ADULTS AND HEALTH

Cambridgeshire County Council

Wednesday, 05 October 2022

Democratic and Members' Services
Fiona McMillan
Monitoring Officer

10:00

New Shire Hall
Alconbury Weald
Huntingdon
PE28 4YE

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

AGENDA

Open to Public and Press

CONSTITUTIONAL MATTERS

1.	**Apologies for absence and declarations of interest** *Guidance on declaring interests is available at* *http://tinyurl.com/ccc-conduct-code*	
2.	**Adults and Health Committee Minutes - 14 July 2022**	**5 - 30**
3.	**Petitions and Public Questions**	

STRATEGIC ISSUES

4.	**Adult Social Care Reforms - Update and Overview**	**31 - 50**
5.	**Adults & Health Business Planning update for 2023-28**	**51 - 92**

Date of Next Meeting

15 December 2022

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The Adults and Health comprises the following members:

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

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

Date: Thursday 14 July 2022

Time: 10.00 am – 16.20 pm

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

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

Part 1: 10.00am – 12.15pm

91. Apologies for Absence and Declarations of Interest

Apologies received from Councillor Graham Wilson, Councillor Lucy Nethsingha attending as substitute and Councillor Gerri Bird. Apologies were also received in advance for the afternoon from Councillors Lucy Nethsingha, Susan Van de Ven, David Ambrose Smith, Mark Howell, Kevin Reynolds and Nick Gay.

Councillor Howell declared a non-statutory interest in item 6 'Suicide Prevention Strategy' as he had been a member of the Samaritan's for many years. Councillor Slatter also declared a non-statutory interest in this item as she was a member for the Campaign for Dignity in Dying. Councillor Van de Ven also declared a non-statutory interest in this item as she chaired the Meldreth, Shepreth and Foxton Community Rail Partnership, and they have worked with CPSL Mind in response to suicide on the railway.

Councillor Howell declared a non-statutory interest in item 8 'Modification to the Integrated Drug and Alcohol Treatment System' as he had volunteered at a street drug and needle exchange.

Councillor Daunton also declared a non-statutory interest in item 15 'Cambridge Children's Hospital Update' as she was an elected Member representing the Fulbourn Division and was a representative on the Cambridgeshire and Peterborough NHS Foundation Trust.

In relation to the action log a Member requested that if there was more than one item under a particular item number that it be labelled a, b, c etc. ACTION

92. Minutes – 17 March 2022 and Action Log

The minutes of the meeting held on 17 March 2022 were agreed as a correct record and the action log was noted.

93. Petitions and Public Questions

There were no petitions or public questions.

94. COVID-19 Update

The Committee received a report that focused on learning from the COVID- 19 pandemic response in Cambridgeshire and Peterborough.

In particular, the Director of Public Health highlighted:

- That since writing the report the covid infection rates were rising again and 1 in 30 people were testing positive as estimated by the ONS Covid infection survey with Omincron variants BA.4 and BA.5, which were not causing severe infections but were causing business continuity issues and pressures on the health service.

- There had been a number of debriefing exercises carried out through the Local Health Resilience Partnership, the Cambridgeshire and Peterborough Local Resilience Forum, and the Local Outbreak Management and Health Protection Boards.

- Common themes identified that worked well were:
    - system partnership and system working and that the authority was able to draw on a wide breadth of skills and experience in shaping the response.
    - the coordination of communications and the success of communications across partners
    - strong engagement with local communities

- Areas for improvement identified were:
    - Greater clarity on roles and responsibilities
    - More thought on how the authority strengthens its sustainability of response and supports wellbeing of staff
    - More regular reviewing of actions would be of benefit

- Had responded to some of the requirements already and had kept a small health protection team to deal with covid related work including continuing to work with the UK HSA to develop a strong memorandum of understanding and would build in more reviews and reflections moving forward.

- Mindful that there could be a new variant that escaped vaccines and there was also the threat of a flu pandemic in the winter.

- Continued to drive vaccine uptake and it was likely that there would be a further covid vaccine offer and flu vaccine offer.

- The CCG had made an offer of a staff wellbeing programme that could be tailored for different staff groups that was being taken up.

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

- Highlighted the devastating impact on Care Homes of the initial Hospital Discharge Policy at the start of the pandemic. The Chair stated that there was a 40% increase in deaths in care homes at the start of the pandemic against pre covid figures. A Member queried the figure. The Chair explained that he was happy to share the figure following the meeting.

- Noted that at the start of the pandemic there had been a vacancy in Public Health Protection that had proven difficult to fill and highlighted the overall issues with workforce and the development.

- Drew attention to the success of communications by Public Health Colleagues throughout the pandemic.

- Acknowledged that there was a danger of being too negative when reflecting on lessons learnt and that it was important to highlight what went well, particular joint working across organisations and partners.

- Praised the remarkable work on the vaccination roll out and asked officers to continue to drive take up of first, second and booster doses. A Member asked that the Director of Public Health get on to regional television to continue to communicate the importance of take up of vaccinations. He also highlighted the need for the public to continue to have confidence in Public Health and to reflect on messaging and the levels of restrictions at points within the pandemic. The Director of Public Health explained that proportionality of response would be considered as part of the National Public Covid Inquiry. She stated that the success of the vaccine roll out had been due to strong partnership working with the CCG and the Think Communities team. She explained that there was behavioural insights learning that could be drawn on to encourage further vaccine uptake. A member queried if there would be anything coming on to the market that was an alternative to the vaccine for those with needle phobias. The Director of Public Health commented that she was not aware of an alternative.

- A Member also highlighted the need to encourage and reassure those who had not felt safe going out for their vaccinations at the height of the pandemic.

  Queried whether the level of Public Health Reserves could be further reviewed in the light that money would come from central government in a pandemic situation. The Director of Public Health stated that the plan was to spend the reserves.
- A Member queried whether COVID should be removed as a standing item on the agenda yet. The Director of Public Health clarified that it would be good

for the Committee to reflect on pandemic response going forwards. The Chair commented that he would be happy to review the agenda in Spokes meetings.

- Queried whether the authority would be able to draw on the expertise of volunteers in the light of staff shortages if there were issues in the winter period with both flu and covid. The Director of Public Health explained that they had shored up the Health Protection workforce in advance of the winter.

- Highlighted that there would be may people that had worked throughout the pandemic reconsidering their roles and where they went to next. Queried whether the authority was being proactive in highlighting the courses that Anglia Ruskin provided in light of the staff shortages that were being encountered. The Executive Director: People and Communities explained that the authority had good links with local universities as well as regionally.

- A Member commented that they felt it was too early to be looking at a full lessons learnt exercise but welcomed the initial report. She focused on the importance of the highlights that could help during the next phase of the pandemic and how some space and time could be given for reflection and recovery, and focusing on wellbeing. The Executive Director: People and Communities stated that there was an awareness of the level of trauma that some staff had experienced throughout the pandemic and that some individuals were taking up a bespoke support offer. The authority was currently in discussions with the CCG who had an excellent clinically lead offer from psychologists. She explained that there would be a webinar for a wide range of staff which would then signpost individuals who needed more bespoke support.

- Highlighted the importance of encouraging the uptake, particularly in older people, of the flu vaccine.

In bringing the debate to a close the Chair explained that he sat on the Local Outbreak Group with the Vice Chair, and wanted to give his personal thanks, as he was able to see first-hand the hard work throughout the pandemic. He thanked officers for an honest and balanced report that would inform decision making. He explained that he wanted to highlight the positive and innovative system partnership working. He flagged the issues highlighted in the report including some of the preparedness plans and that there needed to have been better reflection on redeployment and the impact this had on services. He highlighted the national public inquiry in to covid and that Public Health colleagues would be inputting into the inquiry on the authorities behalf, as required. He explained that he would keep covid reporting under review at the Committee. He placed on record on behalf of the Committee thanks to all staff, partners and volunteers throughout the pandemic.

It was resolved unanimously to:

Note the update on the current Coronavirus pandemic, notably the lessons learned to inform future response.

95. Customer Care Annual Report 1 April 2021– 31 March 2022

The Committee considered the Adult Social Care Customer Care Annual Report 2021-2022 which provided information about the complaints, compliments, representations and MP enquiries received for adult social care and the learning from this feedback and actions taken to improve services.

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

- Questioned whether many of the complaints stemmed from the complexity of the Adult Social Care system and difficulties in accessing it and queried whether there were actions that could be taken to make access simpler and better signposting. Officers explained it was the complexity of the health and care system as a whole that was a challenge for people to understand at times. The authority worked closely with partners to ensure the right information was accessible redirected queries were required.

- Sought clarity on how learning was captured from the informal complaints process as not all individuals were inclined to go through the formal complaints procedure. Officers stated that this was an area for further development, as there was a need to deal with enquires at the lowest level in order to resolve them as quickly as possible. The customer care team were currently undertaking some bespoke training with practitioners.

- Looked forward to hearing more about the joint working protocol later in the year.

- A Member requested that the word ‘expect’ be used instead of ‘hoped’ in term of receiving a smaller number of complaints next year. Another Member commented that they wished to flag that it was unlikely that the number of complaints would reduce going forwards, in light of the pressures on services and staffing issues. Also in light of changes coming from central government in terms of additional measurements required to assess individual’s finances and ability to pay for their own care.

- Stated that it was important to focus on the individuals concerned as making a complaint could be a stressful experience. A Member explained there had been a particular case in his division that had been very traumatic for the individual concerned. He asked officers if the individual could have the opportunity to explain their experience to a senior officer, if they wished to do so. Officers stated that they would contact the Member to make arrangements for a meeting to take place. ACTION

- Questioned how the Virtual Room had been used so far and if it had been going well. Officers stated that the virtual room was working well and was being used were officers felt that individuals were not being discharged to the correct hospital discharge pathway and discussions could take place virtually via teams to ensure the correct arrangements were made for them.

- Queried how the number of councillor enquires was captured and whether the numbers were accurate. The Chair commented that it stated on the report that there were many more informal enquires by Councillors that did not get dealt with by the customer relations team but by the relevant manager.

- Highlighted the need to have good systems in place to respond to complaints informally so that there was not a need to deal with them through the formal process.

Bringing the debate to a close the Chair commented that the authority should welcome complaints it was dealing with many complex issues. He highlighted that the culture should be one that accepted that there would be errors and use the learning from complaints for continuous improvement of services. He stated that officers should take pride that they had received double the number of compliments than complaints. He explained that he was particularly pleased with the quote that 'staff regularly had time to listen and to explain'. He highlighted the attempts to move towards Care Together and Decentralisation as more joined up working at a local level was fundamental to change. He applauded the honesty in the report in terms of the issues in relation to the timeliness of responses.

It was resolved unanimously to:

a) Note and comment on the information in the Annual Adults Social Care Customer Care Report 2021-2022.

b) Agree to the publication of Annual Adults Social Care Customer Care Report 2021-2022 on the Council's website.

96. Suicide Prevention Strategy

The Committee received a report on the progress of the Joint Cambridgeshire and Peterborough Suicide Prevention Strategy 2022-2025 which would go to the Health and Wellbeing Board for final approval.

In particular, the presenting officer highlighted:

- The six key recommendations within the strategy detailed at 2.6 of the report.

- The strategy was for all ages and covered Cambridgeshire and Peterborough and would be implemented alongside a Children and Young Peoples Mental Health Strategy and a Public Mental Health Strategy.

- Measurement of the success of the strategy would be through a number of outcomes: a significant reduction in in patient suicides, a significant reduction of patients in contact with mental health services who die by suicide and generally reducing the rates of suicide in Cambridgeshire and Peterborough in line with the national average.

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

- Welcomed the strategy and targets set.

- Highlighted the influence of social media, which could at times intensify and escalate problems with some individuals. A Member felt that this had not been mentioned specifically in the report . Officers stated that social media was briefly mentioned under 'access to means within the home and in a digital world' . Officers explained that a big part of the work would be around engaging with the online hubs bill, ensuring that the strategy was in line with the national guidance and sharing resources for healthy online behaviour. Officers stated that they would add further information to the strategy in relation to this to make it more explicit. ACTION

- Noted that 46% of suicides were not known to mental health services. A member queried whether this figure included individuals that were on the waiting list for support.

- Highlighted that attempted suicides were not mentioned in the strategy. Officers acknowledged the omission and explained that there were currently difficulties in the recording of attempted suicides. Officers stated that they had recently received some funding to improve real time suicide surveillance data and within this there was a requirement to look into recording attempted suicides.

- A Member commented that the definition of suicide did not currently include individuals with terminal illnesses that had taken their own lives and coroners did not usually record these cases as suicide. He asked that these individuals be excluded from the figures as part of the strategy. The Chair explained that there was currently a national policy debate on assisted dying. Officers stated that this was a complex issue, euthanasia and physician assisted suicide was against the law so could not be explicit within the strategy. Officers acknowledged the need for further discussion by the suicide prevention group on this matter and that they were taking every step to ensure that those suffering with long term and terminal issues were support with both their physical pain as well as their mental health.

- Queried the target audience for the strategy and how it would be distributed. Officers explained the document was focused on the mental health system, so professionals delivering services. Officers explained that they had discussed about producing an alternative version for the public in an easy read format.

- Highlighted the better information sharing and no blame culture as an important part of the strategy.

- Welcomed the points raised regarding appropriate steps taken regarding the effect on the community following a suicide, as this was often missed.

- Queried who would carry out the action points identified throughout the strategy. Also, with regards to the actions around training, would this be one off or continuous training?. Officers stated that it was a joint strategy working with partners in CPFT, the Integrated Care Board, the Police, Education and Voluntary Sector. Officers clarified that there were six steering groups for each of the priority areas that would lead on each area and take forward the actions identified. Officers explained that training had been delivered for several years already, including the stop suicide training delivered by CPSL Mind as well as the GP training programme which was currently being funded by external NHS funding for the next three years at least, with the expectation that it would continue.

- A Member stated that there was a need to be careful how statistics were viewed to be successful, as to maintain the statistics as they were today would be a success, to lower them would be ideal. The Chair commented that a zero-suicide ambition was aspirational but was important to strive for.

- Expressed concern regarding the gaps in workforce including in education, and that the ambitions in the strategy were going to be challenging as the workforce issues would continue. Officers explained that in the development of the strategy they have been very aware of this as it is a national issue.

- Expressed concern in relation to the wording around promoting the use of safety plans in order to keep people safe until they can access mental health services. A Member explained that they were worried that this implied that there could be quite a wait for services. Officers acknowledged the concerns raised and explained that the strategy was about using a wider range of resources and support within the community to bolster the current support available whilst waiting lists were long and officers agreed to feed this back to the suicide prevention group. ACTION

- Queried the point 'Reduce access to means within the home and in a digital world' under recommendation 3 and what this meant. Officers explained that the majority of deaths were in the home and the recommendation aimed to equip individuals with the means to stay safe in the moment, during difficult periods of mental health.

Bringing the debate to a close the Chair commented that there was a previous suicide strategy and queried what was different about this strategy and would the new strategy succeed as suicides had increased. Officers explained that the priorities that were identified in the previous strategy were taken from the National Strategy and for the new strategy they had carried the priorities forward and added an additional layer which was the lifespan suicide prevention model, developed in Australia which had more of a community focus. The Chair stated that with the relaunch of the Health and Wellbeing Board there will be careful consideration regarding reports in order that the least bureaucratic approach was taken and that reports only came to both meetings when it was crucial to avoid duplication.

It was resolved unanimously to:

Discuss and agree the Joint Cambridgeshire and Peterborough Suicide Prevention Strategy 2022-2025, for final approval by the Health and Wellbeing Board.

97. Section 75 Extension Sexual and Reproductive Health Services

The Committee considered a report detailing an extension of the current Section 75 agreement with Cambridgeshire Community Services to provide Sexual and Reproductive Health Services across Cambridgeshire and Peterborough for two years. The current contract expired on 31 March 2023. The extension would mean that the Section 75 would end on 31 March 2025.
In response to the report, Members:

- Queried if council assets were being utilised as safe spaces for individuals to talk and seek confidential support. Officers explained that as part of the prevention work in the community the use of different venues, including council owned venues, was a key part of the strategy.

It was resolved unanimously to:

a) Commission a Sexual and Reproductive Health Needs Assessment to inform the commissioning of Sexual and Reproductive Health Services.

b) Extension of the current Section 75 agreement with Cambridgeshire Community Services for the provision of Integrated Sexual and Reproductive Health Services across Cambridgeshire and Peterborough until 31 March 2025 at a value of £5,100, 249 per annum, to enable the Sexual and Reproductive Health Needs Assessment to be undertaken

c) Authorisation of the Director of Public Health, in consultation with the Chair and Vice Chair of the Adult and Health Committee to award a contract to the successful provider subject always to compliance with all required legal processes.

d) Authorisation of Pathfinder Legal Services Ltd. to draft and complete the necessary documentation to extend the Section 75 agreement.

98. Modification to the Integrated Drug and Alcohol Treatment System

The Committee received a report that provided an overview of the new drugs strategy and associated new national investment in treatment and recovery services, as well as information on the new grant monies from central government and the impact on commissioned services.

In particular, the presenting officer highlighted:

- The additional investment of £1.8 million from central government as a consequence of Dame Carol Black's report in to the shortcomings of the drug treatment services.

- Recommended that the current provider continued to deliver the service with additional services added on, highlighted in 2.6 of the report.

- Pressures to spend the additional funding as quickly as possible.

- Money is tied to certain delivery requirements and did not allow for any flexibility, with very strict reporting requirements, and there would be a challenge in relation to the current workforce pressures.

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

- Welcomed the funding as a result of Dame Carol Black's report.

- Highlighted the importance of Housing in providing a new start for individuals and queried whether there was enough funding or availability of housing to tackle this issue. Officers stated that there was a need to work with partners across the system to make sure that services were joined up. Officers worked very closely with housing colleagues in the districts. Officers explained that during covid there had been a lot of work ensuring that individuals were supported in coming out of the prison system were possible, which was a challenge and was an ongoing process. Officers stated that one of the main challenges was ensuring that when an individual came out of prison they had somewhere to go.

- Commented on the delay in receiving the funding from central government and the restrictions and short timescales within which to spend the funding. A Member commented that this was not a one off and had been happening in many services and was not good governance.

- A Member commented on 1.6 bullet 2 of the report 'A treatment place for any offender with an addiction' in terms of re offences when offenders were unable to get a treatment place, that might result in a small increase in crimes.

- Queried if the service did not manage to get the staff would some of the money need to be refunded?. Officers stated that they only usually know if the money can be carried over a few months before the deadline and the approach did vary.

- Congratulated partners CGL on the work that they had been undertaking.

It was resolved unanimously to:

a) The investment proposals for the Drug and Alcohol Services

b) The commissioning of the current provider of the Drug and Alcohol Services, Change Grow Live (CGL) to provide the additional services.

c) Approve a contract variation for the estimated value of £1,779,998 to the current CGL integrated treatment contract (subject to confirmation of the final value of the Rough Sleeper Drug and Alcohol Grant).

99. Tier 3 Weight Management Services Procurement

The Committee considered a report that sought procurement of additional Tier 3 Weight Management Services to meet the increased demand.

In response to the report, Members:

- Queried whether there were issues in relation to the weight management service in terms unequal access in particular in relation to poverty. Officers stated that in Cambridgeshire over 60% of people were considered to be overweight or obese, so the services was offered as widely as possible. Officers stated that were they knew of greater pressures in certain areas they provided additional services to be more proactive in recruiting people. Officers explained they also enlisted leisure services run by the districts, building in a full range of physical activities. Officers also stated that they looked at referral routes though partner organisations so that they identified people and gave them support and encouragement to access services.

- Noted the decision not to extend the contract but to retender.

It was resolved unanimously to:

a) A competitive procurement for additional Tier 3 Weight Management Service capacity.

b) Authorisation of the Director of Public Health, in consultation with the Chair and Vice Chair of the Adults and Health Committee to award a contract up to the value of £1.465m to the successful provider subject always to compliance with all required legal processes.

c) Authorisation of Pathfinder Legal Services Ltd. to draft and complete the necessary contract documentation.

100. Finance Monitoring Report – March 2021/22

The Committee considered a report on the financial position of services within its remit as at the end of March 2022.

In particular, the presenting officer highlighted:

- At the end of March, Adults, including Adults Commissioning, ended the financial year with an underspend of 4.6% of budget (£9,497k), and Public Health, excluding Children's Public Health, ended the financial year with an underspend of 9.8% of budget (£3,965k) which has been transferred to Public Health reserves.

- As the impact of the pandemic continued, there remained uncertainty around the position going into the 2022/23 financial year. It was particularly unclear if, and at what point, demand-led budgets would return to expected levels of growth in spend. Officers would continue to keep activity and spend levels under review to determine if demand growth was returning to pre-pandemic levels or increasing faster or more slowly.

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

- Acknowledged that it had been extraordinarily difficult to budget for Adults Social Care over the last few years due to the pandemic.

- A Member commented that a significant proportion of the Public Health underspend was caused by a failure to have the number of staff necessary to carry out the services required and this was an ongoing issue. He queried how much of an issue in terms of contractors and vacancies would be carried forward in to the next financial year?. The Director of Public Health stated that they had generally re-invested the money and with the Health Visiting Service they had agreed a package of training so the money would be reinvested to help deliver it.

- Highlighted that recruitment and retention was extremely difficult across the country in all sectors, where there any opportunities to put more funding into training and retraining packages to draw on a wider pool of potential employees. Officers stated that there was a workforce fund across the Eastern Region and had received funding from NHS England last year which had allowed the authority to fund some work in social care. The Executive Director of People and Communities explained that an Apprenticeship Scheme had been set up and officers were looking at a 'Grow your own' programme for Social Workers. She stated that a clear progression route had been developed for staff and had a good internal training offer and were currently developing ability to bring in newly qualified social workers. She explained that she sat on the ICS People Board and they had recently produces a draft Workforce Strategy. The Director of Public Health highlighted that there had been some movement on recruitment into Public Health post pandemic and they were currently successfully recruiting to vacant posts. She was more concerned with vacancies with partner providers in particular in the Health Visiting Service. The Chair commented that there appeared to be a bottleneck in the work on workforce recruitment and retention across the authority as a whole and this needed to be addressed strategically. He stated that a joint initiative with Health Partners should be set up to tackle this issue.

- Highlighted the work of the Combined Authority who had invested in facilities in Peterborough in order to train more Health and Social Care staff and the pandemic had an impact on being able to bring the staff in for training. A Member highlighted the work by the Combined Authority on the Employment and Skills Strategy and the potential links into tackling the issues that were being faced.

- The Chair commented on point 2.4.6 of the report in terms of the continued pressures on the Hospital Discharge System with substantial cost increases as both NHS funding was being unwound at the end of March 2022, and there was a need to think carefully about future funding in this area in discussions with partners. He stated that partners had commissioned CPFT on hospital discharge work that they might have commissioned the Council to do and that both he and the Vice Chair were in discussions with the ICS on this issue. He stated that the Charging Policy predated the current administration and that with the Anti-Poverty Policy and the cost-of-living crisis it may be that the Committee would have to review some of the decisions

It was resolved unanimously to:

Review and comment on the relevant sections of the People and Communities and Public Health Finance Monitoring Report as at the end of March 2022.

111. Finance Monitoring Report – May 2022/23

The Committee received a report which detailed the financial position of services within its remit as at the end of May 2022 and the use of unallocated Public Health reserves.

In particular, the presenting officer highlighted:

- The work being carried out in relation to demand in reviewing the re-baselining of budgets

- The decision made by the Strategy and Resources Committee to delegate approval of the use of the current £2.6m uncommitted Public Health reserve balance to Adults and Health committee, with the proposals on how it would be spent set out in the report. She stated that if all of the proposals were agreed this would leave £45,000 in the reserve. She highlighted that not all of the funds allocated would be spent in the current financial year as some proposals were multi-year settlements.

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

- Welcomed the additional information provided in the report.

- A Member commented that there had been a systemic underspend in Public Health over the past six years which was mainly in relation to the capacity of contractors not being able to carry out work. He stated that he was not convinced that the systemic underspend had been changed and moving in to a period of high inflation it was not known what affects this would have on the budget. Officers explained that there was always a risk underspend, at this stage there was nothing to suggest that there would be an underspend at this stage of the year.

- Queried which areas the officers saw looking forward as the most potentially volatile areas in terms of expenditure. Officers explained that inflation was extremely volatile and this affected care packages across the board . In particular officers were seeing pressures on high-cost Learning Disability packages. Officers also stated there was a risk around demand picking up in a way that was not seen last year. Officers stated that one of the biggest concerns was around the provider market and sustainability in terms of acute workforce shortage during the pandemic, and very significant costs to retain workforce as well as inflationary costs. These pressures would inform the business planning process. Officers were also mindful of the importance of ensuring that workforce issues did not translate into quality issues.

- The Chair observed that the Public Health underspend was not out of line with other areas in the authority due to Covid. He stated that he had confidence in the way that the underspend was being managed by the Public Health team. He highlighted the list of items in section 2.7 of the report to improve health outcomes. He explained that he was uneasy with the £3million baselining although accepted that it was the right thing for officers to do. He highlighted that the uncertainties were so great that they should not be permanent baselining decisions and which he had highlighted at Strategy and Resources Committee, and that we must be prepared as an authority to review the baseline as a whole. He explained that further finances may be needed to help support the recruitment and retention issues. He stated that there was also a need to look at how permanent some of the covid loss was, in terms of how much was the authority not properly identifying need and funding it. He explained that officers had started work looking at need and Needs Assessments, to look at if there was any gaps in demand that were being missed. Officers stated that the authority was aware of unmet need throughout the pandemic, and that post pandemic there had been changes to demands in relation to some of the services. Officers were keeping a watchful eye on the changes both in the short and medium term and looking a trends and would bring the findings back to committee.

- A Member highlighted in the appendix at 1.2.2 (page 254) the actual amount was a minus, and wondered what the value was in giving this information was in financial reports at committee across the board as he believed many of the Councillors did not understand what it meant and how the number was derived. He had raised the same issue at Strategy and Resources a week earlier and asked that this be changed across the council for the next financial year. Officers stated that the figure showed the real position of the budget taking in to account invoices that they had not yet received from health

partners. The Chair commented that reports should be as accessible and understandable for decision making and of a change on reporting was going to be made it would need to be authority wide.

It was resolved unanimously to:

i. Review and comment on the relevant sections of the People and Communities and Public Health Finance Monitoring Report as at the end of May 2022; and

ii. Approve the use of £2.55m from Public Health reserves as set out in section 2.7.

112. Key Performance Indicators

The Committee considered a report that set out a proposed list of performance indicators to be reported to the committee going forwards.

Individual Members raised the following points in relation to the report

- Thanked officers for the considerable amount of work that had gone into compiling the proposed list of indicators.

- Queried if the indicator in relation to long term care and support which showed the number of carers assessed, included informal carers or not. Officers stated that the indicator was a standard indicator used across the country and showed the number of people receiving support with their care. Officers stated that the best source of information in relation to informal carers was through the results of the 2021 census which officers were just starting to get the data through for.

It was resolved unanimously to:

Consider the proposed list of Key Performance Indicators and confirm the indicators it wishes to receive reports on.

113. Adults and Health Committee Agenda Plan and Training Plan

The Committee noted its agenda plan and training plan.

Part 2 – 14:00pm - 16:20pm

The Chair resumed the meeting, welcoming the newest co-opted Member Councillor Steve McAdams, who also attended the morning session, and Co-opted Councillors

Clarke, Gawthorpe Wood and Every, who were attending virtually. Councillors Goodliffe and Taylor from the Children and Young People's Committee were also welcomed for item 15, Cambridge Children's Hospital.

114. Cambridgeshire Peterborough Overarching Health and Wellbeing Strategy Consultation

The Committee received a report which detailed plans for the launch of a consultation on the Health and Wellbeing Strategy developed by both the Joint Health and Wellbeing Boards and the Integrated Care Partnership. This was scheduled to occur on 15 July 2022.

In particular, the Director of Public Health highlighted:

- Prior to the pandemic, a strategy had been developed, but was not launched. A new strategy was under development, influenced by the impact of coronavirus and the new Health and Social Care Act. This strategy was developed with partners.
- The Covid Impact Assessment fulfilled the function of the Joint Strategic Needs Assessment (JSNA) and informed the development of the strategy. This assessment evidenced how inequalities had been exacerbated by the pandemic impact for those in more deprived areas, ethnic minorities, and the older population. The assessment also showed the pandemic impact on the younger population.

- The Health and Wellbeing Strategy was scheduled by December 2022.

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

- Learned that access to primary healthcare had changed following the coronavirus outbreak. In support of primary care, public health were investing more in community health checks.

- Clarified that, with health partners, the service was exploring inequalities in health outcomes and how to reduce physical illnesses in people with learning disabilities and mental health illness in order that more targeted interventions could be used.

- Expressed hope for the Government's levelling up agenda in relation to transport, particularly for Ramsey, but commented that robust solutions were needed to ensure that Local Authority intentions were manifested. This would be the responsibility of the Combined Authority with whom the Local Authority promoted travel access and affordability.

- Heard that the health service should help promote healthcare careers in schools, for example through apprenticeships; secure fair salaries in coordination with partners; and engage with internal communications and partners around market testing healthcare priorities and using publicly recognisable language.

- Requested the circulation of detailed comments on the service response to housing. ACTION

- Promoted the importance of schools, especially teachers, in recognising health concerns.

It was resolved unanimously to:

Note and comment on the proposals for engagement and consultation around the Overarching Cambridgeshire and Peterborough Health and Wellbeing Strategy.

115. Cambridge Children's Hospital Update

The Committee received a report which detailed plans for the Children's Hospital for the East of England Region, as invested in by the Government in December 2018. The hospital would be co-designed to accommodate holistic physical and mental health care and include a paediatric intensive care unit; 160 beds; seven operating theatres; and six research centres on genomic medicine, neurodevelopment and mental health, childhood cancer, diabetes and obesity, inflammation and infection, and perinatal conditions. It was anticipated construction would commence in 2024. The slide pack presented in the meeting is detailed on the Council website here.

In particular, the report presenters highlighted:

- That the hospital would have a preventative, holistic approach to healing, focussing on both mental and physical health in a single premises. Current provision did not cater for this, but there was increasing evidence that with many health concerns, such as asthma and eating disorders, the two aspects heavily impacted upon one another.

- 70-80% of patients came from out of area.

- The Building design had been modelled for 2034-5 and was located near the university to enable greater space for research.
- The new hospital was looking to mitigate concerns regarding the need for early diagnosis and intervention; paediatric provision for 16-18; the Fulbourn mental health facility closure, scheduled for 2028; specialist care provision not currently within the County; a current lack of home provision; and patient schooling using collaboration from the education sector and an increase in classroom spaces.

- The Strategic Outline case had been approved in 2020 and the Outline Business case (complete with cost estimates) would be submitted in the autumn 2022. Following that, a final business case in consultation with building contractors would be submitted. It was hoped building would commence in 2024.

- Philanthropic funding had been received from sponsors such as Addenbrookes Charitable Trust, with underwriting from Cambridge University. There would be further and more accurate cost estimates for the next stage following the outline business case.

- Public engagement was ongoing. Twelve parents and carers acted as coproduction champions and a youth advisory panel would also be formed in line with best practice seen in other counties.

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

- Pressed the importance of family socialisation within hospital units. While the hospital would be one for clinical research, the unit itself would be a therapeutic model and comprise of single rooms with the option to open walls and create a more communal space, dining spaces for families, private meeting rooms and play areas. Food would be a focal point for family activity.

- Understood that eating disorder referrals had risen and consequent research ensued at a national level. The children's hospital aimed to provide physical support to children with eating disorders through short-term admissions or day patient care. They would strengthen the community offer for home treatment to reduce inpatient stays.

- Were apprehensive with regard to the size and access to the Addenbrookes site.

- Clarified that there would be 42-day patient beds, including fourteen medical and surgical beds. Ten to twelve beds would accommodate both mental health and physical health patients.

- Showed concern that the hospital would quickly exceed capacity due to the low increase in additional inpatient beds and rising numbers of young people admitted with mental illness. Officers explained that modelling for mental health inpatients found only an additional seven to ten beds were needed to meet capacity requirements until 2034/5. This estimate recognised the strengthened crisis and community services provided in the new care model; the availability of general paediatric beds elsewhere in the region; and the decrease in inpatient demand as the single site placement of services was expected to increase productivity by 50%. This statistic had been based off modelling including regional, growth and bed closure demographics.

- Learned that phase 2 of the build would consider inclusion of a single outpatient block and additional ward and theatre space. Prior to this, the Addenbrookes site outpatient services block would remain in use.

- Recommended that internal hospital design, such as colour scheme consideration, should meet the needs of children with sensory processing disorders.

- Suggested using the hospital as a template for other parts of the region.

- Clarified that strengthening existing networks with British telecom would improve countywide data sharing, aid digital access to healthcare from home, and connect with non-local specialists virtually.

- Noted that the previous cost estimate was £220m. This had increased to circa £390m following an increase in the scope, inflation, the carbon net zero initiative and the digital agenda. Costing would be broken down as follows: £100m philanthropy, £20m land sale capital receipt, £265m public dividend, and £5m local education authority.

- The Chair praised the extensive public engagement contributing to the design.

- Agreed to receive responses to further questions in writing. ACTION

- Remaining questions included:

    - How would staffing recruitment and retention be addressed?

    - Could you expand upon what the term ‘a hospital without walls’ means?

    - How would patient and visitor access to the site be managed?

    - Is there an anticipated length of build?

    - Will there be consultation rooms?

It was resolved unanimously to:

Note the content of this report, the project’s key milestones and next steps.

116. North Place Integrated Care Partnership (ICP) Update

The Committee received an update on the North Place Integrated Care Partnership which, subject to legislation, was scheduled to be established by July 2022.

In particular, the report presenters highlighted:

- The North Place Integrated Care Partnership would align with hospitals in the North Cambridgeshire catchment area and the associated district councils of Huntingdonshire, Fenland and Peterborough. This divide enabled more demographic-targeted solutions.

- In 2018, an alliance was formed with all statutory partners from health and care bodies in Cambridgeshire. It now had shared working with large stakeholders, voluntary organisations, the Local Authority, district councils, 49 GP practices and two GP federations.

- A key objective of the Integrated Care Partnership was subsidiarity. Within North Place there were thirteen primary care networks which would be developed into Integrated Neighbourhoods. In these GP practices, Think Communities programmes, providers, councils and voluntary providers would collaborate to create provision at a local level.

- The integration of care would also ensure partners could share resource, providers and reduce duplication of provision.

- The Partnership was in the process of creating a team, governance and structure under which the Integrated Care System, would be delivered and for which patients, public, partners and health committee partners would be key consultees.

- Local Authorities could be key to aid North Place Delivery in aspects such as shared management and leadership, shared priorities, communication with the local community and the amalgamation of health and social care.

In response to the report, Members:

- Agreed that movement away from the Clinical Commissioning Group model was positive. However, showed concern that health and social care reorganisations were frequent and caused political, financial and organisational disruption. Officers reassured Members of the difference: previous reorganisations had a single accountable body, while the Integrated Care Partnership relied on collaborative working.

- Stated that the new Health and Social Care Act was unambitious and failed to make significant changes to the funding structure. A change in budgetary responsibility and movement of funding allocation from acute to primary care and from health to social care would be needed prior to successful and major change. This statement gained cross party support and was corroborated by report presenters who stated that they had met with partners including NWAFT and CPFT who also supported this principle, along with resource reallocation to areas of deprivation. Another Member noted that budget pooling through partnerships would help to manipulate the current funding allocation and use local buy in to meet need.

- Were reassured that, while the North and South divide appeared generalised, more local demographics were considered through the thirteen subsidiary primary care networks within the North Place Integrated Care Partnership. It was to these networks that decisions and funding would be devolved, allowing for a person-centred approach.

- Learned that public consultation had occurred for the development of the Integrated Care System and that further consultation would occur for the Place-Based Plan using Healthwatch, public partnerships and boards. Constructive challenge on the effectiveness of engagement was welcomed.

- Offered the County Council's partnership and support for local level delivery in the system and conjoining of the Integrated Care System and Integrated Care Partnership. The officer welcomed input from the County Council on collaborative ways of working.

- Learned that using in-house, rather than out-of-house services would reduce service replication, costs and improve resilience. Ideally, private services would only be used where there were gaps in in-house service, such as for specialist services or staffing vacancies.

- Showed support for offering staff the real living wage.

- Requested addition of the thirteen North Place Neighbourhoods onto the MyCambridgeshire maps.

The Director of Commissioning commented on the good engagement and commonality between the County Council and the Integrated Care Partnership and the desire to move towards delivery.

It was resolved unanimously to:

Note and comment on the contents of the report.

117. Date of Next Meeting

It was noted that the next meeting would take place 5 October 2022.

Chair

ADULTS AND HEALTH COMMITTEE MINUTES - ACTION LOG

This is the updated action log as at 26 September 2022 and captures the actions arising from the most recent Adults and Health Committee meeting and updates Members on the progress on compliance in delivering the necessary actions

Meeting 14 July 2022						
Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
95.	Customer Care Annual Report 1 April 2021– 31 March 2022	Debbie McQuade	A Member explained there had been a particular case in his division that had been very traumatic for the individual concerned. He asked officers if the individual could have the opportunity to explain their experience to a senior officer, if they wished to do so. Officers stated that they would contact the Member to make arrangements for a meeting to take place.	Democratic Services have emailed Cllr Boden to follow up.	Ongoing	

Meeting 14 July 2022						
Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
96.a	Suicide Prevention Strategy	Joseph Davies	Highlighted the influence of social media, which could at times intensify and escalate problems with some individuals. A Member felt that this had not been mentioned specifically in the report . Officers stated that social media was briefly mentioned under ‘access to means within the home and in a digital world’. Officers explained that a big part of the work would be around engaging with the online hubs bill, ensuring that the strategy was in line with the national guidance and sharing resources for healthy online behaviour. Officers stated that they would add further information to the strategy in relation to this to make support more explicit.	Officers to provide feedback to the strategy implementation group on 5th October and will feedback on the outcome of the discussion.	Ongoing	

96.b	Suicide Prevention Strategy	Joseph Davies	Expressed concern in relation to the wording around promoting the use of safety plans in order to keep people safe until they can access mental health services. A Member explained that they were worried that this implied that there could be quite a wait for services. Officers acknowledged the concerns raised and explained that the strategy was about using a wider range of resources and support within the community to bolster the current support available whilst waiting lists were long and officers agreed to feed this back to the suicide prevention group.	Officers to provide feedback to the strategy implementation group on 5th October and will feedback on the outcome of the discussion.	Ongoing	

115.	Cambridge Children's Hospital Update	Kate Parker	Agreed to receive responses to further questions in writing. Remaining questions included: • How would staffing recruitment and retention be addressed? • Could you expand upon what the term 'a hospital without walls' means? • How would patient and visitor access to the site be managed? • Is there an anticipated length of build? • Will there be consultation rooms?	Has been chased 26.09.22	Ongoing	

Adult Social Care Reforms: Update and Overview

To:	Adults and Health Committee
Meeting Date:	5 October 2022
From:	Debbie McQuade, Director of Adults and Safeguarding Will Patten, Director of Commissioning
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	Not applicable
Outcome:	This report provides an overview of the Adult Social Care Reforms and progress to implement the changes. Through this report, Members will gain awareness of: • the key changes that the Reforms will introduce for Adult Social Care • the operational and financial implications of the changes • the process and next steps for the Council in implementing the reforms
Recommendation:	Adults and Health Committee is recommended to: a. Notes the overview and context provided in relation to the Adult Social Care Reforms. b. Notes the operational and financial implications to the Council

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1. Overview

1.1 The recent Health and Care Act and subsequent Care (People at the Heart of Care) and Integration (Joining up care for people, places and populations) white papers have set out a number of significant changes to the duties of Local Authorities in relation to adult social care. The purpose of this report is to provide an overview on the implications to the Council of these changes and process and next steps for implementation.

2. Main Issues

2.1 The Government recently published 'Build Back Better: Our Plan for Health and Social Care' and 'People at the Heart of Care: Social Care Reform', which outlines significant legislative changes to Adult Social Care, which come into effect from October 2023. Whilst the key changes associated with the introduction of a cap on care costs, changes to financial means testing and the Fair Cost of Care will bring significant new financial burdens to the Council; the reforms bring wider changes including; Care Quality Care Assurance, Carers support, new models for housing and care and a focus on digitalisation and technology. The key areas covered by the reforms are:

- Integration with health, and links to Integrated Care Systems
- Charging for care and how much people pay for care
- How much Local Authorities pay for social care – Fair Cost of Care
- CQC Assurance of the quality of Local Authority adult social care functions
- Information and advice
- Carers
- New models for housing and care
- Innovation and technology

2.2 A further significant change in legislation is the Liberty Protection Safeguards, for those who lack mental capacity, which is being managed separately to the wider reforms covered within this paper.

2.3 These changes whilst extremely challenging to deliver, both in terms of complexity and cost, do sit well with the priorities set out by the administration.

2.4 For some of these changes we have received more detailed information, whilst for others we are still awaiting further guidance. An overview of what we know currently is provided below.

2.5 Charging for care and how much people pay for care – Cap on Care Costs

2.5.1 Last year the Government announced that it will introduce an £86,000 cap on the amount anyone in England will need to pay for personal care over their lifetime, this is referred to as the "Cap on Care Costs". The reforms also increase the capital threshold for Council funding support from £23,250 to £100,000, with the lower threshold before which capital is counted against client contributions increasing from £14,250 to £20,000.

2.5.2 The Department of Health and Social Care (DHSC) published the updated operational guidance on implementing the cap on care costs, alongside the government response to

the consultation on this draft guidance. This guidance seeks to support all local authorities in their preparations for implementing our reforms from October 2023.

2.5.3 This more generous means-testing threshold limit means that more people will be eligible for Council funding support towards the cost of care earlier and reduces the amount that people will have to pay for their care each week. Anyone with assets under £20,000 will not have to pay anything for their care from their capital assets.

2.5.4 The amount of income that a person subject to the means test must be left with in applying the means-test – the 'social care allowance' – rose in line with Consumer Price Index (CPI) inflation at 3% in April 2022.

2.5.5 For the "Cap on Care Costs", where the local authority is meeting a person's needs, that is, where the local authority arranges the person's care or provides financial support, they will meter based on what they are charged by the local authority to contribute towards their care costs, excluding any local authority support. Where the person fully funds and arranges their own care, they will meter based on what the cost would be to the local authority, if it were to meet their eligible care and support needs. This ensures the new system does not unfairly advantage those who can afford to pay more for their care and want to do so to reach the cap quicker.

2.5.6 To make charging more equitable between those who receive home care with those living in a residential care setting, under the capped system, after reaching the cap, everyone in residential care will remain responsible for meeting their daily living costs (DLCs), such as rent, food and utility bills. The component of a person's care package attributable to DLCs will not count towards the cap on care costs. DLCs will be set as a national, notional amount, the equivalent to £200 per week in financial year 2021 to 2022 prices.

2.5.7 We are currently working through the detail of the guidance to fully understand the impact for the Council, however given the number of people currently estimated to be self-funding their care in Cambridgeshire the likely impact in terms of social care resources to carry out assessments and reviews, financial assessment officer resources to carry out financial assessments and funding required to cover the costs of care packages for the those newly eligible for Council funding will be substantial. In addition to this the work required to support the metering of care costs towards the £86,000 will also be significant, and it is as yet unclear what the digital offer will be from our care record system suppliers.

2.6 How much we pay for care – Fair Cost of Care

2.6.1 The Government recognises that council fee rates are in many cases unsustainably low at present, and it plans to support moves towards a Fair Cost of Care (FCC) with new injections of central Government money, starting in financial year 2022/23.

2.6.2 On 24 March 2022 the Government published new Operational Guidance for the introduction of its Fair Cost of Care (FCC) policy. The paper sets out conditions which Councils need to meet in order to access future finding to support the requirements to pay a fair cost for provision of social care.

2.6.3 By 14 October 2022 Local Authorities must have undertaken and submitted to the Department of Health and Social Care the following requirements:

1. **Complete two cost of exercises for care home delivery services to those aged 65 and over, and domiciliary care for all adults over the age of 18 –** In April 2022, Laing Buisson a leading specialist in this field was commissioned in line with procurement regulations and procedures to undertake the exercise in conjunction with key Council teams. A final report is due to be produced for review by the Council by 26th September 2022.

2. **Develop a draft market sustainability** plan utilising DHSC templates and using the costs of care exercise as a key input to identify risks in the local market, with consideration given to the further commencement of Section 18(3) of the Care Act 2014 and key principles for how the Council intends to bridge the gap in funding identified. Please note, a final sustainability plan is required to be submitted in February 2023 and will be brought to Adults and Health Committee for key decision beforehand.

3. **Produced a financial statement** detailing how funding allocated for 2022 to 2023 is being spent in line with the fund's purpose

   NOTE: On 7 July the DHSC confirmed that Section 18(3) will apply to all new care home residents from October 2023 and to any existing care home residents by October 2025. When Section 18(3) comes into full effect for care homes, it will mean that privately paying care home residents will be able to ask their upper-tier council to arrange care for them, at the usual council rate.

2.6.4 To date, the Fair Cost of Care Review has gathered a mixed response from local providers. With provisional key themes and findings outlined within the table below. Please note, the process is ongoing, so rates have not been included at this stage as they are very much subject to change but as expected a significant gap is likely to be reported:

Care Homes	**Homecare**
We asked a total of 91 care homes to return the cost of care template submission. Of these, there were 33 submissions that were subsequently validated representing 57% of the market.	We asked a total of 81 providers to return the cost of care template submission. Of these, there were 25 submissions that were subsequently validated, representing 31% of the market.
Submissions across all district areas were received and on the whole from large organisations, with smaller organisations being under-represented.	Submissions across all districts were received with a majority being from small group or independent providers.
	The response rate was not as high as anticipated, despite attempts to engage with providers through a variety of communication channels, including intensive, direct telephone contact with providers to encourage participation and

	completion of the toolkit. Challenges for providers included: • Company policies not allowing participation • Unease over the level of detail and confidentiality of data requested • Lack of time to complete the tool • Lack of interest, including the perceived lack of meaningful results from comparable exercises in the past
Staffing costs are the main driver of costs within care homes with carer basic pay averaging between at £10.80 and £10.99 per hour, and nursing basic pay averaging at £19.35 and £19.48 per hour depending on bed type.	The biggest cost identified in the breakdowns submitted was carer basic pay per hour, averaging at £10.60ph.

2.6.5 Guidance issued by DHSC and accompanying webinars have sought to emphasise that Councils retain responsibility for determining fee rates within their local areas and this does not need to align with the Fair Cost of Care outcome. It does, however, require a clear rationale which utilises robust evidence and sound judgement.

2.6.6 The Council supports the views of leading specialists like Laing Buisson who have questioned whether the full implementation of Section 18(3) of The Care Act 2014 is the right policy at the right time. The implementation of such wholesale changes to funding models comes at a time when the care market is particularly fragile in the aftermath of the COVID-19 pandemic, with significant regional blackspots. It also agrees with the assertion that a potential timetable for implementation in January 2023 is ambitious, given the multiple stakeholders and dimensions of the proposed reforms. Given this, the timetable should be reconsidered, and robust pilots be given more time to embed and understand the outcomes.

2.6.7 Other challenges and further work to inform these developments include:

- DHSC predicts an 80% take-up in registration for the care costs cap, but it has made no detailed forecasts for the take-up by the public of section 18(3). Research should be undertaken into the behavioural side of the policy implementation and the pathway for residents, both existing and prospective.
- The FCC must be agreed by each local authority working with local care provider associations, or where such associations do not exist, with groups of providers. Guidance for such exercises has not been disseminated. DHSC should revisit previous evidence of the difficulties of agreeing such fair cost of care.
- Despite the increasingly collaborative relationship between local authorities and NHS bodies, particularly the advent of Integrated Care Systems, it appears NHS-funded residents (those with both a health and care need) will not be included in the 18(3) provisions. Clarity on the direction of travel would be welcome.

- Although DHSC has confirmed it will encourage top ups where appropriate, it should further research the way top ups currently work and the way in which they may now assume particular importance to providers which require higher fee rates than offered by FCC
- DHSC should release details of infrastructure and technology to allow for current assessment capacity to be significantly extended to cope with the demand for such assessments which will be triggered by section 18(3).
- DHSC should engage with the investor community to explain its vision for section 18(3) and to canvass views from investors, lenders and other financial stakeholders, so as to avoid a potential 'cliff edge' adverse reaction in the coming months

2.7 Introduction of CQC Assurance for Adult Social Care Local Authority duties

2.7.1 The Health and Care Act sets out the following:

- Introduces a duty for the Care Quality Commission (CQC) to independently review and assess Local Authority performance in delivering their adult social care duties under Part 1 of the Care Act 2014.
- Puts in place new legal powers for the Secretary of State for Health and Social Care to intervene in local authorities to secure improvement where there are significant failings in the discharge of their adult social care functions.
- Sets out plans to establish an adult social care data framework by autumn 2022 and to improve the availability of data nationally, regionally and locally.

2.7.2 In response to this the Care Quality Commission (CQC) is currently consulting on its plans for an assurance framework for local authority social care, which aligns to assurance of Integrated Care Systems and the regulation of health and social care providers.

2.7.3 The consultation outline plans to focus the assurance on the following four overarching themes:

- **Working with people –** assessing needs, supporting people to live healthier lives, prevention, wellbeing, information and advice.
- **Providing support –** markets (including commissioning), integration and partnership working.
- **Ensuring safety –** safeguarding, safe systems and continuity of care
- **Leadership –** governance, learning, improvement, innovation.

With choice, control and personalisation threaded throughout, alongside TLAP's Making It Real "I" and "We" statements.

2.7.4. The latest communication from DHSC, the 22 September letter setting out the statutory reporting requirements for the year, noted that CQC assurance is anticipated to start in 2023/24. The first assurance letter for the Council is likely to have a judgement but not be made public. Mostly assurance will be via the submission of data and evidence to a portal, with inspection visits being made where there are particular areas of concern. However, even without inspection visits the level of work to complete a self-assessment and online submissions and refreshing of evidence is likely to be a substantial commitment for Councils.

2.7.5 There will also be a refresh of the Adult Social Care Outcomes Framework and DHSC are proposing to deliver this ASCOF refresh in two phases. Later in the autumn, the first phase of the refresh will be launched, replacing some metrics produced from historical annual data

returns with metrics from the newly mandated “client level data return” which will be submitted quarterly from 1 April 2023 and removing metrics that no longer effectively measure Care Act outcomes. Full details of the changes will be announced later in the autumn, following further stakeholder engagement on the proposals. DHSC will continue to engage with stakeholders to develop metrics for the proposed second phase of the ASCOF refresh, which will fully utilise new data streams coming online over the next few years, such as updates to the user and carer surveys.

2.7.6 To prepare for CQC Assurance and ensure we know our story the regional ADASS branch is organising some LGA run mock inspection visits, Cambridgeshire is having a mock inspection visit jointly with Peterborough from 21-23 September.

2.7.7 We are also continuing with the regional self-assessment and assurance process for 2021/22 to the timetable below:

- Directors completed the Self Assessment Tool May 2022
- Buddy conversation took place in June 2022
- Ex Director visit happened in July 2022
- Regional Challenge Event 30th September 2022

2.8 Information and Advice

2.8.1 The DHSC want to make it easier for people to make decisions about the care they or people they support need to live the life they want to, and to understand what their rights are and what support is available to them. To this they will seek to ensure high-quality information and advice is available and accessible to everyone who may need it, so people are empowered to make informed decisions about the care and support they may need, now and in the future.

2.8.2 This means making sure that people understand the support available to them in their area to maintain their health and wellbeing and achieve the outcomes that matter most to them.

2.8.3 We also need to make sure that people receiving care and support, particularly those who may face challenges with finding employment, are supported to obtain work.

2.8.4 To support this ambition, over the next three years DHSC will:

- Invest at least £5m to pilot and evaluate new ways to help make it **easier for people to navigate** their local adult social care system.
- Identify effective ways for local authorities to **support people with autism and learning difficulties into employment**, with the launch of the Local Supported Employment scheme.

2.8.5 Further information has yet to be published however, this is likely to link to elements of the integration white paper around promoting the role of care navigators and link workers. The Council is in a good position to engage with this work once the detail becomes known as we already have good links to primary care social prescribing. However, we know there is much more work needed to make our offer acceptable to everyone, and particularly hard to reach groups. We also know that we need to get better at supporting people with learning disabilities or autism into employment.

2.9 Carers

2.9.1 The white paper also sets out the ambition to improve the experiences of the millions of people across the country who play an important role in caring for their friends and family, recognising that for some this can be a significant commitment.

2.9.2 Pledging to improve information, advice and support services for people with caring responsibilities, recognising the important role they play and empowering them to achieve the life goals that matter to them.

2.9.3 Over the next three years the DHSC will:

- Invest up to £25m to work with the sector to kickstart a change in the services **provided to support unpaid carers**, and their availability across the country.
- Provide for a duty for Integrated Care Boards to **involve unpaid carers when commissioning care** services.
- Introduce a Carer's Leave entitlement of 5 days of unpaid leave per year for eligible employees.

2.10 New models of housing and care

2.10.1 The White Paper sets out the long-term vision to transform social care to ensure that everyone in England is able to access the right care, in the right place, at the right time. The place people live in, the technology they use, and the care they receive are all important to help people to live the life they choose.

2.10.2 The reforms aim to ensure the care and support people receive is personalised, helps maintain and build their independence, and allows them to have more choice and control over the things that matter, enabling them to live healthier, happier and more fulfilling lives.

2.10.3 The pledge is to ensure everyone who draws on care and support has a choice of housing options that work for them, which help them to live well in their own home or in their community. Our ambition is to give more people the choice to live independently in their own homes for longer. To increase the supply of supported housing for people whose care and support needs mean they need a home that is specifically designed to support independent, healthy living.

2.10.4 To achieve this ambition, over the next three years DHSC will:

- Support local authorities to **provide more supported housing** for those who need it to help them live as independently as possible, with at least £300m of new investment.
- **Increase the supply of specialised housing** for older people and people with a physical disability, learning disability, autism or mental ill-health with £210m investment in the Care and Support Specialised Housing (CASSH) Fund.
- Launch a **new practical support service** to make minor repairs and changes to people's homes to help people remain independent and safe at home.

2.11 Innovation and technology

2.11.1 The white paper also sets out proposals for funding to support digitalisation for adult social care. With the aim of making the most of technology to support people to live

independently and ensure care professionals have the right digitised information at their fingertips to provide safe, outstanding quality care.

2.11.2 The white paper also states an ambition to develop new and innovative ways of providing care and support to people at scale, increasing the choice of care available to individuals.

2.11.3 To achieve this vision over the next three years, the following is proposed:

- **Accelerate the digitisation of social care** with a £150m fund. This will improve broadband connectivity, cyber security and the digital skills of the social care workforce to help drive uptake of digital social care records and other technologies that improve the quality, safety and personalisation of care.
- Support local authorities to launch innovative **new ways of delivering care in the community**, improving the choice of care available to individuals through a new £30m Innovative Models of Care Programme.

2.12 Integration with health

2.12.1 The White Paper Health and social care integration: joining up care for people, places and populations - GOV.UK (www.gov.uk) was published in January 2022, setting out the following key intentions

- A new requirement for shared place-based outcomes across health and local government.
- Proposal to strengthen provision of health and social care within the community
- Expectation that a single person will hold the lead accountability for delivering shared outcomes across health and social care.
- Sets out proposals for progressing key enablers of integration (workforce, digital and data, financial pooling and alignment)
- Reinforces the role of CQC and regulation in supporting integration at place level.

2.12.2 The visions within the white paper are linked to the following “Think Local Act Personal” I statement. “Everyone should be able to say: ‘I can plan my care with people who work together, to understand me and my carer(s), who allow me control and bring together services to achieve the outcomes important to me.’”

2.12.3 Shared outcomes will be implemented from April 2023, and delivery of these will be overviewed by the regulatory framework being introduced for Integrated Care Systems. Integrated Care Systems themselves went live in 2022. These shared outcomes will need to be designed by partners across the system and with citizens and be grounded in an understanding of the needs of the local population.

2.12.4 To support pooling of budgets there is currently a proposed review of section 75 of the NHS Act 2006, to simplify the current regulations.

2.12.5 There is a reaffirmed commitment to personal health budgets and personal budgets as means to personalising integration for individual people’s care and support.

2.12.6 There is a focus on implementation of the shared care record across health and social care, including social care providers, and continued commitment of sharing health and social care

data to support population health management across Integrated Care Systems. There is a target for each Integrated Care System to have a population health platform to support planning and proactive population health management by 2025. There is also a target to achieve 80% adoption of digital social care records among CQC-registered social care providers by March 2024.

2.12.7 The paper also promotes the introduction and expansion of technology to support self-management of health and social care, including patient access to their health and care record, and expansion of digital technology in people's homes. There is a target for March 2024 for 20% of care homes to have acoustic monitoring solutions in place to prevent falls.

2.12.8 The paper also sets out plans to improve capacity and skills within the health and social care workforce which includes:

- To improve digital and data skills within the health and social care workforce, from strategic planning through to direct care delivery roles.
- Allow for deployment of staff across health and social care sectors, including more flexibility on delegated tasks, with a national framework for delegation of healthcare interventions.
- Introduction of an Integrated Skills Passport to enable and health and care staff to transfer their skills and knowledge between the NHS, public health and social care.
- Increasing learning opportunities available to social care staff to include health undergraduate degree apprenticeships.
- Exploring opportunities for joint health and social care roles in both regulated and unregulated settings

3. Financial Implications of the Reforms

3.1 The financial implications of the reforms will be significant. Both in terms of the ongoing costs as result of the changes, alongside the one-off costs associated with the implementation phases.

3.2 The County Council Network (CCN) recently commissioned Newton Europe to undertake a piece of work to understand the impacts of the charging reforms for people receiving care, providers and local authorities and to analyse the operational and financial impacts of these proposals on local authorities (Preparing for Reform), including:

- The change in the cost of support funded by the local authority via:
  - The implementation of the cap on care costs
  - The new system of means testing
  - The establishment of a 'fair cost of care'
- The change in demand for local authority assessment and support and the operational capacity implications associated with this.

3.3 The analysis highlights that over a 10-year period there will be a £10bn gap in national funding, when compared to the Governments Impact Assessment (£29bn-£32bn vs £19bn)

3.4 It further highlights that by 2031-32 social care will need 50% of the health and social care levy to implement the proposed changes (£5.6 -£6.2bn per annum) to implement proposed

changes and the operational impact of the changes will result in 200,000 more assessments per annum nationally. This equates to a 39% increase in social workers and 25% increase in financial assessors.

3.5 For Cambridgeshire, the report outlines the potential cost of the Reforms to the Council of being in the region of £22.8m-£21.6m in 2023/24, rising significantly in subsequent years, as can be seen from the upper and lower scenario tables below (and in Appendix 1).

This programme's upper scenario for the total financial impact of charging reforms on Cambridgeshire County Council for older adults only:

Cambridgeshire Upper Scenario	23-24	24-25	25-26	26-27	27-28	28-29	29-30	30-31	31-32	Cumulative Total (Discounted to 2020 at 3.5% per year)
Older Adults (65+) Means Test & Cap	£4.9m	£15.3m	£26.9m	£40.3m	£49.1m	£51.4m	£53.1m	£54.7m	£56.4m	£264.6m
Operational Spend	£3.2m	£3.3m	£3.4m	£3.5m	£3.6m	£3.7m	£3.8m	£3.9m	£4.0m	£25.0m
FCC Spend (Residential / Nursing only) per LangBuisson analysis*	£14.7m	£15.2m	£15.6m	£16.1m	£16.6m	£17.1m	£17.6m	£18.1m	£18.7m	£116.1m
Total	£22.8m	£33.7m	£45.9m	£59.9m	£69.2m	£72.2m	£74.5m	£76.8m	£79.1m	£405.8m

The programme's lower scenario for the total financial impact of charging reforms on Cambridgeshire County Council for older adults only:

Cambridgeshire Lower Scenario	23-24	24-25	25-26	26-27	27-28	28-29	29-30	30-31	31-32	Cumulative Total (Discounted to 2020 at 3.5% per year)
Older Adults (65+) Means Test & Cap	£3.7m	£11.5m	£20.7m	£32.0m	£39.9m	£42.3m	£43.7m	£45.1m	£46.5m	£214.1m
Operational Spend	£3.2m	£3.3m	£3.4m	£3.5m	£3.6m	£3.7m	£3.8m	£3.9m	£4.0m	£25.0m
FCC Spend (Residential / Nursing only) per LangBuisson analysis*	£14.7m	£15.2m	£15.6m	£16.1m	£16.6m	£17.1m	£17.6m	£18.1m	£18.7m	£116.1m
Total	£21.6m	£29.9m	£39.7m	£51.6m	£60.0m	£63.0m	£65.1m	£67.2m	£69.2m	£355.3m

3.6 *Extended Means Test and Cap on Care Costs Analysis*

3.6.1 The impact of this reform element alone will be significant for Council with an estimated cost of £3.7m-£4.9m in 2023/24, rising to £46.5-£56.4m by 2031/32.

3.6.2 The below table shows that for Cambridgeshire:

- Proportion of people receiving full local authority support to increase from 23%-54%
- It is forecast that 5% of older people will hit the care cost cap.

Cambridgeshire	Percentage of the Over 65 Care Population in each group					
	System	Assets less than £14,250	Assets £14,250 to £23,250		Assets £23,250 to £100k	Assets over £100k
Financial Impacts	Current System	Fully LA funded for their care (except contributions from income)	Partially LA funded for their care under means test (plus contributions from income)		Entirely Self funded for their care	
		23%	31%	70% LA Funded on average	46%	
	Reform System	Fully LA funded for their care (except contributions from income)			Partially LA funded for their care under means test (plus contributions from income)	Entirely Self funded for their care, unless they reach the cap
		54%			38%	58% LA Funded on average / 5% Have Reached Cap

3.7 Fair Cost of Care

3.7.1 In March 2022 Laing Buisson published analysis suggesting a significant shortfall between the ring-fenced funding for Fair Cost of Care, and the true cost to Council's and Providers of care. They suggest costs between 2 and 4.5 times higher than the government funding allocation of £375 million.

3.7.2 For Cambridgeshire, early estimates are that the impact of the Fair Cost of Care will be c. £14.7m in 2023/24.

3.7.3 If properly funded, these reforms provide an opportunity to support provider viability, by enabling providers to fully reward and retain their staff. However, without this, and with any further financial pressure placed on providers, there is a risk that capacity will reduce, and the necessary level of care and support will simply not be available in the market.

We have commissioned Laing and Buisson to undertake our local Fair Cost of Care work across Cambridgeshire and Peterborough, which is due to be completed ahead of submitting local market sustainability plans for DHSC by October 2022.

3.8 Operational Costs and Workforce Requirements

3.8.1 In terms of additional operational capacity, for Cambridgeshire it is estimated that the reforms will create an additional 1,900 care act assessments and 1,700 financial assessments per annum. To support this additional demand, Cambridgeshire will need to recruit:

- 54 additional social workers
- 13 additional financial assessors

Care Act Assessments	Estimated Additional Care Act Assessments Per Year	Additional Social Workers Required to Meet Reform Demand*
Cambridgeshire	1,900	54
East of England	14,200	684
England Total	105,500	4,304

Financial Assessments	Estimated Additional Financial Assessments Per Year	Additional Financial Assessment Officers required to meet Reform Demand
Cambridgeshire	1,700	13
East of England	12,700	97
England Total	92,800	705

3.8.2 The cost of the operational and workforce requirements alone would represent an additional cost of c. £3.2m per annum.

3.9 Transformational Capacity

3.9.1 As well as the ongoing costs of the reform changes as already outlined, the actual implementation and embedding of the changes require resource capacity to undertake this. We recognise there is a priority to undertake the immediate transformation implementation and commence full scoping, whilst we develop a full understanding of the ongoing impact and the level of new burdens funding that will be made available from Government to support this.

3.9.10 ASC Reforms is a significant challenge for us in terms of the scale of transformation we are statutorily required to deliver and the timelines to have the changes implemented by October 2023. The one-off transformation cost is c. £3m over a 3-year period to support this.

4. Funding the Reforms

4.1 Alongside the Reforms announcement, the Government also announced £36bn of investment in the health and care system over the next three years to tackle the Covid backlogs, adult social care reform, and to bring the health and social care system together on a long-term sustainable footing, with 9% of this funding due to be spent on adult social care.

4.2 The plan to raise this funding was through the introduction of a 1.25% increase in National Insurance Contributions (NICs) via the Health and Social Care Levy. Over the next 3 years, social care should receive £3.6bn of this funding to implement the social care reforms set out in the White Papers. However, with the Government currently questioning the future of the Health and Social Care Levy, it is not yet clear how the Reforms will be funded if a decision is taken to reverse the Levy.

4.3 As outlined previously the early estimated costs to the Council are estimated to be in the region of £22.8m-£21.6m in 2023/24, rising significantly in subsequent years. Whilst new burden funding is expected for some of this, the allocations are not yet known and there is concern that it will not be sufficient to meet the cost of the full financial impact to the Council.

4.4 There are 4 anticipated sources of funding for Adult Social Care reform from government:

- Market sustainability and fair cost of care funding;
- Implementation funding; and
- Funding to support implementation of the care cap, revised means test limits and extended rights under s18(3) allowing self-funders to request the Council to arrange their care at Council rates.

4.5 These first 3 streams are to receive £3.6bn of funding across the country. A further £1.7bn is to be spent on Systems Reform.

4.6 2022/23 Market sustainability and fair cost of care funding

4.6.1 For 2022-23, the Council has been allocated £1.568m to support implementation of the Fair Cost of Care work, with a condition that 75% of the funding be paid directly to providers to support a move towards paying the Fair Cost of Care, in line with the outcomes of our local Fair Cost of Care Review.

4.6.2 In addition, the Council has been allocated £100k of implementation funding to support implementation of the social care reforms in 2022/23. It is not yet clear what level of implementation funding will be available and if this will be in this financial year or next at this stage.

4.7 Funding for 2023/24 onwards

4.7.1 Further funding for the fair cost of care will be available in 2023-34 and beyond but DHSC are awaiting the outcomes of the fair cost of care work before proposing how this funding for future years should be allocated.

4.7.2 The DHSC recently published a consultation on the distribution of funding for adult social care reform for 2023 to 2024 with closing dates for responses set as the 23rd September 2022. The consultation covers funding in relation to:

- Distributing funding for needs and financial assessments
- Extension to the means test
- The cap on care costs

4.7.3 Whilst a number of options are being consulted on in terms of the funding formulas to be used, what we know so far in terms of potential funding for the Council in 2023/24 is outlined below, alongside a comparison with the estimated cost implications to the Council.

	Potential Range of Funding – consultation	CCN estimated financial impact to the Council
Funding for extension to the means test – over 65s	£4.3m	£3.7m-£4.9m
Funding for extension to the means test – under 65s	£1.9m-£2.1m	Not included in report
Funding for additional assessments	£2.7m-£2.9m	£3.2m

4.7.4 In relation to the cap on care costs, DHSC are not expecting that many people will reach the cap on care costs in year 1. Because of this they have not yet developed a formula for how funding should be distributed. Instead, they propose to use the same basis as for the means test for under 65s. They then anticipate the need for a further consultation for the distribution of funding in 2024-25.

4.7.5 We are not likely to know our full allocations until the budget in October and/or the Local Government finance settlement in December 2022.

4.7.6 CCN has recently called on the Government to provide more funding for adult social care, in light of the cost-of-living crisis. New analysis, undertaken by CCN outlines that Councils in England are set to face £3.7bn in additional costs in 2023, compared to 2021 to keep care services as they are presently due to rising inflation, wage increases and demands. Whilst new burdens funding is expected to support the implementation of the reforms as outlined in this report, this funding is not to address existing pressures that social care face around rising costs of delivering care.

5. What happens next

5.1 Integrated Care Systems were established on 1 July 2022, with the formal creation of Integrated Care Boards and the South Integrated partnership, covering Cambridgeshire.

5.2 A social care programme has been established within the Council to oversee deliver of the reforms and to track progress against the timelines. A review of the initial implementation resource requirements has been undertaken highlighting the need for one off resource investment of £3m over a period of 3 years. This investment is in addition to the ongoing costs as a result of the changes which equate to in the region of £21.6-£21.8m in 2023/24. Whilst new burdens funding from Government is expected, we do not yet know the allocation that the Council will receive and how big a gap in funding we may be presented with.

5.3 Completion of fair cost of care exercise with Laing Buisson will produce informed costs for fair cost of care.

5.4 Work to progress the cap on care costs is the next big priority work area, which will also incur both workforce resource and care package costs.

5.5 Appendix 1 - Figure 1 – early estimate of cost of cap on care and fair cost of care for Cambridgeshire

6. Alignment with corporate priorities

The impact of these reforms will have significant implications for Adult Social Care and the services we deliver to ensure good quality and outcomes for the corporate priority of health and care.

7. Significant Implications

7.1 Resource Implications
The reforms will have significant operational implications, requiring additional capacity to deliver and embed changes. The full extent of the resource impact is still being fully understood and any requests for investment or proposed financial budget changes will be reported to future committees as required.

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

7.3 Statutory, Legal and Risk Implications
The Council will have a statutory duty to comply with the legislative reform changes.

7.4 Equality and Diversity Implications
There are no significant implications set out in this report. The impact of the reforms aim to increase accessibility of social care.

7.5 Engagement and Communications Implications
Detailed engagement and communication plans are being developed as part of the adult social care reform programme of work to ensure that we have robust communications and engagement to inform the implementation of the changes.

7.6 Localism and Local Member Involvement
As implementation of the reforms develop, we will have more detailed conversations with Members about the impact of the proposals on their localities.

7.7 Public Health Implications
There are no significant implications set out in this report.

7.8 Environment and Climate Change Implications on Priority Areas
There are no significant implications set out in this report.

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

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

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law? Yes or No
Name of Legal Officer: Fiona McMillan

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

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

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

Have any Public Health implications been cleared by Public Health?
Yes
Name of Officer: Kate Parker

If a Key decision, have any Environment and Climate Change implications been cleared by the Climate Change Officer?
N/A – Not a key decision

8. Source documents guidance

8.1 Source documents

1. Health and Social Care Integration: joining up care for people, places and populations
2. Build Back Better: Our Plan for Health and Social Care
3. People at the Heart of Care: adult social care reform white paper
4. Impact Assessment of the Implementation of Section 18(3) of the Care Act 2014 and Fair Cost of Care
5. Operational Guidance for the introduction of its Fair Cost of Care (FCC) policy
6. Preparing for Reform
7. Adult Social Care Charging Reform: distribution of funding 2023 to 2024
8. County Councils Network: Councils call on Prime Minister to deliver on her promise to provide more funding for social care

8.2 Location

1. https://www.gov.uk/government/publications/health-and-social-care-integration-joining-up-care-for-people-places-and-populations
2. https://www.gov.uk/government/publications/build-back-better-our-plan-for-health-and-social-care
3. https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper
4. https://www.countycouncilsnetwork.org.uk/new-analysis-warns-government-has-seriously-underestimated-the-costs-of-adult-social-care-charging-reforms/
5. https://www.gov.uk/government/publications/market-sustainability-and-fair-cost-of-care-fund-2022-to-2023-guidance
6. https://www.countycouncilsnetwork.org.uk/new-analysis-reveals-the-regional-impact-on-local-councils-of-the-governments-flagship-adult-care-reforms/
7. https://www.gov.uk/government/consultations/adult-social-care-charging-reform-distribution-of-funding-2023-to-2024
8. https://www.countycouncilsnetwork.org.uk/councils-call-on-prime-minister-to-deliver-on-her-promise-to-provide-more-funding-for-social-care/

APPENDIX 1

Figure 1 – early estimate of cost of cap on care and fair cost of care for Cambridgeshire

This programme's upper scenario for the total financial impact of charging reforms on Cambridgeshire County Council for older adults only:

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The programme's lower scenario for the total financial impact of charging reforms on Cambridgeshire County Council for older adults only:

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Business Planning Proposals for 2023-28: opening update and overview

To:	Adults and Health Committee
Meeting Date:	5 October 2022
From:	Charlotte Black, Executive Director for People & Communities; Jyoti Atri, Director of Public Health; Tom Kelly, Chief Finance Officer
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	Not applicable
Outcome:	This report outlines the process of setting a business plan and financial strategy for 2023-2028 which will culminate at the February Full Council. Through this report, Members will gain awareness of: • the current business and budgetary planning position and estimates for 2023-2028 • the principal risks, contingencies and implications facing the Committee and the Council's resources • the process and next steps for the Council in agreeing a business plan and budget for future years
Recommendation:	It is recommended that Adults and Health Committee: a. Notes the overview and context provided for the 2023 – 2028 business plan b. Notes the initial estimates made for demand, inflationary and other pressures c. Notes overview and estimates made for the updated capital programme

Officer contact:
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Member contacts:
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Tel: 01223 706398

1. Overview

1.1 The Council's Business Plan sets out how we will spend our resources to achieve our vision and priorities for Cambridgeshire, and the key outcomes we want for the county and its people. The business plan contains a five-year financial plan including estimates of investments, pressures, and savings over the whole period. The business plan now under development is for 2023-28. It is a statutory requirement for local authorities to set a balanced budget ahead of each new financial year.

1.2 On 8 February 2022, Full Council agreed the Business Plan for 2022-2027. This included a balanced revenue budget for the 2022/23 financial year with the use of some one-off funding but contained significant revenue budget gaps for subsequent years as a result of expenditure exceeding funding estimates. These budget gaps were, in £000:

Opening Budget Gaps

2022-23	2023-24	2024-25	2025-26	2026-27
balanced	17,396	22,737	16,782	18,337

1.3 Since the 2022-27 business plan was produced, the financial outlook has worsened. In particular, the international economic position has changed significantly, and there is increased uncertainty around national government policy. The budget gap for 2023/24 is now estimated as £28.5m, and a cumulative budget gap over the five year draft business plan of £108m.

Revised Budget Gaps

2023-24	2024-25	2025-26	2026-27	2027-28
28,623	26,367	16,813	17,383	18,762

1.4 This is a very large increase in the gap projection. Central government has so far given no indication of further funding to Councils to meet pressures, and therefore we are planning on the basis of needing to close this budget gap almost entirely through decisions within the Council's control.

1.5 Further information on financial pressures facing the Council are set out below. The Council has a legal requirement to set a balanced budget for 2023/24, and therefore difficult decisions will need to be made in order to close the budget gap. The council may have to take steps to reduce the growing demand from the public for our services and may have to make dis-investments or reductions in lower priority services.

1.6 Inflation is expected to impact our budget over at least the next year in an unprecedented way. Typically, inflation represents a modest part of our overall budget growth, and estimates do not significantly change year-on-year. However, increases over the past year caused by the release of bottlenecks in demand following COVID-19 and then the outbreak of war in Ukraine has seen inflation rise to levels last seen in the 1980s. This impacts on the Council in the same way as it does on people's own household budgets. This could mean the Council will need to consider how we can cut back in some areas in order to make ends meet. The Council has finite funding, and most of our income, including taxation, is fixed at levels set by the government. We also cannot borrow or use cash reserves to fund an ongoing budget gap.

1.7 Inflation impacts on the Council's budgets in several ways. Inflation increases the amount we pay on a day-to-day basis for goods and services that we buy from external suppliers. So, rising national inflation indices (such as RPI) directly impact on us. Inflation can also impact us in more acute ways. Several of our large contracts (such as for waste disposal) have inflationary uplifts included into contracts pegged to national indices – as this is on a very large contract the difference between a 2% rise and an 8% rise can be very significant. We also purchase a large amount of electricity, around two thirds of our electricity bill goes to power streetlights. We also need power for the buildings the Council uses to serve the public like libraries, registration offices, highway depots and offices – and keeping these buildings open and warm may be even more important for individuals and communities during the colder months.

1.8 The Council has a large capital programme, and rising costs of materials increases the overall cost of works and so requires us to borrow more. Finally, rising inflation is often linked with increased staff costs. Staffing is one of our highest costs and the need to pay staff a fair wage to ensure they can meet inflationary impacts they are facing in their own lives is important. This allows us to recruit and retain essential employees but is a direct cost to the Council.

1.9 We are also having to consider uncertain demand for our services following the pandemic. Traditional patterns of accessing social care services have changed, and the Council has a role to play in the wider health and social care system in ensuring people are discharged from hospital into appropriate care. Government reforms around social care have the potential to cost local government billions of pounds extra per year but government funding yet to be identified. We are also engaging with government to agree a Safety Valve deal to address our high needs school funding deficit. This is likely to displace costs previously funded by education grants and require transformational investment from the Council.

1.10 This means the Council has a much more challenging budgetary outlook than it did when setting its current business plan some months ago, with the increased costs of inflation on its own doubling our budget gap. Added to this are some unavoidable service pressures and government reforms, which result in the now much larger budget gap of over £28m next year. It is not sustainable to use reserves to close this budget gap as that can only ever be a short-term solution. Council reserves are there to help us to manage risk and provide some buffer if there are large, unexpected pressures. Difficult choices are in prospect as we consider the environmental, social, and financial concerns of the Council, and deliver a strategy that achieves a balanced budget.

1.11 The focus on delivering specific and wide-ranging savings to address our medium-term budget gap was mostly paused during the pandemic, and the focus was taken away from more traditional savings and efficiencies. Given the size of the budget gap next year, traditional savings and efficiencies will need to form a bigger part of our budgeting. Alongside this, we will continue working on cross-cutting changes to the way we work and how we support people who use our services to deliver sustainable change, reduce demand for our services, and reduce the inflationary impact on our services.

1.12 Ideally the Council wants to continue to focus on a range of more fundamental changes to the way we work, but we can only consider investment into these areas when the savings requirement is met. Once this happens these areas could include:

- Economic recovery – Economic recovery is at the heart of improving outcomes for people and managing demand for Council services. Although the economic position has changed significantly and uncertainty around inflation levels continue for the Council and the people of Cambridgeshire, overall Cambridgeshire is well placed to support growth and economic resilience, albeit the potentially severe financial consequences for some sectors and individuals. There are impacts on employment and household income levels for many across Cambridgeshire. The stress and anxiety caused by worrying about not having enough money to buy basic necessities or afford basic utilities, which has significantly increased due to the current inflation levels, is an important factor that affects demand for many of our services.

- Prevention and Early Intervention – To support people to remain as healthy and as independent as possible as well as reduce the health inequalities that have been exposed and exacerbated by the pandemic – we need to work with people and communities to help them help themselves or the person they care for or their community. This means improved access to advice and information about local support, asset building in communities and access to assistive technology. We will continue to build on how we support the networks and groups that developed during the pandemic to continue to be sustainable going forward, and where public services are needed, ensuring support is made available early so that people's needs are less likely to escalate.

- Decentralisation – To manage demand and enable people to remain living in their own homes in their local communities, and delay the need for more specialist services, we will continue to deepen our relationships with the voluntary and community sector, District, Parish and Town Councils, The Combined Authority & Greater Cambridge Partnership, and other public sector partners to continue to build place-based support services wrapped around our vulnerable people and communities; to reduce or delay the need for more specialist expensive services and build resilient and sustainable communities where people feel proud to live.

- Environment - Putting climate change and biodiversity at the heart of the council's work will require economic transformation. Failure to understand the risks of these two crises will impact economically on the lives of our communities and beyond. As a council, we aim to deliver 2030 net zero target for Cambridgeshire County Council as an organisation and develop clear actions for delivery of our Climate Change and Environment Strategy to achieve Net Zero by 2045 for the area, enabling service and investment decisions to be made in this context. Particularly through the generation of clean energy we can deliver a financial benefit to the Council but also save money through investment into greater energy and resource efficiency.

- Social Value - With a strong focus on outcomes and impact for our communities, we will be working with our public, private, voluntary and community partners to achieve our joint ambitions. We will seek to invest using social value criteria to drive improved outcomes, including health, the living wage and employment. We will look to contribute to keeping spend local through our procurement, spending and organisational activities.

1.13 We will try to mitigate the impact of the measures we will need to take to balance the budget by ensuring that any investments we do make are targeted to make the most difference. To do this, we have adopted a triple bottom line scoring system for investment proposals, that reflect the environmental and social impact of decisions as well as the financial requirement. The most efficient investments at delivering environmental or social return will be prioritised.

1.14 For several years the Council has been setting budgets in an increasingly uncertain context. This business planning round continues with that uncertainty, and the estimates made in these papers reflect our best estimates of costs, savings, and income at this point in time. The Council's reserves policy provides for some mitigation of risk should the context change when budgets are set. We proactively monitor all budgets across the Council to ensure any flexibility to meet unexpected pressures is made clear.

1.15 In 2021/22 the Council participated in a peer challenge run by the Local Government Association. We have made progress on implementing all recommendations from that review. This includes taking a more strategic approach to business planning for Cambridgeshire and putting in place funding to ensure business change capacity. We are also working towards setting a more medium-term financial plan, subject to the uncertain economic and policy context that the Council is working in. The lack of a detailed multi-year local government finance settlement makes it difficult to predict the resources available to us.

1.16 All service committees will consider their relevant revenue business planning proposals and by December committee they will be asked to endorse proposals to January Strategy and Resources Committee as part of the consideration for the overall Business Plan. These proposals are currently being developed and will each have a robust implementation plan, which allows as much mitigation as possible against the impact of current financial challenges. Where proposals reflect joint initiatives between different directorate areas these will go before the relevant Committees to ensure appropriate oversight from all perspectives. Until we have a route to a balanced budget, discretionary investments will be prioritised but not added to the business plan until it is clear what is affordable.

1.17 At this stage, the naming and organisation of services in the accompanying finance tables reflect the organisational structure pre-September 2022. The final versions of finance tables considered by committee will be based on the revised corporate structure.

2. Building the revenue budget

2.1 As we have a five-year business plan, the first four years of the new business plan already have a budget allocation. We revise the estimates for demand, inflation, and other pressures first to confirm the budget needed to deliver the same level of service and add in any new pressures or investment proposals. These budget changes are presented first to service committees and, overall, there is a gap between our budget requirement and the funding available.

2.2 We then work to close the budget gap through savings and efficiency initiatives, identification of additional income and revision of pressure estimates, presenting these further changes to committees later in the year. Ultimately, a balanced budget needs to be

set by 1 March.

2.3 Delivering a balanced budget in the current economic context will not be easy, and it is a challenge facing the whole of local government. The Council will need to draw on a range of approaches in order to arrive at a balanced budget, produce an overall sustainable financial strategy and meet the Joint Administration's policy objectives. This will include looking at opportunities for dis-investment from non-statutory services that are not delivering our objectives, as well as strengthening services that result in maintaining people's independence such that they do not need to rely on our services.

2.4 As the economic picture develops, and as the policies of the new national government become clearer, we will update the key budget estimates to ensure they are as accurate as we can make them. We intend to set a budget with a reasonable balance of risk, and therefore should not be assuming the worst-case scenario will happen. The Council retains reserves to mitigate against unforeseen risk.

2.5 The changes so far to the budget gap estimation have been:

	2023-24	2024-25	2025-26	2026-27	2027-28
Opening budget gap	**17,396**	**22,737**	**16,782**	**18,337**	**18,596**
Key estimates updates					
Expenditure inflation estimates update	17,348	3,868	308	182	873
Income inflation estimates update	-1,939	-752	-900	-979	-923
2022/23 Staff Award Pay Inflation	3,500	0	0	0	0
Demand estimates update	-2,632	-1,273	-413	-119	759
Pressures					
Waterbeach Waste Treatment Facilities	0	580	0	0	0
IT & Digital Services - revenue investment to replace capital	965	939	1,071	0	0
Offsetting capitalisation of current revenue spend	-965	-215	0	0	0
Harmonisation of terms & conditions for insourced children's homes staff	311	0	0	0	0
Savings					
Energy schemes	-1,857	-44	-28	-29	-31
Council-wide mileage budget reduction	-500	0	0	0	0
Corporate vacancy factor	-400	0	0	0	0
Adults employment support contract retender	-40	0	0	0	0
Adults retender of block domiciliary care	-525	0	0	0	0
Public Health contract and related savings	-62	0	0	0	0
Funding changes					
Un-ringfenced home to school transport grant increase	-275	0	0	0	0
Business rates pool income	-700	700	0	0	0
Better Care Fund contributions increase	-872	0	0	0	0
Miscellaneous changes	-130	-173	-7	-9	-512
Revised budget gap	**28,623**	**26,367**	**16,813**	**17,383**	**18,762**

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

This budget gap contains our best estimates of likely inflation, demand and other costs that we will face in 2023-28. Our estimate of the potential range of budget gaps over the five-year medium-term ranges from over £140m down to £70m, due to the huge range of

uncertainty in most aspects of our work. We believe the current budget gap projected for 2023/24 is at the upper end of the potential range, and through the rest of the medium-term our estimates are broadly in the mid-range of potential outcomes.

3. Capital Programme

3.1 The Capital Programme

3.1.1 To assist in delivering its Business Plan, the Council needs to provide, maintain, and update long term assets (often referred to as 'fixed assets'), which are defined as those that have an economic life of more than one year. Expenditure on these long-term assets is categorised as capital expenditure and is detailed within the Capital Programme for the Council.

3.1.2 Each year the Council adopts a ten-year rolling capital programme as part of the Business Plan. The very nature of capital planning necessitates alteration and refinement to proposals and funding during the planning period; therefore, whilst the early years of the Business Plan provide robust, detailed estimates of schemes, the later years only provide indicative forecasts of the likely infrastructure needs and revenue streams for the Council. For each new business planning round, new schemes are developed by Services and all existing schemes are reviewed and updated as necessary before being presented to Capital Programme Board and subsequently Service Committees for further review and development.

3.1.3 Strategy and Resources will review the final overall programme in January, in particular regarding the overall levels of borrowing and financing costs, before recommending the programme as part of the overarching Business Plan for Full Council to consider in February.

3.1.4 There has been a sharp inflationary rise on construction goods due to international economic conditions and wider supply chain issues, as well as the energy crisis. Where the impact of this is known or can be estimated, it has been included, but further rises are anticipated.

3.2 Revenue Impact of the Capital Programme

3.2.1 All capital schemes can have a potential two-fold impact on the revenue position, relating to any cost of borrowing through interest payments and repayment of principal and the ongoing revenue costs or benefits of the scheme. Conversely, not undertaking schemes can also have an impact via needing to provide alternative solutions, such as Home to School Transport (e.g., transporting children to schools with capacity rather than investing in capacity in oversubscribed areas).

3.2.2 The Council is required by the Chartered Institute of Public Finance and Accountancy's (CIPFA's) Prudential Code for Capital Finance in Local Authorities 2021 to ensure that it undertakes borrowing in an affordable and sustainable manner. In order to achieve this, Strategy &Resources recommends an advisory limit on the annual financing costs of borrowing (debt charges) over the life of the Plan. In order to afford a degree of flexibility from year to year, changes to the phasing of the limit is allowed within any three-year block

(the current block starts in 2021-22), so long as the aggregate limit remains unchanged. Strategy & Resources are due to set limits for the 2032-24 Business Plan as part of the Capital Strategy review in December.

3.3 Summary of the Draft Capital Programme

3.3.1 The revised draft Capital Programme is as follows:

Service Block	2023-24 £'000	2024-25 £'000	2025-26 £'000	2026-27 £'000	2027-28 £'000	Later Yrs £'000
People Services	68,510	164,521	96,620	107,875	52,335	18,096
Place and Sustainability	414,459	60,413	31,208	22,283	18,946	18,969
Corporate Services	167,648	5,391	3,252	1,260	800	800
Total	**650,617**	**230,325**	**131,080**	**131,418**	**72,081**	**37,865**

3.3.2 This is anticipated to be funded by the following resources:

Funding Source	2023-24 £'000	2024-25 £'000	2025-26 £'000	2026-27 £'000	2027-28 £'000	Later Yrs £'000
Grants	177,504	48,150	43,356	33,189	29,729	26,651
Contributions	93,951	66,635	37,675	20,431	35,951	38,844
Capital Receipts	15,130	24,990	19,842	12,000	2,000	6,000
Borrowing	248,537	91,866	30,535	65,798	32,280	3,216
Borrowing (Repayable)*	115,495	-1,316	-328	-	-27,879	-36,846
Total	**650,617**	**230,325**	**131,080**	**131,418**	**72,081**	**37,865**

* Repayable borrowing nets off to zero over the life of each scheme and is used to bridge timing gaps between delivery of a scheme and receiving other funding to pay for it.

All funding sources above are off-set by an amount included in the capital variation budget, which anticipates a degree of slippage across all programmes and then applies that slippage to individual funding sources.

3.3.3 The level of prudential borrowing currently projected for this business plan is an increase of approximately £34.7m, which will impact on the level of debt charges incurred. The debt charges budget is also currently undergoing thorough review of interest rates, internal cash balances, Minimum Revenue Provision charges and estimates of capitalisation of interest – the results of this will be fed into the next round of committee papers.

4. Overview of Adults and Health Draft Revenue Programme

4.1 Context and Background

4.1.1 This section provides an overview of new pressures and risks and the savings and income proposals within the remit of the Committee.

4.1.2 Adults and health continue to operate in a changing context. Rising inflation, workforce challenges and the ongoing impacts of the pandemic continue to impact significantly. We are seeing increasing costs of providing care, alongside people presenting with more complex needs.

4.1.3 The Government recently published 'Build Back Better: Our Plan for Health and Social Care' and 'People at the Heart of Care: Social Care Reform', which outlines significant legislative changes to Adult Social Care, which come into effect from October 2023. Whilst the key changes associated with the introduction of a cap on care costs, changes to financial means testing and the Fair Cost of Care will bring significant new financial implications to the Council; the reforms bring wider changes including; Care Quality Care Assurance, Carers support, new models for housing and care and a focus on digitalisation and technology.

4.1.4 The operational and financial implications of the reforms will be significant. A recent report by the County Councils Network (CNN) and Newton Europe 'Preparing for Reform', outlines that by 2031/32 social care will need 50% of the health and social care levy to implement the changes, a £10bn shortfall on the Government predictions. In addition, the operational impact of the reforms will require a 39% increase in social workers and a 25% increase in financial assessors.

4.1.5 For Cambridgeshire County Council, this represents additional ongoing costs as a result of the changes in the region of £21.6 to £22.8m in 2023/24. We await announcements from government as to how much additional funding we will receive to meet these costs. In addition, the implementation of the reforms will require one off resource investment of £3m over a period of three years.

This programme's upper scenario for the total financial impact of charging reforms on Cambridgeshire County Council for older adults only:

Cambridgeshire Upper Scenario	23-24	24-25	25-26	26-27	27-28	28-29	29-30	30-31	31-32	Cumulative Total (Discounted to 2020 at 3.5% per year)
Older Adults (65+) Means Test & Cap	£4.9m	£15.3m	£26.9m	£40.3m	£49.1m	£51.4m	£53.1m	£54.7m	£56.4m	£264.6m
Operational Spend	£3.2m	£3.3m	£3.4m	£3.5m	£3.6m	£3.7m	£3.8m	£3.9m	£4.0m	£25.0m
FCC Spend (Residential / Nursing only) per LangBuisson analysis*	£14.7m	£15.2m	£15.6m	£16.1m	£16.6m	£17.1m	£17.6m	£18.1m	£18.7m	£116.1m
Total	£22.8m	£33.7m	£45.9m	£59.9m	£69.2m	£72.2m	£74.5m	£76.8m	£79.1m	£405.8m

The programme's lower scenario for the total financial impact of charging reforms on Cambridgeshire County Council for older adults only:

Cambridgeshire Lower Scenario	23-24	24-25	25-26	26-27	27-28	28-29	29-30	30-31	31-32	Cumulative Total (Discounted to 2020 at 3.5% per year)
Older Adults (65+) Means Test & Cap	£3.7m	£11.5m	£20.7m	£32.0m	£39.9m	£42.3m	£43.7m	£45.1m	£46.5m	£214.1m
Operational Spend	£3.2m	£3.3m	£3.4m	£3.5m	£3.6m	£3.7m	£3.8m	£3.9m	£4.0m	£25.0m
FCC Spend (Residential / Nursing only) per LangBuisson analysis*	£14.7m	£15.2m	£15.6m	£16.1m	£16.6m	£17.1m	£17.6m	£18.1m	£18.7m	£116.1m
Total	£21.6m	£29.9m	£39.7m	£51.6m	£60.0m	£63.0m	£65.1m	£67.2m	£69.2m	£355.3m

4.2 Strategic Direction Focus for Public Health

4.2.1 Public Health's strategic focus is to improve health outcomes in the most effective way through:

- Cost effective and efficient, integrated, universally accessible public health services for residents.

- System coordinated approach to population health. Shaping strategy and policy, informing system service delivery and improving health outcomes.
- Building and commissioning more behavioural insight research and interventions to inform effective prevention and improve population health outcomes.

4.2.3 This approach will also enable a wider system emphasis on prevention and effectively improve outcomes and reduce inequalities rather than focus on activity and processes.

4.2.4 We are expecting the ringfence for public health to remain in 2023/24, but this is not confirmed as yet.

4.2.5 There is no guaranteed uplift for 2023/24 and we may potentially face a cut in grants. Grant increases have been inconsistent and more recently driven by the NHS Agenda for Change pay increases.

4.2.6 Public Health faces a number of known risks and pressures ahead, including:

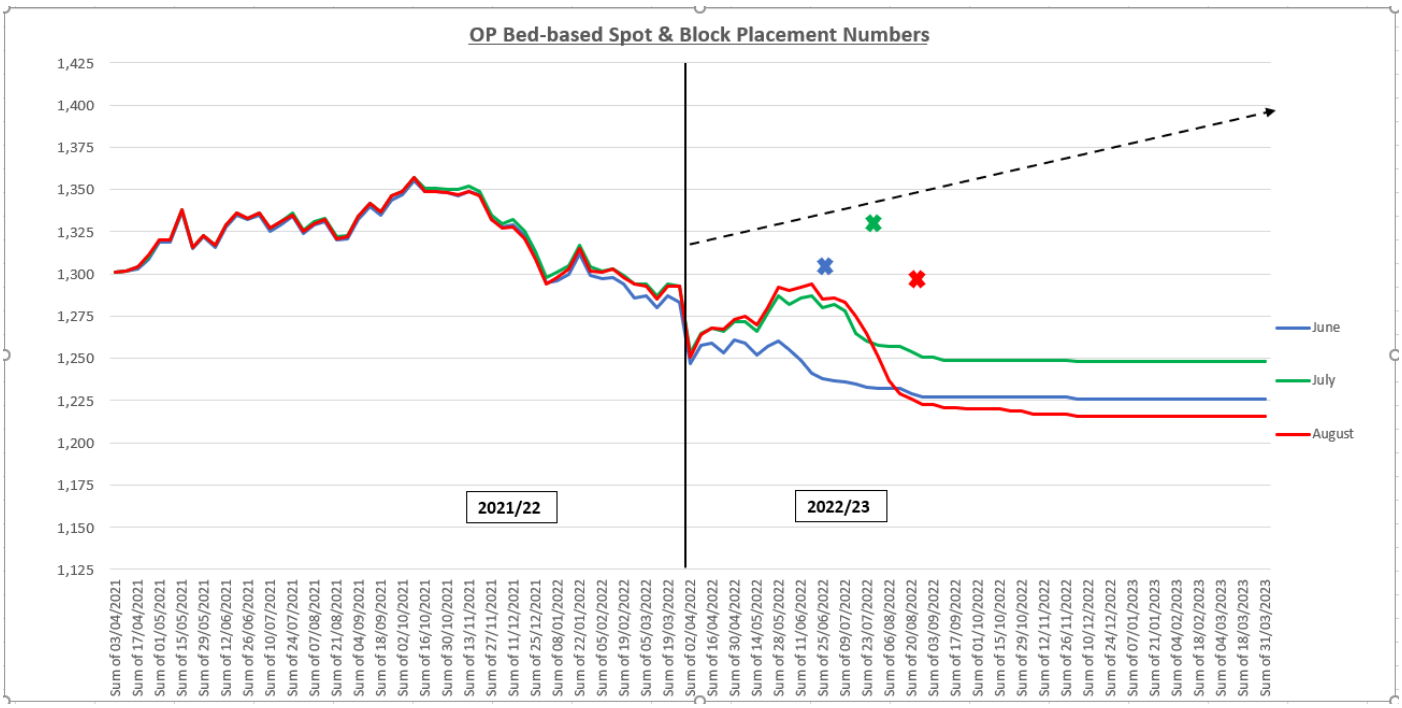
- Increased population risk: including rising obesity, increased alcohol consumption and swamped primary care.
- Backlog of work to recover from the pandemic.
- Workforce challenges; including vacancy rates in commissioned services and a tired workforce.
- Infectious disease threats over winter.

4.3 **Demand and Inflation Overview**

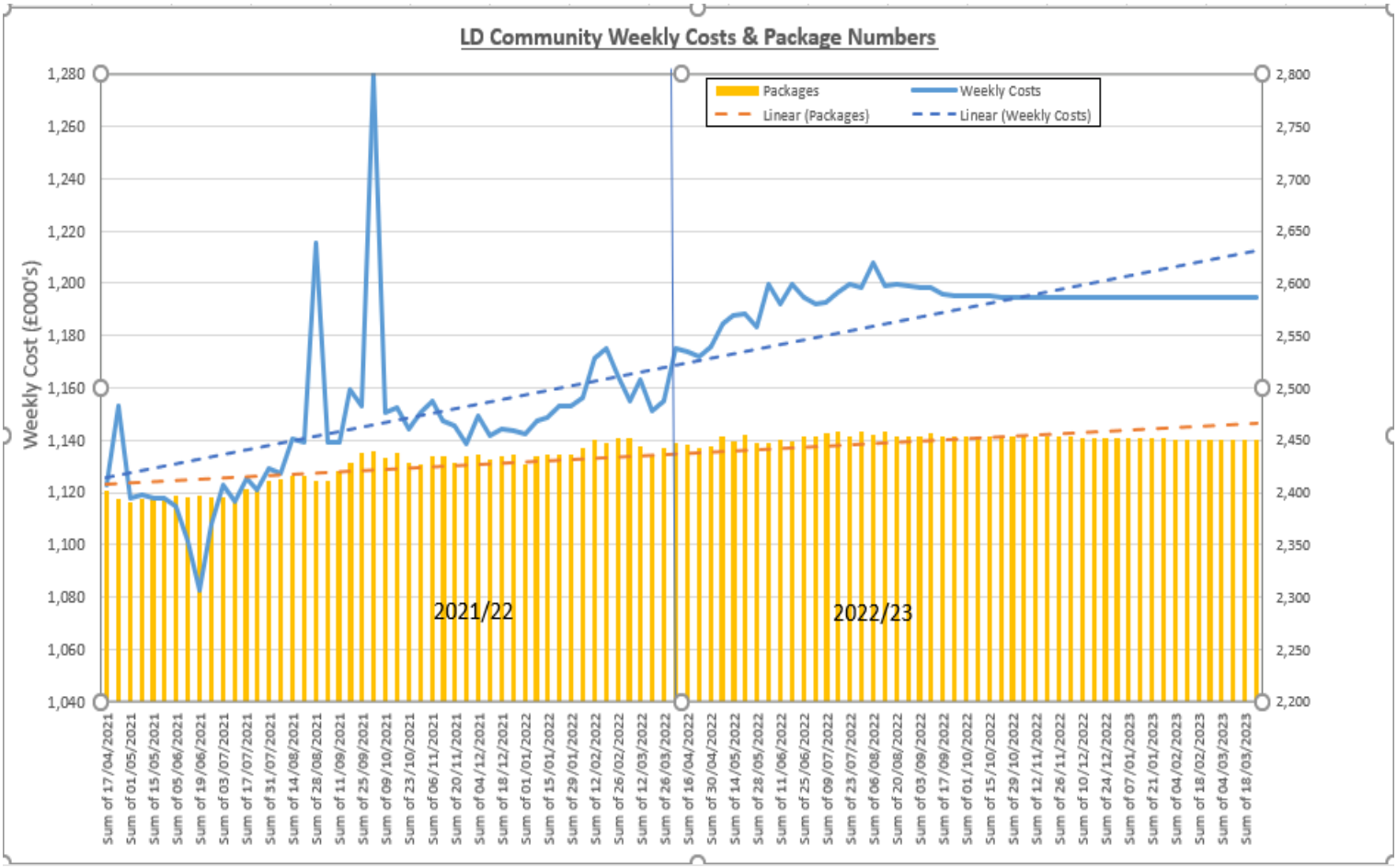
4.3.1 We have reviewed the way we model demand for adults services. Historically we used to model demand based largely on population growth. However, since COVID-19, demand has changed, and we have now reviewed demand trends over the past 12 months and modelled these going forward to inform funding needs for future years. However, we are doing more work to understand the levels of unmet need to understand how this may impact on demand.

4.3.2 We are seeing demand reduce for older people going into bed-based care due to the devastating impact of the pandemic, alongside greater reluctance to place elderly relatives in care due to the risks associated with this. On the other hand, we have seen demand increase for community-based care (e.g., home care), mental health, learning disabilities and working age adult services. This review means we are able to reduce the demand bid for 2023/24 to £8.9m (down from the current business plan amount of £11.5m). A reduction of £2.6m. But if demand increases then we will need to revisit this; and further work is being undertaken to establish levels of unmet need.

4.3.3 The below graph shows the forecast spend on Older People Bed based care compared to the budgeted amount (black dotted line). It should be recognised, that there is always a potential impact due to delays in loading packages onto the Mosaic system. The x marks indicate the expected impact of when loading delays have been factored in, clearly showing that the forecast is still well below the current demand budgets.



4.3.4 The below graph shows that for Learning Disabilities, costs are rising faster than numbers of packages. Demand calculations are reflecting these more expensive package costs.



4.3.5 The demand budget changes across ASC budgets are summarised in the below table.

Budget Area	2023/24 Budget Change
Physical Disabilities	556
Autism and Adult Support	124
Learning Disability	1,155
Adult Mental Health	580
Older People	-5,035
Older People Mental Health	35
Community Equipment	0
TOTAL Demand	**-2,585**

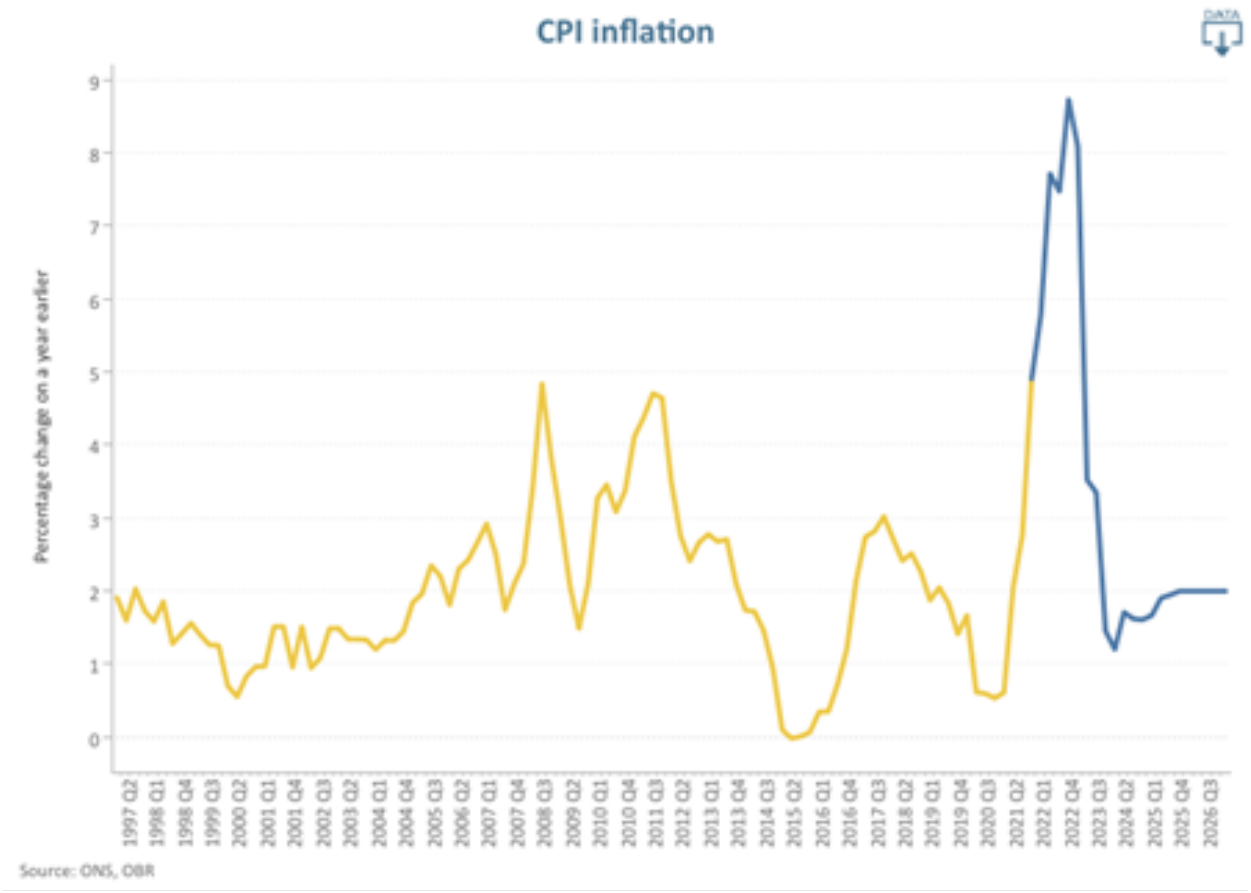
4.3.6 However, this is offset by significant inflationary pressures. National Living Wage (NLW) is predicted to rise by 8.6% in 23/24 and CPI is currently at 10.1% (July 2022).

4.3.7 For 2023/24, we need £3.1m more inflation than we currently have budgeted in the Business Plan, taking the investment to £16.7m.

4.3.8 NLW is the main element of the inflationary costs, with 70% of social care provider costs being spent on staffing, with the remainder being modelled on CPI inflationary increases.

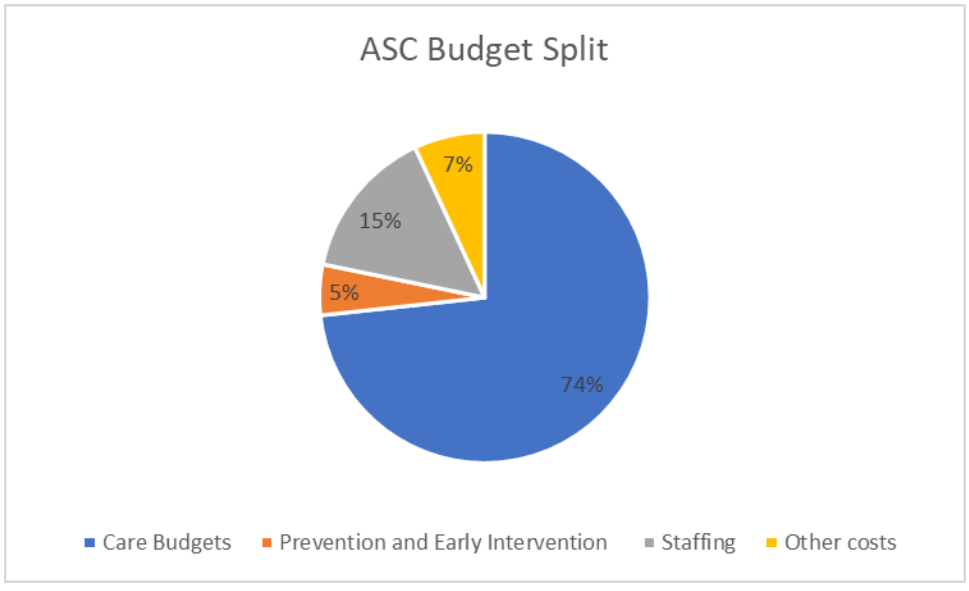
4.3.9 In 2023/24 we expect inflation to continue to be a financial pressure across the sector. The Bank of England shows general inflation forecast to drop to 4% in 2023/24. The Office for Budget Responsibility forecasts a range between 2.4% and 7.5%. The Low Pay Commission, who advise the Government on the levels of the National Living Wage (NLW) and National Minimum Wage (NMW), is seeking evidence on the impact of the NLW and NMW. The Commission is testing the affordability and effects of an increase in April 2023 to an NLW rate of £10.32 per hour (an increase of 8.6% on April 22).

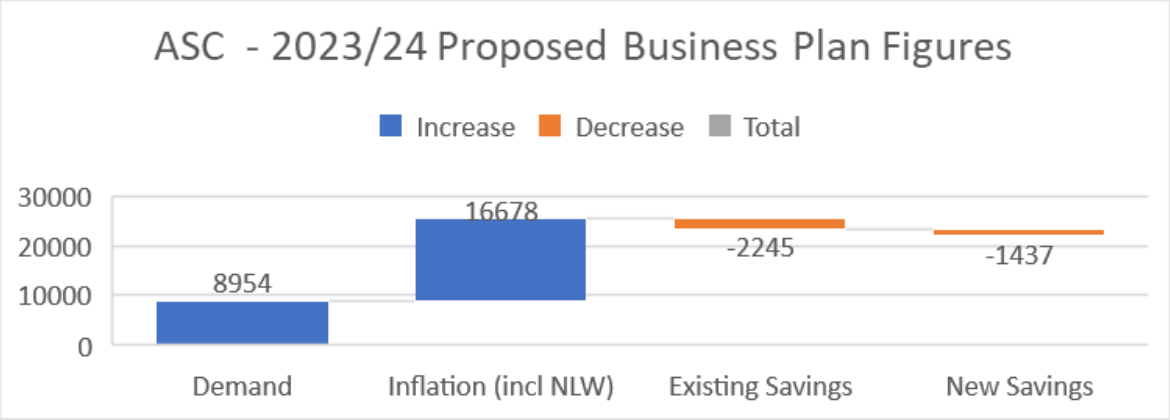
4.3.10 We have currently modelled the inflation ask based on a mid-point of the Low Pay Commission and Office for Budget Responsibility forecasts. However, we continue to monitor the inflation forecasts and opportunities to mitigate wherever possible.



CPI Inflation Forecast (Office for Budget Responsibility)

4.3.11 With 74% of adult's budgets committed to long term placement spend, this is a large budget area that attracts inflation. Inflation is the biggest area of investment for adults in 2023/24, at £16.7m investment, which equates to 76% of the additional investment going into the budget.





4.3.12 Public Health demand and inflationary increases are assumed to be funded from increases in the Public Health grant. This assumption will be revisited once the amount of the grant for 2023/24 has been announced.

4.4 Identified Savings and Income Opportunities

4.4.1 We have already identified and committed to deliver £3.682m of savings and increased income for 2023/24 for Adults and Health.

4.4.2 £2,245k of the savings and increased income identified are already included in the Business Plan, as outlined in the below table.

Adults Positive Challenge: managing transitions to adult services through prevention and early intervention	£154k
Lifeline Project: establishment of CCC as a provider of Lifeline and associated income for this	£122k
Additional block bed savings: reducing the cost of placement spend through increasing the block to spot ratio of contracted beds	£263k
Expansion of Direct Payments: increasing DP support offer, to enable greater independence and personalised purchasing of care, preventing more costly, higher level support options being put in place	£6k
Learning Disability Partnership Pooled budget: re-baselining of share of pooled budget costs	£1,700k
Total existing savings / increased income:	**£2,245k**

4.4.3 £1,437k of the savings / increased income identified are new opportunities, as outlined in the below table.

Savings from the decommissioning of a number of discharge block cars, as we transition to a new model of delivery	£525k
Adults and mental health employment support: contract efficiencies as a result of reprocuring the contract	£40k
Increased Better Care Fund contribution from the NHS to part fund our demand pressures.	£872k
Total new savings / increased income:	**£1,437k**

4.4.4 In addition to the above, we also propose to fund £1.5m of our inflation ask as one-year only from Adults' reserves.

4.4.5 Currently we have identified £61.5k of savings for public health, which we can substitute for funding into the Drugs and Alcohol Family Safeguarding and Prevention service, as outlined below.

1. Healthy Weight	£35k
2. Historical savings on Drug and Alcohol Treatment Contract	£10k
3. Public Health Commissioning from Pharmacies	£1.5k
4. Co-ordination of assurance checks for GPs/Nurses to provide Long-Acting Reversible Contraception (LARCs)	£10k
5. Funding for Integrated Care Board Clinical Advice and Support	£5k
Total	**£61.5k**

4.5 Further Opportunities

4.5.1 We continue to focus on delivering to the Triple Bottom Line, with opportunities delivering a range of social and environmental benefits in addition to the financial ones. For example:

- Social:
  - Developing local models, e.g., Care Together, which will support local employment opportunities, including development of local microenterprises
  - Improving health and wellbeing, by increasing people's independence and choices, for example Expanding Direct Payments, and mental health employment support
  - Independent Living Services – enabling infrastructure for new models of delivery
- Environmental:
  - Decommissioning some of the discharge cars and replacing the model with local solutions via the Care Together programme = reduced carbon emissions

4.5.2 We are exploring a number of additional options to deliver more savings and increased income over the next two to three years, with a continued focus on managing demand through prevention and early intervention approaches. However, with around 74% of adults budgets committed to long term placement spend, this continues to be a challenge.

4.5.3 Additional areas being explored are outlined in the table below.

Adults
Delay of Independent Living Service in South Cambridgeshire: through delaying plans to build the ILS in the South, we can push back capital borrowing requirements and some implementation costs.
Mental Health Supported Accommodation: investment in block provision of accommodation to increase local choice and reduce costs by a reduction in spot placements which typically cost more.

Earlier use of Technology Enabled Care (TEC): For children and young people with disabilities, to maximise independence as they transition to adult services
Learning Disabilities respite and day opportunities: demand management through a review of the offer to ensure we are maximising independence and preventing unnecessary escalation of need to more costly support.
Learning Disabilities all age employment pathway: invest to save opportunity. By investing in a robust employment pathway offer we can support more people with LD into suitable employment. Enabling them to build their skills, independence and reduce social isolation and in turn reducing demand on alternative more costly support.
Effective and timely targeted reviews, e.g., post hospital discharge: by ensuring that we undertake planned reviews to ensure that care packages are meeting current needs. For example, 6-8 weeks post hospital discharge - once people have had a chance to recover to their optimum health and ensure that we are maximising opportunities to support independence within the community.
Learning Disabilities – review of baseline budget in line with current trends and review of pooled budget arrangements.
Public Health
Vacancy Factors
Historical savings on the Lifestyle Contract
Provider transactional savings
Review 2022/23 public health investments

4.7 **Investment/Pressures (Funding Dependent)**

4.7.1 Care Charges Review: We are looking at opportunities to support the cost-of-living pressures through a review of how we charge for care.

4.7.2 We have identified the following area where an investment, to be funded by Public Health budget is required, as outlined in the table below.

Investment	**Value**	**Source of Funding**	**Rationale**
Infection and Prevention and Control Nurse	£42k	Currently funded from COMF but to be funded from the Public Health grant from 2023/24	Response to winter and ongoing threats of COVID-19 and other infections.
Total	**£192k**		

4.7.3 Investment was made from the Public Health Grant Uplift of £776k in 2022/23 in a number of ongoing areas, which will have a recurrent impact, these include:

- Child weight management: £350k
- Inflationary and other pressures uplift to Stop Smoking and NHS Health Checks: £150k
- Agenda for Change salary increases (NHS Commissioned services): £276k

4.8 **Summary**

4.8.1 We continue to work within a challenging and changing landscape with major changes ahead of us which present significant implications such as Adult Social Care Reforms and Integrated Care Systems.

4.8.2 Despite 74% of Adults budgets being committed to long term care placement spend, we have already identified and committed to £3.682m of savings and increased income for Adults and Health.

4.8.3 We are exploring a number of additional options to deliver more savings / increased income.

4.8.4 Our investment in initiatives like the Care Together Programme and Independent Living Services will improve the way our services are experienced and delivered, and all savings and investments will be evaluated against the Triple Bottom Line.

5. Overview of Adults and Health Draft Capital Programme

5.1 The revised draft Capital Programme for Adults and Health is as follows:

Capital Expenditure	2023-24 £'000	2024-25 £'000	2025-26 £'000	2026-27 £'000	2027-28 £'000	Later Yrs £'000
Disabled Facilities Grant	5,070	5,070	5,070	5,070	5,070	25,350
Integrated Community Equipment Service	400	400	400	400	400	2,000
Independent Living Service: East Cambridgeshire	13,847	4,007	-	-	-	-
Independent Living Services	-	3,161	15,597	14,955	6,435	-
Total	**19,317**	**12,638**	**21,067**	**20,425**	**11,905**	**27,350**

5.2 This is anticipated to be funded by the following resources:

Funding Source	2023-24 £'000	2024-25 £'000	2025-26 £'000	2026-27 £'000	2027-28 £'000	Later Yrs £'000
Grants	5,070	5,070	5,070	5,070	5,070	25,350
Borrowing	14,247	7,568	15,997	15,355	6,835	2,000
Total	**19,217**	**12,638**	**21,067**	**20,425**	**11,905**	**27,350**

5.3 Papers on the individual schemes have been, or will be, considered separately by the relevant Service Committee where appropriate.

5.4 **New Schemes and Changes to Existing Capital Schemes**

5.4.1 There are no new schemes for Adults and Health and the tables above simply reflect changes to existing schemes, such as rephasing, re-costing, and revised funding.

6. Next steps

6.1 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
November / December	Draft business cases go to committees for consideration. Draft Strategic Framework and MTFS to Strategy and Resources Committee.
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

7. 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. As the proposals are developed, they will consider the corporate priorities:

- Environment and Sustainability
- Health and Care
- Children and Young People
- Transport

8. Significant Implications

8.1 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.

8.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications for the proposals set out in this report. Details for specific proposals will be set out in the business cases. All required procurement activity will be fully compliant with the Council's Contract Procedure Rules.

8.3 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.

8.4 Equality and Diversity Implications

Each of the proposals being developed will include a summary of key points from the Equality Impact Assessments carried out. These summaries will describe how each proposal will not discriminate against vulnerable, minority and protected groups. They will highlight any positive impacts and mitigations for any negative impacts.

8.5 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.

8.6 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.

8.7 Public Health Implications

It will be important to secure a better understanding of the impact of COVID-19 upon Public Health outcomes along with other service areas. There is emerging evidence of increases in obesity and mental health issues along with other key Public Health areas. Over the longer term this will increase demand for preventative and treatment services.

8.8 Environment and Climate Change Implications on Priority Areas

The 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 Head of Procurement? Yes
Name of Officer: Clare Ellis

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

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

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

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

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

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

9. Source documents guidance

9.1 Source documents

Appendix 1a Introduction to Finance Tables
Appendix 1b People and Communities* Finance Table 3
Appendix 1c Public Health Finance Table 3

*Please see 1.17

Appendix 1a – Introduction to the Finance Tables

In the full business plan, there are usually six finance tables. Tables 1-3 and 6 relate to revenue budgets, while tables 4 and 5 relate to capital budgets and funding.

At this stage of the business planning cycle, we produce Tables 3 for revenue, along with the capital tables (4 and 5).

Table 3

Table 3 explains in detail the changes to the previous year's budget over the period of the Business Plan, in the form of individual proposals. At the top it takes the previous year's gross budget and then adjusts for proposals, grouped together in sections, covering inflation, demography and demand, pressures, investments and savings to give the new gross budget. The gross budget is reconciled to the net budget in Section 7. Finally, the sources of funding are listed in Section 8. An explanation of each section is given below:

- **Opening Gross Expenditure:**
  The amount of money available to spend at the start of the financial year and before any adjustments are made. This reflects the final budget for the previous year.

- **Revised Opening Gross Expenditure:**
  Adjustments that are made to the base budget to reflect permanent changes in a Service Area. This is usually to reflect a transfer of services from one area to another.

- **Inflation:**
  Additional budget provided to allow for pressures created by inflation. These inflationary pressures are particular to the activities covered by the Service Area.

- **Demography and Demand:**
  Additional budget provided to allow for pressures created by demography and increased demand. These demographic pressures are particular to the activities covered by the Service Area. Demographic changes are backed up by a robust programme to challenge and verify requests for additional budget.

- **Pressures:**
  These are specific additional pressures identified that require further budget to support.

- **Investments:**
  These are investment proposals where additional budget is sought, often as a one-off request for financial support in a given year and therefore shown as a reversal where the funding is time limited (a one-off investment is not a permanent addition to base budget).

- **Savings:**

These are savings proposals that indicate services that will be reduced, stopped or delivered differently to reduce the costs of the service. They could be one-off entries or span several years.

- **Total Gross Expenditure:**
  The newly calculated gross budget allocated to the Service Area after allowing for all the changes indicated above. This becomes the Opening Gross Expenditure for the following year.

- **Fees, Charges & Ring-fenced Grants:**
  This lists the fees, charges and grants that offset the Service Area's gross budget. The section starts with the carried forward figure from the previous year and then lists changes applicable in the current year.

- **Total Net Expenditure:**
  The net budget for the Service Area after deducting fees, charges and ring-fenced grants from the gross budget.

- **Funding Sources:**
  How the gross budget is funded – funding sources include cash limit funding (central Council funding from Council Tax, business rates and government grants), fees and charges, and individually listed ring-fenced grants.

Table 4

This presents a Service Area's capital schemes, across the ten-year period of the capital programme. The schemes are summarised by start year in the first table and listed individually, grouped together by category, in the second table. The third table identifies the funding sources used to fund the programme. These sources include prudential borrowing, which has a revenue impact for the Council.

Table 5

Table 5 lists a Service Area's capital schemes and shows how each scheme is funded. The schemes are summarised by start year in the first table and listed individually, grouped together by category, in the second table.

Section 3 - A: People and Communities

Table 3: Revenue - Overview

Budget Period: 2023-24 to 2027-28

Detailed Plans	Outline Plans

Ref	Title	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 £000	Description	Committee
1	**OPENING GROSS EXPENDITURE**	**557,649**	**590,589**	**618,497**	**642,498**	**667,220**		
A/R.1.004	Transferred Function - Independent Living Fund (ILF)	-56	-54	-51	-49	-49	The ILF, a central government funded scheme supporting care needs, closed in 2015. Since then the local authority has been responsible for meeting eligible social care needs for former ILF clients. The government has told us that their grant will be based on a 5% reduction in the number of users accessing the service each year.	A&H
1.999	**REVISED OPENING GROSS EXPENDITURE**	**557,593**	**590,535**	**618,446**	**642,449**	**667,171**		
2	**INFLATION**							
A/R.2.002	Centrally funded inflation - Care Providers	6,326	2,158	2,138	1,612	1,727	Forecast pressure from general inflation relating to care providers. Further pressure funding is provided below to enable the cost of the rising real and national living wage (RLW and NLW) rates to be factored into rates paid to providers.	A&H
A/R.2.003	Centrally funded inflation - Children in Care placements	1,967	602	690	713	727	Net inflation across the relevant Children in Care budgets is currently forecast at 5.5%.	C&YP
A/R.2.004	Centrally funded inflation - Transport	1,376	596	617	630	643	Forecast pressure for inflation relating to transport. This is estimated at 4.8%.	C&YP
A/R.2.005	Centrally funded inflation - Miscellaneous other budgets	1,078	453	511	551	565	Forecast pressure from inflation relating to miscellaneous other budgets, on average this is calculated at 0.4% increase.	CS&I, C&YP, A&H
2.999	**Subtotal Inflation**	**10,747**	**3,809**	**3,956**	**3,506**	**3,662**		
3	**DEMOGRAPHY AND DEMAND**							
A/R.3.002	Funding for additional Physical Disabilities demand	1,473	1,536	1,602	1,670	1,741	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. 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 £1,473k in 2023-24 to ensure we can continue to provide the care for people who need it.	A&H
A/R.3.003	Additional funding for Autism and Adult Support demand	381	507	504	525	545	Additional funding to ensure we meet the rising level of needs amongst people with autism and other vulnerable people. Demand funding reflects both expected increases in numbers of people being supported, and increasing needs of the existing cohort.	A&H
A/R.3.004	Additional funding for Learning Disability Partnership (LDP) demand	4,399	5,268	5,611	5,954	6,319	Additional funding to ensure we meet the rising level of needs amongst people with learning disabilities. Approximately 77% of the demographic pressure is due to a net increase in service users due to new service-users transitioning to the LDP from Children's Services or seeking support later in their lives. This number is growing year on year, while the number of service users exiting the service remains stable, leading to a growing net increase in demand. The remaining 23% of the demography bid is to allow for increasing needs among the existing cohort of service users We're allocating a total of £4,399k as the council's share to this pooled budget to ensure we provide the right care for people with learning disabilities.	A&H

Section 3 - A: People and Communities

Table 3: Revenue - Overview

Budget Period: 2023-24 to 2027-28

Detailed Plans	Outline Plans

Ref	Title	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 £000	Description	Committee
A/R.3.005	Funding for Adult Mental Health Demand	786	786	786	786	786	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. This data is showing particular growth in supported living placements. 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 £786k in 2023-24 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	1,384	2,192	2,283	2,374	2,469	Additional funding to ensure we meet the demand for care amongst older people providing care at home. For several years demand bids were modelled on residential care growing in line with population growth. However, the impact of Covid-19 has resulted in a shift away from bed based care with increasing numbers of people being cared for at home for longer, and entering residential care at a later stage with higher needs. The demand bid expects this trend to continue n the short term but returns to assumed growth in aservice users in line with population growth from 2024-25.	A&H
A/R.3.007	Funding for Older People Mental Health Demand	496	518	541	563	586	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. 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 £496k in 2023-24 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	113	115	118	121	124	Additional funding required to provide home to school transport for pupils attending mainstream schools. This additional funding is required due to the anticipated increase in the number of pupils attending Cambridgeshire's schools in 2023-24.	C&YP
A/R.3.010	Funding for Home to School Special Transport demand	1,919	2,129	2,361	2,618	2,904	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	1,822	1,282	1,448	1,470	1,473	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

Section 3 - A: People and Communities

Table 3: Revenue - Overview

Budget Period: 2023-24 to 2027-28

Detailed Plans	Outline Plans

Ref	Title	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 £000	Description	Committee
A/R.3.017	Funding for additional demand for Community Equipment	34	34	35	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	41	43	45	47	49	Demand for Coroner Services is expected to continue to rise due to the increasing population size, and the number of referrals increasing into the service.	CS&I
A/R.3.019	Children with Disabilities	200	218	239	261	285	Additional funding required for the increase in Direct Payment packages provided for children and young people with disabilities under the age of 18 years.	C&YP
3.999	**Subtotal Demography and Demand**	**13,048**	**14,628**	**15,573**	**16,424**	**17,316**		
4	**PRESSURES**							
A/R.4.009	Impact of National Living Wage (NLW) and Real Living Wage (RLW) on Adult Social Care Contracts	12,091	9,663	5,248	5,641	6,043	Based on projections by the Low Pay Commission, the NLW will rise by 8.6% to £10.32 (8.6%) in 2023-24 and then to £10.95 in 2024-25. This will have an impact on the cost of purchasing care from external providers driving up the Real Living Wage which most providers now need to pay to recruit and retain staff. Pressures in later years follow OBR estimates and assume a 3% increase each year.	A&H
A/R.4.022	Dedicated Schools Grant Contribution to Combined Budgets	1,000	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 planned reduction in the contribution to combined budgets.	C&YP
A/R.4.023	Libraries to serve new developments	50	50	-	-	-	Revenue costs of providing library services to new communities.	CS&I
A/R.4.024	Children's Residential Short Breaks	311	-	-	-	-	Pressure resulting from running costs of the residential short breaks Children's homes following	C&YP
4.999	**Subtotal Pressures**	**13,452**	**10,445**	**5,248**	**5,641**	**6,043**		
5	**INVESTMENTS**							
A/R.5.006	Care Homes Team	100	-	-	-	-	Dedicated team of social workers to provide support to care homes continuing the work of the pilot commenced during the Covid pandemic.	A&H
A/R.5.008	Family Group Conferencing	250	-	-	-	-	Permanent investment in Family Group Conferencing service to replace temporary grant funding.	C&YP

Section 3 - A: People and Communities

Table 3: Revenue - Overview

Budget Period: 2023-24 to 2027-28

Detailed Plans	Outline Plans

Ref	Title	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 £000	Description	Committee
A/R.5.010	Expanding support for informal carers	-50	-	-	-	-	Planned partial reduction in investment made in 2022-23 into a range of areas that will provide additional support to carers, over and above the current commissioned and operational support services. Some of these services are jointly funded alongside NHS Partners to support carer well being and support them in their caring role which will improve outcomes for them and their cared for person as well as delaying the need for individuals requiring higher cost and longer term adult social care.	A&H
A/R.5.013	Think Communities & Innovate to Cultivate Fund	-1,354	-	-	-	-	Planned reversal of temporary investment in the Think Communities and Innovate and Cultivate Fund. We are considering funding models for these services for future years.	CS&I
A/R.5.014	SEND additional capacity	-325	-	-	-	-	Planned reversal of temporary additional resource in the SEND area	C&YP
A/R.5.015	Independent Living Services - Huntingdonshire	-180	70	-70	-	-	Adjustments to temporary investment into Independent Living Services. ILS 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. This temporary investment relates to the development of the Rheola site in Huntingdonshire.	A&H
A/R.5.016	Expansion of Direct Payments	-222	-	-	-	-	Reversal of one off reserves funding invested in the expansion of Direct Payments in 2022-23 which is expected to generates savings to more than repay in future years.	A&H
A/R.5.017	Care Together Expansion	46	4	12	-751	-751	Care Together 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 for by locally based carers, working within their own communities. The original investment was £689k.	A&H
A/R.5.018	Workforce Pressures – Reviews Backlog	-675	-	-	-	-	Planned reversal of one off investment in 2022-23 to catch up on annual reviews missed due to the pandemic.	C&YP
A/R.5.019	Home to School Transport	-	-	-161	-	-	Future year reversal of additional resources to support the delivery of Home to School transport savings.	C&YP
A/R.5.020	Adults Retention Payments	152	-62	10	-49	-49	Retention payment scheme to address recruitment difficulties in some social care teams	A&H
A/R.5.021	Coroners service - reversal of temporary investment	-60	-60	-	-	-	Reversal of temporary funded posts required to clear backlog of cases	CS&I
5.999	**Subtotal Investments**	**-2,318**	**-48**	**-209**	**-800**	**-800**		

Section 3 - A: People and Communities

Table 3: Revenue - Overview

Budget Period: 2023-24 to 2027-28

Detailed Plans	Outline Plans

Ref	Title	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 £000	Description	Committee
6	**SAVINGS**							
	A&H							
A/R.6.176	Adults Positive Challenge Programme	-154	-	-	-	-	The Preparing for Adulthood workstream of the Adults Positive Challenge Programme will continue to support children and families to manage the transition into adulthood by increasing the focus on independence and planning for that transition which will reduce the level of demand on services and improve outcomes.	A&H
A/R.6.177	Cambridgeshire Lifeline Project	-122	-50	-	-	-	This project utilised one-off Transformation Funding to enable the Cambridgeshire Technology Enabled Care (TEC) team to become a Lifeline provider. Income is generated through weekly charges to customers for lifeline services.	A&H
A/R.6.180	Independent Living Service - East Cambridgeshire	-	-68	-51	-	-	We are exploring alternative models of delivery for residential and nursing care provision, including a tenancy based model that offers more choice and control for people at a lower cost to the council.	A&H
A/R.6.185	Additional block beds - inflation saving	-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
A/R.6.194	Interim and respite bed recommissioning	70	-	-	-	-	The redesign and recommissioning of interim and respite bed provision in care homes has created a more efficient model and therefore generated the Council cashable savings and potential for further cost avoidance. Reinvestment of £70k in 2023-24 is to expand the new model.	A&H
A/R.6.199	Independent Living Service - Huntingdonshire	-	-	-114	-	-	We are exploring alternative models of delivery for residential and nursing care provision, including a tenancy based model that offers more chice and control for people at a lower cost to the council.	A&H
A/R.6.200	Expansion of Direct Payments	-6	-32	-60	-	-	Savings generated by investment in 2022-23 to increase the uptake of Direct Payments	A&H
A/R.6.202	Adults and mental health employment support	-40	-	-	-	-	Contract efficiencies as a result of reprocuring the contract	A&H
A/R.6.203	Decommissioning of Block Cars	-525	-	-	-	-	Savings from the decommissioning of a number of contracted block cars providing care to people in their own homes, as we transition to a new model of delivery.	A&H
	C&YP							
A/R.6.250	Efficiencies resulting from implementation of new IT system	-223	-	-	-	-	Estimated savings as a result of efficiencies in processes resulting from implementation of a new IT system within Education.	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

Section 3 - A: People and Communities

Table 3: Revenue - Overview

Budget Period: 2023-24 to 2027-28

Detailed Plans	Outline Plans

Ref	Title	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 £000	Description	Committee
A/R.6.268	Social Care and Education Transport	-570	-345	-	-	-	Deliver savings through a review and retendering of routes serving special schools, and an operational review of the transport service.	C&YP
6.999	**Subtotal Savings**	**-1,933**	**-872**	**-516**	**-**	**-**		
	TOTAL GROSS EXPENDITURE	**590,589**	**618,497**	**642,498**	**667,220**	**693,392**		
7	**FEES, CHARGES & RING-FENCED GRANTS**							
A/R.7.001	Previous year's fees, charges & ring-fenced grants	-236,070	-241,175	-243,464	-244,615	-246,073	Previous year's fees and charges for the provision of services and ring-fenced grant funding rolled forward.	0
A/R.7.003	Fees and charges inflation	-2,354	-1,289	-1,444	-1,458	-1,460	Increase in external charges to reflect inflationary increases.	0
	Changes to fees & charges							
A/R.7.108	COVID Impact - Outdoor Centres	-114	-	-	-	-	Reversal of funding to support a reduction of income to the end of the summer term 2021.	C&YP
A/R.7.110	COVID Impact - Registration Service	-65	-	-	-	-	Reversal of funding to support a reduced level of income in the early part of 2021-22.	CS&I
A/R.7.113	Learning Disability Partnership Pooled Budget	-1,700	-1,000	-	-	-	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 completed in 2023-24, 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 2025-26, due to anticipated removal of ring-fence.	0
A/R.7.210	Uplift in Better Care Fund	-872	-	-	-	-	The 2022-23 Better care Funs uplft exceeded the budget set in the last Business Plan. In addition, an uplift for 2023-24 is anticipated. These annual uplifts enable 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
7.999	**Subtotal Fees, Charges & Ring-fenced Grants**	**-241,175**	**-243,464**	**-244,615**	**-246,073**	**-247,533**		
	TOTAL NET EXPENDITURE	**349,414**	**375,033**	**397,883**	**421,147**	**445,859**		

Section 3 - A: People and Communities

Table 3: Revenue - Overview

Budget Period: 2023-24 to 2027-28

Detailed Plans	Outline Plans

Ref	Title	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 £000	Description	Committee
FUNDING SOURCES								
8	**FUNDING OF GROSS EXPENDITURE**							
A/R.8.001	Budget Allocation	-349,414	-375,033	-397,883	-421,147	-445,859	Net spend funded from general grants, business rates and Council Tax.	**0**
A/R.8.002	Fees & Charges	-86,321	-88,610	-90,054	-91,512	-92,972	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)	-102,256	-102,256	-102,256	-102,256	-102,256	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	-19,510	-19,510	-19,510	-19,510	-19,510	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.8.007	Youth Justice Board Good Practice Grant	-500	-500	-500	-500	-500	Youth Justice Board Good Practice Grant.	**C&YP**
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	-15,170	-15,170	-15,170	-15,170	-15,170	Improved Better Care Fund grant.	**A&H**
A/R.8.012	Cambridgeshire and Peterborough Combined Authority / 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	-210	-210	-210	-210	-210	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)	-3,700	-3,700	-3,700	-3,700	-3,700	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.8.019	Arts Council Grant (Music)	-810	-810	-810	-810	-810	Cambridgeshire Music grant from the Arts Council	**C&YP**
A/R.8.021	Market Sustainability and Fair Cost of Care Fund	-819	-819	-819	-819	-819	In September 2021 the Government announced they would be supporting local authorities towards implementing announced social care reforms. Of the total £1.6m grant, this amount is allocated directly to P&C to spend on additional work in implementing the reforms. The rest is held corporately and funds existing budget lines in P&C in accordance with the grant conditions.	**A&H**
A/R.8.401	Public Health Funding	-293	-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**	**-590,589**	**-618,497**	**-642,498**	**-667,220**	**-693,392**		

Section 3 - A: People and Communities

Table 4: Capital Programme

Budget Period: 2023-24 to 2032-33

Summary of Schemes by Start Date	Total Cost £000	Previous Years £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 £000	Later Years £000
Ongoing	42,050	-	-11,352	-2,002	-3,580	3,497	8,047	47,440
Committed Schemes	403,326	68,510	174,173	79,742	57,418	20,463	3,020	-
2023-2024 Starts	49,415	-	1,700	15,000	25,000	7,350	365	-
2024-2025 Starts	60,606	-	-	3,880	29,037	21,025	6,664	-
TOTAL BUDGET	**555,397**	**68,510**	**164,521**	**96,620**	**107,875**	**52,335**	**18,096**	**47,440**

Summary of Schemes by Category	Total Cost £000	Previous Years £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 £000	Later Years £000
Basic Need - Primary	199,066	14,262	35,842	59,105	63,816	23,337	2,704	-
Basic Need - Secondary	193,728	26,074	107,143	25,900	26,481	7,700	430	-
Basic Need - Early Years	11,203	5,383	3,050	1,130	1,030	600	10	-
Adaptations	10,024	6,206	3,655	163	-	-	-	-
Condition & Maintenance	27,250	-	3,250	3,250	3,250	2,500	2,500	12,500
Building Schools for the Future	-	-	-	-	-	-	-	-
Schools Managed Capital	7,800	-	780	780	780	780	780	3,900
Specialist Provision	35,106	16,422	10,950	3,539	3,235	930	30	-
Site Acquisition & Development	1,050	-	1,050	-	-	-	-	-
Temporary Accommodation	9,250	-	750	750	750	1,000	1,000	5,000
Children Support Services	6,500	-	650	650	650	650	650	3,250
Adult Social Care	113,883	1,181	19,317	12,638	21,067	20,425	11,905	27,350
Cultural & Community Services	1,561	752	793	9	7	-	-	-
Capital Programme Variation	-61,024	-1,770	-22,709	-11,294	-13,191	-5,587	-1,913	-4,560
Corporate Services & Transformation	-	-	-	-	-	-	-	-
TOTAL BUDGET	**555,397**	**68,510**	**164,521**	**96,620**	**107,875**	**52,335**	**18,096**	**47,440**

Ref	Scheme	Description	Linked Revenue Proposal	Scheme Start	Total Cost £000	Previous Years £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 £000	Later Years £000	Committee
A/C.01	**Basic Need - Primary**												
A/C.01.021	North West Cambridge (NIAB site) primary	New 2 form entry school with 52 Early Years provision and community facilities: Basic Need requirement 420 places Early Years Basic Need 52 places Community facilities - Children's Centre		Committed	19,749	652	100	12,000	6,600	397	-	-	C&YP
A/C.01.029	Sawtry New Primary	Expansion of provision in Sawtry: Primary Basic Need requirement 420 places in 2 phases Early Years Basic Need 26 places		Committed	18,370	370	7,000	4,000	3,800	3,000	200	-	C&YP

Section 3 - A: People and Communities

Table 4: Capital Programme

Budget Period: 2023-24 to 2032-33

Ref	Scheme	Description	Linked Revenue Proposal	Scheme Start	Total Cost £000	Previous Years £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 £000	Later Years £000	
A/C.01.040	Ermine Street Primary, Alconbury, Phase 2	Expansion to 3 form entry school (Phase 2): Basic Need requirement 210 places		Committed	4,080	106	1,700	2,150	124	-	-	-	C&YP
A/C.01.043	Littleport Community Primary	Expansion of 1 form entry school with 1 form entry Early Years: Basic Need requirement 210 places Early Years Basic Need 26 places (alternative site)		Committed	7,532	682	350	4,500	2,000	-	-	-	C&YP
A/C.01.044	Loves Farm primary, St Neots	New 2 form entry school: Basic Need requirement 420 places		Committed	13,065	-	50	500	9,000	3,300	215	-	C&YP
A/C.01.049	Northstowe 2nd primary	New 3 form entry school with 78 Early Years provision and community facilities: Basic Need requirement 420 places Early Years Basic Need 52 places		2023-24	22,800	-	700	14,000	7,500	600	-	-	C&YP
A/C.01.056	Alconbury Weald 2nd primary	New 2 form entry school with 52 Early Years provision and community facilities: Basic Need requirement 420 places Early Years Basic Need 52 places		2023-24	13,065	-	50	500	9,000	3,300	215	-	C&YP
A/C.01.067	Marleigh Primary - Cambridge (WING)	New 2 form entry school with 52 Early Years provision and community facilities: Basic Need requirement 420 places Early Years Basic Need 52 places		Committed	10,848	10,721	127	-	-	-	-	-	C&YP
A/C.01.068	St Philips Primary School	Expansion of 0.5 form of entry: Basic Need requirement 60 places		Committed	1,719	80	1,600	39	-	-	-	-	C&YP
A/C.01.069	Caldecote Primary	Expansion of 0.5 form of entry: Basic Need requirement 60 places		Committed	4,835	30	-	-	150	3,000	1,655	-	C&YP
A/C.01.071	Kennett Primary School	New 1 form entry Primary School with 1 form entry Early Years places: Basic Need requirement 210 places Early Years Basic Need 26 Places		Committed	10,123	450	6,000	3,400	273	-	-	-	C&YP
A/C.01.072	Genome Campus - New Primary	New 1 form entry school with 2 form entry core. 26 Early Years provision: Basic Need requirement 210 places Early Years Basic Need 26 places		Committed	11,600	50	200	7,500	3,600	250	-	-	C&YP

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Table 4: Capital Programme

Budget Period: 2023-24 to 2032-33

Ref	Scheme	Description	Linked Revenue Proposal	Scheme Start	Total Cost £000	Previous Years £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 £000	Later Years £000	
A/C.01.073	Manea Primary Expansion	Expansion to 330 places and 40 Early Years places: Basic Need requirement 90 places Early Years Basic Need 14 places		Committed	6,470	272	4,000	2,000	198	-	-	-	C&YP
A/C.01.074	Soham Primary Expansion	Expansion of 1 form of entry with 26 Early Years provision: Basic Need requirement 210 places Early Years Basic Need 26 places		2024-25	7,063	-	-	249	4,750	1,950	114	-	C&YP
A/C.01.075	Sawston Primary Expansion	Expansion of 1 form of entry: Basic Need requirement 210 places		2024-25	5,160	-	-	220	3,000	1,890	50	-	C&YP
A/C.01.076	Sutton Primary Expansion	Expansion of Sutton Primary School from 330 to 420 places: Basic Need requirement 30 places with 60 places being made permanent from existing provision. £100k Land Acquisition		2024-25	4,235	-	-	200	2,700	1,300	35	-	C&YP
A/C.01.077	Waterbeach New Town Primary	New 2 form entry school with 3 form entry Core and 52 place Early Years provision: Basic Need requirement 420 places Early Years Basic Need 52 places		Committed	19,520	787	12,000	6,297	436	-	-	-	C&YP
A/C.01.078	Friday Bridge Expansion	Expansion to 1 form of entry: Basic Need requirement 90 places		Committed	3,282	12	-	150	2,150	900	70	-	C&YP
A/C.01.079	Isleham Primary relocation & expansion	Expansion to 2 form entry 420 place Primary: Basic Need requirement 210 Places Early Years Basic Need 52 places		2023-24	12,650	-	50	500	8,500	3,450	150	-	C&YP
A/C.01.080	Benwick Primary Expansion	Expansion to 120 pupils & internal works and new hall: Basic Need requirement 15 places		Committed	2,900	50	1,915	900	35	-	-	-	C&YP
	Total - Basic Need - Primary				**199,066**	**14,262**	**35,842**	**59,105**	**63,816**	**23,337**	**2,704**	**-**	
A/C.02	**Basic Need - Secondary**												
A/C.02.007	Darwin Green (North West Fringe) secondary	New 4 form entry school (with 6 form of entry core facilities) (Phase 1): Basic Need requirement 600 places		Committed	34,680	50	300	1,200	25,000	7,700	430	-	C&YP
A/C.02.009	Alconbury Weald secondary and Special	New 4 form entry school (with 8 form entry core facilities): Basic Need requirement 600 places SEN 150 places		Committed	74,827	6,126	55,000	13,000	701	-	-	-	C&YP

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Table 4: Capital Programme

Budget Period: 2023-24 to 2032-33

Ref	Scheme	Description	Linked Revenue Proposal	Scheme Start	Total Cost £000	Previous Years £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 £000	Later Years £000	
A/C.02.014	Northstowe secondary, phase 2	Additional capacity for Northstowe: Basic Need requirement 600 places Post 16 Provision 400 places		Committed	31,650	950	20,500	9,500	700	-	-	-	C&YP
A/C.02.015	Sir Harry Smith Community College	Expansion of 2 form entry: Basic Need requirement 300 places		Committed	9,991	3,521	6,343	127	-	-	-	-	C&YP
A/C.02.016	Cambourne Village College Phase 3b	New 2 form entry secondary places with new 350 place sixth form provision: Basic Need requirement 650 places		Committed	35,820	15,277	20,100	443	-	-	-	-	C&YP
A/C.02.017	NCA secondary Cambridge Expansion	Expansion of 1 form entry: Basic Need requirement 150 places		Committed	5,380	100	3,600	1,600	80	-	-	-	C&YP
A/C.02.018	Witchford Village College			Committed	1,380	50	1,300	30	-	-	-	-	C&YP
	Total - Basic Need - Secondary				**193,728**	**26,074**	**107,143**	**25,900**	**26,481**	**7,700**	**430**	**-**	
A/C.03	**Basic Need - Early Years**												
A/C.03.003	LA Early Years Provision	Funding which enables the Council to increase the number of free Early Years funded places to ensure the Council meets its statutory obligation. This includes providing one-off payments to external providers to help meet demand as well as increasing capacity attached to Cambridgeshire primary schools.		Committed	11,203	5,383	3,050	1,130	1,030	600	10	-	C&YP
	Total - Basic Need - Early Years				**11,203**	**5,383**	**3,050**	**1,130**	**1,030**	**600**	**10**	**-**	
A/C.04	**Adaptations**												
A/C.04.007	William Westley Primary	Adaptation to existing classrooms to ensure they are in accordance with current Building Bulletin guidance.		Committed	353	38	300	15	-	-	-	-	C&YP
A/C.04.008	Duxford Community C of E Primary School Rebuild	Rebuild of Duxford Primary after fire left preschool, reception, year 1 and year 2 class bases and ancillary rooms including offices, toilets, stores, entrance lobby's either completely destroyed or deemed uninhabitable as a result of structural damage and contamination by asbestos debris, fire, water and smoke.		Committed	7,951	5,803	2,050	98	-	-	-	-	C&YP
A/C.04.010	Townley Primary Permanent Accommodation	The proposal is to remove the mobile classroom currently on the school's site and replace it with a permanent extension to the school to accommodate the Foundation Stage 3-5 year olds.		Committed	1,600	250	1,300	50	-	-	-	-	C&YP
A/C.04.011	Bushmead Primary School Expansion	The expansion of the former staff room / current Y3 classroom to 55 metres squared.		Committed	120	115	5	-	-	-	-	-	C&YP
	Total - Adaptations				**10,024**	**6,206**	**3,655**	**163**	**-**	**-**	**-**	**-**	

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Table 4: Capital Programme

Budget Period: 2023-24 to 2032-33

Ref	Scheme	Description	Linked Revenue Proposal	Scheme Start	Total Cost £000	Previous Years £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 £000	Later Years £000	
A/C.05	**Condition & Maintenance**												
A/C.05.001	School Condition, Maintenance & Suitability	Funding that enables the Council to undertake work that addresses condition and suitability needs identified in schools' asset management plans, ensuring places are sustainable and safe.		Ongoing	27,250	-	3,250	3,250	3,250	2,500	2,500	12,500	C&YP
	Total - Condition & Maintenance				**27,250**	**-**	**3,250**	**3,250**	**3,250**	**2,500**	**2,500**	**12,500**	
A/C.07	**Schools Managed Capital**												
A/C.07.001	School Devolved Formula Capital	Funding is allocated directly to Cambridgeshire Maintained schools to enable them to undertake low level refurbishments and condition works.		Ongoing	7,800	-	780	780	780	780	780	3,900	C&YP
	Total - Schools Managed Capital				**7,800**	**-**	**780**	**780**	**780**	**780**	**780**	**3,900**	
A/C.08	**Specialist Provision**												
A/C.08.004	Replacement Pilgrim Pupil Referral Unit - Medical Provision	Replacement required as current site will not be available for future use.		2024-25	4,000	-	-	50	2,990	930	30	-	C&YP
A/C.08.007	Samuel Pepys Special School	Expansion to 165 places.		Committed	10,720	1,475	6,200	2,800	245	-	-	-	C&YP
A/C.08.010	Additional Countywide SEN places	The proposal is to create an additional 200 Special Educational Needs places across Cambridgeshire.		Committed	2,600	1,350	1,250	-	-	-	-	-	C&YP
A/C.08.011	New SEMH Provision Wisbech	SEMH provision: SEMH Provision 30 additional places		Committed	17,786	13,597	3,500	689	-	-	-	-	C&YP
	Total - Specialist Provision				**35,106**	**16,422**	**10,950**	**3,539**	**3,235**	**930**	**30**	**-**	
A/C.09	**Site Acquisition & Development**												
A/C.09.001	Site Acquisition, Development, Analysis and Investigations	Funding which enables the Council to undertake investigations and feasibility studies into potential land acquisitions to determine their suitability for future school development sites.		Ongoing	150	-	150	-	-	-	-	-	C&YP
A/C.09.004	Acquisition of LNCH	Purchase of land north of Cherry Hinton as a potential site for a new secondary school to serve East Cambridge.		2023-24	900	-	900	-	-	-	-	-	C&YP
	Total - Site Acquisition & Development				**1,050**	**-**	**1,050**	**-**	**-**	**-**	**-**	**-**	

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Table 4: Capital Programme

Budget Period: 2023-24 to 2032-33

Ref	Scheme	Description	Linked Revenue Proposal	Scheme Start	Total Cost £000	Previous Years £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 £000	Later Years £000	
A/C.10	**Temporary Accommodation**												
A/C.10.001	Temporary Accommodation	Funding which enables the Council to increase the number of school places provided through use of mobile accommodation. This scheme covers the cost of purchasing new mobiles and the transportation of provision across the county to meet demand.		Ongoing	9,250	-	750	750	750	1,000	1,000	5,000	C&YP
	Total - Temporary Accommodation				**9,250**	**-**	**750**	**750**	**750**	**1,000**	**1,000**	**5,000**	
A/C.11	**Children Support Services**												
A/C.11.003	P&C Buildings & Capital Team Capitalisation	Salaries for the Buildings and Capital Team are to be capitalised on an ongoing basis. These are budgeted as one line, but are eventually capitalised against individual schemes.		Ongoing	6,500	-	650	650	650	650	650	3,250	C&YP
	Total - Children Support Services				**6,500**	**-**	**650**	**650**	**650**	**650**	**650**	**3,250**	
A/C.12	**Adult Social Care**												
A/C.12.004	Disabled Facilities Grant	Funding provided through the Better Care Fund, in partnership with local housing authorities. Disabled Facilities Grant enables accommodation adaptations so that people with disabilities can continue to live in their own homes.		Ongoing	50,700	-	5,070	5,070	5,070	5,070	5,070	25,350	A&H
A/C.12.005	Integrated Community Equipment Service	Funding to continue annual capital investment in community equipment that helps people to sustain their independence. The Council contributes to a pooled budget purchasing community equipment for health and social care needs for people of all ages.		Ongoing	4,000	-	400	400	400	400	400	2,000	A&H
A/C.12.007	Independent Living Service : East Cambridgeshire	Independent Living Service accommodation in Ely for 65 people and an additional 15 health beds.	A/R.6.180, C/R.7.119	Committed	19,035	1,181	13,847	4,007	-	-	-	-	A&H
A/C.12.008	Independent Living Services	Independent Living Service accommodation in Fenland, Huntingdonshire and South Cambridgeshire, providing accommodation for 160 people in total across the three schemes.	TBC	2024-25	40,148	-	-	3,161	15,597	14,955	6,435	-	A&H
	Total - Adult Social Care				**113,883**	**1,181**	**19,317**	**12,638**	**21,067**	**20,425**	**11,905**	**27,350**	

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Table 4: Capital Programme

Budget Period: 2023-24 to 2032-33

Ref	Scheme	Description	Linked Revenue Proposal	Scheme Start	Total Cost £000	Previous Years £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 £000	Later Years £000	
A/C.13	**Cultural & Community Services**												
A/C.13.006	Libraries - Open access & touchdown facilities	The introduction of Open Access (self-service) technology to maximise the use of our library properties supporting the Cambs 2020 hub and spokes approach with staff increasingly operating in localities. Open access will extend the times libraries are open to our communities and enable Council, public sector and partner agency staff, particularly peripatetic staff, to increasingly use libraries as touchdown and meeting sites, in line with the objectives of One Public Estate. This will provide open access in 9 hub libraries and equipment/furnishings to ensure fit for purpose accessible touchdown facilities and digital access across the library network.		Committed	1,172	680	492	-	-	-	-	-	CS&I
A/C.13.009	EverySpace - Library Improvement Fund	Refurbishment of 3rd floor at Cambridge Central and unused learning centre at March library as a pilot for a new flexible community space as part of the Future Libraries initiative.		Committed	389	72	301	9	7	-	-	-	CS&I
	Total - Cultural & Community Services				**1,561**	**752**	**793**	**9**	**7**	**-**	**-**	**-**	
A/C.14	**Capital Programme Variation**												
A/C.14.001	Variation Budget	The Council includes a service allowance for likely Capital Programme slippage, as it can sometimes be difficult to allocate this to individual schemes due to unforeseen circumstances. This budget is continuously under review, taking into account recent trends on slippage on a service by service basis.		Ongoing	-63,600	-	-22,402	-12,902	-14,480	-6,903	-2,353	-4,560	A&H, C&YP
A/C.14.002	Capitalisation of Interest Costs	The capitalisation of borrowing costs helps to better reflect the costs of undertaking a capital project. Although this budget is initially held on a service basis, the funding will ultimately be moved to the appropriate schemes once exact figures have been calculated each year.		Committed	6,075	-	1,422	1,608	1,289	1,316	440	-	A&H, C&YP
A/C.14.003	Environment Fund Transfer	Reallocation of Environment Fund in order to support some of the NZEB costs incurred by school schemes.		Committed	-3,499	-1,770	-1,729	-	-	-	-	-	C&YP
	Total - Capital Programme Variation				**-61,024**	**-1,770**	**-22,709**	**-11,294**	**-13,191**	**-5,587**	**-1,913**	**-4,560**	
	TOTAL BUDGET				**555,397**	**68,510**	**164,521**	**96,620**	**107,875**	**52,335**	**18,096**	**47,440**	

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Table 4: Capital Programme

Budget Period: 2023-24 to 2032-33

Funding	Total Funding £000	Previous Years £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 £000	Later Years £000
Government Approved Funding								
Basic Need	43,058	16,563	2,259	12,479	7,247	3,794	716	-
Capital Maintenance	26,800	500	3,800	2,500	2,500	2,500	2,500	12,500
Devolved Formula Capital	7,800	-	780	780	780	780	780	3,900
Specific Grants	69,881	5,159	19,066	5,089	5,077	5,070	5,070	25,350
Total - Government Approved Funding	**147,539**	**22,222**	**25,905**	**20,848**	**15,604**	**12,144**	**9,066**	**41,750**
Locally Generated Funding								
Agreed Developer Contributions	111,254	16,232	47,946	28,249	12,336	5,514	977	-
Anticipated Developer Contributions	17,486	68	2,771	5,988	7,090	1,553	16	-
Prudential Borrowing	277,889	27,115	89,215	41,863	72,845	33,124	8,037	5,690
Prudential Borrowing (Repayable)	-	1,644	-1,316	-328	-	-	-	-
Other Contributions	1,229	1,229	-	-	-	-	-	-
Total - Locally Generated Funding	**407,858**	**46,288**	**138,616**	**75,772**	**92,271**	**40,191**	**9,030**	**5,690**
TOTAL FUNDING	**555,397**	**68,510**	**164,521**	**96,620**	**107,875**	**52,335**	**18,096**	**47,440**

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Table 5: Capital Programme - Funding

Budget Period: 2023-24 to 2032-33

Summary of Schemes by Start Date	Total Funding £000	Grants £000	Develop. Contr. £000	Other Contr. £000	Capital Receipts £000	Prud. Borr. £000
Ongoing	42,050	84,000	-19,047	-	-	-22,903
Committed Schemes	403,326	58,276	120,833	1,229	-	222,988
2023-2024 Starts	49,415	1,050	24,604	-	-	23,761
2024-2025 Starts	60,606	4,213	2,350	-	-	54,043
TOTAL BUDGET	**555,397**	**147,539**	**128,740**	**1,229**	**-**	**277,889**

Ref	Scheme	Linked Revenue Proposal	Net Revenue Impact	Scheme Start	Total Funding £000	Grants £000	Develop. Contr. £000	Other Contr. £000	Capital Receipts £000	Prud. Borr. £000	Committee
A/C.01	**Basic Need - Primary**										
A/C.01.021	North West Cambridge (NIAB site) primary		-	Committed	19,749	90	9,082	-	-	10,577	C&YP
A/C.01.029	Sawtry New Primary		-	Committed	18,370	4,120	2,029	-	-	12,221	C&YP
A/C.01.040	Ermine Street Primary, Alconbury, Phase 2		-	Committed	4,080	-	3,356	-	-	724	C&YP
A/C.01.043	Littleport Community Primary		-	Committed	7,532	4,106	708	-	-	2,718	C&YP
A/C.01.044	Loves Farm primary, St Neots		-	Committed	13,065	1,199	8,649	-	-	3,217	C&YP
A/C.01.049	Northstowe 2nd primary		-	2023-24	22,800	-	12,714	-	-	10,086	C&YP
A/C.01.056	Alconbury Weald 2nd primary		-	2023-24	13,065	-	11,877	-	-	1,188	C&YP
A/C.01.067	Marleigh Primary - Cambridge (WING)		-	Committed	10,848	1,339	8,642	-	-	867	C&YP
A/C.01.068	St Philips Primary School		-	Committed	1,719	7	1,495	-	-	217	C&YP
A/C.01.069	Caldecote Primary		-	Committed	4,835	3,356	1,244	-	-	235	C&YP
A/C.01.071	Kennett Primary School		-	Committed	10,123	2,738	4,090	-	-	3,295	C&YP
A/C.01.072	Genome Campus - New Primary		-	Committed	11,600	-	6,585	-	-	5,015	C&YP
A/C.01.073	Manea Primary Expansion		-	Committed	6,470	136	136	-	-	6,198	C&YP
A/C.01.074	Soham Primary Expansion		-	2024-25	7,063	2,313	25	-	-	4,725	C&YP
A/C.01.075	Sawston Primary Expansion		-	2024-25	5,160	1,330	1,389	-	-	2,441	C&YP
A/C.01.076	Sutton Primary Expansion		-	2024-25	4,235	570	936	-	-	2,729	C&YP
A/C.01.077	Waterbeach New Town Primary		-	Committed	19,520	150	10,456	-	-	8,914	C&YP
A/C.01.078	Friday Bridge Expansion		-	Committed	3,282	2,350	-	-	-	932	C&YP
A/C.01.079	Isleham Primary relocation & expansion		-	2023-24	12,650	1,050	13	-	-	11,587	C&YP
A/C.01.080	Benwick Primary Expansion		-	Committed	2,900	900	-	-	-	2,000	C&YP
	Total - Basic Need - Primary		**-**		**199,066**	**25,754**	**83,426**	**-**	**-**	**89,886**	
A/C.02	**Basic Need - Secondary**										
A/C.02.007	Darwin Green (North West Fringe) secondary		-	Committed	34,680	-	6,863	-	-	27,817	C&YP
A/C.02.009	Alconbury Weald secondary and Special		-	Committed	74,827	10,644	21,567	-	-	42,616	C&YP
A/C.02.014	Northstowe secondary, phase 2		-	Committed	31,650	2,773	17,027	-	-	11,850	C&YP
A/C.02.015	Sir Harry Smith Community College		-	Committed	9,991	3,151	2,304	-	-	4,536	C&YP
A/C.02.016	Cambourne Village College Phase 3b		-	Committed	35,820	10,150	14,810	-	-	10,860	C&YP
A/C.02.017	NCA secondary Cambridge Expansion			Committed	5,380	100	-	-	-	5,280	C&YP
A/C.02.018	Witchford Village College			Committed	1,380	80	1,069	-	-	231	C&YP
	Total - Basic Need - Secondary		**-**		**193,728**	**26,898**	**63,640**	**-**	**-**	**103,190**	

Section 3 - A: People and Communities

Table 5: Capital Programme - Funding

Budget Period: 2023-24 to 2032-33

Ref	Scheme	Linked Revenue Proposal	Net Revenue Impact	Scheme Start	Total Funding £000	Grants £000	Develop. Contr. £000	Other Contr. £000	Capital Receipts £000	Prud. Borr. £000	
A/C.03	**Basic Need - Early Years**										
A/C.03.003	LA Early Years Provision		-	Committed	11,203	1,600	586	168	-	8,849	C&YP
	Total - Basic Need - Early Years		**-**		**11,203**	**1,600**	**586**	**168**	**-**	**8,849**	
A/C.04	**Adaptations**										
A/C.04.007	William Westley Primary		-	Committed	353	-	-	-	-	353	C&YP
A/C.04.008	Duxford Community C of E Primary School Rebuild		-	Committed	7,951	500	6	1,061	-	6,384	C&YP
A/C.04.010	Townley Primary Permanent Accommodation			Committed	1,600	800	-	-	-	800	C&YP
A/C.04.011	Bushmead Primary School Expansion		-	Committed	120	-	-	-	-	120	C&YP
	Total - Adaptations		**-**		**10,024**	**1,300**	**6**	**1,061**	**-**	**7,657**	
A/C.05	**Condition & Maintenance**										
A/C.05.001	School Condition, Maintenance & Suitability		-	Ongoing	27,250	25,500	-	-	-	1,750	C&YP
	Total - Condition & Maintenance		**-**		**27,250**	**25,500**	**-**	**-**	**-**	**1,750**	
A/C.07	**Schools Managed Capital**										
A/C.07.001	School Devolved Formula Capital		-	Ongoing	7,800	7,800	-	-	-	-	C&YP
	Total - Schools Managed Capital		**-**		**7,800**	**7,800**	**-**	**-**	**-**	**-**	
A/C.08	**Specialist Provision**										
A/C.08.004	Replacement Pilgrim Pupil Referral Unit - Medical Provision		-	2024-25	4,000	-	-	-	-	4,000	C&YP
A/C.08.007	Samuel Pepys Special School		-	Committed	10,720	2,812	-	-	-	7,908	C&YP
A/C.08.010	Additional Countywide SEN places		-	Committed	2,600	-	-	-	-	2,600	C&YP
A/C.08.011	New SEMH Provision Wisbech		-	Committed	17,786	4,915	-	-	-	12,871	C&YP
	Total - Specialist Provision		**-**		**35,106**	**7,727**	**-**	**-**	**-**	**27,379**	
A/C.09	**Site Acquisition & Development**										
A/C.09.001	Site Acquisition, Development, Analysis and Investigations		-	Ongoing	150	-	-	-	-	150	C&YP
A/C.09.004	Acquisition of LNCH		-	2023-24	900	-	-	-	-	900	C&YP
	Total - Site Acquisition & Development		**-**		**1,050**	**-**	**-**	**-**	**-**	**1,050**	
A/C.10	**Temporary Accommodation**										
A/C.10.001	Temporary Accommodation		-	Ongoing	9,250	-	-	-	-	9,250	C&YP
	Total - Temporary Accommodation		**-**		**9,250**	**-**	**-**	**-**	**-**	**9,250**	

Section 3 - A: People and Communities

Table 5: Capital Programme - Funding

Budget Period: 2023-24 to 2032-33

Ref	Scheme	Linked Revenue Proposal	Net Revenue Impact	Scheme Start	Total Funding £000	Grants £000	Develop. Contr. £000	Other Contr. £000	Capital Receipts £000	Prud. Borr. £000	
A/C.11	**Children Support Services**										
A/C.11.003	P&C Buildings & Capital Team Capitalisation		-	Ongoing	6,500	-	-	-	-	6,500	**C&YP**
	Total - Children Support Services		**-**		**6,500**	**-**	**-**	**-**	**-**	**6,500**	
A/C.12	**Adult Social Care**										
A/C.12.004	Disabled Facilities Grant		-	Ongoing	50,700	50,700	-	-	-	-	**A&H**
A/C.12.005	Integrated Community Equipment Service		-	Ongoing	4,000	-	-	-	-	4,000	**A&H**
A/C.12.007	Independent Living Service : East Cambridgeshire	A/R.6.180, C/R.7.119	-937	Committed	19,035	-	-	-	-	19,035	**A&H**
A/C.12.008	Independent Living Services	TBC	-	2024-25	40,148	-	-	-	-	40,148	**A&H**
	Total - Adult Social Care		**-937**		**113,883**	**50,700**	**-**	**-**	**-**	**63,183**	
A/C.13	**Cultural & Community Services**										
A/C.13.006	Libraries - Open access & touchdown facilities		-	Committed	1,172	-	-	-	-	1,172	**CS&I**
A/C.13.009	EverySpace - Library Improvement Fund			Committed	389	260	129	-	-	-	**CS&I**
	Total - Cultural & Community Services		**-**		**1,561**	**260**	**129**	**-**	**-**	**1,172**	
A/C.14	**Capital Programme Variation**										
A/C.14.001	Variation Budget		-	Ongoing	-63,600	-	-19,047	-	-	-44,553	**A&H, C&YP**
A/C.14.002	Capitalisation of Interest Costs		-	Committed	6,075	-	-	-	-	6,075	**A&H, C&YP**
A/C.14.003	Environment Fund Transfer		-	Committed	-3,499	-	-	-	-	-3,499	**C&YP**
	Total - Capital Programme Variation		**-**		**-61,024**	**-**	**-19,047**	**-**	**-**	**-41,977**	
	TOTAL BUDGET				**555,397**	**147,539**	**128,740**	**1,229**	**-**	**277,889**	

Agenda Item No: 6

Winter Planning – Prevention and Control of Winter Infections

To:	Adults and Health Committee
Meeting Date:	5 October 2022
From:	Director of Public Health
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	N/A
Outcome:	Prevention and control of winter infections

Recommendation:

Adults and Health Committee are recommended to:

note the preparations being made for winter infections

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1. Background

1.1 The future path and severity of the Covid virus is uncertain. Nationally, resurgences of covid (and other respiratory infections and gastrointestinal outbreaks) are very likely to occur in the winter. It is also possible more severe covid variants will emerge and there may sadly be more hospitalisations and deaths. In Australia, the winter flu season was earlier than expected and had a higher rate of hospital admissions in children than expected.

1.2 UKHSA lead on management of outbreaks in higher risk settings and complex outbreak investigation and management. The LAs public health team is expected to conduct minimal COVID-19 specific activities, and as such no additional COVID-19 specific funding has been provided in the public health grant for 22/23. A small covid team is funded till March 2023 (using existing COMF funding) to facilitate transition from pandemic phase to business as usual.

1.3 Therefore, the LAs public health team aim is to manage and respond to these risks through more routine public health interventions, without going into the large scale, resource intensive interventions as was done for the period March 2020 - May 2022. As per national direction (Living with COVID-19), LA public health has returned to supporting outbreak management as they did pre-pandemic, now including COVID-19 alongside other respiratory infections.

1.4 Directors of Public Health (DsPH) have an existing statutory duty in planning for, and responding to, emergencies that present a risk to the public's health. DPH will continue to have a vital leadership role in health protection locally and will seek to enable appropriate health protection support.

1.5 The LA are taking steps to ensure there are internal plans (Amber and Red) in place to maintain resilience against significant winter infection resurgences or future variants and remains ready to act if a dangerous variant risks placing unsustainable pressure on local systems.

2. Main Issues

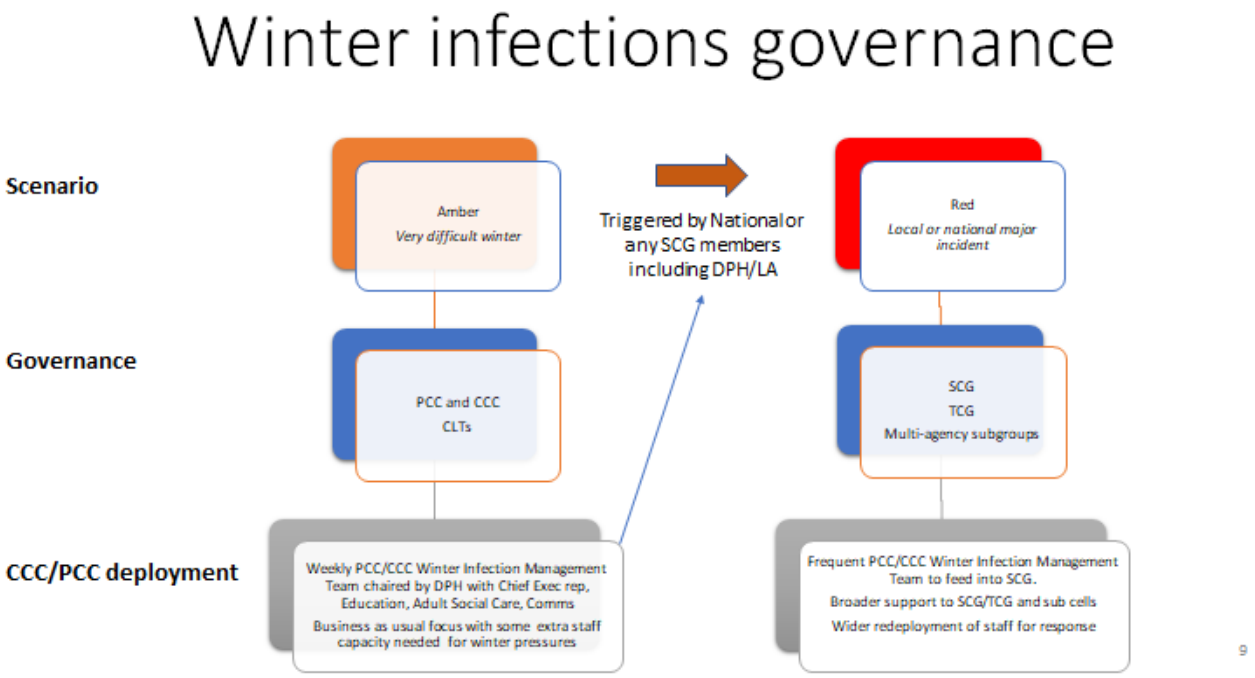
2.1 There are two plans proposed

- **Amber Plan** - Initial step up of the LA response when faced with an extremely difficult winter. BAU is carried on as normal (Appendix 1)
- **Red Plan** - Major Incident response. BAU affected as significant resources redirected. This could be due to local or national escalation (Appendix 2)

Local Authority Winter Infection Management Team (WIMT)

To ensure the council remains ready to act in a coordinated way if winter infection pressures or a dangerous variant risks placing unsustainable pressure on the system, a Winter Infection Management Team (WIMT) will be established.

In Amber variant plan, the expectation would be for the WIMT to meet weekly. If the WIMT meeting frequency changes to daily, that would be a trigger for Red Variant Plan and potential escalation through the CPLRF processes.



3. Alignment with corporate priorities

3.1 Environment and Sustainability

People's ability to heat their house appropriately impacts health outcomes, including from respiratory infections.

3.2 Health and Care

A difficult winter (with regards to Covid-19, other respiratory and gastrointestinal infections) will have significant impact on all health and care settings including acute NHS Trusts and adult social care settings with increased number of people admitted to hospital, outbreaks in care homes and other residential settings and associated difficulties with hospital discharge leading to reduced patient flow. Poor health outcomes from winter infections may impact on the ability to live healthy lives independently for longer. Health and care workforce capacity may also be impacted by sickness absence.

3.3 Places and Communities

Based on existing partnership developed during the pandemic, communities will be key to good communications and supporting those in need in their community.

3.4 Children and Young People

A difficult winter (with regards to Covid-19, other respiratory and gastrointestinal infections) may have an impact on the education of children and young people with disruption of their education due to periods of ill health and the possibility of class closures if staffing is significantly affected by outbreaks. In the case of new variant, disruption to education may occur as in prior pandemic waves impacting on educational opportunities, mental health and safeguarding.

3.5 Transport

A difficult winter (with regards to Covid-19, other respiratory and gastrointestinal infections) may have an impact on transport due to staff shortages resulting from ill health leading to potential transport disruptions. In the case of a new variant response, similar preventative measures may be put in place for public transport nationally as in prior pandemic waves.

4. Significant Implications

4.1 This is an information report – Section 4 is not required.

5. Source documents guidance

5.1 No source documents have been used.

APPENDIX 1 - AMBER VARIANT PLAN (SUMMARY)

- CLT to delegate responsibility to the Winter Infection Management Team.
- The Amber Variant Plan would be managed by the Winter Infection Management Team. and planning/capacity would be internally managed in the LA
- Whilst in the Amber Variant Plan all other aspects of the LA would be working as 'business as usual'.
- The Winter Infection Management Team would meet weekly whilst in the Amber Variant Plan.

Triggers for Amber

- Care Homes having an increase in deaths and patient flow issues from hospital to care homes, due to winter infection outbreaks
- Risk of significant harm (illness and death)
- Escalating number of respiratory issues and not just Covid-19
- When UKHSA health protection team is struggling with capacity

Actions for the Amber Variant Plan

- An advance meeting and prior preparation before moving to the Amber Variant Plan
- Limited capacity at this stage. Support is offered on a risk assessment basis depending on our resources
- If the small COMF funded LA Covid support team becomes overwhelmed, then we would move to the local Red Variant Plan
- Relief contracts to be established with previous members of staff
- Managers to have conversations with staff that maybe redeployed if we moved into local Red Variant Plan. Staff members would not be expected to redeploy in Amber.
- One-off generic information and guidance is provided to all settings.
- Financial and people resources would need to be in place as outlined in the business cases submitted for COMF approval

Who decides when we go into Amber?

- Anyone from the Winter Infections Management Team could trigger Amber

APPENDIX 2 - RED VARIANT PLAN (SUMMARY)

- The LA would work in conjunction with UKHSA and other partners if we were to move to the Local Red/National Red Variant Plans
- The Red Variant Plan would trigger Emergency Preparedness, Resilience and Response (EPRR) and require multi-agency support – SCG/TCG
- The WIMT would meet daily

Examples of Triggers for Local Red/National Red

- Early warnings – new variant of concern impacting Cambridgeshire and Peterborough requiring local multi agency cooperation
- New vaccine escape or more serious illness or severe illness in different cohort
- Covid-19 wave plus flu impacting multiple services requiring multi-agency cooperation
- National triggers
- Risk of harm that is beyond UKHSA capacity

Actions for the Local Red/National Red Variant Plans

- SCG would be called to determine Major Incident
- Regional help would be required
- Mutual aid
- Redeployment of staff in the local authority to enable functional delivery while building up response capacity.
- TCG – would agree for the various Cells to be re-established. There is no longer a Health Protection Board.

Recommissioning Drug and Alcohol Services

To:	Adults and Health Committee
Meeting Date:	5 October 2022
From:	Director of Public Health
Electoral division(s):	All
Key decision:	Yes
Forward Plan ref:	2022/066
Outcome:	The Committee is asked to consider the options, along with their context and rational, for the recommissioning of Integrated Drug and Alcohol Treatment Services and agree the approach for the development and procurement timeline for the new services.
Recommendation:	Adults and Health Committee are asked to agree:

a) That the current providers of both the adult and children and young people's drug and alcohol treatment service continue to provide services for a further two years after the end of their contracts on March 31, 2024, until March 2026; in line with Public Contract Regulations (2015)) and advice received from the Head of Procurement and Commercial and Peterborough Legal Services.

If Committee does not support these extended contractual arrangements, it is asked to agree the following:

a) A competitive procurement to commission adult and children and young people's Drug and Alcohol Treatment Services

b) Subject to approval by Peterborough City Council; to jointly commission the Drug and Alcohol Treatment Services with Peterborough City Council.

c) Subject to approval by Peterborough City Council; to jointly commission the adult and children and young people's Drug and Alcohol Treatment services as an integrated service.

d) A contract start date of the 1 April 2024, a duration of 5 years plus 1 plus 1-year options; up to a total value of £59,539,368 (CCC&PCC joint contract).

e) Subject to approval Peterborough City Council to Delegate Authority to Cambridgeshire County Council to act as lead commissioner and undertake the procurement and ongoing contract management.

f) Authorisation of the Director of Public Health, in consultation with the Chairman and Vice Chairman of the Adult and Health Committee to award a contract to the successful provider subject always to compliance with all required legal processes.

g) Authorisation of Pathfinder Legal Services Ltd. to draft and complete the necessary contract documentation.

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1. Background

1.1 The current adult and Children and Young People's (CYP) Drug and Alcohol treatment service contracts in Cambridgeshire will end on March 31, 2024. All possible contract extensions will have been exhausted and therefore services will require re-commissioning.

1.2 Currently Cambridgeshire County Council (CCC) and Peterborough City Council (PCC) commission these services through separate contracts. Historically the ambition has been to align the endpoints of the contracts in both areas to enable a joint commissioning exercise across the two local authorities.

1.3 The current CCC Adult Integrated Drug and Alcohol Treatment provider is Change Grow Live (CGL), a large third sector organisation and one of the market leaders in this sector. The contract commenced on the 1st of October 2018 and ends 31 March 2024. The contract has been extended by 2 years within the terms of the contract (3.5+1+1).

1.4 The Service provides all elements of substance misuse treatment including early intervention advice and support, pharmacological treatment, harm reduction services, pharmacy delivered services (including needle and syringe programmes), psychosocial support, recovery support, community/inpatient detox, and residential rehabilitation. Under the last recommissioning exercise in 2017/18, the Cambridgeshire adult treatment service was completely re-modelled to include a psychology led therapeutic delivery component as well as an innovative co-produced peer led community recovery service.

1.5 The Cambridgeshire Children and Young People's substance misuse service is contracted via a Section 75 agreement with the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). The Section 75 agreement commenced on 1st July 2019 for an initial 3-year term with the original expiry date of 30th June 2022, the Section 75 has been extended to bring the contract in line with the adult drug and alcohol treatment contracts which terminate on 31 March 2024. The service known as CASUS, provides specialist substance misuse treatment for children and young people across Cambridgeshire, delivering an integrated model of treatment (mainstream and criminal justice provision).

1.6 PCC also commissions CGL to provide the Drug and Alcohol Service in Peterborough through a contract that commenced on April 1, 2016, for an initial five-year term with three one-year extension periods (total 8 years). All the extension clauses will have been utilised on the 31 March 2024. This is an 'all age' service providing all elements of substance misuse treatment to children, young people, and adults across Peterborough

1.7 Historically the ambition has been to align the endpoints of the CCC and PCC contracts in both areas to enable a joint commissioning exercise and contract across the two local authorities, which has been achieved. However, there are recent contextual funding and contractual changes that demand a review of the commissioning/contractual options to determine the commissioning timeline and approach. In addition it has been recognised that a new needs assessment was desirable as the last one was undertaken in 2016.

2. Main Issues

2.1 All adult and CYP drug and alcohol treatment services contract end dates commissioned by Cambridgeshire County Council and Peterborough City Council have been aligned to end on the 31 March 2024. The intention being that a joint procurement across both local authorities that included adult and CYP services could be undertaken with a new service commencing on April 1, 2024.

However, the landscape has been altered by three key changes that driving the recommendation to delay the recommission and new contract start date until 1 April 2026. :-

1) Additional central government grant funding
2) Changes to the Procurement Regulations
3) A recently commissioned Drug and Alcohol Needs Assessment

These changes are described in more detail below.

2.2 Additional Grant Funding

The funding for Drug and Alcohol services is complex and includes not just core funding from the Public Health Local Authority Grant but additional local and national funding. The additional funding from different sources reflects the high and complex needs of service users. Table 1 details the complexity of the funding. The additional local funding for Family Safeguarding and Prevention is for dedicated staff to work with the families of service users to prevent children and other family members engaging in substance misuse and to identify any safeguarding issues. The Office of the Police and Crime Commissioner provides funding to enable closer working and stronger pathways between the Criminal Justice System and the services.

In addition there have recently been numerous grants from Central Government that have increased the value of the contracts significantly. The value of the original CGL contract for the full 5.5-year term was £26,730,660. The contract variations made during the life of the contract total £4,149,338. Most recently this has included the new national Office for Health Improvement and Disparities (OHID) Supplementary Grant and Rough Sleeping treatment grants. With these added the total contract value is £30,879,998 million.

Table 1 does not include the CYP CASUS contract. Its annual contract value is £394,933 per annum, with a value of £1,184,637 for the first three years of the Section 75. Its extension until March 31, 2024,a gives a total value of £1,908,680 for the whole period.

Table1: Funding Profile for Drug and Alcohol services in Cambridgeshire

Funding streams	2022/23 (£)	2023/24	2024/25	2026/27	Assumptions
Local Funding Streams					
Core Public Health (inc CYP)	5,076,787	5,076,787	5,076,787	5,076,787	No savings uplifts
Family Safeguarding & Prevention	229,605	229,605	Ongoing funding not confirmed	Ongoing funding not confirmed	No change
Office of the Police and Crime Commissioner	94,000	94,000	Ongoing funding not confirmed	Ongoing funding not confirmed	No change
Additional Government Funding					
Rough Sleeper Treatment Grant (S31) Cambridge City only	**480,317**	459,805	Ongoing funding not confirmed	Ongoing funding not confirmed	There is some uncertainty around ongoing funding
Supplementary Treatment Grant (STG)	580,583	591,915	1,098,415	Ongoing funding not confirmed	Significant funding that would cross over new contract in 2024
STG Probation Grant	37,750	75,500	Ongoing funding not confirmed	Ongoing funding not confirmed	Funding for 24/25 not confirmed
Annual totals	**6,499,042**	**6,527,612**	**6,175,202**	**5,076,787**	

In terms of re-commissioning this creates an added complexity if the current contract end date is adhered to, as the short-term funding will cut across different contracts. The Supplementary Treatment Grant (STG) is especially challenging as the Terms and Conditions of this grant has very demanding deliverables requiring significant service developments, some involving partners. A recommission two thirds of the way through the grant term will disrupt the services both through the current provider preparing to tender and the potential of new provider which usually brings a period of instability and fall in performance. There are very precise requirements on how the grant is spent and there is caveat that it will be withdrawn if there is any reduction in drug and alcohol investment during the grant period.

2.3 Changes to the Procurement Regulations

In a local authority the usual approach to tendering for a commission of this scale would be a competitive procurement. However there will be new regulations for the commissioning of health services that will apply to both the NHS and local authority commissioning of public health services. These will have implications for both the approach and timing of the re-commission. They were scheduled to be introduced during 2022/23 but have been delayed. Currently not all of the details are available but there are implications and expectations governing local authority public health commissioning. The new regulations have been discussed with procurement and legal services as there are concerns relating to potential challenges and a lack of clarity regarding the details of the new Regulations that cannot be fully answered until the full Regulatory Guidance is released. Appendix 1 provides summary of the new Regulations.

2.4 Drug and Alcohol Needs Assessment

A Drug and Alcohol needs assessment has been commissioned and is underway. This will provide insights into not just the needs but the impact of the different service models. Also as with any service recommission service user a provider consultation will take place as part of the recommission. To complete the needs assessment, undertake the consultation, and develop a report to inform the new service will be challenging as it is a complex procurement that will take up to a year to eighteen months to complete.

2.5 An additional supporting factor for delay in the procurement is the performance of the adult and CYP services. Drug and Alcohol Treatment services for both adults and CYP have wide ranging national and local performance reporting requirements. These are varied but core are indicators that relate to completion of treatment/recovery and proportion of service users who return to the services. There are also indicators that capture wider physical and mental health, criminal justice, employment, and housing issues. The Services also play a role in supporting the Health and Wellbeing Board mental health strategic priority. Overall CGL and CASUS performance is good and is not a barrier to these organisations continuing to provide the services for an extended period.

2.6 As described above, the initial timeline for re-procurement would see a contract award in October 2023 with a new contract starting on April1 2024. However, this timeline is compromised by, in summary:

- the complexities and uncertainties of the new grant awards that would cut across two contracts which would exacerbate the destabilisation of the services associated with procurements
- the changes in the Procurement Regulations with implications that are as yet not clarified
- the completion of the needs assessment and identification of any implications for the new service
- the absence of any concerns relating to performance of the services.

These factors support current contractual arrangements being maintained for a further two years with a new service starting on April 1, 2026. This recommendation is supported by the good performance record of the all services that would be included

2.7 The feasibility of continuing to contract with the current provider has been discussed with the Head of Procurement and Commercial who has confirmed that it is line with Procurement Regulations.

2.8 An options appraisal has been undertaken (using the criteria below) where a delay in commencing the procurement had the highest score.

1. Support the delivery and maximisation of the drug and alcohol treatment service deliverables
2. Services better able to address need and creatively develop quality services to address them
3. Supports collaborative working across the system to improve service and wider outcomes

4. Support services that are cost effective
5. Will not prompt any legal and/or procurement challenges

Below are three tables that appraise the different options using the above criteria. Options are scored 1-5 against the criteria. With 1=lowest score and 5= highest score.

Table 2 Procurement Timeline options

	Appraisal Criteria	Re-commission for a new service to commence April 2024	Score	Delay competitive tendering process with a new contract commencing April 2026	Score
1.	Support the delivery and maximisation of the drug and alcohol treatment service deliverables	Unable to fully demonstrate the impact of additional funding and the additional opportunities it affords.	2	Able to develop new models of working through use of the grant funding through a prolonged period of stability	4
2.	Services better able to address need and creatively develop quality services to address them	New grant funding contributes to understanding of need and how it is best addressed. Disruption for service users and staff mid-grant will impact on service development and evaluation. Risk of low staff retention.	2	This would give the grant period to consistently assess and evaluate the impact of the grant funding and meet its terms.	4
3.	Supports collaborative working across the system to improve service and wider outcomes	Drug and Alcohol Services revolve around partnership collaborative working. The grant funding supports greater partnership working and this would disrupt these developments. The new interventions will not have been fully evaluated and opportunities to improve services through collaborative working would not be fully realised. Risk of not meeting terms of the grant	2	The grant funded developments related to partnership working could be fully evaluated without the disruption created by a procurement	4
4.	Financial: Support services that are cost effective and will prompt any financial challenges	Cost-effective evaluation of the grant funded services would be interrupted through different costing models.	2	Enables impact of grant funding to undergo a full cost-effective analysis. There would be greater clarity about what is now an uncertain funding landscape after 2025. Ability to develop new service model based on a stable consistent funding envelope.	4
5.	Will not prompt any legal and/or procurement challenges	A new contract established through a competitive procurement would fit current local authority regulations and avoid the risk of challenge through any extension Realisation of savings Opportunity for transformation	4	The new legislation relating to the procurement of health services has been delayed but likely to be enacted during the procurement period. A later procurement would enable a fuller understanding of the implications and opportunities arising from the new procurement legislation	2
	Score totals		**12**		**18**

2.9 Recommissioning a new contract with start date April 1, 2024

However there are other decisions that require Committee approval prior to a recommission. They are considered here as they will require sign off if Committee does not approve the delay in recommissioning with a new contract start of April 2024.

2.10 As described above strategic commissioning direction was to jointly commission Drug and Alcohol Treatment services jointly with PCC. In view of changing commissioning landscape an options appraisal approach was adopted using the same criteria used for the procurement timeline. The outcome was that they had similar scores as shown in Table 3 below.

2.12 The separate CGL contracts in CCC and PCC have some scope and delivery differences. The most significant difference is that in Cambridgeshire the CYP Service is provided by Cambridgeshire and Peterborough Foundation Trust (CPFT), whilst in Peterborough CGL provides an integrated service that includes CYP and adult services. A similar options appraisal approach has been adopted to review the different models for delivering CYP and adult services. Table 4 shows that the commissioning of CYP services jointly scored more highly than a separate service.

Table 3: Options for single or joint LA contracts

	Appraisal Criteria	CCC/PCC separate contracts	Score	Joint contract	Score
1.	Support the delivery and maximisation of the drug and alcohol treatment service deliverables	Competition for resources. Separate contracts enable delivery and reflect needs in local communities.	3	Advantage of one pool of staff, flexibility, and consistency. One governance system, avoiding duplication. Loss of granularity of need and inability to address specific requirements.	4
2.	Services better able to address need and creatively develop quality services to address them	Easier to resource according to local need and complexity.	4	More challenging to address specific needs in local communities	2
3.	Supports collaborative working across the system to improve service and wider outcomes	Separate arrangements can cause duplication and confusion	2	Enables collaborative working across the system	4
4.	Financial: Support services that are cost effective and will prompt any financial challenges	Loss of efficiencies but finance envelope can be developed to meet local needs.	3	Efficiencies achievable but risk of services being too being too stretched would require careful management.	3
5.	Will not prompt any legal and/or procurement challenges	Not applicable		Not applicable	
	Score totals		**12**		**13**

Table 4: Inclusion of CYP Treatment Services in the Re-commission

	Appraisal Criteria	Adult and CYP Services integrated	Score	Adult and Children services commissioned separately	Score
1.	Support the delivery and maximisation of the drug and alcohol treatment service deliverables	Meets the needs of CYP and their families, supports safeguarding and working with children affected by substance misusing parents	4	Current provision in Cambridgeshire aligns with specialist children's mental health provision (dual diagnosis service). This would need to be built into any contract.	3
2.	Services better able to address need and creatively develop quality services to address them	CYP needs can be lost in an adult dominated service.	2	Bespoke service specification to address specialist CYP needs	4
3.	Supports collaborative working across the system to improve service and wider outcomes	Enables collaborative working across the system through links with a wide range of services.	4	Separate arrangements can cause duplication and confusion	2
4.	Financial: Support services that are cost effective and will prompt any financial challenges	CYP services require strict ring-fenced budgets which can be difficult to scrutinise.	3	Dedicated budgets according to local need and complexity	4
5.	Will not prompt any legal and/or procurement challenges	Not applicable		Not applicable	
	Scope totals		**13**		**13**

2.13 If the services are recommissioned for a start date in April 2024 the value of contracts would include the additional grants as detailed in Table 1. Table 5 describes the differing contract values between a 2024 and 2026 contract start and the procurement value for a five year plus 1 plus 1 contract. If the national grant funding ends the contract value will reflect the Public Health grant allocation and any local funding streams. The grant funding currently continues into 2025. If the Service is commissioned to start in 2024 the contract will contain the caveat that the contract value could fall in 2025/26.

Table 5: Contract values

	CCC Adult (Including local funding) £	CCC CYP £	Total £	Total PCC Adult& CYO funding (Including local funding) £	CCC & PCC Integrated Contract £
New service April 2024	36,635,924	2,764,531	39,400,455	20,138,913	59,539,368
New service April 2026	35,537,509	2,764,531	38,302,040	19,022,038	57,324,078

3. Alignment with corporate priorities

3.1 Environment and Sustainability

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

- The contracting decisions involved in the commissioning of these services will consider net zero to reduce carbon emissions, and include environmental criteria

3.2 Health and Care

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

- The services described in this paper support the delivery the four Health and Wellbeing Board Strategy priories
- The aim of services is to improve outcomes and combat health inequalities informed by needs assessment and based on population health management across the county

3.3 Places and Communities

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

- The needs assessment and the procurement process will include consultation with communities, stakeholders, and service users . Any service developments will reflect the findings.

3.4 Children and Young People

The report above sets out the implications for this priority in 1.6, 2.3. Table 4

3.5 Transport

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

- The contracting decisions involved in the commissioning of these services will include requirements to minimise travel that involves transport.

4. Significant Implications

4.1 Resource Implications

The report above sets out details of significant implications in 2.2, 2.13

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

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

The proposed contract extension is permitted under Regulation 72 of the Public Contract Regulations (2015). The current contracts are performing well and the proposed extension will allow for a procurement that is fully compliant with the changed procurement processes under the Health Care Act 2022.

4.3 Statutory, Legal and Risk Implications

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

- Any implications for procurement/contractual/Council contract procedure rules will be considered with the appropriate officers from these Departments and where necessary presented to the Adult and Health Committee before proceeding.

4.4 Equality and Diversity Implications

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

- The Drug and Alcohol services are commissioned as universal services. Many services users are vulnerable and experience health inequalities. Staff in the services are especially aware of diversity and inequalities. They are trained to understand some of the barriers that some groups face.

4.5 Engagement and Communications Implications

- The needs assessment and procurement consultation will inform service developments will include consultation with stakeholders and the CYP Committee.

- The CYP Committee will be asked to approve the commissioning related to CYP services.

4.6 Localism and Local Member Involvement

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

- We will work with local members to champion and promote the service at a local level and to identify any barriers to access and uptake.

4.7 Public Health Implications

- The report above sets out details of significant implications in 1.4, 1.5, 1.6

4.8 Environment and Climate Change Implications on Priority Areas (

4.8.1 Implication 1: Energy efficient, low carbon buildings.
Status: Neutral
Explanation: Not influenced by the Service

4.8.2 Implication 2: Low carbon transport.
Status: Positive
Explanation: Contracts will include a requirement to use energy efficient forms of transport and active travel

4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats, and land management.
Status: Neutral
Explanation: Not influenced by the Service

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
Status: Neutral
Explanation: Not influenced by the Service

4.8.5 Implication 5: Water use, availability, and management:
Status: Neutral
Explanation: Not influenced by the Service

4.8.6 Implication 6: Air Pollution.
Status: Positive
Explanation: Contracts will include a requirement to use energy efficient forms of transport and active travel

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

Explanation: These services are accessed by large numbers of vulnerable people and the contracts will require that they support their clients to understand climate change impacts and how they can minimise impact upon themselves.

Have the resource implications been cleared by Finance? **Yes**
Name of Financial Officer: **Justine Hartley 29/09/22**

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the Head of Procurement? **Yes**
Name of Officer: **Clare Ellis 21/09/2022**

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or Pathfinder Legal? **Yes**
Name of Legal Officer: **Fiona McMillan 20/09/2022**

Have the equality and diversity implications been cleared by your EqIA Super User?
Yes
Name of Officer: **Jyoti Atri 23/09/22**

Have any engagement and communication implications been cleared by Communications?
Yes
Name of Officer: **Matthew Hall 23/09/22**

Have any localism and Local Member involvement issues been cleared by your Service Contact? **Yes**
Name of Officer: **Jyoti Atri 23/09/22**

Have any Public Health implications been cleared by Public Health?
Yes
Name of Officer: **Jyoti Atri 23/09/22**

If a Key decision, have any Environment and Climate Change implications been cleared by the Climate Change Officer?
Yes
Name of Officer: **Emily Bolton 22/09/22**

5. Source documents guidance

5.1 Source documents
N/A

Appendix 1

Changes to the Regulations Governing the Commissioning and Procurement of Health Services

1. Introduction.

These regulations are scheduled to be introduced during 2022/23 but have been delayed. Currently not all of the details are available but there are implications and expectations governing local authority public health commissioning. This new Provider Selection Regime information is based on DHSC webinars and consultation documents to date along with advice and information from CCC Procurement (Sarah Fuller) and PCC legal (Natalie Moult). There are concerns relating to challenges or detailed criteria etc. that cannot be fully answered until the full Regulatory Guidance is released.

2. Organisations and services subject to the new regulations

It will apply to any provider delivering healthcare services and will apply to healthcare services commissioned by local authorities as well as those commissioned by the NHS.

The new Provider Selection Regime will govern:

- integrated care boards (ICBs) when commissioning healthcare services for the purposes of the health service (whether NHS or public health)
- NHS England when commissioning healthcare for the purposes of the health service (whether NHS or public health)
- local authorities and combined authorities when arranging healthcare services as part of their public health functions
- local authorities and combined authorities when arranging NHS healthcare services as part of section 75 partnership arrangements with the NHS
- NHS trusts and foundation trusts when arranging the provision of healthcare services by other providers

The Provider Selection Regime is not intended to apply to:

- social care services when not procured alongside healthcare services in a single contract
- essential and advanced pharmaceutical services arranged under the terms of the community pharmacy contract framework (CPCF)
- procurement of goods or medicines
- non-healthcare services (for example, business consultancy, catering, hospital bedding services, public health marketing campaigns)

3. Proposed procurement options

A number of procurement options have been proposed . These will require criteria to enable any decisions to be made.

DHSC have provided some high-level criteria.

- Quality (safety, effectiveness, and experience) and innovation
- Integration, collaboration, and service sustainability
- Access, inequalities, and choice

- Value
- Social Value

More guidance is required, however it seems that decision making bodies must decide if and how they prioritise and balance the above criteria, to best reflect their intentions, and apply the regime proportionately to reflect the scale, cost and significance of the services being arranged.

4. Procurement Option 1

Continuation of existing arrangements:

This can be used in the following circumstances.

1A – the type of service means there is no realistic alternative to the current provider or group of providers

1B – alternative providers are already available to patients (for example, where patient choice arrangements allow patients to choose providers) including for core primary care services commissioned on the basis of continuous contracts (for example, where patients have the right to exercise choice at the point of registration with a GP surgery)

1C – the incumbent provider or group of providers is judged by the decision-making body to be doing a good job (in relation to the key decision-making criteria for this regime), is likely to continue to do so, and the service is not changing considerably. If decision-makers want to use circumstance 1C, they will need to establish that the service is not changing 'considerably', and that the incumbent provider is doing a good job.

However this route should not be used where services are new; are changing considerably; or where the incumbent is performing poorly, and other providers are available.

More guidance is needed about what this means in terms of how certain services will be classified and how to apply it in practice is required.

5. Procurement Option 2

A provider may be identified without a competitive procurement:

The commissioner would identify the most suitable provider when the decision-maker wants to use a new provider or for new or substantially changed arrangement. This is in circumstances where existing arrangements need to change considerably; where the incumbent is no longer able/wants to provide the service; or where the decision-making body wants to use a different provider and the decision-making body considers it can identify a suitable provider without running a competitive procurement process.

This will be challenge to LA procurement practice. The documentation defines the 'health service' as in section 1(1) of the National Health Service Act 2006 (NHS Act 2006):

“comprehensive health service designed to secure improvement in the physical and mental health of the people of England, and in the prevention, diagnosis and treatment of physical and mental illness.”

This definition refers to the NHS, and to the comprehensive health service that is provided in pursuance of the public health functions of local authorities under the 2006 Act.

In general terms, this means the rules will apply when:

- a decision-making body is commissioning or sub-contracting a healthcare service (whether NHS or public health) provided to an individual, to improve their physical or mental health
- the service is part of the NHS arrangements established under the NHS Act 2006

The intention is that this approach should be followed where the decision-making body is changing a service or existing contract, or where one of the following applies:

- a brand-new service is being arranged
- the incumbent no longer wants to or is no longer able to provide the services
- the decision-making body wants to use a different provider for any reason
- the decision-making body wants to reassess available providers (even where the services are not changing) without undertaking a competitive procurement

To use this route, decision-making bodies will need to:

- prioritise and weight the key criteria for the service in question
- use their established knowledge of available providers to give due consideration to how each performs with regard to each of the criteria
- be satisfied that they can justify that the provider they are proposing to select is the most suitable provider by reference to the key criteria
- If after doing this, the decision-making body has reasonable grounds to believe that one provider or group of providers is the most suitable (which may or may not be the incumbent), they will be able to proceed with the process to award the contract directly, in line with the transparency and scrutiny requirements

The statutory guidance will set out what constitutes a ‘considerable’ change to a service.

6. Procurement Option 3

Competitive procurement:

This is for situations where the decision-making body cannot identify a single provider or group of providers that is most suitable without running a competitive process; or to test the market.

When using this route, decision-making bodies must:

- establish what the key criteria are for the service in question, including any prioritisation and weighting

- develop these into a tender specification and formally advertise the opportunity to bid
- have regard to relevant best practice and guidance to ensure the tender process open and fair, conducted with integrity, aimed at delivering maximum benefit and value for money
- evaluate tender bids against key criteria and compare tender bids. Decision-making bodies will need to keep records of these considerations
- if after doing this, the decision-making body identifies a provider or group of providers they want to award a contract to, they may proceed with the process to award the contract in line with the transparency and scrutiny requirements

Commissioning Behavioural Insights Research & Interventions

To:	Adults and Health Committee
Meeting Date:	5 October 2022
From:	Director of Public Health
Electoral division(s):	All
Key decision:	Yes
Forward Plan ref:	2022/089
Outcome:	The committee is asked to consider and support a competitive procurement for commissioning Behavioural Insights Research to inform interventions for health behaviour change which will improve health outcomes.
Recommendation:	Adults and Health Committee is asked to consider and support the following:

a) A competitive procurement to commission Behavioural Insights Research and Interventions.

b) Subject to approval by Peterborough City Council; to jointly commission Behavioural Insights Research and Interventions with Peterborough City Council.

c) Subject to approval by Peterborough City Council; to delegate authority to Cambridgeshire County Council to act as lead commissioner and undertake the procurement and ongoing contract management.

d) Authorisation of the Director of Public Health, in consultation with the Chair and Vice Chair of the Adult and Health Committee to award a contract up to the value of £520,000 to the successful provider subject always to compliance with all required legal processes.

e) Authorisation of Pathfinder Legal Services Ltd. to draft and complete the necessary contract documentation.

Officer contact:
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Member contacts:
Names: Councillor Richard Howitt
Post: Chair
Email: richard.howitt@cambridgeshire.gov.uk
Tel: 01223 706398

1. Background

1.1 The Adult and Health Committee approved £500,000 of reserve funding from the Public Health Grant to undertake behavioural insights research and intervention development.

1.2 Central to Public Health is prevention and facilitating behaviour change to improve health outcomes . Individuals and communities are supported through different interventions to adopt healthier behaviours and if required seek support for any changes.

1.3 In Cambridgeshire we still have large numbers of adults and children who are obese, inactive, have poor diets, smoke, and consume unhealthy levels of alcohol. These behaviours have been exacerbated by the COVID-19 pandemic and there is a need to understand the behaviour motivators of individuals and communities.

2. Main Issues

2.1 Behavioural insights are how people perceive things, how they decide, and how they behave. They are generated by empirical evidence from behavioural science research which studies human behaviour to identify the factors that affect our behaviour. It underpins social marketing and is now very well developed, and we are proposing to commission large scale social marketing research across all the main health behaviours which will include the development of comprehensive prevention campaigns.

2.2 The Local Authority does not have the capacity and all the specific skills required to undertake this research and intervention development design. Therefore a robust competitive process will be undertaken to ensure that we commission a quality product.

2.3 Given the range of areas where insights into behaviour could improve our interventions we will prioritise based on level of need and whether we have any other current information that could aid our understanding. We will require the new provider to undertake extensive research in each of the prioritised areas.

2.4 The insights are beneficial in designing policies and interventions which align to the way people and organisations actually react in similar circumstances, rather than how they say they will react. The provider will be asked to develop bespoke interventions and an evaluation framework based on secured insights that will enable analysis of their impact upon behaviours. The interventions may take the form of campaigns but also it will be important that the behaviour insights inform current and new local policy and service delivery.

2.5 This is a one-off contract which we recommend running over 2 years to ensure that the research is robust and there is sufficient time for the development of interventions. The Procurement and Commercial Team have recommended a full competitive procurement and advised the following timeline.

- October to December 2022: Market engagement
- January 1st, 2023 – April 28th, 2023: Full competitive tender
- Contract award May1st 2023
- Lead time: May 1st, 2023, to May 31st, 2023
- Contract start date : June1 2023

2.6 The full two-year contract value is valued up to £520,000

CCC: £500,000
PCC: £20,000 (please not this is for a specific piece of research relating to PCC Childhood Immunisations and Vaccinations. Other behaviours will not be researched and are beyond the scope of this funding for PCC.)

2.7 We have discussed this with procurement and have agreed that we will work with procurement to develop our social value approach in relation to this work.

3. Alignment with corporate priorities

3.1 Environment and Sustainability

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

- The behaviour insight research will include consideration of climate change related health behaviours

3.2 Health and Care

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

- Behavioural insight intelligence will contribute to prevention and improving health outcomes

3.3 Places and Communities

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

- Behaviour insight intelligence on communities will be shared with them and shape approaches to engage them in improving their health

3.4 Children and Young People

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

- The behaviour insight research will include exploring and securing an understanding of what motivates the health behaviours of children and young people and what would motivate them to change them to improve their health outcomes.

3.5 Transport

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

- The behaviour insight research will include consideration of behaviours in relation to transport and engagement in active travel and physical activity

4. Significant Implications

4.1 Resource Implications

The report above sets out details of significant implications in 2.3

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

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

- The procurement will be undertaken with the support and approval of the Procurement team conform to Contract Procedure Rules

4.3 Statutory, Legal and Risk Implications

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

- Any implications for procurement/contractual/Council contract procedure rules will be considered with the appropriate officers from these Departments and where necessary presented to the Adult and Health Committee before proceeding.

4.4 Equality and Diversity Implications

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

- The behavioural insight research will be mindful and informed about equality and diversity factors in areas where they conduct their research.

4.5 Engagement and Communications Implications

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

- Any equality and diversity implications affecting engagement and communications will be identified before any service developments are implemented and promoted.

4.6 Localism and Local Member Involvement

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

- We will work with local members to make them aware of the research and its findings, asking them to use the information and understanding to inform their work with individuals and communities.

4.7 Public Health Implications

The report above sets out details of significant implications in 1.1, 1.2, 1.3, 2.1

4.8 Environment and Climate Change Implications on Priority Areas

4.8.1 Implication 1: Energy efficient, low carbon buildings.
Status: Neutral
Explanation: The Behaviour Insights research will not include this analysis

4.8.2 Implication 2: Low carbon transport.
Status :Positive
Explanation: The Behaviour Insights will explore behaviours relating to transport, active travel, and physical activity

4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats, and land management.
Status: Neutral
Explanation: The Behaviour Insights research will not include this analysis

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
Status: Neutral
Explanation: The Behaviour Insights research will not include this analysis

4.8.5 Implication 5: Water use, availability, and management:
Status: Neutral
Explanation: The Behaviour Insights research will not include this analysis

4.8.6 Implication 6: Air Pollution.
Status: Positive
Explanation: The Behaviour Insights will explore behaviours relating to transport and active travel and their relationship to air pollution

4.8.7 Implication 7: Resilience of our services and infrastructure and supporting vulnerable people to cope with climate change.
Status: Positive
Explanation: The Behaviour Insights will explore health behaviours that will affect vulnerable people and their response to climate change.

Have the resource implications been cleared by Finance? **Yes**
Name of Financial Officer: **Justine Hartley 26/09/22**

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the Head of Procurement? **Yes**
Name of Officer: **Clare Ellis 22/09/2022**

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or Pathfinder Legal? **Yes**
Name of Legal Officer: **Fiona McMillan 20/09/2022**

Have the equality and diversity implications been cleared by your EqIA Super User?
Yes
Name of Officer: **Jyoti Atri 23/09/22**

Have any engagement and communication implications been cleared by Communications?
Yes
Name of Officer: **Matthew Hall 23/09/22**

Have any localism and Local Member involvement issues been cleared by your Service Contact? **Yes**
Name of Officer: **Jyoti Atri 23/09/22**

Have any Public Health implications been cleared by Public Health?
Yes
Name of Officer: **Jyoti Atri 23/09/22**

If a Key decision, have any Environment and Climate Change implications been cleared by the Climate Change Officer?
Yes
Name of Officer: **Emily Bolton 22/09/22**

5. Source documents guidance

5.1 Behavioural insights: resources and best practice: Local Government Association
Behavioural insights: resources and best practice | Local Government Association

Sharing evidence on behavioural and cultural insights (BCI); World Health Organisation
Sharing evidence on behavioural and cultural insights (BCI) (who.int)

Behavioural insights: public health : Public Health England 2018
Behavioural insights: public health - GOV.UK (www.gov.uk)

Agenda Item No: 9

Adults Community Occupational Therapy Service - Section 75 Agreement

To:	Adults & Health Committee
Meeting Date:	5 October 2022
From:	Will Patten, Service Director, Commissioning
Electoral division(s):	All
Key decision:	Yes
Forward Plan ref:	2022/040
Outcome:	Adults and Health Committee is asked to note the current status of the Section 75 Agreement for Community Occupational Therapy Services and agree an extension of 1+1 years, under the current terms, for 2022-23 and 2023-34 with an annual value of £1,810,426. Committee are also asked to note the intention for a service review to be undertaken to inform commissioning decisions going forward. This will ensure that effective Occupational Therapy services will continue to be delivered to adults across Cambridgeshire to enable them to continue to live as independently as possible in the community whilst also achieving best value for money.
Recommendation:	Adults and Health Committee is recommended to: a) approve a contract extension of 1+1 years to the Section 75 Agreement for 2022-23 and 2023-24 with an annual value of £1,810,426. b) Note the intention to undertake a service review to inform commissioning of the service going forward.

Officer contact:
Name: Diana Mackay
Post: Commissioning Manager
Email: diana.mackay@cambridgeshire.gov.uk
Tel: 01223 715966

Member contacts:
Names: Cllr Richard Howitt / Cllr Susan van de Ven
Post: Chair/Vice-Chair
Email: Richard.howitt@cambridgeshire.gov.uk
Susanvandeven5@gmail.com
Tel: 01223 706398

1. Background

1.1 The community Occupational Therapy Service, which delivers support to adults over the age of 18 in Cambridgeshire, has been provided as an integrated health and social care service since 2004. The delivery of the social care element of the service is governed by a Section 75 Agreement with the provider, Cambridgeshire & Peterborough NHS Foundation Trust (CPFT). Section 75 Agreements were legally provided by the NHS Act 2006 to enable budgets to be integrated and pooled between local health and social care organisations and authorities. The annual value of the current agreement with CPFT is £1,767,994 but is subject to an uplift for 2022-23.

1.2 The role of an Occupational Therapist (OT) is to work with people of all ages to assess their level of function in their own environment, develop a therapy plan and support the person to be rehabilitated to reach their optimal level of function. Under the Section 75 Agreement, this may include setting up rehabilitation plans, prescribing people with a range of health and social care equipment, or having adaptations to their home to enable them to manage more independently.

1.3 The Occupational Therapists and Therapy Assistants provide a full service from assessment through to rehabilitation, provision of daily living equipment and recommendations for minor and major housing adaptations. This ensures that, in the majority of cases, one practitioner can support people through their health and social care journey and avoid hand-offs between health and social care. The OT service is delivered as an integral part of the CPFT Neighbourhood Teams with the OT staff working alongside physiotherapists, community nurses and liaising closely with the County Council's Adult Social Care teams.

1.4 The service contributes to the delivery of social value, particularly in the areas of:

- Promoting healthier, safer and more resilient communities by offering an integrated, community-based service that is focussed on outcomes for people and enabling them to remain independent in their home and community

- Jobs: Promoting Local Skills and Employment. The service offers apprenticeships and has worked very closely with Anglia Ruskin University over the last year in the development of their new post graduate OT training offer. The service also encourages and supports assistants to go on to train and qualify as an OT. These local initiatives are highly valued as there is a national shortage of qualified OT's

1.5 In summary, the integrated OT service delivers a range of health and social care interventions:

- Rehabilitation programmes within a variety of settings to promote independent function focussing on client's ability to manage a range of daily living activities such as personal care, food preparation and access in and around their home environment
- End of life support within the home environment
- Falls prevention, including completion of multifactorial risk assessments
- Neuro rehab – e.g.following stroke or head injury
- Supported orthopaedic discharge

- Support and review of people with long term conditions, including specialist assessment of people's moving & handling needs
- Provision of equipment from the commissioned Integrated Community Equipment Service (ICES) to promote independence and reduce, prevent or delay the need for ongoing care and support.
- Assessment and provision of minor and major housing adaptations to keep people in the home of their choice for as long as possible and prevent the need to move into longer term care placement. This involves working collaboratively with the district council Home Improvement Agencies (HIAs)

1.6 The service operates a triage and prioritisation process at the point of referral. This ensures that immediate needs are met in a timely manner. However, if people have, what the service deem to be, longer term non-urgent needs, for example major housing adaptation, then these cases are placed on a waiting list. Pre-covid the average waiting time for OT intervention was 4 weeks. Due to the impact of the pandemic and the redeployment of staff to support the acute hospitals, the average waiting time increased to 13 weeks. Once the Covid response was eased and staff returned to their substantive posts, they have been working hard to bring the waiting list back down and it is currently at 8 weeks. Commissioners acknowledge the efforts of all the teams to address the waiting times and also acknowledge the challenges faced in recruitment and retention of staff when there is a national shortage of therapists. However, CPFT have engaged the services of an OT agency and staff from there are due to start working with CPFT to address the waiting list backlog in late September / early October 2022. This has been completed in full collaboration with the Council.

1.7 Two case studies have been provided at Appendix A to demonstrate the typical type of interventions and outcomes provided by this service and include examples of the positive feedback received from the service users.

2. Main Issues

2.1 The current Section 75 Agreement for 2022-23 is operating under Implied Terms and requires sign off, following approval from Committee. This has been delayed for a number of reasons:

- the NHS pay award for this year (which informs the annual uplift) was not confirmed until June 2022
- CPFT raised concerns about the sustainability of the current Section 75 service based on the current budget, but have agreed an uplift of 2.4% for 2022-23, based on the budgeted NHS pay award in anticipation of a service review being undertaken. This makes the 2022-23 Section 75 value £1,810,426

The current agreement allows for an extension of up to two years.

2.2 It is felt that now is a good time to review the service, particularly given the approach being taken by the local Integrated Care System (ICS) to the development of integrated services. It has therefore been agreed that it would be beneficial to undertake a service wide review and re-baselining exercise. This will be completed jointly by CCC's internal Resilience Best Value Team plus an independent consultancy who will be commissioned for this project. This will allow us to review and analyse the current funding of the service and the split

between health and social care. It is expected that the review will take at least two months with a final report expected in December. The Council's procurement team have been consulted in preparation for this review to ensure that the appointment of a consultant complies with procurement rules.

2.3 The outcome of the review will feed into CCC's Business Planning processes but the timescale for the review and the Business Planning timetable for 2023-24 is unlikely to align. Commissioners are therefore working with finance colleagues to mitigate the impact of any additional investment required for 2023-24. This will be progressed through annual business planning processes which are subject to clear and robust governance which would include the necessary reporting to Adults & Health Committee. Beyond that, any necessary ongoing investment will feed into the 2024-25 Business Planning process, possibly using a staggered approach.

2.4 Following the outcome of the review, the intention is that there will be one over-arching Section 75 Agreement with CPFT covering the Mental Health service as well as Occupational Therapy, but with separate schedules specific to the respective services. This approach will secure better services for adults in Cambridgeshire and facilitate more efficient governance from 2024 onwards.

3. Alignment with corporate priorities

3.1 Environment and Sustainability

The report sets out the implications for this priority at 4.8 below

3.2 Health and Care
The report above sets out the implications for this priority in paragraphs 1 and 2

3.3 Places and Communities
The report above sets out the implications for this priority in paragraphs 1 and 2

3.4 Children and Young People
There are no significant implications for this priority

3.5 Transport
There are no significant implications for this priority

4. Significant Implications

4.1 Resource Implications

The report above sets out details of significant implications in paragraphs 1 and 2

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications
The report above sets out details of significant implications in paragraphs 1 and 2

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

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

4.5 Engagement and Communications Implications
The following bullet points set out details of implications for this priority:

- The service review will include engagement with users of the integrated OT service

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

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

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

4.8.1 Implication 1: Energy efficient, low carbon buildings.
Positive/neutral/negative Status: Positive
Explanation: The OT service uses a range of resources to help inform people about how they can adapt their homes so that they are more energy efficient, and will signpost people to agencies who are able to assist with this

4.8.2 Implication 2: Low carbon transport.
Positive/neutral/negative Status: Positive
Explanation: The service review will be asked to examine how the service will reduce carbon emissions, particularly in relation to staff travelling to and from people's homes. Where appropriate, the service uses remote assessment software, and the consideration will be given to the use of route-planning software to keep mileage to a minimum.

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

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
Positive/neutral/negative Status: Neutral
Explanation: The OT Service works closely with the community equipment service to ensure that health and social care equipment is returned and recycled for re-use

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

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

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

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

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

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

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

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

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

Have any Public Health implications been cleared by Public Health?
Yes
Name of Officer: Kate Parker

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

5. Source documents guidance

5.1 None

Appendix A

Case studies and feedback (names have been changed)

1. Mr and Mrs Allen (both in their eighties) lived together in their own bungalow. Mrs Allen has severe arthritis and was awaiting knee replacements. Mr Allen was having to assist his wife with transfers in and out of bed, in and out of her chair and Mrs Allen was struggling to access their over-bath shower. They were keen to remain independent and were worried they might have to start having paid carers to assist them.
   Their GP suggested contacting the Community OT service. The Occupational Therapist visited and undertook an assessment of all Mrs Allen's needs.

   Intervention: Advice offered regarding transfer techniques and information on chairs and beds that would ease the strain on them both. Provision of equipment on loan to raise the bed, provide a mattress elevator, and raisers for the chair. Referral to Home Improvement Agency to assess for installation of level access shower, funded by a Disabled Facilities Grant, but in the meantime a shower board was provided so that Mrs Allen could sit while using her over-bath shower. The OT also referred them to the Handy Person Service delivered by Age UK to help them with some minor adaptations to their house and garden in order to make it safer and more accessible.

   Outcomes: Mrs Allen can now manage all her transfers with only minimal assistance from her husband and feels safer using her shower. They were advised that there may be a waiting list for the level access shower, but were happy to wait and apply for a grant, as they have limited funds to purchase privately.
   The OT intervention helped to prevent carer breakdown, reduced the risk of Mrs Allen falling, maintained their independence and avoided the need for a care package, or a move into long term residential care.

2. Mr Cooper was 68 and lived with his wife in their own bungalow. He had lived with Multiple Sclerosis for many years and their bungalow had been adapted to enable wheelchair access. When the OT undertook a review of his needs at home, he was in receipt of a double-up package of care where two domiciliary carers were visiting four times a day to assist him with all his personal care needs and transfers. The carers were struggling to manage as Mr Cooper was quite overweight. He was getting depressed and often choosing to stay in bed all day as it was so uncomfortable being hoisted.

   Intervention: The OT provided equipment that promoted single-handed care which meant that Mr Cooper only had to have one carer four times a day, and equipment that was more suitable to his needs.

   Outcomes: The new equipment was more comfortable for him and he said it had "given me my life back" and meant he was able to get out of bed, even if he was feeling a bit low. His wife said "the single carer talks with him now – rather than with the other carer".
   The equipment costs were around £2000 but delivered 14hrs worth of savings per week to the domiciliary care budget.

Learning Disability Partnership - Section 75 Refresh and Development

To:	Adults and Health Committee
Meeting Date:	5 October 2022
From:	Executive Director, People & Communities
Electoral division(s):	Countywide
Key decision:	Yes
Forward Plan ref:	2022/028
Outcome:	Committee is asked to consider: The renewal of an updated Section 75 Agreement and pooled budget arrangement for people over the age of 18 living with Learning Disabilities in Cambridgeshire. The approval will allow for a continuation of the integrated approach to service delivery for adults with learning disabilities across Cambridgeshire, but with more robust contractual terms and conditions and governance structures in place.
Recommendation:	Adults and Health Committee is recommended to approve: a) **An updated Section 75 Agreement for the delivery of an integrated service and pooled budget** for a period of 5+2 years at a total annual value of £105,675,047. This equates to a total value of £528,375,235 over the initial 5 year term and a total value of £739,725,329 over the entire extended term of the agreement. This value is based on 2022/23 figures. This is likely to increase on an annual basis as part of business planning processes to incorporate demography and inflation funding.

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Post: Head of Commissioning (Adult Social Care)
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Member contacts:
Names: Councillor Howitt
Post: Chair
Email: Richard.Howitt@cambridgeshire.gov.uk
Tel: 01223 706398

1. Background

1.1 The Learning Disability Partnership (LDP) was established in 2002 to deliver countywide, integrated specialist health and social care services to adults with a learning disability across Cambridgeshire. The service aims to ensure that people with Learning Disabilities, their families and carers are able to live safe and happy lives as part of their local community and feel supported and empowered to pursue their individual aspirations, interests and choice. The support provided is joined up, high quality and places the individual at the centre of their care ensuring the right level of support is delivered at the right time, in the right place and by the right people to meet their needs.

1.2 The service is delivered through a Section 75 Agreement between Cambridgeshire County Council (CCC) and Cambridge and Peterborough Integrated Commissioning Board (ICB) with CCC being both the lead commissioner and provider of the service. Section 75 Agreements were legally provided by the NHS Act 2006 to enable budgets to be integrated and pooled between local health and social care organisations. The Agreement covers both the delegated responsibilities for operating as a fully integrated service delivering both health and social care statutory functions and the pooled budget arrangement. The funding in the pooled budget includes staffing and provision of both health and social care packages of care.

1.3 Social care staff in the local integrated teams are employed by the Council and health staff are employed by Cambridge and Peterborough NHS Foundation Trust (CPFT). There is a management agreement in place between CCC and CPFT that supports the operational management of the LDP, with CPFT employed staff being managed through CCC management structures but with links back into CPFT for clinical governance and professional support. The teams manage the needs of the individual from initial contact, through to assessment, care planning and identification of support services where required as well as undertaking reviews of existing care packages. This includes responding to people with Learning Disabilities experiencing a crisis.

1.4 The LDP also have a range of in-house services which are operated by over 400 staff members including respite, day services, supported living and shared lives. Some of these services are CQC registered through the social care arm of the CQC. All services are rated as good with one recently being graded as outstanding.

1.5 The arrangement has enabled an integrated approach to be taken to the delivery of services for adults with learning disabilities, where the health and social care partners work collaboratively to determine the strategic direction for the services and the desired outcomes for local people with learning disabilities. Case studies are included at Appendix 1.

1.6 The agreement operates under a pooled budget arrangement, with the current split as of 2022/23 summarised within the table below:

2022/2023	Annual Budget (£)	% Split
Total Budget	**105,675,047**	
Cambridgeshire County Council's Contribution	81,139,170	76.78%
Cambridgeshire and Peterborough Clinical Commissioning Group Contribution	24,535,877	23.22%

1.7 The Local Authority act as the Host Authority to this arrangement which means we hold responsibility for managing financial accounts, providing the service through the Learning Disability Partnership as well as lead commissioner responsibilities.

2. Main Issues

2.1 The current Section 75 Agreement is operating on implied contractual terms and conditions and work has been undertaken to review and refresh existing documents to ensure they reflect the current services being delivered, the strategic priorities and outcomes for all partner organisations involved as well as ensure the current terms and conditions reflects the current legal regulation across all areas.

2.2 Whilst Adult Social Care Commissioners have led on the developments within this area. It has taken place in close collaboration with finance, legal, professional and clinical leads from across health and social care.

2.3 The aim is for the Agreement to provide further clarity on what the LDP are contracted to deliver and form an accurate basis from which to develop a future countywide offer which more effectively addresses local health inequalities and gaps in provision. Key changes to the agreement have been summarised below:

Key Change	Summary
Refreshed Terms and Conditions	Work has been undertaken with Pathfinder Legal to review and refresh contractual terms and conditions to ensure they more accurately reflect any change in legislation as well as current arrangements.
Updated Service Specification	This has been undertaken collaboratively to ensure that the specification more clearly reflects the current service offer from the LDP including the crisis response service and clearer guidance on responsibilities in relation to Continuing Healthcare, Brokerage and Contracts. It also addresses any areas of uncertainty or debate within the current specification.
Refreshed finance schedule	This will ensure the finance schedule reflects the current value and pooled budget split as well as arrangements for reviewing and managing this annually in line with business planning processes.
Renewed approach to governance and management	This will see the introduction of a quarterly director lead board, monthly finance, and performance meetings into which a monthly operational meeting will report. This will

	allow for much more effective management and oversight of current arrangements and enable managers to drive forward ongoing improvements.
A staffing schedule and the CPFT Management Agreement has been included within the agreement	This will ensure complete understanding and transparency and assist in negotiating and managing requests for the LDP to undertake additional activities which may be required further resource.
Updated Key Performance Indicators (KPIs)	All updates will ensure that the service is able to report on KPI's and that they reflect current priorities. These will be monitored through the new governance structure.
An annual workplan has been introduced to the Agreement	This is to ensure any areas of developed are progressed through the life of the contract. At present the annual work plan includes: • Development of current Continuing Healthcare processes across the Council and ICB • Review of the pooled budget arrangement to ensure the reflect current level of need. • Development of a more consistent and aligned approach to quality assurance across the Council and ICB • Review and refresh of the CPFT Management Agreement • Mosaic development to enable reporting against a wider set of KPI's • Ensuring adherence to Toolkits which enable best practice to be pursued in Autism • Further development of the integrated model to address any identified in equalities or shortfalls in capacity

2.4 Cambridgeshire and Peterborough ICB will be taking the new agreement to the Quality, Performance and Finance Committee for approval on 28th October 2022. This Committee may choose to grant approval or refer the agreement to the Management Executive Board for final decision. If this is the case, final approval will be sought on 17th November 2022.

Funding – Section 75 Agreement

2.5 The budget for Cambridgeshire has been outlined within the table below. Annual changes to the CCC element of the budget are part of the Council's business planning process approved annually by Council. In line with Section 75 Agreement Terms and Conditions, overall budget, including the ICB contribution, will be reviewed on an annual basis for agreement at the LD Section 75 Governance Board, but subject to organisational business planning processes.

Council Contribution (£)	ICB Contribution (£)	Total Annual Budget (£)
81,139,170	24,535,877	**105,675,047**

2.6 The original pooled budget arrangement was set based on level of health and social care needs being managed by the service at the time. Over the last 20 years these needs and the balance between health and social care has changed significantly with the number of people with increasingly complex needs requiring support. In response to this a desktop analysis was completed by the Council in 2018 which identified that the current percentage split between health and social care in the risk share needed to be reviewed and realigned.

2.7 As a result, it was agreed that a review of approximately 700 cases with either full or part health funding should be completed to inform the review and realignment of the budget, and the Council allocated £393,000 of transformation funding to undertake the work and the project commenced in January 2020. However, due to the resource implications associated with the COVID pandemic, the project was subsequently put on hold.

2.8 Whilst the CCG (now ICB) agreed to recommence the review as a priority when the UK started to progress into COVID-19 Recovery phase, this has been delayed several times due to subsequent surges, redeployment to vaccination roll out and more recently focus on developing new structures under the integrated care system. The Council believe that work to re-baseline the pooled budget will reduce the financial contribution required from the Council enabling significant financial savings to be achieved which have been incorporated into the Medium-Term Finance Savings Plan.

2.9 As a result, the Council have approved the commissioning of an independent consultancy to undertake an appraisal of options for managing the pooled budget moving forward. Work is currently in progress to commission the independent consultant and findings will be reported through internal and Section 75 Agreement governance structures in determining next steps. The consultant will be commissioned in full compliance with the Council's Contract Procedure Rules. The new annual work plan and governance structure which forms part of the new agreement will support the Council in driving progress forward within this area.

2.10 The following increased income from the ICB is assumed in the Council's current business plan arising from the completion of this review:

		2022-23 £'000	2023-24 £'000	2024-25 £'000
A/R.7.113	Learning Disability Partnership Pooled Budget	-1,125	-1,700	-1,000

Risks – Section 75 Agreement

2.11 There are a number of risks and issues at present which will be actively managed through the Section 75 Agreements:

Council	Description	Likelihood 1-5	Impact 1-5	Action to Resolve/ Status	Owner
CCC	IF work to re-baseline the pooled budget cannot be progressed THEN CCC will continue to absorb significant health related cost pressure and savings targets will not be met	4	5	Independent appraisal of options Use Business as Usual Continuing Healthcare process to progress case review using additional resources funded using Transformation monies. Use the renewed contractual terms and conditions to address further delays if necessary	Commissioning Operations Commissioning
Both CCC and PCC	IF organisations do not deliver against the annual work plan THEN ongoing service improvement will not be delivered	2	4	Renewed governance structure to maintain regular and detailed oversight in order to drive progress and resolve key issues	ICB/Council Commissioning/ Operations

3. Alignment with corporate priorities

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

3.2 Health and Care
The following bullet points set out details of implications identified by officers:

- Improve outcomes and combat health inequalities based on population health management across the county including leading the 'health in all policies' approach across the authority

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

3.4 Children and Young People
There are no significant implications for this priority

3.5 Transport
There are no significant implications for this priority

4. Significant Implications

4.1 Resource Implications
The report above sets out details of significant implications in paragraphs 1.6, 1.8, 2.4 and 2.11.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications
Contractually committed income for the delivery of delegated health functions governed through a Section 75 Agreement.
Renewed governance approach which will see the introduction of a quarterly director lead board, monthly finance and performance meetings into which a monthly operational meeting will report. This will allow for much more effective management of current arrangements

4.3 Statutory, Legal and Risk Implications
Statutory – the service relates to the operational delivery of delegated health functions to ensure an holistic approach to meeting the needs of people with a Learning Disability

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

4.5 Engagement and Communications Implications
A programme of engagement was carried out as part of the Section 75 workstream to include operational, finance, legal and clinical colleagues across the Local Authorities and the Cambridgeshire and Peterborough ICB.

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

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

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

4.8.1 Implication 1: Energy efficient, low carbon buildings.
Positive/neutral/negative Status: Neutral
Explanation: Neutral

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

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

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

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

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

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

Have the resource implications been cleared by Finance? Yes 30/08/22
Name of Financial Officer: Stephen Howarth and Justine Hartley

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the Head of Procurement? Yes 27/08/22
Name of Officer: Clare Ellis

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or Pathfinder Legal? Yes 30/08/22
Name of Legal Officer: Fiona McMillan

Have the equality and diversity implications been cleared by your EqIA Super User?
Yes 06/09/22
Name of Officer: Lisa Sparks

Have any engagement and communication implications been cleared by Communications?
Yes 06/09/22
Name of Officer: Matthew Hall

Have any localism and Local Member involvement issues been cleared by your Service Contact? Yes 06/09/22
Name of Officer: Will Patten

Have any Public Health implications been cleared by Public Health?
Yes 30/08/22
Name of Officer: Emily R Smith

If a Key decision, have any Environment and Climate Change implications been cleared by the Climate Change Officer?
Yes 30/08/22
Name of Officer: Emily Bolton

5. Source documents guidance

5.1 Source documents

5.1 None

Appendix 1 – Case Studies

Max is a 23 year old man with a learning disability and autism who lives at home with his parents. He regularly attends overnight respite at weekends which supports his parents to have a break from their caring commitments. Whilst at respite he is encouraged to develop independent living skills around meal preparation and money management. He also enjoys group activities and trips out to the community. During the week Max has transport to attend day services which give him the opportunity to socialise, participate in activities and gain employment related experience.

Eliza is a 35 year woman with a learning disability. She lives on her own in a supported living scheme with two other individuals. She receives visits from support workers in her home who help her to maintain her independence around daily living, meals and bills management. They also accompany her to the community and support her to use public transport to she can visit family and friends and maintain a good level of independence and choice and control in how she spends her day.

Finance Monitoring Report – August 2022/23

To:	Adults and Health Committee
Meeting Date:	5 October 2022
From:	Executive Director of People Services Director of Public Health Chief Finance Officer
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	N/A
Outcome:	The committee should have considered the financial position of services within its remit as at the end of August 2022 and noted decisions being taken by other committees that relate to Adults and Public Health budgets..
Recommendation:	Adults and Health Committee is recommended to: review and comment on the relevant sections of the People and Communities and Public Health Finance Monitoring Report as at the end of August 2022.

Officer contact:
Name: Justine Hartley
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Member contacts:
Names: Cllr Richard Howitt / Cllr Susan van de Ven
Post: Chair/Vice-Chair
Email: Richard.howitt@cambridgeshire.gov.uk
Susanvandeven5@gmail.com
Tel: 01223 706398

1. Background

1.1 Finance Monitoring Reports (FMR) are produced monthly, except for April, by all services. They report on a range of financial information to enable a view of each service's financial position to be taken.

1.2 Budgets for services are agreed by Full Council in the business plan in February of each year and can be amended by budget virements. In particular, the FMR provides a revenue budget forecast showing the current projection of whether services will be over- or under-spent for the year against those budgets.

1.3 The presentation of the FMR enables members to review and comment on the financial position of services within the committee's remit.

1.4 Generally, the FMR forecasts explain the overall financial position of each service and the key drivers of any budget variance, rather than explaining changes in forecast month-by-month.

1.5 The contents page of the FMR shows the key sections of the report. In reviewing the financial position of services, members of this committee may wish to focus on these sections:

- Section 1 – providing a summary table for services that are the responsibility of this committee and setting out the significant financial issues (replicated below).
- Section 5 – the key activity data for Adult Services provides information about service-user numbers and unit costs, which are principle drivers of the financial position; and
- Appendices 1-3 – these set out the detailed financial position by service and provide a detailed commentary for services projecting a significant variance from budget.

1.6 The FMR presented to this Committee and included at Appendix 1 covers People and Communities and Public Health. The budget headings in the FMR that are within the remit of this committee are set out in Appendix 2, but broadly are those within Adults & Safeguarding, Adults Commissioning, and Public Health.

2. Main Issues

2.1 The FMR provides summaries and detailed explanations of the financial position of Adults and Public Health services. At the end of August, Adults and Safeguarding (including Adults Commissioning) is forecasting an underspend of £226k (0.1%); and Public Health (excl Children's Health) is forecasting an underspend of £186k (0.6%) for 2022/23:

Table 1: Budget and forecast position summary at end of August 2022

Directorate	Budget 2022/23 £000	Actual August 2022 £000	Forecast Outturn Variance £000
Adults & Safeguarding	186,974	80,011	-426
Adults Commissioning (including Local Assistance Scheme)	18,794	6,364	200
Public Health (excl. Children's Health)	30,703	-4,411	-186
Total Expenditure	**236,471**	**81,965**	**-413**
Grant Funding (including Improved Better Care Fund, Public Health Grant etc.)	-47,992	-19,273	10
Total	**188,479**	**62,692**	**-403**

2.2 For ease, the main summary sections of the FMR are replicated below in section 2.3.

2.3 Taken from sections 1.4 and 1.5 of the August FMR:

Adults

2.3.1 The financial position of this service is considerably uncertain. Care providers are continuing to report cost pressures related to both workforce issues and the current cost of living rises. These are putting pressure on uplift budgets across all care types. In addition, the position of the care market, particularly related to workforce issues, is making some placements more difficult to source, particularly at the more complex end of provision.

2.3.2 Hospital Discharge systems continue to be pressured. The medium-term recovery of clients assessed as having primary health needs upon hospital discharge can return individuals to social care funding streams. In addition, the impact of delayed health care treatments such as operations, will also affect individual needs and health inequalities negatively. It is anticipated that demand for services will increase as we complete more annual reviews, many of which are outstanding due to the pandemic.

2.3.3 Financial pressures in some areas are being offset by demand continuing below expectations in other areas. In particular, it is likely that demand for residential care for Older People will remain at below pandemic levels for some time to come. Work is ongoing to assess future demand, cost pressures and the financial implications of the government's social care reforms which are due to be implemented in October 2023. This work will feed into business planning for 2023-34 and beyond. If demand increases above current expectations within the current financial year, we have provision to offset the costs of this in the Adult's risk reserve which currently stands at £4.7m.

2.3.4 In line with the social care reform agenda the Council is currently undertaking "fair cost of care" exercises with both homecare and care home providers. It is anticipated that the outcomes of these exercises nationwide will be a gap for some Councils between what is currently paid and the newly assessed "fair cost of care". Whilst we have some funding from government for 2022/23 to start to close this gap, there may well be a pressure to be addressed over the coming years to reach a point where care providers are paid the "fair cost of care".

2.3.5 The social care reforms are also expected to require additional social care and financial assessments staff within the Council to deal with the increased number of assessments the reforms will generate. Recruitment to these posts will be challenging against a backdrop of

the current high level of vacant posts, current recruitment difficulties and a national shortage of staff experienced in these roles.

Public Health

2.3.6 The Public Health Directorate is funded wholly by ringfenced grants, mainly the Public Health Grant. The work of the Directorate was severely impacted by the pandemic, as capacity was re-directed to outbreak management, testing, and infection control work. The majority of the pandemic work has now come to an end and the Directorate is focussed on returning business as usual public health activity to full capacity as soon as possible and addressing issues arising from the pandemic which have impacted on the health of the County's population.

2.3.7 At the end of August, the Public Health Directorate is forecasting a small underspend of £176k (0.4%). However, there are continuing risks to this position:

i) much of the Directorate's spend is contracts with, or payments to, the NHS for specific work. The NHS re-focus on the pandemic response and vaccination reduced activity-driven costs to the PH budget throughout 2020/21 and 2021/22. The NHS continues to be under pressure and it may take some time for activity levels to return to pre pandemic levels;
ii) the unprecedented demand for Public Health staff across the country has meant recruitment has been very difficult through the pandemic resulting in underspends on staffing budgets. This position may continue through 2022/23, although appointments are now starting to be made.
iii) recruitment challenges are reflected in our provider services which has affected their ability to deliver consistently.

2.3.8 Detailed financial information for Public Health is contained in Appendix 2, with Appendix 3 providing a narrative from those services with a significant variance against budget.

2.4 Information on decisions being taken by other committees

Strategy and Resources Committee

2.4.1 The July 2022 Integrated Finance Monitoring Report (IFMR) is to be considered at the next Strategy and Resources (S&R) Committee. The IFMR report includes a recommendation for the drawdown of up to £790k from the Adults risk reserve, with the agreement of the Section 151 Officer and in consultation with the Chair & Vice Chair of S&R committee, to fund the first stage of implementation of adult social care reform. The relevant wording from section 3 of the IFMR report is replicated below for information:

Social Care Reforms Implementation

2.4.2 In September 2021, the government set out its national planned reforms to social care. This included changes to social care charging both increasing the support to those who contribute towards care costs and a lifetime cap on the amount anyone would have to pay for social care, alongside changes to the amount local authorities would need to pay social care providers.

2.4.3 The cost of implementing these changes locally are expected to be considerable. We will likely face increased cost of purchasing care as more care will be bought directly by the Council. The current assumption is this cost will be met through increased government funding. All local authorities are currently participating in an exercise to assess the cost of implementing this part of the proposal and there is concern from the sector that the

indicative amounts allocated nationally will be substantially insufficient. There will also be costs to implement the reforms locally, which will include IT and digital solutions (for interacting with those we care for, their families and care providers), business analyst and change capacity, project management resource, finance capacity and social work policy & practice. Soon thereafter and more substantially it will also likely require additional social worker and financial assessment capacity on an ongoing basis. This is one of the largest government reforms we have faced in the last decade, and the response in terms of capacity needs to match the scale of the changes. A detailed business case has been prepared for this additional activity and scrutinised by the Council's cross-cutting revenue governance board. The business case includes redirection and reprioritisation of existing resource, detailed phasing and planning analysis, selection of appropriate options, consideration of equality, diversity, inclusion, social value and legal/statutory implications and assessment of assumptions and dependencies. Comparison to and liaison with peer and neighbouring authorities has also been undertaken.

2.4.4 The total scope of the work required is not yet confirmed, and government funding for it unclear (£100k has so far been allocated, with an as yet unknown amount in 2023/24). It is proposed that an initial allocation is made from Council resources to enable work on implementation to commence, with further phases of work plans to follow, and on the basis that any announced government funding could replace this internal funding.

2.4.5 At this stage it is proposed the Council makes available funding for the first phase of preparation and implementation activity, likely to cover the next 8 months, allocating funding up to £790k. It is proposed this is drawn down from the Adults Risk Reserve. Around half of this reserve was delegated to Adults & Health Committee to meet demand pressures, but the remainder is available for this committee to allocate. Further allocations will be considered as part of the Council's business planning process and in view of national announcements expected about the reforms. This initial allocation of £790k will enable recruitment and procurement activity to commence in order that the Council can further mobilise to deliver these important and time critical reforms.

Children and Young People's Committee

2.4.6 At it's October meeting, Children and Young People's (CYP) Committee will be asked to consider and support proposals for the future recommissioning of two key contracts providing public health services for children and young people:

i) the Healthy Schools Support Service; and
ii) Child Weight Management services

Healthy Schools Support Service

2.4.7 Schools and education settings have a vital role in promoting pupils' physical, emotional and mental health and wellbeing. They are able to support children, young people, their families and carers to become aware of the importance of adopting healthy behaviours.

2.4.8 There is evidence that the adoption of a whole-school approach, whereby the ethos, culture and environment promotes the health, wellbeing and safety of all in the school community, enables schools to substantially contribute to efforts that address health risks. This includes building resilience in children and young people, as well as issues such as unhealthy weight, physical inactivity, substance use, sexual health, poor mental health emotional well-being and personal health and safety.

2.4.9 Moreover there is clear evidence that there is an association between children's health and wellbeing and educational attainment, acknowledging that when children are healthy and happy at school, they can also achieve more.

2.4.10 CYP committee are being asked to approve an extension of the current Healthy Schools contract with the current provider until March 2024; and to a review of the Healthy Schools service alongside school nursing and other school related services to identify a school-based service model that will contribute to improvements in health outcomes for children and young people.

Child Weight Management Services

2.4.11 In April 2022 the Office of Health Improvement and Disparities (OHID) based on data from the National Child Measurement Programme (NCMP) reported that the increase in child obesity prevalence in 2020 to 2021 was the largest increase recorded in the NCMP since the programme began in 2006 to 2007.

2.4.12 The report's main messages were as follows:

- Prior to 2020 to 2021 prevalence of obesity and severe obesity was high.
- In 2020 to 2021 unprecedented increases were seen in the prevalence of obesity of 4.7 percentage points in Reception boys, 4.4 percentage points in Reception girls, 5.6 percentage points in Year 6 boys and 3.3 percentage points in Year 6 girls.
- Boys, particularly in Year 6, have experienced the largest increases in obesity and severe obesity.
- The largest increases in the prevalence of obesity and severe obesity in boys and girls have occurred in the most deprived areas of England, resulting in the large and persistent disparities in child obesity having worsened.
- Disparities in obesity prevalence between ethnic groups have also increased with the ethnic groups that previously had the highest obesity prevalence, in the most part, experiencing the largest increases.
- These increases in child obesity and severe obesity prevalence in 2020 to 2021 follow the COVID-19 pandemic which resulted in school closures and other public health measures. More data is needed to know whether this is a long-term increase.

2.4.13 Strategy and Resources committee approved £350k of annual recurring funding from the Public Health grant uplift in 2022/23 to address childhood obesity.

2.4.14 CYP committee are being asked to approve a competitive procurement of Child Weight Management service with a contract duration of 3 plus 1 plus 1 years. And to delegate to the Director of Public Health, in consultation with the Chair and Vice Chair of Adults and Health committee, to award the contract up to a total value of £2.275m.

3. Alignment with corporate priorities

3.1 Communities at the heart of everything we do

The overall financial position of the P&C and Public Health directorates underpins this objective.

3.2 A good quality of life for everyone
The overall financial position of the P&C and Public Health directorates underpins this objective.

3.3 Helping our children learn, develop and live life to the full
The overall financial position of the P&C and Public Health directorates underpins this objective and the commissioning proposals referenced in this report contribute further to this priority.

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

3.5 Protecting and caring for those who need us
The overall financial position of the P&C and Public Health directorates underpins this objective.

4. Significant Implications

4.1 Resource Implications
The attached Finance Monitoring Report sets out the details of the overall financial position for P&C and Public Health.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications
There are no significant implications within this category.

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

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

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

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

4.7 Public Health Implications
The report sets out the financial position of the Public Health Directorate

4.8 Environment and Climate Change Implications on Priority Areas

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

4.8.2 Implication 2: Low carbon transport.

Neutral

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

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

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

4.8.6 Implication 6: Air Pollution.
Neutral

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

5. Source documents guidance

5.1 Source documents

Finance Monitoring Reports are produced monthly, except for April, for all of the Council's services. These are uploaded regularly to the website below.

5.2 Location

Finance and performance reports - Cambridgeshire County Council

Appendix 1: People and Communities and Public Health Finance Monitoring Report August 2022

See separate document

Appendix 2 : Budget Headings within the remit of the Adults and Health Committee

1 The budget headings that are the responsibility of this committee are set out below along with a brief description of the services these headings contain. The financial information set out in appendices 1 and 2 of the main FMR use these budget headings.

2 Adults & Safeguarding Directorate (FMR appendix 1):

Budget Heading	Description
Strategic Management - Adults	Cross-cutting services including transport and senior management. This line also includes expenditure relating to the Better Care Fund and social care grants.
Transfers of Care	Hospital based social work teams
Prevention & Early Intervention	Preventative services, particularly Reablement, Adult Early Help and Technology Enabled Care teams
Principal Social Worker, Practice and Safeguarding	Social work practice functions, mental capacity act, deprivation of liberty safeguards, and the Multi-Agency Safeguarding Hub
Autism and Adult Support	Services for people with Autism
Adults Finance Operations	Central support service managing social care payments and client contributions assessments
Head of Service	Services for people with learning disabilities (LD). This is a pooled budget with the NHS – the NHS contribution appears on the last budget line, so spend on other lines is for both health and social care.
LD - City, South and East Localities	
LD - Hunts and Fenland Localities	
LD - Young Adults Team	
In House Provider Services	
NHS Contribution to Pooled Budget	
Older People's and Physical Disabilities Services	Services for people requiring physical support, both working age adults and older people (OP).
Management and Staffing	
Older People's Services - North	
Older People's Services - South	
Physical Disabilities - North	
Physical Disabilities - South	
Mental Health Central	Services relating to people with mental health needs. Most of this service is delivered by Cambridgeshire and Peterborough NHS Foundation Trust.
Adult Mental Health Localities	
Older People Mental Health	

3 Commissioning Directorate (FMR appendix 1):

Budget Heading	Description
Strategic Management - Commissioning	Costs relating to the Commissioning Director, shared with CYP Committee.
Local Assistance Scheme	Scheme providing information, advice and one-off practical support and assistance
Central Commissioning - Adults	Discrete contracts and grants that support adult social care, such as carer advice, advocacy, housing related support and grants to day centres, as well as block domiciliary care contracts.
Integrated Community Equipment Service	Community equipment contract expenditure. Most of this budget is pooled with the NHS.
Mental Health Commissioning	Contracts relating to housing and community support for people with mental health needs.

4 The Executive Director budget heading in FMR appendix 1 contains costs relating to the executive director of P&C and is shared with other P&C committees.

5 Public Health Directorate (FMR appendix 2):

Budget Heading	Description
Drug & Alcohol Misuse	A large contract to provide drug/alcohol treatment and support, along with smaller contracts.
SH STI testing & treatment - Prescribed	Sexual health and HIV services, including prescription costs, advice services and screening.
SH Contraception - Prescribed	
SH Services Advice Prevention/Promotion - Non-Prescribed	
Integrated Lifestyle Services	Preventative and behavioural change services. Much of the spend on these lines is either part of the large Integrated Lifestyles contract or is made to GP surgeries.
Other Health Improvement	
Smoking Cessation GP & Pharmacy	
NHS Health Checks Programme - Prescribed	
Falls Prevention	Services working alongside adult social care to reduce the number of falls suffered.
General Prevention, Traveller Health	Health and preventative services relating to the Traveller community, including internal income from Cambs Skills for adult learning work.
Adult Mental Health & Community Safety	A mix of preventative and training services relating to mental health.
Public Health Strategic Management	Mostly a holding account for increases in the ringfenced Public Health Grant pending its allocation to specific budget lines.
Public Health Directorate Staffing and Running Costs	Staffing and office costs to run Public Health services
Enduring Transmission Grant	Expenditure under a pilot scheme to tackle Covid-19 transmission where rates are persistently higher than average. The pilot covers Fenland, Peterborough and South Holland but is administered by Cambridgeshire County Council.
Contain Outbreak Management Fund	Expenditure relating to the COMF grant, a large grant given over 2020/21-22 to deliver outbreak management work under the Health Protection Board.

Service: People and Communities (P&C) and Public Health (PH)
Subject: Finance Monitoring Report – August 2022
Date: 12th September 2022

Key Indicators

Previous Status	Category	Target	Section Ref.
Green	Revenue position by Directorate	Balanced year end position	1.2
Green	Capital Programme	Remain within overall resources	2

Contents

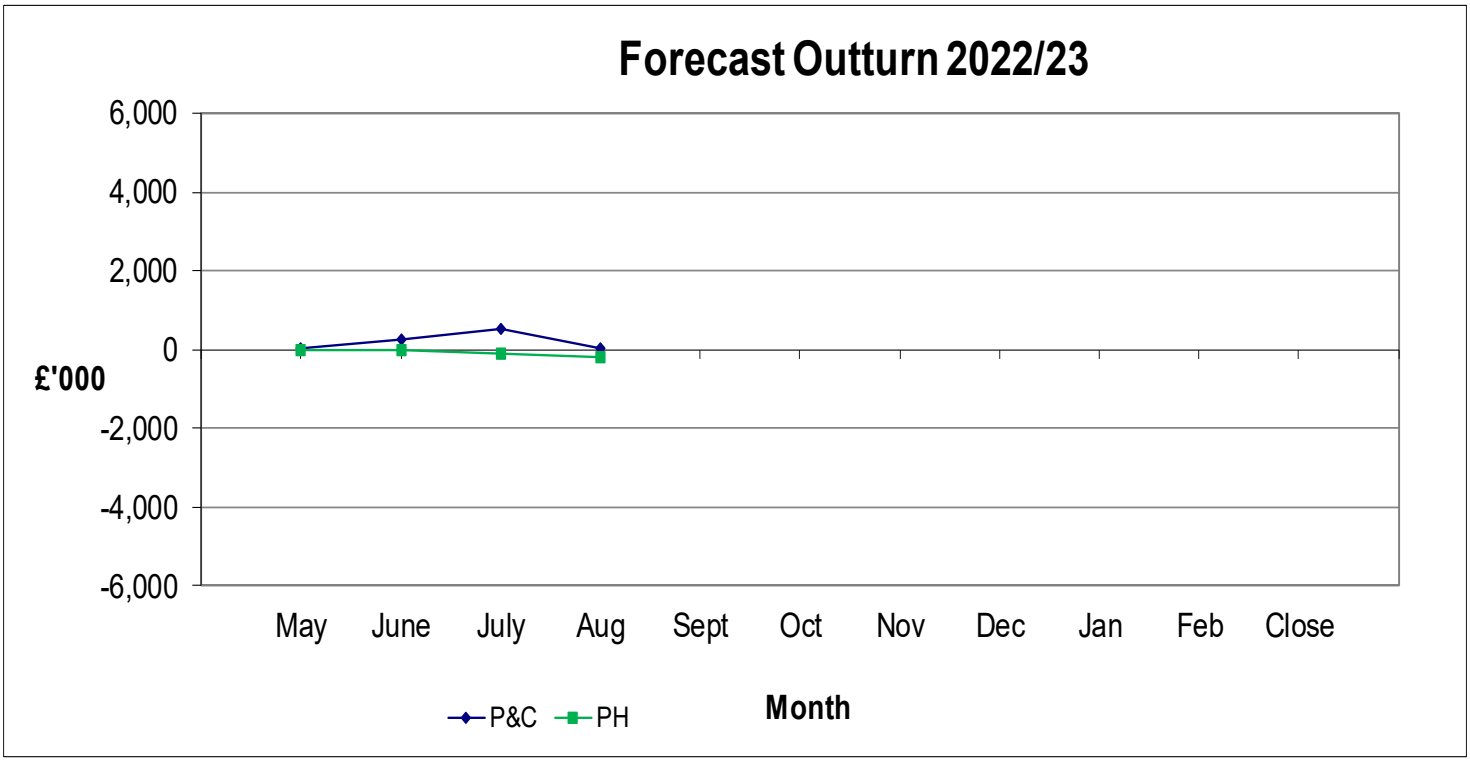
1. Revenue Executive Summary

1.1 Overall Position

People and Communities are forecasting an overspend of £44k at the end of August 2022.

Public Health are forecasting an underspend of £176k at the end of August 2022.

1.2 Summary of Revenue position by Directorate



1.2.1 People and Communities

Forecast Outturn Variance (Previous) £000	Directorate	Budget 2022/23 £000	Actual £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
111	Adults & Safeguarding	186,974	80,011	-426	-0.2%
112	Commissioning	44,462	14,543	200	0.4%
0	Communities & Partnerships	15,778	6,045	0	0.0%
0	Children & Safeguarding	60,773	21,442	0	0.0%
284	Education - non DSG	55,729	6,210	271	0.5%
11,800	Education - DSG	101,686	53,054	11,800	11.6%
0	Executive Director	948	473	0	0.0%
12,307	**Total Expenditure**	**466,350**	**181,780**	**11,844**	**2.5%**
-11,800	Grant Funding (including DSG)	-149,720	-75,046	-11,800	7.9%
507	**Total**	**316,630**	**106,734**	**44**	**0.0%**

1.2.2 Public Health

Forecast Outturn Variance (Previous) £000	Directorate	Budget 2022/23 £000	Actual £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
0	Children Health	9,393	1,689	10	0.1%
-5	Drugs & Alcohol	6,535	1,228	-5	-0.1%
0	Sexual Health & Contraception	5,293	-54	-0	0.0%
0	Behaviour Change / Preventing Long Term Conditions	5,610	796	0	0.0%
0	Falls Prevention	433	-78	-0	0.0%
0	General Prevention Activities	11	6	-0	0.0%
-0	Adult Mental Health & Community Safety	250	-278	-0	0.0%
-81	Public Health Directorate	12,571	-6,031	-181	-1.4%
-86	**Total Expenditure**	**40,096**	**-2,723**	**-176**	**-0.4%**

1.3 Summary by Committee

P&C and PH services are overseen by different Committees – these tables provide Committee-level summaries of services' revenue financial positions.

1.3.1 Adults & Health Committee

Forecast Outturn Variance (Previous) £000	Directorate	Budget 2022/23 £000	Actual August 2022 £000	Forecast Outturn Variance £000
111	Adults & Safeguarding	186,974	80,011	-426
112	Adults Commissioning (including Local Assistance Scheme)	18,794	6,364	200
-86	Public Health (excl. Children's Health)	30,703	-4,411	-186
137	**Total Expenditure**	**236,471**	**81,965**	**-413**
0	Grant Funding (including Improved Better Care Fund, Public Health Grant etc.)	-47,992	-19,273	10
137	**Total**	**188,479**	**62,692**	**-403**

1.3.2 Children and Young People Committee

Forecast Outturn Variance (Previous) £000	Directorate	Budget 2022/23 £000	Actual August 2022 £000	Forecast Outturn Variance £000
0	Children's Commissioning	25,024	8,085	0
0	Communities & Safety - Central Integrated Youth Support Services	390	-126	0
0	Children & Safeguarding	60,773	21,442	0
284	Education – non DSG	54,729	5,210	271
0	Public Health - Children's Health	9,393	1,689	10
284	**Total Expenditure**	**150,309**	**36,300**	**281**
-0	Grant Funding (excluding Dedicated Schools Grant etc.)	-31,581	-15,497	-10
284	**Total Non-DSG**	**118,728**	**20,802**	**271**
0	Commissioning – DSG	245	0	0
11,800	Education – DSG (incl. contribution to combined budgets)	102,686	54,054	11,800
11,800	**Total DSG (Ringfenced Grant)**	**102,931**	**54,054**	**11,800**

1.3.3 Communities, Social Mobility and Inclusion Committee

Forecast Outturn Variance (Previous) £000	Directorate	Budget 2022/23 £000	Actual August 2022 £000	Forecast Outturn Variance £000
0	Communities and Partnerships	15,388	6,171	0
0	**Total Expenditure**	**15,388**	**6,171**	**0**
0	Grant Funding (including Adult Education Budget etc.)	-7,311	-1,603	0
0	**Total**	**8,077**	**4,568**	**0**

1.3.4 Cross Cutting P&C Policy Lines

Forecast Variance Outturn (Previous) £000	Directorate	Budget 2022/23 £000	Actual August 2022 £000	Forecast Outturn Variance £000
0	Strategic Management – Commissioning	399	94	0
0	Executive Director	948	473	0
0	**Total Expenditure**	**1,347**	**568**	**0**
0	Grant Funding	0	0	0
0	**Total**	**1,347**	**568**	**0**

1.4 Significant Issues – People & Communities

At the end of August, People and Communities is forecasting an overspend of £44k (0.0%). Significant issues within the Directorate are set out in the paragraphs below. Appendix 1 provides the detailed financial information by service, with Appendix 1a providing a more detailed breakdown of areas funded directly from the Dedicated Schools Grant (DSG) and Appendix 3 providing a narrative from those services with a significant variance against budget.

1.4.1 Adults

The financial position of this service is considerably uncertain. Care providers are continuing to report cost pressures related to both workforce issues and the current cost of living rises. These are putting pressure on uplift budgets across all care types. In addition, the position of the care market, particularly related to workforce issues, is making some placements more difficult to source, particularly at the more complex end of provision.

Hospital Discharge systems continue to be pressured. The medium-term recovery of clients assessed as having primary health needs upon hospital discharge can return individuals to social care funding streams. In addition, the impact of delayed health care treatments such as operations, will also affect individual needs and health inequalities negatively. It is anticipated that demand for services will increase as we complete more annual reviews, many of which are outstanding due to the pandemic.

Financial pressures in some areas are being offset by demand continuing below expectations in other areas. In particular, it is likely that demand for residential care for Older People will remain at below pandemic levels for some time to come. Work is ongoing to assess future demand, cost pressures and the financial implications of the government's social care reforms which are due to be implemented in October 2023. This work will feed into business planning for 2023-34 and beyond. If demand increases above current expectations within the current financial year, we have provision to offset the costs of this in the Adult's risk reserve which currently stands at £4.7m.

In line with the social care reform agenda the Council is currently undertaking "fair cost of care" exercises with both homecare and care home providers. It is anticipated that the outcomes of these exercises nationwide will be a gap for some Councils between what is currently paid and the newly assessed "fair cost of care". Whilst we have some funding from government for 2022/23 to start to close this gap, there may well be a pressure to be addressed over the coming years to reach a point where care providers are paid the "fair cost of care".

The social care reforms are also expected to require additional social care and financial assessments staff within the Council to deal with the increased number of assessments the reforms will generate. Recruitment to these posts will be challenging against a backdrop of the current high level of vacant posts, current recruitment difficulties and a national shortage of staff experienced in these roles.

1.4.2 Children's

In order to address continuing difficulty in recruiting to Social Worker posts, which resulted in a significant staffing underspend last financial year, a Programme Board has been established to focus on recruitment, retention and development of the workforce offer. The Children's Workforce Programme Lead role has now been recruited to, with recruitment underway to appoint to other posts within this team. A children's workforce framework has been produced and work is underway on both medium and long term strategies to address the issues. In the short term, a team of agency workers are supporting permanent staff with the current workload.

1.4.3 Education

Transport –

Children in Care transport continues to forecast a £200k pressure. There has been an increase in transport demand arising from an increasing shortage in local placements, requiring children to be transported further. In addition, transport requests for CIC pupils as part of their care package have increased due to carers feeling unable to meet the increased fuel costs.

All transport budgets have been impacted by the underlying national issue of driver availability which is seeing less competition for tendered routes. This has also resulted in numerous contracts being handed back by operators as they are no longer able to fulfil their obligations and alternative, often higher cost, solutions are required. The increase in fuel costs is also placing further pressure on providers and as such the service are carefully monitoring the situation which is likely to result in higher future costs as and when we retender existing contracts.

Dedicated Schools Grant (DSG) –Appendix 1a provides a detailed breakdown of all DSG spend within P&C. The budget figures are net of recoupment for academies and High Needs place funding.

Due to the continuing increase in the number of children and young people with an EHCP, and the complexity of need of these young people, the overall spend on the High Needs Block element of the DSG funded budgets has continued to rise. At the end of 2021/22 there was a net DSG overspend of £12.43m to the end of the year. When added to the existing DSG deficit of £26.83m, and following prior-year adjustments in relation to early years a revised cumulative deficit of £39.32m was brought forward into 2022/23.

In 2020-21 the DfE introduced the safety valve intervention programme in recognition of the increasing pressures on high needs. A total of 14 local authorities have now signed up to agreements, and the programme is being expanded to a further 20 local authorities, including Cambridgeshire in 2022-23.

The programme requires local authorities to develop substantial plans for reform to their high needs systems, with support and challenge from the DfE, to rapidly place them on a sustainable footing. If the authorities can demonstrate sufficiently that their DSG management plans create lasting sustainability and are effective for children and young people, including reaching an in-year balance as quickly as possible, then the DfE will enter into an agreement with the authority, subject to Ministerial approval.

If an agreement is reached, local authorities are held to account for the delivery of their plans and hitting the milestones in the plans via quarterly reporting to the DfE. If adequate progress is being made, authorities will receive incremental funding to eliminate their historic deficits, generally spread over five financial years. If the conditions of the agreement are not being met, payments will be withheld.

Senior Officers continue to meet with the DfE to discuss the current situation and plans for deficit recovery.

1.4.4 Communities

Public Library Services currently have an underlying pressure as a result of increased costs and reduced levels of income. Work is underway to identify opportunities for increasing income and making further savings. Once the outcomes of this piece of work have been finalised the revised in-year forecast position will be reported.

Registration Services continue to face challenges in respect of meeting income targets. Although now relaxed, Covid related restrictions on numbers attending ceremonies are likely to have an impact on the level of income received.

1.5 Significant Issues – Public Health

The Public Health Directorate is funded wholly by ringfenced grants, mainly the Public Health Grant. The work of the Directorate was severely impacted by the pandemic, as capacity was re-directed to outbreak management, testing, and infection control work. The majority of the pandemic work has now come to an end and the Directorate is focussed on returning business as usual public health activity to full capacity as soon as possible and addressing issues arising from the pandemic which have impacted on the health of the County's population.

At the end of August, the Public Health Directorate is forecasting a small underspend of £176k (0.4%). There are continuing risks to this position:

i) much of the Directorate's spend is contracts with, or payments to, the NHS for specific work. The NHS re-focus on the pandemic response and vaccination reduced activity-driven costs to the PH budget throughout 2020/21 and 2021/22. The NHS continues to be under pressure and it may take some time for activity levels to return to pre pandemic levels;

ii) the unprecedented demand for Public Health staff across the country has meant recruitment has been very difficult through the pandemic resulting in underspends on staffing budgets. This position may continue through 2022/23, although appointments are now starting to be made.

iii) recruitment challenges are reflected in our provider services which has affected their ability to deliver consistently.

Detailed financial information for Public Health is contained in Appendix 2, with Appendix 3 providing a narrative from those services with a significant variance against budget.

2. Capital Executive Summary

2022/23 In Year Pressures/Slippage

At the end of August 2022, the capital programme forecast underspend is £2,049. The level of slippage and underspend in 2022/23 has exceeded the revised Capital Variation Budget of £9,502k.

Details of the currently forecasted capital variances can be found in Appendix 4.

3. Savings Tracker Summary

The savings tracker is produced quarterly to monitor delivery of savings against agreed plans. The first savings tracker of 2022/23 was shown in Appendix 5 of the Finance Monitoring Report – July 2022.

4. Technical note

On a biannual basis, a technical financial appendix is included as Appendix 6. This appendix covers:

- Grants that have been received by the service, and where these have been more or less than expected
- Budget movements (virements) into or out of P&C from other services (but not within P&C), to show why the budget might be different from that agreed by Full Council
- Service reserves – funds held for specific purposes that may be drawn down in-year or carried-forward – including use of funds and forecast draw-down.

5. Key Activity Data

The Actual Weekly Costs for all clients shown in section 5.1.1 - 5.2.6 are calculated based on all clients who have received a service, are receiving a service, or we plan will receive a service. Some clients will have ceased receiving a service in previous months, or during this month, or we will have assumed an end date in the future.

5.1 Children and Young People

5.1.1 Key activity data at the end of August 2022 for Children in Care Placements is shown below:

	BUDGET				ACTUAL (August 2022)				FORECAST		
Service Type	*No of placements Budgeted*	*Annual Budget*	*No. of weeks funded*	*Average weekly cost per head*	*Snapshot of No. of placements August 2022*	*Yearly Average*	Forecast Outturn	*Average weekly cost per head*	*Yearly Average budgeted no. of placements*	*Net Variance to Budget*	*Average weekly cost diff +/-*
Residential - disability	11	£1,669k	52	2,918.30	4	4.00	£751k	3,276.58	-7.00	-£918k	358.28
Residential - secure accommodation	1	£548k	52	10,528.85	2	1.80	£832k	8,050.00	0.80	£285k	-2,478.85
Residential schools	7	£538k	52	1,477.65	6	6.02	£482k	1,507.46	-0.98	-£56k	29.81
Residential homes	40	£8,738k	52	4,200.81	46	44.00	£9,340k	4,390.91	4.00	£602k	190.10
Independent Fostering	198	£9,153k	52	888.96	174	172.86	£7,840k	889.18	-25.14	-£1,313k	0.22
Tier 4 Step down	2	£465k	52	4,472.26	2	1.02	£140k	4,318.34	-0.98	-£325k	-153.92
Supported Accommodation	13	£1,549k	52	2,291.91	18	17.10	£2,180k	2,759.12	4.10	£631k	467.21
16+	3	£50k	52	321.01	3	2.40	£49k	315.33	-0.60	-£1k	-5.68
Supported Living	3	£412k	52	2,640.93	3	2.45	£467k	3,211.64	-0.55	£55k	570.71
Growth/Replacement	0	£k	0	0.00	0	0.00	£1,040k	0.00	-	£1,040k	0.00
Additional one off budget/actuals	0	£k	0	0.00	0	0.00	£k	0.00	-	£k	0.00
Mitigations required	0	£k	0	0.00	0	0.00	£k	0.00	-	£k	0.00
TOTAL	278	£23,122k			258	251.65	£23,122k		-26.35	£k	
In-house Fostering	190	£4,046k	56	393.41	186	165.75	£3,896k	393.25	-24.25	-£149k	-0.16
In-house fostering - Reg 24	27	£268k	56	177.13	32	34.63	£335k	169.47	7.63	£67k	-7.66
Family & Friends Foster Carers	20	£311k	52	283.05	20	19.50	£333k	289.12	-0.50	£22k	6.07
Supported Lodgings	5	£38k	52	145.42	1	1.74	£10k	105.08	-3.26	-£28k	-40.34
TOTAL	242	£4,663k			239	221.62	£4,574k		-20.38	-£89k	
Adoption Allowances	95	£1,091k	52	220.22	87	79.25	£1,026k	202.10	-15.75	-£65k	-18.12
Special Guardianship Orders	313	£2,421k	52	148.35	288	275.44	£2,167k	144.77	-37.56	-£254k	-3.58
Child Arrangement Orders	51	£414k	52	155.52	47	15.00	£373k	151.55	-36.00	-£41k	-3.97
Concurrent Adoption	2	£22k	52	210.00	0	0.00	£k	0.00	-2.00	-£22k	-210.00
TOTAL	461	£3,947k			422	369.68	£3,566k		-91.32	-£382k	
OVERALL TOTAL	981	£31,732k			919	842.95	£31,261k		-138.05	-£470k	

NOTES:

In house Fostering payments fund 56 weeks as carers receive two additional weeks payment during the summer holidays and one additional week each for Christmas and birthday.

5.1.2 Key activity data at the end of August 2022 for SEN Placements is shown below:

The following key activity data for SEND covers 5 of the main provision types for pupils with EHCPs.

Budgeted data is based on actual data at the close of 2021/22 and an increase in pupil numbers over the course of the year.

Actual data are based on a snapshot of provision taken at the end of the month and reflect current numbers of pupils and average cost

Provision Type	BUDGET				ACTUAL (August 2022)					FORECAST	
	No. pupils	Expected in-year growth	Average annual cost per pupil (£)	Budget (£000) (excluding academy recoupment)	No. Pupils as at August 2022		% growth used	Average annual cost per 1 FTE pupils as at August 2022		Forecast spend (£)	Variance (£)
					Actual	Variance		Actual (£)	Variance (£)		
Mainstream top up *	2,800	280	7,100	19,859	2,872	72	126%	8,834	1,734	19,859	0
Special School **	1,610	161	12,000	21,465	1,634	24	115%	12,878	878	21,465	0
HN Unit **	250	n/a	13,765	4,152	218	-32	n/a	14,035	270	4,152	0
SEN Placement (all) ***	281	n/a	53,464	15,012	292	11	n/a	46,493	-6,971	15,012	0
Total	**4,941**	**441**	**-**	**60,488**	**5,016**	**75**	**117%**	**-**	**-**	**60,488**	**0**

* LA cost only

** Excluding place funding

*** Education contribution only

Provision Type	BUDGET				ACTUAL (August 2022)					FORECAST	
	No. pupils	Expected in-year growth	Average weekly cost per pupil (£)	Budget (£000) (excluding academy recoupment)	No. Pupils as at August 2022		% growth used	Average weekly cost per 1 FTE pupils as at August 2022		Forecast spend (£)	Variance (£)
					Actual	Variance		Actual (£)	Variance (£)		
Out of School Tuition	168	n/a	991	5,034	108	-60	n/a	835	-156	5,034	0
Total	**168**	**0**	**-**	**5,034**	**108**	**-60**	**n/a**	**-**	**-**	**5,034**	**0**

5.2 Adults

In the following key activity data for Adults & Safeguarding, the information given in each column is as follows:

- Budgeted number of care services: this is the number of full-time equivalent (52 weeks) service users anticipated at budget setting
- Budgeted average unit cost: this is the planned unit cost per service user per week, given the budget available
- Actual care services and cost: these reflect current numbers of service users and average cost; they represent a real time snapshot of service-user information.

A consistent format is used to aid understanding, and where care types are not currently used in a particular service those lines are greyed out.

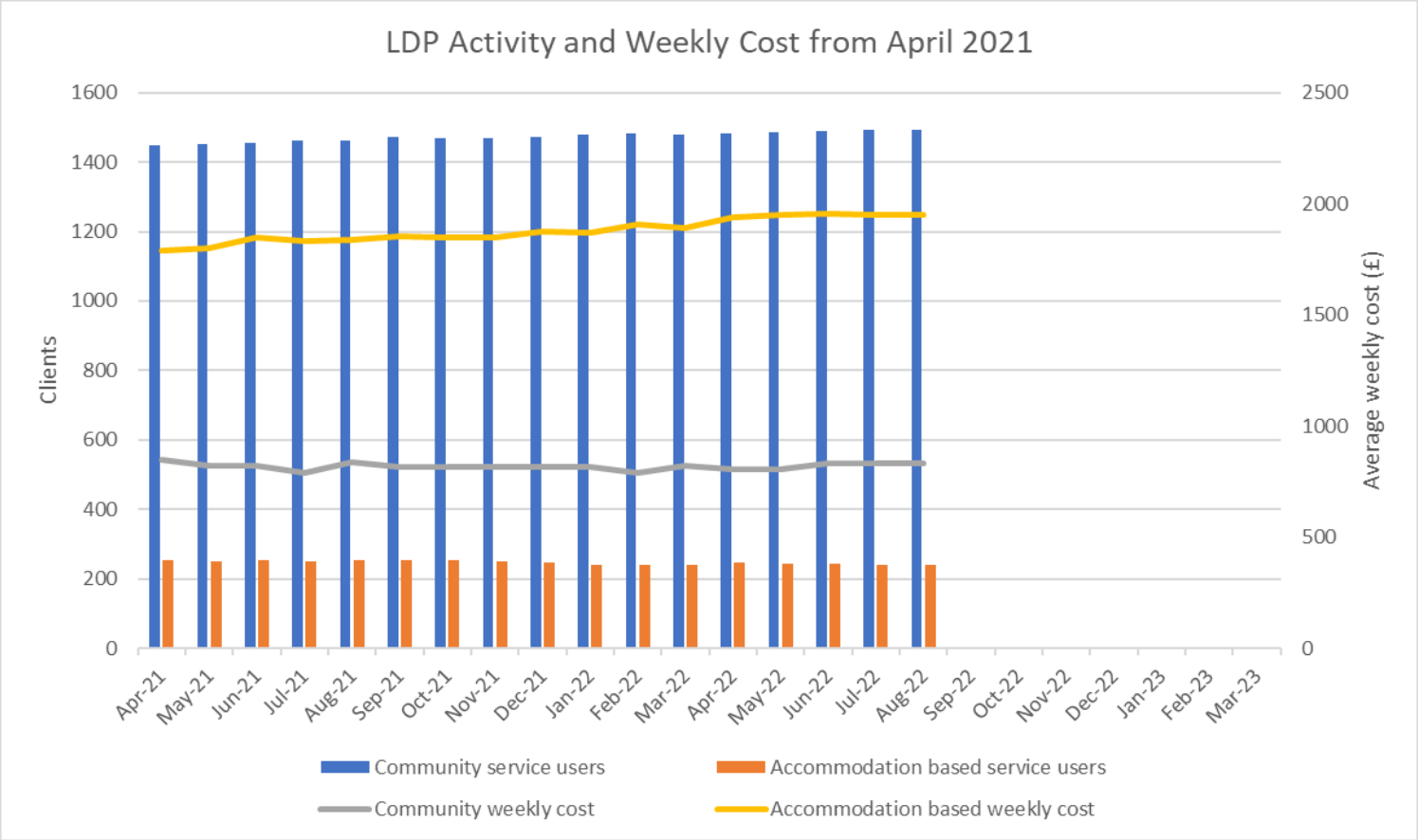
The direction of travel (DoT) compares the current month's figure with the previous month.

The activity data for a given service will not directly tie back to its outturn reported in Appendix 1. This is because the detailed variance include other areas of spend, such as care services which have ended and staffing costs, as well as the activity data including some care costs that sit within Commissioning budgets.

5.2.1 Key activity data at the end of August 2022 for Learning Disability Partnership is shown below:

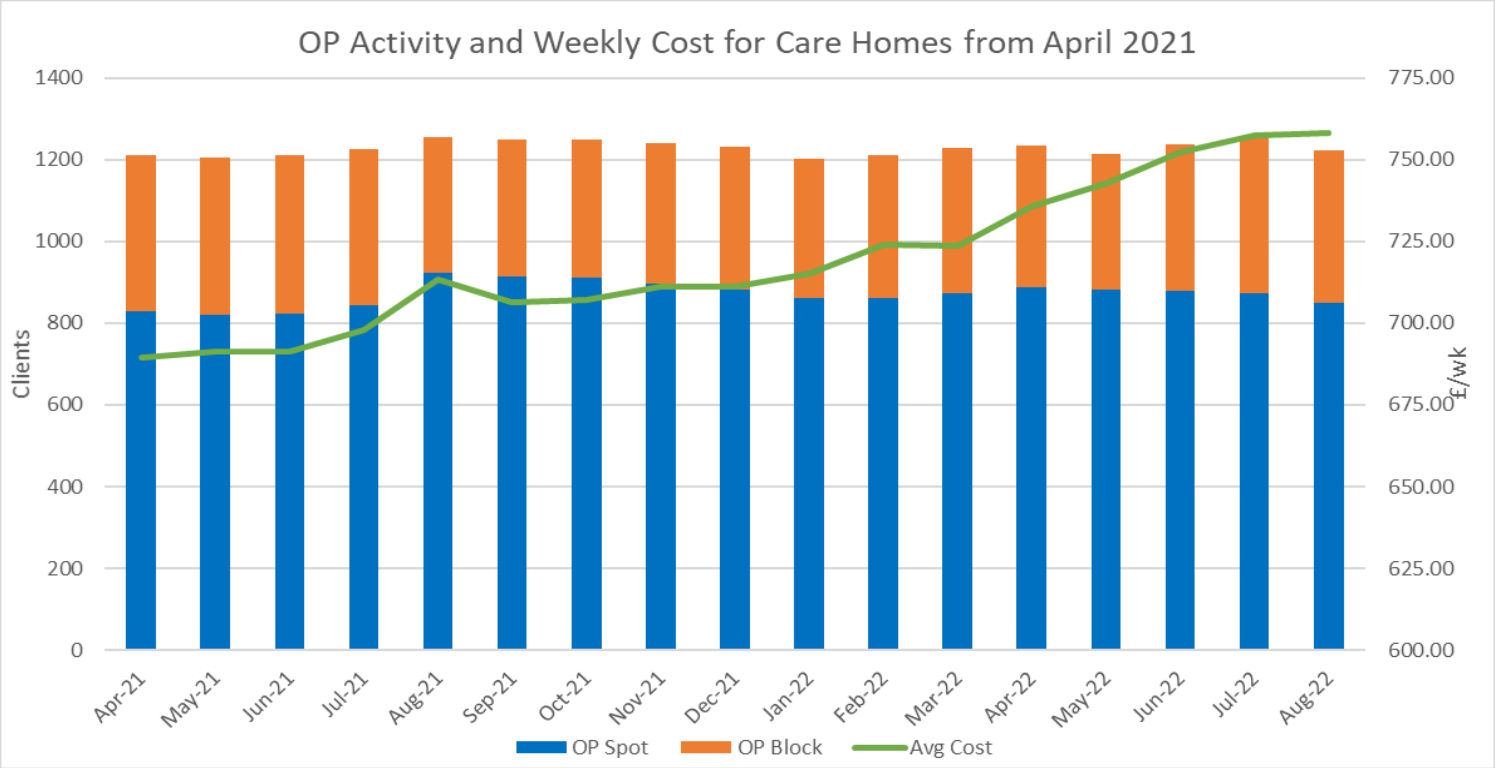
Learning Disability Partnership	BUDGET			ACTUAL (August 2022)			Forecast	
Service Type	*Expected No. of Care Packages 2022/23*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*D o T*	*Current Average Unit Cost (per week)*	*D o T*	*Total spend/ income*	*D o T*	*Variance*
Accommodation based										
~Residential	255	£2,128	£28,344k	245	↔	£2,010	↓	£27,907k	↑	-£437k
~Nursing	5	£2,698	£716k	5	↔	£2,535	↔	£709k	↓	-£8k
~Respite	15	£1,029	£718k	13	↑	£951	↑	£394k	↓	-£324k
Accommodation based subtotal	**275**	**£2,022**	**£29,779k**	**263**		**£1,921**		**£29,009k**		**-£769k**
Community based										
~Supported Living	517	£1,439	£38,809k	536	↔	£1,292	↑	£38,039k	↑	-£770k
~Homecare	348	£403	£7,306k	334	↓	£385	↑	£9,104k	↑	£1,799k
~Direct payments	423	£493	£10,866k	403	↔	£488	↑	£10,827k	↑	-£39k
~Live In Care	15	£2,132	£1,692k	15	↔	£2,023	↔	£1,671k	↑	-£20k
~Day Care	463	£196	£4,733k	457	↓	£184	↓	£4,019k	↓	-£713k
~Other Care	53	£85	£869k	46	↔	£82	↑	£936k	↓	£67k
Community based subtotal	**1,819**	**£671**	**£64,273k**	**1,791**		**£634**		**£64,598k**		**£324k**
Total for expenditure	**2,094**	**£848**	**£94,052k**	**2,054**		**£799**		**£93,607k**	↑	**-£445k**
Care Contributions			-£4,347k					-£4,486k	↓	-£139k

The LDP includes service-users that are fully funded by the NHS, who generally have very high needs and therefore costly care packages



5.2.2 Key activity data at the end of August 2022 for Older People and Physical Disabilities Services for Over 65s is shown below:

Older People and Physical Disability Over 65	BUDGET			ACTUAL (August 2022)				Forecast		
Service Type	*Expected No. of Care Packages 2022/23*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*D o T*	*Current Average Unit Cost (per week)*	*D o T*	*Total spend/ income*	*D o T*	*Variance*
Accommodation based										
~Residential	422	£690	£15,190k	340	↓	£703	↑	£13,952k	↓	-£1,238k
~Residential Dementia	451	£783	£18,416k	412	↓	£709	↑	£17,038k	↓	-£1,377k
~Nursing	336	£869	£14,783k	290	↓	£817	↑	£14,471k	↓	-£312k
~Nursing Dementia	181	£1,033	£9,941k	181	↑	£880	↓	£9,731k	↓	-£210k
~Respite			£750k					£927k	↑	£177k
Accommodation based subtotal	**1,390**	**£808**	**£59,080k**	**1,223**		**£758**		**£56,120k**		**-£2,960k**
Community based										
~Supported Living	434	£271	£6,128k	416	↑	£160	↓	£6,247k	↑	£119k
~Homecare	1,506	£292	£22,488k	1,397	↓	£273	↑	£22,482k	↓	-£6k
~Direct payments	202	£328	£3,455k	171	↓	£384	↓	£3,542k	↓	£87k
~Live In Care	42	£876	£1,919k	41	↑	£941	↑	£2,216k	↑	£297k
~Day Care	78	£166	£673k	66	↓	£75	↓	£575k	↓	-£98k
~Other Care			£558k	5	↔	£15		£310k	↓	-£248k
Community based subtotal	**2,262**	**£298**	**£35,221k**	**2,096**		**£265**		**£35,372k**		**£151k**
Total for expenditure	**3,652**	**£492**	**£94,301k**	**3,319**		**£447**		**£91,491k**	↓	**-£2,809k**
Care Contributions			-£26,349k					-£26,181k		£168k



5.2.3 Key activity data at the end of August 2022 for Physical Disabilities Services for Under 65s is shown below:

Physical Disabilities Under 65s	BUDGET			ACTUAL (August 2022)			Forecast	
Service Type	*Expected No. of Care Packages 2022/23*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*D o T*	*Current Average Unit Cost (per week)*	*Total spend/ income*	*Variance*
Accommodation based								
~Residential	20	£1,161	£1,211k	22	↓	£1,093 ↓	£1,259k ↓	£48k
~Residential Dementia	3	£723	£113k	3	↑	£680 ↑	£107k ↑	-£6k
~Nursing	22	£1,073	£1,231k	18	↓	£1,126 ↑	£1,195k ↓	-£36k
~Nursing Dementia	0	£0	£k	2	↔	£793 ↔	£93k ↑	£93k
~Respite	0	£0	£k	5		£272	£7k ↑	£7k
Accommodation based subtotal	**45**	**£1,089**	**£2,555k**	**50**		**£959**	**£2,661k**	**£106k**
Community based								
~Supported Living	8	£822	£343k	23	↓	£419 ↓	£301k ↓	-£42k
~Homecare	206	£265	£2,846k	288	↑	£274 ↓	£3,361k ↑	£515k
~Direct payments	169	£341	£3,483k	202	↔	£401 ↓	£3,514k ↓	£31k
~Live In Care	27	£853	£1,201k	29	↓	£892 ↓	£1,270k ↓	£69k
~Day Care	18	£95	£89k	21	↔	£108 ↓	£97k ↓	£8k
~Other Care			£247k	5	↔	£50 ↑	£9k ↑	-£239k
Community based subtotal	**428**	**£335**	**£8,209k**	**568**		**£349**	**£8,552k**	**£343k**
Total for expenditure	**473**	**£407**	**£10,763k**	**618**		**£398**	**£11,213k ↓**	**£450k**
Care Contributions			-£1,434k				-£732k	£702k

5.2.4 Key activity data at the end of August 2022 for Older People Mental Health (OPMH) Services:

Older People Mental Health	BUDGET			ACTUAL (August 2022)			Forecast	
Service Type	*Expected No. of Care Packages 2022/23*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*D o T*	*Current Average Unit Cost (per week)*	*Total spend/ income*	*Variance*
Accommodation based								
~Residential	37	£746	£1,212k	36	↑	£727 ↓	£1,193k ↑	-£20k
~Residential Dementia	37	£718	£1,109k	35	↑	£730 ↑	£1,163k ↑	£54k
~Nursing	29	£799	£1,013k	29	↔	£780 ↑	£1,073k ↓	£60k
~Nursing Dementia	71	£960	£3,088k	72	↓	£902 ↑	£3,080k ↓	-£7k
~Respite	3	£66	£k	6	↔	£515 ↓	£114k ↑	£114k
Accommodation based subtotal	**177**	**£822**	**£6,422k**	**178**		**£783**	**£6,623k**	**£201k**
Community based								
~Supported Living	12	£190	£110k	14	↓	£209 ↑	£44k ↓	-£65k
~Homecare	95	£267	£1,160k	68	↓	£303 ↑	£1,094k ↓	-£65k
~Direct payments	7	£500	£193k	7	↔	£529 ↑	£194k ↑	£1k
~Live In Care	11	£1,140	£660k	11	↓	£1,053 ↑	£636k ↓	-£24k
~Day Care	5	£316	£1k	5	↔	£320 ↔	£1k ↔	£k
~Other Care	7	£189	£17k	4	↔	£51 ↔	£7k ↑	-£10k
Community based subtotal	**137**	**£340**	**£2,140k**	**109**		**£373**	**£1,977k**	**-£163k**
Total for expenditure	**314**	**£612**	**£8,562k**	**287**		**£627**	**£8,600k ↓**	**£38k**
Care Contributions			-£1,270k				-£1,345k	-£75k

5.2.5 Key activity data at the end of August 2022 for Adult Mental Health Services is shown below:

Adult Mental Health	BUDGET			ACTUAL (August 2022)				Forecast		
Service Type	*Expected No. of Care Packages 2022/23*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*D o T*	*Current Average Unit Cost (per week)*	*D o T*	*Total spend/ income*	*D o T*	*Variance*
Accommodation based										
~Residential	60	£812	£2,388k	61	↑	£811	↑	£2,624k	↑	£236k
~Residential Dementia	3	£787	£118k	3	↔	£757	↑	£120k	↓	£3k
~Nursing	9	£791	£388k	9	↔	£789	↑	£380k	↑	-£8k
~Nursing Dementia	1	£929	£51k	1	↔	£882	↔	£47k	↓	-£3k
~Respite	1	£20	£k	1	↔	£20	↔	£k	↔	£k
Accommodation based subtotal	**74**	**£799**	**£2,944k**	**75**		**£796**		**£3,171k**		**£227k**
Community based										
~Supported Living	123	£300	£2,869k	119	↔	£387	↑	£3,323k	↑	£454k
~Homecare	149	£89	£1,257k	133	↑	£104	↑	£1,204k	↓	-£54k
~Direct payments	14	£271	£206k	14	↑	£260	↑	£188k	↑	-£18k
~Live In Care	2	£1,171	£123k	2	↔	£1,200	↑	£129k	↑	£6k
~Day Care	4	£69	£18k	4	↔	£76	↑	£16k	↑	-£2k
~Other Care	5	£975	£3k	5	↑	£17	↑	£9k	↑	£6k
Community based subtotal	**297**	**£207**	**£4,476k**	**277**		**£239**		**£4,869k**		**£393k**
Total for expenditure	**371**	**£325**	**£7,420k**	**352**		**£358**		**£8,040k**	**↑**	**£620k**
Care Contributions			-£367k					-£296k		£72k

5.2.6 Key activity data at the end of August 2022 for Autism is shown below:

Autism	BUDGET			ACTUAL (August 2022)				Forecast		
Service Type	*Expected No. of Care Packages 2022/23*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*D o T*	*Current Average Unit Cost (per week)*	*D o T*	*Total spend/ income*	*D o T*	*Variance*
Accommodation based										
~Residential			£46k	2	↔	£1,712	↔	£270k	↑	£225k
~Residential Dementia										
Accommodation based subtotal			**£46k**	**2**		**1,712**		**£270k**		**£225k**
Community based										
~Supported Living	21	£1,092	£1,181k	23	↔	£835	↔	£1,029k	↑	-£152k
~Homecare	17	£161	£142k	14	↔	£153	↔	£127k	↑	-£16k
~Direct payments	22	£377	£424k	22	↔	£313	↓	£345k	↓	-£78k
~Live In Care			£21k	1	↔	£396	↔	£29k	↑	£8k
~Day Care	18	£77	£72k	17	↔	£74	↔	£70k	↑	-£2k
~Other Care			£12k	3	↔	£78	↔	£20k	↑	£8k
Community based subtotal	**82**	**£439**	**£1,852k**	80		£372		**£1,620k**		**-£232k**
Total for expenditure	**83**	**£443**	**£1,898k**	82		£405		**£1,891k**	**↑**	**-£8k**
Care Contributions			-£71k					-£89k		-£18k

Due to small numbers of service users some lines in the above have been redacted.

Appendix 1 – P&C Service Level Financial Information

Forecast Outturn Variance (Previous) £'000	Ref	Service	Budget 2022/23 £'000	Actual £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
		Adults & Safeguarding Directorate				
-2		Strategic Management - Adults	-7,204	-10,141	100	1%
0		Transfers of Care	2,090	996	-44	-2%
0		Prevention & Early Intervention	9,833	4,854	-0	0%
0		Principal Social Worker, Practice and Safeguarding	1,681	793	0	0%
0		Autism and Adult Support	2,295	1,091	16	1%
0		Adults Finance Operations	1,785	702	-1	0%
		Learning Disabilities				
0	1	Head of Service	6,722	288	-130	-2%
0	1	LD - City, South and East Localities	41,698	19,450	20	0%
0	1	LD - Hunts & Fenland Localities	38,289	17,318	207	1%
0	1	LD - Young Adults Team	11,956	5,727	-96	-1%
-284	1	In House Provider Services	7,996	3,346	-284	-4%
66	1	NHS Contribution to Pooled Budget	-25,891	-6,208	66	0%
-218		**Learning Disabilities Total**	**80,770**	**39,921**	**-218**	**0%**
		Older People and Physical Disability Services				
0		Management and Staffing	5,276	1,918	0	0%
-133	2	Older Peoples Services - North	29,427	12,752	-623	-2%
-1,467	2	Older Peoples Services - South	35,708	15,071	-1,377	-4%
481	2	Physical Disabilities - North	4,206	2,277	440	10%
899	2	Physical Disabilities - South	4,692	2,663	900	19%
-220		**Older People and Physical Disability Total**	**79,310**	**34,681**	**-660**	**-1%**
		Mental Health				
-109	3	Mental Health Central	3,614	878	-143	-4%
655	3	Adult Mental Health Localities	5,527	2,766	679	12%
4	3	Older People Mental Health	7,273	3,468	-155	-2%
550		**Mental Health Total**	**16,414**	**7,113**	**381**	**2%**
111		**Adults & Safeguarding Directorate Total**	**186,974**	**80,011**	**-426**	**0%**
		Commissioning Directorate				
0		Strategic Management –Commissioning	399	94	0	0%
0		Local Assistance Scheme	300	148	0	0%
		Adults Commissioning				
257	4	Central Commissioning - Adults	14,391	6,015	273	2%
-145	5	Integrated Community Equipment Service	1,779	-860	-145	-8%
0		Mental Health Commissioning	2,325	1,062	71	3%
112		**Adults Commissioning Total**	**18,494**	**6,217**	**200**	**1%**
		Children's Commissioning				
0		Children in Care Placements	23,122	7,524	0	0%
0		Commissioning Services	2,148	560	0	0%
0		**Children's Commissioning Total**	**25,269**	**8,085**	**0**	**0%**
112		**Commissioning Directorate Total**	**44,462**	**14,543**	**200**	**0%**

Forecast Outturn Variance (Previous) £'000	Ref	Service	Budget 2022/23 £'000	Actual £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
		Communities & Partnerships Directorate				
0		Strategic Management - Communities & Partnerships	119	-91	0	0%
0		Public Library Services	3,804	1,563	0	0%
0		Cambridgeshire Skills	2,183	876	0	0%
0		Archives	390	145	0	0%
0		Cultural Services	318	100	0	0%
0		Registration & Citizenship Services	-817	-252	0	0%
0		Coroners	1,901	1,030	0	0%
0		Trading Standards	748	49	0	0%
0		Domestic Abuse and Sexual Violence Service	2,530	72	0	0%
0		Think Communities	4,212	2,677	0	0%
0		Youth and Community Services	390	-126	0	0%
0		**Communities & Partnerships Directorate Total**	**15,778**	**6,045**	**0**	**0%**
		Children & Safeguarding Directorate				
0		Strategic Management - Children & Safeguarding	2,125	1,327	0	0%
0		Safeguarding and Quality Assurance	3,464	995	0	0%
0		Fostering and Supervised Contact Services	9,604	4,173	0	0%
0		Corporate Parenting	7,331	3,427	0	0%
0		Integrated Front Door	4,265	1,761	0	0%
0		Children´s Disability Service	7,274	3,532	0	0%
0		Support to Parents	1,741	-175	0	0%
0		Adoption	5,561	1,829	0	0%
0		Legal Proceedings	2,050	592	0	0%
0		Youth Offending Service	2,102	680	0	0%
		District Delivery Service				
0		Children´s Centres Strategy	105	-57	0	0%
0		Safeguarding West	1,078	716	0	0%
0		Safeguarding East	4,997	-751	0	0%
0		Early Help District Delivery Service –North	4,115	1,657	0	0%
0		Early Help District Delivery Service – South	4,961	1,733	0	0%
0		**District Delivery Service Total**	**15,256**	**3,300**	**0**	**0%**
0		**Children & Safeguarding Directorate Total**	**60,773**	**21,442**	**0**	**0%**

Forecast Outturn Variance (Previous) £'000	Ref	Service	Budget 2022/23 £'000	Actual £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
		Education Directorate				
0		Strategic Management - Education	12,851	3,993	0	0%
-9		Early Years' Service	4,966	2,118	-15	0%
0		School Improvement Service	1,081	369	0	0%
0		Virtual School	1,842	428	0	0%
93		Outdoor Education (includes Grafham Water)	19	-427	93	425%
0		Cambridgeshire Music	0	467	0	0%
0		ICT Service (Education)	-200	-701	0	0%
0		Redundancy & Teachers Pensions	3,717	2,491	0	0%
		SEND Specialist Services (0-25 years)				
0		SEND Specialist Services	11,920	4,463	0	0%
0		Funding for Special Schools and Units	38,152	22,575	0	0%
0		High Needs Top Up Funding	32,373	14,646	0	0%
0		Special Educational Needs Placements	15,846	7,576	0	0%
0		Out of School Tuition	5,034	1,492	0	0%
0		Alternative Provision and Inclusion	7,339	3,411	0	0%
11,800	6	SEND Financing – DSG	-9,752	39	11,800	121%
11,800		**SEND Specialist Services (0-25 years) Total**	**100,911**	**54,202**	**11,800**	**12%**
		Infrastructure				
0		0-19 Organisation & Planning	2,936	607	0	0%
0		Education Capital	181	-13,517	-6	-4%
0		Home to School Transport – Special	17,747	5,496	0	0%
200	7	Children in Care Transport	1,628	617	200	12%
0		Home to School Transport – Mainstream	9,737	3,121	0	0%
200		**0-19 Place Planning & Organisation Service Total**	**32,229**	**-3,676**	**194**	**1%**
12,084		**Education Directorate Total**	**157,415**	**59,265**	**12,071**	**8%**
		Executive Director				
0		Executive Director	928	473	0	0%
0		Lost Sales, Fees & Charges Compensation	0	0	0	0%
0		Central Financing	21	0	0	0%
0		**Executive Director Total**	**948**	**473**	**0**	**0%**
12,307		**Total**	**466,350**	**181,780**	**11,844**	**3%**
		Grant Funding				
-11,800	8	Financing DSG	-102,931	-54,054	-11,800	-11%
0		Non Baselined Grants	-46,789	-20,991	0	0%
-11,800		**Grant Funding Total**	**-149,720**	**-75,046**	**-11,800**	**8%**
507		**Net Total**	**316,630**	**106,734**	**44**	**0%**

Appendix 1a – Dedicated Schools Grant (DSG) Summary FMR

Forecast Outturn Variance (Previous) £'000	Ref	Service	Budget 2022/23 £'000	Actual £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
		Commissioning Directorate				
		Children's Commissioning				
0		Commissioning Services	245	0	0	0%
0		**Children's Commissioning Total**	**245**	**0**	**0**	**0%**
0		**Commissioning Directorate Total**	**245**	**0**	**0**	**0%**
		Children & Safeguarding Directorate				
		District Delivery Service				
0		Early Help District Delivery Service –North	0	0	0	0%
0		Early Help District Delivery Service – South	0	0	0	0%
0		**District Delivery Service Total**	**0**	**0**	**0**	**0%**
0		**Children & Safeguarding Directorate Total**	**0**	**0**	**0**	**0%**
		Education Directorate				
0	-	Early Years' Service	2,287	790	0	0%
0		Virtual School	150	0	0	0%
0		Redundancy & Teachers Pensions	0	0	0	0%
		SEND Specialist Services (0-25 years)				
0		SEND Specialist Services	7,703	2,515	0	0%
0		Funding for Special Schools and Units	38,152	22,575	0	0%
0		High Needs Top Up Funding	32,373	14,603	0	0%
0		Special Educational Needs Placements	15,846	7,576	0	0%
0		Out of School Tuition	5,034	1,492	0	0%
0		Alternative Provision and Inclusion	7,262	3,216	0	0%
11,800	6	SEND Financing – DSG	-9,752	35	11,800	121%
11,800		**SEND Specialist Services (0 - 25 years) Total**	**96,617**	**52,013**	**11,800**	**12%**
		Infrastructure				
0		0-19 Organisation & Planning	2,232	252	0	0%
0		Home to School Transport – Special	400	0	0	0%
0		**0-19 Place Planning & Organisation Service Total**	**2,632**	**252**	**0**	**0%**
11,800		**Education Directorate Total**	**101,686**	**53,054**	**11,800**	**12%**
11,800		**Total**	**101,931**	**53,054**	**11,800**	**12%**
0		**Contribution to Combined Budgets**	**1,000**	**1,000**	**0**	**0%**
		Schools				
0		Primary and Secondary Schools	126,718	52,515	0	0%
0		Nursery Schools and PVI	36,502	20,133	0	0%
0		Schools Financing	-266,151	-122,998	0	0%
0		Pools and Contingencies	0	-230	0	0%
0		**Schools Total**	**-102,931**	**-50,580**	**0**	**0%**
11,800		**Overall Net Total**	**0**	**3,474**	**11,800**	**-%**

Appendix 2 – Public Health Service Level Financial Information

Forecast Outturn Variance (Previous) £'000	Ref	Service	Budget 2022/23 £'000	Actual £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
		Children Health				
0		Children 0-5 PH Programme	7,271	1,907	-0	0%
0		Children 5-19 PH Programme - Non Prescribed	1,781	-240	-0	0%
0		Children Mental Health	341	21	10	3%
0		**Children Health Total**	**9,393**	**1,689**	**10**	**0%**
		Drugs & Alcohol				
-5		Drug & Alcohol Misuse	6,535	1,228	-5	0%
-5		**Drug & Alcohol Misuse Total**	**6,535**	**1,228**	**-5**	**0%**
		Sexual Health & Contraception				
0		SH STI testing & treatment - Prescribed	3,713	-201	-0	0%
0		SH Contraception - Prescribed	1,096	203	0	0%
0		SH Services Advice Prevention/Promotion - Non-Prescribed	484	-57	-0	0%
0		**Sexual Health & Contraception Total**	**5,293**	**-54**	**-0**	**0%**
		Behaviour Change / Preventing Long Term Conditions				
0		Integrated Lifestyle Services	2,853	570	0	0%
0		Other Health Improvement	909	209	-0	0%
0		Smoking Cessation GP & Pharmacy	736	-27	0	0%
-0		NHS Health Checks Programme - Prescribed	1,112	45	-0	0%
0		**Behaviour Change / Preventing Long Term Conditions Total**	**5,610**	**796**	**0**	**0%**
		Falls Prevention				
0		Falls Prevention	433	-78	-0	0%
0		**Falls Prevention Total**	**433**	**-78**	**-0**	**0%**
		General Prevention Activities				
0		General Prevention, Traveller Health	11	6	-0	0%
0		**General Prevention Activities Total**	**11**	**6**	**-0**	**0%**
		Adult Mental Health & Community Safety				
-0		Adult Mental Health & Community Safety	250	-278	-0	0%
-0		**Adult Mental Health & Community Safety Total**	**250**	**-278**	**-0**	**0%**
		Public Health Directorate				
0		Public Health Strategic Management	2,006	0	0	0%
-81	9	Public Health Directorate Staffing & Running Costs	2,714	-6,306	-181	-7%
0		Health in All Policies	125	0	0	0%
0		Enduring Transmission Grant	1,815	124	-0	0%
0		Contain Outbreak Management Fund	5,911	-18	0	0%
0		Lateral Flow Testing Grant	0	170	0	0%
-81		**Public Health Directorate Total**	**12,571**	**-6,031**	**-181**	**-1%**
-86		**Total Expenditure before Carry-forward**	**40,096**	**-2,723**	**-176**	**0%**

Forecast Outturn Variance (Previous) £'000	Ref	Service	Budget 2022/23 £'000	Actual £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
		Funding				
0		Public Health Grant	-27,301	-6,825	0	0%
0		Enduring Transmission Grant	-1,815	-1,815	0	0%
0		Contain Outbreak Management Fund	-5,911	-5,911	0	0%
0		Other Grants	-1,225	-830	0	0%
0		Drawdown from reserves	-3,843	0	0	0%
0		**Grant Funding Total**	**-40,096**	**-15,382**	**0**	**0%**
-86		**Overall Net Total**	**0**	**-18,105**	**-176**	**-0.1%**

Appendix 3 – Service Commentaries on Outturn Position

Narrative is given below where there is an adverse/positive variance greater than 2% of annual budget or £100,000 whichever is greater for a service area.

1) Learning Disability Services

Budget 2022/23 £'000	Actual £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
80,770	39,921	-218	-0.3%

The Learning Disability Partnership (LDP) budget is forecasting an underspend of -£284k at the end of August, of which the Council's share per the pooled arrangement with the NHS is -£218k.

The underspend is forecast by the Council's in-house provider units where there are staff vacancies. The service would normally have to cover any vacancies with relief or agency staff to operate the care provision. However, some of the in-house day centres have not fully opened post-covid, so the service is not having to cover all vacancies as they would normally.

There is a lot of uncertainty around the position for the remainder of the budget. This is the area of spend where we are experiencing the most difficulties in finding placements in the market, particularly at higher levels of need. There is currently a significant number of people waiting for placements or changes to their placements, to be sourced from the care market. Throughout 2021-22 we saw placement costs rising faster than they had previously. These increased costs were driven partly by increasing complexity of need, but also by cost pressures faced by providers, particularly related to staffing shortages and price inflation. The cost pressures faced by the provider market, which have only increased with rising inflation throughout 2022, have also created a risk around the budget for uplifts paid on current placements.

Adults Commissioning are developing an LD Accommodation Strategy that will enable them to work with the provider market to develop the provision needed for our service users, both now and looking to future needs. This should lead to more choice when placing service users with complex needs and consequently reduce costs in this area, but this is a long-term programme, and it is unlikely to deliver savings in the short term. The LDP social work teams and Adults Commissioning are also working on strategies to increase the uptake of direct payments, to deliver more choice for service users and decrease reliance on the existing care market.

The budget for 2022-23 assumes an increased contribution from the NHS reflecting a shift in the percentage of packages that should be funded from Health budgets. The review of packages required to agree a revised split of costs for the pool has not yet commenced, and there is a risk that the increased contribution will not be agreed in the current financial year creating a budgetary pressure.

2) Older People and Physical Disability Services

Budget 2022/23 £'000	Actual £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
74,033	32,763	-660	1%

Older People's and Physical Disabilities Services have undergone a service redesign for the start of 2022-23 to realign the Long-Term care teams into single locality-based community care teams and a specialist care home team. As part of this redesign, a cohort of over-65 clients previously allocated to the

Physical Disabilities care budget have been realigned to the Older People's care budget, which means that the Physical Disabilities care budgets relate to working-age adults only.

At this early stage in the year, and with work ongoing to implement the realignment of clients in the social care system, the service as a whole is forecasting a net underspend of -£660k for August. There are early indications that demand patterns that emerged during 2021-22 are continuing into 2022-23, and these are reflected in the individual forecasts for the service.

Further analysis will be carried out over the coming months to review in detail activity information and other cost drivers to validate this forecast position. This remains subject to variation as circumstances change and more data comes through the system.

Older People's North & South
It was reported throughout 2021-22 that despite high levels of activity coming into service, driven largely by Hospital Discharge systems, net demand for bed-based care remained significantly below budgeted expectations, and there was no overall growth in the number of care home placements over the course of the year. This trend is continuing into the first part of 2022-23. Based on activity so far this year, and with a high proportion of new placements being made within the Council's existing block bed capacity, we are reporting an underspend of -£2m.

Physical Disabilities North & South
There has been a significant increase in demand for community-based care above budgeted expectations. The increase in demand largely relates to home care, both in terms of numbers of clients in receipt of care and increasing need (i.e. average hours of care) across all clients. During 2021-22, this impact was offset by a reduction in demand in the over-65 cohort that have been realigned to the Older Peoples budget. This, in conjunction with a reduction in income due from clients contributing towards the cost of their care, is resulting in the reported forecast overspend of £1.34m.

3) Mental Health

Budget 2022/23 £'000	Actual £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
16,414	7,113	381	2%

Mental Health Services are forecasting an overspend of £381k for August, reflecting significant additional demand pressures within the Adult Mental Health service. This is partially offset by an expected underspend against the Section 75 Contract.

Adult Mental Health services are continuing to see significant additional demand within community-based care, particularly there has been a notable increase in the volume of new complex supported living placements made since the start of the year.

Older People's Mental Health services had previously seen a reduction in demand for community-based support. This is now returning to match budgeted expectations. Activity in bed-based care remains high, as reported last year, but this is currently remaining within budgeted means.

4) Central Commissioning - Adults

Budget 2022/23 £'000	Actual £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
14,391	6,015	273	2%

Central Commissioning – Adults is forecasting an overspend of +£273k at the end of August.

This in relation to rapid discharge and transition cars commissioned to manage winter pressures. These cars enable more prompt discharges from hospital, as people can be provided with domiciliary care as part of a block contact while they wait for an individual care package to be sourced. The block contract was commissioned for 12 months, while the NHS only provided 6 months of funding. This has led to a pressure of +£851k. This is partly mitigated by savings of -£575k due to the decommissioning of six local authority funded rapid discharge and transition cars as part of the wider homecare commissioning model. The long-term strategy is to decommission all the local authority funded cars, meeting the need for domiciliary care through other, more cost-effective means, such as:

- A sliding scale of rates with enhanced rates to support rural and hard to reach areas.
- Providers covering specific areas or zones of the county, including rural areas.
- Supporting the market in building capacity through recruitment and retention, as well as better rates of pay for care staff.

There are some additional small underspends on recommissioned contracts that are further mitigating the overspend.

5) Integrated Community Equipment Service

Budget 2022/23 £'000	Actual £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
1,779	-860	-145	-8%

The Integrated Community Equipment Service is a pooled budget with the NHS. It is forecasting an underspend of -£300k at the end of August, of which the Council's share according to the agreed percentage split for the pool is -£145k.

The service is being delivered under a new contract that commenced on 1st April 2022. There are significant performance issues with the new contract, which are currently being managed through the Provider of Concern process and legal services are advising on what our options are under the terms of the contract. The underspend is due, in part, to the lower prices delivered under the new contract but also associated with the current backlogs with the current service, and the financial penalties which are applied if activity failures (deliveries and collections) are the provider's fault.

6) SEND Financing DSG

Budget 2022/23 £'000	Actual £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
-9,752	39	11,800	121%

Due to the continuing increase in the number of children and young people with Education, Health and Care Plans (EHCPs), and the complexity of need of these young people, the overall spend on the High Needs Block element of the DSG funded budgets has continued to rise. The current in-year forecast reflects the initial latest identified shortfall between available funding and current budget requirements.

7) Children in Care Transport

Budget 2022/23 £'000	Actual £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
1,628	617	200	-12%

Children in Care transport is forecasting a revised £200k pressure. There has been an increase in transport demand arising from an increasing shortage in local placements, requiring children to be transported further. In addition, transport requests for CIC pupils as part of their care package have increased due to carers feeling unable to meet the increased fuel costs.

There continues to be a national issue of driver and operator availability due to a shortage of taxi drivers choosing to move to other more favourable types of driving jobs and an increase in fuel and vehicle costs. This has led to an increase in contract hand backs and lack of interest in tendering for LA transport work and this results in higher contract costs.

8) Financing DSG

Budget 2022/23 £'000	Actual £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
-102,931	-54,054	-11,800	-11%

Above the line within P&C, £102.9m is funded from the ring-fenced DSG. Net pressures will be carried forward as part of the overall deficit on the DSG.

9) Public Health Directorate Staffing & Running Costs

Budget 2022/23 £'000	Actual £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
2,714	-6,306	-181	-1%

There is a forecast underspend on staffing and running costs due to vacant posts. In addition, an element of grant funding needed to fund inflationary increases for providers in future years is not required in 2022/23 due to vacant posts in those provider services, creating a further in year underspend.

The significant negative actual value for this line is as a result of grant funding received in 2021/22 and carried forward into the current financial year, but not yet applied against spend – in particular the remaining Contain Outbreak Management Fund and Enduring Transmission funding. Any remaining funding unspent at year end may need to be returned.

Appendix 4 – Capital Position

4.1 Capital Expenditure

Original 2022/23 Budget as per BP £'000	Scheme	Revised Budget for 2022/23 £'000	Actual Spend (Aug 22) £'000	Forecast Outturn Variance (Aug 22) £'000	Total Scheme Revised Budget £'000	Total Scheme Variance £'000
24,224	Basic Need - Primary	5,574	2,460	**652**	184,036	552
40,926	Basic Need - Secondary	32,817	480	**-10,800**	225,674	1,200
1,566	Basic Need - Early Years	2,119	12	**-1,403**	7,419	0
6,197	Adaptations	5,002	186	**0**	10,075	0
3,250	Conditions Maintenance	5,377	1,428	**0**	31,563	0
780	Devolved Formula Capital	1,979	0	**0**	9,053	0
16,950	Specialist Provision	14,976	2,605	**0**	38,018	0
1,050	Site Acquisition and Development	150	124	**0**	1,200	0
750	Temporary Accommodation	750	66	**0**	8,000	0
650	Children Support Services	650	0	**0**	6,500	0
15,223	Adult Social Care	6,554	295	**0**	110,283	0
1,400	Cultural and Community Services	3,235	664	**0**	6,759	0
-13,572	Capital Variation	-9,502	0	**9,502**	-58,878	0
733	Capitalised Interest	733	0	**0**	5,316	0
-1,770	Environment Fund Transfer	-1,770	0	**0**	-3,499	0
98,357	**Total P&C Capital Spending**	**68,644**	**8,321**	**-2,049**	**581,519**	**1,752**

The schemes with significant variances (>£250k) either due to changes in phasing or changes in overall scheme costs can be found below:

Northstowe 2nd Primary

Revised Budget for 2022/23 £'000	Forecast Spend-Outturn (Aug 22) £'000	Forecast Spend-Outturn Variance (Aug 22) £'000	Variance Last Month (July 22) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
200	700	500	500	0	500	0

Expected £500k overspend in 2022/23 due to increased scheme costs identified at MS2. The scheme delivery schedule has now also been confirmed. Revised costs being presented at August capital programme board.

Soham Primary Expansion

Revised Budget for 2022/23 £'000	Forecast Spend-Outturn (Aug 22) £'000	Forecast Spend-Outturn Variance (Aug 22) £'000	Variance Last Month (July 22) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
49	749	700	700	0	0	700

Completion and delivery of works has slipped one year from 25 to 26, but land purchase has completed ahead of expectation.

St Philips Primary

Revised Budget for 2022/23 £'000	Forecast Spend-Outturn (Aug 22) £'000	Forecast Spend-Outturn Variance (Aug 22) £'000	Variance Last Month (July 22) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
600	50	-550	-550	0	0	-550

Slippage due as latest delivery programme received. Works will not commence on site until next summer to avoid disruption to school, rather than previously forecast in new year. Works will be to alterations and main entrance.

Alconbury Weald secondary and Special

Revised Budget for 2022/23 £'000	Forecast Spend-Outturn (Aug 22) £'000	Forecast Spend-Outturn Variance (Aug 22) £'000	Variance Last Month (July 22) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
14,500	3,500	-11,000	1,000	-12,000	1,000	-12,000

Expected £1,000k overspend in 2022/23 New tendering approach taken for procurement of this project following increases in estimated cost for SEN works. SEN School will now be delivered one year later in July 24 at the same time as the secondary, a combined approach will hopefully achieve a single agreed MS4 sum and overall reduced contract period

LA Early Years Provision

Revised Budget for 2022/23 £'000	Forecast Spend-Outturn (Aug 22) £'000	Forecast Spend-Outturn Variance (Aug 22) £'000	Variance Last Month (July 22) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
1,803	400	-1,403	-1,403	0	0	-1,403

Slippage of £1,403k forecast. Two priority schemes have been identified as requiring investment to ensure sufficiency. As a result, works will likely start in 2023/24.

Other changes across all schemes (<250k)

Revised Budget for 2022/23 £'000	Forecast Spend-Outturn (Aug 22) £'000	Forecast Spend-Outturn Variance (Aug 22) £'000	Variance Last Month (July 22) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
		202	202	0	252	-50

Other changes below £250k make up the remainder of the scheme variance.

P&C Capital Variation

The Capital Programme Board recommended that services include a variations budget to account for likely slippage in the capital programme, as it is sometimes difficult to allocate this to individual schemes in advance. The allocation for P&C's negative budget has been revised and calculated using the revised budget for 2022/23 as below. As at August 2022 the Capital Variation budget has been fully utilised.

Service	Capital Programme Variations Budget £000	Forecast - Outturn (August 22) £000	Capital Programme Variations Budget Used £000	Capital Programme Variations Budget Used %	Forecast Variance - Outturn (August 22) £000
P&C	-9,502	-9,502	-9,502	100	9,502
Total Spending	-9,502	-9,502	-9,502	100	9,502

4.2 Capital Funding

Original 2022/23 Funding Allocation as per BP £'000	Source of Funding	Revised Funding for 2022/23 £'000	Spend - Outturn (August 22) £'000	Funding Outturn Variance (August 22) £'000
14,679	Basic Need	15,671	15,671	0
3,000	Capital maintenance	5,877	5,877	0
780	Devolved Formula Capital	1,978	1,978	0
0	Schools Capital	0	0	0
5,070	Adult specific Grants	5,070	5,070	0
21,703	S106 contributions	11,561	11,561	0
2,781	Other Specific Grants	9,559	2,781	-6,778
1,200	Other Revenue Contributions	0	0	0
0	Capital Receipts	0	0	0
39,147	Prudential Borrowing	18,927	23,657	4,730
9,997	Prudential Borrowing (Repayable)	0	0	0
98,357	**Total Funding**	**68,644**	**66,596**	**-2,048**

Slippage on Alconbury SEN school now means £6.7m of High Needs capital grant will be used in 2023/24.

Adults and Health - Key Performance Indicators

To:	Adults and Health Committee
Meeting Date:	5 October 2022
From:	Jyoti Atri, Director of Public Health, Debbie McQuade, Director of Adult Social Care
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	N/A
Outcome:	The Committee receives performance reports at future meetings containing information on agreed indicators
Recommendation:	Adults and Health Committee are recommended to: note and comment on the performance information outlined in this report, and take remedial action as necessary.

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1. Background

1.1 The Council adopted a new Strategic Framework and Performance Management Framework in February 2022, for the financial year 2022/23. The new Performance Management Framework sets out that Policy and Service Committees should:

- Set outcomes and strategy in the areas they oversee
- Select and approve addition and removal of KPIs for the committee performance report
- Track progress quarterly
- Consider whether performance is at an acceptable level
- Seek to understand the reasons behind the level of performance
- Identify remedial action

1.2 Following from a paper for the Committee on 9 December 2021, exploring the key considerations for performance frameworks in the areas of adult social care and health services, a workshop was held with lead officers and Committee members to develop a draft set of KPIs to support ongoing performance monitoring arrangements. The Committee reviewed and agreed these draft KPIs in the meeting held on the 14 July, and form the basis of this report.

2. Adult Social Care performance update

2.1 It was agreed that KPIs would be grouped into small bundles linked to a theme to provide a more rounded picture of performance whilst still reflecting headline performance.

2.2 The four agreed themes are;

- Early intervention and prevention – supporting people early with targeted information and advice and low-level and community support and reablement services, to prevent or delay the need for long term care and support.
- Long term care and support when needed is personalised and keeps people connected to their communities
- Adults at risk are safeguarded from harm in ways that meet their desired outcomes.
- Transitions between health and social care services work well

There are 11 indicators in total.

2.3 **Early intervention and prevention – supporting people early with targeted information and advice and low-level and community support and reablement services, to prevent or delay the need for long term care and support.**

Indicator	Rationale	Q1 21/22	FY 21/22	Region 21/22	Q1 22/23
Number of new client contacts for Adult Social Care per 100,000 of the population	Effective community prevention and information services should minimise the number of people needing to contact adult social care directly. A marked growth in the number of contacts might show that universal	1069.2	4127.6	3259.4	1214.7

	community services are not meeting need. Conversely a marked reduction might suggest that we are not providing the right pathways into adult social care for who do need it.				
% of new client contacts not resulting in long term care and support	This indicator is important to look at in line with the above as it shows whether change in contact numbers are from people needing long term care, or people whose needs could be met with preventative or low level community support. It helps us understand what might be driving a growth or reduction on contacts.	89.1%	93.0%	90.4%	88.2%
The proportion of people receiving reablement who did not require long term support after reablement was completed.	Reablement support has best results for those who can be prevented from requiring long term care and support. However, it can also benefit people in receipt of long-term care and support by supporting improvement and enhancing the level of independence. Setting a target too high on this indicator can be a perverse incentive to decline the service for those with more complex needs. A target should be set that reflects a balance of use. It can be viewed alongside the trends on new clients with long term service outcomes (the indicator above) to ensure that more complex cases are not being diverted straight into long term care.	82.3%	87.7%	74.1%	88.5%

Comments on performance
Performance in this area remains consistent with previous periods. Contacts per 100,000 of population are higher than the regional average, and the Q1 data suggests this trend will continue in the current financial year, although it should be noted that collection processes vary considerably between local authorities (with year-end performance ranging between 1823 and 5614) - Cambridgeshire is not an outlier. The growth in new contacts since quarter 1 last year has been in relation to hospital discharges returning back to levels more similar to pre pandemic and also in the community referrals the customer call centre and Adult Early Help which did not see a reduction during the pandemic and has been on an increasing trend throughout. There has also been an increase in the number of referrals to reablement, again recovering from a reduction during the pandemic. The percentage of contacts leading to outcomes other than long term care and support remains high, however we are starting to see an increase in contacts for people who do require long term care and support. The proportion of people not requiring long-term support after a period of reablement remains consistently high, and well above the regional average.

2.4 **Long term care and support when needed is personalised and keeps people connected to their communities**

Indicator	Rationale	Q1 21/22	FY 21/22	Region 21/22	Q1 22/23
Proportion of people using social care who receive direct payments (%)	Direct payments provide people with more choice and control over how they meet they care and support needs. Our work with community catalyst around micro enterprises seeks to build more opportunities for people to use direct payments to access care and support opportunities local to them.	n/a	21.3%	25.2%	17.3%
Proportion of people receiving long term support with who had not received a review in the last 12 months	It is a statutory duty to review long term care and support plans at least once a year. Regular reviews can help safeguard from risk, but also support personalisation by	n/a	n/a	21.0%	n/a

% of all people funded by ASC in long-term	continuing to support people to connect to their communities and make the most of the local assets.				
Number of carers assessed or reviewed in the year per 100,000 of the population.	Reviews are also an important time to make contact with carers to check that they remain able to offer their critical support. Assessments and reviews can be done jointly or separately to the cared for person. It is an opportunity to support carers to continue their caring role but also to plan ahead for the future.	n/a	125.67	566.79	50.23
% Of total people accessing long term support in the community aged 18-64	We want people to be supported in a community setting whenever that is best for them. Community settings include sheltered housing and extra care housing. Residential and nursing homes are the right choice for those with the most complex needs but good performance on this indicator should reflect partnership working with housing to provide alternatives for housing with support. Using an indicator that splits ages help monitor equity between client groups.	89.1%	84.1%	N/A	89.5%
% total people accessing long term support in the community aged 65 and over	We want people to be supported in a community setting whenever that is best for them. Community settings include sheltered housing and extra care housing.	59.7%	51.6%	N/A	59.7%

	Residential and nursing homes are the right choice for those with the most complex needs but good performance on this indicator should reflect partnership working with housing to provide alternatives for housing with support. Using an indicator that splits ages help monitor equity between client groups.				

Comments on performance

Performance remains consistent with previous periods and regional averages, where these are available.

The percentage of people receiving direct payments continues to be low, reflecting the challenge in making direct payments an attractive solution. During this year the Council will be introducing Individual Service Funds, a personal budget managed by a provider of the persons choice rather than held by themselves. This alongside the work to developed place based micro-enterprises within the Care Together programme should help to build on the range of options available.

We continue to have reporting gaps for statutory reviews with new dashboards currently under development meaning not all the data needed to inform these indicators is available for routine use by staff, however, there has been a significant level of activity undertaken to clear review backlogs that built up during the pandemic and performance is expected to be in line with regional averages.

The number of people aged 18-64 receiving long-term support has increased slightly over the last 12 months (rising from 2,233 at the end of June 2021 to 2,362 at the end of June 2022 – an increase of 129). The proportion supported in a community setting remains just over 89%.

The number of people aged 65+ receiving long-term support has decreased slightly over the last 12 months (dropping from 3,790 at the end of June 2021 to 3,747 at the end of June 2022 – a decrease of 43). The proportion supported in a community setting remains constant at 59.7%

A move away from carers assessments - by default to a more constructive and timely conversation – accounts for the lower volume of carers assessments. This should be seen alongside our carers conversation and carers triage activity. In quarter 1 we have completed

- 89 carers assessments
- 9 carers reviews
- 610 carers triage interventions

- 1632 carers conversations considering the carers needs whilst supporting the person being cared for.

2.5 **Adults at risk are safeguarded from harm in ways that meet their desired outcomes**

Indicator	Rationale	Q1 21/22	FY 21/22	Region 21/22	Q1 22/23
Percentage of cases where Making Safeguarding Personal (MSP) questions have been asked	It is important when undertaking a safeguarding that the person to whom it relates is engaged and is able to say what they want as an outcome, where they have capacity to do so. This indicator monitors that we are involving people in this way.	75.4%	89.8%	73.9%	85.6%
Percentage of those able to express desired outcomes who Fully or Partially Achieved their desired outcomes.	This indicator links to the indictor above and monitors how well we have been able to support the person to achieve the outcomes they wanted from the safeguarding enquiry.	n/a	93.8%	92.9%	91.7%
Percentage of safeguarding enquiries where risk has been reduced or removed	This indicator tracks the effective of safeguarding enquiries in reducing or removing risk. It should be seen alongside the indicators above reflecting the desired outcomes of the person involved, so that there is not a perverse incentive to counter the wishes of the person themselves to eliminate risk when that person has capacity	n/a	91.5%	N/A	n/a

	to decide on the level of risk that is acceptable to them.				

Comments on performance

We continue to have reporting gaps for safeguarding with new dashboards still under development meaning not all the data needed to inform these indicators is available for routine use by staff, however, the information that is available suggests that performance either in line with or above the regional average. Performance against these indicators suggest that the MSP agenda is fully imbedded in the safeguarding process.

2.6 **Transitions between health and social care services work well**

Detail of indicators to follow – discussions are still ongoing with colleagues in health services (maximum 3)

3. Public Health performance update

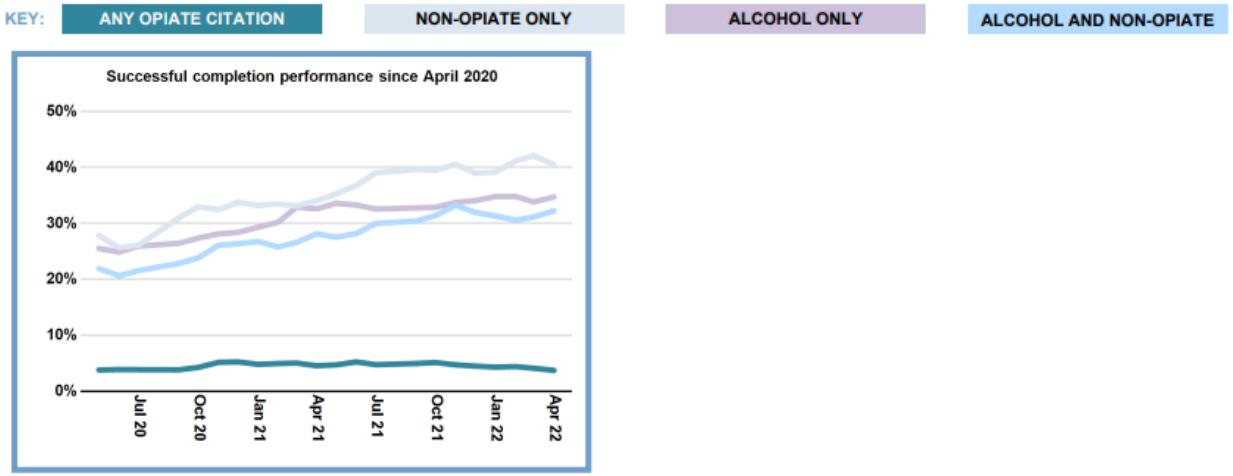
3.1 There were not any objections or specific issues raised in relation to the choice of indicators during the review workshop and a list of priority indicators were agreed by Committee on the 14 July. These indicators reflect our high value contracts that are primarily preventative or provide treatment e.g., Drugs and Alcohol Treatment Service. Included are some targets for the Healthy Child Programme that is funded from the Public Health Grant. As these are not currently monitored by the CYP Committee they are included here as priority indicators. There are 9 priority indicators in this set.

3.1 **Drug and Alcohol Treatment Services**

Indicator	Rationale	Q1 21/22	FY 21/22	National average 21/22	Q1 22/23
% Achievement against target for drug and alcohol service users who successfully complete treatment. (national benchmark)	Adult Drug & Alcohol services play an important role in treating people who are misusing these substances. The service involves acute phase but also importantly recovery. Successful completion includes a wide-ranging treatment programme that includes support for socio-economic issues such as housing and employment. There are national benchmarks to compare performance against.				
Opiate Only		4.8%	3.7%	5.2%	Q1 data due for release 29.9.22
Non-opiate		39.0%	40.5%	37.1%	Q1 data due for release 29.9.22
Alcohol		32.6%	34.7%	37.4%	Q1 data due for release 29.9.22
Alcohol and non-opiate		30.0%	32.2%	32.7%	Q1 data due for release 29.9.22

Comments on performance

Successful completion rates across drug types have increased over the last 18 months (despite the pandemic period) apart from the 'opiate only' cohort which has remained stubbornly static. This group tends to be most complex of clients with multiple physical and mental health conditions, less likely to leave services but remain in long term treatment with a more focused harm reduction approach.



3.2 **Health Behaviour Change Services (lifestyles)**

Indicator	Rationale	Q1 21/22	FY 21/22	Region 21/22	Q1 22/23
Tier 2 Weight Management Services: % achievement of the target for Tier 2 Weight Management adult service users who complete the course and achieve a 5% weight loss. (30% recommended)	These Services offer a structured programme of support. Losing weight is challenging as there are many factors involved. There is a recommended percentage achievement of people who are supported to lose weight based on different research studies and programmes from around the country. Losing weight can improve health outcomes dramatically e.g., in the shorter term it can reverse Type 2 diabetes along with reducing the risk of other obesity related conditions such as cardiovascular diseases.	36%	40%	No regional data but national data for 21/22 is 17% achieved 5% weight loss	42%
Health Trainer: (Structured support for health behaviour change): % achievement against target for adult referrals to the service from received from deprived areas	Health Trainers offer support for up to a year for individuals aiming to adopt healthier behaviours, for example stopping smoking, being more physically active. The support can prevent ill health through reducing the risk of poor health through the adoption of healthier behaviours. This is a specific target KPI that aims to increase activity in high-risk groups or areas. Achievement targets are benchmarked against previous year's achievement and improvements are required over time.	118%	130%	Not available	113%
Stop Smoking Services : % achievement against target for smoking quitters who have been supported through a 4-week	Stop Smoking is considered as being the intervention that can have the greatest prevention impact. The 28-day supported structured quit attempt is considered to be a highly effective evidence-based intervention. Targets are set based on rates of cardio-vascular disease and smoking prevalence collected in GP practices. Service delivery is a combination of GP practices and the Lifestyle Service	38% of local target achieved (212 quits / Q1 target 558)	32% of local target achieved (714	Not comparable as local target	26% of local target achieved (144 Quits / Q 1 target 558)

structured course. (national benchmark)			quits / target 2235)		
NHS Health Checks (cardiovascular disease risk assessment) Achievement against target set for completed health checks	Risk assessment for CVD which is the biggest cause of mortality and morbidity currently. It is a mandated programme for LAs and there are national benchmarks. Targets are set based the prevalence of cardiovascular disease captured from GP practice data.	34% of local target achieved	46% of local target achieved	Not comparable as local target	49% of local target achieved

Comments on performance

Tier 2 Adult Weight Management – referrals into Tier 2 services have been really high during 21/22. Additional funding was received from Office for Health Improvement and Disparities which helped to meet demand. Performance has been excellent with 40% of completes achieving 5% weight loss in 21/22.

Health Trainer Service – total referrals into the Health Trainer service were slightly below target in 21/22 so it is encouraging to see that the target has been exceeded for referrals from deprived areas.

Stop Smoking Service – Delivery of the Stop Smoking Service was impacted in 21/22 by the pandemic and lack of smoking cessation delivered within GP Practices and Pharmacies. In addition, one of the main smoking cessation pharmacotherapies (Champix) was withdrawn due to safety issues and this has had an impact nationally and locally on quit rates. In Q1 22/23 activity within primary care has not yet returned to pre pandemic levels. Smoking quit rates are down further in this quarter which reflects the loss of 4 experienced smoking advisors who worked both in GP practices and in the community services along with a change in data collection in GP practices which has affected temporarily follow up. These posts have now been filled and the data system is now fully integrated and there are indications that quit rates are recovering.
Public Health has recruited a dedicated smoking specialist to support local stop smoking providers to increase delivery, to focus on smoking and pregnancy and also to support the local roll out of the National Treating Tobacco Dependency Programme.

NHS Health Checks – NHS Health Checks were significantly impacted by the pandemic with only 46% of the local target achieved in 21/22. Cambs are at approximately 60% of pre pandemic levels of delivery for Q1 2022/23 with 2,450 Health Checks completed. The target for 22/23 has been increased from 4,000 per quarter in 21/22 to 5,000 per quarter. This is to encourage some catch up of the Health Checks not carried out during the pandemic. Whilst performance is below target for Q1 22/23, numbers of NHS Health Checks carried out has increased from 21/22 activity. GP practices have been offered other delivery options for Health Checks with the GP Federations being available to support along with the local lifestyle provider.

3.3 **Healthy Child Programme**

Indicator	Rationale	Q1 21/22	FY 21/22	Region 21/22	Q1 22/23
Health visiting mandated check - Percentage of births that receive a face-to-face New Birth Visit (NBV) within 14 days, by a health visitor.	The new birth visit is the first contact with the Health Visiting service and is important in identifying early the need for extra support or additional interventions to prevent poor outcomes.	30% (increases to **97%** if including those seen after 14 days)	35% (increases to **96%** if including those seen after 14 days)	N/A - dataset to be published Nov 2022 20/21 = 84%	42% (increases to **95%** if including those seen after 14 days)
Health visiting mandated check – percentage of children who received a 6–8-week review by 8 weeks.	Similar to the new birth visit it is essential to see how the child is progressing, to exclude any risks and to offer support.	26% (increases to **86%** if including those seen after 8 weeks)	22% (increases to **84%** if including those seen after 8 weeks)	N/A - dataset to be published Nov 2022 20/21 = 74%	32% (increases to **85%** if including those seen after 8 weeks)
Health visiting mandated check - Percentage of children who received a 2-2.5-year review.	This is the last check/contact with the Health Visiting service and provides the opportunity to ensure that the child is developing and is fit and well. Essential for development assessment and identifying potential risks along with providing support and interventions as necessary	51% (increases to **61%** if including those seen after 2.5 yrs)	41% (increases to **51%** if including those seen after 2.5 yrs)	N/A - dataset to be published Nov 2022 20/21 = 59%	48% (increases to **60%** if including those seen after 2.5 yrs)
% Of infants breast feeding at 6-8 weeks (need to achieve 95%	Breastfeeding is important for a range of outcomes for the mother and child. It is encouraged as it protective against infection and obesity.	55%	52%	N/A - dataset to be published Nov 2022	52%

coverage to pass validation).				20/21 values suppressed due to data validation	

Comments on performance

As part of the response to the pandemic and as a mitigation measure to alleviate capacity pressures within the service it was agreed to allow stretch targets against the NBV (extended to 21 days) and 6-8 week check (extended to 12 weeks), to maximise the number of families being seen and best space out touchpoints with health professionals in the early postnatal period. Capacity challenges within the service has meant that the trajectory to get these back in line have taken longer than anticipated but commissioners are working hard with the provider to explore measures to address this such as community catch-up clinics as appropriate and continue to monitor the position closely.

All NBV and 6-8 week contacts are offered 'in person' in the home, although on some occasions for universal families, for the 6-8 week check there is the option of a Video consultation for the public health messaging part of the assessment, then bring to a clinic appointment for physical baby assessment if the home visit is not deemed suitable or service user choice. A large majority of families are receiving these contacts, however at present many of these take place slightly outside of the mandated timescales.

In Cambridge City and Peterborough, the provider is trialling a new approach to the 2-2.5yr check with colleagues from Child & Family Centres supervised by Health visitors for ‘universal’ (no risk factors) families. Performance against the 2-2.year review is going to be a priority focus within the 2022/23 Annual Development plan and there is a commitment to bringing this to target level by the 2022/23 year end as there is acknowledgement of the importance of this contact as this is the first cohort of infants born in lockdown.

The impact of the pandemic on breastfeeding rates is still being worked through, however locally we have seen a significant increase in demand for support by the HCP Infant Feeding Team and feeding issues are among the most common issues via the Text Us/Call Us. To address this, we have increased capacity within this team to enable more women to be supported with feeding issues. There continues to be substantial variations in breastfeeding prevalence rates across the county, with rates worse in the north. To support addressing these issues, PCC and CCC have extended the NCT Peterborough & Fenland Breastfeeding Peer Support service for a further 6 months, until October 2023, whilst broader system work is undertaken to develop and implement the county-wide Infant Feeding Strategy and Peterborough Family Hubs Delivery Plan, as there is investment into community breastfeeding support as a protected part of the Family Hubs funding and we are working with partners to explore how this could be best utilised to improve provision. These activities will inform future commissioning intentions.

4. Alignment with corporate priorities

4.1 Environment and Sustainability

There are no significant implications for this priority.

4.2 Health and Care

The indicators detailed here provide a comprehensive overview of performance in key priority areas and will enable appropriate oversight and management of performance once regular reporting begins.

4.3 Places and Communities

There are no significant implications for this priority.

4.4 Children and Young People

There are no significant implications for this priority.

4.5 Transport

There are no significant implications for this priority.

5. Source documents

5.1 Source documents

None

Adults and Health Policy and Service Committee Agenda Plan

Updated 26 September 2022

Notes

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

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

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

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
05/10/22	Re-commissioning of Adult and Young People's Drug and Alcohol Services	V Thomas	2022/066	23/09/22	27/09/22
	Cambridgeshire and Peterborough Foundation Trust (CPFT) Section 75 Agreement: Occupational Therapy Service	D Mackay	2022/040		
	Learning Disability Partnership Section 75 Agreement Refresh and Development	T Bawden	2022/028		
	Commissioning Behavioural Insights Research and Campaigns	V Thomas	2022/089		
	Adult Social Care Reforms (inc Fair Cost of Care)	D McQuade/W Patten	Not applicable		
	Business Planning	W Patten/ J Atri	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
	Winter Preparation Plan	J Atri	Not applicable		
	Finance Monitoring Report	J Hartley	Not applicable		
	Performance Report	T Barden	Not applicable		
	Scrutiny Items				
	NHS Green Strategy Policy - ICS	I Green	Not applicable		
	Children and Young People's Mental Health – Access to Support	K Goose/J Peberdy S Katsukunya/ B Green	Not applicable		
	Cambridge University Hospital NHS Trust – Update on CQC Inspection Report	R Sinker/I Walker	Not applicable		
15/12/22	Place Based Homecare Model in East Cambridgeshire (Care Together)	R Miller/ S Torrance	2022/016	02/12/22	07/12/22
	Rapid Discharge and Transition Homecare Block Provision	R Miller	2022/102		
	Healthy Weight Strategy	V Thomas	2022/030		
	Cardiovascular Disease Prevention Strategy	V Thomas	2022/072		
	Public Health Mental Health Strategy	K Hartley	2022/032		
	Insourcing of staffing at a supported living service near Huntingdon	T Bawden	2022/037		
	Business Planning	W Patten/ J Atri	Not applicable		
	Finance Monitoring Report	J Hartley	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
	Adults Self Assessment	D McQuade	Not applicable		
	Annual Safeguarding Board Report	J Procter	Not applicable		
	Risk Register	D Revens	Not applicable		
	Scrutiny Items				
Provisional	Primary care Networks – place-based commissioning	ICS - TBC	Not applicable		
Provisional	Follow up with Learning Disability Summit	LD - TBC	Not applicable		
Provisional	All-age Autism Strategy	CPFT - TBC	Not applicable		
12/01/23 Reserve Date				TBC	04/01/23
09/03/23	Independent Living Services	K Russell-Surtees	2023/005	24/02/21	01/03/23
	Public Health Report - TBC	J Atri	Not applicable		
	Adults Social Care Service User Survey Feedback	D McQuade	Not applicable		
	Finance Monitoring Report	J Hartley	Not applicable		
	Scrutiny Items				
Provisional	Commissioning of Dentistry in Cambridgeshire	NHS E / I - TBC	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
27/04/23 Reserve Date				14/04/23	19/04/23

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

Adults and Health Committee Training Plan 2021/22

Below is an outline of topics for potential training committee sessions and visits for discussion with the new Adults and Health Committee.

The Adults & Health Committee induction recording can be sent to Members by contacting democraticservices@cambridgeshire.gov.uk

Suggested dates	Timing	Topic	Presenter	Location	Notes	Attendees
Thursday 28 October 10:00 - 11:00 Virtual Teams meeting	1 hour	Public Health and the COVID-19 pandemic – roles and responsibilities Local Outbreak Management Plan	Deputy Director of Public Health (CCC) and consultant leads Cell leads / Surveillance	This will be an interactive session in relation to Outbreak Management In addition, in this session you have the opportunity to talk to staff involved in outbreak control including the contact centre staff who provide support to those self-isolating	**PH session: Hold in PH & Members' Diary** Minimum attendance of 4 members	**Cancelled due to lack of bookings**
Friday 29 October 15:00 - 16:00 Virtual Teams meeting	1 hour	Introduction to Children and Young People's Public Health Commissioning	Public Health Consultant lead – Children and Young People – Raj Lakshman	Virtual	**PH session: Hold in PH & Members' Diary** Children's Committee to be invited	Cllr Bryony Goodliffe Cllr Philippa Slatter Cllr Edna Murphy Cllr Hay
Thursday 11 November 10:00 - 12:00	2 hours	Introduction to Health Improvement and Public Health Commissioning	Deputy Director of Public Health (CCC) Public Health Joint Commissioning Unit (JCU) PH	Virtual introduction into public health commissioning	**PH session: Hold in PH & Members' Diary**	Cancelled, lack of bookings

Suggested dates	Timing	Topic	Presenter	Location	Notes	Attendees
Virtual Teams meeting			Commissioning Team Leads		Maximum attendance of 3 Members, can be arranged on request	
Thursday 11 November 9.00 – 10.00	1 hour	Overview of Transfers of Care, the role of the Transfers of Care Team and an overview of Brokerage: - What is 'discharge to assess'? - How the service works - how many people we support and some case examples?	Head of Transfers of Care, Head of Brokerage, Contracts & Quality Improvement	Virtual Teams meeting	**ASC Session:** Minimum attendance of 4 Members	Cancelled, lack of bookings
Wednesday 17 November 13:00 to 14:00	1 hour	Overview of Public Mental Health and Mental Health Services and the role of Social Care including an overview of commissioning related to Mental Health. Some examples of the current people we support	Trust Professional Lead for Social Work, CPFT Senior Commissioner: Prevention, Early Intervention and Mental Health Public Health Consultant lead for Mental Health	Virtual	**PH Session:** Minimum attendance of 4 members	**Cllr Edna Murphy**

Suggested dates	Timing	Topic	Presenter	Location	Notes	Attendees
Thursday 18 November **10:00 to 11:00**	1 hour	Introduction of Public Health Intelligence (PHI) – information for Public Health and Public Heath Inequalities	Deputy Director of Public Health (PCC) PHI lead and Team	Virtual Interactive	**Holds in the PH and Members' Diary**	Cancelled – only one member booked on
Thursday 18 November 11.00 – 12.00	1 hour	An overview of Adult Social Care Finance to include Charging policy and Direct Payments	Strategic Finance Manager, Head of Adults Operational Finance, Public Health	Virtual	**Finance Session** Minimum attendance of 4 Members	Cancelled, lack of bookings

Monday 22 November Amundsen House 9.30 – 12.00 Scott House 13.00 – 16.00	1 day or 2 half days	Overview of the Adult Social Care Customer Journey including Prevention & Early Intervention Services and Long-Term Complex Services. At this session you will start the day at Amundsen House and be introduced to our Prevention & Early Intervention services, where many of our customers start their journey. You will have the opportunity to listen into live calls and get to know more about Adult Early Help, Reablement and Technology. In the afternoon, you will visit our Social Work Teams for Older People and the Learning Disability partnership in Scott House and have the opportunity to experience case work.	Head of Prevention & Early intervention, Head of Assessment & Care Management, Social Work Teams	Amundsen House & Scott House	**ASC Session:** Maximum attendance of 4 Members & can be arranged on request	Attended by Cllr Susan Van De Ven Cllr Adela Costello Cllr Philippa Slatter

Suggested dates	Timing	Topic	Presenter	Location	Notes	Attendees
Thursday 25 November Amundsen House 9.30 – 12.00 Scott House 1pm – 4.30pm		As above				Cancelled, lack of bookings
Thursday 10 March 9.30am – 12.00pm & 1pm – 4.00pm		As above		Virtual		Cllr Graham Wilson Cllr Anne Hay
Monday 20th June 10am – 12pm & 1pm – 3pm		As above		Amundsen House & Scott House		Cllr Richard Howitt Cllr Susan van de Ven Cllr Claire Daunton (am only) Cllr Graham Wilson

Suggested dates	Timing	Topic	Presenter	Location	Notes	Attendees
Thursday 25 November 10:00 - 11:00	1 hour	Introduction Public Health and Prevention Primary Prevention Healthy Aging and Falls Prevention Mental Health	Deputy Director of Public Health (CCC) Public Health Consultant leads Adults & Social Care, Mental Health. Team Manager (Health in All Policies) Senior Public Health Manager Partnerships	Virtual	**PH Session:** Hold in PH & Members' Diary	**Cancelled due to lack of bookings**
Thursday 25 November 14.30 – 16.00	1 ½ hours	Introduction to Health Protection and Emergency Planning	Deputy Director of Public Health (PCC) Public Health Consultant lead TBC Senior Public Health Manager (Emergency Planning and Health Protection)	Virtual Interactive	**PH session:** Emmeline Watkins With Tiya Balaji Minimum attendance of 4 members	**Cancelled due to lack of bookings**

Tuesday 30 November	1 hour	Introduction to Integrated Care Systems	Jan Thomas (CCG appointed to CEO ICS)	Virtual	**PH session:**	Cllr Michael Atkins T Cllr Lynne Ayres A Cllr Gerri Bird T Cllr Ray Bisby A Cllr Sandra Bond A Cllr Shazia Bashir A Cllr Alex Bulat T Cllr Simon Bywater T Cllr Sam Clark T Cllr Adela Costello A Cllr Piers Coutts T Cllr Steve Criswell T Cllr Douglas Dew T Cllr Corinne Garvie A Cllr Jenny Gawthorpe Wood T Cllr Bryony Goodliffe T Anne Hay Cllr T Cllr Peter Hillier A Mark Howell Cllr A Cllr Richard Howitt T Cllr Elisa Meschini T Cllr Edna Murphy T Cllr Lucy Nethsingha T Cllr Lucinda Robinson A Cllr Brian Rush A Cllr Oliver Sainsbury A Cllr Tom Sanderson T Cllr Philippa Slatter A Cllr Ambrose Smith A Cllr Simone Taylor A Cllr Bryan Tyler A Cllr Susan van de Ven T Cllr Graham Wilson A

Suggested dates	Timing	Topic	Presenter	Location	Notes	Attendees
On request **November**	2 hours	Introduction to Health Improvement and Public Health Commissioning	Deputy Director of Public Health (CCC) Public Health Joint Commissioning Unit (JCU) PH Commissioning Team Leads	In this session, you will start at Scott House prior to visiting the Drug and Alcohol Service or Lifestyle services	**PH Session:** Maximum of 4 members to be arranged on request	
November Date to be confirmed External session	**TBC**	Introduction to Scrutiny	Director of Public Health Head of Public Health Business Programmes	Virtual	**Dem services** Minimum attendance of 4 members	
November Date to be confirmed External Session	**TBC**	Introduction to the Integrated Care System	Partners from the ICS /NHS will be leading this session for members of scrutiny committees across Cambridgeshire & Peterborough	Virtual	**Externally Lead** Minimum attendance of 4 members	

Suggested dates	Timing	Topic	Presenter	Location	Notes	Attendees
On request	1 hour + visit	Adult Safeguarding and Making Safeguarding Personal. An overview of how Safeguarding works and the role of the Multi Agency Safeguarding Hub (MASH)	Assistant Director of Safeguarding, Quality & Practice	Virtual or Stanton House and could include a visit to the MASH in God-Manchester	**ASC Session:** Maximum attendance of 4 Members, to be arranged on request	
On request **Monday 1 November** 11.00 – 13.00 **Thursday 3 March** 2pm – 4pm	90 mins	Overview of the Learning Disability Partnership (LDP) including an overview of commissioning related to Learning Disability including: - Adults & Autism - 0-25 Young Adults Team - Preparation for Adulthood - Housing and Accommodation - Day Opportunities- in house provision and external - Carers Direct Payments and Personal Health Budgets	Head of Learning Disability Partnership, Head of Commissioning Adults Social Care, Mental Health and Learning Disabilities, Senior Commissioner LDP	Scott House or Virtual, this could also include a visit to one of our In-House Provider settings	**ASC Session:** Maximum attendance of 4 Members, to be arranged on request	**Cllr Graham Wilson** **Cllr Bryony Goodliffe** **Cllr Anne Hay**

GLOSSARY OF TERMS / TEAMS ACROSS ADULTS & COMMISSIONING

More information on these services can be found on the Cambridgeshire County Council Website:
https://www.cambridgeshire.gov.uk/residents/adults/

ABBREVIATION/TERM	NAME	DESCRIPTION
COMMON TERMS USED IN ADULTS SERVICES		
Care Plan	Care and Support Plan	A Care and Support plans are agreements that are made between service users, their family, carers and the health professionals that are responsible for the service user's care.
Care Package	Care Package	A care package is a combination of services put together to meet a service user's assessed needs as part of a care plan arising from a single assessment or a review.
DTOC	Delayed Transfer of Care	These are when service users have a delay with transferring them into their most appropriate care (ie; this could be from hospital back home with a care plan or to a care home perhaps)
KEY TEAMS		
AEH	Adults Early Help Services	This service triages requests for help for vulnerable adults to determine the most appropriate support which may be required
TEC	Technology Enabled Care	TEC team help service users to use technology to assist them with living as independently as possible
OT	Occupational Therapy	
ASC	Adults Social Care	This service assesses the needs for the most vulnerable adults and provides the necessary services required
Commissioning	Commissioning Services	This service provides a framework to procure, contract and monitor services the Council contract with to provide services such as care homes etc.
TOCT	Transfer of Care Team (sometimes Discharge Planning)	This team works with hospital staff to help determine the best care package / care plan for individuals being discharged from hospital back home or an appropriate placement elsewhere
LDP	Learning Disability Partnership	The LDP supports adults with learning disabilities to live as independently as possible
MASH	Multi-agency Safeguarding Hub	This is a team of multi-agency professionals (i.e. health, Social Care, Police etc) who work together to assess the safeguarding concerns which have been reported

ABBREVIATION/TERM	NAME	DESCRIPTION
MCA DOLs Team	Mental Capacity Act Deprivation of Liberty Safeguards (DOLS)	When people are unable to make decisions for themselves, due to their mental capacity, they may be seen as being 'deprived of their liberty'. In these situations, the person deprived of their liberty must have their human rights safeguarded like anyone else in society. This is when the DOLS team gets involved to run some independent checks to provide protection for vulnerable people who are accommodated in hospitals or care homes who are unable to no longer consent to their care or treatment.
PD	Physical Disabilities	PD team helps to support adults with physical disabilities to live as independently as possible
OP	Older People	OP team helps to support older adults to live as independently as possible
Provider Services	Provider Services	Provider Services are key providers of care which might include residential homes, care homes, day services etc
Reablement	Reablement	The reablement team works together with service-users, usually after a health set-back and over a short-period of time (6 weeks) to help with everyday activities and encourages service users to develop the confidence and skills to carry out these activities themselves and to continue to live at home
Sensory Services	Sensory Services	Sensory Services provides services to service users who are visually impaired, deaf, hard of hearing and those who have combined hearing and sight loss
FAT	Financial Assessment Team	The Financial Assessment Team undertakes assessments to determine a person's personal contribution towards a personal budget/care
AFT	Adult Finance Team	The Adult Finance Team are responsible for loading services and managing invoices and payments
D2A	Discharge to Assess	This is the current COVID guidance to support the transfer of people out of hospital.
Carers Triage	Carers Triage	A carers discussion to capture views and determine outcomes and interventions such as progress to a carers assessment, what if plan, information, and/or changes to cared for support
DP	Direct Payment	An alternative way of providing a person's personal budget
DPMO	Direct Payment Monitoring Officer	An Officer who audits and monitors Direct Payments
Community Navigators	Community Navigators	Volunteers who provide community-based advice and solutions

GLOSSARY OF TERMS / TEAMS ACROSS PUBLIC HEALTH

ABBERVIATION/TERM	DESCRIPTION
Common Terms Used in Public Health	
Accreditation	The development of a set of standards, a process to measure health department performance against those standards, and some form of reward or recognition for those agencies meeting the standards.
Assessment	One of public health's three core functions. The regular collection, analysis and sharing of information about health conditions, risks, and resources in a community. Assessment is needed to identify health problems and priorities and the resources available to address the priorities.
Assurance	One of the three core functions in public health. Making sure that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services. The services are assured by encouraging actions by others, by collaboration with other organisations, by requiring action through regulation, or by direct provision of services.
Bioterrorism	The intentional use of any microorganism, virus, infectious substance, or biological product that may be engineered as a result of biotechnology, or any naturally occurring or bio-engineered component of any such microorganism, virus, infectious substance, or biological product, to cause death disease, or other biological malfunction in a human, an animal, a plant, or another living organism in order to influence the conduct of government or to intimidate or coerce a civilian population
Capacity	The ability to perform the core public health functions of assessment, policy development and assurance on a continuous, consistent basis, made possible by maintenance of the basic infrastructure of the public health system, including human, capital and technology resources.
Chronic Disease	A disease that has one or more of the following characteristics: it is permanent, leaves residual disability, is caused by a non-reversible pathological alteration, requires special training of the patient for rehabilitation, or may be expected to require a long period of supervision, observation or care.
Clinical Services/Medical Services/Personal Medical Services	Care administered to an individual to treat an illness or injury.

ABBERVIATION/TERM	DESCRIPTION
Determinants of health	The range of personal, social, economic and environmental factors that determine the health status of individuals or populations
Disease	A state of dysfunction of organs or organ systems that can result in diminished quality of life. Disease is largely socially defined and may be attributed to a multitude of factors. Thus, drug dependence is presently seen by some as a disease, when it previous was considered to be a moral or legal problem.
Disease management	To assist an individual to reach his or her optimum level of wellness and functional capability as a way to improve quality of health care and lower health care costs.
Endemic	Prevalent in or peculiar to a particular locality or people.
Entomologist	An expert on insects
Epidemic	A group of cases of a specific disease or illness clearly in excess of what one would normally expect in a particular geographic area. There is no absolute criterion for using the term epidemic; as standards and expectations change, so might the definition of an epidemic, such as an epidemic of violence.
Epidemiology	The study of the distribution and determinants of diseases and injuries in human populations. Epidemiology is concerned with the frequencies and types of illnesses and injuries in groups of people and with the factors that influence their distribution.
Foodborne Illness	Illness caused by the transfer of disease organisms or toxins from food to humans.
Health	The state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity. Health has many dimensions-anatomical, physiological and mental-and is largely culturally defined. Most attempts at measurement have been assessed in terms of morbidity and mortality
Health disparities	Differences in morbidity and mortality due to various causes experience by specific sub-populations.
Health education	Any combination of learning opportunities designed to facilitate voluntary adaptations of behaviour (in individuals, groups, or communities) conducive to health.
Health promotion	Any combination of health education and related organizational, political and economic interventions designed to facilitate behavioural and environmental adaptations that will improve or protect health.
Health status indicators	Measurements of the state of health of a specific individual, group or population.
Incidence	The number of cases of disease that have their onset during a prescribed period of time. It is often expressed as a rate. Incidence is a measure of morbidity or other events that occur within a specified period of time. See related prevalence
Infant Mortality Rate	The number of live-born infants who die before their first birthday per 1,000 live births.

ABBERVIATION/TERM	DESCRIPTION
Infectious	Capable of causing infection or disease by entrance of organisms (e.g., bacteria, viruses, protozoan, fungi) into the body, which then grow and multiply. Often used synonymously with “communicable
Intervention	A term used in public health to describe a program or policy designed to have an effect on a health problem. Health interventions include health promotion, specific protection, early case finding and prompt treatment, disability limitation and rehabilitation.
Infrastructure	The human, organizational, information and fiscal resources of the public health system that provide the capacity for the system to carry out its functions.
Isolation	The separation, or the period of communicability, of known infected people in such places and under such condition as to prevent or limit the transmission of the infectious agent.
Morbidity	A measure of disease incidence or prevalence in a given population, location or other grouping of interest
Mortality	A measure of deaths in a given population, location or other grouping of interest
Non-infectious	Not spread by infectious agents. Often used synonymously with “non-communicable”.
Outcomes	Sometimes referred to as results of the health system. These are indicators of health status, risk reduction and quality of life enhancement.
Outcome standards	Long-term objectives that define optimal, measurable future levels of health status; maximum acceptable levels of disease, injury or dysfunction; or prevalence of risk factors.
Pathogen	Any agent that causes disease, especially a microorganism such as bacterium or fungus.
Police Power	A basic power of government that allows restriction of individual rights in order to protect the safety and interests of the entire population
Population-based	Pertaining to the entire population in a particular area. Population-based public health services extend beyond medical treatment by targeting underlying risks, such as tobacco, drug and alcohol use; diet and sedentary lifestyles; and environmental factors.
Prevalence	The number of cases of a disease, infected people or peoplewith some other attribute present during a particular interval of time. It often is expressed as a rate.
Prevention	Actions taken to reduce susceptibility or exposure to health problems (primary prevention), detect and treat disease in early stages (secondary prevention), or alleviate the effects of disease and injury (tertiary prevention).

ABBERVIATION/TERM	DESCRIPTION
Primary Medical Care	Clinical preventive services, first contact treatment services and ongoing care for commonly encountered medical conditions.
Protection	Elimination or reduction of exposure to injuries and occupational or environmental hazards.
Protective factor	An aspect of life that reduces the likelihood of negative outcomes, either directly or by reducing the effects of risk factors.
Public Health	Activities that society does collectively to assure the conditions in which people can be healthy. This includes organized community efforts to prevent, identify, pre-empt and counter threats to the public's health.
Public Health Department	Local (county, combined city-county or multi- county) healthy agency, operated by local government, with oversight and direction from a local board of health, which provides public health services throughout a defined geographic area.
Public Health Practice	Organisational practices or processes that are necessary and sufficient to assure that the core functions of public health are being carried out effectively.
Quality assurance	Monitoring and maintaining the quality of public health services through licensing and discipline of health professionals, licensing of health facilities and the enforcement of standards and regulations.
Quarantine	The restriction of the activities of healthy people who have been exposed to a communicable disease, during its period of communicability, to prevent disease transmission during the incubation period should infection occur.
Rate	A measure of the intensity of the occurrence of an event. For example, the mortality rate equals the number who die in one year divided by the number at risk of dying. Rates usually are expressed using a standard denominator such 1,000 or 100,000 people.
Risk Assessment	Identifying and measuring the presence of direct causes and risk factors that, based on scientific evidence or theory, are thought to directly influence the level of a specific health problem.
Risk Factor	Personal qualities or societal conditions that lead to the increased probability of a problem or problems developing.
Screening	The use of technology and procedures to differentiate those individuals with signs or symptoms of disease from those less likely to have the disease.
Social Marketing	A process for influencing human behaviour on a large scale, using marketing principles for the purpose of societal benefit rather than for commercial profit.
Social Norm	Expectations about behaviour, thoughts or feelings that are appropriate and sanctioned within a particular society. Social norms can play a powerful role in the health status of individuals.

ABBERVIATION/TERM	DESCRIPTION
Standards	Accepted measure of comparison that have quantitative or qualitative value.
State Health Agency	The unit of state government that has leading responsibility for identifying and meeting the health needs of the state's citizens. State health agencies can be free standing or units of multipurpose health and human service agencies.
Surveillance	Systematic monitoring of the health status of a population.
Threshold Standards	Rate or level of illness or injury in a community or population that, if exceeded, call for closer attention and may signal the need for renewed or redoubled action.
Years of Potential Life lost	A measure of the effects of disease or injury in a population that calculates years of life lost before a specific age (often ages 64 or 75). This approach places additional value on deaths that occur at earlier ages.
Health and Care Organisations in Cambridgeshire & Peterborough	
CAMHS	Community Child and Adolescent Mental Health Services https://www.mind.org.uk/information-support/for-children-and-young-people/understanding-camhs/?gclid=EAIaIQobChMIr_P53PKW8QIV_4FQBh1GmgBYEAAYASAAEgI2Q_D_BwE
CAPCCG	Cambridgeshire and Peterborough Clinical Commissioning Group https://www.cambridgeshireandpeterboroughccg.nhs.uk
CCC	Cambridgeshire County Council https://www.cambridgeshire.gov.uk
CCS	Cambridgeshire Community Services NHS Trust http://www.cambscommunityservices.nhs.uk/
CHUMS	Mental Health & Emotional Wellbeing Service for Children and Young People http://chums.uk.com/
CPFT	Cambridgeshire and Peterborough NHS Foundation Trust (Mental health, learning disability, adult community services and older people's services) http://www.cpft.nhs.uk/
CQC	Care Quality Commission (The independent regulator of health and social care in England) http://www.cqc.org.uk/
CUH	Cambridge University Hospitals NHS Foundation Trust (Addenbrooke's and the Rosie) https://www.cuh.nhs.uk
EEAST	East of England Ambulance Service NHS Trust http://www.eastamb.nhs.uk

ABBERVIATION/TERM	DESCRIPTION
HH	Hinchingbrooke Hospital (Provided by North West Anglia NHS Foundation Trust – NWAFT) https://www.nwangliaft.nhs.uk
HUC	Herts Urgent Care (provide NHS 111 and Out of Hours) https://hucweb.co.uk/
ICS	Integrated Care Systems
Helpful NHS Terminology Links	
https://www.nhsconfed.org/acronym-buster	The NHS uses a number of acronyms when describing services this acronym buster may be of some help.
https://www.kingsfund.org.uk/audio-video/how-does-nhs-in-england-work	The Kings Fund have produced a good video explaining how the NHS in England works. The Kings Fund website in general contains many resources which you may find helpful.
https://www.england.nhs.uk/learning-disabilities/	NHS terms used in the field of disabilities
https://www.thinklocalactpersonal.org.uk/Browse/Informationandadvice/CareandSupportJargonBuster/	Think Local Act Personal jargon buster search engine for health and social care.

Children and Young People's Mental Health – Access to Support.

To:	Adults and Health Committee
Meeting Date:	5 October 2022
From:	NHS Cambridgeshire and Peterborough Integrated Care Board
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	N/A
Outcome:	The Adults and Health Committee are asked to note the report and the challenges facing children and young people's mental health provision.
Recommendation:	Adults and Health Committee are recommended to: Note the content of this report along with current challenges that are facing children and young people's mental health provision.

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1. Background

1.1 This report is submitted to the Adult and Health Committee to provide information and assurance regarding the delivery of mental health support for children and young people. Specially the issue of waiting times for support and how the local system is responding and addressing any waits for support. This report is a follow up to a report presented in March 2022 Document.ashx (cmis.uk.com) which detailed the various services currently available. This report will not repeat that information, however this report will provide updated service level information.

1.2 The committee is asked to acknowledge the local and national increases in demand and complexity of need for mental health support. Prevalence of Children and Young People's Mental Health (CYPMH) has increased from 1 in 10 Children and young people (CYP) in 2004, to 1 in 9 in 2017, to 1 in 6 in 2021. This increased need has impacted access to support as has the workforce challenges.

1.3 The committee is asked to note the information within this report and that a service presentation will accompany the report when presented at the committee meeting.

2 **Main Issues**

2.1 Children and young people's mental health has seen an increase in prevalence over the past 16 years, as noted in paragraph 1.2 of this report. This increase in prevalence between 2017 and 2021 equates to an estimated additional 8,200 children and young people having developed mental health problems since the covid pandemic in Cambridgeshire and Peterborough.

2.2 In addition to the increased need and prevalence of mental health problems the committee is also asked to note the current funding position in Cambridgeshire and Peterborough. The Mental health planning for 2022/23 shows that Cambridgeshire and Peterborough ICS is spending £10 per head on children and young people's mental health (excluding learning disabilities) against an England average of £12 per head.

2.3 This investment below the national average impacts on the capacity of services to deliver support. Cambridgeshire and Peterborough ICB are committed to continuing to invest in children and young people's mental health and utilise funding opportunities when they become available.

2.4 Resource constraints can affect services abilities to recruit and retain workforce which impacts service delivery. Retention is an issue and within CPFT current there is a 14% vacancy rate across the children, young people, and family's directorate. The challenges of workforce are not unique to Cambridgeshire and Peterborough and providers have plans in place to ensure they can continue to recruit staff and retain those with skills within the system. In addition to this the ICB and NHSE are continuing to provide training and development opportunities to ensure there is the required level and skill of workforce. However, the committee is asked to note that this is an ongoing area of concern and the cost-of-living issues currently being experienced is impacting on the workforce, particularly the voluntary sector but also in areas of the county with higher living costs.

2.5 The challenges of funding, workforce, demand and ability to meet the needs of our population is an issue that is known and there is work being undertaken to address this. A new children and young people's mental health strategy[1] has been developed and this compliments and builds upon a transformation programme that is being undertaken to improve the provision of both early intervention and specialist support.

3 Service delivery

3.1 The spectrum of emotional wellbeing and mental health need and support is broad and there are a large number of services that contribute to this system of support for children and young people. The committee is asked to note that to fully support a child and family requires a range of support from prevention activities, early intervention to specialist services. Appendix A detail some of the prevention activities which are mainly commissioned and assured through Public Health. This report will note a few key areas of this work.

3.2 Chat health is delivered by the healthy child programme and provides a texting service, with the main reason for use is emotional wellbeing concerns. This service received 9,644 messages during 2021/22. The healthy child programme also delivered targeted support to 430 CYP with a primary need of emotional wellbeing. The healthy schools service works with schools and supported them in a number of ways, including 34 schools supported to undertake a mental health training needs analysis, 72 schools were represented at mental health competency webinars and 165 schools have accessed personal development materials to support development of resilience skills.

3.3 In addition to the above support, Cambridgeshire Community Services are commissioned to provide support through the Emotional health and wellbeing service, which includes emotional health and wellbeing practitioners, children's wellbeing practitioners and mental health support teams in schools. Below details the current activity information for these services.

Emotional health and wellbeing practitioners' data – April 21 – March 22
643 professional consultations
96 education staff offered staff support sessions
5 local services webinars, covering 19 services, attended by 623 professionals
135 training places offered

Children's Wellbeing Practitioners (CWP) data – April 21 – March 22
221 assessments
540 contacts with children and young people
7 CWP trained over 3 years

Mental health support teams in schools 22/23 Q1 data

	Cambridge	Huntingdon	Peterborough 1	Fenland / Wisbech	Peterborough 2	Fenland March Whittlesey
How many education settings have you delivered a MHST	15	21	17	16	12	18

[1] https://www.cpics.org.uk/children-and-maternity

service to in this quarter?						
Out of these settings, how many have you supported in the delivery of whole school/college approach activities/interventions to this quarter?	15	19	12	12	9	16
Out of these settings, how many have you supported with advice and/or liaison with specialist services this quarter?	14	14	13	8	9	11
Out of these settings, how many made a referral this quarter?	15	16	13	12	11	17

3.4 Access to the Emotional health and wellbeing practitioners is through a new online consultation booking scheme which enables school staff to book a slot convenient to them and currently these are available within 7 – 10 days. Requests for training within schools are responded to promptly and aim for within 1 week.

3.5 YOUnited is a new partnership of service delivery between Cambridge and Peterborough Foundation NHS Trust (CPFT), Cambridgeshire Community Services, Centre 33, and Ormiston Families. The service commenced in July 2021 and provides a central referral hub for early intervention and specialist mental health pathways. Currently the hub Is available for professionals to refer Children and young people. These referrals are assessed and allocated to the most relevant level of support. This includes Ormiston families to deliver the 12 years and under pathways. Centre 33 to deliver support for those 13 – 25 years. CPFT to provide specialist CAMH services. This support could be advice, guidance, one to one interventions, group support, a range of digital solutions which are supported by a practitioner, or specialist child and adolescent mental health support, including neurodevelopmental pathways and eating disorder service. YOUnited is currently available for professionals only to make contact to have a discussion for non-crisis cases. Young people aged 13 – 25 years can self-refer direct to Centre 33 if prefer.

3.6 YOUnited commenced service delivery in the context of services continuing to work with COVID restrictions. A limited mobilisation period impacted the number recruited at contract commencement. The new partnership approach and bringing together of four organisations with different regulations, cultures and infrastructures was a challenge. This was further impacted by a waiting list inherited from the previous early intervention provider and the continual flow of specialist referrals for CAMH services. As a result, YOUnited ability to deliver the level of support required and desired by CYP and their families, the providers, their workforce and by commissioners in the system has been challenging.

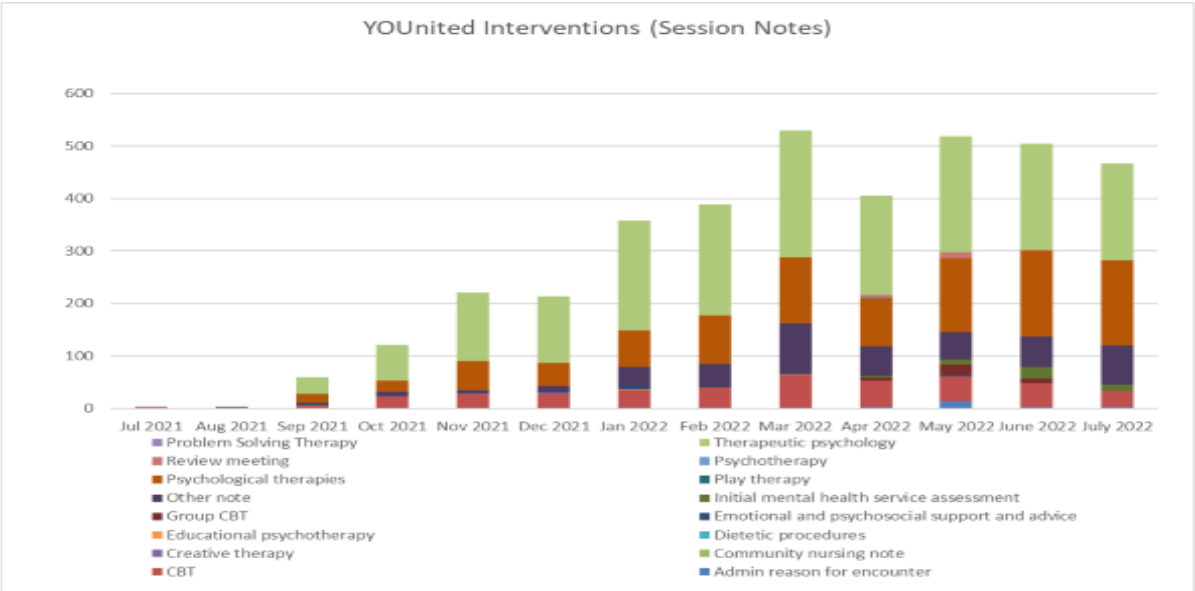
3.7 The committee are asked to note the following service level information and that further details will be provided within the presentation which will accompany this report at the committee meeting.

3.8 Referrals: As noted there is increasing demand, and this is seen within the referral numbers. The chart below details the current data for access to services from YOUnited and the neurodevelopmental pathways.

Service	Referrals	Waiting times
YOUnited (includes early intervention and specialist CAMHS)	Average referral per month 648 Range 1061 to 352	CAMHS is 33 weeks
ADHD	Since December 2021 the service has seen an increase in referrals above the mean of 34 per month with a peak in June 22 at 65 referral.	The longest current wait for ADHD services in 41 weeks
ASD	The number of referrals received by the ASD service has increased since July 2021 and stayed above the mean An increase since March 2022 showing average referrals of 55 per month com parted to an average of 32 between October 2020 to Feb 2022) A maximum of 68 referrals in March 2022 and July 2022.	Longest wait is 43 weeks and has an appointment offered for 18/10/22

3.9 This information demonstrates the increased demand on services and the longest times children and young people are waiting for support. This varies between the care pathways. The information provided in the charts below aim to assure the committee of the number of children and young people receiving interventions and also the range of these interventions.

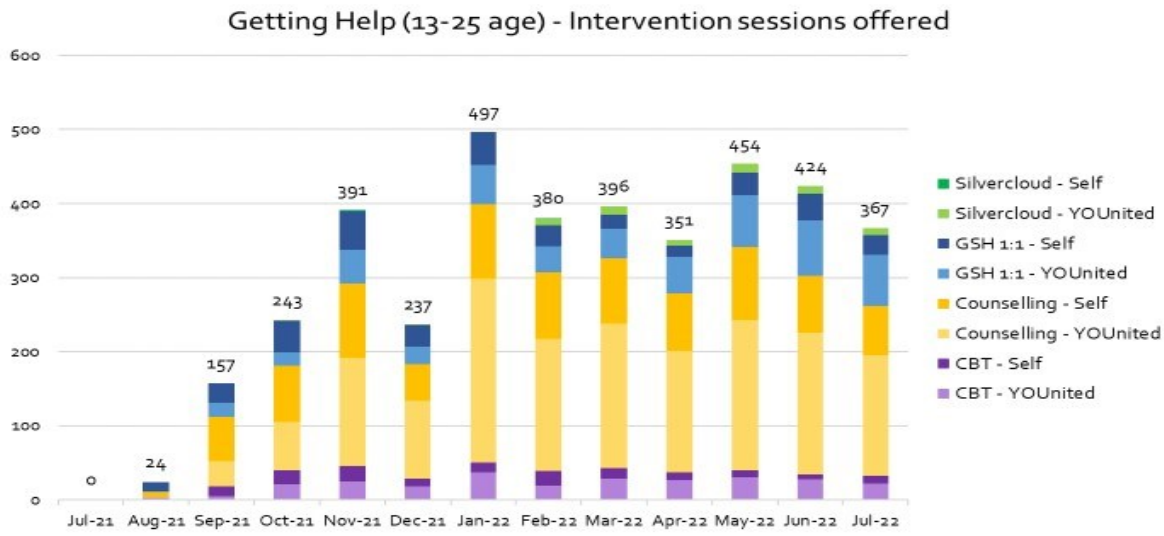
Below is the number of interventions provided by Ormiston Families (12 years and under)



Does not include C33 data which is shown on slide10

Data Source Mi Reports CPFT

Below is the range and numbers of interventions offered by Centre 33 (13 – 25)



DNA/YP Cancellation rates: 20%
Does not include group work, check in calls & risk work sessions

Data Source Charity Log C33

3.10 The system is aware of the challenges and has a set of measures in place to address them including a weekly waiting list meeting to review those on the list and their current risk profile.

3.11 Data has been and continues to be a challenge to ensure services have oversight of the children waiting, a data cleansing process is in place to ensure the figures accurately reflect the current position and demand for support at the different levels.

3.12 The YOUnited partnership have recently held a learning event to review the way the partnership is working, reviewing the processes to identify how to make the flow of children and young people better and timelier. This learning and development of the service will continue, to ensure the best outcomes for children and young people.

3.13 In addition to system challenges one area this report wishes to highlight to the committee is the balance of timeliness and choice. As noted, the demand is great and the resources limited, options for support are varied to balance this demand / capacity gap. CYP are offered a range of interventions including group sessions, on-line support, and on-line counselling. Due to the nature of these interventions, they can be delivered at scale and quicker. However, people do choose for a range of reasons to have one to one support, either counselling or Cognitive behavioural therapy (CBT) which requires an increased workforce to deliver this resulting in a longer wait for this type of support. The evidence base for groups, on-line support is valid and therefore part of the solution is how we can ensure professionals and families are aware of these options. YOUnited are developing options grids to enhance the discussion of the type of interventions that can meet a person's needs. The aim being to help facilitate the benefits of the wide range of intervention and help people understand the impact of choosing one over another in regard to the wait for support. In addition, YOUnited are commencing a pilot of single session

therapy. This evidence based comprehensive assessment at the first interaction will be sufficient to support majority of people however it also provides an affective assessment for those needing further intervention.

3.14 Whilst people are waiting for an intervention there is a range of support available this includes Kooth, drop-ins at Centre 33 hubs, Keep your head website, which provides a range of both local and national support.

3.15 To support the flow of children in the system the role of primary care is essential. Currently the ICB is working with identified primary care networks to use non-recurrent funding to test and learn approaches to support children with mental health concerns. This is in its scoping phase with initial ideas related to social prescribing/ health coach roles and a training programme to enable robust referrals.

3.16 To conclude, access to support for children and young people requiring a mental health intervention is currently experiencing challenges due to high demand, increased acuity, and workforce capacity to deliver. The mental health system is continually reviewing options to enhance delivery of support and address workforce recruitment and retention.

4. Source documents guidance

4.1 Appendix A – Provision of support provided through Public health funding.

CYP Scrutiny Committee paper – October 2022

CYP Mental Health Provision:

As well as contributing £400,000 per annum towards the YOUnited contract (£350,000 CCC and £50,000 PCC) the Cambridgeshire and Peterborough Public Health Directorate also commission a variety of initiatives, programmes and services which contribute towards the Thriving quadrant of Children's Mental Health and Emotional Wellbeing. These are summarised below:

Commissioned services:

Provider	Service	Description	Activity
CCS/CPFT 5-19 Healthy Child Programme (aka school nursing service)	#ChatHealth	Anonymous text-based messaging service for CYP aged 11-18 seeking support on a range of health & wellbeing issues ChatHealth (cambscommunityservices.nhs.uk)	EHWB continues to be the main reason to contact the service – between 2021/22 there were 9,644 messages to the service
	Targeted Support	CYP are able to receive 4-6 1:1 Face to Face sessions with a 5-19 practitioner, this includes low-level EHWB needs Who we are and what we do (cambscommunityservices.nhs.uk)	In 2021/22, 430 CYP were seen by a practitioner with a primary need linked to EHWB
	Getting Ready for Change Questionnaires	A health-based checklist to support CYP in assessing their own health and wellbeing at key transition points; reception, year 6, year 9, 16+ *(n.b reception and yr6 are completed by the parent)* Getting Ready for Change - information for young people (cambscommunityservices.nhs.uk)	N/A - these were developed in 2021/22 and will be properly launched across the 2022/23 academic year
Everyone Health	Healthy Schools Support Service	• A universal website, containing information, lesson materials & resources, a parent hub and links to local offers include EHWB • A Healthy Schools Accreditation Scheme, recognising the steps and initiatives schools are taking to address the health, wellbeing and resilience of their school communities and includes specific standards on EHWB • Includes a range of network partners who deliver EHWB interventions to schools, including: • *EHWB Service* • *Cambridgeshire PSHE Service* • *YMCA Trinity Group* • *CCC/PCC Educational Psychology Service* • *Cambridgeshire United (Mind Your Head Programme)* • *PEDS (Personalised Eating Disorder Service)* • *The Kite Trust*	**Since the service launched in 2018:** • 275 schools are registered on the Healthy Schools Website and newsletter distribution list • 27 schools have completed a Healthy Schools audit tool to identify areas of improvement • 44 schools have had a 1:1 consultation to specifically discuss their health & wellbeing education/ curriculum needs • 27 schools have completed or are participating in the Healthy Schools award • 34 schools that have been supported to complete a Mental Health training needs analysis. • 72 schools were represented by staff attending the Mental Health Competency Framework webinars • 45 schools have accessed the Bounce Forward Teaching Resilience Toolkit for Yrs 6 and 7 • 165 schools have accessed the Personal Development Materials produced by the PSHE Service which support the development of resilience skills
YMCA Trinity Group	DfE Senior Mental Health Lead Training	DfE quality assured programme equipping identified school MH leads with the knowledge and skills to embed a whole school approach to promote good mental health and resilience across their setting and wider school community. Details can be found here	N/A - these were developed in 2021/22 and will be properly launched across the 2022/23 academic year
CCS	Mental Health Forums	Termly reflective practice opportunities for School Senior Mental Health Leads to share learning,	These were previously delivered in a multiagency manner between 2017-2019.

Emotional Health & Wellbeing Service		information, evidence-based practice, and network to overcome challenges and support settings in the practical implementation of whole school approach principles.	Activity ceased during the pandemic and was replaced with the Wellbeing for Education Return Programme (6x sessions to support schools in managing the impact of the 1st lockdown period on pupils EHWB). These are being reinstated for the 2022/23 academic year using DfE Wellbeing for Education Recovery funding <can try to find data if it would be helpful?>
PSHE Service	Healthy Friendships & Conflict Resolution Training **Cambridgeshire Only**	School development programme, including staff training, tailored school based inset and action planning and review process. Resources are provided to participating schools to support 'Conflict Resolution and Peer Mediation', and 'Promoting Healthy Friendships' programmes of work. This programme supports whole school approaches that aim to address a wide range of issues including bullying and centres on fostering the development of healthy relationships with peers and positive sense of self, with a specific focus on conflict resolution, online relationships and body image.	• 27 schools have participated in the programme to date • The service has been commissioned to provide this to a further 11 schools in the 2022/23 academic year as well as offer refresher sessions to schools previously engaged in the programme. It will also pilot an adapted programme for pupils with SEND/Special schools
NESSie IN ED	Supporting Families of Children who Self Harm **Cambridgeshire Only**	Project to work with families of children that self-harm. Offer includes: • Open telephone line for concerned parents to access • Fortnightly virtual moderated peer support groups & workshops • Moderated social media groups • Targeted F2F support groups for specific vulnerable groups at increased risk of harm/seldom heard e.g. LGBTQ+, siblings of CYP that self-ham, BAME, children in care/young carers, areas of higher prevalence determined by the Health Related Behaviour Survey (survey of children in Years 8 & 10)	N/A - this was commissioned in Summer 2022. Deliver is expected to commence from October/November 2022. This is a 2-year contract.
PEDS *Personalised Eating Disorder Service*	Eating Disorder Awareness Training for Professionals	Delivery of Eating Disorder Awareness Training for Professionals working with children and young people including: • Education settings • Primary Care • Community Health Services • Early Help/Family support workers Work will also include working with the Cambridgeshire PSHE service to develop and support the delivery of teaching resources to support schools in embedded teaching on this into the PSHE curriculum.	N/A - this was commissioned in Summer 2022. Delivery is expected to commence from October/November 2022. This is a 2-year contract to compliment the National training provided by NHSE/I.

Other tools & resources:

The Children's Public Health Team has also led on the development of the following resources to support schools and education settings in managing the EHWB needs of pupils of the wider school community:

Keep your Head: Is a comprehensive locally developed website for mental health. Within it a new digital resource was launched in February 2022 to support schools in accessing resources and information about mental health. The resource, which is shaped around whole school approaches to mental health, has been created as a new area on the Keep Your Head website and is designed to be an easy to navigate one-stop platform to support with the following:

- Information on what is available to support schools through the local mental health offer
- Information on local training and development opportunities available to school staff on mental health
- Signposting to key national resources for further support/e-learning

The resource can be access here

Mental Health Competency Framework: We have also developed a digital self-assessment tool to support schools in conducting a mental health training needs analysis of staff and make informed decisions as part of a whole school approach to wellbeing. The framework can be used to understand where current levels of understanding of mental health are across all school staff, highlight areas for improvement and potential local training opportunities. The aim is to ensure staff at all levels have the confidence to support children and young people by building core resilience skills, identifying emerging concerns at an early stage and signposting to appropriate, resources, care pathways or interventions where possible. Details can be found here

Whole School Approach Learning Platform: We are in the process of developing a space within the Healthy Schools Website to support schools in embedding whole school approaches that centres as a platform to consolidate and streamline key messages as well as create an online community among schools and professionals to share tools, templates, resources and best-practice case studies from local settings. This is expected to launch in the Autumn term.

Healthcare Waste and NHS Green Plans

To:	Adults and Health Committee
Meeting Date:	5 October 2022
From:	Chief Officer Partnerships and Strategy, Cambridgeshire and Peterborough Integrated Care System (ICS)
Electoral division(s):	All
Key decision:	No
Outcome:	To provide information on healthcare waste and disposal as requested by the committee To provide an overview of the ICS green plan, actions to reduce healthcare waste, and collaborative working opportunities
Recommendation:	Adults and Health Committee is recommended: to note the plans and actions underway to tackle waste and promote carbon reduction, including through partnership working at system level

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1. Background

1.1 This report was requested following a discussion at Full Council meeting of Cambridgeshire County Council in January 2022, which highlighted concerns regarding energy from waste plants as a local solution to dealing with waste, including healthcare waste.

In supporting these concerns, the Council invited the Integrated Care System (ICS) Estates Group to provide a collective response outlining how the healthcare sector locally are reducing waste, including plastic waste, and a brief overview on how waste generated within each trust is disposed of, including the role of the incinerator at Cambridge University Hospitals NHS Foundation Trust (CUH) in treating locally produced healthcare waste.

1.2 This report covers the following information:

- How different types of healthcare waste in Cambridgeshire and Peterborough are handled and disposed of
- Actions to reduce healthcare waste and the NHS carbon footprint
- Collaborative work on the green agenda across Cambridgeshire and Peterborough, with a focus on waste

2. How different types of healthcare waste in Cambridgeshire and Peterborough are handled and disposed of

2.1 Healthcare waste can be broadly categorised into: a) Domestic and Dry Mixed Recycling (DMR) and b) specific healthcare waste streams, which requires specialist treatment.

All trusts aim to maximise recycling of domestic mixed recycling wastes through sustainable waste management, including for example specialist recycling of certain types of waste, such as toner cartridges, batteries and reuse of items such as furniture and walking aids.

The remaining general/DMR waste is processed via contracted services. Each trust has their own contract to dispose of this waste. A summary of the different arrangements in place across the system is provided in Appendix 1, Table 1.

2.2 Healthcare waste that does not fit into the general/Dry Mixed Recycling waste is segregated into six principal waste streams:

- 180103: Yellow sacks – infectious – incineration only;
- 180103: orange sacks – infectious – suitable for alternative treatment;
- 180104: “tiger” sacks – non-infectious – offensive;
- 180103/09: sharps with medicinal contamination – infectious – incineration;
- 180103/08: sharps with cytotoxic/static contamination (and small quantities cytotoxic/static medicines) – incineration; and
- 180109: non-hazardous medicines – incineration.

All segregation is based upon risk assessment of hazard by the clinical staff generating the material.

Care is taken to try and utilise the incineration waste stream as little as possible for the

wastes that have only this option as a disposal method. NHS England have asked trusts to aim for a suggested “good practice” segregation split of 20:20:60 (incineration: alternative treatment: offensive).

2.3 A summary of the current disposal routes and segregation splits for the non-domestic /dry mixed recycling waste by Cambridgeshire and Peterborough trusts is provided in Appendix 1, Table 2.

2.4 The Cambridge University Hospitals NHS Foundation Trust (CUH) incinerator provides disposal for 7- 8 tonnes of healthcare waste per day. This waste is generated from CUH and Royal Papworth Hospital (RPH). On-site incineration of healthcare waste is subject to constant emissions monitoring and very tight permit controls whilst significantly reducing the carbon emissions that would arise from waste road haulage and providing heat recovery to directly warm the hospital campus premises (15% of total).

2.5 There is monitoring at a national level, with all providers responsible for providing regular returns. In future we expect to have greater visibility as part of the overall ICS oversight in tracking our carbon footprint.

2.6 Within primary care, there are also varying arrangements in place for managing clinical waste, facilitated by commissioners and property services. Future re-procurement will provide opportunities for improved co-ordination, oversight and performance.

3. Actions to reduce waste and plastics across Cambridgeshire and Peterborough ICS

3.1 The NHS has committed to net zero targets. The Green Plans set out each organisation’s priorities for delivering them. All trusts within Cambridgeshire and Peterborough have Board-approved Green Plans with specific targets to cut carbon emissions and priorities to embed circular economy principles and lifecycle thinking into how we procure, use and dispose of the goods and equipment required to run modern healthcare provision. From the waste perspective, examples include:

- Minimising the use of single use plastics and seeking more sustainable alternatives (e.g. PPE, surgical gowns, curtains, re-usable sharps bins and catering supplies)
- Expanding on-site reuse, repair and recycling facilities, e.g. for redundant furniture and walking aid returns
- Tackling medicines waste
- Working with suppliers to reduce product and packaging waste footprints through the procurement process

3.2 Some examples of specific initiatives:

- CUH sustains six specific re-use, sixteen recycling and two food waste bio-digestion segregation streams. As well as extensive recycling facilities across all hospital premises, the re-use and recycling aspects include: replacement of all catering plastics in retail outlets (and this is now being extended to other sources); collection of returned walking aids on site and at sixteen other locations around Cambridge for decontamination and re-use; promotion of re-use through the online SwapShop, with

plans to extend this via the national Warp It platform (a site that distributes reuses and recycles surplus redundant resources) and extensive repair and reuse via Estates Maintenance and Clinical Engineering. Waste segregation training is also provided to staff as an essential on-line learning module and in 2021 a project to relabel all lidded bins was completed to improve the clarity of the 'what goes in me' message.

- CPFT are undertaking a project to identify all uses of single use plastics with the aim of finding alternatives. They are also making increased usage of British Medical Auctions for serviceable medical devices and reusing furniture and equipment during refurb projects.
- CCS ensure 100% recycling of confidential waste, using a certified carbon neutral service provider
- NWAFT are targeting action to reduce pharmaceutical waste through improved education and better segregation of this waste stream.
- The Cambridgeshire and Peterborough pharmacy and medicines optimisation sustainability plan has a key focus on reducing medicines waste, for example through medication reviews and greener prescribing, with a particular focus on inhalers, and promoting recycling opportunities for medicines and blister packets.

4. Collaborative work on the green agenda

4.1 The Cambridgeshire & Peterborough Integrated Care System (ICS) was launched on 1 July 2022 and is a partnership between NHS organisations and providers, local authorities and voluntary, community and social enterprise organisations to promote, support and improve the health and wellbeing of the local population. It provides an opportunity to develop collaborative approaches in order to maximise our collective impact on health and wellbeing outcomes. Carbon reduction has a direct link with health outcomes and is a key joint priority for our ICS partnership. The priorities for carbon reduction in healthcare closely align with the priorities of local authorities and other partners, and we are working collaboratively both through the ICS structures and the climate action working group to address this agenda.

4.2 The ICS green plan builds on the individual trust plans and sets out a system-wide framework for sustainability and carbon reduction. It identifies areas of focus for collaborative action in order to embed circular economy principles within healthcare.

Our overall priorities:

Workstream	Vision	Strategic Objective
Workforce & Leadership	A knowledgeable and motivated workforce that understands sustainability and feels empowered to act on the issue in the workplace and independently.	Promote, increase awareness of and embed sustainability within the ICS through integrated training programmes, strategic processes, and voluntary opportunities.
Estates & Facilities	An ICS that minimises its climate impact by decarbonising its built environment and being prepared for future extreme climatic events.	Construct and retrofit buildings to the latest standards and pursue renewable energy solutions through partnerships to maximise efficiency and resilience.

Research & Innovation	An ICS with strong partnerships with business and academia to enable investment into and rollout of technologies and innovations.	Leverage the strengths of Cambridgeshire and Peterborough innovation and research networks to help assess, test and implement innovative products and practices that can support delivery of our green plan targets.
Active & Sustainable Travel	A workforce and patient base that is inspired and incentivised to use sustainable modes of transport where possible.	Align with and promote an active and public travel strategy for staff and patients to reduce carbon emissions from travel.
Supply Chain, Procurement & Waste	An ICS that drives emission reductions throughout the wider supply chain with a circular economy approach to procurement and waste.	Reduce emissions from the supply chain through the implementation of holistic procurement practices and more sustainable utilisation of consumables across healthcare service delivery
Sustainable Models of Care	An ICS that adopts sustainable healthcare practices, minimises preventable ill health, and supports people to manage their health and wellbeing through person-centred care.	Create forums for knowledge sharing and best practice, pursue digital healthcare solutions, and promote personalised care and social prescribing.

4.3 Specific areas of focus for collaborative system work:

Workforce and skills
The development of a carbon literate workforce is a shared objective across ICS partners, with the aim of supporting staff to feel empowered and enabled to adopt behaviours and make choices which minimise the impact on the environment. We are working together to learn from different approaches, share good practice and seek collaborative opportunities to promote green literacy across our staff and communities. We are also collaborating to ensure staff have the skills and tools to assess new initiatives and programmes from a sustainability and equality perspective, using a common approach.

Transport and travel
The public health benefits of active travel are well documented and encouraging our communities to walk or cycle where possible will have a significant impact on their health and wellbeing. The council's active travel strategy plays a key role in supporting this goal and continued engagement on this agenda will ensure future opportunities for collaborative working are maximised. For example, increasing access to active travel opportunities through social prescribers, health trainers, community champions and other local professionals as part of place-based pathways.

Procurement and waste
The largest contribution to the carbon footprint within the ICS comes from procurement of goods and services and the supply chain. Our greatest challenge in tackling climate change is embedding circular economy principles in the way we procure, use and manage resources, considering the cost of carbon and waste as part of our decisionmaking.

Sustainability is addressed within organisational procurement policies, and all NHS contracts include a 10% minimum weighting on social value. Our opportunity as an ICS is to share expertise, increase our knowledge of what works and promote a consistent approach with our suppliers in order to maximise our impact.

Single use plastics is a key priority within this theme. In the NHS, it is estimated that single use plastics represent between 25% and 40% of the total waste stream per annum (including infectious and non-infectious waste categories). There are many diverse challenges behind this including for example the complexity of design, packaging and recycling potential of different products, the knowledge and expertise of buyers, incorrect or excess use of infectious waste streams, and barriers to downstream recycling. Coming together to find system level solutions to some of these challenges will be crucial in addressing this agenda, as well as focusing on more immediate priorities such as supporting take up of walking aid reuse and remanufactured devices.

Engagement
The engagement and involvement of staff, partners and communities is crucial to our success. We have put in place mechanisms for joint planning of campaigns and engagement opportunities, with identified leads from each of our organisations to take this forward via the comms climate group.

Governance
We have established collaborative working as part of formal governance arrangements through the Climate Change Working Group and the ICS Green Plan Programme Board, and we are making sure there is oversight and ownership at a strategic level across our organisations.

5. Conclusion

5.1 By working collaboratively at system level with all partners, we have the opportunity to tackle more effectively our shared challenges on waste and carbon reduction. The Integrated Care System is at the early stages of this work, but this work is at the heart of our strategic aims and we have aspirations to make a meaningful impact for our population and the wider economy. To support this, we are in the process of firming up our governance structures and delivery plans to ensure we remained focused and track our progress. We will ensure there is regular communication and updates for system partners and leaders.

6. Source documents guidance

6.1 Source documents

None, information provided directly by the Estates Directors of trusts.

Links to trust Green Plans:

CUH - https://www.cuh.nhs.uk/about-us/our-structure/other-departments/think-green/what-are-we-doing-about-sustainability/

CPFT – https://www.cpft.nhs.uk/ (link to document not available at time of writing)

CCS - https://www.cambscommunityservices.nhs.uk/docs/default-source/default-document-library/ccs-green-plan-2022---2025.pdf?sfvrsn=0

NWAFT – Enabling Strategies – North West Anglia NHS Foundation Trust (nwangliaft.nhs.uk)

RPH - Providing sustainable healthcare at Royal Papworth Hospital

Appendix 1

Table 1: Disposal of general / dry mixed recycling healthcare waste

Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and Cambridgeshire Community Services NHS Trust (CCS)	The majority of wastes from healthcare practices undertaken by CPFT and CCS are collected and disposed of under contracted services with Amey Cespa (East) Ltd, Waterbeach, Cambs. The DMR is taken to Amey's premises at Waterbeach and is processed in the recycling unit – the separated fractions are then sent off for reprocessing. The remaining general waste is taken to Amey's Mechanical Biological Treatment plant at Waterbeach where the materials are either further processed or diverted to an off-site energy from waste plant. This affords 97-98% landfill diversion.
Cambridge University Hospitals NHS Foundation Trust (CUH)	All CUH General and DMR wastes are collected by Ellgia Ltd. DMR is taken to Ely where it is sorted and segregated. Any wastes not considered to be recyclable which have been disposed of via this route, are then taken to Ellgia's alternate site in Ely where it is bulked up and sent to Scunthorpe for further processing into Refuse Derived Fuel (RDF). General waste is taken to Ellgia where it is bulked up and then sent to Scunthorpe for processing. It is sorted on arrival, and if not recyclable then will be processed for RDF. Ellgia have confirmed that no waste is sent to landfill from these processes. Should any waste not meet the criteria for RDF, then it is re-processed and until that process can be followed.
Royal Papworth Hospital NHS Foundation Trust (RPH)	At the Royal Papworth Hospital site and the Staff Accommodation site in Waterbeach general waste and DMR is collected by Veolia. At the Royal Papworth House site in Huntingdon waste is collected by Huntingdon District Council. Both general waste and DMR from the hospital site are taken to the Cambridge Veolia Transfer Station for segregation with appropriate materials taken to Veolia's Rookery South Energy Recovery facility where materials that cannot be recycled are converted from waste into energy to produce electricity for the national grid. No residual waste is taken to landfill through the process as all residuals are recycled including the ash. Recyclable DMR waste will be taken to Rochford in Essex where all the mixed recycling is segregated into the differing waste streams for recycling. Battery waste is collected by WasteCare via Veolia and processed at the Wakefield site.
North West Anglia NHS Foundation Trust (NWAFT)	At the Peterborough City Hospital, general and DMR wastes are transported by Tradebe's subcontractor, Veolia. At the trust's other sites (Hinchingbrooke Hospital, Stamford and Rutland Hospitals and other satellites), general and DMR wastes are transported by Biffa. Waste from all sites is taken to the local Viridor Energy from Waste centre in Peterborough to be reprocessed as RDF. Toners and battery waste from all sites are collected by WasteCare and processed at their Wakefield site.

Table 2: Disposal of non-general/dry mixed recycling healthcare waste streams:

	Incineration	Alternative treatment	Offensive
CPFT & CCS (same contract)	20.5% (CPFT) Sent either to Tyesley, Birmingham (Veolia) or Sandwich, Kent (WasteCare)	15.1% (CPFT) Amey Cespa (East) Ltd, Waterbeach, Cambs	64.4% (CPFT) Offensive wastes are currently sent either to landfill at Milton (FCC Environmental) or Energy from Waste at Benson, Oxfordshire (Grundon)
CUH	All of CUH non-domestic waste is incinerated on site, incorporating steam-generating heat recovery directly into the campus district heating system (this generates 15% of all site heating per year). On-site incineration provides additional very significant carbon/pollution savings from the avoidance of road haulage. Constant emissions monitoring systems are in place to ensure management of all potential pollutants, including dioxins are kept within strict limits.		
RPH	All non-domestic waste within RPH is incinerated via the CUH incinerator, incorporating all of the savings highlighted above. The Trust does not segregate as all alternative treatment waste is sent via the CUH route for incineration.		
NWAFT	34.64% Peterborough City Hospital (PCH): Transported by Tradebe to their Rochester site. Other sites: Transported by SharpSmart to their Rainham site.	41.55%* PCH: Transported by Tradebe to their Rochester site. Other sites: Transported by SharpSmart to their Rainham site.	23.81%* PCH: Transported by Veolia to Viridor's EfW P'boro. Other sites: Transported by Biffa to Viridor's EfW P'boro.

*These figures are expected to show improvement in 22/23 following the implementation of the offensive waste stream at Hinchingbrooke in March 22.

Cambridge University Hospitals NHS Foundation Trust - Update

To:	Adults and Health Committee
Meeting Date:	5 October 2022
From:	Roland Sinker - Chief Executive Cambridge University Hospitals (CUH)
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	N/A
Outcome:	Health Scrutiny Report – Information Only
Recommendation:	Adults and Health Committee is recommended to note the report.

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1. Background

1.1 This report provides the Committee with an update on issues and developments at Cambridge University Hospitals NHS Foundation Trust as at September 2022.

2. Main Issues

Introduction

2.1 This report provides an overview of the five areas of operational performance at Cambridge University Hospitals NHS Foundation Trust. The report also focuses on the three parts of the Trust's strategy: improving patient care, supporting staff and building for the future, and other CUH priorities and objectives.

2.2 The health and care system nationally, regionally and locally is under pressure, with challenges ahead in terms of waiting times, demand for services, uncertainty around Covid and other conditions including flu; and staffing pressures. As an update on one indicator, as at 9 September 2022, the Trust was caring for 23 patients with Covid including three in critical care.

2.3 In this context the Trust is advanced in planning to mobilise for the fourth time since February 2020. This involves applying the five lessons from our response to Covid 19 over the last two and a half years and includes: clarity around objectives for the next 12 months; supporting and empowering staff and aligning teams around Task Forces in areas from capacity delivery, to cost of living, to patient flow; identifying areas to de-prioritise for now; assurance and challenge through our governance processes; and resourcing. This planning process will conclude during September 2022.

2.4 The Trust continues to work on the 15 programmes in the refreshed strategy of looking after patients, supporting staff and building for the future. Timings for delivery of some elements of the strategy will change as the mobilisation plan above is finalised - some programmes taking longer; others being accelerated.

2.5 During the autumn the Trust is considering options for a Governance Review, in line with best practice corporate governance.

The five areas of operational performance

Quality

<u>Areas of challenge</u>

Staffing

2.6 The availability of nurses remains a challenge with specific areas of concern around critical care units, including the paediatric intensive care unit and the neonatal intensive care unit.

2.7 Vacancies within midwifery remains a concern with a current vacancy rate of 13%. However, a full establishment of midwives is projected from October 2022.

2.8 The impact of staffing levels on safety continues to be monitored via the incident reporting system and divisional governance. Key themes are monitored via the existing governance safety routes.

Complaints and Patient Advice and Liaison Service (PALS)

2.9 The Complaints and PALS teams remain under extreme pressure with increased complexity of contacts and high sickness and vacancy rates resulting in longer waits for responses. An external review has been undertaken and an improvement plan has been developed.

Never Events

2.10 Overall the Trust has recently reported an increasing number of Never Events. This provides evidence of a strong reporting culture, and reflects the ongoing work around improving together and 'just culture'. The Patient Safety Team are however monitoring this going forward.

Waits for care

2.11 The Trust continues to review waits for care, including waits in the emergency department and for elective care.

Areas of Success

2.12 The Trauma Audit & Research Network (TARN) have reported that Cambridge University Hospital (CUH) is a positive outlier in trauma outcomes.

Compliance visits

2.13 Radiology is accredited by the United Kingdom Accreditation Service (UKAS) and underwent a surveillance visit on the 7 and 8 June 2022. Subject to resolution of some areas of non-compliance the initial assessment recommended that accreditation be maintained.

2.14 Clinical engineering has accreditation with UKAS for undertaking preventative plan maintenance of anaesthetic and ventilators and the management of medical devices. This accreditation is still in development and CUH is one of only four hospitals currently accredited.

2.15 The HTA inspection report under the main theatres Human Application License (Cardiovascular vessels, Ophthalmology, Plastics & Orthopaedics) was received in July 2022. A corrective and preventative action plan has been provided to the HTA and all actions should be completed by October 2022.

Access to care

2.16 CUH continues to make good progress in terms of elective care, and is performing relatively well in access for cancer care. The Trust is very focussed on areas of concern in the emergency pathway, including long waits in the emergency department, flow within the hospital, and discharge of patients.

2.17 In July 2022 the Trust saw significant pressures on our emergency pathways, similar to other trusts within the region and nationally. Overall 14.0% of patients attending ED waited for 12hrs or more within the department and 14.4% of patients arriving by ambulance waited for more than 60mins for handover. These have both improved during August, with 12hr waits reducing to 12.4% of attendances and ambulance delays reducing significantly to 4.3%. Throughout this period our focus continues to be to streamline our emergency pathways where possible and delivering our elective recovery programme. Work is ongoing in relation to both physical capacity and out of hospital capacity to ensure the Trust is as well placed as it can be for them winter period.

2.18 **Emergency Department (ED).** Overall ED attendances were 11,673 in July 2022, which is 294 (2.6%) higher than July 2019. This equates to a rise in average daily attendances from 367 to 3377 over the same period. 1,636 patients had an ED journey time in excess of 12 hours, compared to 1 in July 2019. This represents 14% of all attendances and compares to regional and national levels of 9%.

2.19 **Referral to Treatment (RTT).** The total RTT waiting list size increased by 1,506 in July 2022 to 58,203. Our Month 3 planning submission had forecast growth to 55,160 so we are currently 5.5% higher than plan. Compared to pre-pandemic the waiting list has grown by 71%.

2.20 **Delayed discharges**. For July 2022 the Trust is reporting 6.8%, which is another consecutive increase of 0.4% from the previous month. There has been a larger increase in the number of overall lost bed days in comparison to previous months, but due to the overall monthly occupied bed state, the impact of DTOC % is lower. Within the 6.8%, 71% were attributable to Cambridgeshire and Peterborough CCG, and the remainder across a further seven CCGs.

2.21 **Cancer.** In July 2022 two week wait suspected cancer referral demand had reached 124% compared to the baseline period in 2019. The number of patients waiting over 62 days was currently 134, with 61% of the breaches relating to CUH only pathways.

2.22 **Operations.** Elective theatre activity in July 2022 delivered an improved 87 % of the July 2019 baseline. Taking account of the loss of the A Block theatres from our capacity, this would bring the performance up to 98%.

2.23 **Diagnostics.** Total diagnostic activity in July 2022 delivered to 108.9% of the July 2019 baseline. Scheduled activity delivered 108% of baseline. Total activity was up by 1.4% and scheduled activity by 4% compared to the prior month. The total waiting list size reduced by 219 to 15,117. The volume of patients waiting over 6 weeks reduced by 336 this month.

2.24 **Outpatients.** Outpatients delivered 97.7% of its new patient pre-Covid baseline, a reduction of 2,380 attendances. Robust recovery plans are being developed for the biggest areas of concern.

Finance – Month 4

2.25 The Month 4 year to date position is a £3.9m surplus. The overall full year plan is to deliver a break-even financial position.

2.26 The following points should be noted in respect of the Trust's Month 4 financial performance:

- The Month 4 year to date surplus includes £4m of income receipts relating to a specific one-off transaction in Month 2. The surplus in the year to date is offset in later months leading to a full year planned breakeven position.

- The Trust is currently delivering on its planned reduction in Covid related expenditure with year to date costs of £8.8m. This remains an area of risk for the Trust and the health system due to volatility of Covid rates in the community. Costs relating to Covid will remain under review.

- The Trust has recognised Elective Recovery Fund (ERF) income of £4.1m year to date in line with plan. This funding remains at risk as the final process for qualifying for and calculating the value of ERF has not yet been published at the time of this report.

2.27 The Trust has received an initial system capital allocation for the year of £32.2m for its core capital requirements. In addition to this, we expect to receive further funding for the Children's Hospital (£3.7m), Cancer Hospital (£7.5m) and Orthopaedic Theatre Scheme (14.9m) and additional funding for theatre equipment (£5.1m). Together with capital contributions from ACT, this would provide a total capital programme of at least £65.9m for the year.

2.28 The Trust has invested £7.6m of capital at Month 4, £5.3m below the planned figure of £12.9m. The Trust expects to recover this under performance by year-end and achieve the forecast plan of £65.9m of capital expenditure.

2022/23 CUH Financial Plan

2.29 The Trust plan for 2022/23 is to deliver a break-even position for the year.

2.30 It should be noted that the following key areas of risk still remain and have been included as part of the overall plan submission, to be monitored in year:

1) Inflation pressures above the (revised) funded level
2) Covid costs exceeding budgeted levels (e.g. due to an increase in Covid rates)

3) Non receipt of forecast ERF income.

2.31 The Trust is continuing to review and mitigate these risks, alongside Cambridgeshire and Peterborough ICS colleagues on an ongoing basis.

2.32 The Trust continues work on a 5 year financial plan linked to the refreshed strategy; and to deliver the Cost Improvement Plan.

Workforce

2.33 The Trust has set out five workforce ambitions, committing to focus and invest in the following areas; Good Work, Resourcing, Ambition, Inclusion and Relationships. Given the challenges and pressures of the last two years, this five part strategy will look at the additional staff support mechanisms required across the Trust in the medium to long term. The CUH Annual Awards process continues to progress well with over 1,000 nominations being considered.

<u>Good Work</u>

2.34 The Trust have set out an ambition plan, focused on six initial priority areas under the Good Work agenda where progress has already been made.

The focus areas are:

- Accommodation
- Travel and transport – commuting to and from work
- Nourishment and hydration
- Spaces
- Hybrid working
- Market forces – cost of living and working in Cambridge

2.35 The lack of availability and affordability of accommodation for staff continues to be concerning, limiting our ability to recruit overseas and we are seeing “relocation” as the main reason cited for those leaving the trust. An accommodation support officer is now in post and we are already seeing the benefits of this role. The Trust also progressing a number of initiatives to secure additional accommodation stock, including the conversion of office space to flats (in the onside residences).

2.36 There has been significant investment in travel support with the introduction of subsided onsite parking costs, funded park and ride travel and other public transport subsidies.

2.37 The national increase in the cost of living is concerning for staff and we have seen an increase in the number of individuals accessing support. In response we are refreshing our financial support and benefits pages with information, advice and signposting for staff experiencing financial hardship.

Resourcing

2.38 38 nurses, three midwives and 39 healthcare support workers all new to CUH joined the Trust in July 2022 and we have 133 nurses waiting to commence work. The Trust will be undertaking a recruitment campaign in the Philippines at the beginning of October 2022 with the aim of recruiting a further 100 nurses for this financial year. We continue to work on increasing the accommodation stock available to staff and are delighted with the positive impact the new accommodation support officer is having; feedback has been incredibly positive regarding this new service.

2.39 In June 2022 CUH recommenced a programme of face to face recruitment events, including attendance at the Cambridge Country show and a weekend Healthcare support worker one stop shop (where applicants can find out about the role, be interviewed and offered a job in one day). Whilst the resourcing teams have run events remotely throughout the pandemic it has been fantastic to work directly with people and, when onsite, introduce them to our campus. Further events are planned for October and December, working in collaboration with Royal Papworth Hospital (RPH).

2.40 Retention remains a key focus with increased attrition seen across all staff groups. A full review of the reasons for attrition has been undertaken and a strategy is being developed with representative of different staff groups.

Ambition

2.41 CUH has developed a Talent Management Strategy and toolkit to help teams identify talent (diverse skills and capabilities) available, to meet current and future service delivery.

Inclusion

2.42 The new programme lead for anti-racism commenced in July 2022; this is a new role that will closely with the EDI team and staff networks, as well as system partners, to progress our work on anti-racism.

2.43 On 8 July 2022 the Trust marked EID with a small edible for staff. This is part of a wider initiative to raise awareness and celebrate a wider range of religious festivals, events and celebrations important to our colleagues. Our next event is a Diwali celebration in October 2022 where colleagues will be invited to attend a lunchtime event onsite.

2.44 The Trust Stonewall action plan has been developed and launched, very much led by the LGBT staff network. A number of actions, including workforce policy changes and amendments to recruitment processes have already been completed.

Relationships

2.45 In July 2022 the Trust was delighted to host a staff BBQ on the campus and invite our RPH colleagues. The BBQ, as well as clement weather, allowed staff from both hospitals to sit and enjoy a meal together.

Improvement and Transformation

2.46 The Trust continues to work with its improvement partner, the Institute for Healthcare Improvement (IHI), on embedding a culture of sustainable continuous improvement.

2.47 In relation to the Trusts work with the IHI on building improvement capability and capacity across our 11,000 staff, wave two of the improvement coach programme commenced on 22 June 2022, with 38 participants, including a number of applicants from system partners (two from Royal Papworth Hospital and a further two from the South Integrated Care Partnership). Applications for wave two of the improvement programme for teams closed on 15 August 2022, with applications sought from teams wanting to focus on what makes a good day for them, or deteriorating patients.

2.48 The Significant improvement work is ongoing in Urgent and Emergency Care, Outpatients and Virtual Wards. As one example, in Virtual Wards:

Virtual ward (VW)

- Design of the virtual ward pathway and supporting infrastructure is being completed at pace. This will be tested from October 2022, initially with small numbers of patients, to ensure that the model is reliable and safe. Through rapid cycle testing, the emphasis will be on early learning and adaptation, before larger scale implementation of the model. The aim is to achieve an average occupancy of 30 patients per day during October – November 2022, increasing to an average occupancy of 60 patients per day from December 2022.

- There will be a core VW team dedicated to managing patients through frequent contact, remote monitoring and visits. The VW team will be supported by the relevant specialist team's input when necessary.

- A workforce plan has been developed and recruitment is underway, with the aim of staff being in place by October 2022.

- Effective communication with our system partners and working together to design safe, effective pathways is crucial, to ensure there are robust handover processes in place.

2.49 The improvement and transformation team continues to work with colleagues from across the organisation, to ensure that productivity and efficiency schemes for 2022/23 are identified to meet an overall requirement of £62m, which will deliver an end-of-year break-even position. As at 11 August 2022, there remains an unidentified gap in supporting schemes of £26k and work is ongoing to ensure that this gap is further reduced, along with increasing the number of schemes that are recurrent.

Strategy update

Strategy refresh

2.50 After ten months of engagement with staff, patients and partners, the Trust launched its refreshed strategy in July 2022, reaffirming our three core priorities and outlining 15 commitments aligned to these priorities which will provide our focus for the next three years.

2.51 The core priorities and associated commitments are:

- Improving patient care: integrated care; emergency care; planned care; health inequalities; quality, safety and improvement;
- Supporting our staff: resourcing; ambition; good work; inclusion; relationships;
- Building for the future: specialised services; research and life sciences; new hospitals and the estate; climate change; digital.

2.52 The communication and engagement plan across the Trust and with partners is now underway, supported by a range of materials including videos and documents which are available on the strategy pages of the CUH website.

2.53 Progress on many of these commitments are reported elsewhere in this update paper; further elements are included below. A detailed plan, focusing on delivery over the next five years, is being developed. Some areas of update include the following:

Improving patient care

Integrated Care

2.54 The Trust continues to work with partners across our 'place', in the South of Cambridgeshire, to improve care for patients in and outside of hospital. Work is ongoing to identify opportunities to increase the value we get from every pound invested in our community, social and health care system, to help people to stay healthy and well at home for longer, to address demand for elective care and reduce waiting times, to improve the growing health inequalities, to provide safe and high quality emergency care, and to return our system to financial balance.

2.55 We have established a new Joint Strategic Board for the South Place, co-chaired across CUH, primary care and local government, to oversee the next phase of work. This will include the next stage of developing integrated neighbourhoods rooted in primary care and continued integration of clinical pathways between primary and secondary care.

2.56 As host organisation for the South ICP, the Trust has recently supported reforms in how the South ICP operates and makes decisions. These reforms responded to issues raised through an independent listening exercise undertaken across all partners in the South ICP. It will provide a focus on delivering across four areas – service redesign, finances and commissioning, urgent and emergency care and organisational

development. Delivery boards are being established in each of these areas to provide a means for partner organisations to come together and deliver projects.

2.57 NHSE has formally acknowledged the Cambridgeshire and Peterborough Integrated Care System's final operational plan for 2022/23 which focuses on elective care, cancer care, emergency care and system resilience, mental health and learning disability, finance and workforce. NHSE has accepted the plan being developed in the context of a changing external environment as a result of Covid and the impact of wider economic factors on the cost of delivery, and has noted key elements of the submission that require ongoing review and follow-up actions.

Health inequalities

2.58 The Trust has formed a Steering Group for improving equality, diversity and inclusion across our staff and patients, which is a core element of our new strategy. Over the coming months the group will assess our current performance in these areas, identify opportunities to do more over the coming years, and secure the skilled resources needed to seize these opportunities.

Supporting our staff

2.59 The Trust has implemented a wide programme of work focusing on wellbeing and support of our staff.

Building for the future

New hospitals and the estate

2.60 The focus of Addenbrooke's 3 remains on the delivery of projects within phases one and two of our four phase programme. An important element of Addenbrooke's 3 is incorporating the views of patients and carers into the design of our future hospitals and the services within them. Healthwatch has recently completed a piece of work to capture experiences from patients who have had an urgent attendance or admission. This piece of work has provided valuable feedback that is being used to inform how services can be improved both now, within our current facilities, and in the future development of the acute hospital.

2.61 Phase one is focused on addressing our highest risk areas. The Trust, as a core part of its strategy, has invested in its physical estate to create additional capacity and address specific risks relating to operating in an old estate, including in respect of fire safety and statutory compliance. This has included the addition of 115 beds (across three surge units), all of which are expected to be available for use in the 2022/23 financial year. In addition, over the last 12-18 months, the Trust has been developing its plans for elective recovery. This has centred on the development of three additional theatres, utilising the available bed capacity in the 40-bedded surge unit, to create a ring-fenced surgical facility for elective orthopaedics. The remaining 75 beds (across two units) create long-term additional ward capacity (as opposed to Covid surge capacity) to support operational pressures, for example medically fit patients awaiting discharge, and decant

capacity to allow statutory works to be undertaken. Final timings for delivery of U-block are currently being worked through.

2.62 Phase two (up to 2025) covers development of the Cambridge Cancer Research Hospital (CCRH) and Cambridge Children's Hospital (CCH).

2.63 The CCRH project team has been supplemented with a full time New Hospitals Programme (NHP) 'Delivery Partner'. This demonstrates the UK Government's ongoing commitment to support CUH in its delivery of the CCRH. The project team are producing the Outline Business Case (OBC) for submission in autumn 2022. The project has received approval to seek a construction partner and a number of design reviews have been held recently with key stakeholders to begin that process. The construction partner will support us throughout the remainder of the design, and then take responsibility for construction of the new hospital which will be a seven-storey 26,000m^2 facility at the heart of the Cambridge Biomedical Campus, next to Addenbrooke's Hospital.

2.64 Cambridge Children's Hospital (CCH) is also working towards submitting its OBC to regulators in autumn 2022. The Trust is continuing to work closely with the national NHP team to secure its position in an early cohort of the programme. The project's fundraising campaign has maintained its good progress.

Specialised Services

2.65 The Trust is working with six other trusts across the East of England, and the NHSE East of England team, to support the Specialised Provider Collaborative (EoE SPC).

2.66 Over the last three months, the EoE SPC has identified some key opportunities through conversations with stakeholders across the region, including clinical leads. From the long list of opportunities identified, we have now created a draft set of priorities for 2022/23, based on our vision and objectives.

2.67 The CEOs of the EoE SPC members met in July 2022, and confirmed our overarching priorities, as well as agreeing the need for further engagement across the region and to refine our governance structure. The EoE SPC members jointly responded to the Advisory Committee on Resource Allocation's (ACRA) proposed methodology to set target allocations for specialised services.

2.68 Going forward, we will confirm our priorities for 2022/23 and further develop the objectives and scope of these areas of work with relevant leads. We will also continue engagement across the region, and particularly to work with ICBs as they prepare to take on specialised commissioning responsibilities from April 2023.

Research and life sciences

2.69 The Trust continues to work with industry partners in life sciences to explore opportunities to enhance our world-leading infrastructure to serve patients and power growth. We have participated in a range of events with local, regional and national

partners to promote the next stage of development for the Cambridge Biomedical Campus and wider life sciences ecosystem.

2.70 The Trust also continues to work with a range of partners on the Biomedical Research Centre, the Clinical Research Facilities and the regional Clinical Research Network.

Sustainability

2.71 Our new Trust Strategy affirms our commitment to tackle the climate emergency, with the first phase of a new ten-year programme of focused CUH activity in the form of 'Our Action 50 Green Plan (Phase 1: 2022-24)'. Organisational engagement with this comprehensive plan is well underway: over 200 staff have joined the Green Champions network, 25 teams have signed up to the Think Green Impact programme and a reach of almost 4,000 has been achieved on CUH Facebook. This will be stepped up further in November with a strong profile-raising campaign as part of a rolling 'drumbeat' for staff, patient and partner involvement.

2.72 Several of the Green Plan's direct carbon saving and waste reduction actions are already delivering real results, of particular note: work on cutting piped nitrous oxide losses has already provided approximately half of the 2024 target for direct carbon-equivalent emissions; the construction programme for the Babraham Park and Ride solar panel array has begun and, by this time next year, should be reducing the Trust's electricity carbon footprint by 400t per annum; and the default purchase option for all A4 copier and printer paper has now switched to 100% recycled content.

2.73 Progress continues to be made on the Genomics service:

<u>Genomic Laboratory Hub (GLH) operating model</u>

- The latest operational plan has been agreed by CUH, University Hospitals Leicester and Nottingham University Hospital and shared with NHSE following the latest assurance visits.

- Workforce recruitment remains a challenge with often very few, or no, eligible applicants for the advertised roles.

<u>Delivering a high quality testing service</u>

- A data quality improvement plan for the East GLH is in progress. Plans to reduce turnaround times include increased automation, increased staffing in all areas of the lab, and implementation of EPIC Beaker genomics module as our LIMS.

- The GLH is unable to process whole genome sequencing requests or perform interpretation and reporting at the pace required for activity forecast. A recovery action plan was currently under review at GLH.

3. Source documents guidance

3.1 None