ADULTS AND HEALTH

Thursday, 14 October 2021

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

2a. Adults and Health Committee Minutes - 22 September 2021

To follow.

2b. Adults and Health Committee - Action Log

To follow.

3. Petitions and Public Questions

DECISIONS

4.	**Business Planning Proposals for 2022-27 – opening update and overview**	**3 - 32**

INFORMATION AND MONITORING

5a.	**Adults and Health Committee Agenda Plan - October 2021**	**33 - 34**
5b.	**Adults and Health Committee Training Plan 2021**	**35 - 46**

Date of Next Meeting

Thursday 9 December 2021

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 Lorna Dupre Councillor Nick Gay Councillor Mark Goldsack Councillor Anne Hay 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)

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Agenda Item No: 4

Business Planning Proposals for 2022-27 – opening update and overview

To: Adults and Health committee

Meeting Date: 14 October 2021

From: Wendi Ogle-Welbourn, Executive Director for People and Communities
Jyoti Atri, Director of Public Health
Tom Kelly, Chief Finance Officer

Electoral division(s): ALL

Key decision: No

Outcome: The Committee is asked to consider:

- the current business and budgetary planning position and estimates for 2022-2027
- the principal risks, contingencies and implications facing the Committee and the Council's resources
- draft budget proposals
- the process and next steps for the Council in agreeing a business plan and budget for future years

Recommendation: It is recommended that the Adults and Health Committee;

a) Note the progress made to date, comments made during the meeting and next steps required to develop the business plan for 2022-2027
b) Note the impact of COVID-19 on the Council's financial planning
c) Endorse the budget and savings proposals that are within the remit of the Committee as part of consideration of the Council's overall Business Plan

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1. Purpose and background

1.1 The Council's Business Plan sets out how we will spend the resources we have at our disposal to achieve our vision and priorities for Cambridgeshire, and the outcomes we want for people. This paper provides an overview of the updates to the Council's financial position since September 2021 when Committees were provided with an update on the draft Business Plan for 2022-27. The paper sets out the changes to key assumptions impacting financial forecasts, further risks and opportunities and next steps required to balance the budget and agree the Council's Business Plan for 2022-27.

1.2 For context, the previous update on business planning provided to committee in September can be found here: Adults and Health

1.3 The update in September showed a budget gap in the first year of the new business plan, 2022/23, that was larger than in the previous business plan. This was due to refreshed estimates of the impact of demand growth on services, and several new service pressures requiring funding.

1.4 This update shows the progress that has been made to identify opportunities to re-baseline budgets, make savings, and generate additional income, resulting in progress being made towards closing the budget gap in 2022/23. At the same time, further service pressures and investments are proposed to be funded. The result of these is a budget gap at this stage of £19.5m for 2022/23, and gaps in future years as set out at the end of the table in Section 3.2.

2. Context

2.1 On 9 February 2021, Full Council agreed the Business Plan for 2021-2026. This included a balanced budget for the 2021-22 financial year with the use of some one-off funding but contained significant budget gaps for subsequent years as a result of expenditure exceeding funding estimates. These budget gaps (expressed as negative figures) were:

2021-22	2022-23	2023-24	2024-25	2025-26
balance	-£22.2m	-£14.7m	-£15.1m	-£12.0m

2.2 The impacts of COVID-19 on the Council have been unprecedented and the pandemic remains a key factor and uncertainty in planning our strategy and resource deployment over the coming years. The Council continues to take a central role in coordinating the response of public services to try and manage the complex public health situation, impact on vulnerable people, education of our children and young people and economic consequences. Looking ahead we know that challenges remain as the vaccination programme progresses and winter illnesses re-emerge. We are already seeing the impacts of the pandemic on our vulnerable groups as well as those who have become vulnerable as a result of health or economic impact of the pandemic. Longer term there will be significant increases and changes in the pattern of demand for our services alongside the economic aftereffects. The Council is committed to ensuring that communities across Cambridgeshire emerge from the pandemic with resilience and confidence for the opportunities and challenges that face us.

2.3 During 2020-21, the Council received significant additional funding and compensation from government and the NHS in order to effectively respond to the pandemic. Whilst the financial settlement for the response to date has been sufficient, predicting the on-going implications and financial consequences of COVID-19 remains challenging, particularly in terms of the impact on demand for council services. The 2021-26 budget includes estimates for these pressures in 2021-22 and experience of 2021-22 so far suggests these estimates were reasonable as the Council is not forecasting a significant variance against its budget in the current year. These will remain under review as new data is available. Significant pressures are expected in future years beyond 2021-22 and details of how each service's specific demand pressure estimates for 2022-27 have been made are within section 3. It is especially important this year that we keep these estimates under review as circumstances are so changeable over the course of this year.

2.4 Within the current context, the scope for traditional efficiencies has diminished, therefore the development of the Business Plan is focused on a range of more fundamental changes to the way we work. Some of the key themes driving the current thinking are;

- Economic recovery
- Prevention and Early Intervention
- Decentralisation
- Environment & climate emergency
- Social Value

2.5 Besides the pandemic, the other major risks and uncertainties in setting budgets for 2022-27 include the potential for national policy changes, such as reform of social care funding, the need for a multi-year funding settlement from government, the availability and sustainability of supply chains and resources, and changing patterns of demand for our services that has been a longer-term trend. The Council must make its best estimate for the effect of known pressures when setting its budget and retain reserves to mitigate against unquantifiable risks.

3. Financial Overview

3.1 The previous report set out in detail the changes to demand and inflation projections that make up a significant part of the initial budget refresh. We are now in a stage generally of identifying ways to close the budget gap through savings, income generation and budget rebaselining. We will also continue to review funding assumptions as further government announcements or local taxation estimates are made.

3.2 Following the addition of the next round of proposals to partially close the budget gap, as well as further service pressures and investments, the revised budget gap is set out in the table below:

	£000				
	2022-23	**2023-24**	**2024-25**	**2025-26**	**2026-27**
Budget gap at September Committees	**23,411**	**16,123**	**17,903**	**14,678**	**14,256**
Budget Reviews and Re-baselining					
Budget rebaselining in Adults	-2,405				
Budget rebaselining in Children's	-250				
Inflation and Demand Adjustments					
Staff costs inflation refresh	331	326	328	327	329
Adults demand projection adjustments	-73	-28	-29	-30	10
Service Pressures & Investments					
Pressures in Children's Services and Education	-250	250	732		
Pressures in Corporate Services	1,297	-246	-5	-35	-35
Pressures in Place & Economy	260		-650		-1,000
Investments in Adults & Health	322	170			
New or Amended Savings					
New savings in Adults & Health	-1,361	70			
New savings in Communities	-450				
New savings in Corporate Services	-29				
Savings rephasing Children’s Services	46	-54	-100		
Savings rephasing in Adults & Health	543	568	-51	31	
New savings in Place & Economy	-335	-130			
Other changes					
Energy schemes - phasing of spend and income	-938	932	287	-18	-131
Commercial income rephasing & Covid impact	519	-99	-296	-90	57
Changes in funding estimates	-1,157	329	-60	1,682	484
Revised budget gap at October/November Committees	**19,481**	**18,211**	**18,059**	**16,545**	**13,970**
Change in budget gap	-3,930	2,088	156	1,867	-286

3.3 More detail about the proposals that make up this table relevant to this committee are set out in section 4 below.

3.4 It is important to bear in mind that the lines in the table in 3.2, and the equivalent table presented to the committee in September, only show the changes made compared to the current business plan. In some cases, there were already proposals effecting 2022/23 budgets and beyond in the current business plan. The full set of proposed budget changes for this committee can be found in the attached budget tables at Appendix 1a and Appendix 1b.

3.5 There remains a significant budget gap for 2022/23 and in future years. Work is continuing to identify further mitigations, and to review pressures that are already proposed to be funded.

4. Overview of Adults and Health Draft Revenue Programme

4.1 This section provides an overview of the savings, investments, or income proposals within the remit of the Committee.

4.2 The Committee is asked to comment on these proposals. Further detail and any additional business cases will then come in full to committee in December ready for recommending to Strategy and Resources Committee in January 2022, for consideration as part of the Council's development of the Business Plan for the next five years. Please note that the proposals outlined are still draft at this stage, and it is only at Full Council in February 2022 that proposals are finalised and become the Council's Business Plan.

4.3 Draft budget tables are provided in Appendix 1 reflecting proposals developed to date. There are two tables – one for People and Communities including Adults, and a separate table for Public Health.

4.4 Budget Position:

4.4.1 The current business plan has a commitment of £4.3m of savings and increased income for 2022/23 for Adults and Health. We have identified additional savings or increased income opportunities of £5.311m for Adults and £228k for Public Health, which has offset some of the forecast non-delivery of 2022/23 savings and increases the overall savings position to £9.4m.

4.4.2 However, we have identified £16.7m of pressures and investments for 22/23 as outlined below.

Pressure / Investment	2022/23 Amount
Demand and Demography (Ref: A/R3.002 to A/R.3.007)	10,003
Inflationary Pressures on Care Costs (Ref: A/R.2.002)	2,080
Impact of National Living Wage on Adult Social Care Contracts (Ref: A/R.4.009)	3,939
Additional Investments	651
Total	**16,673**

4.4.3 Further detail on the developed proposals is set out in sections 4.6 and 4.7 and in Appendix 1

4.4.4 Adults and health budgets are predominantly demand led and COVID-19 has impacted significantly on services and the future impact is uncertain. The recently announced social care reforms may present additional financial risks for the Council, but the full extent of these is still being understood.

4.5 Joint Administration Priorities

4.5.1 Work has been undertaken to explore investment opportunities to deliver on the Joint Administration priorities of:

1. Move from delivering social care through an overly focused emphasis on commissioning of care agencies, towards one of empowering people and

communities using new models based on delivery at neighbourhood level and through new models of governance, including more ‘in-house’ provision.

2. Protect and enhance choice and control by service users, adopting a rights-based approach to service delivery and the concept of independent living, expanding opportunities for use of direct payments, individual budgets and personal assistants.
3. Driving up the quality and dignity of care work and services, integrating the Council’s social value approach; making a major initiative to improve training, career development, pay and conditions for frontline care workers, including a phased implementation of the Real Living Wage.
4. Support the move towards integrated health and social care, seeking a clear shift towards prevention and ‘early help’ vis-a-vis the provision of acute services, with an emphasis on Health and Social Care outcomes.
    a. Step-change to improve services for people.
    b. Use leverage to make a major shift towards prevention in the system
    c. Improve health and social care outcomes through a population health management approach
    d. Assumption is budget neutral, but will continue to review
5. Combating health inequalities based on population health management across all geographies; leading a ‘health in all policies’ approach across the authority and seeking to implement a system wide obesity/healthy weight strategy.

4.5.2 A number of proposals have been identified to progress the joint administration priorities. Of these, work has been completed on the case for increasing support for carers, the detail of which is included in the investment/pressures table at 4.6.2.

4.5.3 There are a number of further opportunities which we are working on, which are listed below and we would welcome comments from the committee on these priorities. The indicative cost of these is up to c. £2.755m in 2022/23 would need to be considered in light of the council’s overall position.

4.5.4 Some of these are one off investments and could be funded from reserves as noted below. Public Health investments will be funded from the Public Health Grant or reserves.

Investment Area	Description	22/23	23/24	24/25	25/26	26/27
Happy at Home Expansion	Roll out of the East Cambridgeshire pilot across the county over four years, commencing in 2022/23. **One off reserves funding could be used – total requirement £4.45m** Happy at Home is an initiative designed to transform the way care and support is commissioned and delivered to older people living at home. It is focused on changing and improving the way care is provided to older people living at home who either receive council funded homecare or may benefit from early help and support to maintain their independence. The aim is to enable older people to remain living happily at home, cared	996	-	233	-	-1,229

	for by locally based carers, working within their own communities.					
Independent Living Services	(Investment: Capital investment with paybacks over the life of the asset. Savings will be delivered). Revenue investment of £180k in 22/23 and £120k in 24/25 is also needed to support roll out. **One off reserves funding could be used – total requirement £300k** Enhance the offer to local residents who may have a need for residential and nursing care by developing a tenancy-based model of care: Independent Living Service's (ILS's) specifically support people being able to stay in their own tenancy longer as care can be stepped up as needs increase, unlike residential care where they may need to move to get increased care needs met. • In addition to two planned ILS (Rheola and Princess of Wales) proposing three additional sites across Cambridgeshire. • One per year to commence work on in 2022/23 • Each new ILS would take three years to build from the time land is acquired.	180	-180	120	-120	-
Expansion of Direct Payments	• Additional capacity to accelerate improvement in the uptake of Direct Payments • Investment in an additional system able to maintain robust and user-friendly oversight of the Individual Service Funds; • Development of a short term Personal Assistant Support Service able to bridge the gap between the need for immediate care and support and the recruitment of personal assistant • Additional Contract Management capacity to monitor and quality assure support services being accessed by direct payment and individual service funds as they begin to increase.	222	-228	-32	-60	-
Real Living Wage	(Investment: £10.166m per annum by 2026/27) • Roll out to all Adult Social Care providers commencing in 2022/23. • Two–three-year phasing, based on incremental increases every six months. • Linked to delivering social value in return.	1,187	4,408	3,619	409	-
Social Care Reform	The Government White Paper "Build Back Better: Our plan for health and social care"	TBC	TBC	TBC	TBC	TBC

	sets out a number of proposed reforms to social care. The reform proposals will potentially introduce additional financial costs and risk to the Local Authority. We await detailed funding proposals before we are able to determine the full implications.					
Total Adults		**2,585**	**4,000**	**3,940**	**229**	**-1,229**
Training for Health Impact Assessments	Targeted tackling of health inequalities: **One off reserves funding would be required** In order to support the JAA priority of health in all policies, training will be commissioned to support the system in understanding the potential health impacts of their policies, services and commissions. Basic training on health impact assessments, their purposes and potential benefits will also be included in the package.	45	-	-	-	-
Health Impact Assessments	Health in all Policy and Tackling Health Inequalities: Fund for health impact assessments to be established to support the council in understanding the impact of major policy decisions or commissions to inform action to maximise health outcomes and minimise health harms. Applications for the fund will be prioritised according to agreed health and well-being priorities.	125	-	-	-	-
Total		**2,755**	**4,000**	**3,940**	**229**	**-1,229**

4.5.4 Capital investment would be required to generate further savings from Independent Living Services. The capital investment required, and associated savings expected are set out below. The schemes are anticipated to pay back the capital investment in full as well as generating revenue savings in future years.

INDEPENDENT LIVING	AMOUNT £000 2022-23	AMOUNT£000 2023-24	AMOUNT£000 2024-25	AMOUNT£000 2025-26	AMOUNT£000 2026-27	AMOUNT£000 2027-28
Capital costs (one off)	4,387	14,062	15,454	6,247	-	-
Revenue savings (recurrent)	-	-	-	-	-557	-418

4.6 Investment/Pressures:

4.6.1 A number of investment areas have been identified, which equate to £651k of permanent investment in 2022/23, as outlined below and are included in the tables at Appendix 1.

Budget Table Ref	Investment Area	Description	22/23	23/24	24/25	25/26	26/27
A/R.4.040	Learning Disabilities – Young Adults Team	To increase the staffing structure in the Young Adults Team, in order to better manage demand and deliver a safe cost-effective service. This will support us to deliver our statutory duty. Increased capacity in the team will enable cases to be allocated to workers at an appropriate level and eradicate waiting lists. This will result in the safer management and prompt allocation of new cases.	149	-	-	-	-
A/R.5.006	Care Home Support Team (Note: current Business Plan removes £120k in 2022-23 which will be deliverable. Change here is new proposal)	The Care Home Support Team was established in response to the pandemic on a temporary two-year basis (funding is already in the MTFS for 22/23. This business case is requesting permanent funding for 23/24 onwards). Since its introduction, it is clear there is a widespread need for providers to be supported to improve practice quality. By supporting care homes where issues or concerns have been identified, the team is able to mitigate potential provider failure, the cost of which can be significant to the Council.	-	220	-	-	-
A/R.4.041	Quality and Practice Team	To increase capacity in the Quality Practice Team to ensure we are meeting our statutory responsibilities under the new framework and Care Quality Commission oversight, as outlined in the Governments White Paper on social care. Current capacity in the team is not sufficient to respond to the new changes and ensure compliance. The risk of a poor inspection would be reputationally damaging to the Council, as well as requiring remedial action which could be costly.	68	-	-	-	-
A/5.010	Expansion of Enhanced Response Service	Extension of the ERS to deliver earlier intervention, preventing escalation of need and associated cost avoidance. The extension of the service will enable a greater volume of referrals to be responded to where there is an urgent social	181	-	-	-	-

		care need. This will include referrals from additional Carelines, GPs and 111 across Cambridgeshire. The current ERS service provides a 24/7 urgent response to calls from alarm receiving centres where someone's telecare alarm has been activated. Typical types of calls that are responded to include non-injured falls, one off personal care and silent calls. This service is expected to deliver a saving, as outlined above.					
A/R.5.010	Increased Support for Carers	· Increase capacity of the Carers Support Service to provide urgent support · Increase capacity of Listening Ear Service to provide counselling, wellbeing and emotional resilience support · Roll-out the Short Breaks for Carers pilot countywide to support the recruitment of volunteers · Specific media campaign to target hidden carers This service would deliver a saving as outlined above.	253	-50	-	-	-
Total			**651**	**220**	**-**	**-**	**-**

4.7 Savings and Income

4.7.1 Adults and Health have identified £9.4m of savings and increased income for 2022/23 which can offset this gap, this comprises the following:

- £3.8m of existing savings in the Business Plan for 2022/23 as outlined in the below table.
- £5.5m of new opportunities as outlined in the below table.

4.7.2 Existing Reprofiled Savings and Income in the Business Plan

Budget Table Ref	Saving / Income Opportunity	Description	22/23	23/24	24/25	25/26	26/27
A/R.6.176	Adults Positive Challenge Programme	The Preparing for Adulthood Workstream of the Adults Positive Challenge Programme will continue to have an effect by reducing the level of demand on services from young people transitioning into adulthood. ***This saving has been increased by £54k in 22/23 and 23/24**	-154	-154	-	-	-
A/R.6.177	Cambridgeshire Lifeline Project	The aim of this project is for Cambridgeshire Technology Enabled Care (TEC) to become a Lifeline provider so that the income from the charges to customers funds to provision of the Lifeline service, as well as additional savings.	-10	-122	-50	-	-
A/R.6.179	Mental Health Commissioning	A retender of supported living contracts gives an opportunity to increase capacity and prevent escalation to higher cost services, over several years.	-24	-	-	-	-
A/R.6.180	Review of commissioning approaches for accommodation-based care	We are exploring alternative models of delivery for residential and nursing care provision, including a tenancy based Independent Living Service model that will deliver savings to the council. ***This saving has been reprofiled in line with the timelines for implementation of the first Independent Living Service**	-	-	-244	-162	-
A/R.6.185	Additional Block Beds – Inflation saving	Through commissioning additional block beds, 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 pot placements are commissioned. ***This saving has been reprofiled to reflect the number of block beds successfully commissioned in 2021/22**	-390	-263	-277	-291	-
A/R.6.188	Micro-enterprises support	Transformation funding has been agreed for a new approach to supporting the care market, focusing on using micro-	-133	-	-	-	-

		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 will result in a lower cost of care overall.					
A/R.7.111	Client Contributions Policy Changes	The contributions policy for Adults was revised by Adults committee in 2020. This reflects the additional income as reassessments are carried out.	-562	-164	-	-	-
A/R.7.113	Learning Disability Partnership (LDP) Pooled Budget	The LDP is a pooled budget with the NHS covering most spend on people with learning disabilities by the Council and NHS in Cambridgeshire. In November 2019, Adults Committee agreed funding for a programme of work to review the relative health and social care needs of people with learning disabilities to establish if the Council and NHS contributions to the pool should be re-baselined. While this work has been delayed by COVID-19 and is now expected to be undertaken in 2021/22, early work on a sample of cases suggests a re-baselining will be in the Council's favour. This line is based on the outcomes of the sample being representative, with some dampening.	-2,574	-	-	-	-
Total			**3,847**	**703**	**571**	**453**	**-**

4.7.3 New Opportunities Identified

Budget Table Ref	Saving / Income Opportunity	Description	22/23	23/24	24/25	25/26	26/27
A/R.1.020	Older People's budget re-baselining	We were forecasting a significant underspend on the Older People's budget for this financial year as a result of the devastating impact of COVID-19 on older people. This is reflected by a reduction in the baseline budget.	-2,405	-	-	-	-
A/R.6.190	Unallocated Improved Better Care Fund monies	Contribution from the Improved Better Care Fund to contribute to demand pressures in Adult Social Care in line with the national conditions.	-240	-	-	-	-
A/R.6.191	Extra Care Tendering	A number of older people's extra care schemes were retendered for in 2021/22 and have delivered	-87	-	-	-	-

		contractual savings across the following four schemes: o Doddington (Fenland) o Jubilee (Fenland) o Park View (Hunts) o Nichols Court (City/South) Savings were not identified in time to be incorporated into the 2021/22 business planning cycle, and so are being included for 2022/23.					
A/R.6.192	Learning Disability Outreach Service	Increasing the in-house outreach capacity. This will enable more support to be delivered in house at a lower cost to external independent provision.	-50	-	-	-	-
A/R.6.193	Expansion of Enhanced Response Service	Extension of the ERS to deliver earlier intervention, preventing escalation of need and associated cost avoidance. The extension of the service will enable a greater volume of referrals to be responded to where there is an urgent social care need. This will include referrals from additional Carelines, GPs and 111 across Cambridgeshire. The current ERS service provides a 24/7 urgent response to calls from alarm receiving centres where someone's telecare alarm has been activated. Typical types of calls that are responded to include non-injured falls, one off personal care and silent calls. The service requires further investment as detailed below.	-210	-	-	-	-
A/R.6.194	Recommissioning of interim respite and reablement beds	Redesign and recommissioning of interim and respite bed provision. This has created a more efficient model. The use of the new, more flexible block bed provision for unplanned respite will result in a reduction of spot purchased respite provision.	-412	70	-	-	-
A/R.6.195	Increased Support for Carers	• Increase capacity of the Carers Support Service to provide urgent support • Increase capacity of Listening Ear Service to provide counselling, wellbeing and emotional resilience support • Roll-out the Short Breaks for Carers pilot countywide to support the recruitment of volunteers	-219	-	-	-	-

		• Specific media campaign to target hidden carers With better support, carers will be able to maintain their caring role, preventing carer breakdown, and preventing the escalation of someone's care needs. The service requires further investment as detailed below.					
A/R.7.211	Prisons Grant Underspend	This is an un-ringfenced corporate grant. We have had a consistent level of underspend over prior financial years, and this can be sustained permanently.	-20	-	-	-	-
A/R.7.210	Uplift in Better Care Fund to meet Adults Pressures	The 2021/22 and 2022/23 Better Care Fund annual uplift. Full allocation to enable us to offset the demand and demography pressures in Adult Social Care in line with the national conditions of the grant.	-1,513	-	-	-	-
A/R.7.112	ICES Community Equipment pooled budget	The ICES community equipment budget is a pooled budget with the CCG. As part of the re-tendering process, the budget contributions were reviewed, and the health contribution will be increasing for next financial year by £155k per annum.	-155				
Adults Total			**5,311**	70	-	-	-
E/R.6.034	Demand led Public Health Budgets	Public Health business planning for 2022/23 pulls together outstanding underspends across several service areas. These will have minimal disruption as they are demand led services. In addition, savings are available from contingency and holding funds where the funding is no longer required.	-228	-	-	-	-
Total			**5,539**	-	-	-	-

4.7.4 We are continuing to explore further opportunities for savings and income, including:

- Opportunities for savings and income from Technology Enabled Care and community equipment
- Prevention and early intervention opportunities
- Contractual efficiencies
- Leveraging increased external system investment
- Increased contributions from re-baselining the Learning Disability pooled budget for 2023/24 onwards

5. Next steps

5.1 The high-level timeline for business planning is shown in the table below.

October / November	Service Committees provided with an update of the current position along with information about business cases being prepared and their estimated savings or investment
November / December	Completed business cases go to committees for consideration
January	Strategy and Resources Committee will review the whole draft Business Plan for recommendation to Full Council
February	Full Council will consider the draft Business Plan

6. Alignment with corporate priorities

The purpose of the Business Plan is to consider and deliver the Council's vision and priorities and section 1 of this paper sets out how we aim to provide good public services and achieve better outcomes for communities, whilst also responding to the changing challenges of the pandemic. As the proposals are developed, they will consider the corporate priorities:

6.1 Communities at the heart of everything we do

6.2 A good quality of life for everyone

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

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

6.5 Protecting and caring for those who need us

7. Significant Implications

7.1 Resource Implications
The proposals set out the response to the financial context described in section 4 and the need to change our service offer and model to maintain a sustainable budget. The full detail of the financial proposals and impact on budget will be described in the financial tables of the business plan. The proposals will seek to ensure that we make the most effective use of available resources and are delivering the best possible services given the reduced funding.

7.2 Procurement/Contractual/Council Contract Procedure Rules Implications
There are no significant implications for the proposals set out in this report.

7.3 Statutory, Legal and Risk Implications

The proposals set out in this report respond to the statutory duty on the Local Authority to deliver a balanced budget. Cambridgeshire County Council will continue to meet the range of statutory duties for supporting our citizens.

7.4 Equality and Diversity Implications
As the proposals are further developed ready for December service committees, they will include, where required, Equality Impact Assessments that will describe the impact of each proposal, in particular any disproportionate impact on vulnerable, minority and protected groups.

7.5 Engagement and Communications Implications
Our Business Planning proposals are informed by the CCC public consultation and will be discussed with a wide range of partners throughout the process. The feedback from consultation will continue to inform the refinement of proposals. Where this leads to significant amendments to the recommendations a report would be provided to Strategy and Resources Committee.

7.6 Localism and Local Member Involvement
As the proposals develop, we will have detailed conversations with Members about the impact of the proposals on their localities. We are working with members on materials which will help them have conversations with Parish Councils, local residents, the voluntary sector and other groups about where they can make an impact and support us to mitigate the impact of budget reductions.

7.7 Public Health Implications
COVID-19 has had impacts across all aspects of public health and its effect upon Adult Social Care and Public Health Services has been substantial. The proposed savings and investments described in this paper acknowledge and capture the issues. It will be important going forward to ensure that as we move into recovery that these proposals address ongoingly the wide-ranging negative impacts on Public Health.

7.8 Environment and Climate Change Implications on Priority Areas
Any climate and environment implications will vary depending on the detail of each of the proposals. The implications will be completed accordingly within each business case in time for the December committees.

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 CCC Head of Procurement?
Yes
Name of Officer: Henry Swan

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: Beatrice Brown

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

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

Have any Public Health implications been cleared by Public Health?
Yes
Name of Officer: Val Thomas

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

8. Source Documents

Appendix 1a Budget tables for People and Communities
Appendix 1b Budget tables for Public Health

Section 3 - A: People and Communities

Table 3: Revenue - Overview
Budget Period: 2022-23 to 2026-27

		Detailed Plans	Outline Plans					
Ref	**Title**	**2022-23 £000**	**2023-24 £000**	**2024-25 £000**	**2025-26 £000**	**2026-27 £000**	**Description**	**Committee**
1	**OPENING GROSS EXPENDITURE**	**507,957**	**525,640**	**551,343**	**576,995**	**602,326**		
A/R.1.001	Permanent Virements and budget preparation adjustments	-2,411	-	-	-	-	Virements approved by Strategy and Resources committee in July 2021.	**A&H, C&YP**
A/R.1.003	Base Adjustment - Centrally Managed DSG	-	-	-	-	-	Increase in High Needs Block Dedicated Schools Grant (DSG) baseline following increases in funding and transfers from Schools Block in 2020/21.	**C&YP**
A/R.1.020	Older People Rebaselining Demand	-2,405	-	-	-	-	We are seeing underspend on the Older People's budget for 2021-22 as a result of the devastating impact of COVID-19 on the older people's population. This is reflected by a reduction in the baseline budget.	**A&H**
1.999	**REVISED OPENING GROSS EXPENDITURE**	**503,141**	**525,640**	**551,343**	**576,995**	**602,326**		
2	**INFLATION**							
A/R.2.001	Centrally funded inflation - Staff pay and employment costs	1,507	1,533	1,560	1,587	1,615	Forecast pressure from inflation relating to pay and employment costs. 2% pay inflation has been budgeted for years 1 and 2, with 1% for years 3-5.	**CS&I, C&YP, A&H**
A/R.2.002	Centrally funded inflation - Care Providers	2,080	2,248	2,925	2,925	2,925	Forecast pressure from general inflation relating to care providers, particularly on residential and nursing care for older people. Further pressure funding is provided below to enable the cost of the rising minimum wage to be factored into rates paid to providers.	**A&H**
A/R.2.003	Centrally funded inflation - Children in Care placements	1,034	742	760	777	795	Net inflation across the relevant Children in Care budgets is currently forecast at 3.2%.	**C&YP**
A/R.2.004	Centrally funded inflation - Transport	889	608	621	634	647	Forecast pressure for inflation relating to transport. This is estimated at 3.1%.	**C&YP**
A/R.2.005	Centrally funded inflation - Miscellaneous other budgets	276	281	287	293	299	Forecast pressure from inflation relating to miscellaneous other budgets, on average this is calculated at 0.1% increase.	**CS&I, C&YP, A&H**
2.999	**Subtotal Inflation**	**5,786**	**5,412**	**6,153**	**6,216**	**6,281**		
3	**DEMOGRAPHY AND DEMAND**							
A/R.3.002	Funding for additional Physical Disabilities demand	722	917	643	543	543	Additional funding to ensure we meet the increased demand for care for people with physical disabilities. The current pattern of activity and expenditure is modelled forward using population forecasts and activity data and we estimate that numbers will increase by 6.7% each year. Account is then taken of increasing complexity as a result of increasing need, in particular, more hours of domiciliary care are being provided per person. This work has supported the case for additional funding of £722k in 2022-23 to ensure we can continue to provide the care for people who need it.	**A&H**

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Table 3: Revenue - Overview
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Detailed Plans	Outline Plans

Ref	Title	2022-23 £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	Description	Committee
A/R.3.003	Additional funding for Autism and Adult Support demand	285	257	264	272	280	Additional funding to ensure we meet the rising level of needs amongst people with autism and other vulnerable people. It is expected that 36 people will enter this service in 2022/23. £35k has been added to the demand amount for additional resource to support the increasing number of referrals the team is seeing.	A&H
A/R.3.004	Additional funding for Learning Disability Partnership (LDP) demand	2,722	3,244	3,338	3,434	3,533	Additional funding to ensure we meet the rising level of needs amongst people with learning disabilities - We need to invest an additional £1,241k in 2022/23 to provide care for a projected 41 new service users (primarily young people) who outnumber the number of people leaving services. We also need to invest £1,167k in the increasing needs of existing service users and the higher complexity we are seeing in adults over age 25. A further £314k is neeed to cover the full year effect of new service users joining the LDP in 2021/22. We're therefore allocating a total of £2,722k as the council's share to this pooled budget to ensure we provide the right care for people with learning disabilities.	A&H
A/R.3.005	Funding for Adult Mental Health Demand	220	206	191	192	193	Additional funding to ensure we meet the increased demand for care amongst working age adults with mental health needs. The current pattern of activity and expenditure is modelled forward using population forecasts and data relating to the prevalence of mental health needs, and we estimate that numbers will increase by about 1.5% each year.Some account is taken of the recovery over time of clients in receipt of section 117 aftercare and the additional demand this is placing on social care funding streams. This work has supported the case for additional funding of £220k in 2022-23 to ensure we can continue to provide the care for people who need it.	A&H
A/R.3.006	Additional funding for Older People demand	5,462	6,420	6,527	6,259	6,299	Additional funding to ensure we meet the increased demand for care amongst older people, providing care at home as well as residential and nursing placements. Population growth in Cambridgeshire and the fact that people are living longer results in steeply increasing numbers of older people requiring care. We estimate that numbers will increase by around 5.6% each year. Account is then taken of increasing complexity of cases coming through the service. This work has supported the case for additional funding of £5,462k in 2022-23 to ensure we can continue to provide the care for people who need it.	A&H
A/R.3.007	Funding for Older People Mental Health Demand	592	461	401	372	384	Additional funding to ensure we meet the increased demand for care amongst older people with mental health needs, providing care at home as well as residential and nursing placements.The current pattern of activity and expenditure is modelled forward using population forecasts to estimate the additional budget requirement for each age group and type of care. We estimate that numbers will increase by about 3.3% each year. Some account is then taken of the recovery over time of clients in receipt of section 117 aftercare and the additional demand this is placing on social care funding streams. This work has supported the case for additional funding of £592k in 2022-23 to ensure we can continue to provide the care for people who need it.	A&H
A/R.3.008	Home to school transport mainstream	57	60	63	66	69	Additional funding required to provide home to school transport for pupils attending mainstream schools. This additional funding is required due to the anticipated 2.8% increase in the number of pupils attending Cambridgeshire's schools in 2021-22.	C&YP

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Table 3: Revenue - Overview
Budget Period: 2022-23 to 2026-27

	Detailed Plans	Outline Plans						
Ref	**Title**	**2022-23 £000**	**2023-24 £000**	**2024-25 £000**	**2025-26 £000**	**2026-27 £000**	**Description**	**Committee**
A/R.3.010	Funding for Home to School Special Transport demand	2,051	2,336	2,660	3,029	3,445	Additional funding required to provide transport to education provision for children and young people with special educational needs (SEN). The additional funding is needed as there are increasing numbers of children with SEN and there is a trend towards increasingly complex needs, often requiring bespoke transport solutions.	**C&YP**
A/R.3.011	Funding for rising numbers and need of Children in Care	1,200	-	-	-	-	Additional budget required to provide care for children who become looked after. Whilst children in care numbers have begun to reduce in Cambridgeshire as a result of the implementation of the Family Safeguarding model, at the same time we are experiencing an increase in the complexity of need and therefore the cost of suitable placements. The additional investment will ensure we can fully deliver our responsibilities as corporate parents and fund suitable foster, residential or other supported accommodation placements for all children entering care.	**C&YP**
A/R.3.016	Funding for additional Special Guardianship Orders demand costs	159	220	240	261	285	Additional funding required to cover the cost of placing children with extended family and other suitable guardians. For children who come into the care system we need to invest in guardianship placements which provide stable, loving and permanent care for these children.	**C&YP**
A/R.3.017	Funding for additional demand for Community Equipment	33	34	34	35	35	Over the last five years, our social work strategy has been successful in supporting a higher proportion of older people and people with disabilities to live at home (rather than requiring residential care). Additional funding is required to maintain the proportion of service users supported to live independently, through the provision of community equipment and home adaptations. This requirement is important in the context of a rising population and the increasing complexity of the needs of the people in question.	**A&H**
A/R.3.018	Coroner Service	57	61	66	71	76	Extra costs associated with an increasing population and thus a higher number of deaths.	**CS&I**
A/R.3.019	Children with Disabilities	154	165	176	189	202	Additional funding required for the increase in care packages provided for children and young people with disabilities under the age of 18 years.	**C&YP**
A/R.3.023	COVID Impact - Home to School Transport Mainstream demand	-264	-	-	-	-	Reversal of funding to support additional costs up to the end of the summer term 2021.	**C&YP**
A/R.3.024	COVID Impact - Home to School Transport Special demand	-139	-	-	-	-	Reversal of additional funding to support special schools to continue to travel in bubbles up to the end of the summer term 2021.	**C&YP**
A/R.3.025	COVID Impact - Domestic Abuse Service	-74	-	-	-	-	Reversal of funding for Domestic Abuse services additional staffing capacity required during 2021-22.	**CS&I**
3.999	**Subtotal Demography and Demand**	**13,237**	**14,381**	**14,603**	**14,723**	**15,344**		

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Table 3: Revenue - Overview
Budget Period: 2022-23 to 2026-27

		Detailed Plans	Outline Plans					
Ref	**Title**	**2022-23 £000**	**2023-24 £000**	**2024-25 £000**	**2025-26 £000**	**2026-27 £000**	**Description**	**Committee**
4	**PRESSURES**							
A/R.4.009	Impact of National Living Wage (NLW) on Adult Social Care Contracts	3,939	5,539	4,845	4,845	4,845	Based on projections by the Office for Budget Responsibility, the NLW will rise 33p (3.7%) in 2022/23. This will have an impact on the cost of purchasing care from external providers. Pressures in later years assume the minimum wage rising by an amount each year closer to 5%.	**A&H**
A/R.4.014	Personal Protective Equipment	-900	-	-	-	-	Temporary pressure funding was budgeted for in 2021/22 based on an expectation that the Council would need to pay for the large amount of personal protective equipment it was using to deliiver front-line services. Government funded PPE throughout 2021/22, however, and so this funding was not used. If PPE continues to be required into 2022/23 we would expect the government funding scheme to continue.	**A&H, C&YP**
A/R.4.022	Dedicated Schools Grant Contribution to Combined Budgets	750	250	732	-	-	Based on historic levels of spend, an element of the Dedicated Schools Grant (DSG) spend is retained centrally and contributes to the overall funding for the LA. Schools Forum is required to approve the spend on an annual basis and, following national changes, these historic commitments/arrangements will unwind over time. This pressure reflects the reduction in the contribution to combined budgets, which is subject to an annual decision by Schools Forum.	**C&YP**
A/R.4.023	Libraries to serve new developments	-	50	50	-	-	Revenue costs of providing library services to new commuities.	**CS&I**
A/R.4.036	Decapitalisation of Community Equipment	-	400	-	-	-	Decapitalisation of Community Equipment	**A&H**
A/R.4.037	Occupational Therapy – Children's	496	-	-	-	-	Revised Section 75 Occupational Therapy (OT) agreement with Cambridgeshire Community Services NHS Trust (CCS) to fund additional children's social care elements in respect of housing adaptions, disabled facilities grants and assessments.	**C&YP**
A/R.4.038	SEND Capacity	565	-	-	-	-	Additional capacity required to meet statutory responsibilities due to increasing number of Education Health and Care Plans (EHCPs) and complexity of need.	**C&YP**
A/R.4.039	Children's Disability	400	-	-	-	-	Cost pressures within the in-house residential short breaks service following the in-sourcing of provision.	**C&YP**
A/R.4.040	Increased staffing within the Young Adults Team	149	-	-	-	-	To increase the existing staffing structure within the Young Adult's Team, in order to better manage demand verses capacity, and deliver a safe, cost-effective service.	**A&H**
A/R.4.041	Additional Resource – Quality and Practice Team	68	-	-	-	-	Investment to fund three auditors for the Quality and Practice team in order to ensure we are meeting our statutory responsibilities in the new assurance framework, which will be overseen by the Care Quality Commission inspection.	**A&H**
4.999	**Subtotal Pressures**	**5,467**	**6,239**	**5,627**	**4,845**	**4,845**		

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Table 3: Revenue - Overview
Budget Period: 2022-23 to 2026-27

		Detailed Plans	Outline Plans					
Ref	**Title**	**2022-23 £000**	**2023-24 £000**	**2024-25 £000**	**2025-26 £000**	**2026-27 £000**	**Description**	**Committee**
5	**INVESTMENTS**							
A/R.5.003	Flexible Shared Care Resource	174	-	-	-	-	Ending of five year investment repayment period, for previous invest to save bid to bridge the gap between fostering, community support and residential provision. Investment repaid over 5 years, at £174k pa from 17/18 to 21/22, from savings in placement costs.	**C&YP**
A/R.5.006	Care Homes Team	-120	100	-	-	-	Dedicated team of social workers to provide support to care homes continuing the work of the pilot commenced during the Covid pandemic. Pilot funding will continue through to the end of 2022-23 but permanent funding is needed thereafter.	**A&H**
A/R.5.008	Family Group Conferencing	-	250	-	-	-	Permanent investment in Family Group Conferencing service to replace temporary grant funding.	**C&YP**
A/R.5.009	Expansion of Enhanced Response Service	181	-	-	-	-	Extension of the Enhanced Response Service to deliver earlier intervention, preventing escalation of need and associated cost avoidance.	**A&H**
A/R.5.010	Expanding support for informal carers	253	-50	-	-	-	Investment into a range of areas that will provide a range of additional support to carers, over and above the current commissioned and operational support services. Some of these services are jointly funded alongside NHS Partners and enable carers to identify their support needs, better manage their own wellbeing and maintain their caring role for longer, delaying the need for individuals requiring higher cost and longer term adult social care.	**A&H**
5.999	**Subtotal Investments**	**488**	**300**	**-**	**-**	**-**		
6	**SAVINGS**							
	A&H							
A/R.6.176	Adults Positive Challenge Programme	-154	-154	-	-	-	The Preparing for Adulthood workstream of the Adults Positive Challenge Programme will continue to have an effect by reducing the level of demand on services from young people transitioning into adulthood.	**A&H**
A/R.6.177	Cambridgeshire Lifeline Project	-10	-122	-50	-	-	The aim of this project is for Cambridgeshire Technology Enabled Care (TEC) to become a Lifeline provider so that the income from the charges to customers funds the provision of the Lifeline service, as well as additional savings.	**A&H**
A/R.6.179	Mental Health Commissioning	-24	-	-	-	-	A retender of supported living contracts gives an opportunity to increase capacity and prevent escalation to higher cost services, over several years. In addition, a number of contract changes took place in 2019/20 that have enabled a saving to be taken.	**A&H**
A/R.6.180	Review of commissioning approaches for accommodation based care	-	-	-244	-162	-	We are exploring alternative models of delivery for residential and nursing care provision, including a tenancy based model that should deliver savings to the council.	**A&H**
A/R.6.185	Additional block beds - inflation saving	-390	-263	-277	-291	-	Through commissioning additional block beds, 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.	**A&H**

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Table 3: Revenue - Overview
Budget Period: 2022-23 to 2026-27

		Detailed Plans	Outline Plans					
Ref	**Title**	**2022-23 £000**	**2023-24 £000**	**2024-25 £000**	**2025-26 £000**	**2026-27 £000**	**Description**	**Committee**
A/R.6.188	Micro-enterprises Support	-133	-	-	-	-	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.	**A&H**
A/R.6.190	iBCF	-240	-	-	-	-	Contribution from the Improved Better Care Fund to contribute to demand pressures in Adult Social Care.	**A&H**
A/R.6.191	Extra Care	-87	-	-	-	-	A number of Older Peoples extra care schemes were retendered for 2021-22 and have delivered savings totalling £87k across four schemes. Savings were not identified in time to be incorporated into the 21/22 business planning cycle, but can now be accounted for.	**A&H**
A/R.6.192	LD outreach service expansion	-50	-	-	-	-	Increase in the Learning Disabilities Partnership (LDP) outreach capacity to offer a lower cost solution for targeted outreach care and support packages.	**A&H**
A/R.6.193	Savings from expansion of Enhanced Response Service	-210	-	-	-	-	Extension of the Enhanced Response Service to deliver earlier intervention, preventing escalation of need and associated cost avoidance.	**A&H**
A/R.6.194	Interim and respite bed recommissioning	-412	70	-	-	-	Savings generated from the redesign and recommissioning of interim and respite bed provision in care homes. This has created a more efficient model and therefore generated the Council cashable savings and potential for further cost avoidance. There is a reinvestment of £70k in 2023/24 to expand the new model, if evidence shows it delivers better outcomes.	**A&H**
A/R.6.195	Expanding support for Informal carers	-219	-	-	-	-	Investment proposal A/R.5.010 seeks investment into a range of additional support to carers to maintain their caring role for longer delaying the need for individuals requiring higher cost and longer term adult social care.	**A&H**
	C&YP							
A/R.6.256	Delivering Greater Impact for Troubled Families	150	-	-	-	-	Reversal of previous saving made by increased 'payment by results' income following the end of the Troubled Families grant.	**C&YP**
A/R.6.257	Special Guardianship Orders	-250	-	-	-	-	Following the 2019 implementation of Family Safeguarding, there has been a reduction in care proceedings resulting in an inherent budget underspend in relation to allowances for Special Guardianship Order arrangements. This offers the opportunity to offer a saving with no impact on users of the service.	**C&YP**
A/R.6.267	Children's Disability 0-25 Service	-	-100	-100	-	-	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 permanent 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.	**C&YP**

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		Detailed Plans	Outline Plans					
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	CS&I							
A/R.6.290	Registrars	-200	-	-	-	-	Additional income through the diversification of some of the services provided by the Registration Service, and increasing existing ceremonial capacity.	**CS&I**
A/R.6.291	Communities and Partnerships Efficiencies	-250	-	-	-	-	Savings across the service directorate through the identification of further efficiencies and process improvements.	**CS&I**
A/R.6.293	Coroners service - temporary staff for inquests	-	-60	-60	-	-	Reversal of temporary funded posts required to clear backlog of cases	**CS&I**
6.999	**Subtotal Savings**	**-2,479**	**-629**	**-731**	**-453**	**-**		
	TOTAL GROSS EXPENDITURE	**525,640**	**551,343**	**576,995**	**602,326**	**628,796**		
7	**FEES, CHARGES & RING-FENCED GRANTS**							
A/R.7.001	Previous year's fees, charges & ring-fenced grants	-205,427	-211,420	-211,946	-212,428	-212,916	Previous year's fees and charges for the provision of services and ring-fenced grant funding rolled forward.	**C&P, C&YP, Adults**
A/R.7.002	Changes to fees and charges compared to 2021-22	-	-	-	-	-	Adjustment for changes to income expectation from decisions made during budget preparation period and permanent changes made during 2020-21.	**A&H, C&YP**
A/R.7.003	Fees and charges inflation	-470	-476	-482	-488	-494	Increase in external charges to reflect inflation pressures on the costs of services.	**0**
	Changes to fees & charges							
A/R.7.107	COVID Impact - Education income	-107	-	-	-	-	Reversal of funding to support the reduction in traded income streams across Education to the end of the summer term 2021.	**C&YP**
A/R.7.108	COVID Impact - Outdoor Centres	-766	-114	-	-	-	Reversal of funding to support a reduction of income to the end of the summer term 2021.	**C&YP**
A/R.7.109	COVID Impact - School Absence Penalty Notices	-150	-	-	-	-	Reversal of funding to support reduced income from Absence Penalty Notices in 2021-22.	**C&YP**
A/R.7.110	COVID Impact - Registration Service	-64	-65	-	-	-	Reversal of funding to support a reduced level of income in the early part of 2021-22.	**CS&I**
A/R.7.111	Client Contributions Policy Changes	-562	-164	-	-	-	The contributions policy for adult social care was revised by Adults Committee in 2020. This line reflects the additional income into 2022/23 as reassessments are carried out, including a projected re-pahsing needed due to the impact of Covid on the reassessment plan.	**A&H**
A/R.7.112	Community Equipment Pooled Budget	-155	-	-	-	-	The ICES community equipment budget is a pooled budget with the CCG. As part of the re-tendering process, the budget contributions were reviewed and the health contribution will be increasing for next financial year by £155k per annum.	**A&H**

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Budget Period: 2022-23 to 2026-27

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A/R.7.113	Learning Disability Partnership Pooled Budget	-2,574	-	-	-	-	In Cambridgeshire most spend on care for people with learning disabilities is paid for from the Learning Disability Pooled Budget, to which both the Council and NHS contribute. In November 2019, Adults Committee agreed funding for a programme of work to review the relative health and social care needs of people with learning disabilities to establish if the Council and NHS contributions to the pool should be rebaselined. While this work has been delayed due to Covid and is now expected to be undertaken in 2021/22, early work on a sample of cases suggests a rebaselining will likely be in the Council's favour. This line is based on the outcomes for that sample being representative, with some dampening.	A&H
	Changes to ring-fenced grants							
A/R.7.201	Change in Public Health Grant	-	293	-	-	-	Change in ring-fenced Public Health grant to reflect expected treatment as a corporate grant from 2022-23, due to removal of ring-fence.	0
A/R.7.202	Home to School Transport - grant funding	403	-	-	-	-	An assumption that increased Home to School Transport costs realating to Covid-19 will continue to be met from DfE grant funding.	C&YP
A/R.7.209	Centrally Managed DSG funding	-	-	-	-	-	Revised High Needs Block Dedicated Schools Grant (DSG) baseline following increases in funding and transfers from Schools Block. To be updated on receipt of final DSG allocations.	C&YP
A/R.7.210	Uplift in Better Care Fund	-1,513	-	-	-	-	The 2021/22 and anticipated 2022/23 Better Care Fund annual uplifts have not been fully allocated and this enables us to utilise these funds to offset the demand pressures in Adult Social Care in line with the national conditions of the grant.	A&H
A/R.7.211	Increase in Social Care in Prisons grant	-20	-	-	-	-	The increase in the Social Care in Prisons grant for 2021/22 was announced too late to be reflected in the Business Planning tables for 2021/22.	A&H
7.999	**Subtotal Fees, Charges & Ring-fenced Grants**	**-211,405**	**-211,946**	**-212,428**	**-212,916**	**-213,410**		
	TOTAL NET EXPENDITURE	**314,235**	**339,397**	**364,567**	**389,410**	**415,386**		
FUNDING SOURCES								
8	**FUNDING OF GROSS EXPENDITURE**							
A/R.8.001	Budget Allocation	-314,235	-339,412	-364,582	-389,425	-415,401	Net spend funded from general grants, business rates and Council Tax.	C&P, C&YP, Adults
A/R.8.002	Fees & Charges	-71,740	-72,559	-73,041	-73,529	-74,023	Fees and charges for the provision of services.	A&H, C&YP
A/R.8.003	Expected income from Cambridgeshire Maintained Schools	-7,783	-7,783	-7,783	-7,783	-7,783	Expected income from Cambridgeshire maintained schools.	C&YP
A/R.8.004	Dedicated Schools Grant (DSG)	-90,523	-90,523	-90,523	-90,523	-90,523	Elements of the DSG centrally managed by P&C to support High Needs and central services.	C&YP
A/R.8.005	Better Care Fund (BCF) Allocation for Social Care	-18,463	-18,463	-18,463	-18,463	-18,463	The NHS and County Council pool budgets through the Better Care Fund (BCF), promoting joint working. This line shows the revenue funding flowing from the BCF into Social Care.	A&H
A/R.8.006	Home to School Transport - grant funding	-	-	-	-	-	An assumption that increased Home to School Transport costs relating to Covid-19 will continue to be met from DfE grant funding.	C&YP
A/R.8.007	Youth Justice Board Good Practice Grant	-500	-500	-500	-500	-500	Youth Justice Board Good Practice Grant.	C&YP

Section 3 - A: People and Communities

Table 3: Revenue - Overview
Budget Period: 2022-23 to 2026-27

		Detailed Plans	Outline Plans					
Ref	**Title**	**2022-23 £000**	**2023-24 £000**	**2024-25 £000**	**2025-26 £000**	**2026-27 £000**	**Description**	**Committee**
A/R.8.009	Social Care in Prisons Grant	-359	-359	-359	-359	-359	Care Act New Burdens funding.	**A&H**
A/R.8.011	Improved Better Care Fund	-14,725	-14,725	-14,725	-14,725	-14,725	Improved Better Care Fund grant.	**A&H**
A/R.8.012	Education and Skills Funding Agency Grant	-2,080	-2,080	-2,080	-2,080	-2,080	Ring-fenced grant funding for the Adult Learning and Skills service.	**CS&I**
A/R.8.015	Staying Put Implementation Grant	-175	-175	-175	-175	-175	DfE funding to support young people to continue to live with their former foster carers once they turn 18	**C&YP**
A/R.8.016	Unaccompanied Asylum Seeking Children (UASC)	-3,400	-3,400	-3,400	-3,400	-3,400	Home Office funding to reimburse costs incurred in supporting and caring for unaccompanied asylum seeking children	**C&YP**
A/R.8.018	Pupil Premium Grant	-1,364	-1,364	-1,364	-1,364	-1,364	Deployment of Pupil Premium Grant to support the learning outcomes of care experienced children	**C&YP**
A/R.8.401	Public Health Funding	-293	-	-	-	-	Funding transferred to Service areas where the management of Public Health functions will be undertaken by other County Council officers, rather than directly by the Public Health Team.	**CS&I, C&YP, A&H**
8.999	**TOTAL FUNDING OF GROSS EXPENDITURE**	**-525,640**	**-551,343**	**-576,995**	**-602,326**	**-628,796**		

Section 3 - E: Public Health

Table 3: Revenue - Overview

Budget Period: 2022-23 to 2026-27

		Detailed Plans	Outline Plans					
Ref	**Title**	**2022-23 £000**	**2023-24 £000**	**2024-25 £000**	**2025-26 £000**	**2026-27 £000**	**Description**	**Committee**
1	**OPENING GROSS EXPENDITURE**	**30,095**	**30,288**	**30,330**	**30,373**	**30,417**		
E/R.1.002	Changes to opening budgets made in 2021/22	380	-	-	-	-	This line reflects permanent virements made in 2021/22 due to the Public Health grant exceeding the budgeted amount for the year.	**A&H**
1.999	**REVISED OPENING GROSS EXPENDITURE**	**30,475**	**30,288**	**30,330**	**30,373**	**30,417**		
2	**INFLATION**							
E/R.2.001	Inflation	41	42	43	44	44	Forecast pressure from inflation in the Public Health Directorate. Inflation appears low due to the majority of public health spend being committed to external contracts. Providers are expected to meet inflationary and demographic pressures within the agreed contract envelope.	**A&H**
2.999	**Subtotal Inflation**	**41**	**42**	**43**	**44**	**44**		
3	**DEMOGRAPHY AND DEMAND**							
3.999	**Subtotal Demography and Demand**	**-**	**-**	**-**	**-**	**-**		
4	**PRESSURES**							
4.999	**Subtotal Pressures**	**-**	**-**	**-**	**-**	**-**		
5	**INVESTMENTS**							
5.999	**Subtotal Investments**	**-**	**-**	**-**	**-**	**-**		
6	**SAVINGS**							
	A&H							
E/R.6.034	Reduction in demand led Public Health budgets	-228	-	-	-	-	Public Health business planning for 2022/23 pulls together outstanding underspends across several service areas. These will have minimal disruption as they are demand led services. In addition, savings are available from contingency and holding funds where the funding is no longer required.	**A&H**
6.999	**Subtotal Savings**	**-228**	**-**	**-**	**-**	**-**		
	TOTAL GROSS EXPENDITURE	**30,288**	**30,330**	**30,373**	**30,417**	**30,461**		

Section 3 - E: Public Health

Table 3: Revenue - Overview

Budget Period: 2022-23 to 2026-27

		Detailed Plans	Outline Plans					
Ref	**Title**	**2022-23 £000**	**2023-24 £000**	**2024-25 £000**	**2025-26 £000**	**2026-27 £000**	**Description**	**Committee**
7	**FEES, CHARGES & RING-FENCED GRANTS**							
E/R.7.001	Previous year's fees, charges, other income & ring-fenced grants	-30,095	-30,288	-3,741	-3,772	-3,804	Fees and charges expected to be received for services provided and Public Health ring-fenced grant from Government.	A&H
E/R.7.003	Fees, Charges and Other Income Inflation	-30	-30	-31	-32	-33	Inflation on external income.	A&H
	Changes to fees & charges							
E/R.7.200	Previous year's Public Health Grant increase	-380	-	-	-	-	Due to late announcement of the Public Health Grant uplift, the 2021-26 business plan did not include a budget adjustment for it. This line corrects the starting point for 2022/23.	A&H
E/R.7.201	Change in Public Health Grant	-11	26,577	-	-	-	The Public Health grant total for 2022-23 has not yet been announced. It is assumed that the Public Health Grant will fund inflation within the Public Health services but no further grant increase is assumed at this stage. Further, it is assumed that the Public Health ring-fence will remain in place for 2022/23 but be removed thereafter.	A&H
E/R.7.203	Public Health Funding to support Health related spend across the Council	228	-	-	-	-	Includes increase in Memorandum of Understanding between Public Health and other parts of the Council for provision of Health focussed services.	A&H
7.999	**Subtotal Fees, Charges & Ring-fenced Grants**	**-30,288**	**-3,741**	**-3,772**	**-3,804**	**-3,837**		
	TOTAL NET EXPENDITURE	**-**	**26,589**	**26,601**	**26,613**	**26,624**		
FUNDING SOURCES								
8	**FUNDING OF GROSS EXPENDITURE**							
E/R.8.001	Budget Allocation	-	-26,589	-26,601	-26,613	-26,624	Net spend funded from general grants, business rates and Council Tax.	A&H
E/R.8.101	Public Health Grant	-26,577	-	-	-	-	Direct expenditure funded from Public Health grant. As the ring-fence is assumed to be removed in 2023/24, the grant will be treated corporately and replaced with budget allocation for Public Health services.	A&H
E/R.8.102	Fees, Charges and Other Income	-3,711	-3,741	-3,772	-3,804	-3,837	Income generation (various sources).	A&H
8.999	**TOTAL FUNDING OF GROSS EXPENDITURE**	**-30,288**	**-30,330**	**-30,373**	**-30,417**	**-30,461**		

Cambridgeshire County Council

Adults and Health Policy and Service Committee Agenda Plan

Published on 1 October 2021

Notes

The definition of a key decision is set out in the Council's Constitution in Part 2, Article 12.
* indicates items expected to be recommended for determination by full Council.
+ indicates items expected to be confidential, which would exclude the press and public.

The following are standing agenda items which are considered at every Committee meeting:

- Minutes of previous meeting and Action Log
- Agenda Plan, Training Plan and Appointments to Outside Bodies and Internal Advisory Groups and Panels

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
14/10/21	Business Planning Update	W Ogle Welbourn	Not applicable		
09/12/21	Day Services for Older People	Sarah Bye	2021/052	26/11/21	01/12/21
	Mental Health Supported Accommodation Pathway	Sarah Bye	2021/053		
	Recommissioning Drug & Alcohol Services	V Thomas	2021/065		
	Cambridgeshire County Council's Learning Disability Frameworks	W Patten	2021/069		
	Business Planning	W Ogle Welbourn	Not applicable		
	Finance Monitoring Report	J Hartley	Not applicable		
	Performance Monitoring Report	T Barden	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
	Adults Safeguarding annual report	C Black / J Procter	Not applicable		
	Adults Self-assessment	C Black / T Hornsby	Not applicable		
13/01/22 Reserve date					
17/03/22	Mental Health Employment Service	Sarah Bye	2022/001	04/03/22	09/03/22
	Finance Monitoring Report	J Hartley	Not applicable		
	Performance Monitoring Report	T Barden	Not applicable		
	CPFT S75 Mental Health annual report	S Torrance	TBC		
	Annual Service User's survey	C Black	Not applicable		
21/04/22 Reserve date					

Please contact Democratic Services democraticservices@cambridgeshire.gov.uk if you require this information in a more accessible format

Adults and Health Committee Training Plan 2021/22 **Agenda Item 5b**

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

GREEN training is suggested to be priority

BLUE training is suggested options to be selected by Members

Suggested dates	Timings	Topic	Presenter	Location	Notes
	1 hour	Introduction of Public Health Intelligence (PHI) – information for Public Health	Deputy Director of Public Health (PCC) PHI lead and Team	Virtual Interactive	
Thursday 7 October 2021 9.30am – 12pm Amundsen House 1pm – 4.30pm Scott House **Thursday 25 November 2021** 9.30am – 12pm Amundsen House 1pm – 4.30pm Scott House	1 day or 2 half days	Overview of the Adult Social Care Customer Journey including Prevention & Early Intervention Services and Long-Term Complex Services.	Head of Prevention & Early intervention, Head of Assessment & Care Management, Social Work Teams	At this session you will start the day at Amundsen House and be introduced to our Prevention & Early Intervention services, where many of our customers start their journey. You will have the opportunity to listen into live calls and get to know more about Adult Early Help, Reablement and Technology. In the afternoon, you will visit our Social Work Teams for Older People and the Learning Disability partnership in Scott House and have the opportunity to experience case work.	

Suggested dates	Timings	Topic	Presenter	Location	Notes
September / October	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	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.	
On request	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 Lifestyle Services. You will have the opportunity to talk to staff and if possible, talk to service users about their experiences.	To be arranged on request with a maximum of three Members at a time
On request	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.	To be arranged on request with a maximum of three Members at a time

	1 hour	Introduction to Children and Young People's Public Health Commissioning	Public Health Consultant lead – Children and Young People	Virtual	Children's Committee to be invited
TBC	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	
TBC	1 hour	Introduction to Health Protection and Emergency Planning	Deputy Director of Public Health (PCC) Public Health Consultant lead TBC Senior Public Health Manager (Emergency Planning and Health Protection)	Virtual Interactive	
August / September	1 hour	Introduction to Scrutiny	Director of Public Health Head of Public Health Business Programmes	Virtual	
TBC	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	

On request	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	To be arranged on request – maximum of three Members at a time
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	To be arranged on request – maximum of three Members at a time. 1st session will be virtual in August.
Thursday 11 November 9.00am – 10.00am	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 or Stanton House	1 session in September
Tuesday 12 October 11.30am – 12.30pm	1 hour	An overview of Adult Social Care Finance to include Charging policy and Direct Payments	Strategic Finance Manager, Head of Adults Operational Finance	Virtual	1 session in September

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/

ABBERVIATION/TERM	NAME	DESCRIPTION
COMMON TERMS USED IN ADULTS SERVICES		
Care Plan	Care and Support Plan	A Care and Support plan 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 (I,e, 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

ABBERVIATION/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 organizations, 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.

ABBERVIATION/TERM	DESCRIPTION
Incidence	The number of cases of disease that have their onset during a prescribed period of time. It is often expressed as a rate. Incidence is a measure of morbidity or other events that occur within a specified period of time. See related prevalence
Infant Mortality Rate	The number of live-born infants who die before their first birthday per 1,000 live births.
Infectious	Capable of causing infection or disease by entrance of organisms (e.g., bacteria, viruses, protozoan, fungi) into the body, which then grow and multiply. Often used synonymously with “communicable
Intervention	A term used in public health to describe a program or policy designed to have an effect on a health problem. Health interventions include health promotion, specific protection, early case finding and prompt treatment, disability limitation and rehabilitation.
Infrastructure	The human, organizational, information and fiscal resources of the public health system that provide the capacity for the system to carry out its functions.
Isolation	The separation, or the period of communicability, of known infected people in such places and under such condition as to prevent or limit the transmission of the infectious agent.
Morbidity	A measure of disease incidence or prevalence in a given population, location or other grouping of interest
Mortality	A measure of deaths in a given population, location or other grouping of interest
Non-infectious	Not spread by infectious agents. Often used synonymously with “non-communicable”.
Outcomes	Sometimes referred to as results of the health system. These are indicators of health status, risk reduction and quality of life enhancement.
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.

ABBERVIATION/TERM	DESCRIPTION
Prevalence	The number of cases of a disease, infected people or peoplewith some other attribute present during a particular interval of time. It often is expressed as a rate.
Prevention	Actions taken to reduce susceptibility or exposure to health problems (primary prevention), detect and treat disease in early stages (secondary prevention), or alleviate the effects of disease and injury (tertiary prevention).
Primary Medical Care	Clinical preventive services, first contact treatment services and ongoing care for commonly encountered medical conditions.
Protection	Elimination or reduction of exposure to injuries and occupational or environmental hazards.
Protective factor	An aspect of life that reduces the likelihood of negative outcomes, either directly or by reducing the effects of risk factors.
Public Health	Activities that society does collectively to assure the conditions in which people can be healthy. This includes organized community efforts to prevent, identify, preempt 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	Organizational 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.

ABBERVIATION/TERM	DESCRIPTION
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 behavior on a large scale, using marketing principles for the purpose of societal benefit rather than for commercial profit.
Social Norm	Expectations about behaviour, thoughts or feelings that are appropriate and sanctioned within a particular society. Social norms can play a powerful role in the health status of individuals.
Standards	Accepted measure of comparison that have quantitative or qualitative value.
State Health Agency	The unit of state government that has leading responsibility for identifying and meeting the health needs of the state's citizens. State health agencies can be free standing or units of multipurpose health and human service agencies.
Surveillance	Systematic monitoring of the health status of a population.
Threshold Standards	Rate or level of illness or injury in a community or population that, if exceeded, call for closer attention and may signal the need for renewed or redoubled action.
Years of Potential Life lost	A measure of the effects of disease or injury in a population that calculates years of life lost before a specific age (often ages 64 or 75). This approach places additional value on deaths that occur at earlier ages.
Health and Care Organisations in Cambridgeshire & Peterborough	
CAMHS	Community Child and Adolescent Mental Health Services 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/

ABBERVIATION/TERM	DESCRIPTION
CPFT	Cambridgeshire and Peterborough NHS Foundation Trust (Mental health, learning disability, adult community services and older people's services) http://www.cpft.nhs.uk/
CQC	Care Quality Commission (The independent regulator of health and social care in England) http://www.cqc.org.uk/
CUH	Cambridge University Hospitals NHS Foundation Trust (Addenbrooke's and the Rosie) https://www.cuh.nhs.uk
EEAST	East of England Ambulance Service NHS Trust http://www.eastamb.nhs.uk
HH	Hinchingbrooke Hospital (Provided by North West Anglia NHS Foundation Trust – NWAFT) https://www.nwangliaft.nhs.uk
HUC	Herts Urgent Care (provide NHS 111 and Out of Hours) https://hucweb.co.uk/
ICS	Integrated Care Systems
Helpful NHS Terminology Links	
https://www.nhsconfed.org/acronym-buster	The NHS uses a number of acronyms when describing services this acronym buster may be of some help.
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.