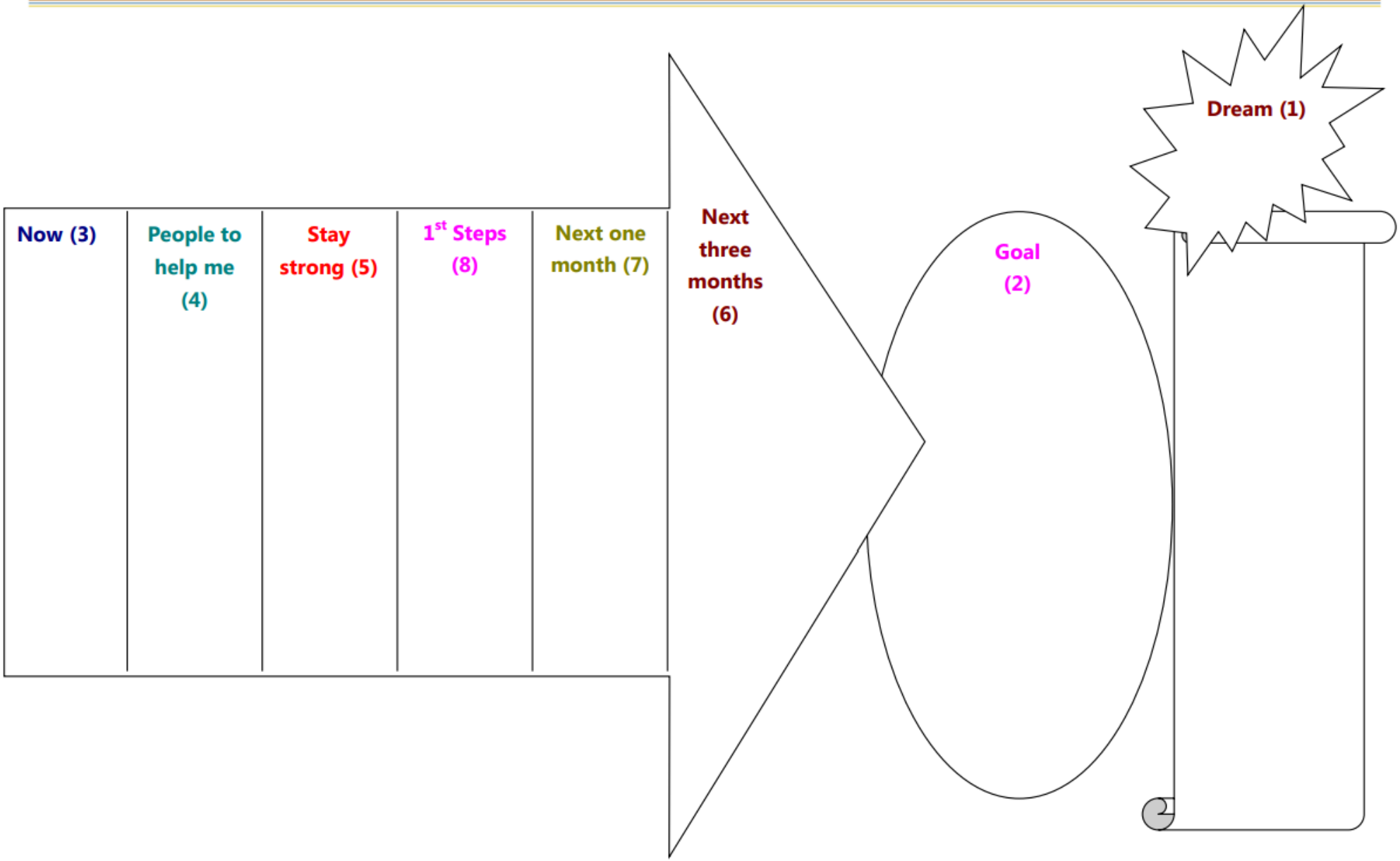
12. SOCIAL VALUE AND CARBON IMPACT

12.1 The Council is committed to meeting (and where possible exceeding) the social value obligations it has with respect to the economic, social and environmental well-being of Cambridgeshire and Peterborough. Further details of the Council's obligations in this regard can be found within the Public Services (Social Value) Act 2012, available from: http://www.legislation.gov.uk/ukpga/2012/3.

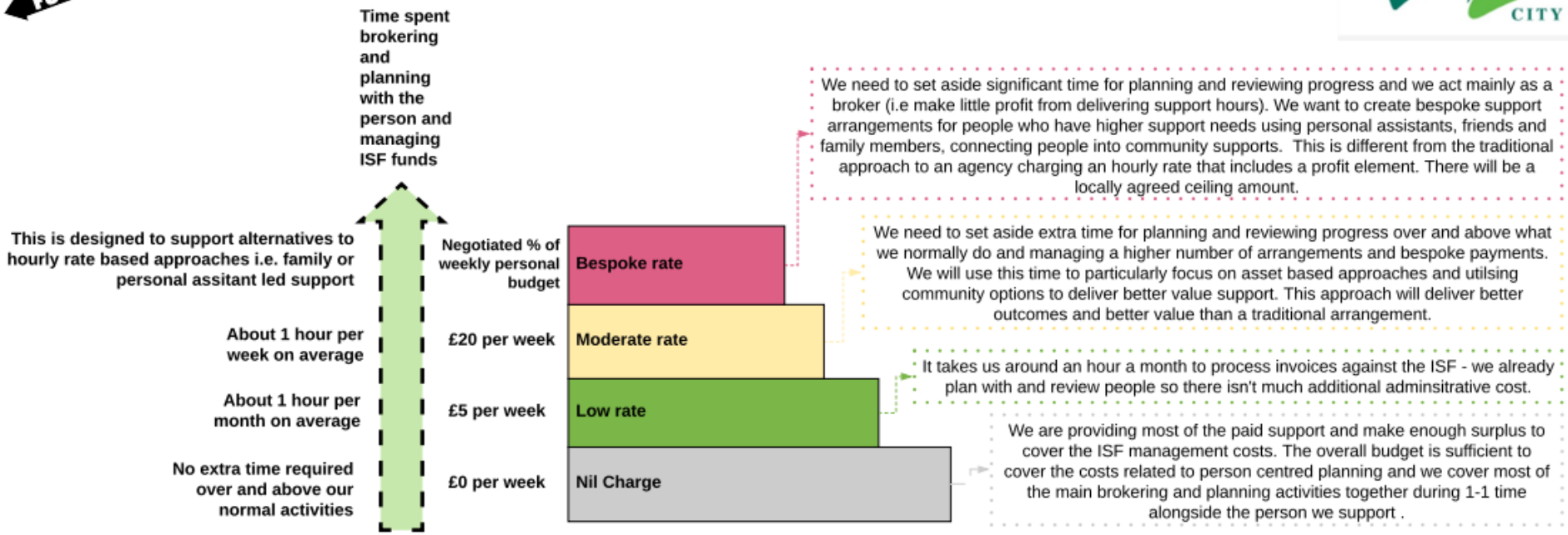
SCHEDULE I – KPIs

Indicator	How is this measured?	Targets
Performance of the Contract	Compliance with all Terms and Conditions	Y
Quality issues	Any complaints or negative reports from social workers, Service Users or commissioning team.	N
Intended outcomes for Service Users	Which outcomes have been addressed?	ALL
Demand for the Service	Nos. of referrals & referrals accepted.	Up to maximum of 75 referrals per year.
What is working well and what isn't?	Lessons learned, feedback from stakeholders, evidence of satisfaction from service users.	Case Studies, E-mails or video statements from service users.
Demand mapping across geographical areas	Map of service users supported (using postcode and GIS)	
Transition and continuity of care for Service Users	No. of Service Users transitioning from 0-25 service.	

SCHEDULE II – PATH



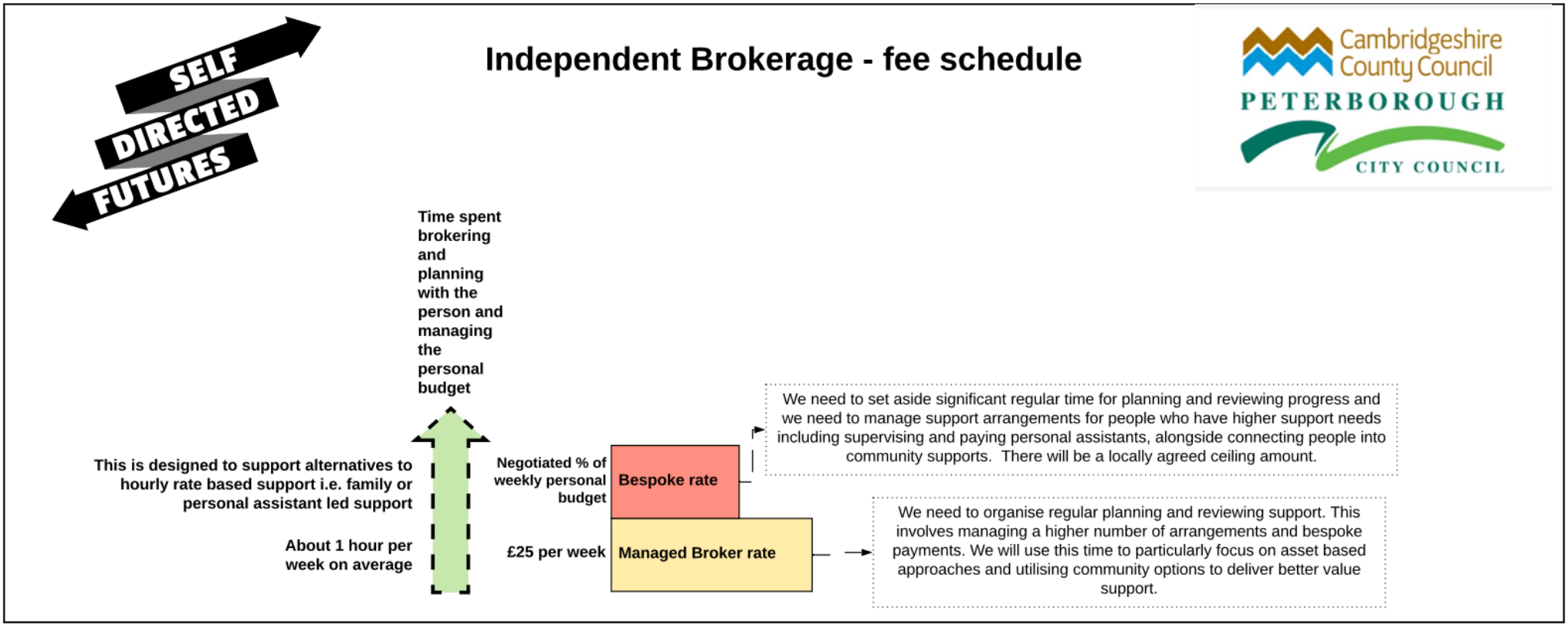
Individual Service Fund management budget- support provider version



Underpinning principles

1. ISFs mean that people can choose who supports them and how - this fee framework removes price competition
2. That ISFs are about doing things differently, being creative and working in an asset based way
3. The payment of management fees is based upon working in outcome focussed way and must demonstrate added value
4. That ISF providers will act as an extension of adult social care working to plan and deliver excellent outcomes
5. Wherever possible ISF fees will be managed within the current personal budget (where one is in place already)

SCHEDULE IV – ISF Provider Remuneration (LOT 2)



SCHEDULE V – Person Specification for Broker Role

The idea of Support Brokerage seems simple, helping people to find their way through barriers and complexities to a better life. Support Brokerage is:

- Not another industry – just a new way which frees up people's creativity
- Not a narrowly defined planning role – but working alongside people to make change happen
- Support Brokerage is a good way of thinking about how we can become allies to positive change as people take control over their own lives
- What is Support Brokerage?
- Support Brokerage is not a defined role, not a fixed list of tasks or a toolkit, but a varied and flexible range of tasks that enables someone to work towards what they want in order to have a good life.

As a broker you should see yourself as facilitating the outcomes that have been set by the individual - taking on what the person would like you to do.

This could include:

- Conducting research and making connections.
- Putting together a case to present to the local authority which clearly demonstrates how a person's aspirations and wishes can effectively meet their assessed needs.
- Working alongside the local authority to identify how to meet the assessed needs of an individual in the most effective way possible.
- Identifying opportunities to maximise resources available to the individual and accessing these resources, this could include: funding, equipment, activities or support.
- Negotiating with other people and organisations to achieve the outcomes set out by the individual.
- Supporting the person to develop a person centred plan or a PATH.

Broker's Personal Qualities?

Being a Support Broker requires dedication, commitment and a genuine interest in supporting an individual to reach their outcomes. It also requires the person to not try and have all the answers but to support the individual to find the answers for themselves.

It involves being resourceful, creative, adaptable and honest. It means that you do not need to be the expert in anything, but you do need to be skilled in enabling a person to be the expert in their own lives. This means:

- Ensuring the person is taking the lead
- Ensuring the person has the opportunity to explore their options
- Avoiding the common temptation to 'fix' a person or their situation

Skills and Qualities

- A passionate belief in the value of human rights and the principles of citizenship
- Good listening skills
- Sensitivity to group dynamics
- Ability to take a problem-solving approach to tasks
- Ability to remain objective
- Integrity
- Calmness in the face of pressure
- Efficient
- Resourceful
- Highly developed interpersonal communication skills
- Ability to document the planning process and its outcomes in ways which are precise yet also support vitality and imagination
- Community development

- Facilitation skills
- Ability to assist in developing or broadening an individual's personal network where this is minimal or non-existent

Your knowledge base

- An understanding of legislation, social policies and programmes and their associated parameters and criteria.
- Insight into the politics and operational realities of how both funding and provider organisations work.
- Awareness of generic community services and support and how they can be accessed, as well as the other kinds of services and organisations that are relevant.
- An understanding of the concept of a 'personal network' and its relevance to the quality of life.
- A solid understanding of the principles and practice of person-centred planning.
- A working knowledge of all relevant Government departments and their contribution to the lives of disabled people.

Support Broker I Statements

Key values and approaches:

- I will work with you positively
- I will not discriminate against you
- I will work with you as an equal partner and a fellow citizen to self-direct your choices and decisions
- I will work with you to address and overcome any limiting beliefs about what is possible and practical
- I will be honest, respectful, responsible and reliable
- I will work under your direction and instruction in a way which makes sense for you
- I will act quickly and carefully if I have concerns about your safety or wellbeing
- I will help you to understand your rights and responsibilities as a citizen
- I will work with you (and anyone else you choose to involve) to produce a written agreement for how we will work together so that everybody is clear about their involvement and responsibilities

Person-Centred and Co-produced Approach:

- I will work with you to identify all of the things which make you into the person that you are, so that I understand you really well
- I will respect your views and values which come from your culture and/or your faith
- I will respect your choices and work with you without trying to take control
- I will help you to make decisions, only involving other people you have asked to be involved
- I will help you to say what is important to you and make sure we focus on that
  I will help you to explain what you want to other people, or speak up on your behalf if you would prefer
- I will help you to think about all of your choices and also your responsibilities to help you to understand any risks or barriers
- I will work with you in a suitable place which you have chosen, where you feel comfortable

Communication:

- I will make sure you understand how to contact me; and that I understand the best way that you would like me to contact you
- I will listen to you and repeat information back to you to show that I have been listening; and to check that I fully understand what you are saying

Equality Impact Assessment
For employees and/or communities

This EIA form will assist you to ensure we meet our duties under the Equality Act 2010 to take account of the needs and impacts of the proposal or function in relation to people with protected characteristics. Please note, this is an ongoing duty. This means you must keep this EIA under review and update it as necessary to ensure its continued effectiveness.

Section 1: Proposal details

Directorate / Service Area:		**Person undertaking the assessment:**	
People & Communities		**Name:**	Graeme Hodgson
Proposal being assessed:		**Job Title:**	Commissioning Manager, Adult Social Care
Individual Service Funds Tender		**Contact details:**	graeme.hodgson@cambridgeshire.gov.uk
Business Plan Proposal Number: (if relevant)	N/A	**Date commenced:**	10th January 2022
		Date completed:	12th January 2022

Key service delivery objectives:

This paper outlines the procurement approach to enable onboarding of Individual Service Fund providers through a Dynamic Purchasing System (ISF DPS), initially in East Cambs (under the Care Together programme) and in Peterborough. The same ISF DPS will be used when Care Together is expanded countywide. Approval is sought for a 5-year DPS (3+1+1) enabling providers and brokers of care to receive referrals to administer the personal budgets of ISF holders.

Key service outcomes:

For referrals to be made to organizations to hold the Personal Budget of individuals identified by practitioners as eligible and suitable for an Individual Service Fund, a group of trusted providers who have fully understood the proposal and what is expected in terms of personalised care and support planning with maximum choice, flexibility and control by the ISF holder must be onboarded following best procurement practices and current legislation.

The maximum expenditure to be allocated through this DPS (in the form of personal budgets) is £17.7 million over the next 5 years, replacing a similar spend in Home Care/Physical Disability/Learning Disability budgets, with the same service user groups being supported using the new, more personalised option of ISFs in place of traditional commissioned care packages.

What is the proposal?

Following creation of the Direct Payment (DP) Board in October 2020, an analysis was undertaken of Cambridgeshire performance data on percentage of people with eligible care needs opting for DPs (23% vs. 26% regional average). Feedback from service users and social workers suggested than many people did not opt for a DP on account of the burden of financial and administrative responsibility for managing one and fears over continuity of care if they directly employ a Personal Assistant.

Equality Impact Assessment
For employees and/or communities

The Adult Social Care Commissioning Team identified an opportunity to increase the proportion of people with eligible care needs accessing self-directed support by offering Individual Service Funds (ISFs). The Centre for Welfare Reform was subsequently invited to provide support and training to Cambridgeshire County Council staff in best practices associated with ISFs and a license for the software 247grid, for personalised care and support planning, was acquired.

On 23rd November 2021, Cambridgeshire & Peterborough Joint Commissioning Board approved a proposal for a Dynamic Purchasing System (DPS) tender process as the recommended procurement approach to onboarding Individual Service Fund providers.

Since the total maximum spend on Individual Service Funds during the proposed 5-year lifetime of the DPS could reach £17.7 million alongside a corresponding saving of the same amount on budgets relating to Home Care/Physical Disability/Learning Disability services, this is classified as a Key Decision and as such requires approval from Adults & Health Committee.

What information did you use to assess who would be affected by this proposal?

Since this proposal is for a procurement approach which is only open to providers who broker or deliver care (in two separate lots), the only parties affected are the providers themselves. The Dynamic Purchasing System itself has no impact on service users. However, ISFs are available for all age groups and service user groups, including those with protected characteristics under the Equality Act (2010). In order to ensure that personal choice of the service user is central, not only have people with lived experience been involved in the writing and scoring of evaluation questions, but if an individual wishes to be supported by a specific organisation not currently on the DPS, they can request for that provider to be included at any time. This avoids the creation of local monopolies or clients being forced to work with providers with a poor track record of catering for LGBT+ people or members of the BAME community.

Are there any gaps in the information you used to assess who would be affected by this proposal?

There is no proposed change in the profile of people with eligible care needs who would be affected by this proposal, that is, anyone with eligible care needs can receive a personal budget in the form of an ISF.

Who will be affected by this proposal?

This proposal positively affects everyone with eligible care needs in the local authority area (across Cambridgeshire and Peterborough). Including:

- Older Adults
- Learning Disability
- Physical Disability
- Carers
- Children with care needs

Section 2: Scope of Equality Impact Assessment

Scope of Equality Impact Assessment					
*Check the boxes to show which group(s) is/are considered in this assessment. Note: * = protected characteristic under the Equality Act 2010.*					
*	Age	☒	*	Disability	☒
*	Gender reassignment	☒	*	Marriage and civil partnership	☐
*	Pregnancy and maternity	☒	*	Race	☒
*	Religion or belief (including no belief)	☒	*	Sex	☐
*	Sexual orientation	☒			
	Rural isolation	☒		Poverty	☒

Section 3: Equality Impact Assessment

The Equality Act requires us to meet the following duties:

Duty of all employers and service providers:

- *Not to directly discriminate and/or indirectly discriminate against people with protected characteristics.*
- *Not to carry out / allow other specified kinds of discrimination against these groups, including discrimination by association and failing to make reasonable adjustments for disabled people.*
- *Not to allow/support the harassment and/or victimization of people with protected characteristics.*

Duty of public sector organisations:

- *To advance equality of opportunity and foster good relations between people with protected characteristics and others.*
- *To eliminate discrimination*

For full details see the Equality Act 2010.

We will also work to reduce poverty via procurement choices.

Research, data and/or statistical evidence
List evidence sources, research, statistics etc., used. State when this was gathered / dates from. State which potentially affected groups were considered. Append data, evidence or equivalent.
Appendix 1 - Service Specification ISFs v7_

Consultation evidence
State who was consulted and when (e.g. internal/external people and whether they included members of the affected groups). State which potentially affected groups were considered. Append consultation questions and responses or equivalent.
Healthwatch Carers Partnership Boards – Nov 2021 Healthwatch Physical Disability Partnership Boards – Nov 2021 Care Together Co-Creation Events in Ely, Soham, Littleport & Burwell – Oct 2021 Cambridgeshire County Council & Peterborough City Council Operational Staff (Social Workers) – Oct 2021 Peterborough Council for Voluntary Service (PCVS) – Oct 2021 People Plus (Direct Payment Support Service) – Oct 2021
Based on consultation evidence or similar, what positive impacts are anticipated from this proposal?
This includes impacts retained from any previous arrangements. Use the evidence you described above to support your answer.
The proposal for ISFs was extremely well-received by those with lived experience of eligible care needs, carers present at the partnership boards and especially social workers who are on the front line, working closely with people at risk. The increased degree of personalisation, choice and control that ISFs afford is welcomed and those with protected characteristics are the most likely to benefit from being given more of a say in how their personal budget is spent than is the case with traditional care packages. This is particularly true where a Personal Assistant is hired to support an individual in the way they direct them do work, with personal choice and preference being possible right from the recruitment and hiring phase, through to how day-to-day tasks are performed. In the past, framework providers have on occasion demonstrated intolerance of some people with protected characteristics such as members of LGBT+ and BAME communities as well as others covered by the Equality Act (2010) e.g. gender reassignment. The approach outlined above enables the individual service user to choose who they wish to be supported by and indeed recommend that trusted providers of their choice apply to join the DPS. By definition, those with protected characteristics relating to disability or older age are positively impacted through greater choice, flexibility and control over how their care needs are met. In addition, care workers (on low incomes) can be positively impacted as this model enables payment of self-employed care workers (sole traders) who form micro-enterprises, resulting in potential increase in earnings despite lower cost to the individual/Council funding care.
Based on consultation evidence or similar, what negative impacts are anticipated from this proposal?
This includes impacts retained from any previous arrangements. Use the evidence you described above to support your answer.

There are a small number of ares where potential risk of negative impact lies:.

- Possible migration of small numbers of home care agency staff (earning minimum wage, for example) to a model where they operate as sole traders (where they can earn slightly more, despite charging less than a home care agency would charge to deliver the same service). However, mitigation is in place in the form of central government funding for recruitment and retention and a clear directive from the Council for the Community Catalyst supporting development of care micro-enterprises who would be paid via ISF to avoid recruiting existing care workers, so as not to destabilise the market.
- Continuity of care can be a concern for those who currently directly employ a Personal Assistant (PA). When the PA goes on annual leave or statutory sick pay, it is not always easy to find a replacement. Mitigation includes working closely with PAs and sole traders to promote partnership working and collaborative cooperation so one can cover another's absences. In the ISF model, the responsibility for finding cover fall to the ISF provider, rather than to the individual.
- Safeguarding, Health & Safety, Infection Prevention & Control and other policies and practices are often more established in larger, CQC-regulated providers, rather than some of the sole traders or micro-enterprises entering the care market. For this reason, special training and support is given by the Council-commissioned Community Catalysts to ensure best practices are adhered to and guidance is also given for obtention of CQC-regulated status if personal care is being delivered. Furthermore, in Lot 2 of the ISF DPS, established, larger providers, such as home care agencies, are able to act as ISF providers and would therefore already be CQC-regulated.

How will the process of change be managed?

Poorly managed change processes can cause stress / distress, even when the outcome is expected to be an improvement. How will you involve people with protected characteristics / at risk of poverty/isolation in the change process to ensure distress / stress is kept to a minimum? This is particularly important where they may need different or extra support, accessible information etc.

This model of procurement of ISF Providers is a new service to be offered to people with eligible care needs alongside the existing option of a Direct Payment or a commissioned care package and as such is creating more choice and opportunities for personalisation. Practitioners will present clients with the alternatives, as well as pros and cons, allowing the individual to make the final decision as to how they wish to be supported. In this way, people with eligible care needs will be given full choice and control and are free to opt for any one of the three forms of support presented to them, switching back to a Direct Payment from an ISF if they so wish, or even to an arranged provision with a framework provider. If they choose to do down the ISF route, a call will go out from Brokerage to the ISF providers who have previously been onboarded via the tender proposed in this EqIA and details of all those who respond positively (regarding their capacity to assist) will then be sent to the client

for a final decision to be made regarding which ISF provider they wish to enter into an agreement with. Once again, clients are free to revert to another form of care and support if they decide an ISF is not for them at any time.

How will the impacts during the change process be monitored and improvements made (where required)?

How will you confirm that the process of change is not leading to excessive stress/distress to people with protected characteristics / at risk of isolation/poverty, compared to other people impacted by the change? What will you do if it is discovered such groups are being less well supported than others?

Since this is a new service, there will be no loss or change to current service. Rather, service users will be offered an additional option in how they receive care and support (and pay for it). As such, there is no negative impact or stress/distress to people with protected characteristics. In fact, since the ISF offer will initially be rolled out in East Cambs (in addition to Peterborough), it could be argued that this is an example of positive action for those living in rural isolation/poverty.

Uptake of this option will be closely monitored, including outcomes for indviduals, so any trends can be assessed and reasons for high or low uptake evaluated. It is important to note that ISFs will only ever be set up for those clients who opt for them and practitioners are under no pressure to reach specific targets of ISF uptake.

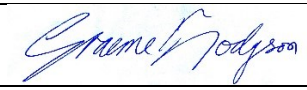
Section 4: Equality Impact Assessment - Action plan

See notes at the end of this form for advice on completing this table.

Details of disproportionate negative impact *(e.g. worse treatment / outcomes)*	**Group(s) affected**	**Severity of impact** *(L/M/H)*	**Action to mitigate impact with reasons / evidence to support this *or* Justification for retaining negative impact**	**Who by**	**When by**	**Date completed**
ISF Provider failure to cater for needs of those with protected characteristics	People with protected characteristics	Low	If such an impact is reported or suspected, training will be made available to providers in best practices relating to Equality, Diversity and Inclusion, even though such policies and practices are already required for successful application to join the DPS.	Contracts & Commissioning	After 6 months from launch of ISFs	

Equality Impact Assessment
For employees and/or communities

Section 5: Approval

Name of person who completed this EIA:	Graeme Hodgson	**Name of person who approves this EIA:**	Jenni Bartlett
Signature:		**Signature:**	
Job title:	Adult Social Care Commissioning Manager & Programme Lead, Care Together, CCC.	**Job title:** *Must be Head of Service (or equivalent) or higher, and at least one level higher than officer completing EIA.*	**Equality, Diversity and Inclusion Advisor**
Date:	17th January 2022	**Date:**	31st January 2022

MEMBER BRIEFING

CARE TOGETHER

Cambridgeshire County Council's Adult Social Care Commissioning Team is leading a place-based, co-produced programme to support older people (including all client groups, e.g. learning disabilities, mental health and other long term conditions) to remain happy at home for longer, initially in East Cambridgeshire.

The Care Together programme has three strategic aims:

1) Introduce community-driven place-based commissioning
2) Improve the Home Care offer available to local people
3) Jointly develop early intervention and prevention for older people

Following extensive coproduction and collaboration with a wide range of statutory and community partners, service users and local residents, 12 projects/workstreams have been identified as part of the Programme and are being implemented in East Cambridgeshire and in some cases countywide. The 12 projects and their overarching aims are summarised below:

Countywide

- **Libraries as Community Hubs** (Safe spaces for older people to learn new skills and find out more about the range of support available in their local community).
- **Expansion of Community Assets** (Support the growth of new and existing grass roots community and volunteer groups who provide informal care and support to older people)
- **Holistic Home Care** (Develop a personalised and outcome focused model of Council-funded homecare which reduces loneliness, improves wellbeing and older people maintain independence)
- **Place-Based Home Care** (Change how the Council purchases homecare through the introduction of geographical zones to reduce care worker travel, increase homecare capacity and reduce carbon emissions)
- **Day Opportunities Review** (Updated and co-designed offer of daytime opportunities to better meet the wishes of older people)
- **Wrap Around Services for Independence** (Develop an integrated offer of Early Intervention & Prevention services including technology-enabled care which can be easily accessed by older people and their families/carers)
- **Dementia & Carer-Friendly Communities** (Creating inclusive environments for all).

East Cambridgeshire only (currently)

- **Transport & Community Connections** (improve accessible transport in rural communities for older people to make it easier to stay socially connected).
- **Care Micro-Enterprises: Community Catalysts** (expand the supply of homecare by supporting individuals to set up micro-enterprises and become sole traders in home care)

- **Individual Service Funds** (Introduction of personalised care and support planning by a trusted provider to give older people more opportunity to choose how they receive care and support with the guidance and assistance of the provider)
- **Self-Help Questionnaire and Directory** (Person-centred guide which promotes wellbeing and independence and provides information on the range of support available locally for older people)
- **Proactive Early Intervention Team** (Identification of and outreach to frail older people who may have unidentified support needs by a multidisciplinary team from health and social care)

Some of the above workstreams will be led by County Council teams, including *Commissioning*, *Prevention & Early Intervention* and *Think Communities*, while others will fall to District Councils, Integrated Care Partnerships or *Integrated Neighbourhoods*, but all will be multi-disciplinary with significant involvement of the NHS and other local stakeholders, including residents and service users.

The programme will benefit from independent evaluation by investigators led by Prof. Louise Lafortune, Scientific Coordinator of the Ageing Well Programme at the NIHR School of Public Health Research, University of Cambridge, ensuring the outcomes of Care Together deliver tangible benefits for the community and that Social Return on Investment can be objectively demonstrated.

For further information on the progress of the Project, the following webpage will be updated regularly: https://www.cambridgeshire.gov.uk/residents/adults/connect-with-your-local-community/happy-at-home

think local act personal

coalition for collaborative care
ACTION FOR LONG-TERM CONDITIONS

making it real

how to do personalised care and support

"As a disabled person I want to lead an ordinary life and do not want to be defined or limited by my care and health needs. Making it Real does what is says on the tin and describes what good personalised care and support looks like. It should be taken up widely."

Clenton Farquharson MBE, Chair of Think Local Act Personal Programme Board

"Our world is increasingly one in which complexity is the norm and where people's needs are complex. Only when we provide care and support in combination with our colleagues in health and housing, that sees people in the round, can we better reflect this and ensure that personalisation becomes everyone's experience. Making it Real is an indispensable resource that can help achieve this and shows us what good looks like."

Glen Garrod, President of the Association of Directors of Adult Social Services (ADASS)

"Housing is essential to health and wellbeing. Without a suitable, secure, accessible home, in the right location, it is very difficult (or impossible) for a person to live an independent, active life, arrange personalised care and support, or achieve their potential. That is why the Housing LIN supports Making it Real, and would advocate the importance of Making it Real in housing."

Jeremy Porteus, Managing Director, Housing LIN

"We are delighted that the updated Making it Real now includes a focus on health. I would urge all organisations serious about delivering personalised healthcare to make use of this fantastic resource."

Nigel Mathers, Co-Chair Coalition for Collaborative Care

"The NHS is on a journey to make personalised care business as usual across the health and care system. This will require a different relationship between people and professionals, with a shift in power and decision-making that enables people to have a voice and be connected to each other and their communities. Making it Real exemplifies this vision and is a practical tool that will help to achieve it."

James Sanderson, Director of Personalised Care, NHS England

"Skills for Care welcomes the publication of this easy to use Making it Real guide that will help services incorporate the principles of personalisation, and support a well-led, skilled and valued workforce so our fellow citizens have a life not just a service."

Sharon Allen, Chief Executive Officer, Skills for Care

"The development of Quality Matters, the sector-wide commitment to quality in adult social care, was founded on the principle that the voice of people using services, their carers and families should be heard and inform everyone's understanding of what good quality care and support looks like. The new version of Making it Real gives clarity and power to that voice and will really help to make a difference."

Andrea Sutcliffe CBE, Chief Inspector of Adult Social Care, Care Quality Commission

HOW TO DO PERSONALISED CARE AND SUPPORT

INTRODUCTION

Personalisation is rooted in the belief that people want to have a life not a service. Making it Real is a framework and a set of statements that describe what good, citizen-focused, personalised care and support look like from the point of view of people themselves.

The statements can be used to inspire and motivate organisations to keep getting better at what they do. They apply to a broad range of organisations, including those in health, social care, housing and the voluntary and community social enterprise sector as well as user-led organisations.

The framework is based on the following principles and values of personalisation and community-based support:

- People are citizens first and foremost.
- A sense of belonging, positive relationships and contributing to community life are important to people's health and wellbeing.
- Conversations with people are based on what matters most to them. Support is built up around people's strengths, their own networks of support, and resources (assets) that can be mobilised from the local community.
- People are at the centre. Support is available to enable people to have as much choice and control over their care and support as they wish.
- Co-production is key. People are involved as equal partners in designing their own care and support.
- People are treated equally and fairly and the diversity of individuals and their communities should be recognised and viewed as a strength.
- Feedback from people on their experience and outcomes is routinely sought and used to bring about improvement.

"Making it Real is not just another thing for organisations to do. It is a vision, inspiration and a guide that, if used in the way intended, will help people to lead their lives to the fullest."

Sally Percival, National Co-Production Advisory Group

Making it Real has been co-produced with people who have experience of accessing health, social care and housing services and by Think Local Act Personal (TLAP) and the Coalition for Collaborative Care (C4CC). People with lived experience have been involved throughout, together with a large number of organisations. A working group, whose members are shown at the end of the document, has overseen the work.

WHO'S IT FOR?

Making it Real is relevant to people with care, treatment and support needs, including people of all ages with long-term conditions. It also applies to families, carers and young people moving into adulthood (in service terms often referred to as transitions, to cover the process of moving from children's to adult social care). It doesn't cover school education.

There are no named or specific conditions or labelled groups as these principles should apply to everyone. Throughout the document the terms personalisation and person-centred care are used interchangeably. Both are approaches that put the person at the centre.

The framework is applicable in a wide range of settings, including:

- home and community-based support (including NHS primary care)
- housing (including sheltered housing)
- residential care (including nursing homes)
- hospitals
- hospices
- other public services such as arts, culture, leisure and adult education.

There are specific audiences for the framework:

- people with care, health treatment and social support needs
- commissioners and providers across health, social care and housing
- local organisations, the voluntary and community social enterprise sector, self-advocacy and co-production groups
- staff working in health, social care and housing at all levels (including professionally qualified) and people who work or volunteer in community-based organisations
- local partnerships across health, social care and housing
- local services such as leisure, culture and businesses
- national and regional organisations that do not directly provide services but play a role in regulation, improvement, training, qualifications and standards.

WHY SHOULD I USE IT?

The fundamental purpose of Making it Real is to support change and improvement by setting out what good personalised and community-centred care and support looks like. The guide will help you embed personalised support so that it becomes mainstream: the way we do things around here.

HOW IS MAKING IT REAL STRUCTURED?

Making it Real is built around six themes to reflect the most important elements of personalised care and support. Each theme has a number of *I* statements that describe what good looks like from an individual perspective. These are followed by *We* statements that express what organisations should be doing to make sure people's actual experience of care and support lives up to the *I* statements.

WHAT'S IN IT FOR PEOPLE?

- Making it Real can help individuals and groups to think about what's happening locally and to check how well their aspirations are being met and what needs to change.
- People can use the statements as a basis for a really good conversation with local services that focuses on making things better.
- It will also support co-production between people, commissioners and providers.

WHAT'S IN IT FOR ORGANISATIONS?

- Making it Real can help organisations that genuinely want to get better at personalisation to look at their current practice against the statements, identify areas for change, and develop plans for action.
- It can help organisations achieve a more positive and productive relationship with people who use services.
- It can help organisations to meet their legal duties and contribute to raising standards.
- For organisations that do not directly provide services, it can guide them in how to support the spread of personalised care and support.

Not all of the statements will be equally relevant to all people and organisations, and there will be some variation in how organisations use them within the overall approach.

Organisations and their staff have certain legal requirements which they must meet, for example around safeguarding. Making it Real provides a framework within which legal duties and responsibilities can be fulfilled through working in a person-centred way. Best Interest requirements should ensure that the principles set out in this framework apply where practicable and possible to people where reduced capacity has been established, or where there are legal restrictions or limited choices.

"We really like the *I* statements, they are specific and what everyone will relate to. The *We* statements are a good checklist as to whether we are meeting those priorities."

Hazel Brook, Wakefield Council

"We particularly welcome the *We* statements; these bring context to organisations and tangible examples of best practice."

Bethan McKenzie-Kerr, Action on Hearing Loss

HOW DOES MAKING IT REAL FIT IN WITH THE WIDER PICTURE?

First launched in 2012, Making it Real has been updated to take account of the Care Act 2014, with its emphasis on wellbeing, and growing importance of personalisation within health.

The framework also links with other areas that have a shared aim of developing personalised care and support. These include:

- NHS England's 'comprehensive model for personalised care'[1], which aims to ensure that every person with a long-term condition has access to a care and support planning process in primary care. Also that the 5% of people with the most complex needs have access to integrated care and support planning through a multidisciplinary team, including access to a joint health and social care budget where appropriate.

- Developments to improve quality: the NHS Shared Commitment to Quality[2] and Quality Matters for social care.[3] Making it Real is also consistent with the Care Quality Commission's objectives that health and care is person-centred, safe, effective, caring and responsive, and that services are well led and resources are used sustainably.
- National Institute for Health and Care Excellence (NICE) quality standards and guidance.
- Improving commissioning through the Integrated Commissioning for Better Outcomes framework developed by the Local Government Association.[4]
- Person-centred framework developed by Health Education England in partnership with Skills for Health and Skills for Care.[5]
- C4CC's 'three Cs' – their mission to change the health system, to ensure that co-production, community development and better conversations through care and support planning become part of business as usual in supporting people with long-term conditions.
- TLAP's wider work to promote and support the development of personalised and community-based approaches to care and support.

WHY IS CO-PRODUCTION ESSENTIAL TO MAKING IT REAL?

Making it Real is not a step-by-step toolkit or a rigid performance management framework. Organisations will need to decide for themselves how to make best use of it. The crucial element is that any work in support of Making it Real must be co-produced by people with lived experience and reflect the principles and values of co-production. By this we mean that people are involved as equal partners in designing their support and achieving outcomes agreed through a personalised care and support plan.

Co-production also recognises that people (and their families) have knowledge and experience that should be used to support improved planning and decision-making at the strategic level.

Information about the support available from TLAP's National Co-production Advisory Group (NCAG) to help organisations take up and use Making it Real is on the TLAP website.[6]

[1]Universal, Personalised Care: 10 year delivery ambitions for England, NHS England, forthcoming.

[2]NHS Shared Commitment to Quality, NHS England, 2016

[3]Adult Social Care, Quality Matters, Care Quality Commission, 2017

[4]Integrated Commissioning for Better Outcomes: A commissioning framework, Local Government Association

[5]Person-Centred Care Framework, Health Education England, 2017

[6]www.thinklocalactpersonal.org.uk

LIVING THE LIFE I WANT, KEEPING SAFE AND WELL

WELLBEING AND INDEPENDENCE

"Making it Real has given me the confidence I needed to turn my life around – by swapping the mobility scooter for a bike, helping to set up Cycling 4 All, and staying away from the GP."

Caroline Waugh, National Co-production Advisory Group

I STATEMENTS

- I can live the life I want and do the things that are important to me as independently as possible.
- I am treated with respect and dignity.
- I feel safe and am supported to understand and manage any risks.
- I am supported to manage my health in a way that makes sense to me.
- I have people in my life who care about me – family, friends and people in my community.
- I am valued for the contribution that I make to my community.
- I have a place I can call home, not just a 'bed' or somewhere that provides me with care.
- I live in a home which is accessible and designed so that I can be as independent as possible.

WE STATEMENTS

- We have conversations with people to discover what they want from life and the care, support and housing that will enable this, without restricting solutions to formal services and conventional treatments.
- We work with people to make sure that their personal plans promote wellbeing and enable them to be as independent as possible.
- We work with people to manage risks by thinking creatively about options for safe solutions that enable people to do things that matter to them.
- We know it can be helpful for people to share experiences so we encourage specialised support, peer support, self-help and self-advocacy groups.
- We welcome ideas about using personal budgets flexibly and creatively.
- We look for ways to involve people in their communities where they feel included and valued for their contribution.
- We make sure people feel safe and comfortable in their own home, which is accessible, with appropriate aids, adaptations, technology and medical equipment.
- We know that the place where people live, the people they live with, and the support they get, are important to their wellbeing and often interlinked. We have conversations with people to make sure we get all aspects right for them as individuals.

HAVING THE INFORMATION I NEED, WHEN I NEED IT

INFORMATION AND ADVICE

"Making it Real is about learning from listening and sharing what works. It is about having meaningful conversations and meaningful relationships."

Kathy Roberts, Association of Mental Health Providers

I STATEMENTS

- I can get information and advice that helps me think about and plan my life.
- I can get information and advice about my health and how I can be as well as possible – physically, mentally and emotionally.
- I can get information and advice that is accurate, up to date and provided in a way that I can understand.
- I know about the activities, social groups, leisure and learning opportunities in my community, as well as health and care services.
- I know what my rights are and can get information and advice on all the options for my health, care and housing.
- I know how to access my health and care records and decide which personal information can be shared with other people, including my family, care staff, school or college.

WE STATEMENTS

- We provide free information and advice to everyone, including people who arrange or fund their own support and care.
- We provide accurate and up-to-date information in formats that we tailor to individual needs, face to face if necessary.
- We talk to people to find out how much information they want and follow up to find out if they want more detail.
- We provide information and advice about health, social care and housing which is tailored to a person's situation without limiting their options and choices.
- We provide information and advice that reflects relevant law and/or clinical guidance.
- We provide information to make sure people know how to navigate the local health, care and housing system, including how to get more information or advice if needed.
- We make sure people know their legal rights and responsibilities.
- We tell people about person-centred approaches to planning and managing their support and make sure that they have the information, advice and support to think through what will work best for them.
- We provide information about what's happening in our local community and how people can get involved.
- We always include a contact name, telephone number and email address when giving advice or information electronically.
- We make sure we share information about what we do and how people can access our service with other relevant organisations so we can all work more effectively.
- We tell people about their rights to see their health and social care records and to ask for any mistakes to be put right.
- We get permission before sharing personal information.

KEEPING FAMILY, FRIENDS AND CONNECTIONS

ACTIVE AND SUPPORTIVE COMMUNITIES

"For all of us working to help personalised care and support to take root and thrive, a large part of our task must be to get alongside and to nurture the sorts of vibrant, diverse, supportive and inclusive communities that will enable all of us, including people with care and support needs, to be active, valued and empowered citizens."

Duncan Tree, Volunteering Matters

I STATEMENTS

- I have people who support me, such as family, friends and people in my community.
- I can meet people who share my interests and have the opportunity to join and participate in a range of groups.
- I feel welcome and safe in my local community and can join in community life and activities that are important to me.
- I have opportunities to learn, volunteer and work and can do things that match my interests, skills and abilities.
- I can keep in touch and meet up with people who are important to me, including family, friends and people who share my interests, identity and culture.
- I have a co-produced personal plan that sets out how I can be as active and involved in my community as possible.

WE STATEMENTS

- We make sure that people can keep in touch and meet up with their family, friends and people in the community who are important to them.
- We make sure that people have opportunities to make new friends and build relationships with other people who share their interests, culture and identity.
- We work in partnership with others to make our local area welcoming, supportive and inclusive for everyone.
- We work in partnership with others to create opportunities for people to work, both paid and voluntary, and to learn.
- We have a clear picture of all the community groups and resources in our area and use this when supporting people and planning services.
- We invest in community groups, supporting them with resources – not necessarily through funding – but with things like a place to meet or by sharing learning, knowledge or skills.
- We make sure that personalised care and support plans are co-produced and set out how people can be as active and involved in their community as possible, doing things that are important to them.

MY SUPPORT, MY OWN WAY

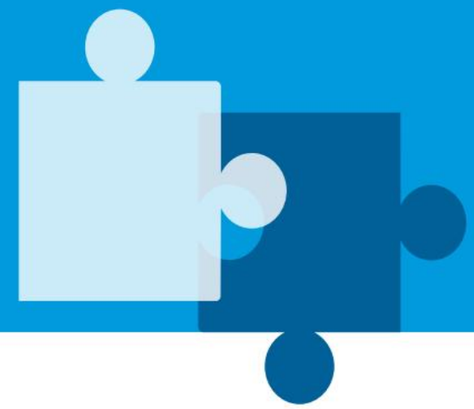
FLEXIBLE AND INTEGRATED CARE AND SUPPORT

"As someone who uses both health and social care, I want the best life I can have in the way that I want it. That's what Making it Real means to me, it's about people being supported to have choice and control."

Anna Severwright, Coalition for Collaborative Care

I STATEMENTS

- I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and personal goals.
- I am in control of planning my care and support. If I need help with this, people who know and care about me are involved.
- I know how much money is available to meet my care and support needs. I can decide how it's used – whether it's my own money, a health or social care personal budget, or a budget managed on my behalf.
- I have care and support that is coordinated and everyone works well together and with me.
- I can choose who supports me, and how, when and where my care and support is provided.
- I can get skilled advice and support to understand how my care and support budgets work and enable me to make the best use of the money available.
- I can get skilled advice and support to recruit and manage my personal assistants, whether I employ them or an organisation does.



WE STATEMENTS

- We work in partnership with others to make sure that all our services work seamlessly together from the perspective of the person accessing services.
- We work with others to agree a single, integrated personal plan and provide a named coordinator for people accessing more than one service.
- We talk with people to find out what matters most to them, their strengths and what they want to achieve and build these into their personalised care and support plans.
- We work with people as equal partners and combine our respective knowledge and experience to support joint decision-making.
- We tell people about their rights to advocacy and representation and make sure these services are available.
- We want people to be as involved as possible in writing their personalised care and support plans and provide help from people who understand the importance of person-centred planning.
- We make sure that people can rely on and build relationships with the people who work with them and get consistent support at times that make sense for them.
- We work flexibly to meet people's fluctuating requirements for care and support, enabling the flexible use of personal budgets over time and with minimal restrictions.
- We review people's personalised care and support plans with them regularly, focusing on whether they are doing the things they identified as important to them.
- We make sure that our organisational policies and procedures reflect the duties and spirit of the law and do not inadvertently restrict people's choice and control.

STAYING IN CONTROL

WHEN THINGS NEED TO CHANGE

I STATEMENTS

- I am supported to plan ahead for important changes in life that I can anticipate.
- When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place before change happens.
- If I move from my home to another place, the people who are important to me are respected, listened to, supported and involved in decisions.
- If my medication has to change, I know why and am involved in the decision.
- I can plan ahead and stay in control in emergencies. I know who to contact and how to contact them and people follow my advance wishes and decisions as much as possible.
- I know what to do and who I can contact when I realise that things might be at risk of going wrong or my health condition may be worsening.

"This will be a fabulous hospital discharge tool."

Chrissie Geeson,
Suffolk County Council

WE STATEMENTS

- We support people to plan for important life changes, so they can have enough time to make informed decisions about their future.
- We make sure that staff working in short-term settings or situations understand people's care, treatment and support requirements and work in a person-centred way.
- We talk to people during and after significant changes to find out if their requirements for care, support and housing have changed and to review their aspirations.
- We talk through changes in treatment or medication with people so they understand the changes and possible implications or side effects, seeing people holistically in the context of their life.
- We work with people to write a plan for emergencies and make sure that everyone involved in supporting the person knows what to do and who to contact in a health or social care emergency. We make sure that any people or animals that depend on the person are looked after and supported properly.
- We make sure that people, and those closest to them, know what to do and who to contact if their health condition, support arrangements or housing conditions are deteriorating and a crisis could develop. We respond quickly to anyone raising concerns.

THE PEOPLE WHO SUPPORT ME

WORKFORCE

I STATEMENTS

- I am supported by people who see me as a unique person with strengths, abilities and aspirations.
- I am supported by people who listen carefully so they know what matters to me and how to support me to live the life I want.
- I am supported to make decisions by people who see things from my point of view, with concern for what matters to me, my wellbeing and health.
- I have considerate support delivered by competent people.

WE STATEMENTS

- We don't make assumptions about what people can or cannot do and don't limit or restrict people's options.
- We see people as individuals with unique strengths, abilities, aspirations and requirements and value people's unique backgrounds and cultures.
- We know how to have conversations with people that explore what matters most to them – how they can achieve their goals, where and how they live, and how they can manage their health, keep safe and be part of the local community.
- We have a 'can do' approach which focuses on what matters to people and we think and act creatively to make things happen for them.
- We keep up to date with local activities, events, groups and learning opportunities and share this knowledge so that people have the chance to be part of the local community.

"The *I* and *We* format is really helpful, as it will help front line staff translate principles into practice in a very tangible way."

Jane Lawson, Local Government Association

MAKING A COMMITMENT

Our ambition is that Making it Real acts as an encouragement and resource to help embed personalised and community-centred support.

We want as many organisations and individuals as possible to publicly declare their commitment to Making it Real. The approach to making this commitment is flexible, so that organisations can choose what they want to focus on and work at their own pace.

INGREDIENTS FOR SUCCESS

When organisations commit, they must share their experiences for others to learn from, and be accountable for their commitments. These are the two most important ingredients for success, according to people who took part in the consultation.

THREE STEPS FOR GETTING INVOLVED

1 Develop and publicise your priorities via the TLAP website. Your plans for how you are improving good personalised care and support must be developed through co-production.

2 Share your experience, first making sure that what you say has been agreed and verified through co-production with people who access services.

3 Review progress and be open to feedback.

Details on how to register and get involved can be found on TLAP's website. The online resource includes stories from people and organisations who are using Making it Real to make a difference in people's lives. There you can be inspired by examples of good practice and share your own stories to encourage others. The website also contains information on the support available from the National Co-Production Advisory Group (NCAG).

In the spirit of this document we hope you will find your own way of using it and share your experience with us.

"I like to think of NCAG as our 'critical friends' – they told us the truth, held a mirror up to us and gave us support so that we can be better and make more of a difference to the people we support."

Graham Farrington-Horsfall, Lifeways

"I urge anyone who cares about people to embrace Making it Real. There's something in it for everyone."

Kate Sibthorp, National Co-Production Advisory Group

"Makes perfect sense."

Dr David Paynton, Royal College of General Practitioners

"Making It Real is about helping everyone to have ordinary lives."

Dame Philippa Russell, Carers UK

"CQC has been privileged to be involved in Making it Real. It is an incredibly useful way to support people in understanding what good and outstanding person-centred care looks like and what they should expect from providers."

David James, Care Quality Commission

THINK LOCAL ACT PERSONAL

Think Local Act Personal (TLAP) is a sector-wide partnership working to promote personalisation across social care, heath and housing by sharing learning and supporting innovation through networks, events and resources.

makingitreal@tlap.org.uk
thinklocalactpersonal.org.uk
@tlap1

COALITION FOR COLLABORATIVE CARE

The Coalition for Collaborative Care (C4CC) is a partnership of more than 50 national organisations working together to drive major change and achieve a better deal for people with long-term health conditions and their carers.

coalitionforcollaborativecare.org.uk
@Co4CC

TLAP and C4CC are sponsored by the Department of Health and Social Care and NHS England

ORGANISATIONS REPRESENTED ON THE MAKING IT REAL WORKING GROUP

- Alzheimer's Society
- Association of Directors of Adult Social Services (ADASS)
- Care Quality Commission (CQC)
- Carers UK
- Coalition for Collaborative Care (C4CC)
- In Control
- National Institute for Health and Care Excellence (NICE)
- National Voices
- NHS England
- Skills for Care
- United Kingdom Home Care Association (UKHCA)
- Think Local Act Personal (TLAP)
- TLAP's National Co-Production Advisory Group (NCAG)
- Volunteering Matters

A larger number of organisations were also involved through two summit meetings in 2017.

Our thanks and appreciation goes to everyone who has contributed to this project.

Quality matters

Published by Think Local Act Personal, 2018

Agenda Item No: 10

Procurement of care and support in Extra Care

To:	Adults and Health Committee
Meeting Date:	17 March 2022
From:	Executive Director, People & Communities
Electoral division(s):	All
Key decision:	Yes
Forward Plan ref:	2022/019
Outcome:	To enable older people to continue to be supported to live independently in extra care.
Recommendation:	Adults and Health Committee is recommended to :

a) Approve the general procurement approach and the overall value of £11,750,000 (based on 2022/23 values) over 10 years;

b) Tender the care and support in the following extra care schemes:
(i) Bircham House, Sawston
(ii) Dunstan Court, Cambridge
(iii) Moorlands Court, Melbourn
(iv) Poppyfields, Eynesbury, St Neots
(v) Richard Newcombe Court, Cambridge
(vi) Willowbank, Cambridge.

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

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1. Background

1.1 Extra care housing schemes are specialist housing schemes for older people that have been specifically designed to maximise people's independence. All tenants have their own apartment with a front door and yet also benefit from the availability of the 24/7 on-site care and support service. The care and support service is flexible and tailored to individual's needs. The supportive environment in extra care enables older people to live independently for longer, without having to worry about repairs or other on-going maintenance issues. It is an important aspect of the prevention agenda as people's health and wellbeing is maintained thereby delaying and/or reducing the use of residential care. A case study is attached in Appendix A.

1.2 The allocations into extra care housing are managed with the aim of developing a balanced and stimulating community that supports and promotes independence. Schemes are generally well located with good access to local facilities. Applications are usually considered by a multi-agency panel which consists of a representative from the respective older people's locality team, the housing provider, a representative from the district council may be involved (but this varies from district to district) and the care provider will usually attend in an advisory capacity.

1.3 There are 18 extra care schemes in Cambridgeshire (see Appendix A, Table One) and the care and support services are delivered via contracts which are tendered by the county council. People living in extra care schemes can choose to make arrangements for their own care and would still be able to access the contracted care provider for emergency calls. Two of the schemes in this procurement are 'part sheltered/part extra care'. Although the flats will be identical in terms of their design, the sheltered flats would have been allocated to older people based on their housing need. Applications for the extra care flats would have been considered by allocations panel described in the previous paragraph, which would have included an up-to-date assessment of their care and support needs. Each person will also have a tenancy with the respective landlord. The contracts for these schemes are due to end in February/March 2023.

1.4 Extra care housing schemes are an important part of the overall provision for older people. The accommodation options range from sheltered housing schemes which are linked to an emergency alarm system through to nursing care homes for people who need regular medical care. Appendix B provides an explanation of the different types of provision.

2. Recommissioning of the services

2.1 The Council tenders for a flexible core and add-on contract. In all these schemes, the core contract is 203 hours per week (i.e. the guaranteed element) which provides 140 daytime hours and 63 hours waking night cover per week. This ensures that during peak daytime hours, more than one member of staff will be available to provide care and one person available overnight. Any additional hours above the daytime core of 140 hours are dependent upon the assessed care needs of the tenants and are invoiced separately.

2.2 In all six schemes, the number of hours above the core are determined by people's assessed care needs and can therefore vary from month to month. In all schemes there will be private self-funders (or people on direct payments) as well as people who purchase

additional staff time for activities which are not covered by their assessment such as cleaning and laundry.

The breakdown of the hours for November 2021 for each of the schemes are set out below:

Scheme	Weekly daytime core hours	Weekly hours above daytime core – Nov 21	Private hours	Total
Bircham House	140	0	56.25	196.25
Dunstan Court	140	122	63.25	325.25
Moorlands	140	162	270.25	572.25
Poppyfields	140	33.5	0	173.5
Richard Newcombe Court	140	97.75	118.75	356.5
Willowbank	140	21.75	10.5	172.25

Table One: Breakdown of care hours November 2021

2.3 It is proposed that contracts for care and support in the following six services – Bircham House, Dunstan Court, Moorlands Court, Poppyfields, Richard Newcombe Court and Willowbank are tendered at the same time thereby reducing overall procurement costs. It is also proposed that the services should be re-tendered for 5 + 5 years with a standard 6 months' break clause.

2.4 Recruitment and retention of staff in the care sector is challenging and informal soft market testing has confirmed that longer term contracts would provide more certainty for care providers, enable more investment in training and provide the opportunity to build long term relationship with the housing provider. It will enable providers to plan for the longer term and invest in upskilling staff regarding technology enabled care innovations, supporting people living with dementia and linking with the wider community. The development of staff skills would also support the Council's direction of travel to enable people to continue to live in extra care for longer. Providers, however, were keen to ensure that a mechanism or formula was incorporated into the contract for price uplifts to ensure agreed rates acknowledge inflationary increases.

3. Bircham House

3.1 Bircham House located in Sawston in south Cambridgeshire and Sanctuary are the registered social landlord. The scheme has 30 self-contained flats, restaurant, communal lounges and gardens. The contract value for the core care and support service is £157,233 per annum. The current contract expires on 1 February 2023.

4. Dunstan Court

4.1 Cambridge Housing Society (CHS) are the landlord and care provider of Dunstan Court. CHS is a social enterprise and charitable housing association that only operates within 35 miles of Cambridge. Dunstan Court in Cambridge has a total of 46 flats and of those, 29

flats are used for extra care and the remainder for sheltered housing. It is expected that the number of tenants requiring care will increase over time and therefore this balance will change. The annual contract value for the core care and support service is £200,505. The current contract expires on 31 March 2023.

4.2 In addition to providing care and support to people living in Dunstan Court, the current care provider also provides on-site support to people living at The Haven, which is opposite the extra care scheme. The Haven Mental Health Supported Accommodation previously provided supported housing for 8 people with mental health problems. However, by 2017 there had been no new referrals for two years, the building was not appropriate for the physical needs of the current tenants and there were a significant number of empty flats in the scheme. So, with the agreement of Adults Committee (4 July 2019), spot purchase arrangements were put in place for the remaining tenants. It is proposed to include the on-site support to tenants at The Haven in the specification for Dunstan Court as this arrangement appears to be working well and is more cost effective than the previous block arrangement. The additional costs for the on-site support are £29,981 per annum and will reduce or cease when the remaining residents move on from The Haven.

5. Moorlands Court

5.1 Moorlands Court in Melbourn, south Cambridgeshire is owned by CHS and has 40 flats with a range of communal facilities. In addition, there is a day centre on site which operates four days a week for activities and social interaction. The contract value for the core care and support service is £199,402 per annum. The current contract expires on 31 March 2023.

6. Poppyfields

6.1 Poppyfields in Eynesbury, St Neots in Huntingdonshire is owned by Anchor and the scheme is located near a large supermarket and a GP surgery. The scheme consists of 34 flats and a range of communal facilities including restaurant, lounge, hair salon, hobbies room and library/faith room. The contract value for the core care and support service is £174,023 per annum and the contract is due to expire 1 February 2023.

7. Richard Newcombe Court

7.1 Richard Newcombe Court in Cambridge was built in 2011 to sustainable housing code Level 5. The sustainable systems include grey water recycling, a bio-mass boiler and photovoltaic cells to reduce communal electricity costs. CHS are the landlord and the scheme has 40 flats. The scheme has a range of communal facilities including a pavilion room which opens out onto the landscaped courtyard garden. Annual contract value £207,761. The current contract expires 1 February 2023.

8. Willowbank

8.1 Willowbank in Cambridge owned by Anchor has 34 flats and is part sheltered, part extra care. The scheme has communal lounge, library, games room, laundry room, guest room, three assisted bathrooms, a lift and communal gardens. Contract value £154,930. The current contract is due to expire 1 February 2023.

9.0 The Procurement

9.1 In-house provision for the care service would cost considerably more, mainly due to organisational overheads and would not represent value for money. It is therefore proposed that the schemes should be re-tendered as six separate lots. Service users will be involved in formulating and evaluating a method statement which will form part of the quality criteria. Bidders' social value offer will be evaluated and use of the Social Value Portal will be explored to implement the Themes, Outcomes and Measures (TOMs) approach to do this.

9.2 A project plan has been produced and the key milestones are set out below:

• Specifications and consultation	End of June 2022
• Tender Go Live	End of July 2022
• Evaluation and Moderation	End of September 2022
• P&C Joint Commissioning Board	End of October 2022
• Decision to Award / standstill period	Middle of November 2022
• Implementation and Mobilisation	Mid November – Feb/March 2023
• Contract Go Live (inc. letters to service users)	February/March 2023

9.3 The most significant risk in the procurement will be to devise a clause or formula for future increases in the contract price which enables providers to meet increased wage costs and other direct costs which they cannot control. The inflationary uplift process will be incorporated into the annual business planning process, thereby ensuring the services are financially sustainable for the Council and appropriate governance is in place. In addition, the Council intends to raise the awareness of extra care and its benefits in enabling people to live independently. This will generate more interest in the schemes and ensure that that the care contracts are used more effectively and potentially reduce the need for residential care.

10. Future direction of travel

10.1 Aside from publicising extra care more effectively, the Council intends to work with care providers and landlords to encourage the schemes to become part of the local community rather than being seen as a separate communal facility. Many schemes have facilities which can be used by people living locally and encouraging their use will help to ensure they become vibrant communities, which will further enhance their popularity. The Council is keen to ensure that a range of provision is available, including tenancy-based models, such as extra care and independent living suites.

11. Alignment with corporate priorities

11.1 Communities at the heart of everything we do
The report above sets out the implications for this priority in 10.1.

11.2 A good quality of life for everyone
Extra care offers greater choice, control, and care flexibility for those older people and is a real alternative to residential care homes.

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

There are no significant implications for this priority.

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

11.5 Protecting and caring for those who need us
The report above sets out the implications for this priority in 1.1.

12. Significant Implications

12.1 Resource Implications
There are likely to be resource implications as there have been significant increases in staffing and associated on-costs in the care market. However, usually there are a healthy number of responses to extra care tenders which ensures they are secured at a competitive rate. Work is underway to incorporate a formula or mechanism for price reviews over the course of the contract.

12.2 Procurement/Contractual/Council Contract Procedure Rules Implications
Work is underway with Procurement to apply Contract and Procurement Rules and Public Contract regulations.

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

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

12.5 Engagement and Communications Implications
There are no significant implications within this category.

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

12.7 Public Health Implications
There is an evidence base that suggests that extra care housing improves health and wellbeing outcomes for older people.

12.8 Environment and Climate Change Implications on Priority Areas

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

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

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

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

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

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

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

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

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

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

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

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

Have any localism and Local Member involvement issues been cleared by your Service Contact? Yes
Name of Officer: Will Patten

Have any Public Health implications been cleared by Public Health?
Yes
Name of Officer: Emily R Smith

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

5. Source documents guidance

5.1 None

I am unable to recall much about living in the Nursing home, except a few things - the carers were really nice, they got me my meals and drinks and I spent most of the time in the communal area. Having just a room for your precious things was restrictive, although it was nice living there it never felt like a real home to me.

Things changed when I moved into Moorlands Court Extra care scheme in 2017. My flat is really spacious I have all of my things around me, I have space to move around and having my possessions with me is important to me. I am a lot more independent now, I have adaptations in my flat meaning that I can be as independent as possible, I manage my own medication, able to make myself small snacks and get drinks whenever I like, I love it. I go to the restaurant at lunch times and enjoy the delicious food served. I enjoy interacting with the other tenants and will join in if there are any activities. I have made some new friends here and also enjoy spending time in the garden whenever the weather is fine.

I have my sister to thank for living here, she found Moorlands and I am ever so grateful for this. It is good to be back in the village where I used to live; this means that I am closer to my family and friends and see them regularly, when they visit there is plenty of space in my flat to sit and its nice and private too.

The care team visit me throughout the day to care for me in the way that suits me, they have assisted me to remain independent and show me respect in my home - the carers are lovely - I love them. When my needs have change, I am involved throughout the process. I feel in control of my life and free to do what I want when I choose.

Yes, I love living here.

Table One: Extra Care schemes in Cambridgeshire

District	No. of schemes	Overall number of flats	
Cambridge City	4	126	Ditchburn Place; Dunstan Court++; Richard Newcombe Court, Willowbank++
East Cambs	3	149	Baird Lodge, Ely; Millbrook House, Soham; Ness Court, Burwell
Fenland	4	184	Doddington Court, Doddington; Jubilee Court, March; Somers Court, Wisbech; Willow Court, Whittlesey
Huntingdonshire	3	123	Eden Place, St Ives; Park View, Huntingdon; Poppyfields, St Neots
South Cambs	4	175	Bircham House, Sawston; Mill View, Hauxton; Moorlands, Melbourn; Nichols Court, Linton

++ Dunstan Court and Willowbank in Cambridge City also have 17 and 13 sheltered flats respectively.

Accommodation provision for older people

Appendix B

Own Home	Sheltered Housing	Extra Care Housing	Independent living service	Residential Care	Nursing Care
					
People remain independent within their own property with limited or no support.	Typically, several self-contained, independent homes – flats and sometimes bungalows – each with their own front door. A lower age limit of 55 or 60 is common. The individual units are typically linked to an emergency alarm service and include design features to make life easier for elderly people. There is usually an on-site warden, and communal facilities such as a lounge and laundry. Rental and privately-owned sheltered housing is available, although not always on the same site	These units offer an older person self-contained accommodation with their own front door, but also provide a significantly higher level of support than sheltered accommodation. The service element is often integral to the extra care product. There are additional facilities (for example, in terms of bathroom design) for the less mobile. Communal facilities tend to include social and practical facilities, such as lounges and laundries. A meals service is usually on offer. It aims to provide greater independent living.	ILS is a 24hr care & support service focus on enabling and maintaining independence for older people. The level of support can increase as the person's level of care need increases. Round the clock care is available including nursing care. Tenants need never to move home again.	Typically, residential homes offers personal care and ensures tenants basic personal needs such as meals, bathing, going to the toilet and medication are met. Residential homes essentially provide a home for people who struggle to live independently and need additional support but aren't (yet) in need of nursing care.	Nursing Care is like residential care, but with trained nurses on duty. A nursing home is considered for one's condition that needs regular medical care and attention. Often this would be a clinical decision made by the multidisciplinary team. People may have lived in residential care or even in the community for a period before going to a nursing home due to a deterioration in their condition and the district nurse support do not have the capacity or ability to take care of the person's health needs.

Commissioning NHS Health Checks

To:	Adult and Health Committee
Meeting Date:	17 March 2022
From:	Jyoti Atri – Director of Public Health
Electoral division(s):	All
Key decision:	Yes
Forward Plan ref:	2022/029
Outcome:	The Committee is asked to consider the change in the Commissioning of NHS Health Checks. This will increase the number of NHS Health Checks completed and the number of people identified with a high risk of Cardiovascular Disease (CVD) Consequentially this will also increase the number of people who have preventive or early interventions that will reduce risk of the onset or progression of CVD.
Recommendation:	Adults and Health Committee is asked to agree the following changes to the commissioning arrangements of NHS Health Checks. a) The commissioning of additional NHS Health Checks in 2022/23 to address the low levels of NHS Health Checks undertaken during the COVID-19 pandemic. b) To agree the budget of £1,032,297 for the additional commissioning, of which £407,375 would come from Public Health reserve funds. c) The commissioning of the three GP Federations to deliver NHS Health Checks if all procurement criteria are met. d) To increase commissioning activity of opportunistic NHS Health Checks as part of the collaborative model with the GP Federations.

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1. Background

1.1 NHS Health Checks are one of Local Authority mandated Public Health Services. They are an important component of locally led public health prevention services and play a vitally important role in the prevention of CVD.

1.2 They are offered to people without pre-existing disease aged between 40 and 74, free of charge, every 5 years. The results are used to raise awareness and support individuals to make behaviour changes and, where appropriate, access clinical management to help them reduce their risk of a heart attack, diabetes, stroke, respiratory disease and some forms of dementia and cancer in the next 10 years.

1.2 The NHS Health Check includes identification of behavioural and clinical risks for CVD. Studies indicate that the reduction in the risk of CVD along with Body Mass Index (BMI), smoking prevalence and cholesterol levels is a consequence of both improved clinical management and lifestyle behaviour interventions. Participants are assessed for both unhealthy lifestyle behaviours along with clinical markers that indicate a high risk of developing CVD and other conditions. Those assessed as having a high risk of disease are referred for lifestyle behaviour support and/or clinical treatment to their GP. Locally referrals are made to the commissioned Lifestyle Behaviour Service, District LAs and voluntary sector services for advice and support for lifestyle behaviours.

1.3 There are different delivery models but nationally 93% of NHS Health Checks are undertaken by General Practice (GP). Nationally 27% of LAs commission community outreach and 19%, pharmacies. Although these usually complement GP provision.

1.4 The high proportion of NHS Health Checks provided by GPs reflects the Health Check pathway which requires collaboration between the LA commissioners and GP practices. It includes an invitation process that is based on practice patient lists, the actual Health Check and clinical follow up when needed, along with referral to support for behaviour change. Any commissioning arrangements must reflect the GP ownership of patient data and their responsibility for any clinical interventions.
In the outreach situations Health Checks are opportunistic and based on age with the outcomes being sent to GP practices.

1.5 In Cambridgeshire there is a mixed service delivery model with 87% of the annual target lying with GP practices and 13% with the LA commissioned Lifestyle Behaviour Service which provides outreach opportunistic NHS Health Checks. The outreach service targets harder to reach communities in support of the evidence that these groups are more likely to respond to this approach.

1.6 The COVID-19 pandemic has impacted on the capacity of GP practices to deliver.
The proposal in this report aims to recoup this underactivity created by the pandemic. It is important that we increase the number of NHS Health Checks undertaken in Cambridgeshire if we are to reduce the level of CVD risk in the population and improve health outcomes.

1.7 NHS Health Checks contribute to the Health and Well Being Strategy high level goals of reducing inequalities in premature mortality by 10% and increasing the number of years that people spend in good health by 10%. In addition, it supports delivery of other emerging

Integrated Care System strategies including the Cardiovascular Disease Prevention and Respiratory Strategies.

2. Main Issues

2.1 Recent economic modelling found that by 2040 the current NHS Health Check is likely to reduce absolute health inequalities and is estimated to achieve a return on investment (ROI) of £2.93 for every £1 spent from a societal perspective, compared to no programme. The greatest improvements in risk reduction were when follow – up was improved.

NHS Health Checks operate on a 5-year rolling programme with the eligible population divided into an annual target. Table 1 indicates Cambridgeshire's performance since 2017/18 against the 5-year rolling programme. The percentage of Cambridgeshire's eligible population invited to NHS Health Check is below the regional and national figure but those taking up an invitation is above the national and regional averages.

Table 1: NHS Health Check Performance

Indicator	Period	Cambridgeshire			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/Lowest	Range	Best/ Highest
People invited for an NHS Health Check	2017/18 Q1 - 2021/22 Q2	–	87,911	46.6%	63.4%	58.4%	7.8%		100%
People receiving an NHS Health Check	2017/18 Q1 - 2021/22 Q2	–	52,083	27.6%	29.4%	26.3%	5.0%		54.8%
People taking up an NHS Health Check invite	2017/18 Q1 - 2021/22 Q2	–	52,083	59.2%	46.3%	45.1%	12.0%		100.0%

Source: *NHS Health Check - Data - OHID (phe.org.uk)*

2.2 NHS Health Check activity had decreased from 2017/18 and prior to the pandemic negotiations with GP leaders were underway to address this underperformance The COVID-19 pandemic has greatly exacerbated this situation through increased GP demands that have affected GP practice capacity to deliver NHS Health Checks at a local, regional, and national levels. Table 2 indicates the negative impact of the pandemic upon the NHS Health Check Programme activity during the two years of the pandemic in Cambridgeshire, the East of England and nationally

Table 2: NHS Health Check Activity pre and during the COVID-19 pandemic
People receiving an NHS Health Check per year

Recent trend: ↓ Decreasing & getting worse

Period		Cambridgeshire Count	Value	95% Lower CI	95% Upper CI	East of England	England
2013/14	●	18,256	10.0%	9.9%	10.2%	10.4%	9.0%
2014/15	●	16,697	9.0%	8.9%	9.2%	10.8%	9.6%
2015/16	●	15,151	8.1%	8.0%	8.2%	9.9%	9.0%
2016/17	●	17,900	9.6%	9.5%	9.7%	9.7%*	8.5%
2017/18	●	17,409	9.3%	9.1%	9.4%	9.3%*	8.3%
2018/19	●	16,247	8.6%	8.5%	8.7%	8.9%*	8.1%
2019/20	●	14,207	7.6%	7.4%	7.7%	8.3%	7.7%
2020/21	●	1,935	1.0%	1.0%	1.1%	1.2%	1.2%

Source: Fingertips Public Health /OHID NHS Health Check - Data - OHID (phe.org.uk)

Table 3 compares the percentage of the Cambridgeshire eligible population who received a NHS Health Check since 2017/18 with other areas in the East of England and nationally. All areas have experienced the impact of COVID-19 on their delivery of NHS Health Checks.

Table 3: People receiving an NHS Health Check 2017/18 Q1- 2021/22 Q2 (% of eligible population)

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	4,172,449	26.3	26.3	26.3
East of England region	–	527,318	29.4	29.3	29.5
Essex	–	156,396	35.8	35.7	36.0
Suffolk	–	73,372	32.9	32.7	33.1
Thurrock	–	11,083	27.9	27.5	28.4
Cambridgeshire	–	52,083	27.6	27.4	27.8
Luton	–	14,442	27.3	26.9	27.7
Southend-on-Sea	–	14,432	26.7	26.3	27.1
Central Bedfordshire	–	22,722	26.5	26.2	26.8
Norfolk	–	69,490	26.4	26.2	26.6
Peterborough	–	14,103	26.3	25.9	26.7
Hertfordshire	–	90,842	26.3	26.1	26.4
Bedford	–	8,353	16.6	16.3	17.0

Source: Fingertips Public Health /OHID NHS Health Check - Data - OHID (phe.org.uk)

The local NHS Health Check data for 2021/22 until the end of the end of January 2022 shows that the pandemic impact has continued with 3,740 Health Checks being completed.

2.3 In recent months there have been discussions with GP leads to identify how the number of NHS Health Checks could be increased in the context of ongoing increasing demands on GP practices and the need for them to recover from the pandemic.

It is recognised that there is an urgent need to implement a catch-up programme quickly if

we are to lower the level of CVD risk in the population and the associated poor health outcomes. The objective is to deliver the 2022/23 target along with of 25% of 2021/22 target.
Several options have been identified that focus on commissioning additional capacity during 2022/23. These focus upon alternative providers which includes commercial organisations and the local GP Federations. GP Federations are large scale primary care providers rooted in general practice and formed by constituent members of individual practices and primary care networks (PCNs). There are around 200 in the country and three across Cambridgeshire and Peterborough.

2.4 These options have been assessed against a number of criteria.

- Rapid Implementation: this will be essential to ensure that the number of people receiving NHS Health Checks increases
- Access to patient data: Any commissioned provider would need access to primary care patient data, if the numbers invited are to be increased which requires the engagement and support of GP practices.
- Acceptability to GPs is essential as the NHS Health Check delivery stretches across clinical and community behavioural interventions. It is a collaborative programme.
- Acceptability to patients: GP practices are familiar and known to patients.
- Outreach provision: There is evidence that opportunistic NHS Health Checks are preferred by some hard-to-reach groups.

2.5 Table 3 assesses the options against these key criteria. Each option is scored against each criterion. Scoring 0=lowest, 5 = highest.

Table Three: Option Appraisal

Options	Rapid implementation	Access and use of data to increase invitations and follow up	Acceptability Local population	Acceptability to GPs	Local Knowledge	Outreach	Scores
No change and wait until primary care stabilise	Primary Care is likely to have high levels of demand and capacity issues for the next year. **(0)**	Yes **(5)**	Yes **(5)**	Yes **(5)**	Yes **(5)**	No **(0)**	**20**
Competitive procurement	6-9 months procurement minimum. **(1)**	Would require GP support for access to patient data. **(2)**	Variable and would depend for some patients on previous knowledge of any provider. **(2)**	Discussions with local GP leads indicated that this would not be their preferred option. **(0)**	This would depend on the provider. **(2)**	Included in the Service Specification. **(5)**	**12**
Commission the GP Federations	Delivery could start in April 2022 **(5)**	GP Federations have access to GP systems i.e. System One & EMIS **(5)**	Associated with GP practices **(5)**	GPs are members of the Federations **(5)**	Local staff are used wherever possible **(5)**	Potentially could specify collaboration with Lifestyle Service currently delivering opportunistic NHS Health Checks **(2)**	**27**
Increase in Lifestyle Behaviour Service Opportunistic Health Check activity.	Could commence in April 2022. **(5)**	Currently have access but would need to be able to send invitations using practice data. **(3)**	Lifestyle Behaviour Service/ Healthy You does have a profile in communities. **(3)**	Discussions with local GP leads indicated that this would not be the preferred option. However, practices accept the referrals from Healthy You NHS Health Checks. **(3)**	Yes **(3)**	Experienced in providing opportunistic outreach NHS Health Checks. **(5)**	**22**

2.6 The option appraisal favours the commissioning of the GP Federations. However, increasing the outreach opportunistic screening could take place alongside the GP Federation delivery though a collaborative model. The commissioning of GP practices to provide NHS Health Checks has been through an annual waiver. Each of the three Federations will require a waiver from a competitive process which would be based on the collaborative nature of the delivery of NHS Health Checks and their unique relationship to GP practices.

2.7 Local Authorities have responsibility for commissioning part of NHS Health Check pathway, that is the actual delivery along with onward referral to health behaviour services and/or clinical services. Increasing NHS Health Check activity will increase demand for GP clinical services at a time of acute pressures on capacity. Any increased activity will require careful monitoring to avoid unmet need and the evidence that improved follow up will have the greatest impact on outcomes.

2.8 Activity, Incentives and Finance
The annual number eligible for an NHS Health in Cambridgeshire is 37,593. The local target for several years has been 20,000 which was set with the aim of annual increases to meet the national aspiration. In recent years performance has fallen and it has been increasingly challenging to meet this target. Incentives for meeting and exceeding targets could be used to support performance improvement.
Current unit price in Cambridgeshire for NHS Health Check is £23. In terms of benchmarking the East of England the unit price range is £20-£40 per Health Check. (East of England Health Check Commissioner Survey July 2021). Also, at the initiation of the NHS Health Checks Programme the Department of Health modelled costs at £23.70 per Health Check.
Incentives would be based on achieving and exceeding targets. Targets are set for individual practices and achievement payments would be against these being met/ exceeded. For achieving the target, 10% of total payment would be added and 15% for exceeding target by more than 10%.

Currently there are ongoing discussions with the GP Federations regarding costs. The costs proposed are based on the £23 per unit cost but with the addition of incentives to improve performance.

GP Federations

Core costs
2022/23: 20,000 NHS Health Check @ £23 = £460,000
2021/22 catch up: 5,000 NHS Health Checks at £23 = £115,000
Total costs: 2022/23, 25,000 @ £23 = £575,000

Incentives costs
100% of practices meet their targets = £575,000 + 10% = £57,500
25% of practices exceed target by more than 10% = £143,750 + 15% = £21,563
Potential incentive costs 2022/23 = £79,063

Healthy You Behaviour Service Outreach: Activity
Current annual performance: 2,400
Increase to 6,000

Total cost= 6,000 @ £17 per Health Check = £102,000

Contingency funding for potential overachievement £50,000

Total NHS Health Check Delivery (commissioned) 2022/23 = £806,063

Costs not included in the proposed commissioning option.
Point of Care Testing (bloods for cholesterol and blood sugar) = £226,234
This is for an existing contract for the supply of the POCT machines, consumables, and quality checks

TOTAL COST

£806,063 + £226,234 = £1,032,297

Allocated funding 2022/23 = £624,922

Reserve funding request £1,032,297-£624,922 = £407,375

This catch-up programme does exceed the allocated budget for 2022/23. It is proposed that the deficit is met from reserves. Low activity in 2021/22 has led to an underspend which will be earmarked for this work.

2.9 This delivery model is for one year and includes activity from 2021/22. Th impacts and outcomes will be carefully monitored to inform ongoing development of the services and commissioning approach.

3. Alignment with corporate priorities

3.1 Communities at the heart of everything we do

There are no significant implications for this priority.
or

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

The report above sets out the implications for this priority in paragraphs 1.1, 1.2

3.2 A good quality of life for everyone

The report above sets out the implications for this priority in paragraphs 1.1, 1.2

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

There are no significant implications for this priority.

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

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

- The NHS Health Check Programme will support Active Travel to increase levels of physical activity.

3.5 Protecting and caring for those who need us

The report above sets out the implications for this priority in paragraphs 1.1, 1.2

4. Significant Implications

4.1 Resource Implications

- The report above sets out details of significant implications in paragraphs 2.8

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

- The implications of the Contract Procedure Rules have been considered by the Head of Procurement and the proposed contractual arrangements have been approved by them."

4.3 Statutory, Legal and Risk Implications

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

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

4.4 Equality and Diversity Implications

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

- Risk for cardio-vascular disease increases with age, with males and people living in the lowest IMD quintiles at higher risk. Some ethnic minorities are also at increased risk. This is a universal service designed to identify people at an early stage to offer prevention. However, we know that uptake tends to be lower for the very people who are at increased risk. To mitigate this, we will work with our providers to ensure that me maximise uptake. The community outreach provision included in the paper, is also designed to address these issues.

4.5 Engagement and Communications Implications

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

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

4.6 Localism and Local Member Involvement

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

- We will work with local members to champion and promote the service at a local level and to identify any barriers to access and uptake.

4.7 Public Health Implications

The report above sets out details of significant implications in paragraphs 2.2, 2.3

4.8 Environment and Climate Change Implications on Priority Areas

4.8.1 Implication 1: Energy efficient, low carbon buildings.
Neutral
Explanation: Not influenced by the Programme

4.8.2 Implication 2: Low carbon transport.
Positive
Explanation: The Programme supports Active Travel

4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats, and land management.
Positive
Explanation: The Programme supports the use of green spaces for increasing physical activity

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
Neutral:
Explanation: Not influenced by the Programme

4.8.5 Implication 5: Water use, availability, and management:
Neutral
Explanation: Not influenced by the Programme

4.8.6 Implication 6: Air Pollution.
Positive
Explanation: The Programme supports the use of Active Travel for increasing physical activity

4.8.7 Implication 7: Resilience of our services and infrastructure and supporting vulnerable people to cope with climate change.
Neutral
Explanation: Not influenced by the Programme

Have the resource implications been cleared by Finance? Yes
Name of Financial Officer: Justine Hartley
Justine.Hartley@cambridgeshire.gov.uk

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

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
Fiona.McMillan@peterborough.gov.uk

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

Have any engagement and communication implications been cleared by Communications?
No Comments received

Have any localism and Local Member involvement issues been cleared by your Service Contact? Yes
Name of Officer: Jyoti Atri

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

If a key decision, have any Environment and Climate Change implications been cleared by the Climate Change Officer?
Yes or No
Name of Officer:

5. Source documents guidance

5.1 Source documents

NHS Health Check-NHS Health Check frequently asked questions. Local Government Association 2013

NHS Health Check - NHS Health Check - frequently asked questions

Findings from the 2019/20 NHS Health Check. Public Health England

20210129 NHSHC Audit of provision report Final (2).pdf

Health Check Programme Rapid Review University of Sunderland, University of Newcastle Population Health Science Institute – Public Health England 2020

NHS_Health_Checks_Review_Update (3).pdf

Cambridgeshire County Council's Learning Disability Frameworks

To:	Adults and Health Committee
Meeting Date:	17 March 2022
From:	Will Patten, Service Director, People & Communities
Electoral division(s):	All
Key decision:	Yes
Forward Plan ref:	2022/049
Outcome:	Establish the appropriate level of governance for Cambridgeshire County Council's Learning Disability Frameworks. The Frameworks will continue to deliver outcomes for people with Learning Disabilities in Cambridgeshire, allowing them to live as independently as possible and provide daytime and leisure opportunities.
Recommendation:	Adults and Health Committee are recommended ;

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

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

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

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

1. Background

1.1. Under the Care Act 2014 the Council has a statutory duty to promote wellbeing and prevent the need for care and support. Adults with Learning Disabilities are supported to stay safe and well in the community in a range of ways. All people accessing these types of service will have been assessed as needing them by the local authority.

- Supported Living – Adults live in suitable or adapted accommodation in their own home or in a small group in a shared house and are given support and care by an external provider, which allows them to live as independently as possible, have choice in their daily lives, access the community and minimise social exclusion.

- Residential Care – Provision of 24-hour accommodation and support to people with complex care needs to help with all aspects of daily living such as eating and personal care. Residential care is managed and run by providers who are responsible for all aspects of residents' care and wellbeing.

- Day Opportunities – a range of options provided for people to lead productive and enjoyable lives, which can include social and recreational opportunities, training, education, employment and volunteering.

1.2 In Cambridgeshire there are in house supported living and day opportunities services which are used if they can meet needs. However, there is a growing demand in terms of complexity of needs. Facilitation of individual choice means that the use of external provision is necessary, and the framework contract arrangement allows individuals to have more choice and control over their care. Please see Appendix for a case study.

1.3 The use of frameworks can help promote social value and deliver social, economic and environmental benefits in local areas. It enables the Council to utilise the capacity skills of local Small Medium Enterprises (SMEs) to deliver services and therefore supports economic development and job creation, promote choice through range of local providers such as day opportunities, and have a positive environmental impact through reduced transport usage.

1.4 In 2018, Cambridgeshire County Council set up three Open Frameworks for Supported Living Services, Residential Services and Day Opportunity Services for Adults with a Learning Disability for a period of 10 years from 2018 to 2028. The following table sets out the details of the frameworks:

Contract Title	**Contract Value**	**Number of Providers**
CCC Supported Living Services for Adults with a Learning Disability	£226 million	41 Standard
		19 Complex
CCC Residential Services for Adults with a Learning Disability	£224 million	25
CCC Day Opportunities for Adults with a Learning Disability	£40 million	19 Standard
		12 Complex

1.5 The Day Opportunities and Supported Living Frameworks are working effectively to enable the Council to access services for people with different levels of need. For example, a person with a Learning Disability receiving standard (non-specialised) support will require a lower

level of service whilst a person with complex needs may have associated multiple disabilities such as visual, hearing impairments and / or physical disability which require more specialist and intensive interventions.

1.6 It is worth noting, some Providers deliver services across the three frameworks and on different lots.

1.7 Each framework has an estimated total contract value above the key decision threshold and required Committee approval before the framework launch in 2018.

2. Main Issues

2.1 As part of some work recently undertaken within Supported Living, current quality and assurance mechanisms have highlighted an oversight in decision-making at the time these frameworks were tendered. At the time of the procurement an error was made which meant the report was not issued to the appropriate Committee and Officers are seeking to rectify this.

2.2 Whilst the procurement process was compliant and internal boards were consulted, a key decision as per Article 12 (Decision Making) of the Councils Constitution was not taken.

2.3 As a result Committee is being asked to consider this report and ratify the contract values of £490 million in total (to be spent over 10 years). There is provision in the relevant areas of the approved Learning Disability Partnership budget for £61.2 million in 2021/22 and demand and inflation funding is added to the budget annually in line with projections for growth in both areas.

2.4 Procurement's view is that these contractual frameworks were procured in line with regulations and law so there would be minimal risk around the local authority commissioning placements and packages from the three frameworks, should the Committee follow the above recommendations.

2.5 With regards to preventing this issue occurring again, a review of the Council's processes show that since 2018, improved structures and more control mechanisms have been put in place to prevent this occurring again including the use of templates within internal boards to clarify which papers require Adults Committee decision, Senior Officers review of all papers and regular staff training supported by guidance and robust checklists supporting governance and decision-making process.

2.6 Some similar historic shortcomings were detected by the external auditor in relation to a procurement in different part of the Council in 2015. This was reported to and discussed at the Audit & Accounts Committee in November 2021. As a result, that Committee will receive further monitoring information on the controls and processes that are now in place to prevent a re-occurrence of the issue that has arisen in this case.

3. Alignment with corporate priorities

3.1 Communities at the heart of everything we do

There are no significant implications for this priority.

3.2 A good quality of life for everyone

There are no significant implications for this priority.

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

There are no significant implications for this priority.

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

There are no significant implications for this priority.

3.5 Protecting and caring for those who need us

There are no significant implications for this priority.

4. Significant Implications

4.1 Resource Implications

The report above sets out details of significant implications in paragraph 1.2 and 2.3

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

The request for retrospective member approval is to ensure the council are compliant with governance rules and procedures. While this is an internal governance issue, Procurement's view on implications is detailed in the above report [paragraph 2.4].

4.3 Statutory, Legal and Risk Implications

The Council has the power to revisit and correct a mistake in its procurement process. As per the case of *Chaudhuri v GMC*, this inherent jurisdiction of public bodies is not confined to correcting slips or minor errors but also extends to putting right decisions or, in this case, a procurement process that is now discovered not to have had the initial requisite approval from the relevant Committee.

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

4.5 Engagement and Communications Implications
There are no significant implications within this category.

4.6 Localism and Local Member Involvement

There are no significant implications within this category.

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

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

4.8.1 Implication 1: Energy efficient, low carbon buildings.
Positive/neutral/negative Status: Neutral
Explanation: Retrospective governance decision with no significant implications.

4.8.2 Implication 2: Low carbon transport.
Positive/neutral/negative Status: Neutral
Explanation: Retrospective governance decision with no significant implications.

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

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
Positive/neutral/negative Status: Neutral
Explanation:

4.8.5 Implication 5: Water use, availability and management:
Positive/neutral/negative Status: Neutral
Explanation:

4.8.6 Implication 6: Air Pollution.
Positive/neutral/negative Status: Neutral
Explanation:

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

Have the resource implications been cleared by Finance? Yes – email confirmation on 18.10.2021
Name of Financial Officer: Justine Hartley

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the Head of Procurement? Yes – email confirmation on 15.10.2021
Name of Officer: Henry Swann

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: Barbara Lisgarten

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

Yes
Name of Officer: Will Patten

Have any engagement and communication implications been cleared by Communications? Yes / No
Emailed: 09.03.2022

Have any localism and Local Member involvement issues been cleared by your Service Contact? Yes
Name of Officer: Will Patten

Have any Public Health implications been cleared by Public Health?
Yes / No
Emailed: 09.03.2022

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

5. Source documents guidance

5.1 None

Appendix 1 Example Case Study – LD Supported Living

X has a learning disability and ADHD. X is a young male who was living in a homeless unit after moving out of their family home. X really struggled in this temporary accommodation and acknowledged he needed more structured support.

X enjoys going out in the community independently, however, he needs support with maintaining a property, budgeting, meal planning and cooking and finding day opportunities. In the past, X was vulnerable to exploitation by others and could be influenced to become involved in drinking alcohol and/or using drugs. X displayed lots of potential to develop his independent living skills, however, had not had his own home before. X is proud of his cooking skills and was keen to develop this.

X would benefit from a supported living environment that he could finally call home, where he could come and go independently but have access to the amount of support he needs. X would benefit from having staff on hand if there was an issue and access to 1-1 support for the above activities and to develop his independent living skills. It was identified that a core and cluster provision***** where there are people with a similar level of independence would be most appropriate for him.

X experienced a mental health crisis during the coronavirus pandemic and made two attempted suicides.

Following this, X moved into a brand-new Core and Cluster* Supported Living provision in Fenland. Since moving X's mental health drastically improved and he has not had any suicidal thoughts. X is engaging well with staff. X now has a tenancy on his own flat with access to support from staff on-site.

X is very proud of his home and keeps it 'spotless' with minimal prompting. X is working towards getting a job by attending work-based training at a local day opportunity, which was one of his identified outcomes. X has benefitted significantly from the support he receives and has developed a structured routine of maintaining his home, cooking meals and budgeting. X's quality of life has improved substantially, and he says that the move was 'the best thing he ever did.'
X's mental health and emotional well-being has also improved.

Due to the excellent progress that X has made, his support has been reduced. The supported living environment ensured X received much more structured support with clear boundaries. This move has been invaluable for X.

**Core and Cluster - is when people live in their own flat or house that is in the same building or scheme as other people with Learning Disabilities and/or Autism. There would be staff on-site to help or support people as/when they need it.*

Adult Social Care Annual Review Compliance

To:	Adults and Health Committee
Meeting Date:	17 March 2022
From:	Adult Social Care and Commissioning.
Electoral division(s):	All
Forward Plan ref:	2022/039
Key decision:	Yes
Outcome:	Committee approve the contract award process to support the Adult Social Care (ASC) Review Project. To provide Committee with information on the timescales for the planned procurement. To seek approval from Committee to proceed with the proposed procurement approach.
Recommendation:	Adults and Health Committee is being asked to. a) Approve the contract award to an external provider over 2022/2023 with a total value up to £975,000.00. b) Agree to delegate the responsibility to award the contract to the Executive Director of People and Communities.

Officer contact:

Name:	Oliver Hayward	Kirstin Clarke
Post:	Assistant Director of Commissioning	Assistant Director of ASC
Email:	Oliver.Hayward@peterborough.gov.uk	Kirstin.Clarke@Cambridgeshire.gov.uk
Tel:	07870624341	07721110193

Member contacts:

Names:	Cllr Howitt
Post:	Chair
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Tel:	01223 706383

1. Background

1.1 Cambridgeshire County Council is facing an ongoing challenge to complete social care reviews and currently have a significant back log of overdue reviews across all adult client groups. These reviews are for known Adult Social Care (ASC) customers who are in receipt of care and support from support at home, to support in Residential or Nursing Care.

1.2 This back log is a direct impact of Covid 19 (2020 – 2021), the redeployment of resources to support the pandemic, national lockdowns, evolving advice re: remote working and stay at home, on-going capacity challenges and the need to reduce footfall into the homes of vulnerable and shielding individuals. As this is a direct consequence of Covid we want to maximise any funding opportunities allocated to support the Council due to Covid challenges.

1.3 It is our statutory duty to complete reviews, under The Care Act (2014). Un-met statutory duties can result in complaints, published ombudsman decisions, legal challenge, all hold potential financial and reputational risk. Reviews are also vital to ensure the support that is commissioned to meet the needs of vulnerable citizens are being delivered as planned and good quality services are being received, reducing risk, whilst increasing the safety of individuals. The ASC workforce is the biggest contributors to the intelligence the local authority has from those in receipt of support, that intelligence is gained from the completion of care act reviews.

1.4 Therefore, the Council has a duty to ensure a review occurs and if needed a revision (to the care and support plan) follows this. We know that an unplanned review in response to a change in circumstance or crisis, leads to a higher cost increase than those that occur as a planned review. Therefore, the Council is sitting on a significant unknown financial pressure. The cost differential between undertaking a planned statutory review and an unplanned statutory review. For Cambridgeshire, the average increase to customer support plans following a planned review this year is £9.99 per week. For an unplanned review, the average increase is £17.39 per week across all Cambridgeshire County Council teams.

1.4 The greater the back log numbers, the greater the budgetary risk. If planned reviews were being undertaken in a timely manner, less unplanned review activity occurs. For individuals with frequently changing needs regular reviews support both better outcomes and better demand management, with a focus on prevention. We need to consider how we can target the capacity we have on the reviews which have the greatest impact on outcomes for people, whilst also balancing our legal duties.

2. Main Issues

2.1 In Cambridgeshire, we have a backlog of 2, 061 reviews. This represents 1,411 overdue reviews across working age adults and older people's services (220 of these are overdue by longer than 12 months), and 650 of these are overdue reviews within the Learning Disability Partnership (LDP). This pressure has worsened because of COVID and continues to grow.

2.2 If we apply 2,061 to our overall long term service user numbers, 2, 061/4849 (the number of customers receiving a service from PD/OP and LDP) is around 42.5%, this will mean a completion rate of around 57.5%, if we assume all annual reviews have been completed

since the data was taken but they have not been, therefore, this % position is lower, as this data is not live. This represents an overall worsening position for us from 2020 Q2 and is approximate as our data is not currently live.

2.3 Following robust discussion and challenge that the Rapid Improvement Team (RIT) meeting £975,000.00 has already been allocated to support this Project over 2022/2023. This will address approximately 1,350 Reviews and now Committee support is required to secure a contract up to this total value to enable a provider to be secured.

3. Procurement Approach:

3.1 External provision has been previously secured to support focused ASC activity, delivering good outcomes for customers, while meeting key statutory duties for the Council.

3.2 We are proposing to secure one provider to deliver across Cambridgeshire to maximise Best Value opportunities.

3.3 The total proposed contract value is £900,000.00, leaving the remainder of monies secured to support internal project support costs.

4. Alignment with corporate priorities

4.1 Communities at the heart of everything we do.
All ASC Annual Reviews focus on how needs can be met by individuals, their informal and formal support network, and local communities.

4.2 A good quality of life for everyone
The Covid impact on ASC's statutory duty to review the care and support plans for all customers in receipt of services has been significant and has created significant backlogs. There are 3900 customers in receipt of a service in Cambridgeshire, 1,300 in a Care Home and 2,600 Living in the Community with support.

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

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

4.5 Protecting and caring for those who need us. Without an annual statutory review of care and support needs, we do not fully understand the lived experience for those in receipt of services across all customers, across all ages and all disabilities.

5. Significant Implications.

5.1 Resource Implications.
The report above sets out details of significant implications in section 2.

5.2 Procurement/Contractual/Council Contract Procedure Rules Implications.
The report above sets out details of significant implications in section 3.

5.3 Statutory, Legal and Risk Implications.
The report above sets out the significant implications to none-statutory compliance in section 1.

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

5.5 Engagement and Communications Implications.
There are no significant implications within this category.

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

5.7 Public Health Implications.
There are no significant implications within this category.

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

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

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

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or Head of Legal ?
Emailed:09.03.2022

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

Have any engagement and communication implications been cleared by Communications? N/A.

Have any localism and Local Member involvement issues been cleared by your Service Contact? N/A

Have any Public Health implications been cleared by Public Health? N/A

If a key decision, have any Environment and Climate Change implications been cleared by the Climate Change Officer? N/A.

Agenda Item No: 14

Finance Monitoring Report – January 2021/22

To:	Adults and Health Committee
Meeting Date:	17 March 2022
From:	Executive Director of People & Communities Director of Public Health Chief Finance Officer
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	N/A
Outcome:	The committee should have considered the financial position of services within its remit as at the end of January 2022
Recommendation:	Adults and Health Committee is recommended to: i) review and comment on the relevant sections of the People and Communities and Public Health Finance Monitoring Report as at the end of January 2022; and ii) endorse for approval by Strategy and Resources Committee, the use of £407,375 form Public Health reserves to support additional work on Health Checks in 2022/23.

Officer contact:
Name: Justine Hartley
Post: Strategic Finance Manager
Email: justine.hartley@cambridgeshire.gov.uk
Tel: 07944 509197

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

1. Background

1.1 Finance Monitoring Reports (FMR) are produced monthly, except for April, by all services. They report on a range of financial information to enable a view of each service's financial position to be taken.

1.2 Budgets for services are agreed by Full Council in the business plan in February of each year and can be amended by budget virements. In particular, the FMR provides a revenue budget forecast showing the current projection of whether services will be over- or under-spent for the year against those budgets.

1.3 The presentation of the FMR enables members to review and comment on the financial position of services within the committee's remit.

1.4 Generally, the FMR forecasts explain the overall financial position of each service and the key drivers of any budget variance, rather than explaining changes in forecast month-by-month.

1.5 The contents page of the FMR shows the key sections of the report. In reviewing the financial position of services, members of this committee may wish to focus on these sections:

- Section 1 – providing a summary table for services that are the responsibility of this committee and setting out the significant financial issues (replicated below).
- Section 5 – the key activity data for Adult Services provides information about service-user numbers and unit costs, which are principle drivers of the financial position
- Appendices 1-3 – these set out the detailed financial position by service and provide a detailed commentary for services projecting a significant variance from budget.
- Appendix 5 – this sets out the savings for Adults and Public Health in the 2021/22 business plan, and savings not achieved in 2020/21 that are still thought to be deliverable.

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

2. Main Issues

2.1 The FMR provides summaries and detailed explanations of the financial position of Adults and Public Health services. At the end of January, Adults, including Adults Commissioning, are forecasting an underspend of 4.2% of budget (£8,054k), and Public Health are reporting an underspend of 6.6% of budget (£3,185k):

Directorate	Budget 2021/22 £000	Actual Jan 22 £000	Forecast Outturn Variance £000
Adults & Safeguarding	174,535	137,517	-7,937
Adults Commissioning (including Local Assistance Scheme)	18,503	9,964	-117
Public Health (excl. Children's Health)	39,039	-278	-3,185
Total Expenditure	**232,077**	**147,203**	**-11,240**
Grant Funding (including Improved Better Care Fund, Public Health Grant etc.)	-54,425	-39,270	0
Total	**177,652**	**107,933**	**-11,240**

2.2 As the impact of the pandemic continues, there remains uncertainty around the forecast position as we continue through the winter period. It is particularly unclear if, and at what point, demand-led budgets will return to expected levels of growth in spend. We will continue to keep activity and spend levels under review to determine if demand growth is returning to pre-pandemic levels or increasing faster or more slowly.

2.3 For ease, the main summary section of the FMR is replicated here in section 2.4.

2.4 Taken from sections 1.4 and 1.5 of the January FMR:

Adults

2.4.1 Like councils nationally, Adult Services in Cambridgeshire has faced cost pressures for several years. This has been due to the rising cost of care home and home care provision due to both the requirement to be compliant with the national living wage and the increasing complexity of needs of people receiving care (both older people and working age adults). Budgets have been set broadly based on this trend continuing, with some mitigations.

2.4.2 At the end of January, Adults are forecasting an underspend of £7,937k (4.5%), with pressures in learning disability services more than offset by underspends forecast in strategic management, older people's services and physical disability services. This is an increased underspend from December reflecting the fact that we are continuing to see fewer service users than budgeted for across many Adults Services, particularly Older People services, and in addition are now seeing underspends arising from the level of vacant posts across Adult Social Care services.

2.4.3 The financial and human impact of Covid-19 has been substantial for Adult Services, resulting in an overspend in 2020/21 because of the need to provide additional support to care providers and increased support needs of vulnerable adults. Some adults who were previously supported at home by friends, family and local community services have not been able to secure this support during Covid due to visiting restrictions during lockdown. This has increased reliance on professional services; the ability to focus on conversations about the use of technology, community support or other preventative services have been restricted due to the reprioritisation of staffing resources towards discharge from hospital work and supporting care providers. Many vulnerable adults have developed more complex needs during lockdown as they have not accessed the usual community-based or early help services. We are expecting the longer-term financial impact of this to be

significant. We are also experiencing a high volume of referrals from hospitals and the level of need and complexity of patients needing care or Reablement support is increasing.

2.4.4 Despite this, some services over 2020/21, and continuing through 2021/22, have seen service user numbers and expenditure at less than budgeted levels. This is particularly the case with spend on residential and nursing care for older people as a result of the devastating impact of Covid-19 on the older people's population and a notable reduction in the number of people having their care and support needs met in care homes. Spend and service user numbers today are below the level budgeted for and therefore budget is available for rising demand or costs. However, the financial position of this service is considerably uncertain. There is a growing number of people who have survived Covid, being left with significant needs, and many vulnerable adults have developed more complex needs as they have not accessed the usual community-based or early help services due to lockdown. The impact of delayed health care treatments such as operations will also impact individual needs and health inequalities negatively. It is anticipated that demand will increase as we complete more annual reviews, many of which are outstanding due to the pandemic.

2.4.5 Care providers are currently reporting substantial difficulties including workforce issues and price inflation. Workforce pressures have been recognised by the government, and additional grant funding has been given to support areas such as recruitment and retention. The Adults and Health committee has approved additional funding for uplifts paid to providers this year, as well as support for recruitment and retention activity, which will be partly funded through this new grant funding. The budgetary impact of market pressures has been included within the forecasts in this report and is largely offset by increasing underspends at the current time compared to budget.

2.4.6 Hospital Discharge systems continue to be pressured and we expect some substantial cost increases as both NHS funding is unwound fully at the end of March 2022, and the medium-term recovery of clients assessed as having primary health needs upon hospital discharge return to social care funding streams.

2.4.7 Learning Disabilities (LD) is the one area of Adult Services which has cost pressures that are driving a forecast overspend for the year. Levels of need have risen greatly over the last year, and this is accompanied by several new service users with LD care packages with very complex health and care needs, requiring significant levels of care that cost much more than we budget for an average new care service. We are reliant on a small number of providers for very specialist types of support. LD services in Cambridgeshire work in a pooled budget with the NHS, so any increase in cost in-year is shared. We do have some examples of care providers wishing to return packages of care or placements due to workforce difficulties.

Public Health

2.4.8 The Public Health Directorate is funded wholly by ringfenced grants, mainly the Public Health Grant. The work of the Directorate has been severely impacted by the pandemic, as capacity has been re-directed to outbreak management, testing, and infection control work. The Directorate's expenditure has increased by nearly 50% with the addition of new grants to fund outbreak management, mainly the Contain Outbreak Management Fund.

2.4.9 At the end of January, the Public Health Directorate is forecasting an underspend of £3,185k (6.6%).

2.4.10 The pandemic has caused an underspend on many of PH's business as usual services. Much of the Directorate's spend is contracts with, or payments to, the NHS for specific work. The NHS re-focus on the pandemic response and vaccination has reduced activity-driven costs to the PH budget. Activity was starting to pick back up, but with the emergence of the new Omicron variant, and the increased pressures on primary care, activity levels are likely to be suppressed for some time to come. As part of addressing the backlog in these services a request is being made for the use of Public Health reserves to contribute towards 2021/22 missed health checks as well as ensuring targets are met for 2022/23. This is in addition to £2.9m of PH reserves approved by the Adults and Health Committee in December 2021 to be spent on a wide range of non Covid related PH services across the next 3 years. This leaves current PH reserves fully committed, but further work is also being developed on options for the use of the current year underspend when it is transferred to reserves at year end.

2.4.11 A significant proportion of staff time throughout 2020/21 and 2021/22 has been spent on outbreak management in relation to the Covid-19 pandemic and this is funded by the Contain Outbreak Management Fund rather than the Public Health grant. In addition, with the unprecedented demand for Public Health staff across the country, recruitment is proving difficult resulting in further underspends on staffing budgets.

2.5 Request for use of Public Health reserves to fund additional work on Health Checks in 2022/23

2.5.1 The commissioning approach for NHS Health Checks is the subject of a separate paper to this committee. The paper proposes delivery costs for GP health checks in 2022/23 of £1,032,297, of which £624,922 is already budgeted for in 2022/23. The remaining £407,375 is requested to be funded from Public Health reserves.

2.5.2 There was previously an earmarked reserve for Health Checks but this was given up when reserves were reviewed in the latter part of 2021. At that stage it was felt that in year Health Check numbers were picking up and the reserve would not be needed. However, the impact of the Omicron variant of Covid over the winter months has led to the number of Health Checks being undertaken continuing to be suppressed. As a result the in year forecast is for an underspend of £411k against the Health Checks budgets. This underspend will be transferred to Public Health reserves at year end and the request is that £407,375 of this funding is approved for use in 2022/23 to increase the number of checks that can be undertaken.

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

2.5.4 The current position on Public Health reserves is set out in the table below.

Table 1: Public Health earmarked reserves January 2022

Budget Heading	Opening Balance 2021/22 £'000	Balance End Jan 2022 £'000	Reserve Description
Children's PH	319	286	Including Better Start in Life
Stop Smoking Service	128	128	To be focused on work to reduce smoking during pregnancy
Emergency Planning	9	9	
Healthy Fenland Fund	98	98	Project extended to 2023
Falls Prevention Fund	188	188	Joint project with the NHS, £78k committed in new Healthy Lifestyle contract
Enhanced Falls Prevention	804	804	Anticipated spend over 3 years to 2024/25
NHS Healthchecks Programme	270	0	Given up as not expected to be required but now requested to be funded once more
Cambs PH Integration Strategy	140	0	No longer required as work is complete
Covid Recovery Survey	0	368	Annual survey for 3 years to assess long term covid impact
Support to families of children who self- harm	0	102	Anticipated spend over 2 years to 2023/24
Gypsy Roma and Travelers Education Liaison officer	0	48	Anticipated spend over 2 years to 2023/24
Psychosexual counselling service	0	69	Anticipated spend over 2 years to 2023/24
Primary Care LARC training programme	0	60	Long-Acting Reversible Contraception (LARC) training programme for GPs and Practice Nurses
Tier 3 Weight Management Services post covid	0	1,465	To increase capacity of weight management services over 3 years
Smoking in pregnancy	0	220	To fund work to decrease smoking in pregnancy
Public Mental Health Manager	0	105	Anticipated spend over 2 years to 2023/24
Effects of planning policy on health inequalities	0	170	Anticipated spend in 2022/23
Strategic Health Improvement Manager	0	165	Anticipated spend over 2 years to 2023/24
Public Health Manager – Learning Disability	0	105	Anticipated spend over 2 years to 2023/24
Training for Health Impact Assessments	0	45	Agreed as part of 2022/23 Business Plan
Health related spend elsewhere in the Council	0	1,000	Agreed as part of 2022/23 Business Plan to be spent over 3 years to 2024/25
Public Health – Grant carry forward	2,668	-843	Overcommitment of current reserves to be funded from the year end transfer of underspend
TOTAL EARMARKED RESERVES	**4,624**	**4,592**	

2.5.5 Agreement to use of these reserves will leave current Public Health reserves over committed by £1.25m. However, much of this over commitment is as a result of movements agreed as part of the Council's business plan for 2022/23 and the funding is not needed until future years. The current year forecast position for the Public Heath Directorate as noted above is an underspend of £3.185m which will be transferred to Public Health reserves at year end. This will leave a forecast uncommitted reserve balance on Public Health reserves at the start of 2022/23 of £1.935m.

2.5.6 Further work is being undertaken on proposals to be brought forward in the new financial year for use of this expected uncommitted reserve balance.

3. Alignment with corporate priorities

3.1 Communities at the heart of everything we do

The overall financial position of the P&C and Public Health directorates underpins this objective.

3.2 A good quality of life for everyone
The overall financial position of the P&C and Public Health directorates underpins this objective.

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

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

3.5 Protecting and caring for those who need us
The overall financial position of the P&C and Public Health directorates underpins this objective.

4. Significant Implications

4.1 Resource Implications
The attached Finance Monitoring Report sets out the details of the overall financial position for P&C and Public Health.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications
There are no significant implications within this category.

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

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

4.5 Engagement and Communications Implications
There are no significant implications within this category.

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

4.7 Public Health Implications
The report sets out the financial position of the Public Health Directorate

4.8 Environment and Climate Change Implications on Priority Areas

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

4.8.2 Implication 2: Low carbon transport.
Neutral

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

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

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

4.8.6 Implication 6: Air Pollution.
Neutral

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

5. Source documents guidance

5.1 Source documents

Finance Monitoring Reports are produced monthly, except for April, for all of the Council's services. These are uploaded regularly to the website below.

5.2 Location

Finance and performance reports - Cambridgeshire County Council

Appendix 1: People and Communities and Public Health Finance Monitoring Report January 2022

See separate document

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

1 The budget headings that are the responsibility of this committee are set out below along with a brief description of the services these headings contain. The financial information set out in appendices 1 and 2 of the main FMR use these budget headings.

2 Adults & Safeguarding Directorate (FMR appendix 1):

Budget Heading	Description
Strategic Management - Adults	Cross-cutting services including transport and senior management. This line also includes expenditure relating to the Better Care Fund and social care grants.
Transfers of Care	Hospital based social work teams
Prevention & Early Intervention	Preventative services, particularly Reablement, Adult Early Help and Technology Enabled Care teams
Principal Social Worker, Practice and Safeguarding	Social work practice functions, mental capacity act, deprivation of liberty safeguards, and the Multi-Agency Safeguarding Hub
Autism and Adult Support	Services for people with Autism
Adults Finance Operations	Central support service managing social care payments and client contributions assessments
Head of Service	Services for people with learning disabilities (LD). This is a pooled budget with the NHS – the NHS contribution appears on the last budget line, so spend on other lines is for both health and social care.
LD - City, South and East Localities	
LD - Hunts and Fenland Localities	
LD - Young Adults Team	
In House Provider Services	
NHS Contribution to Pooled Budget	
Physical Disabilities	Services for people requiring physical support, both working age adults and older people (OP).
OP - City & South Locality	
OP - East Cambs Locality	
OP - Fenland Locality	
OP - Hunts Locality	
Mental Health Central	Services relating to people with mental health needs. Most of this service is delivered by Cambridgeshire and Peterborough NHS Foundation Trust.
Adult Mental Health Localities	
Older People Mental Health	

3 Commissioning Directorate (FMR appendix 1):

Budget Heading	Description
Strategic Management - Commissioning	Costs relating to the Commissioning Director, shared with CYP Committee.
Local Assistance Scheme	Scheme providing information, advice and one-off practical support and assistance
Central Commissioning - Adults	Discrete contracts and grants that support adult social care, such as carer advice, advocacy, housing related support and grants to day centres, as well as block domiciliary care contracts.
Integrated Community Equipment Service	Community equipment contract expenditure. Most of this budget is pooled with the NHS.
Mental Health Commissioning	Contracts relating to housing and community support for people with mental health needs.

4 The Executive Director budget heading in FMR appendix 1 contains costs relating to the executive director of P&C and is shared with other P&C committees.

5 Public Health Directorate (FMR appendix 2):

Budget Heading	Description
Drug & Alcohol Misuse	A large contract to provide drug/alcohol treatment and support, along with smaller contracts.
SH STI testing & treatment - Prescribed	Sexual health and HIV services, including prescription costs, advice services and screening.
SH Contraception - Prescribed	
SH Services Advice Prevention/Promotion - Non-Prescribed	
Integrated Lifestyle Services	Preventative and behavioural change services. Much of the spend on these lines is either part of the large Integrated Lifestyles contract or is made to GP surgeries.
Other Health Improvement	
Smoking Cessation GP & Pharmacy	
NHS Health Checks Programme - Prescribed	
Falls Prevention	Services working alongside adult social care to reduce the number of falls suffered.
General Prevention, Traveller Health	Health and preventative services relating to the Traveller community, including internal income from Cambs Skills for adult learning work.
Adult Mental Health & Community Safety	A mix of preventative and training services relating to mental health.
Public Health Strategic Management	Mostly a holding account for increases in the ringfenced Public Health Grant pending its allocation to specific budget lines.
Public Health Directorate Staffing and Running Costs	Staffing and office costs to run Public Health services
Test and Trace Support Grant	Expenditure relating to the test and trace service support grant. This was a 2020/21 grant but was partly carried-forward.
Enduring Transmission Grant	Expenditure under a pilot scheme to tackle Covid-19 transmission where rates are persistently higher than average. The pilot covers Fenland, Peterborough and South Holland but is administered by Cambridgeshire County Council.
Contain Outbreak Management Fund	Expenditure relating to the COMF grant, a large grant given over 2020/21-22 to deliver outbreak management work under the Health Protection Board.
Lateral Flow Testing Grant	Grant to deliver community testing sites.

Service: People and Communities (P&C) and Public Health (PH)
Subject: Finance Monitoring Report – January 2022
Date: 15th February 2022

Key Indicators

Previous Status	Category	Target	Current Status	Section Ref.
Green	Revenue position by Directorate	Balanced year end position	Green	1.2
Green	Capital Programme	Remain within overall resources	Green	2

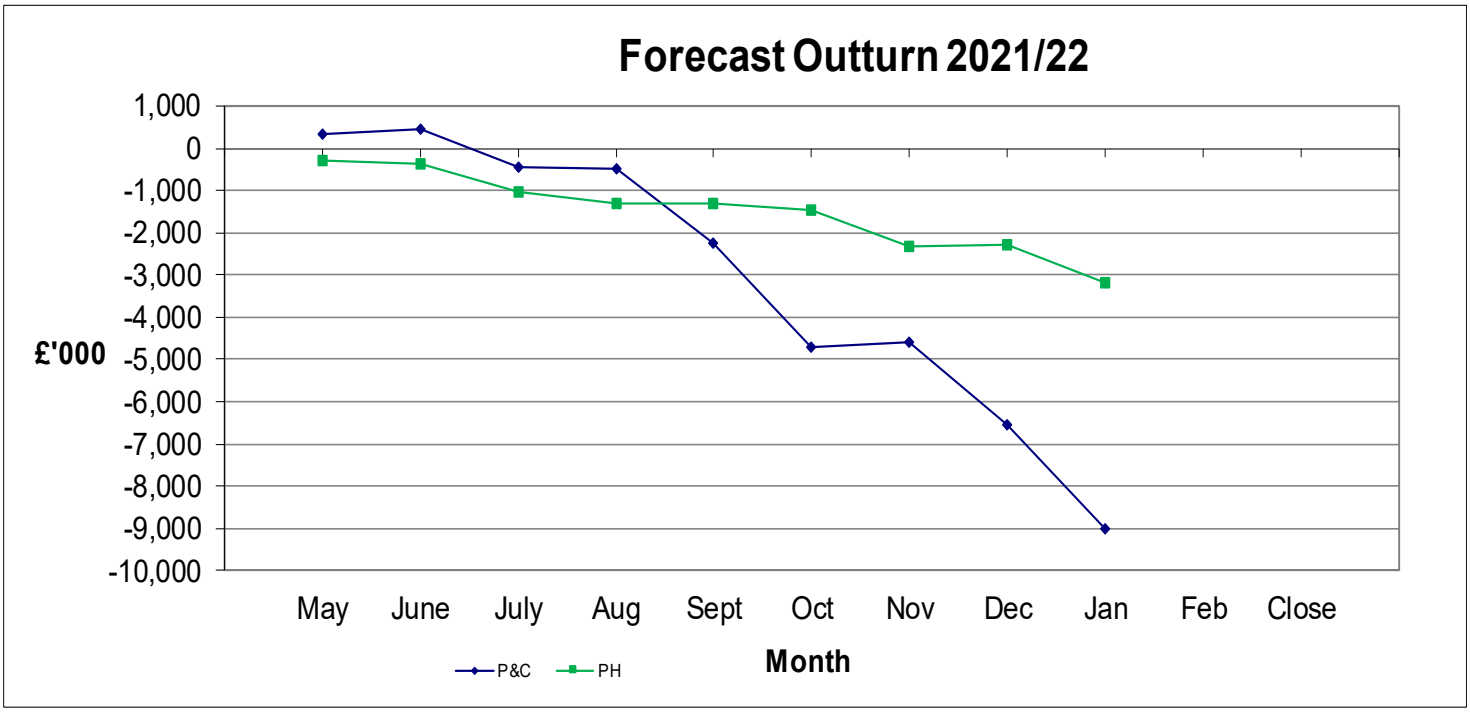
Contents

1. Revenue Executive Summary

1.1 Overall Position

People and Communities reported an underspend of -£9,028k at the end of January.

Public Health reported an underspend of -£3,185k at the end of January.



1.2 Summary of Revenue position by Directorate

1.2.1 People and Communities

Forecast Outturn Variance (Previous) £000	Directorate	Budget 2021/22 £000	Actual £000	Forecast Outturn Variance £000	Outturn Variance %
-6,476	Adults & Safeguarding	174,535	137,517	-7,937	-4.5%
1,383	Commissioning	41,546	28,218	1,413	3.4%
456	Communities & Partnerships	11,887	8,947	428	3.6%
-2,755	Children & Safeguarding	58,985	39,793	-3,905	-6.6%
1,740	Education - non DSG	37,927	26,846	1,911	5.0%
14,369	Education - DSG	75,160	72,831	14,822	19.7%
-885	Executive Director	3,068	502	-938	-30.6%
7,831	**Total Expenditure**	**403,107**	**314,654**	**5,794**	**1.4%**
-14,369	Grant Funding	-103,537	-96,308	-14,822	14.3%
-6,537	**Total**	**299,570**	**218,346**	**-9,028**	**-3.0%**

1.2.2 Public Health

Forecast Outturn Variance (Previous) £000	Directorate	Budget 2021/22 £000	Actual £000	Forecast Outturn Variance £000	Outturn Variance %
-0	Children Health	9,317	9,113	-0	0.0%
-33	Drugs & Alcohol	5,918	1,223	-33	-0.6%
-200	Sexual Health & Contraception	5,290	1,206	-224	-4.2%
-596	Behaviour Change / Preventing Long Term Conditions	4,114	2,585	-785	-19.1%
-27	Falls Prevention	87	44	0	0.0%
-11	General Prevention Activities	13	-8	-11	-84.9%
0	Adult Mental Health & Community Safety	257	196	0	0.0%
-1,434	Public Health Directorate	23,361	-5,524	-2,132	-9.1%
-2,302	**Total Expenditure**	**48,356**	**8,835**	**-3,185**	**-6.6%**

The un-ringfenced Covid-related grants from central government are held centrally within the Council, and so the numbers in the table above are before any allocation of the funding to specific pressures.

1.3 Summary by Committee

P&C and PH services are overseen by different Committees – these tables provide Committee-level summaries of services' revenue financial positions.

1.3.1 Adults & Health Committee

Forecast Outturn Variance (Previous) £000	Directorate	Budget 2021/22 £000	Actual Jan 22 £000	Forecast Outturn Variance £000
-6,476	Adults & Safeguarding	174,535	137,517	-7,937
-117	Adults Commissioning (including Local Assistance Scheme)	18,503	9,964	-117
-2,302	Public Health (excl. Children's Health)	39,039	-278	-3,185
-8,895	**Total Expenditure**	**232,077**	**147,203**	**-11,240**
0	Grant Funding (including Improved Better Care Fund, Public Health Grant etc.)	-54,425	-39,270	0
-8,895	**Total**	**177,652**	**107,933**	**-11,240**

1.3.2 Children and Young People Committee

Forecast Outturn Variance (Previous) £000	Directorate	Budget 2021/22 £000	Actual Jan 22 £000	Forecast Outturn Variance £000
1,500	Children's Commissioning	22,354	17,870	1,530
0	Communities & Safety - Central Integrated Youth Support Services	380	163	0
-2,755	Children & Safeguarding	58,985	39,793	-3,905
1,740	Education – non DSG	36,927	25,846	1,911
-0	Public Health - Children's Health	9,317	9,113	-0
485	**Total Expenditure**	**127,962**	**92,785**	**-464**
0	Grant Funding (excluding Dedicated Schools Grant etc.)	-16,741	-14,467	0
485	**Total Non-DSG**	**111,222**	**78,318**	**-464**
0	Commissioning – DSG	245	0	0
14,369	Education – DSG (incl. contribution to combined budgets)	76,160	73,831	14,822
14,369	**Total DSG (Ringfenced Grant)**	**76,405**	**73,831**	**14,822**

1.3.3 Communities, Social Mobility and Inclusion Committee

Forecast Outturn Variance (Previous) £000	Directorate	Budget 2021/22 £000	Actual Jan 22 £000	Forecast Outturn Variance £000
456	Communities and Partnerships	11,506	8,784	428
456	**Total Expenditure**	**11,506**	**8,784**	**428**
0	Grant Funding (including Adult Education Budget etc.)	-4,321	-4,193	0
456	**Total**	**7,185**	**4,591**	**428**

1.3.4 Cross Cutting P&C Policy Lines

Forecast Variance Outturn (Previous) £000	Directorate	Budget 2021/22 £000	Actual Jan 22 £000	Forecast Outturn Variance £000
-0	Strategic Management – Commissioning	444	384	-0
-885	Executive Director	3,068	502	-938
-885	**Total Expenditure**	**3,512**	**886**	**-938**
0	Grant Funding	0	0	0
-885	**Total**	**3,512**	**886**	**-938**

1.4 Significant Issues – People & Communities

People & Communities started 2021/22 with a balanced budget including around £3m of funding to meet Covid-related demand pressures and savings of £4.2m.

P&C budgets have been facing increasing pressures each year from rising demand and changes in legislation, and now have additional pressures because of the pandemic. The Directorate's budget has increased by around 10% in 2021/22 to meet these pressures. In 2020/21, the pandemic severely impacted the financial position in P&C, and this is continuing through 2021/22.

At January 2022, the forecast P&C outturn is an underspend of -£9,028k; around 3.0% of budget. This reflects services' best estimates of their financial position at this point in time but remains very uncertain. Unlike last year, we have had the opportunity to estimate and budget for some expected pressures from the pandemic this year. The Council also has un-ringfenced grant funding from central government to meet Covid pressures across the whole Council which is held centrally and reported in the Integrated Finance Monitoring Report.

P&C will receive specific grant funding from government to deal with aspects of the pandemic as well which is included in the numbers in this report. The £3.4m infection control and testing grant for the first six months of the year was passed to social care providers and has been topped-up by a similar amount to cover the second half of the year, and our first three months' of lost income from fees and charges will be met by a separate grant.

Appendix 1 provides the detailed financial information by service, with Appendix 1a providing a more detailed breakdown of areas funded directly from the Dedicated Schools Grant (DSG) and Appendix 3 providing a narrative from those services projecting a significant variance against budget.

1.4.1 Adults

Like councils nationally, Adult Services in Cambridgeshire has faced cost pressures for several years. This has been due to the rising cost of care home and home care provision due to both the requirement to be compliant with the national living wage and the increasing complexity of needs of people receiving care (both older people and working age adults). Budgets have been set broadly based on this trend continuing, with some mitigations.

At the end of January, Adults are forecasting an underspend of £7,937k (4.5%), with pressures in learning disability services more than offset by underspends forecast in strategic management, older people's services and physical disability services. This is an increased underspend from December reflecting the fact that we are continuing to see fewer service users than budgeted for across many Adults Services, particularly Older People services, and in addition are now seeing underspends arising from the level of vacant posts across Adult Social Care services.

The financial and human impact of Covid-19 has been substantial for Adult Services, resulting in an overspend in 2020/21 because of the need to provide additional support to care providers and increased support needs of vulnerable adults. Some adults who were previously supported at home by friends, family and local community services have not been able to secure this support during Covid due to visiting restrictions during lockdown. This has increased reliance on professional services; the ability to focus on conversations about the use of technology, community support or other preventative services have been restricted due to the reprioritisation of staffing resources towards discharge from hospital work and supporting care providers. Many vulnerable adults have developed more complex needs during lockdown as they have not accessed the usual community-based or early help services. We are expecting the longer-term financial impact of this to be significant. We are also experiencing a high volume of referrals from hospitals and the level of need and complexity of patients needing care or Reablement support is increasing.

Despite this, some services over 2020/21, and continuing through 2021/22, have seen service user numbers and expenditure at less than budgeted levels. This is particularly the case with spend on residential and nursing care for older people as a result of the devastating impact of Covid-19 on the older people's population and a notable reduction in the number of people having their care and support needs met in care homes. Spend and service user numbers today are below the level budgeted for and

therefore budget is available for rising demand or costs. However, the financial position of this service is considerably uncertain. There is a growing number of people who have survived Covid, being left with significant needs, and many vulnerable adults have developed more complex needs as they have not accessed the usual community-based or early help services due to lockdown. The impact of delayed health care treatments such as operations will also impact individual needs and health inequalities negatively. It is anticipated that demand will increase as we complete more annual reviews, many of which are outstanding due to the pandemic.

Care providers are currently reporting substantial difficulties including workforce issues and price inflation. Workforce pressures have been recognised by the government, and additional grant funding has been given to support areas such as recruitment and retention. The Adults and Health committee has approved additional funding for uplifts paid to providers this year, as well as support for recruitment and retention activity, which will be partly funded through this new grant funding. The budgetary impact of market pressures has been included within the forecasts in this report and is largely offset by increasing underspends at the current time compared to budget.

Hospital Discharge systems continue to be pressured and we expect some substantial cost increases as both NHS funding is unwound fully at the end of March 2022, and the medium-term recovery of clients assessed as having primary health needs upon hospital discharge return to social care funding streams.

Learning Disabilities (LD) is the one area of Adult Services which has cost pressures that are driving a forecast overspend for the year. Levels of need have risen greatly over the last year, and this is accompanied by several new service users with LD care packages with very complex health and care needs, requiring significant levels of care that cost much more than we budget for an average new care service. We are reliant on a small number of providers for very specialist types of support. LD services in Cambridgeshire work in a pooled budget with the NHS, so any increase in cost in-year is shared. We do have some examples of care providers wishing to return packages of care or placements due to workforce difficulties.

1.4.2 Children's

Although the levels of actual spend in relation to Covid-19 have remained relatively low within Children's, there are a number of areas which are showing significant pressures or underspends as we near the end of 2021/22:

- Due to the lockdown and lack of visibility of children, referrals to Children's saw a significant reduction, particularly in the earlier stages of the pandemic. We predicted that there would be demand building up with a need for an increase in staff costs resulting from an increase in the number of referrals, requiring assessments and longer term working with families, whose needs are likely to be more acute, due to early support not having been accessed, within both early help and children's social care.
- We have seen an increase in the numbers of referrals of children and young people with more complex needs. This has been the case in other areas and signals that there is likely to be an increase in demand both in terms of volumes and complexity of need.
- Despite a relatively stable position in the number of Children in Care (CiC) we are seeing increasing cost pressures due to changes in complexity of need, and continuing cost inflation within the sector resulting in an in-year forecast pressure of £1.5m. Specifically, changes in legislation from the 1st September which required all local authorities to ensure no young people in care under the age of 16 were placed within unregistered provision. The consequence of this has been a knock-on effect within the residential and fostering markets responding to increased demand as young people moved on from unregistered provision. This has led to a significant increase in weekly cost for some placements. Also, we are seeing an increase in complexity of need within both existing and new placements. This increased demand, coupled with an overall shortage of availability, has led to price increases within the sector.
- Children's and Safeguarding (including the CiC placement budget held in Commissioning) is now reporting a significant net underspend of circa £2.4m. A large proportion of this underspend is as a

result of an over achievement of the vacancy savings target across the service due to a combination of the difficulty in recruiting to Social Workers posts and also posts becoming vacant with recruitment to vacancies taking longer than anticipated in the current climate. Some of these savings also relate to planned restructures, and the need to keep some posts vacant prior to consultation launches.

1.4.3 Education

Education – A number of services within Education have lost income as a result of the Covid-19 pandemic. Some areas have been able to deliver services in different ways or have utilised their staff and/or buildings to provide support to other services to mitigate the overall impact. Outdoor Education is now forecasting an in-year overspend of £623k due to school residential visits not being allowed until mid-May and a reduction in numbers in order to adhere to Covid-19 guidance.

Within 0-19 Organisation and Planning there is a revised forecast overspend on core funded activity of £293k. This reflects the reduced income from penalty notices issued for children's unauthorised absences from school because of the pandemic. This is not expected to return to pre-pandemic levels this academic year.

The overall impact has been significant for many services with a traded element and may continue to deteriorate if schools and other providers choose not to access this provision as frequently in the future.

Home to School Transport Special is now forecasting a revised overspend of £1,200k reflecting the significant increase in numbers of pupils with Education, Health and Care Plans (EHCPs). The revised position is due to the continuing demand for places at Special Schools and High Needs Units combined with an increase in complexity of transport need, often resulting in children being transported in individual taxis with a Passenger Assistant.

Children in Care Transport is now forecasting an overspend of £118k reflecting the increases in complexity and shortage of availability of local placements.

Home to School Transport Mainstream is now forecasting an underspend of -£500k. The 2021/22 budget was based on 2020/21 contracts as it was not possible to retender routes due to Covid, resulting in increased forecast costs. However, tendering has now resumed, resulting in efficiencies for some routes.

All transport budgets have been impacted by the underlying national issue of driver availability which is seeing less competition for tendered routes. This has also resulted in numerous contracts being handed back by operators as they are no longer able to fulfil their obligations and alternative, often higher cost, solutions are required.

Dedicated Schools Grant (DSG) –Appendix 1a provides a detailed breakdown of all DSG spend within P&C. The budget figures are net of recoupment for academies and High Needs place funding.

Due to the continuing increase in the number of children and young people with an EHCP, and the complexity of need of these young people, the overall spend on the High Needs Block element of the DSG funded budgets has continued to rise. At the end of 2020/21 the High Needs Block overspent by approximately £12.5m, which was in line with previous forecasts. However, there were a number of one-off underspends in other areas of the DSG which resulted in a net DSG overspend of £9.7m to the end of the year.

When added to the existing DSG deficit of £16.6m brought forward from previous years, and allowing for required prior-year technical adjustments, this resulted in a cumulative deficit of £26.4m to be carried forward into 2021/2, which has now been adjusted to £26.8m following clawback of funding relating to Early Years. Based on initial budget requirements for 2021/22 an underlying forecast pressure of £11.2m relating to High Needs was identified. However, as the number of EHCPs has continued to increase at a faster rate than previous forecasts the in-year forecast pressure on High Needs has now risen to £14.734m.

There are some minimal overspends and underspends elsewhere within the DSG resulting in a net forecast overspend of £14.822m. This is a ring-fenced grant and, as such, overspends do not currently

affect the Council's bottom line. We continue to work with the Department for Education (DfE) to manage the deficit and evidence plans to reduce spend.

1.4.4 Communities

The Coroners Service is now reporting a revised pressure of £127k mainly as a result of additional costs related to Covid-19.

Public Library Services continue to report a pressure of £301k as a result of a reduction in income related to the Covid-19 pandemic.

1.4.5 Executive Director

The Executive Director line is forecasting an underspend of £938k, principally due to a large provision for £900k of spend on Personal Protective Equipment (PPE) built into the budget but no longer required as central government has extended its cost-neutral PPE scheme for councils for 2021/22.

1.5 Significant Issues – Public Health

The Public Health Directorate is funded wholly by ringfenced grants, mainly the Public Health Grant. The work of the Directorate has been severely impacted by the pandemic, as capacity has been re-directed to outbreak management, testing, and infection control work. The Directorate's expenditure has increased by nearly 50% with the addition of new grants to fund outbreak management, mainly the Contain Outbreak Management Fund.

At the end of January, the Public Health Directorate is forecasting an underspend of £3,185k (6.6%).

The pandemic has caused an underspend on many of PH's business as usual services. Much of the Directorate's spend is contracts with, or payments to, the NHS for specific work. The NHS re-focus on the pandemic response and vaccination has reduced activity-driven costs to the PH budget. Activity was starting to pick back up, but with the emergence of the new Omicron variant, and the increased pressures on primary care, activity levels are likely to be suppressed for some time to come. As part of addressing the backlog in these services a request is being made for the use of Public Health reserves to contribute towards 2021/22 missed health checks as well as ensuring targets are met for 2022/23. This is in addition to £2.9m of PH reserves approved by the Adults and Health Committee in December 2021 to be spent on a wide range of non Covid related PH services across the next 3 years. This leaves current PH reserves almost fully committed, but further work is also being developed on options for the use of the current year underspend when it is transferred to reserves at year end.

A significant proportion of staff time throughout 2020/21 and 2021/22 has been spent on outbreak management in relation to the Covid-19 pandemic and this is funded by the Contain Outbreak Management Fund rather than the Public Health grant. In addition, with the unprecedented demand for Public Health staff across the country, recruitment is proving difficult resulting in further underspends on staffing budgets.

2. Capital Executive Summary

2021/22 In Year Pressures/Slippage

At the end of January 2022, the capital programme forecast underspend is £9,711k. The level of slippage and underspend in 2021/22 has exceeded capital Variation Budget of £5,805k

Details of the currently forecasted capital variances can be found in Appendix 4.

3. Savings Tracker Summary

The savings tracker is produced quarterly to monitor delivery of savings against agreed plans. The third savings tracker of 2021/22 is shown in Appendix 5.

4. Technical note

On a biannual basis, a technical financial appendix will be included as Appendix 6. This appendix will cover:

- Grants that have been received by the service, and where these have been more or less than expected
- Budget movements (virements) into or out of P&C from other services (but not within P&C), to show why the budget might be different from that agreed by Full Council
- Service reserves – funds held for specific purposes that may be drawn down in-year or carried-forward – including use of funds and forecast draw-down.

5. Key Activity Data

The Actual Weekly Costs for all clients shown in section 2.5.1-2 are calculated based on all clients who have received a service, are receiving a service, or we plan will receive a service. Some clients will have ceased receiving a service in previous months, or during this month, or we will have assumed an end date in the future.

5.1 Children and Young People

5.1.1 Key activity data at the end of January 22 for Children in Care Placements is shown below:

	BUDGET				ACTUAL (January 22)				FORECAST		
Service Type	*No of placements Budgeted*	*Annual Budget*	*No. of weeks funded*	*Average weekly cost per head*	*Snapshot of No. of placements January 22*	*Yearly Average*	*Forecast Outturn*	*Average weekly cost per head*	*Yearly Average budgeted no. of placements*	*Net Variance to Budget*	*Average weekly cost diff +/-*
Residential - disability	7	£1,204k	52	3,307.62	8	6.37	£1,168k	2,930.26	-0.63	-£36k	-377.36
Residential - secure accommodation	1	£365k	52	7,019.23	1	0.48	£265k	10,500.00	-0.52	-£100k	3,480.77
Residential schools	10	£1,044k	52	2,006.99	7	6.92	£572k	1,736.25	-3.08	-£472k	-270.74
Residential homes	35	£6,028k	52	3,311.90	43	40.17	£8,241k	4,314.42	5.17	£2,213k	1,002.52
Independent Fostering	230	£10,107k	52	845.04	201	213.13	£9,599k	897.52	-16.87	-£508k	52.48
Tier 4 Step down	0	£k	0	0.00	1	0.88	£195k	4,224.67	0.88	£195k	4,224.67
Supported Accommodation	20	£1,755k	52	1,687.92	17	20.26	£2,012k	2,020.02	0.26	£257k	332.10
16+	8	£200k	52	480.41	3	3.47	£56k	286.66	-4.53	-£144k	-193.75
Supported Living	3	£376k	52	2,411.58	3	2.83	£375k	2,428.83	-0.17	-£1k	17.25
Growth/Replacement	0	£k	0	0.00	0	0.00	£95k	0.00	-	£95k	0.00
Additional one off budget/actuals	0	£k	0	0.00	0	0.00	£k	0.00	-	£k	0.00
Mitigations required	0	£k	0	0.00	0	0.00	£k	0.00	-	£k	0.00
TOTAL	314	£21,078k			284	294.51	£22,578k		-19.49	£1,500k	
In-house Fostering	240	£5,093k	56	382.14	186	180.08	£4,238k	374.25	-59.92	-£855k	-7.89
In-house fostering - Reg 24	12	£121k	56	179.09	27	21.59	£196k	173.66	9.59	£75k	-5.43
Staying Put	36	£210k	52	111.78	42	41.45	£235k	124.22	5.45	£25k	12.44
Supported Lodgings	9	£80k	52	171.01	5	6.10	£48k	145.42	-2.9	-£32k	-25.59
TOTAL	297	£5,503k			260	249.22	£4,716k		-47.78	-£787k	
Adoption Allowances	97	£1,063k	52	210.16	95	91.38	£1,098k	220.22	-5.62	£35k	10.06
Special Guardianship Orders	322	£2,541k	52	151.32	283	283.37	£2,211k	148.35	-38.63	-£330k	-2.97
Child Arrangement Orders	55	£462k	52	160.96	51	52.53	£427k	155.52	-2.47	-£34k	-5.44
Concurrent Adoption	3	£33k	52	210.00	0	0.38	£4k	210.00	-2.62	-£29k	0.00
TOTAL	477	£4,098k			429	427.66	£3,740k		-49.34	-£358k	
OVERALL TOTAL	1,088	£30,680k			973	971.39	£31,035k		-116.61	£355k	

NOTES:
In house Fostering payments fund 56 weeks as carers receive two additional weeks payment during the summer holidays and one additional week each for Christmas and birthday.

5.1.2 Key activity data at the end of January 22 for SEN Placements is shown below:

The following key activity data for SEND covers 5 of the main provision types for pupils with EHCPs.

Budgeted data is based on actual data at the close of 2020/21 and an increase in pupil numbers over the course of the year.

Actual data are based on a snapshot of provision taken at the end of the month and reflect current numbers of pupils and average cost

Provision Type	BUDGET				ACTUAL (January 22)					FORECAST	
	No. pupils	Expected in-year growth	Average annual cost per pupil (£)	Budget (£000) (excluding academy recoupment)	No. Pupils as of Jan 22		% growth used	Average annual cost per pupils as of Dec 2021		Forecast spend (£)	Variance (£)
					Actual	Variance		Actual (£)	Variance (£)		
Mainstream top up *	1,913	174	8,130	16,155	2,785	872	601%	8,121	-9	17,155	1,100
Special School **	1,326	121	10,755	20,904	1,602	276	329%	10,812	57	21,004	100
HN Unit **	202	n/a	13,765	3,182	278	76	n/a	13,645	-120	3,532	350
SEN Placement (all) ***	243	n/a	53,464	13,012	254	11	n/a	50,344	-3,120	14,262	1,250
Total	**3,684**	**294**	-	**53,253**	**4,919**	**1,235**	**519.37%**	-	-	**55,953**	**2,700**

* LA cost only

** Excluding place funding

*** Education contribution only

Provision Type	BUDGET				ACTUAL (January 22)					FORECAST	
	No. pupils	Expected in-year growth	Average weekly cost per pupil (£)	Budget (£000) (excluding academy recoupment)	No. Pupils as of Jan 22		% growth used	Average weekly cost per pupils as of Dec 2021		Forecast spend (£)	Variance (£)
					Actual	Variance		Actual (£)	Variance (£)		
Out of School Tuition	84	n/a	1,200	3,834	151	67	n/a	1,015	-185	5,024	1,190
Total	**84**	**0**	-	**3,834**	**151**	**67**	**n/a**	-	-	**5,024**	**1,190**

5.2 Adults

In the following key activity data for Adults & Safeguarding, the information given in each column is as follows:

- Budgeted number of care services: this is the number of full-time equivalent (52 weeks) service users anticipated at budget setting
- Budgeted average unit cost: this is the planned unit cost per service user per week, given the budget available
- Actual care services and cost: these reflect current numbers of service users and average cost; they represent a real time snapshot of service-user information.

A consistent format is used to aid understanding, and where care types are not currently used in a particular service those lines are greyed out.

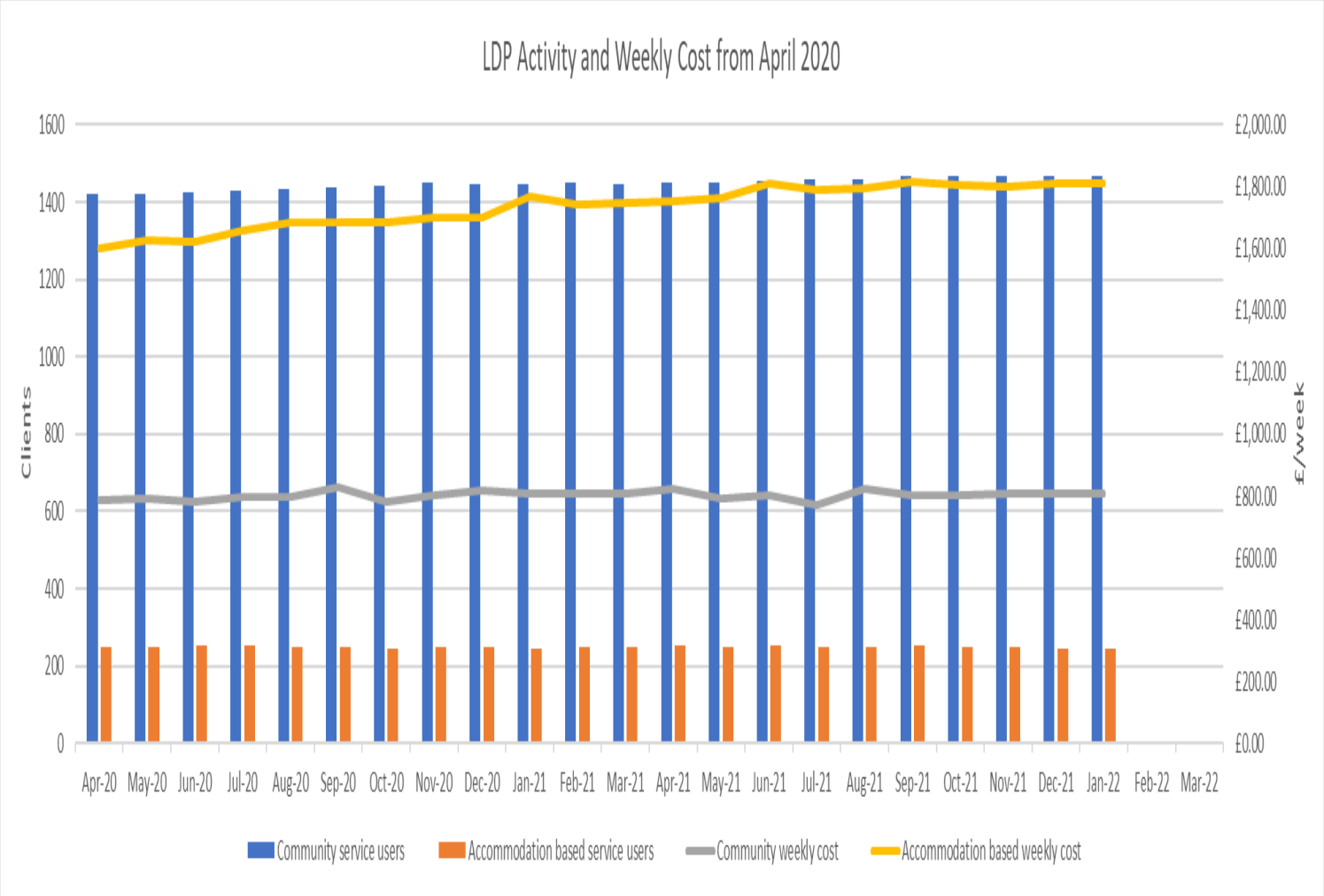
The direction of travel (DoT) compares the current month's figure with the previous month.

The activity data for a given service will not directly tie back to its forecast outturn reported in Appendix 1. This is because the detailed forecasts include other areas of spend, such as care services which have ended and staffing costs, as well as the activity data including some care costs that sit within Commissioning budgets.

5.2.1 Key activity data at the end of January 22 for Learning Disability Partnership is shown below:

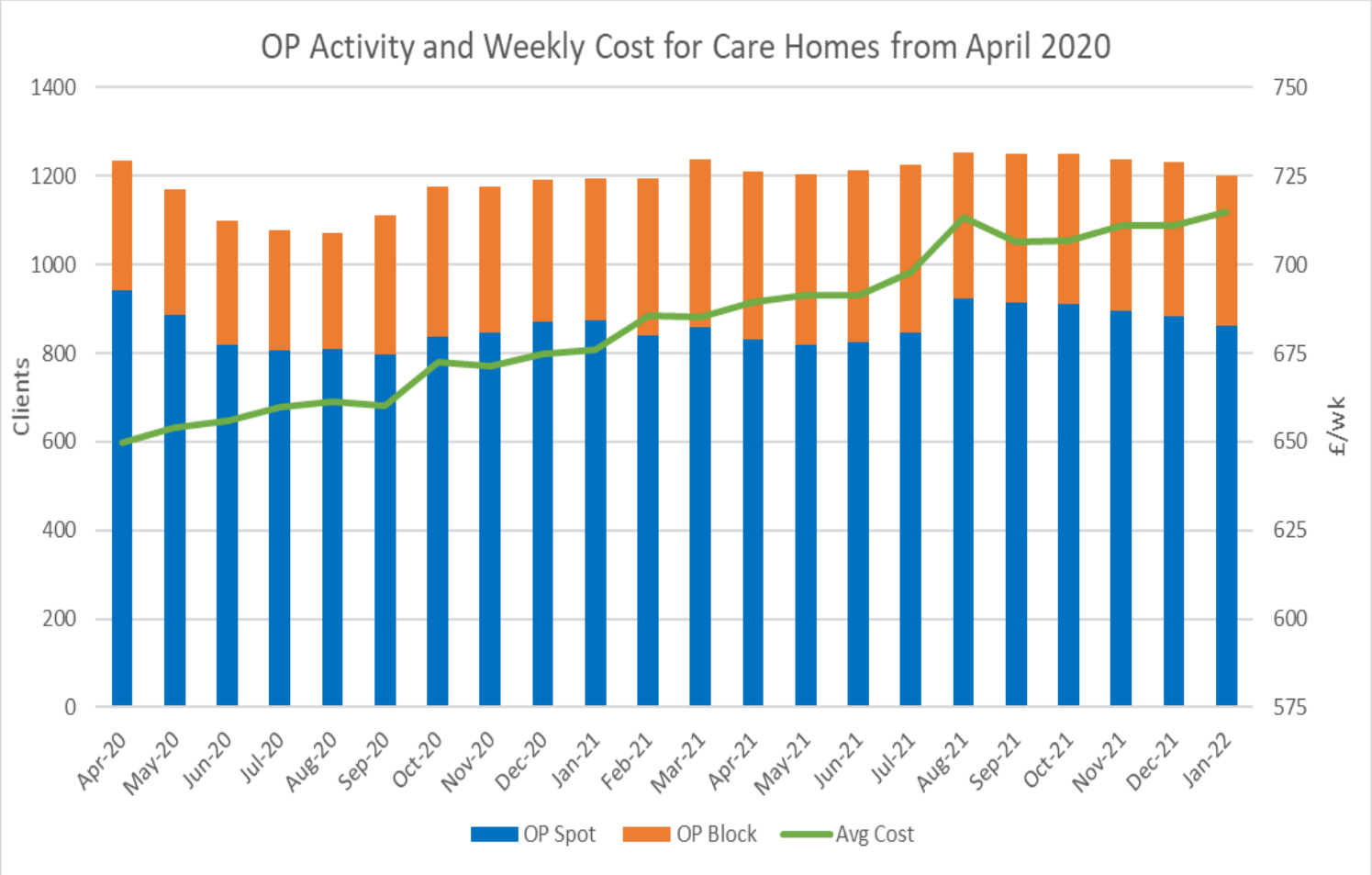
Learning Disability Partnership	BUDGET			ACTUAL (January 2021/22)				Forecast		
Service Type	*Expected No. of Care Packages 2021/22*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*D o T*	*Current Average Unit Cost (per week)*	*D o T*	*Total spend/ income*	*D o T*	*Variance*
Accommodation based										
~Residential	251	£1,759	£24,664k	248	↓	£1,931	↑	£26,559k	↓	£1,896k
~Nursing	6	£2,385	£813k	5	↔	£2,523	↔	£743k	↓	-£70k
~Respite	13	£855	£382k	11	↓	£776	↑	£388k	↓	£6k
Accommodation based subtotal	**270**	**£1,688**	**£25,860k**	**264**		**£1,861**		**£27,691k**		**£1,832k**
Community based										
~Supported Living	456	£1,338	£35,159k	489	↑	£1,333	↑	£36,086k	↑	£927k
~Homecare	386	£380	£6,341k	384	↑	£411	↑	£7,056k	↑	£714k
~Direct payments	403	£446	£8,874k	405	↑	£459	↑	£8,537k	↑	-£337k
~Live In Care	15	£2,033	£1,709k	13	↓	£2,153	↓	£1,645k	↑	-£64k
~Day Care	437	£175	£4,190k	447	↑	£182	↓	£4,318k	↓	£128k
~Other Care	57	£86	£856k	57	↔	£85	↓	£895k	↓	£39k
Community based subtotal	**1,754**	**£598**	**£57,129k**	**1,795**		**£618**		**£58,537k**		**£1,408k**
Total for expenditure	**2,024**	**£743**	**£82,989k**	**2,059**		**£778**		**£86,228k**	↑	**£3,239k**
Care Contributions			-£4,396k					-£4,359k	↓	£37k

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 January 22 for Older People's (OP) Services is shown below:

Older People	BUDGET			ACTUAL (January 2021/22)				Forecast		
Service Type	*Expected No. of Care Packages 2021/22*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*D o T*	*Current Average Unit Cost (per week)*	*D o T*	*Total spend/ income*	*D o T*	*Variance*
Accommodation based										
~Residential	410	£672	£14,592k	353	↔	£642	↓	£11,951k	↑	-£2,641k
~Residential Dementia	517	£657	£17,768k	445	↓	£671	↓	£15,743k	↑	-£2,025k
~Nursing	290	£808	£12,639k	261	↓	£763	↓	£11,668k	↓	-£971k
~Nursing Dementia	203	£809	£8,541k	172	↑	£838	↓	£8,441k	↑	-£100k
~Respite	41	£679	£1,584k	53				£1,072k	↑	-£511k
Accommodation based subtotal	**1,461**	**£694**	**£55,124k**	**1,284**		**£677**		**£48,876k**		**-£6,248k**
Community based										
~Supported Living	320	£368	£5,603k	372	↓	£156	↓	£5,709k	↓	£106k
~Homecare	1,510	£230	£18,320k	1,219	↑	£241	↓	£18,781k	↑	£461k
~Direct payments	160	£320	£2,465k	134	↓	£359	↓	£2,549k	↓	£84k
~Live In Care	30	£822	£1,250k	27	↓	£880	↑	£1,431k	↓	£180k
~Day Care	267	£54	£763k	72	↓	£72	↑	£752k	↓	-£11k
~Other Care			£163k	6				£216k	↑	£53k
Community based subtotal	**2,287**	**£243**	**£28,564k**	**1,830**		**£234**		**£29,438k**		**£873k**
Total for expenditure	**3,748**	**£419**	**£83,688k**	**3,114**		**£417**		**£78,313k**	↑	**-£5,375k**
Care Contributions			-£23,528k					-£24,905k		-£1,377k



5.2.3 Key activity data at the end of January 22 for Physical Disabilities Services is shown below:

Physical Disabilities	BUDGET			ACTUAL (January 2021/22)			Forecast	
Service Type	*Expected No. of Care Packages 2021/22*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*D o T*	*Current Average Unit Cost (per week)*	*D o T*	*Total spend/ income*	*D o T*	*Variance*
Accommodation based										
~Residential	33	£905	£1,611k	37	↔	£998	↑	£1,537k	↑	-£73k
~Residential Dementia	4	£935	£195k	10	↓	£667	↑	£246k	↑	£51k
~Nursing	38	£1,149	£2,438k	46	↓	£974	↓	£2,048k	↓	-£390k
~Nursing Dementia	3	£1,192	£192k	4	↓	£857	↔	£133k	↑	-£60k
~Respite	2	£685	£114k	10		£340		£144k	↑	£30k
Accommodation based subtotal	**80**	**£1,010**	**£4,550k**	**107**		**£858**		**£4,108k**		**-£442k**
Community based										
~Supported Living	7	£843	£551k	44	↔	£335	↑	£502k	↑	-£48k
~Homecare	389	£257	£5,326k	445	↑	£263	↑	£5,662k	↑	£336k
~Direct payments	285	£398	£5,279k	260	↓	£386	↑	£4,793k	↑	-£487k
~Live In Care	35	£862	£1,627k	41	↑	£857	↓	£1,796k	↑	£168k
~Day Care	21	£85	£94k	21	↑	£101	↑	£95k	↓	£1k
~Other Care			£4k	2	↔	£65	↔	£15k	↑	£11k
Community based subtotal	**737**	**£341**	**£12,882k**	**813**		**£332**		**£12,862k**		**-£20k**
Total for expenditure	**817**	**£406**	**£17,432k**	**920**		**£393**		**£16,970k**	↑	**-£462k**
Care Contributions			-£2,154k					-£2,365k		-£211k

5.2.4 Key activity data at the end of January 22 for Older People Mental Health (OPMH) Services:

Older People Mental Health	BUDGET			ACTUAL (January 2021/22)			Forecast	
Service Type	*Expected No. of Care Packages 2021/22*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*D o T*	*Current Average Unit Cost (per week)*	*D o T*	*Total spend/ income*	*D o T*	*Variance*
Accommodation based										
~Residential	32	£717	£1,010k	35	↔	£696	↑	£1,042k	↓	£32k
~Residential Dementia	28	£755	£860k	33	↔	£701	↓	£983k	↓	£123k
~Nursing	23	£826	£943k	26	↑	£773	↓	£1,083k	↑	£141k
~Nursing Dementia	69	£865	£2,788k	61	↓	£832	↑	£2,542k	↓	-£246k
~Respite	3	£708	£42k	1	↓	£72	↓	£46k	↑	£4k
Accommodation based subtotal	**155**	**£792**	**£5,643k**	**156**		**£758**		**£5,696k**		**£53k**
Community based										
~Supported Living	9	£340	£111k	12	↔	£293	↔	£107k	↓	-£4k
~Homecare	68	£221	£693k	66	↑	£236	↑	£841k	↑	£148k
~Direct payments	9	£273	£116k	7	↔	£477	↔	£128k	↑	£12k
~Live In Care	8	£1,079	£455k	12	↑	£1,026	↑	£568k	↑	£113k
~Day Care	4	£47	£k	5	↔	£53	↔	£1k	↔	£1k
~Other Care	2	£6	£1k	4	↓	£51	↓	£15k	↑	£14k
Community based subtotal	**100**	**£293**	**£1,376k**	**106**		**£332**		**£1,659k**		**£283k**
Total for expenditure	**255**	**£596**	**£7,019k**	**262**		**£586**		**£7,356k**	↑	**£336k**
Care Contributions			-£958k					-£1,449k		-£491k

5.2.5 Key activity data at the end of January 22 for Adult Mental Health Services is shown below:

Adult Mental Health	BUDGET			ACTUAL (January 2021/22)			Forecast	
Service Type	*Expected No. of Care Packages 2021/22*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*D o T*	*Current Average Unit Cost (per week)*	*D o T*	*Total spend/ income*	*D o T*	*Variance*
Accommodation based										
~Residential	56	£794	£2,369k	59	↓	£796	↓	£2,540k	↓	£171k
~Residential Dementia	1	£841	£267k	1	↔	£624	↔	£43k	↑	-£224k
~Nursing	10	£788	£427k	10	↔	£732	↑	£439k	↑	£12k
~Nursing Dementia	3	£686	£112k	1	↔	£882	↔	£44k	↑	-£68k
~Respite	1	£20	£k	1	↔	£20	↔	£k	↔	£k
Accommodation based subtotal	**71**	**£778**	**£3,176k**	**72**		**£775**		**£3,066k**		**-£109k**
Community based										
~Supported Living	113	£181	£1,812k	112	↓	£266	↑	£2,162k	↑	£349k
~Homecare	135	£113	£1,333k	126	↔	£96	↑	£1,209k	↑	-£124k
~Direct payments	14	£364	£263k	17	↔	£341	↑	£261k	↑	-£2k
~Live In Care	2	£1,030	£109k	2	↔	£1,171	↔	£126k	↓	£17k
~Day Care	4	£66	£42k	4	↔	£123	↑	£48k	↑	£6k
~Other Care	0	£0	£10k	3	↔	£17	↔	£22k	↑	£11k
Community based subtotal	**268**	**£161**	**£3,569k**	**264**		**£191**		**£3,827k**		**£258k**
Total for expenditure	**339**	**£290**	**£6,745k**	**336**		**£316**		**£6,893k**	**↑**	**£149k**
Care Contributions			-£393k					-£316k		£78k

5.2.6 Key activity data at the end of January 22 for Autism is shown below:

Autism	BUDGET			ACTUAL (January 2021/22)			Forecast	
Service Type	*Expected No. of Care Packages 2021/22*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*D o T*	*Current Average Unit Cost (per week)*	*D o T*	*Total spend/ income*	*D o T*	*Variance*
Accommodation based										
~Residential			£98k	0	↔	£0	↔	£56k	↑	-£42k
~Residential Dementia										
Accommodation based subtotal			**£98k**	**0**		**0**		**£56k**		**-£42k**
Community based										
~Supported Living	18	£469	£436k	15	↑	£1,012	↓	£687k	↓	£252k
~Homecare	19	£151	£143k	18	↔	£131	↓	£127k	↓	-£16k
~Direct payments	19	£299	£263k	21	↑	£294	↑	£200k	↓	-£64k
~Live In Care			£142k	1	↔	£396	↔	£13k	↓	-£129k
~Day Care	18	£65	£62k	16	↑	£72	↑	£64k	↑	£2k
~Other Care	2	£29	£3k	2	↔	£70	↓	£11k	↑	£8k
Community based subtotal	**77**	**£262**	**£1,049k**	73		£348		**£1,103k**		**£53k**
Total for expenditure	**78**	**£278**	**£1,147k**	73		£348		**£1,158k**	**↓**	**£11k**
Care Contributions			-£54k					-£45k		£9k

Due to small numbers of service users some lines in the above have been redacted.

Appendix 1 – P&C Service Level Financial Information

Forecast Outturn Variance (Previous) £'000	Ref	Service	Budget 2021/22 £'000	Actual Jan 22 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
		Adults & Safeguarding Directorate				
-1,061	1	Strategic Management - Adults	-5,973	-14,163	-1,633	-27%
-0		Transfers of Care	1,974	1,659	0	0%
70		Prevention & Early Intervention	9,313	9,553	70	1%
-8		Principal Social Worker, Practice and Safeguarding	1,598	1,440	-1	0%
68	2	Autism and Adult Support	1,573	1,515	61	4%
0		Adults Finance Operations	1,770	1,379	-1	0%
		Learning Disabilities				
243	2	Head of Service	5,458	4,499	-166	-3%
142	2	LD - City, South and East Localities	38,040	33,117	164	0%
2,066	2	LD - Hunts & Fenland Localities	33,130	29,524	2,178	7%
549	2	LD - Young Adults	9,530	8,234	647	7%
-201	2	In House Provider Services	7,378	5,802	-226	-3%
-650	2	NHS Contribution to Pooled Budget	-21,717	-16,288	-603	-3%
2,149		**Learning Disabilities Total**	**71,819**	**64,888**	**1,994**	**3%**
		Older People and Physical Disability Services				
-1,500	3	Physical Disabilities	16,259	12,738	-1,500	-9%
-1,051	4	OP - City & South Locality	24,077	19,481	-1,387	-6%
-1,580	4	OP - East Cambs Locality	8,586	5,726	-1,780	-21%
-1,384	4	OP - Fenland Locality	13,170	9,748	-1,497	-11%
-1,984	4	OP - Hunts Locality	15,905	11,406	-2,020	-13%
-7,500		**Older People and Physical Disability Total**	**77,997**	**59,100**	**-8,184**	**-10%**
		Mental Health				
-150	5	Mental Health Central	1,819	1,439	-150	-8%
150	5	Adult Mental Health Localities	6,048	5,075	160	3%
-195	5	Older People Mental Health	6,598	5,633	-253	-4%
-195		**Mental Health Total**	**14,465**	**12,147**	**-243**	**-2%**
-6,476		**Adults & Safeguarding Directorate Total**	**174,535**	**137,517**	**-7,937**	**-5%**
		Commissioning Directorate				
-0		Strategic Management –Commissioning	444	384	-0	0%
-0		Access to Resource & Quality	1,197	996	30	3%
0		Local Assistance Scheme	300	220	0	0%
		Adults Commissioning				
-219	6	Central Commissioning - Adults	13,934	6,310	-219	-2%
86		Integrated Community Equipment Service	2,018	1,868	86	4%
16		Mental Health Commissioning	2,251	1,566	15	1%
-117		**Adults Commissioning Total**	**18,203**	**9,744**	**-117**	**-1%**

Forecast Outturn Variance (Previous) £'000	Ref	Service	Budget 2021/22 £'000	Actual Jan 22 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
		Children's Commissioning				
1,500	7	Children in Care Placements	21,078	16,796	1,500	7%
0		Commissioning Services	323	78	0	0%
1,500		**Children's Commissioning Total**	**21,401**	**16,874**	**1,500**	**7%**
1,383		**Commissioning Directorate Total**	**41,546**	**28,218**	**1,413**	**3%**
		Communities & Partnerships Directorate				
-0		Strategic Management - Communities & Partnerships	201	194	0	0%
301	8	Public Library Services	3,735	3,072	301	8%
0		Cambridgeshire Skills	2,509	1,356	0	0%
0		Archives	369	285	0	0%
0		Cultural Services	314	212	0	0%
0		Registration & Citizenship Services	-645	-745	0	0%
155	9	Coroners	1,806	1,720	127	7%
0		Trading Standards	694	574	0	0%
0		Domestic Abuse and Sexual Violence Service	2,053	1,101	0	0%
0		Think Communities	471	1,016	0	0%
0		Youth and Community Services	380	163	0	0%
456		**Communities & Partnerships Directorate Total**	**11,887**	**8,947**	**428**	**4%**
		Children & Safeguarding Directorate				
-900	10	Strategic Management - Children & Safeguarding	3,540	2,381	-2,000	-56%
-0		Safeguarding and Quality Assurance	2,502	1,642	-0	0%
-940	11	Fostering and Supervised Contact Services	9,929	7,491	-875	-9%
-800	12	Corporate Parenting	7,669	5,050	-860	-11%
0		Integrated Front Door	4,012	3,008	0	0%
400	13	Children´s Disability Service	6,668	6,024	400	6%
0		Support to Parents	1,100	-172	0	0%
-395	14	Adoption	5,588	3,146	-360	-6%
80		Legal Proceedings	2,050	1,546	40	2%
-0		Youth Offending Service	1,700	1,286	0	0%
		District Delivery Service				
0		Children´s Centres Strategy	55	1	0	0%
0		Safeguarding West	1,734	1,308	-30	-2%
-200	15	Safeguarding East	3,840	96	-220	-6%
0		Early Help District Delivery Service –North	4,258	3,391	-0	0%
-0		Early Help District Delivery Service – South	4,341	3,592	-0	0%
-200		**District Delivery Service Total**	**14,227**	**8,390**	**-250**	**-2%**
-2,755		**Children & Safeguarding Directorate Total**	**58,985**	**39,793**	**-3,905**	**-7%**

Forecast Outturn Variance (Previous) £'000	Ref	Service	Budget 2021/22 £'000	Actual Jan 22 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
		Education Directorate				
15		Strategic Management - Education	1,835	905	-40	-2%
-61	16	Early Years' Service	2,496	2,299	174	7%
-18		School Improvement Service	947	738	76	8%
-51		Schools Partnership service	642	1,240	0	0%
681	17	Outdoor Education (includes Grafham Water)	-77	538	623	808%
0		Cambridgeshire Music	0	59	0	-%
9		ICT Service (Education)	-200	-247	-0	-%
-0		Redundancy & Teachers Pensions	3,727	2,555	-0	0%
		SEND Specialist Services (0-25 years)				
100	18	SEND Specialist Services	10,829	8,722	-260	-2%
450	18	Funding for Special Schools and Units	24,237	20,379	450	2%
1,000	18	High Needs Top Up Funding	25,788	20,756	1,100	4%
1,100	18	Special Educational Needs Placements	13,846	14,392	1,250	9%
750	18	Out of School Tuition	3,834	3,084	1,190	31%
0	18	Alternative Provision and Inclusion	6,617	5,814	1	0%
11,244	18	SEND Financing – DSG	-11,244	0	11,244	100%
14,644		**SEND Specialist Services (0 - 25 years) Total**	**73,906**	**73,147**	**14,975**	**20%**
		Infrastructure				
84	19	0-19 Organisation & Planning	3,077	2,866	101	3%
5		Education Capital	177	-3,644	6	3%
700	20	Home to School Transport – Special	14,860	11,223	1,200	8%
100	21	Children in Care Transport	1,586	1,183	118	7%
-0	22	Home to School Transport – Mainstream	10,110	6,817	-500	-5%
890		**0-19 Place Planning & Organisation Service Total**	**29,810**	**18,444**	**925**	**3%**
16,108		**Education Directorate Total**	**113,087**	**99,677**	**16,733**	**15%**
		Executive Director				
-885	23	Executive Director	1,781	502	-938	-53%
0		Lost Sales, Fees & Charges Compensation	1,266	0	0	0%
0		Central Financing	21	1	0	0%
-885		**Executive Director Total**	**3,068**	**502**	**-938**	**-31%**
7,831		**Total**	**403,107**	**314,654**	**5,983**	**1%**
		Grant Funding				
-14,369	24	Financing DSG	-76,405	-73,831	-14,822	-19%
0		Non Baselined Grants	-27,132	-22,477	0	0%
-14,369		**Grant Funding Total**	**-103,537**	**-96,308**	**-14,822**	**14%**
-6,537		**Net Total**	**299,570**	**218,346**	**-9,028**	**-3%**

Appendix 1a – Dedicated Schools Grant (DSG) Summary FMR

Forecast Outturn Variance (Previous) £'000	Ref	Service	Budget 2021/22 £'000	Actual Jan 22 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
		Commissioning Directorate				
		Children's Commissioning				
0		Commissioning Services	245	0	0	0%
0		**Children's Commissioning Total**	**245**	**0**	**0**	**0%**
0		**Commissioning Directorate Total**	**245**	**0**	**0**	**0%**
		Children & Safeguarding Directorate				
		District Delivery Service				
0		Early Help District Delivery Service –North	0	0	0	0%
0		Early Help District Delivery Service – South	0	0	0	0%
0		**District Delivery Service Total**	**0**	**0**	**0**	**0%**
0		**Children & Safeguarding Directorate Total**	**0**	**0**	**0**	**0%**
		Education Directorate				
-0	16	Early Years' Service	1,768	1,199	280	16%
-0		Schools Partnership service	150	71	0	0%
0		Redundancy & Teachers Pensions	0	0	0	0%
		SEND Specialist Services (0-25 years)				
0	18	SEND Specialist Services	7,280	5,296	-500	-7%
450	18	Funding for Special Schools and Units	24,237	20,379	450	2%
1,000	18	High Needs Top Up Funding	25,788	20,756	1,100	4%
1,100	18	Special Educational Needs Placements	13,846	14,392	1,250	9%
750	18	Out of School Tuition	3,834	3,084	1,190	31%
0		Alternative Provision and Inclusion	6,542	5,518	0	0%
11,244	18	SEND Financing – DSG	-11,244	0	11,244	100%
14,544	**18**	**SEND Specialist Services (0 - 25 years) Total**	**70,281**	**69,425**	**14,734**	**21%**
		Infrastructure				
-176	19	0-19 Organisation & Planning	2,561	2,136	-192	-8%
0		Home to School Transport – Special	400	0	0	0%
-176		**0-19 Place Planning & Organisation Service Total**	**2,961**	**2,136**	**-192**	**-6%**
14,369		**Education Directorate Total**	**75,160**	**72,831**	**14,822**	**20%**
14,369		**Total**	**75,405**	**72,831**	**14,822**	**20%**
0		**Contribution to Combined Budgets**	**1,000**	**1,000**	**0**	**0%**
		Schools				
0		Primary and Secondary Schools	124,677	102,735	0	0%
0		Nursery Schools and PVI	39,937	29,318	-0	0%
0		Schools Financing	-241,019	-200,286	-0	0%
0		Pools and Contingencies	0	19	0	0%
0		**Schools Total**	**-76,405**	**-68,214**	**-0**	**0%**
14,369		**Overall Net Total**	**0**	**5,617**	**14,822**	**-%**

Appendix 2 – Public Health Summary FMR

Forecast Outturn Variance (Previous) £'000	Ref	Service	Budget 2021/22 £'000	Actual Jan 22 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
		Children Health				
0		Children 0-5 PH Programme	7,271	7,415	0	0%
-0		Children 5-19 PH Programme - Non Prescribed	1,705	1,719	-0	0%
0		Children Mental Health	341	-20	0	0%
-0		**Children Health Total**	**9,317**	**9,113**	**-0**	**0%**
		Drugs & Alcohol				
-33		Drug & Alcohol Misuse	5,918	1,223	-33	-1%
-33		**Drug & Alcohol Misuse Total**	**5,918**	**1,223**	**-33**	**-1%**
		Sexual Health & Contraception				
-90	25	SH STI testing & treatment - Prescribed	3,750	648	-103	-3%
-172	26	SH Contraception - Prescribed	1,096	447	-172	-16%
62		SH Services Advice Prevention/Promotion - Non-Prescribed	444	111	51	12%
-200		**Sexual Health & Contraception Total**	**5,290**	**1,206**	**-224**	**-4%**
		Behaviour Change / Preventing Long Term Conditions				
-164	27	Integrated Lifestyle Services	2,380	1,873	-194	-8%
54		Other Health Improvement	426	470	73	17%
-185	28	Smoking Cessation GP & Pharmacy	683	106	-253	-37%
-300	29	NHS Health Checks Programme - Prescribed	625	135	-411	-66%
-596		**Behaviour Change / Preventing Long Term Conditions Total**	**4,114**	**2,585**	**-785**	**-19%**
		Falls Prevention				
-27		Falls Prevention	87	44	0	0%
-27		**Falls Prevention Total**	**87**	**44**	**0**	**0%**
		General Prevention Activities				
-11		General Prevention, Traveller Health	13	-8	-11	-85%
-11		**General Prevention Activities Total**	**13**	**-8**	**-11**	**-85%**
		Adult Mental Health & Community Safety				
0		Adult Mental Health & Community Safety	257	196	0	0%
0		**Adult Mental Health & Community Safety Total**	**257**	**196**	**0**	**0%**
		Public Health Directorate				
-57		Public Health Strategic Management	57	0	-57	-100%
-1,377	30	Public Health Directorate Staffing & Running Costs	2,234	-8,101	-1,679	-75%
0		Test and Trace Support Grant	1,064	118	0	0%
0		Enduring Transmission Grant	2,606	581	0	0%
0	31	Contain Outbreak Management Fund	15,590	975	-396	-3%
0		Lateral Flow Testing Grant	1,811	903	0	0%
-1,434		**Public Health Directorate Total**	**23,361**	**-5,524**	**-2,132**	**-9%**
-2,302		**Total Expenditure before Carry-forward**	**48,356**	**8,835**	**-3,185**	**-7%**
		Funding				
0		Public Health Grant	-26,787	-15,490	0	0%
0		Test and Trace Support Grant	-1,064	-1,064	0	0%
0		Enduring Transmission Grant	-2,606	-2,606	0	0%
0		Contain Outbreak Management Fund	-15,590	-15,590	0	0%
0		Community Testing Grant	-1,811	-300	0	0%
0		Other Grants	-498	-404	0	0%
0		**Grant Funding Total**	**-48,355**	**-35,454**	**0**	**0%**
-2,302		**Overall Net Total**	**0**	**-26,619**	**-3,185**	**0%**

Appendix 3 – Service Commentaries on Forecast Outturn Position

Narrative is given below where there is an adverse/positive variance greater than 2% of annual budget or £100,000 whichever is greater for a service area.

1) Strategic Management - Adults

Budget 2021/22 £'000	Actual January 22 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
-5,973	-14,163	-1,633	27%

The Strategic Management – Adults line holds a range of central grant funding and Health funding including the Better Care Fund allocations. The underspend is largely attributable to grant and income contributions exceeding budget, and to funding from government grants being held to contribute to the Council share of pressures in the Learning Disabilities pooled budget reported in note 2 below. In addition, underspends from vacant posts are now being forecast at £500k over budget due to increased vacancy rates being experienced in the second half of the year.

2) Learning Disabilities

Budget 2021/22 £'000	Actual January 22 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
71,819	64,888	1,994	3%

The Learning Disability Partnership (LDP) budget is forecasting an overspend of £2,597k at the end of January. The Council's share of the overspend per the pooled arrangement with the NHS is £1,994k. This is a reduction of £202k (£155k for the Council's share) on the position reported in December.

The reduction is due to the application of grant funding to care packages for service users not attending day services due to reduced capacity during the pandemic. To prevent covid outbreaks, day services have had to maintain strict protocols around groups of service users mixing and have had to reduce their capacity to achieve this. The Council has therefore had to fund some additional support for people unable to attend their normal sessions; this cost is now being met by grant funding and has thus been removed from the LDP forecast.

The majority of the LDP overspend is still largely due to new demand being higher than has been allocated in the budget. However, there is also an emerging pressure from uplifts being negotiated with providers for existing placements.

Care providers are currently facing substantial cost pressures due to staffing shortages and price inflation. Considering this, the council has approved additional funding for uplifts paid to providers this year, which will partly be funded through grant received from central government. The impact on the LDP, which is expected to be around £920k, with £280k of this covered by grant funding, is reflected in the forecast outturn.

Expenditure on increased demand is ~65% above budget to date. Numbers of new placements are largely in line with the numbers anticipated in our allocation of demand funding. However, we are seeing more service users with very complex needs transitioning to the LDP and the price of care packages for these service users is significantly more than we have previously paid for similar care packages. Around 60% of the cost of packages for the cohort of young people transitioning into the LDP has been for health needs. However, the agreed split of the pooled budget is 77% social care funding and 23% health funding.

Also contributing to the demand overspend, the cost of care packages for our existing cohort of service users is increasing. This is frequently as a result of the Covid-19 pandemic. Prior to the pandemic carers were able to access support in the community and respite from their caring responsibilities. However, over the past 18 months their access to support has been reduced and continues to be reduced due to social distancing and ventilation restrictions, as a result we are seeing some service users move into supported living placements earlier than they otherwise would have done, or cases where we need to arrange increased levels of care in the home to avoid carer breakdown. We expect some continuation in this latent demand, particularly whilst restrictions for services remain in place.

A Transitions Panel has been set up to discuss complex cases transferring from children's services, enabling all involved parties to better plan and forecast for transitions. Primarily this should improve outcomes for service users, but an additional benefit will be to aid better budget planning. Furthermore, the Young Adults team continues to have strengths-based conversations with service users, working on service users' independence and helping them to achieve their goals. They are on track to achieve a £200k preventative savings target, part of the Adults' Positive Challenge Programme. This is built into the forecast and mitigates some of the demand pressure.

A further factor in the overspend reported is cost pressures at the end of the market providing placements for people with high-level needs. One of our providers who offers specialist placements to service users who cannot easily be placed elsewhere has substantially increased their rates on care packages for our existing service users placed with them. The seven care packages they provide now cost ~£2.1m, an increase of ~£300k.

Adults Commissioning are developing an LD Accommodation Strategy that will enable them to work with the provider market to develop the provision needed for our service users, both now and looking to future needs. This should lead to more choice when placing service users with complex needs and consequently reduce cost pressure in this area.

3) Physical Disabilities

Budget 2021/22 £'000	Actual January 22 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
16,259	12,738	-1,500	-9%

Physical Disabilities continue to forecast an underspend of -£1.5m for January.

Previously identified pressures resulting from increased demand for community-based care have been recognised through the business planning process and are manageable within current budget. Net demand in the current year is below budgeted levels and has stabilised over recent months.

A peak in demand for bed-based care in the last quarter of 2020/21 has now reversed, with numbers returning to pre-pandemic levels. This, in conjunction with an increase in income due from clients contributing towards the cost of their care, ongoing work to secure appropriate funding for service users with health needs and the slow-down in demand for community-based care, has resulted in a significant underspend.

Care providers are currently facing substantial cost pressures due to staffing shortages and price inflation. Considering this, the council has approved additional funding for uplifts paid to providers this year, which will partly be funded through grant received from central government. The impact on Physical Disabilities is reflected in the forecast outturn.

4) Older People

Budget 2021/22 £'000	Actual January 22 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
61,738	46,362	-6,684	-11%

Older People's Services are forecasting an underspend of -£6.684m at the end of January.

As was reported throughout 2020/21, the impact of the pandemic has led to a notable reduction in the number of people having their care and support needs met in care homes. This short-term impact has carried forward into forecasting for 2021/22 and includes a reduction in care spend relating to the final months of 2020/21 that has manifested since year-end.

Since the start of the financial year, as restrictions have ended, we have seen a significant increase in the referrals reported by the Long-Term care teams. There has also been an increase in referrals and requests to Adult Early Help, Safeguarding Referrals and Mental Health Act Assessments. Hospital Discharge systems continue to be pressured. We do expect some substantial cost increases as both NHS funding is unwound fully in 2021/22 and the medium-term recovery of clients assessed as having primary health needs upon hospital discharge returning to social care funding streams.

Despite this increase in activity coming into the service, we are not currently seeing a corresponding increase in total numbers of service users being supported. Demand for bed-based care remains below budgeted expectations. In addition, long-term block capacity has increased following recent retendering. Utilisation of the available block provision at contractually agreed rates is giving the Council greater control over historic pressures arising from increasing market unit costs. These factors have now been drawn out into the forecast.

Services have been working to streamline processes and improve the client's journey through the financial assessments process so that their assessment can be completed in a more timely manner. The performance of the Financial Assessments Team has facilitated resolution of a historic backlog of outstanding cases. This, in conjunction with a review of current deferred payment agreements, has increased the overall level of income expected from clients contributing towards the cost of their care.

Annual Review activity remains low, and back-logs are significant within the system.

Forecasting for future costs remains difficult with the pandemic continuing and particularly as winter progresses. There continues to be considerable risk and uncertainty around the impact the pandemic will have on both medium- and longer-term demand. There is a growing number of people who have survived Covid, being left with significant needs that we will need to meet, and many vulnerable adults have developed more complex needs as they have not accessed the usual community-based or early help services due to lockdown. The impact on delayed health care treatments such as operations will impact individual needs and health inequalities negatively. Clinical Commissioning Groups (CCGs) are working through backlogs in continuing health care, the impacts of this are not yet fully in our system.

Care providers are currently facing substantial cost pressures due to staffing shortages and price inflation. Considering this, the council has approved additional funding for uplifts paid to providers this year, which will partly be funded through grant received from central government. The impact on Older People's Services is reflected in the forecast outturn.

We will continue to review in detail activity information and other cost drivers to validate this forecast position. This remains subject to variation as circumstances change and more data comes through the system.

5) Mental Health Services

Budget 2021/22 £'000	Actual January 22 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
14,465	12,147	-243	-2%

Mental Health Services are reporting an underspend of -£243k for January.

It was reported last year that the Covid pandemic had a significant impact on elderly clients with the most acute needs in the short-term. There was a significant increase in placements into care homes over the final quarter of 2020/21 and this continued into the first part of 2021/22. However, in recent months activity has remained high, but net demand has slowed, and overall numbers of placements have been reducing month-on month. Similar to Older Peoples Services, there is considerable uncertainty around the impact of the pandemic on longer-term demand for services and forecasting for future costs remains difficult with the pandemic continuing and particularly as winter progresses.

In addition, pressure has been emerging in community based-care with a number of high-cost supported living placements being made by Adult Mental Health services since the start of the year. It has previously been reported that Mental Health care teams are experiencing a significant increase in demand for Approved Mental Health Professional services, and the anticipated increase in the provision of packages for working age adults with mental health needs may now be manifesting in reported commitment.

Services have been working to streamline processes and improve the client's journey through the financial assessments process so that their assessment can be completed in a more timely manner. The performance of the Financial Assessments Team has facilitated resolution of a historic backlog of outstanding cases, and this has significantly increased the overall level of income expected from clients contributing towards the cost of their care within Mental Health Services.

Care providers are currently facing substantial cost pressures due to staffing shortages and price inflation. Considering this, the council has approved additional funding for uplifts paid to providers this year, which will partly be funded through grant received from central government. The impact on Mental Health Services is reflected in the forecast outturn.

In addition, an underspend is forecast against the Section 75 contract due to a number of long-term vacancies within the team.

We will continue to review in detail the activity information and other cost drivers to validate this forecast position. This remains subject to variation as circumstances change and more data comes through the system.

6) Central Commissioning - Adults

Budget 2021/22 £'000	Actual January 22 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
13,934	6,310	-219	-2%

Central Commissioning – Adults is forecasting an underspend of £219k. This is partly due to the decommissioning of three rapid discharge and transition cars as part of the wider homecare commissioning model. The long-term strategy is to decommission all the local authority funded cars, meeting the need for domiciliary care through other, more cost-effective means, such as:

- A sliding scale of rates with enhanced rates to support rural and hard to reach areas.
- Providers covering specific areas or zones of the county, including rural areas.
- Supporting the market in building capacity through recruitment and retention, as well as better rates of pay for care staff.

Another factor in the underspend is that a settlement relating to a block domiciliary care contract in 2018/19 was agreed at less than the provision made for it at the end of 2020/21. Therefore the remainder of the provision has been transferred back to revenue.

7) Children in Care Placements

Budget 2021/22 £'000	Actual January 22 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
21,078	16,796	1,500	7%

External Placements Client Group	Budgeted Packages	31 Jan 2022 Packages	Variance from Budget
Residential Disability – Children	7	8	+1
Child Homes – Secure Accommodation	1	1	-
Child Homes – Educational	10	7	-3
Child Homes – General	35	43	+8
Independent Fostering	230	201	-29
Tier 4 Step down	0	1	+1
Supported Living	3	3	-
Supported Accommodation	20	17	-3
16+	8	3	-5
TOTAL	**314**	**284**	**-30**

External Placements is forecasting an overall pressure of £1.5m. This has worsened following continuing pressures within the sector. Specifically, changes in legislation from the 1st September which required all local authorities to ensure no young people in care under the age of 16 were placed in unregistered provision. The consequence of this has been a knock-on effect within the residential and fostering markets responding to increased demand as young people moved on from unregulated provision. This has led to a significant increase in the weekly cost for some placements. Also, we are seeing an increase in complexity of need within both existing and new placements. This increased demand, coupled with an overall shortage of availability, has led to price increases within the sector. These changes, on top of an

overall shift from independent fostering agencies (IFA) to residential which we have been seeing since the start of the financial year, and continuing price inflation on all placement types, have continued to present a high level of financial challenge. High-cost placements are reviewed regularly to ensure they are the correct level and step-downs can be initiated appropriately. We are also seeing the impact of small numbers of young people being discharged from Tier 4 mental health provision into high cost specialist care placements, where there is a statutory duty for the local authority to part fund. Demand for this placement type is also expected to rise.

8) Public Library Services

Budget 2021/22 £'000	Actual January 22 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
3,735	3,072	301	8%

The Public Library service is forecasting an overall £301k overspend.

We have seen an improvement in the library service forecast to reflect the achievement of some additional savings and the increase in income from our commissioned services. Most notably the recent addition of libraries as distribution centres for lateral flow tests that is set to bring in £40-£50k. However, the outlook for our general income remains poor. The continued restriction on occupancy, and so far limited impact of the ventilation work to increase this, leaves the viability of hiring out library space in a precarious position as long as such restrictions last. The lack of this hire represents the single biggest reduction in income, while general sale of items and library overdues also remain well down on pre-pandemic levels.

9) Coroners

Budget 2021/22 £'000	Actual January 22 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
1,806	1,720	127	7%

The Coroners Service is forecasting a pressure of £127k which can be attributed to Covid-19. This is a result of:

- Required changes to venues to make them Covid-19 compliant.
- The need for increased staff capacity to manage the number of inquests necessary in a timely manner.

10) Strategic Management - Children & Safeguarding

Budget 2021/22 £'000	Actual January 22 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
3,548	2,381	-2,000	-56%

Strategic Management – Children and Safeguarding is forecasting an under-spend of -£2m. This is an increase of £1.1m since the end of Quarter 2 which has predominantly been due to the inability to recruit Social Workers coupled with a temporary hold on recruitment due to an internal restructure.

There has been an over achievement of the vacancy savings target across the service due to a combination of the difficulty in recruiting to Social Worker posts and also posts becoming vacant with recruitment to vacancies taking longer than anticipated in the current climate. An internal restructure has also contributed to the overall position.

11) Fostering and Supervised Contact Services

Budget 2021/22 £'000	Actual January 22 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
9,929	7,491	-875	-9%

The Fostering and Supervised Contact service is forecasting an underspend of -£875k.

This is due to the budget being built for a higher number of placements (236) than the service currently holds (186) and also a lower average cost than budgeted. Associated Foster Carer mileage claims are also lower than budgeted as a result of the pandemic.

12) Corporate Parenting

Budget 2021/22 £'000	Actual January 22 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
7,669	5,050	-860	-11%

Corporate Parenting are forecasting an underspend of -£850k based on the latest service commitment record.

In the unaccompanied asylum seeker children (UASC) / Leaving Care budgets activity undertaken in the service to support moves for unaccompanied young people to lower cost, but appropriate accommodation, and the decision by the Home Office to increase grant allowances from 1 April 2020, and again on 1 April 2021, have contributed to an improved budget position.

13) Children´s Disability Service

Budget 2021/22 £'000	Actual January 22 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
6,668	6,024	400	6%

Disability Social Care is forecasting an overspend of £400k.

This is due to the in-sourcing of Children's Homes which was taken on with a known £300k pressure from the previous provider. In addition to this, staff who TUPE'd over on the previous provider's Terms and Conditions, are opting to apply for new vacancies which are being advertised under the Council's Terms and Conditions, causing additional budget pressures. Furthermore, under the Council's Terms and Conditions certain posts (e.g. night support staff) are entitled to 'enhancements' at an additional cost to the service.

Actions being taken:
Future funding requirements have been agreed for the 2022/23 Business Plan linked to additional savings targets in future years.

14) Adoption

Budget 2021/22 £'000	Actual January 22 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
5,588	3,146	-360	-6%

The Adoption Allowances budget is forecasting an underspend of -£360k.

During this reporting year the service has had a number of young people in care turning 18 years old and for the majority of children this will see the special guardianship allowances paid to their carers ceasing. The Council also introduced a new allowance policy in April 2020 which clearly set out the parameters for new allowances and introduced a new means test in line with DfE recommendations that is broadly lower than the previous means test utilised by the Council. We are however recently starting to see more challenge with regard to allowances post order so will continue to focus on this area of activity to ensure allowances received by carers are in line with children's needs and family circumstances.

15) Safeguarding East

Budget 2021/22 £'000	Actual January 22 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
3,840	96	-220	-6%

Safeguarding East are forecasting an under-spend of -£220k 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.

16) Early Years Service

Budget 2021/22 £'000	Actual January 22 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
2,496	2,299	174	7%

The Early Years Service is forecasting a net overspend position of £174k. This is due to a £280k overspend on the DSG funded Special Educational Needs Inclusion Fund (SENIF) budget which has been offset by additional grant funding received in year to cover staff time whilst they support specific projects.

17) Outdoor Education (includes Grafham Water)

Budget 2021/22 £'000	Actual January 22 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
-77	538	623	-%

The Outdoor Centres outturn forecast is a £623k pressure. This is due to the loss of income as a result of school residential visits not being allowed until mid-May and a reduction in numbers following the relaxation of lockdown in order to adhere to Covid-19 guidance. The position has improved slightly with higher than originally forecast uptake of visits in the spring term.

More than 50% of the centres' income is generated over the summer term and so the restricted business at the start of the financial year has a significant impact on the financial outlook for the year. Approximately 70% of the lost income until June can be claimed back through the local Government lost fees and charges compensation scheme. The figures above also allow for the small number of staff who were furloughed.

18) SEND Financing DSG

Budget 2021/22 £'000	Actual January 22 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
67,289	67,333	14,974	22%

Due to the continuing increase in the number of children and young people with Education, Health and Care Plans (EHCPs), and the complexity of need of these young people, the overall spend on the High Needs Block element of the DSG funded budgets has continued to rise. The revised forecast in-year pressure reflects the latest identified shortfall between available funding and current budget requirements. Please note: The budgets in these areas have been adjusted by £14.557m to reflect recoupment of funding for High Needs Places in academies and Further Education colleges by the Education and Skills Funding Agency (ESFA).

19) 0-19 Organisation & Planning

Budget 2021/22 £'000	Actual January 22 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
3,077	2,866	101	3%

0-19 Organisation and Planning are forecasting a £101k pressure.

£283k pressure is a direct result of Covid restrictions, in particular lockdowns which led to the majority of children receiving remote education at home, which have meant that the number of penalty notices issued for children's unauthorised absences from school has reduced significantly. This is not expected to return to pre-pandemic levels this academic year. This pressure has increased to reflect the decreased numbers of penalty notices issued for term time holidays.

This has been partially offset by an underspend on the school's growth fund budget currently forecast to be £164k.

20) Home to School Transport - Special

Budget 2021/22 £'000	Actual January 22 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
14,860	11,223	1,200	8%

Home to School Special is now forecasting a £1,200k overspend. The revised position is due to the continuing demand for places at Special Schools and High Needs Units combined with an increase in complexity of transport need, often resulting in children being transported in individual taxis with a Passenger Assistant. This is again compounded by an underlying national issue of driver availability which is seeing less competition for tendered routes and therefore promoting increased costs. This year we have also had numerous contracts handed back by operators. This is unprecedented. Replacement tenders for those routes have then resulted in higher costs being charged by the new operator for the same service.

21) Children in Care Transport

Budget 2021/22 £'000	Actual January 22 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
1,586	1,183	118	7%

Children in Care transport is forecasting a £118k overspend. This results from an increase in demand arising from an increasing shortage in local placements requiring children to be transported longer distances. There is also an underlaying national issue of driver availability which is seeing less competition for tendered routes and, therefore, promoting increased costs. The position has worsened since December due to an increase in placement breakdowns over Christmas.

22) Home to School Transport - Mainstream

Budget 2021/22 £'000	Actual January 22 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
10,110	6,817	-500	-5%

Home to School Transport Mainstream is forecasting a £500k underspend. The 2021/22 budget was based on 2020/21 contracts as it was not possible to retender routes due to Covid, resulting in increased forecast costs. However, tendering has now resumed and completed for September 2021 transport commitments, resulting efficiencies for some routes.

23) Executive Director

Budget 2021/22 £'000	Actual January 22 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
1,783	502	-938	-53%

A provision of £900k was made against this budget line on a one-off basis in 2021/22 for the costs of PPE needed to deliver a variety of services across social care and education services. When budgets were agreed for 2021/22 there was uncertainty about what, if any, PPE would be provided directly by government rather than having to purchase it ourselves. The government subsequently confirmed that their PPE scheme would continue, and therefore PPE spend by the Council has been minimal. In additional, some income from the Contain Outbreak Management Fund for P&C staff time focussed on outbreak management is included within this forecast position.

24) Financing DSG

Budget 2021/22 £'000	Actual January 22 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
-76,405	-73,831	-14,822	-19%

Above the line within P&C, £76.4m is funded from the ring-fenced DSG. Net pressures will be carried forward as part of the overall deficit on the DSG.

25) SH STI Testing & Treatment - Prescribed

Budget 2021/22 £'000	Actual January 22 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
3,750	648	-103	-3%

Planned activity for GP Chlamydia screening services has not been achieved due to the ongoing impact of the pandemic and the primary care focus on the pandemic response. GP payments are made based on unit cost and activity and the underspend also includes the associated decreased laboratory analysis costs.

26) SH Contraception - Prescribed

Budget 2021/22 £'000	Actual January 22 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
1,096	447	-172	-16%

This includes Long Acting Reversible Contraception that is commissioned from GPs whose payments are based on unit cost and activity. Due to the ongoing impact of the pandemic and the GP involvement in the Vaccination Programme activity has remained lower than planned.

27) Integrated Lifestyle Services

Budget 2021/22 £'000	Actual January 22 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
2,380	1,873	-194	-8%

Planned activity and spend for Stop Smoking Services has not been achieved due to the ongoing impact of the pandemic and the GP involvement in the Vaccination Programme. GP payments are made based on unit cost and activity.

28) Smoking Cessation GP & Pharmacy

Budget 2021/22 £'000	Actual January 22 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
683	106	-253	-37%

Planned activity and spend for Stop Smoking Services has not been achieved due to the ongoing impact of the pandemic and the GP involvement in the Vaccination Programme. GP payments are made based on unit cost and activity.

29) NHS Health Checks Programme - Prescribed

Budget 2021/22 £'000	Actual January 22 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
625	135	-411	-66%

GP Health Checks are commissioned from GPs and as with other GP commissioned services payment is based on unit cost and activity. Planned activity has not been achieved due to the ongoing impact of the

pandemic and the GP involvement in the Vaccination Programme activity. This activity below commissioned levels is expected to continue for some time to come.

30) Public Health Directorate Staffing and Running Costs

Budget 2021/22 £'000	Actual January 22 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
2,234	-8,101	-1,679	-75%

The underspend on staffing and running costs is due to vacant posts. The current national demand for Public Health specialists is making recruitment very difficult and repeat advertising is being required for some posts leading to the forecast underspend across the staffing budgets. In addition, many of the staff within the Public Health Directorate have focused much of their time on Outbreak Management work which is funded by the Contain Outbreak Management Fund grant.

31) Contain Outbreak Management Fund

Budget 2021/22 £'000	Actual January 22 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
15,590	975	-396	-3%

The Contain Outbreak Management Fund (COMF) is a series of large grant payments given to the Council across 2020/21 and 2021/22 to fund local Covid outbreak management activity. Funding from the grant which is contributing to current year spend in the Public Health Directorate is reflected in the detailed forecasts above, with the remaining contribution from the grant to Public Health Directorate costs across the lifespan of the funding reflected against the grant. Any remaining COMF funding at the end of this financial year can be carried forward into 2022/23 for spend against future outbreak management activity including vaccine hesitancy work.

Appendix 4 – Capital Position

4.1 Capital Expenditure

Original 2021/22 Budget as per BP £'000	Scheme	Revised Budget for 2021/22 £'000	Actual Spend (Jan 22) £'000	Forecast Outturn Variance (Jan 22) £'000	Total Scheme Revised Budget £'000	Total Scheme Variance £'000
	Schools					
12,351	Basic Need - Primary	11,719	7,386	**-1,389**	199,036	-435
11,080	Basic Need - Secondary	5,822	2,984	**-1,952**	236,548	-20,924
665	Basic Need - Early Years	1,578	194	**-1,100**	7,273	-300
1,475	Adaptations	1,141	879	**-1**	6,988	0
3,000	Conditions Maintenance	5,947	2,928	**-2,313**	24,215	0
813	Devolved Formula Capital	2,036	0	**0**	7,286	0
2,894	Specialist Provision	3,367	1,422	**-1,310**	24,828	-134
305	Site Acquisition and Development	305	242	**0**	455	0
1,000	Temporary Accommodation	1,000	573	**-350**	12,500	0
675	Children Support Services	675	0	**0**	5,925	0
12,029	Adult Social Care	10,719	5,024	**-5,591**	51,511	-400
3,353	Cultural and Community Services	4,064	1,241	**-1,510**	6,285	70
-5,957	Capital Variation	-5,805	0	**5,805**	-52,416	0
905	Capitalised Interest	905	0	**0**	4,699	0
44,588	**Total P&C Capital Spending**	**43,473**	**22,872**	**-9,711**	**535,133**	**-22,124**

The schemes with significant variances (>£250k) either due to changes in phasing or changes in overall scheme costs can be found below:

Waterbeach Primary

Revised Budget for 2021/22 £'000	Forecast Outturn (Jan 22) £'000	Forecast Outturn Variance (Jan 22) £'000	Variance Last Month (Dec 21) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
341	50	-291	-181	-110	-181	-110

Slippage expected of £110k due to the completion of S278 highways works and reinstatement of playing fields being scheduled for next financial year. Overall underspend on project of £181k expected.

Northstowe Secondary

Revised Budget for 2021/22 £'000	Forecast Outturn (Jan 22) £'000	Forecast Outturn Variance (Jan 22) £'000	Variance Last Month (Dec 21) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
537	250	-287	-287	0	0	-287

Slippage following further review and decision that the build element including the 6th Form provision is no longer required until 2024.

New secondary capacity to serve Wisbech

Revised Budget for 2021/22 £'000	Forecast Outturn (Jan 22) £'000	Forecast Outturn Variance (Jan 22) £'000	Variance Last Month (Dec 21) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
1,984	550	-1,434	-1,484	50	0	-1,484

Slippage in the project after significant delays in the announcement by the Department for Education (DfE) of the outcome of Wave 14 free school applications. This project will now focus solely on the provision of a replacement Social, Emotional and Mental Health (SEMH) school which is currently operating from unsuitable leased accommodation in Wisbech.

LA Early Years Provision

Revised Budget for 2021/22 £'000	Forecast Outturn (Jan 22) £'000	Forecast Outturn Variance (Jan 22) £'000	Variance Last Month (Dec 21) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
1,365	100	-1,265	-1,265	0	-300	-965

Slippage of £965k forecast as a number of schemes have been delayed with works now expected in 2022/23. In total, a £300k underspend is expected, which offsets the additional funding request for conversion of the former Melbourn caretaker's accommodation for early years provision.

Meldreth Caretaker House

Revised Budget for 2021/22 £'000	Forecast Outturn (Jan 22) £'000	Forecast Outturn Variance (Jan 22) £'000	Variance Last Month (Dec 21) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
15	180	165	285	-120	0	165

Slippage as there has been a delay to the anticipated start on site from January to February half term, with the project completing by May 2022.

Condition, Suitability & Maintenance

Revised Budget for 2021/22 £'000	Forecast Outturn (Jan 22) £'000	Forecast Outturn Variance (Jan 22) £'000	Variance Last Month (Dec 21) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
5,947	3,634	-2,313	0	-2,313	0	-2,313

Slippage is due to the team not having capacity to advance schemes at a faster pace and delays in the completion of school condition surveys because of Covid. The forward plan of works relies on this survey data. The £2,313k variance is DfE grant funding will be carried forward into 2022/23 to address the maintenance and condition issues identified now the condition surveys have been completed

Samuel Pepys

Revised Budget for 2021/22 £'000	Forecast Outturn (Jan 22) £'000	Forecast Outturn Variance (Jan 22) £'000	Variance Last Month (Dec 21) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
1,350	250	-1,100	0	-1,100	0	-1,100

Slippage is expected on the scheme during 2021/22 due to delays in being able to progress the planned purchase of a neighbouring site. It is now anticipated that land acquisition will not occur this financial year.

Temporary Accommodation

Revised Budget for 2021/22 £'000	Forecast Outturn (Jan 22) £'000	Forecast Outturn Variance (Jan 22) £'000	Variance Last Month (Dec 21) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
1,000	650	-400	0	-350	-350	0

There has been a significant reduction in the number of new temporary solutions required across the county, realising a £350k underspend in 2021/22.

Disabled Facility Grant

Revised Budget for 2021/22 £'000	Forecast Outturn (Jan 22) £'000	Forecast Outturn Variance (Jan 22) £'000	Variance Last Month (Dec 21) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
4,699	4,965	266	0	266	0	266

£266k overspend due to higher than anticipated expenditure in 2021/22, however this will be funded by specific additional Disabled Facility Grant (DFG)

Integrated Community Equipment Service

Revised Budget for 2021/22 £'000	Forecast Outturn (Jan 22) £'000	Forecast Outturn Variance (Jan 22) £'000	Variance Last Month (Dec 21) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
400	0	-400	-400	0	-400	0

A decision has been made not to capitalise £400k of eligible equipment spend.

Care Suites East Cambridgeshire

Revised Budget for 2021/22 £'000	Forecast Outturn (Jan 22) £'000	Forecast Outturn Variance (Jan 22) £'000	Variance Last Month (Dec 21) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
5,620	163	-5,457	4,970	-487	0	-5,457

Slippage is expected of £5,457k. The planning stages of the project involving the NHS and confirming the overall scope has continued to delay the commencement of the project.

Community Fund

Revised Budget for 2021/22 £'000	Forecast Outturn (Jan 22) £'000	Forecast Outturn Variance (Jan 22) £'000	Variance Last Month (Dec 21) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
3,194	1,684	-1,510	-1,510	0	70	-1,580

The Community Fund has been fully committed in 2021/22, however as the approved schemes are at differing stages, this has resulted in anticipated slippage of £1,510k. The slippage will need to be carried forward into 2022/23 for those projects with longer construction/implementation timescales. Additional spend of £70k has been approved for one of the projects and will be funded by a specific section 106 contribution.

Other changes across all schemes (<250k)

Revised Budget for 2021/22 £'000	Forecast Outturn (Jan 22) £'000	Forecast Outturn Variance (Jan 22) £'000	Variance Last Month (Dec 21) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
		-1,323	-1,359	36	-347	-976

Other changes below £250k make up the remainder of the scheme variances

P&C Capital Variation

The Capital Programme Board recommended that services include a variations budget to account for likely slippage in the capital programme, as it is sometimes difficult to allocate this to individual schemes in advance. The allocation for P&C's negative budget has been revised and calculated using the revised budget for 2021/22 as below. Slippage and underspends in 2021/22 resulted in the capital variations budget being fully utilised.

/Service	Capital Programme Variations Budget £000	Forecast Outturn Variance (Jan 22) £000	Capital Programme Variations Budget Used £000	Capital Programme Variations Budget Used %	Revised Outturn Variance (Jan 22) £000
P&C	-5,805	-15,516	5,805	100%	-9,711
Total Spending	-5,805	-15,516	5,805	100%	-9,711

4.2 Capital Funding

Original 2021/22 Funding Allocation as per BP £'000	Source of Funding	Revised Funding for 2021/22 £'000	Spend - Outturn (Jan 22) £'000	Funding Forecast Outturn Variance (Jan 22) £'000
0	Basic Need	976	976	0
3,113	Capital maintenance	6,060	3,747	-2,313
813	Devolved Formula Capital	2,036	2,036	0
0	Schools Capital	0	0	0
5,699	Adult specific Grants	4,699	4,965	266
16,409	S106 contributions	16,409	16,479	70
0	Other Specific Grants	2,709	0	-2,709
0	Other Contributions	0	0	0
0	Capital Receipts	0	0	0
21,175	Prudential Borrowing	13,205	8,180	-5,025
-2,621	Prudential Borrowing (Repayable)	-2,621	-2,621	0
44,588	**Total Funding**	**43,473**	**33,762**	**-9,711**

Savings Tracker 2021-22

Quarter 3

Planned Savings 2021-22 £000	Forecast Savings 2021-22 £000					
-7,837	-1,122	-809	-647	-647	**-5,208**	**2,629**

RAG	Reference	Title	Description	Service	Committee	Original Saving 21-22	Current Forecast Phasing - Q1	Current Forecast Phasing - Q2	Current Forecast Phasing - Q3	Current Forecast Phasing - Q4	Forecast Saving 21-22	Variance from Plan £000	% Variance	Direction of travel	Forecast Commentary
Green	A/R.6.114	Learning Disabilities Commissioning	A programme of work commenced in Learning Disability Services in 2016/17 to ensure service-users had the appropriate level of care; some additional work remains, particularly focussing on high cost placements outside of Cambridgeshire and commissioning approaches, as well as the remaining part-year impact of savings made part-way through 2019/20.	P&C	Adults & Health	-250	0	-62	-62	-126	-250	**0**	**0.00**	↔	Outcomes based commissioning saving delayed to the following year due to competing priorities for Commissioning during the pandemic. The delay is mitigated by the identification of out of county placements that should be 100% health funded.
Amber	A/R.6.176	Adults Positive Challenge Programme - demand management	New Saving 21/22 £100k Carry-forward saving 20/21 £2,239k Through the Adults Positive Challenge Programme, the County Council has set out to design a new service model for Adult Social Care, which will continue to improve outcomes whilst also being economically sustainable in the face of the huge pressure on the sector. This is the second year of saving through demand management, building on work undertaken through 2019/20, focussing on promoting independence and changing the conversation with staff and service-users to enable people to stay independent for longer. The programme also has a focus of working collaboratively with partner organisations in 2020/21. In later years, the effect of the Preparing for Adulthood workstream will continue to have an effect by reducing the level of demand on services from young people transitioning into adulthood.	P&C	Adults & Health	-2,339					-1,983	**356**	**15.22**	↔	In year saving on track. Brought forward demand management saving continues to be impacted by the pandemic, particularly in the Reablement workstream with the service continuing to support the NHS.
Green	A/R.6.179	Mental Health Commissioning	increase capacity and prevent escalation to higher cost services, over several years. In addition, a number of contract changes have taken place in 2019/20 that have enabled a saving to be taken.	P&C	Adults & Health	-24	-6	-6	-6	-6	-24	**0**	**0.00**	↔	On track.
Green	A/R.6.185	Additional block beds - inflation saving	Through commissioning additional block beds, referred to in A/R.5.005, we can reduce the amount of inflation funding needed for residential and nursing care. Block contracts have set uplifts each year, rather than seeing inflationary increases each time new spot places are commissioned.	P&C	Adults & Health	-606	-152	-151	-152	-151	-606	**0**	**0.00**	↔	On track
Amber	A/R.6.186	Adult Social Care Transport	Savings can be made in transport costs through a project to review commissioning arrangements, best value, route optimisation and demand management opportunities. This may require transformation funded resource to achieve fully.	P&C	Adults & Health	-250	0	0	-15	-15	-30	**220**	**88.00**	↓	Potential savings have been identified through route optimisation. It is still expected that savings of £250k should be achieved, but the majority will be delayed until 22/23 because of the complexity of ensuring the route optimisation identified meets service users' needs.

Green	A/R.6.187	Additional vacancy factor	Whilst effort is made to ensure all critical posts are filled within People and Communities, slippage in staffing spend always occurs. For many years, a vacancy factor has existed in P&C budgets to account for this; following a review of the level of vacancy savings achieved in recent years we are able to increase that vacancy factor.	P&C	Adults & Health	-150	-40	-40	-40	-30	-150	**0**	**0.00**	↔	On track.
Black	A/R.6.188	Micro-enterprises Support	Transformation funding has been agreed for new approach to supporting the care market, focussing on using micro-enterprises to enable a more local approach to domiciliary care and personal assistants. As well as benefits to an increased local approach and competition, this work should result in a lower cost of care overall.	P&C	Adults & Health	-30	0	0	0	0	0	**30**	**100.00**	↓	Delivery of the saving has been delayed by the pandemic and is now being taken forward as part of the Care Together programme.
Green	A/R.6.210	Unaccompanied Asylum Seeking Young People: Support Costs	During 2020/21, the Government increased the weekly amount it provides to local authorities to support unaccompanied asylum seeking young people. This means that the grant now covers more of the costs of meeting the accommodation and support needs of unaccompanied asylum seeking young people and care leavers. Accordingly, it is possible to make a saving in the contribution to these costs that the Council has historically made from core budgets of £300K per annum. Also the service has worked to ensure that placement costs are kept a minimum, without compromising quality, and that young people move from their 'care' placement promptly at age 18 to appropriately supported housing provision.	P&C	C&YP	-300	-75	-75	-75	-75	-300	**0**	**0.00**	↔	On track
Green	A/R.6.211	Adoption and Special Guardianship Order Allowances	A reduction in the number of children coming into care , due to implementation of the Family Safeguarding model and less active care proceedings, means that there are fewer children progressing to adoption or to permanent arrangements with relatives under Special Guardianship Orders. This in turn means that there are fewer carers who require and/or are entitled to receiving financial support in the form of adoption and Special Guardianship Order allowances.	P&C	C&YP	-500	-125	-125	-125	-125	-500	**0**	**0.00**	↔	On track

Green	A/R.6.212	Clinical Services; Children and young people	Changes to the clinical offer will include a reduction in clinical staff input in the Family Safeguarding Service (previously social work Units) due to changes resulting form the implementation of the Family Safeguarding model, including the introduction of non-case holding Team Managers and Adult practitioners. Additional investment is to be made in developing a shared clinical service for Cambridgeshire and Peterborough for corporate parenting, however a residual saving of £250k can be released. In 2022-23 this will be re-invested in the Family Group Conferencing Service (see proposal A/R.5.008)	P&C	C&YP	-250	-62	-62	-62	-64	-250	**0**	**0.00**	↔	On track
Black	A/R.6.255	Children in Care - Placement composition and reduction in numbers	Through a mixture of continued recruitment of our own foster carers (thus reducing our use of Independent Foster Agencies) and a reduction in overall numbers of children in care, overall costs of looking after children and young people can be reduced in 2021/22.	P&C	C&YP	-246	0	0	0	0	0	**246**	**100.00**	↔	Due to increasing pressure around placement mix and complexity of need, we do not anticipate meeting this saving target. It is expected that underspends within Childrens Social Care will offset the unachieved savings.
Black	A/R.6.266	Children in Care Stretch Target - Demand Management	Please see A/R.6.255 above.	P&C	C&YP	-1,000	0	0	0	0	0	**1,000**	**100.00**	↓	Due to increasing pressure around changes in placement mix and complexity of need, we do not anticipate meeting this saving target. It is expected that underspends within Childrens Social Care will offset the unachieved savings.
Green	A/R.6.267	Children's Disability: Reduce overprescribing	The Children's Disability 0-25 service has been restructured into teams (from units) to align with the structure in the rest of children's social care. This has released a £50k saving on staffing budgets. In future years, ways to reduce expenditure on providing services to children will be explored in order to bring our costs down to a level closer to that of our statistical neighbours.	P&C	C&YP	-50	-50				-50	**0**	**0.00**	↔	Savings taken at budget build so considered achieved as new structure fits inside revised budget.
Green	A/R.6.268	Transport - Children in Care	The impact of ongoing process improvements in the commissioning of transport for children in care.	P&C	C&YP	-300	-300	0	0	0	-300	**0**	**0.00**	↔	Savings taken at budget build so considered achieved. Additional pressures coming through to the service which are being addressed in FMR.

Amber	A/R.6.269	Communities and Partnership Review	A review of services within C&P where efficiencies, or increased income, can be found.	P&C	C,SM&I	-200	-25	-25	-25	-25	-100	**100**	**50.00**	↓	Under Review
Amber	A/R.7.105	Income from utilisation of vacant block care provision by self-funders	Carry-forward saving - incomplete in 20/21. We currently have some vacancies in block purchased provision in care homes. Income can be generated to offset the vacancy cost by allowing people who pay for their own care to use these beds	P&C	Adults & Health	-150	-37	-13	-10	0	-60	**90**	**60.00**	⇔	Annual in-year savings target of £150k not expected to be fully achieved.
Red	A/R.7.106	Client Contributions Policy Change	Carry-forward saving - incomplete in 20/21 In January 2020, Adults Committee agreed a set of changes to the charging policy for adult social care service-user contributions. We expect this to generate new income of around £1.4m in 2020/21, and are modelling the full-year impact into 2021/22.	P&C	Adults & Health	-1,192	-250	-250	-75	-30	-605	**587**	**49.24**	⇔	Ongoing difficulties in recruitment have continued to delay the reassessments project. The shortfall in savings delivery is fully mitigated in the forecast by increases in client contributions not directly linked with reassessments.

Key to RAG ratings:

Total saving	Over £500k	100-500k	Below 100k
Black	100% non-achieving	100% non-achieving	100% non-achieving
Red	% variance more than 19%	-	-
Amber	Underachieving by 14% to 19%	% variance more than 19%	% variance more than 19%
Green	% variance less than 14%	% variance less than 19%	% variance less than 19%
Blue	Over-achieving	Over-achieving	Over-achieving

Adults and Health Policy and Service Committee Agenda Plan

Published on 1 March 2022

Notes

The definition of a key decision is set out in the Council's Constitution in Part 2, Article 12.
* indicates items expected to be recommended for determination by full Council.
+ indicates items expected to be confidential, which would exclude the press and public.

The following are standing agenda items which are considered at every Committee meeting:

- Minutes of previous meeting and Action Log
- Agenda Plan, Training Plan and Appointments to Outside Bodies and Internal Advisory Groups and Panels

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
17/03/22	Procurement of Older People's Visiting Support Service	L Sparks	2022/006	04/03/22	09/03/22
	Procurement of Countywide Floating Support service	L Sparks	2022/007		
	Provision of Healthwatch Service	L Sparks	2022/005		
	Individual Service Fund Tender	G Hodgson	2022/008		
	Care and support in Extra Care	L O'Brien	2022/019		
	Re-commissioning NHS Health Checks	J Atri	2022/029		
	Cambridgeshire County Council's Learning Disability Frameworks	W Patten	2022/049		
	Adult Social Care Review Project	O Hayward	2022/039		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
	Finance Monitoring Report	J Hartley	Not applicable		
	Adults Safeguarding annual report	C Black / J Procter	Not applicable		
	Covid 19 Update	J Atri	Not applicable		
	Scrutiny Items				
	Delegated authority to respond to NHS Trust Quality Accounts	K Parker	Not applicable		
	Hinchingbrooke Hospital Site Development Proposals	NWAFT TBC	Not applicable		
	Children and Young People – Mental Health	K Goose K Allen C Anderson	Not applicable		
21/04/22 Reserve date				08/04/22	13/04/22
14/07/22	Place Based Homecare Model in East Cambridgeshire (Care Together)	R Miller	2022/016	01/07/22	06/07/22
	Healthy Weight Strategy	J Atri	2022/030		
	Work and Health Strategy	J Atri	2022/031		
	Mental Health Strategy	J Atri	2022/032		
	Mental Health Section 75 – Annual Update	L Sparks	Not applicable		
	Cambridgeshire and Peterborough Foundation Trust (CPFT) Section 75 Agreement – Occupational Therapy Service	D Mackay	2022/040		
	Risk Register	D Revens	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
	Public Health Report	J Atri	Not applicable		
	Covid 19 Update	J Atri	Not applicable		
	Finance Monitoring Report	J Hartley	Not applicable		
	Annual Customer Services Report	D McQuade	Not applicable		
	Joint Service Director Report: Commissioning & Adults	D McQuade / W Patten	Not applicable		
15/09/22 Reserve Date				02/09/22	07/09/22
05/10/22	Covid 19 Update	J Atri	Not applicable	23/09/22	27/09/22
	Business Planning	C Black	Not applicable		
	CPFT Annual Report	C Black	Not applicable		
	Annual Safeguarding Board Report	J Procter	Not applicable		
	Public Health Report	J Atri	Not applicable		
	Finance Monitoring Report	J Hartley	Not applicable		
15/12/22	Covid 19 Update	J Atri	Not applicable	02/12/22	07/12/22
	Public Health Report	J Atri	Not applicable		
	Finance Monitoring Report	J Hartley	Not applicable		
	Joint Service Director Report: Commissioning & Adults	D McQuade / W Patten	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
	Adults Self Assessment	D McQuade	Not applicable		
12/01/23 Reserve Date				TBC	04/01/23
09/03/23	Covid 19 Update	J Atri	Not applicable	24/02/21	01/03/23
	Public Health Report	J Atri	Not applicable		
	Adults Social Care Service User Survey Feedback	D McQuade	Not applicable		
	Finance Monitoring Report	J Hartley	Not applicable		
27/04/23 Reserve Date				14/04/23	19/04/23

Please contact Democratic Services democraticservices@cambridgeshire.gov.uk if you require this information in a more accessible format

To be scheduled:

Partnerships Review

Adults and Health Committee Training Plan 2021/22

Below is an outline of topics for potential training committee sessions and visits for discussion with the new Adults and Health Committee.

The Adults & Health Committee induction recording can be sent to Members by contacting democraticservices@cambridgeshire.gov.uk

Suggested dates	Timing	Topic	Presenter	Location	Notes	Attendees
Thursday 28 October 10:00 - 11:00 Virtual Teams meeting	1 hour	Public Health and the COVID-19 pandemic – roles and responsibilities Local Outbreak Management Plan	Deputy Director of Public Health (CCC) and consultant leads Cell leads / Surveillance	This will be an interactive session in relation to Outbreak Management In addition, in this session you have the opportunity to talk to staff involved in outbreak control including the contact centre staff who provide support to those self-isolating	**PH session: Hold in PH & Members' Diary** Minimum attendance of 4 members	**Cancelled due to lack of bookings**
Friday 29 October 15:00 - 16:00 Virtual Teams meeting	1 hour	Introduction to Children and Young People's Public Health Commissioning	Public Health Consultant lead – Children and Young People – Raj Lakshman	Virtual	**PH session: Hold in PH & Members' Diary** Children's Committee to be invited	Cllr Bryony Goodliffe Cllr Philippa Slatter Cllr Edna Murphy Cllr Hay
Thursday 11 November 10:00 - 12:00	2 hours	Introduction to Health Improvement and Public Health Commissioning	Deputy Director of Public Health (CCC) Public Health Joint Commissioning Unit	Virtual introduction into public health commissioning	**PH session: Hold in PH & Members' Diary**	Cancelled, lack of bookings

Suggested dates	Timing	Topic	Presenter	Location	Notes	Attendees
Virtual Teams meeting			(JCU) PH Commissioning Team Leads		Maximum attendance of 3 Members, can be arranged on request	
Thursday 11 November 9.00 – 10.00	1 hour	Overview of Transfers of Care, the role of the Transfers of Care Team and an overview of Brokerage: - What is 'discharge to assess'? - How the service works - how many people we support and some case examples?	Head of Transfers of Care, Head of Brokerage, Contracts & Quality Improvement	Virtual Teams meeting	**ASC Session:** Minimum attendance of 4 Members	Cancelled, lack of bookings
Wednesday 17 November 13:00 to 14:00	1 hour	Overview of Public Mental Health and Mental Health Services and the role of Social Care including an overview of commissioning related to Mental Health. Some examples of the current people we support	Trust Professional Lead for Social Work, CPFT Senior Commissioner: Prevention, Early Intervention and Mental Health Public Health Consultant lead for Mental Health	Virtual	**PH Session:** Minimum attendance of 4 members	**Cllr Edna Murphy**

Suggested dates	Timing	Topic	Presenter	Location	Notes	Attendees
Thursday 18 November **10:00 to 11:00**	1 hour	Introduction of Public Health Intelligence (PHI) – information for Public Health and Public Heath Inequalities	Deputy Director of Public Health (PCC) PHI lead and Team	Virtual Interactive	**Holds in the PH and Members' Diary**	Cancelled – only one member booked on
Thursday 18 November 11.00 – 12.00	1 hour	An overview of Adult Social Care Finance to include Charging policy and Direct Payments	Strategic Finance Manager, Head of Adults Operational Finance, Public Health	Virtual	**Finance Session** Minimum attendance of 4 Members	Cancelled, lack of bookings
Monday 22 November Amundsen House 9.30 – 12.00 Scott House 13.00 – 16.00 **Thursday 25 November** Amundsen House 9.30 – 12.00	1 day or 2 half days	Overview of the Adult Social Care Customer Journey including Prevention & Early Intervention Services and Long-Term Complex Services. At this session you will start the day at Amundsen House and be introduced to our Prevention & Early Intervention services, where many of our	Head of Prevention & Early intervention, Head of Assessment & Care Management, Social Work Teams	Amundsen House & Scott House	**ASC Session:** Maximum attendance of 4 Members & can be arranged on request	Attended by Cllr Susan Van De Ven Cllr Adela Costello Cllr Philippa Slatter Cancelled, lack of bookings

Suggested dates	Timing	Topic	Presenter	Location	Notes	Attendees
Scott House 1pm – 4.30pm ****New date**** **Thursday 10 March** 9.30am – 12.00pm & 1pm – 4.00pm		customers start their journey. You will have the opportunity to listen into live calls and get to know more about Adult Early Help, Reablement and Technology. In the afternoon, you will visit our Social Work Teams for Older People and the Learning Disability partnership in Scott House and have the opportunity to experience case work.		Virtual		
Thursday 25 November 10:00 - 11:00	1 hour	Introduction Public Health and Prevention Primary Prevention Healthy Aging and Falls Prevention Mental Health	Deputy Director of Public Health (CCC) Public Health Consultant leads Adults & Social Care, Mental Health. Team Manager (Health in All Policies) Senior Public Health Manager Partnerships	Virtual	**PH Session:** Hold in PH & Members' Diary	**Cancelled due to lack of bookings**
Thursday 25 November	1 ½ hours	Introduction to Health Protection and Emergency Planning	Deputy Director of Public Health (PCC)	Virtual Interactive	**PH session:** Emmeline Watkins	**Cancelled due to lack of bookings**

Suggested dates	Timing	Topic	Presenter	Location	Notes	Attendees
14.30 – 16.00			Public Health Consultant lead TBC Senior Public Health Manager (Emergency Planning and Health Protection)		With Tiya Balaji Minimum attendance of 4 members	

Tuesday 30 November	1 hour	Introduction to Integrated Care Systems	Jan Thomas (CCG appointed to CEO ICS)	Virtual	**PH session:**	Cllr Michael Atkins T Cllr Lynne Ayres A Cllr Gerri Bird T Cllr Ray Bisby A Cllr Sandra Bond A Cllr Shazia Bashir A Cllr Alex Bulat T Cllr Simon Bywater T Cllr Sam Clark T Cllr Adela Costello A Cllr Piers Coutts T Cllr Steve Criswell T Cllr Douglas Dew T Cllr Corinne Garvie A Cllr Jenny Gawthorpe Wood T Cllr Bryony Goodliffe T Anne Hay Cllr T Cllr Peter Hillier A Mark Howell Cllr A Cllr Richard Howitt T Cllr Elisa Meschini T Cllr Edna Murphy T Cllr Lucy Nethsingha T Cllr Lucinda Robinson A Cllr Brian Rush A Cllr Oliver Sainsbury A Cllr Tom Sanderson T Cllr Philippa Slatter A Cllr Ambrose Smith A Cllr Simone Taylor A Cllr Bryan Tyler A Cllr Susan van de Ven T Cllr Graham Wilson A

Suggested dates	Timing	Topic	Presenter	Location	Notes	Attendees
On request **November**	2 hours	Introduction to Health Improvement and Public Health Commissioning	Deputy Director of Public Health (CCC) Public Health Joint Commissioning Unit (JCU) PH Commissioning Team Leads	In this session, you will start at Scott House prior to visiting the Drug and Alcohol Service or Lifestyle services	**PH Session:** Maximum of 4 members to be arranged on request	
November Date to be confirmed External session	**TBC**	Introduction to Scrutiny	Director of Public Health Head of Public Health Business Programmes	Virtual	**Dem services** Minimum attendance of 4 members	
November Date to be confirmed External Session	**TBC**	Introduction to the Integrated Care System	Partners from the ICS /NHS will be leading this session for members of scrutiny committees across Cambridgeshire & Peterborough	Virtual	**Externally Lead** Minimum attendance of 4 members	

Suggested dates	Timing	Topic	Presenter	Location	Notes	Attendees
On request	1 hour + visit	Adult Safeguarding and Making Safeguarding Personal. An overview of how Safeguarding works and the role of the Multi Agency Safeguarding Hub (MASH)	Assistant Director of Safeguarding, Quality & Practice	Virtual or Stanton House and could include a visit to the MASH in God-Manchester	**ASC Session:** Maximum attendance of 4 Members, to be arranged on request	
On request **Monday 1 November** 11.00 – 13.00 ****New date**** **Thursday 3 March** 2pm – 4pm	90 mins	Overview of the Learning Disability Partnership (LDP) including an overview of commissioning related to Learning Disability including: - Adults & Autism - 0-25 Young Adults Team - Preparation for Adulthood - Housing and Accommodation - Day Opportunities- in house provision and external - Carers Direct Payments and Personal Health Budgets	Head of Learning Disability Partnership, Head of Commissioning Adults Social Care, Mental Health and Learning Disabilities, Senior Commissioner LDP	Scott House or Virtual, this could also include a visit to one of our In-House Provider settings	**ASC Session:** Maximum attendance of 4 Members, to be arranged on request	
TBA		Care Together				

Suggested dates	Timing	Topic	Presenter	Location	Notes	Attendees
TBA		Performance Monitoring	Tom Barden			

GLOSSARY OF TERMS / TEAMS ACROSS ADULTS & COMMISSIONING

More information on these services can be found on the Cambridgeshire County Council Website:
https://www.cambridgeshire.gov.uk/residents/adults/

ABBREVIATION/TERM	NAME	DESCRIPTION
COMMON TERMS USED IN ADULTS SERVICES		
Care Plan	Care and Support Plan	A Care and Support plans are agreements that are made between service users, their family, carers and the health professionals that are responsible for the service user's care.
Care Package	Care Package	A care package is a combination of services put together to meet a service user's assessed needs as part of a care plan arising from a single assessment or a review.
DTOC	Delayed Transfer of Care	These are when service users have a delay with transferring them into their most appropriate care (ie; this could be from hospital back home with a care plan or to a care home perhaps)
KEY TEAMS		
AEH	Adults Early Help Services	This service triages requests for help for vulnerable adults to determine the most appropriate support which may be required
TEC	Technology Enabled Care	TEC team help service users to use technology to assist them with living as independently as possible
OT	Occupational Therapy	
ASC	Adults Social Care	This service assesses the needs for the most vulnerable adults and provides the necessary services required
Commissioning	Commissioning Services	This service provides a framework to procure, contract and monitor services the Council contract with to provide services such as care homes etc.
TOCT	Transfer of Care Team (sometimes Discharge Planning)	This team works with hospital staff to help determine the best care package / care plan for individuals being discharged from hospital back home or an appropriate placement elsewhere
LDP	Learning Disability Partnership	The LDP supports adults with learning disabilities to live as independently as possible
MASH	Multi-agency Safeguarding Hub	This is a team of multi-agency professionals (i.e. health, Social Care, Police etc) who work together to assess the safeguarding concerns which have been reported

ABBREVIATION/TERM	NAME	DESCRIPTION
MCA DOLs Team	Mental Capacity Act Deprivation of Liberty Safeguards (DOLS)	When people are unable to make decisions for themselves, due to their mental capacity, they may be seen as being 'deprived of their liberty'. In these situations, the person deprived of their liberty must have their human rights safeguarded like anyone else in society. This is when the DOLS team gets involved to run some independent checks to provide protection for vulnerable people who are accommodated in hospitals or care homes who are unable to no longer consent to their care or treatment.
PD	Physical Disabilities	PD team helps to support adults with physical disabilities to live as independently as possible
OP	Older People	OP team helps to support older adults to live as independently as possible
Provider Services	Provider Services	Provider Services are key providers of care which might include residential homes, care homes, day services etc
Reablement	Reablement	The reablement team works together with service-users, usually after a health set-back and over a short-period of time (6 weeks) to help with everyday activities and encourages service users to develop the confidence and skills to carry out these activities themselves and to continue to live at home
Sensory Services	Sensory Services	Sensory Services provides services to service users who are visually impaired, deaf, hard of hearing and those who have combined hearing and sight loss
FAT	Financial Assessment Team	The Financial Assessment Team undertakes assessments to determine a person's personal contribution towards a personal budget/care
AFT	Adult Finance Team	The Adult Finance Team are responsible for loading services and managing invoices and payments
D2A	Discharge to Assess	This is the current COVID guidance to support the transfer of people out of hospital.
Carers Triage	Carers Triage	A carers discussion to capture views and determine outcomes and interventions such as progress to a carers assessment, what if plan, information, and/or changes to cared for support
DP	Direct Payment	An alternative way of providing a person's personal budget
DPMO	Direct Payment Monitoring Officer	An Officer who audits and monitors Direct Payments
Community Navigators	Community Navigators	Volunteers who provide community-based advice and solutions

GLOSSARY OF TERMS / TEAMS ACROSS PUBLIC HEALTH

ABBERVIATION/TERM	DESCRIPTION
Common Terms Used in Public Health	
Accreditation	The development of a set of standards, a process to measure health department performance against those standards, and some form of reward or recognition for those agencies meeting the standards.
Assessment	One of public health's three core functions. The regular collection, analysis and sharing of information about health conditions, risks, and resources in a community. Assessment is needed to identify health problems and priorities and the resources available to address the priorities.
Assurance	One of the three core functions in public health. Making sure that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services. The services are assured by encouraging actions by others, by collaboration with other organisations, by requiring action through regulation, or by direct provision of services.
Bioterrorism	The intentional use of any microorganism, virus, infectious substance, or biological product that may be engineered as a result of biotechnology, or any naturally occurring or bio-engineered component of any such microorganism, virus, infectious substance, or biological product, to cause death disease, or other biological malfunction in a human, an animal, a plant, or another living organism in order to influence the conduct of government or to intimidate or coerce a civilian population
Capacity	The ability to perform the core public health functions of assessment, policy development and assurance on a continuous, consistent basis, made possible by maintenance of the basic infrastructure of the public health system, including human, capital and technology resources.
Chronic Disease	A disease that has one or more of the following characteristics: it is permanent, leaves residual disability, is caused by a non-reversible pathological alteration, requires special training of the patient for rehabilitation, or may be expected to require a long period of supervision, observation or care.
Clinical Services/Medical Services/Personal Medical Services	Care administered to an individual to treat an illness or injury.

ABBERVIATION/TERM	DESCRIPTION
Determinants of health	The range of personal, social, economic and environmental factors that determine the health status of individuals or populations
Disease	A state of dysfunction of organs or organ systems that can result in diminished quality of life. Disease is largely socially defined and may be attributed to a multitude of factors. Thus, drug dependence is presently seen by some as a disease, when it previous was considered to be a moral or legal problem.
Disease management	To assist an individual to reach his or her optimum level of wellness and functional capability as a way to improve quality of health care and lower health care costs.
Endemic	Prevalent in or peculiar to a particular locality or people.
Entomologist	An expert on insects
Epidemic	A group of cases of a specific disease or illness clearly in excess of what one would normally expect in a particular geographic area. There is no absolute criterion for using the term epidemic; as standards and expectations change, so might the definition of an epidemic, such as an epidemic of violence.
Epidemiology	The study of the distribution and determinants of diseases and injuries in human populations. Epidemiology is concerned with the frequencies and types of illnesses and injuries in groups of people and with the factors that influence their distribution.
Foodborne Illness	Illness caused by the transfer of disease organisms or toxins from food to humans.
Health	The state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity. Health has many dimensions-anatomical, physiological and mental-and is largely culturally defined. Most attempts at measurement have been assessed in terms of morbidity and mortality
Health disparities	Differences in morbidity and mortality due to various causes experience by specific sub-populations.
Health education	Any combination of learning opportunities designed to facilitate voluntary adaptations of behaviour (in individuals, groups, or communities) conducive to health.
Health promotion	Any combination of health education and related organizational, political and economic interventions designed to facilitate behavioural and environmental adaptations that will improve or protect health.
Health status indicators	Measurements of the state of health of a specific individual, group or population.
Incidence	The number of cases of disease that have their onset during a prescribed period of time. It is often expressed as a rate. Incidence is a measure of morbidity or other events that occur within a specified period of time. See related prevalence
Infant Mortality Rate	The number of live-born infants who die before their first birthday per 1,000 live births.

ABBERVIATION/TERM	DESCRIPTION
Infectious	Capable of causing infection or disease by entrance of organisms (e.g., bacteria, viruses, protozoan, fungi) into the body, which then grow and multiply. Often used synonymously with “communicable
Intervention	A term used in public health to describe a program or policy designed to have an effect on a health problem. Health interventions include health promotion, specific protection, early case finding and prompt treatment, disability limitation and rehabilitation.
Infrastructure	The human, organizational, information and fiscal resources of the public health system that provide the capacity for the system to carry out its functions.
Isolation	The separation, or the period of communicability, of known infected people in such places and under such condition as to prevent or limit the transmission of the infectious agent.
Morbidity	A measure of disease incidence or prevalence in a given population, location or other grouping of interest
Mortality	A measure of deaths in a given population, location or other grouping of interest
Non-infectious	Not spread by infectious agents. Often used synonymously with “non-communicable”.
Outcomes	Sometimes referred to as results of the health system. These are indicators of health status, risk reduction and quality of life enhancement.
Outcome standards	Long-term objectives that define optimal, measurable future levels of health status; maximum acceptable levels of disease, injury or dysfunction; or prevalence of risk factors.
Pathogen	Any agent that causes disease, especially a microorganism such as bacterium or fungus.
Police Power	A basic power of government that allows restriction of individual rights in order to protect the safety and interests of the entire population
Population-based	Pertaining to the entire population in a particular area. Population-based public health services extend beyond medical treatment by targeting underlying risks, such as tobacco, drug and alcohol use; diet and sedentary lifestyles; and environmental factors.
Prevalence	The number of cases of a disease, infected people or peoplewith some other attribute present during a particular interval of time. It often is expressed as a rate.
Prevention	Actions taken to reduce susceptibility or exposure to health problems (primary prevention), detect and treat disease in early stages (secondary prevention), or alleviate the effects of disease and injury (tertiary prevention).

ABBERVIATION/TERM	DESCRIPTION
Primary Medical Care	Clinical preventive services, first contact treatment services and ongoing care for commonly encountered medical conditions.
Protection	Elimination or reduction of exposure to injuries and occupational or environmental hazards.
Protective factor	An aspect of life that reduces the likelihood of negative outcomes, either directly or by reducing the effects of risk factors.
Public Health	Activities that society does collectively to assure the conditions in which people can be healthy. This includes organized community efforts to prevent, identify, pre-empt and counter threats to the public's health.
Public Health Department	Local (county, combined city-county or multi- county) healthy agency, operated by local government, with oversight and direction from a local board of health, which provides public health services throughout a defined geographic area.
Public Health Practice	Organisational practices or processes that are necessary and sufficient to assure that the core functions of public health are being carried out effectively.
Quality assurance	Monitoring and maintaining the quality of public health services through licensing and discipline of health professionals, licensing of health facilities and the enforcement of standards and regulations.
Quarantine	The restriction of the activities of healthy people who have been exposed to a communicable disease, during its period of communicability, to prevent disease transmission during the incubation period should infection occur.
Rate	A measure of the intensity of the occurrence of an event. For example, the mortality rate equals the number who die in one year divided by the number at risk of dying. Rates usually are expressed using a standard denominator such 1,000 or 100,000 people.
Risk Assessment	Identifying and measuring the presence of direct causes and risk factors that, based on scientific evidence or theory, are thought to directly influence the level of a specific health problem.
Risk Factor	Personal qualities or societal conditions that lead to the increased probability of a problem or problems developing.
Screening	The use of technology and procedures to differentiate those individuals with signs or symptoms of disease from those less likely to have the disease.
Social Marketing	A process for influencing human behaviour on a large scale, using marketing principles for the purpose of societal benefit rather than for commercial profit.
Social Norm	Expectations about behaviour, thoughts or feelings that are appropriate and sanctioned within a particular society. Social norms can play a powerful role in the health status of individuals.

ABBERVIATION/TERM	DESCRIPTION
Standards	Accepted measure of comparison that have quantitative or qualitative value.
State Health Agency	The unit of state government that has leading responsibility for identifying and meeting the health needs of the state's citizens. State health agencies can be free standing or units of multipurpose health and human service agencies.
Surveillance	Systematic monitoring of the health status of a population.
Threshold Standards	Rate or level of illness or injury in a community or population that, if exceeded, call for closer attention and may signal the need for renewed or redoubled action.
Years of Potential Life lost	A measure of the effects of disease or injury in a population that calculates years of life lost before a specific age (often ages 64 or 75). This approach places additional value on deaths that occur at earlier ages.
Health and Care Organisations in Cambridgeshire & Peterborough	
CAMHS	Community Child and Adolescent Mental Health Services https://www.mind.org.uk/information-support/for-children-and-young-people/understanding-camhs/?gclid=EAIaIQobChMIr_P53PKW8QIV_4FQBh1GmgBYEAAYASAAEgI2Q_D_BwE
CAPCCG	Cambridgeshire and Peterborough Clinical Commissioning Group https://www.cambridgeshireandpeterboroughccg.nhs.uk
CCC	Cambridgeshire County Council https://www.cambridgeshire.gov.uk
CCS	Cambridgeshire Community Services NHS Trust http://www.cambscommunityservices.nhs.uk/
CHUMS	Mental Health & Emotional Wellbeing Service for Children and Young People http://chums.uk.com/
CPFT	Cambridgeshire and Peterborough NHS Foundation Trust (Mental health, learning disability, adult community services and older people's services) http://www.cpft.nhs.uk/
CQC	Care Quality Commission (The independent regulator of health and social care in England) http://www.cqc.org.uk/
CUH	Cambridge University Hospitals NHS Foundation Trust (Addenbrooke's and the Rosie) https://www.cuh.nhs.uk
EEAST	East of England Ambulance Service NHS Trust http://www.eastamb.nhs.uk

ABBERVIATION/TERM	DESCRIPTION
HH	Hinchingbrooke Hospital (Provided by North West Anglia NHS Foundation Trust – NWAFT) https://www.nwangliaft.nhs.uk
HUC	Herts Urgent Care (provide NHS 111 and Out of Hours) https://hucweb.co.uk/
ICS	Integrated Care Systems
Helpful NHS Terminology Links	
https://www.nhsconfed.org/acronym-buster	The NHS uses a number of acronyms when describing services this acronym buster may be of some help.
https://www.kingsfund.org.uk/audio-video/how-does-nhs-in-england-work	The Kings Fund have produced a good video explaining how the NHS in England works. The Kings Fund website in general contains many resources which you may find helpful.
https://www.england.nhs.uk/learning-disabilities/	NHS terms used in the field of disabilities
https://www.thinklocalactpersonal.org.uk/Browse/Informationandadvice/CareandSupportJargonBuster/	Think Local Act Personal jargon buster search engine for health and social care.

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

To:	Adults and Health Committee
Meeting Date:	17 March 2022
From:	Fiona McMillan - Director of Law & Governance and Monitoring Officer
Purpose:	For the Committee, as part of its Health Scrutiny function, to agree the process to respond to statements on the Quality Accounts provided by NHS Provider Trusts.
Recommendation:	The Adults and Health Committee is asked to note the requirement for NHS Provider Trusts to request comment form Health Scrutiny committees and Where there is more than one recommendation, please use lower case letters as set out below and not numbers or roman numerals: a) to consider if the committee wishes to respond to Quality Accounts and if so prioritise which Quality Accounts the committee will respond to. b) to delegate approval of the responses to the Quality Accounts to the Head of Public Health Business Programmes acting under instruction the members of the Committee appointed to the Task and Finish Group. c) to appoint members of the committee to a Task and Finish group on NHS Quality accounts

Report Author:
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1. Background

1.1 NHS Healthcare providers are required under the Health Act 2009 to produce an annual Quality Account report. A Quality Account is a report about the quality of services by an NHS healthcare provider.

1.2 Quality Accounts are an important way for local NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders. The quality of the services is measured by looking at patient safety, the effectiveness of treatments that patients receive, and patient feedback about the care provided.

1.3 This paper outlines the proposed response to the Quality Accounts received by the Health Committee and the internal deadlines to respond to the NHS Trusts.

2. Main Issues

2.1 It is a requirement for NHS Healthcare providers to send to the Health Committee in its Overview and Scrutiny function a copy of their Quality Account for information and comment. Statements received from Healthwatch and Health Overview and Scrutiny Committees must be included in the published version.

2.2 NHS Healthcare providers are required to submit their final Quality Account to the Secretary of State by 30th June each year. For foundation trusts the Quality Accounts are required to be submitted to NHS Improvement by 31st May for audit purposes. However, each provider will have internal deadlines for receipt of any comments from relevant statutory consultees.

2.3 As discussed at the Health Committee meeting in previous years, the timing of the Quality Account deadlines puts the Committee in a difficult position to provide an adequate response. Often NHS Trusts are unable to send copies of their draft Quality Accounts until mid to end of April, resulting in a short timescale for the committee members to formally agree a response. There is no statutory requirement for the Adults and Health Committee to respond to the Quality Accounts.

2.4 A new process was introduced in 2018 whereby the Health Committee appointed members of the committee to a task and finish group. This group reviewed the content of the Quality Accounts that they were in receipt of and feedback was provided to the Trust. The Head of Public Health Business Programmes was responsible for submitting final statements to each Trust. It is a legal requirement for the Trusts to publish these statements as part of their complete quality account.

2.5 Due to the pressures NHS Trusts were under in dealing with the pandemic the requirement to produce Quality Accounts 2019/20 was paused in 2020. Quality Accounts were produced by some Trusts for the 2020/21 year but a process was not established for the Adults and Health Committee to respond to these adhoc requests.

3. Responding To NHS Quality Accounts

3.1 Under the committee system of governance, it is not possible to delegate decisions to individual elected members or groups of members, but scrutiny regulations require that scrutiny be carried out by elected members and not delegated to officers.

3.2 Due to time constraints identified in section 2.2, responses before 2018 were limited to details of where the Trust has attended the Health Committee for the purposes of health scrutiny. Any recommendations made by the committee were submitted within the statement. Feedback received from the Trusts noted that they had expected more of a reflection and comment on the content of the Quality Account rather than an overview of scrutiny actions.

3.3. As a result of this feedback, in 2018 a new process was introduced whereby the previous Health Committee appointed a task and finish group to review the Quality Accounts provided by trusts and provide a more detail critical analysis. Feedback from the Trusts was positive and some examples of how the Trusts used the information from the responses received is provided below.

North West Anglia Foundation Trust (NWAFT)

- The Trust held a stakeholder review meeting whereby all responses received from statutory partners and Trust Governs were discussed with the stakeholders in attendance. Where appropriate changes were made to the Quality Account providing further clarification or building on the feedback.

Cambridgeshire Community Services (CCS)

- The Trust responded to a number of points of clarification that were raised and the Quality Account was altered to address these.

4. Proposed Process for Responding to Quality Accounts 2022

4.1 As in previous years the scheduling of the committee meeting does not allow for members to discuss the responses at the next Committee meeting scheduled for June 2022 prior to the deadline the Trusts will require a response.

4.2 There are three options are available for the Adults and Health Committee to consider in organising a response to the Quality Accounts

a) agreement that the Adults & Health Committee will not respond to the Quality Accounts received by NHS provider Trusts.

Or agree that a response will be provided and

b) establish a task and finish group that has delegated authority to respond to the Quality Accounts on behalf of the Adults and Health Committee

5.0 Source Documents

Source Documents	Location
NHS Choices information on Quality Accounts	http://www.nhs.uk/aboutNHSChoices/professionals/healthandcareprofessionals/quality-accounts/Pages/about-quality-accounts.aspx
Reports to and minutes of Health Committee	https://cmis.cambridgeshire.gov.uk/ccc_live/Committees/tabid/62/ctl/ViewCMIS_CommitteeDetails/mid/381/id/6/Default.aspx

Children and Young Peoples Mental Health Provision

To:	Adults and Health Committee
Meeting Date:	17 March 2022
From:	NHS Cambridgeshire and Peterborough CCG
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	N/A

Outcome:

The Adults and Health Committee are asked to note the report and the challenges facing children and young people's mental health provision.

Recommendation: The Adults and Health Committee are recommended to:

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

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1. Background

1.1 This report is submitted to the Adult and Health Committee to provide an overview of the current challenges within children and young people's mental health provision and to detail the areas of service transformation. This report is in response to local and national increases in demand and complexity of need for mental health support. Prevalence of Children and Young People's Mental Health (CYPMH) has increased from 1 in 10 Children and young people (CYP) in 2004, to 1 in 9 in 2017, to 1 in 6 in 2020. This demand has impacted waiting times across the board. Workforce challenges are also an issue across services with a number of vacancies, staff isolating and pressure within the system.

1.2 However, services have continued to operate, and a plan of transformation, recovery and expansion has developed at pace. The Committee is asked to note this report details a range of services which are in varying stages of development and have a variety of intended outcomes and approaches to improving children and young people's mental health and wellbeing.

2. Main Issues

2.1 Mental health strategy

For Cambridgeshire and Peterborough, there has been a Local Transformation Plan since 2015 as the strategy for children and young people's mental health. This has finished and a summary document has been developed to outline achievements over the past 5 years.[1]

To continue the focus on children and young people's mental health and wellbeing, the Children and Young People Mental Health Board have commenced work to develop a new strategy for the next 3 to 5 years. The aim is for this strategy to be completed in spring 2022 and will set the future vision, aims and priorities including those identified locally and nationally as set out within the NHS Long Term Plan[2]. The strategy uses a co-production approach with children, young people, families, and stakeholders through surveys, workshops, and focus groups. The initial areas of challenge identified are:

- early intervention,
- primary school age support particularly for those whose behaviour challenges,
- 16 – 25-year and those with mental health
- children and young people with neurodiversity and mental health issues.

The Committee is asked to be aware the strategy focuses on those with a diagnosable mental health concern but will be aligned with other children's and mental health strategies for Cambridgeshire and Peterborough including Best Start in Life, Stronger Families, Strong Communities, Suicide prevention and mental health prevention strategies.

[1] https://www.cambridgeshireandpeterboroughccg.nhs.uk/your-health-and-services/mental-health-learning-disability-services/children-and-young-people/
[2] https://www.longtermplan.nhs.uk/

2.2 **Emotional Health and Wellbeing Service (EHWS)**

The EHWS covers Cambridgeshire and Peterborough and provides advice, guidance, and interventions. The EHWS comprises of three separate teams, sitting under a Joint Venture between Cambridgeshire Community Services and Cambridgeshire and Peterborough NHS Foundation Trust.

1) Emotional health and wellbeing practitioner team
2) Children's wellbeing practitioners
3) Mental Health support teams.

1) Emotional Health and Wellbeing Practitioner Team (EHWP)

This team provide a range of support services for professionals working with children and young people. A professional can contact the service to discuss an individual child or young person, by booking an appointment with the team. The team work with professionals, to signpost, advise, navigate the system and support referrals to the wider emotional health and wellbeing services. The service also facilitates professionals to come together to discuss issues of importance and work through solutions and opportunities for learning and networking.

October to December 2021 the team received 139 referrals, 126 were from Cambridgeshire.

2) Children Wellbeing Practitioners (CWP)

The children wellbeing practitioners provide direct interventions that are Cognitive Behavioural Therapy (CBT) informed Guided Self Help, for mild to moderate mental health difficulties, as a primary intervention. If the child is primary school age, the work is mostly with the parents/carers. If they are secondary age, it is mostly with the young person directly. The table in appendix A provides more information of the type of presenting difficulties the team work with. To note Cambridgeshire and Peterborough were successful in gaining 12 children wellbeing practitioners trainee places for 2022 and these will support the work of the YOUnited pathways and are currently being recruited to.

Children wellbeing practitioners received 93 referrals from October to December 2021 of which 75% for Cambridgeshire.

3) Mental Health Support Teams in Schools (MHST)

Across Cambridgeshire and Peterborough, there has been significant work involved with the national development of mental health support teams. Initially two teams started in Cambridge and Huntingdonshire in January 2020, two further teams started and continue to be in training in Peterborough and Wisbech. Cambridgeshire, and Peterborough CCG were successful in funding a further 6 mental health support teams, which will be rolled out 2 per year over the next 3 years; with the next wave having commenced in January 2022. One of the team's that started in January 2022 is in Whittlesey/Chatteris/March area. Each MHST works with approximately 8,000 Children and young people in up to 20 settings. This expansion means as an area we will exceed the National ambition of 24% of schools being covered by end of 2024. When all 10 teams are in place in 2024 over 50% of

schools/education settings will have access to a mental health support teams across Cambridgeshire and Peterborough. For those schools who are not directly involved with a MHST, they will be provided support and intervention by the Emotional wellbeing practitioner team and the Children wellbeing practitioners.

The core functions of the mental health support teams are:

1) Provide individual and group evidence-based interventions with young people and families in relation to mild to moderate mental health needs specifically anxiety, behavioural issues, and low mood. These are carried out with the parents of primary aged children and directly with the young person in a secondary or post-16 education setting. The interventions are based on Cognitive Behavioural Therapy informed Guided Self-Help strategies (this is the same clinical offer as offered by Children wellbeing practitioners).

2) Work with education settings to promote a 'Whole System Approach' to improve the mental health of the whole organisation, including the wellbeing of staff. This includes staff training.

3) Offer consultations with school staff and/or clients who may not be appropriate for a direct intervention. Link with other agencies and support referrals and signpost.

Below is data for Q3 2021/22

	Huntingdon	Cambridge	Peterborough	Wisbech
How many education settings do you have in this quarter? (total)?	22	16	9	18
"How many education settings made a referral this quarter? (per MHST site)	22	16	7	13
"Number of Children and Young People in the reporting period being supported by each MHST	185	164	75	90

2.3 **YOUnited**

This is a new early intervention service which started 1st July 2021. It is a jointly commissioned service between Cambridgeshire and Peterborough Clinical Commissioning group, Cambridgeshire County Council and Peterborough City Council and has replaced the previously commissioned service delivered by CHUMS. YOUnited is a partnership between Cambridge and Peterborough Foundation NHS Trust, Cambridgeshire Community Services, Centre 33, and Ormiston Families. The service has a central referral hub by which professionals can refer Children and young people for a range of mental health concerns. These referrals are assessed and allocated to the most relevant level of support and prevent CYP bouncing around the system. This support could be advice, guidance, one to one interventions, group support, a range of digital solutions which are supported by a practitioner, or specialist child and adolescent mental health support. YOUnited is

currently available for professionals only to make contact to have a discussion for non-crisis cases.

Month of referral	Total new referrals
July 21	1061
August 21	356
September 21	577
October 21	636
November 21	744
December 21	629

The service received a legacy waiting list from previous provider. However, the service has worked extremely hard and as of the end of September all 435 CYP were assessed and allocated to the most relevant support, 225 of which required intervention from YOUnited.

Recruitment to the new model is challenging, and in particular for Band 6 roles; however, the partners shared the promotion of roles and have a tracker to understand vacancy rates and areas of risk, this active tracking has meant the majority of roles have been recruited to. The expansion of children wellbeing practitioner trainees has helped to fulfil some of the roles. Recruitment challenges is not unique to Cambridgeshire and Peterborough it is a national issue. In support, at a regional level, NHS England are providing workshops and working with mental health systems to understand the workforce challenges and considering solutions to improve the current challenges.

Future plans – the service is currently reviewing its online offer and how to provide support out of hours. There are range of task and finish groups that are focused on a number of operational issues and these feed into a monthly Partnership board where the partners, commissioners and wider stakeholders discuss progress, challenges, opportunities, and next steps.

2.4 Kooth

Currently to support the transition to YOUnited the CCG has continued to commission Kooth. This service is available anonymously online for those aged 11 – 19 years and provides information, advice and counselling. See www.kooth.com for further information.

2.5 Child and Adolescent mental health services (CAMHS)

Child and adolescent mental health services are provided by Cambridgeshire and Peterborough NHS Foundation Trust and covers a wide range of specialist mental health services including core CAMHS who provide support for children and young people with moderate to severe mental health needs including anxiety, low-mood, depression, self-harm, obsessive compulsive disorder.

Access to the different mental health pathways is now through the YOUnited referral hub. The aim being to streamline the referral pathways and reduce a duplication of referral or “bounce” around the system and improve children, young people and families experience of support. https://www.cpft.nhs.uk/search/service/younited-195/

2.6 Eating Disorder Service (ED)

The eating disorder service provides specialist support for children and young people up to 18 years experiencing a moderate to severe eating disorder. Support is provided by a multi-disciplinary team, with family-based approaches to interventions. The service has seen large increases in referrals, acuity and complexity of need being presented since the pandemic. This is further impacted by the national shortage of Specialist (Tier 4) inpatient beds, resulting in higher acuity and complexity being supported in the community. This is impacting on waiting times as demand for more intensive support increases. This poses a potential risk and as such has been added to CCG and CPFT organisational risk logs. The service is continually reviewing its delivery model to ensure safe levels of care and support and are working hard to create solutions whilst also transforming the service. In line with Nationally mandated Access and Waiting Times, urgent referrals should be assessed within 1 week and routine referrals within 4 weeks for 95% of cases. As you can see in the table below locally this target remains challenging.

	Cambridgeshire and Peterborough				East of England
	Jan – Mar 21	Apr – Jun 21	Jul – Sep 21	Oct -Dec 21	(Dec 2021)
Urgent cases (<1 week) 95%	69.2%	60%	30%	50%	50% %
Routine cases (<4 weeks) 95%	85.7%	77.8%	36.4%	51%	68.2%

Despite the huge pressures the service is working hard to address and transform the services to make improvements. Additional investment is being focused on the following areas:

1) increase core eating disorder service capacity to meet the increased demand
2) developing a home treatment team
3) pathway for medical monitoring
4) ARFID (Avoidance restrictive food intake disorder).

These initiatives are in various stages of development and workforce availability is a key factor in progression of them.

2.7 Crisis Service

CAMHS crisis assessment service is a revised delivery model for the children's crisis service which commenced in April 2021. It provides mental health crisis support for those aged up to 17 years who are at immediate risk to self or others, those at risk of a mental health hospital admission, experiencing an acute psychological or emotional distress that is impacting significantly on their daily activities. The service provides assessment for those children and young people in a mental health crisis in either emergency department or the community. The team currently undertake assessment of a child or young person in crisis and can provide support to them and their family for up to 2 weeks. The team capacity is increasing in line with successful recruitment of suitably skilled staff. The team is accessed

either through calls to first response service (NHS 111 option 2) or through attendance at an emergency department.

In addition, a home treatment team is in development to provide more intensive home support for a defined period of time. The aim of this team is to provide support for up to 4 – 6 weeks following assessment. The team has commenced work with those at risk of an inpatient admission or those who are stepping down from inpatient care. The team's capacity is limited as recruitment to full model continues. The home treatment team are also working with Darwin ward (Tier 4 general adolescent mental health ward) to ensure a consistent pathway between inpatients and community provision. This is being supported by the sharing of a service manager across the two services and reviewing therapeutic pathways.

2.8 **First response service**

This service is for anyone, of any age, living in Cambridgeshire and Peterborough. It is a 24/7 service and can be accessed via NHS 111 Option 2. The service is run by specially trained mental health staff who will speak to the individual and discuss their mental health care needs, and then provide advice and guidance and can facilitate access to further assessment if required by the crisis team.

2.9 **Inpatient provision**

Mental health inpatient beds are being commissioned and managed by a regional network of providers called a Provider Collaborative, this includes childrens inpatient eating disorder beds and child and adolescent mental health inpatient beds, as well as some adult mental health provision. The Collaborative have had a number of focused pieces of work including, reviewing those young people who have had longer inpatient stays and working with community providers to improve patient pathways. The exact number of Cambridgeshire and Peterborough young people in an inpatient mental health bed changes, however there is a regular review meeting between health, social care, local authority and the provider collaborative to ensure oversight of those young people and support transition back to the community and achieve the best outcomes for the young people.

2.10 **Neurodevelopmental pathways**

The neurodevelopmental service provides a diagnosis service for Autism and Attention deficit hyperactivity disorder (ADHD) and ongoing mental health support for those with autism, attention deficit hyperactivity disorder and or a learning disability experiencing significant mental health problems. The team provides a multidisciplinary team approach to support and offers a range of interventions. Referral to this pathway is via the YOUnited referral hub. An Early Help Assessment supports the referral process as it enables access to the social emotional wellbeing pathway of parental support pre any diagnosis. It also enhances wider system support enabling schools and other professionals provide information to support any diagnostic development work

2.11 **Voluntary sector**

Fullscope is a consortium of leading organisations supporting mental health and wellbeing

of children and young people in Cambridgeshire and Peterborough. Fullscope partners share the vision of positive mental health for all and believe this can only be achieved through collaboration between children, young people, families, specialist organisations and the wider communities. Fullscope's mission is to affect a more accessible, relevant and equitable system to support children and young people with their mental wellbeing.

Someone To Talk To service, delivered by Centre 33 supports children and young people in Cambridgeshire and Peterborough with their mental and emotional wellbeing. They provide free and confidential counselling for young people aged 13-25 years at their regional hubs. The service is an outreach support approach to engaging young people who do not traditionally access Mental Health Support.

January to March 2021 118 young people were referred to this service and of those 72% were able to engage with the and start the programme.

Young People's Counselling Service (YPCS) is a charity providing a free and confidential service for CYP between 11-18 years who are experiencing emotional difficulty, including distress caused by bereavement. YPCS offers up to 12 sessions of free counselling and the service operates out of Yaxley, Whittlesey, Ramsey and Wisbech.

2.12 **Digital Support**

As part of our local advice provision, we continue to use the www.keep-your-head.com website as a platform for information on both local and nationally available services. The website has separate pages for children and young people, professionals, and adults. We are currently in discussion with the developer in regard to developing a specific area for school-based support and information.

Due to the challenges of Covid, all services have looked at and developed digital options of support and this has provided opportunities in delivering support in an innovative way. The YOUnited partnership have subcontracted to a number of digital providers who offer a range of support which enables a more flexible model of delivery and expands the scope of interventions available. As part of YOUnited, the providers are looking at the available applications and websites and considering how to promote and ensure quality assurance of them in a quickly changing digital market.

2.13 **School based support**

As a system there has, for a few years, been a school's collaborative group who have met to consider and develop solutions to how mental health services can support education settings in identifying and accessing further services for those pupils with mental health needs. Below is a summary of some of these initiatives.

1) <u>Mental Health Competency Framework:</u>

A digital competency framework has been developed as a tool to support schools in undertaking a training needs assessment of their workforce and support in developing an action plan to address the outcomes of this exercise. The framework will be hosted and available through the Healthy Schools Website. Promotion and signposting of the site to schools is the next steps for all partner agencies. The framework is currently being tested

with some pilot schools and set to launch officially later in the autumn term as part of the Wellbeing for Education Return autumn sessions. Schools will have the opportunity to report back and fine tune the framework for future versions.

2) Schools Resource Document:

Clarity of the local offer for children and young people's mental health services has been highlighted, and at the request of the Local Authority Education Directorate, YMCA have been commissioned to support development of a resource to be converted into a simple web resource for schools which includes:

- A summary of local services using the I-Thrive framework to map provision
- A summary of staff training providers that meet criteria from the local competency framework
- A summary of useful web resources or links to access further reading

N.B. Existing directories will not be replaced, but will be used to help populate the resource, to be held on the Keep Your Head website

3) Wellbeing for Education Recovery funding:

Over the summer an expression of interest went out to system partners to be involved in a new specification to deliver a range of training and supervision sessions to schools., Responses were limited, therefore the following proposal has been agreed:

- The Emotional Health and Wellbeing practitioners' team to review and update Mental Health Forums to deliver regular half termly forums in each geographical area – estimated to be 8 – 10 forums - across Cambridgeshire and Peterborough.
- Cambridgeshire County Council Special Education Needs and Disabilities Services to deliver termly reflection sessions to teaching and support staff with a specific focus on Trauma
- YMCA to lead on working in collaboration with system partners to develop a localised Designated Senior Mental Health Lead training package to submit to DfE for validation
- YCMA to lead on working in collaboration with Cambridgeshire and Peterborough NHS Foundation Trust and the personal, social, health and emotional service (PSHE) to develop a training programme for staff and teaching resources for staff to use with pupils with eating disorders

2.14 **Access targets and Outcome measures**

Nationally since 2015 there has been a focus on increasing the access to services to address the mental health concerns for children and young people. NHS England has set targets for areas to achieve to improve from the baseline of 25% of those with a mental health diagnosable need (based on prevalence data) in 2016/17 to 35% by end of 20/21. Cambridgeshire and Peterborough achieved 36.4% a significant improvement from the baseline figure of 25% in 2016/17. In line with the NHS Long Term Plan there is a continued need to increase the number of CYP accessing mental health support and this

has moved from a percentage to an actual figure and for Cambridgeshire and Peterborough this is as below.

	Year 3 2021/22	Year 4 2022/23	Year 5 2023/24
Minimum additional CYP aged under 18 receiving treatment from an NHS-funded community MH service.	466	360	596
minimum additional CYP aged 18-25 receiving treatment from an NHS-funded community MH service	136	204	272
minimum additional CYP in contact with Mental Health Support Teams	1,928	2,932	3,976

In addition to increasing the number accessing support there is also a focus on demonstrating improvements in clinical outcomes for NHS funded services. This will require services to use clinical outcome measures and flow the data for national analysis. This work will identify the proportion of CYP who's clinical outcomes are improved through the increase in accessing services. There is ongoing work with providers to support this to overcome the challenges for consistent use of outcome tools and different IT systems being able to record and flow the data. NHS England are supporting local areas to improve the proportion of services flowing data.

Investment

Cambridgeshire and Peterborough CCG have continued to invest in children and young people's mental health through the initiatives detailed earlier in the report. End of March 2021 the CCG forecast spend on CYPMH was £10,893,000. The expected outturn for 2021/22 is £15,488,000 There continues to be a challenge in the investment in mental health and spend per head (all age) is the lowest in Cambridgeshire and Peterborough in the Eastern region at £107 and for CYP this is £13 per head of population. The CCG is committed to continue to invest in children's mental health and below details planned additional investment for 21/22.

2021/22 Investment Plans	Total **£'000**
CYP	
CYP ED	644
CYP crisis	800
CYP Home Treatment Team	377
CYP integrated hub	800
CYP: MHST sites wave 1-4	1,247
CYP Neurodevelopmental	400
CYP Other	
	4,268

2.15 **To conclude**

This paper sets out the wide range of support and initiatives which have been commissioned by the Cambridgeshire and Peterborough Clinical Commissioning Group, Peterborough City Council and Cambridgeshire County Council. It is important to note that there is other support available within individual schools and college settings and the voluntary sector provide a further level of support. It is also important to note that although there is a wide range of services available, the demand and complexity of mental health support is ever increasing and the capacity of services to meet this growth is challenging as there are significant pressure on the skills and volume of workforce to meet the demands.

3. Source documents guidance

3.1 Local Transformation Plan available at: https://www.cambridgeshireandpeterboroughccg.nhs.uk/your-health-and-services/mental-health-learning-disability-services/children-and-young-people/

3.2 The NHS Long Term Plan available at: https://www.longtermplan.nhs.uk/

3.3 Children's wellbeing practitioner's criteria

See Appendix A.

3.4 Mental health support teams list of Cambridgeshire schools

See Appendix B.

Emotional Health and Wellbeing Service

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Table 2 - Guide to presenting difficulties

Do	May do	Should not do
Common mental health difficulties that may respond to early intervention	Conditions which may respond to early intervention but require discretion	Significant levels of need /complex conditions which are not suitable for brief early intervention
Low Mood / Mild to Moderately Severe Depression	Anger difficulties	Pain management
Panic Disorder	Low self-esteem	PTSD
Panic Disorder & Agoraphobia	Mild social anxiety disorder	Bipolar Disorder
Generalised Anxiety Disorder / Worry	Some compulsive behaviours	Psychosis
Simple Phobia (but not blood, needle, vomit)	Mild health anxiety	Personality Disorders
Sleep problems	Assertiveness/interpersonal challenges (e.g., with peers)	Eating Disorders
Stress management	Self-harm is disclosed but is assessed as linked to low- mood but **is not assessed as enduring and high risk in nature**	Chronic depression/anxiety
Behavioural Difficulties	OCD	Established health anxiety
		Historical or current experiences of abuse or violence
		Complex interpersonal challenges
		Bereavement
		Active, enduring and significant self-harm
		Relationship problems

The table provides more information as to the type of presenting difficulties that CWPs work with.

Mental Health Support Team Schools (as at February 2022)

MHST 1 Cambridge

Clinical Lead:
Isabel Crovato
Isabel.crovato1@nhs.net

- Arbury Primary School
- Cambridge Regional College (CRC)
- Castle School*
- Chesterton Community College
- King's Hedges Primary
- Mayfield Primary School
- Milton Road Primary
- North Cambridge Academy
- Orchard Park Primary School
- Parkside Community College
- Shirley Community Primary School
- St Laurence Catholic Primary School
- St Matthew's Primary
- St Paul's Primary
- The Galfrid School
- The Grove Primary School

MHST 1 Huntingdon

Clinical Lead:
Lynne Milton
Lynne.milton4@nhs.net

- Abbots Ripton Primary
- Alconbury Primary
- CRC- Huntingdon Campus
- Eastfield Infant & Nursery School – St Ives
- Ermine Street Church Academy
- Folksworth CofE Primary
- Hartford Infant School – Huntingdon
- Hartford Junior School – Huntingdon
- Hemingford Grey Primary
- Holywell CofE Primary – Needingworth
- Houghton Primary
- Huntingdon Primary
- Sawtry Infant School
- Sawtry Junior Academy
- Sawtry Village Academy
- Spring Common Academy* - Huntingdon
- St Ivo Academy – St Ives
- St John's Primary – Huntingdon
- St Peter's Secondary School - Huntingdon
- Stukeley Meadows Primary - Huntingdon
- Thorndown Primary – St Ives
- Westfield Junior School – St Ives
- Wheatfields Primary – St Ives

MHST 2 & 3 Peterborough

Clinical Lead:
Amaia Robles-Fernandez
Amaia.robles-fernandez@nhs.net

- All Saint's Church of England Primary School
- City of Peterborough Academy (COPA)
- Dogsthorpe Academy
- Fulbridge Academy
- Gladstone Primary Academy
- Greater Peterborough University Technical College (UTC)
- Jack Hunt
- Lime Academy Abbotsmede
- Lime Academy Parnwell
- Lime Academy Watergall
- Longthorpe Primary School
- Marshfields School
- Medeshamstede Academy
- Middleton Primary School
- NeneGate School
- Newark Hill Academy
- Peterborough College
- Queen's Drive Infant School
- Ravensthorpe Primary School
- Richard Barnes Academy
- St Thomas More Catholic Primary School
- The Beeches Primary School
- The King's (The Cathedral) School
- Thomas Deacon Academy
- Thomas Deacon Junior
- Thorpe Primary School
- Welland Academy
- West Town Primary Academy

MHST 2 & 3 Fenland

Clinical Lead:
Emma Sillet
E.Sillet@nhs.net

- Alderman Jacobs School
- Alderman Payne Primary School
- All Saints Inter Church Academy
- Benwick Primary
- Burrowmoor Primary School
- Cavalry Primary School
- Clarkson Infants
- Coates Primary School
- Cromwell Community College, Chatteris
- Elm Road Primary
- Friday Bridge Community Primary School
- Glebelands Primary Academy
- Gorefield Primary School
- Kinderley Primary
- Leverington Primary Academy
- Lionel Walden Primary School
- Manea Community Primary School
- Meadowgate Academy, Wisbech
- Murrow Primary Academy
- Neale-Wade Academy
- New Road Primary and Nursery School, Whittlesey
- Olive Academy, Wisbech
- Orchards CofE Primary School
- Park Lane Primary and Nursery School, Whittlesey
- Peckover Primary School
- Sir Harry Smith Community College, Whittlesey
- St Peter's CofE Aided Junior School - Academy
- Thomas Clarkson Academy, Wisbech
- Thomas Eaton Primary Academy
- Westwood Primary School

Emotional Health and Wellbeing Service
Mental Health Support Teams

Mental Health Support Teams: ccs.mhst@nhs.net