

Funding for the High Impact Use Operational Team

To: Communities, Social Mobility and Inclusion Committee

Meeting Date: 16 October 2025

From: Executive Director of Strategy and Partnerships

Electoral division(s): All

Key decision: Yes

Forward Plan ref: 2025/071

Executive Summary: The Council's Communities Service currently hosts the High Impact Use team, working with residents who have very high attendance at hospital Accident and Emergency departments. This report seeks approval to enter into a new Section 256 Agreement with the Integrated Care Board to receive funding to continue to host the team in the 2026-27 financial year.

Recommendation: The committee is recommended to:

Authorise the Council to enter into a Section 256 Agreement with the Integrated Care Board for receipt of funding to host the HIU Operational Team.

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1. Creating a greener, fairer and more caring Cambridgeshire

1.1. Hosting the High Impact Use (HIU) Operational Team has been evaluated against the seven ambitions set out in the Council's Strategic Framework, and it contributes to the following strategic ambitions:

- Ambition 3: Health inequalities are reduced.
- Ambition 4: People enjoy healthy, safe and independent lives through timely support that is most suited to their needs.
- Ambition 6: Places and communities prosper because they have a resilient and inclusive economy, access to good quality public services and social justice is prioritised.
- Ambition 5: People are helped out of poverty and income inequality.

2. Background

2.1 High Impact Use (HIU), in this context, refers to residents who frequently present at hospital Accident and Emergency Departments (EDs). These individuals often have complex, but not necessarily medical, needs, which cannot be met by the ED.

2.2 In 2023, the Cambridgeshire and Peterborough Integrated Care System spent an estimated £28m of NHS funding on emergency care for the 4,500 people attending ED 5-10 times per year (an average of £6,200 per person). While the cost of high impact service use has not yet been quantified in the same way for other organisations and services, including Council services, it is clear that the ED costs are only one part of the total public sector spend.

2.3 Early identification of high intensity users of services has shown to reduce Accident and Emergency (A&E) attendances and non-elective admissions by at least 40% within NHS patient cohorts; improved understanding of the drivers of high frequency use of A&E will also identify gaps and impacts in wider care and support provision.

2.4 The approach is to focus on an individual's concerns, building a personalised plan with them and working with wider partners to use all the collective services, assets and resources in a more proactive way.

2.5 In March 2024, the committee agreed to enter into a Section 256 Agreement with the Integrated Care Board (ICB) to receive the funding to host the HIU operational team within the Council's Communities Service, for an 18-month pilot project. The service has been operating for a year and is evidencing a positive impact. The Council is currently the only local authority in the country to host an HIU service, and the model is being promoted nationally as an example of good practice, and locally received an Outstanding Achievement award from one of the acute hospital trusts.

3. Main Issues

- 3.1 In total, the Council will receive £600,000 to host the HIU Operational Team for the full 2026-27 financial year.
- 3.2 Pursuant to Section 256 of the National Health Service Act 2006, payments will be made from the ICB to the Council under a Section 256 Agreement.
- 3.3 The Section 256 Agreement and related service specification has been reviewed and approved by the Head of the Communities Service, the Head of Partnerships and Programmes (Adults, Health, and Commissioning Directorate) and Pathfinder Legal.
- 3.4 Proposed costings have been reviewed by the Council's Finance team to ensure that there is no adverse financial risk to the Council in continuing to host the HIU Operational Team.

4. Alternative Options Considered

- 4.1 The following alternative options have been considered in formulating the recommendations contained in the report:
 - (a) Do nothing – this was rejected as acceptance of the Section 256 Agreement would enable the Council to continue to host the team and to do nothing would prevent this from happening.

5. Conclusion and Reasons for Recommendations

- 5.1 The Council currently hosts the HIU Operational Team on behalf of the wider system. The service is making a positive impact on the lives of its service users, their attendance at A&E, and is valued by system partners.
- 5.2 As the total amount of funding to be received is more than £500,000, this is a key decision and requires the committee's approval.
- 5.3 The committee is therefore recommended to authorise the request to receive funding of £500,000 to continue to host the team for the 2026-27 financial year, via a Section 256 Agreement.

6. Significant Implications

6.1 Finance Implications

This report requests approval to enter into a Section 256 Agreement and to receive funding from the ICB. No financial implications have been identified for the Council. Potential redundancy costs have been calculated and included in the budget, and the funding covers the Council's legal costs related to the Section 256 Agreement.

6.2 Legal Implications

Section 256 of the National Health Service Act 2006 provides authority for the ICB to make payments to a local authority if it is satisfied that the payment is likely to secure a more effective use of public funds than the deployment of an equivalent amount on the provision of services. A Section 256 Agreement would be entered into between the Council and ICB.

6.3 Risk Implications

Not applicable.

6.4 Equality and Diversity Implications

There are no equality and diversity implications.

6.5 Climate Change and Environment Implications (Key decisions only)

Not applicable – this key decision relates to receiving income from the ICB.

7. Source Documents

7.1 [National Health Service Act 2006](#)