ADULTS AND HEALTH COMMITTEE

Thursday, 27 June 2024

10:00

Democratic and Members' Services
Emma Duncan
Service Director: Legal and Governance

New Shire Hall
Alconbury Weald
Huntingdon
PE28 4YE

Red Kite Room
New Shire Hall, Alconbury Weald, Huntingdon, PE28 4YE

AGENDA

Open to Public and Press

CONSTITUTIONAL MATTERS

1. **Notification of Chair and Vice Chair 2024/25**

   To note the appointment by Council on 21 May 2024 of Councillor Richard Howitt as Chair of the Adults and Health Committee for 2024/25 and Councillor Susan van de Ven as Vice Chair.

2. **Apologies for absence and declarations of interest**

   Guidance on declaring interests is available in Chapter 6 of the Council's Constitution (Members' Code of Conduct)

3. **Adults and Health Committee Minutes - 7 March 2024** **5 - 32**

4. **Petitions and Public Questions**

KEY DECISIONS

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Public speaking on the agenda items above is encouraged. Speakers must register their intention to speak by contacting Democratic Services no later than 12.00 noon three working days before the meeting. Full details of arrangements for public speaking are set out in Part 4, Part 4.4 of the Council's Constitution: Procedure Rules hyperlink

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Meetings are streamed to the Council's website: Council meetings Live Web Stream hyperlink

The Adults and Health Committee comprises the following members:

Councillor Richard Howitt (Chair) Councillor Susan van de Ven (Vice-Chair) Councillor Mike Black Councillor Chris Boden Councillor Steve Corney Councillor Adela Costello Councillor Claire Daunton Councillor Anne Hay Councillor Mark Howell Councillor Edna Murphy Councillor Keith Prentice Councillor Kevin Reynolds Councillor Geoffrey Seeff Councillor Philippa Slatter and Councillor Simone Taylor Councillor Corinne Garvie (Appointee) Councillor Cameron Holloway (Appointee) Cllr Keith Horgan (Appointee) Councillor Steve McAdam (Appointee) Councillor Dr Haq Nawaz (Appointee)

Clerk Name:	Tamar Oviatt-Ham
Clerk Telephone:	01223 715668
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Adults and Health Committee Minutes

Date: 7 March 2024

Time: 10.00 am - 16.00 pm

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

Present: Councillors Mike Black, Alex Bulat, Steve Corney, Adela Costello, Claire Daunton, Mark Howell, Richard Howitt (Chair), Edna Murphy, Kevin Reynolds, Geoffrey Seeff, Philippa Slatter, Susan van de Ven (Vice Chair) and Graham Wilson.

Part 2 only: Councillors Corinne Garvie, Keith Horgan, Steve McAdam Dr Haq Nawaz and Rachel Wade.

235. Apologies for Absence and Declarations of Interest

Apologies received from Councillors Chris Boden and Anne Hay. Apologies given for part two of the meeting from Councillors Mark Howell, Kevin Reynolds, Steve Corney and Edna Murphy.

Councillor Claire Daunton declared an interest in item 4 on the agenda 'Occupational Therapy Section 75 Agreement' as she was the Council Representative Governor for the Cambridge and Peterborough Foundation Trust.

The Chair thanked Councillor Alex Bulat for stepping in to chair the last meeting.

The Chair thanked Jyoti Atri the Executive Director of Public Health who was not present at the meeting for her service, after the recent announcement that she would be moving on.

236. Adults and Health Committee Minutes – 25 January 2024 and Action Log

The minutes of the meeting on 25 January 2024 were approved as an accurate record.

In matters arising from the minutes a member queried if there had been any further developments regarding the 'Right Care Right Person' (RCRP) partnership approach since the update at the last committee. The Executive Director: Adults, Health and Commissioning explained that the authority was working closely with the Police and partners on the 'Right Care, Right Person' (RCRP) partnership approach. He stated that the first phase of implementation had ended and that phases two and three were being developed and risks being assessed. He stated that both phases two and three were due to be implemented in May 2024 and that there were still some significant concerns being discussed with partners and that these concerns would be reported in the Corporate Risk Register if there was a need for escalation. He explained that if there were any financial implications that this would be brought back to committee for consideration.

In discussing the action log, a member queried if there was any additional information regarding action 226.a in relation to a further update on the workforce position for individuals that had been affected by the closure of Beaumont Healthcare Limited and an update on the number of individuals that had been supported to find alternative roles. They also sought information on how many of the individuals had been taken on by the council. The Executive Director: Adults, Health and Commissioning stated that the information provided in the update to the action log was the latest position and that he did not have the detail regarding the numbers of individuals that had been taken on by the council. He stated that the union had contacted the authority to recognise the significant amount of work that the council had done to support the individuals.

The action log was noted.

237. Petitions and Public Questions

No petitions or public questions received.

238. Occupational Therapy Section 75 Agreement

The committee received a report that sought agreement for the County Council to enter into a new Section 75 Agreement with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) for the provision of community Occupational Therapy services for adults and older people. This would continue to be a public sector partnership and would not be procured through a commercial tender process. Having a new and refreshed Section 75 Agreement would mean that the service could continue to provide a sustainable and high quality integrated Occupational Therapy service to the people of Cambridgeshire, ensuring that people remain as independent as possible in the home of their choice.

The presenting officer highlighted the following points in the report:

- the Occupational Therapy service had been an integrated service since 2003 and the council worked closely with the districts and home improvement agencies in delivering the service.

- the average waiting time was 6 weeks based on January 2024 figures.

- an independent review of the service was carried out in 2022 and the recommendations from the review had inform the new agreement.

- the new agreement included flexibility and new key developments including more input from the post discharge process.

- governance included a monthly performance board and regular liaison with CPFT.

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

- sought further information on the independent review including what it covered and the outcomes from the review. Officers explained that the council had commissioned SHA Disability a therapy lead consultancy service to look at all aspects of the service, including speaking to service users and practitioners. Officers stated that it was a good piece of work and produced an extensive report with recommendations.

- queried the average waiting times as pre pandemic the average waiting time was four weeks and questioned if there were other factors affecting waiting times. Officers explained that there were a number of factors affecting waiting times. Officers stated that there was fluctuation in demand for the service which could see on average 700 referrals a month. For example, there were 800 referrals in January 2024 and they were also struggling with recruitment, however there was a national shortage of staffing in this area. Officer stated that in recent weeks there had been some success in recruiting some new staff.

- sought assurances that the CPFT would sign up to the agreement in time and queried how the additional costs would be negotiated year on year. Officers stated that the CPFT had been heavily involved in drawing up the agreement. Officers stated that they had liaised with the contract manager and the agreement should be ready by 1 April 2024, so sign off would be in the next few weeks. Officers explained that additional costs would be linked with the NHS offer of the uplift.

- sought clarity that the council was confident that the use of a single point of contact within the service was clear and worked well, against the rising demand and the council's capacity to meet the demand. Officers explained that the majority of referrals were made through the County council's contact centre, who carry out a level of screening. There were also Occupational Therapists that work within the council's Adults Early Help Service and referrals were also made through physiotherapists. Officers clarified that due to rising demand there had been a lot more work by CPFT over the last six months on an enhanced triage process in order to help with demand management.

- queried how the financial contributions in relation to the agreement were drawn up and if equipment costs were factored into this. Officers explained that the vast

majority of the contribution was in relation to staffing and there was a separate pooled budget with the ICB for the community equipment service.

- the Chair commented on the level of complication of the governance arrangements in place but noted the need to be vigilant. Officers stated that the council had a good working relationship with CPFT and were provided with a comprehensive performance report on a monthly basis.

- recommended that officers publicised the 'Cambridgeshire Guide to Independent Living' more widely and that there was a clear link to the document on the Councils website as this would help support those who could fund their own equipment. Officers explained that the NRS safe and well service provided self help solution for those who wanted to purchase their own equipment.

- the Chair requested that officers informed the chair and vice chair when the agreement had been signed. **Action Required**

It was resolved unanimously to approve:

a) The new budget of £2,038,663.

b) That the council enters into a new and refreshed Section 75 Agreement for the delivery of an integrated Occupational Therapy service, for a contract term of 3 years, plus the option to extend by a further 1 year and then a final 1 year (5 years in total) for a total contract value of £10,193,315 (plus annual uplifts).

c) Delegated authority for awarding and executing a contract for the provision of an integrated Occupational Therapy service starting 1st April 2024 and extension periods to the Executive Director Adults, Health, and Commissioning, in consultation with Chair and Vice Chair of the Committee

239. Procurement of Diagnostic of Hospital Discharge Arrangements

The committee considered a report that outlined the proposed approach and sought approval to undertake a diagnostic of hospital discharge arrangements across Cambridgeshire. The outcome of this would be that people were supported to be discharged from hospital at the right time and to the most appropriate setting, supporting their independence and long-term outcomes, improving patient flow and reducing discharge delays.

The presenting officer highlighted the following points in the report:

- the diagnostic was key to developing savings for the next financial year and improving outcomes.

- it would allow for much better insight into the effectiveness of discharge processes with partners and peoples experiences and identifying gaps and identify opportunities to improve people's independence.

- focus on the community offer and care together, increasing community- based responses, working with the voluntary sector.

- more tailored approach with commissioning, prevention and early intervention.

- this would be a one-off contract, time-limited, to be completed within the financial year 2024/25.

- funding of up to £500k had been allocated to this project. This would be funded through Just Transition Funding reserves, recently approved at full council on 13 February 2024, as part of business planning for 2024/25

- in addition, it also supports delivery of £1.2m of discharge related savings for the financial year 2024/25 contained within the business plan.

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

- highlighted that in the recent government budget announcement local authorities were asked to reduce spending on consultants and asked officers to comment on this in relation to the proposal. A member commented that £500,000 was a large consultancy fee for something that the authority already knows, and queried why it was so expensive and if the authority was learning from other counties in order that best practice could be written up. They also commented that the payments should be in phases to ensure there was value for money. Officers stated that it was important to acknowledge that this was a significant piece of work that required skills that council officers did not have. Officers explained it was a one-off piece of work focusing on how the process could be improved and it was expected that a lot of vital information on how improvements could be made would come out of the work. Officers stated that there would be a competitive process and that all bidders would be required to demonstrate how their proposed approach would support the delivery of social value. Officers highlighted that they had been talking to other authorities to gain an insight into their processes and acknowledged that every local authority had very different circumstances, so processes needed to be tailored to deal with this. Officers stated that it was important to understand these differences whilst continuing to benchmark against other authorities.

- a member commented that assessing on the ward did not give a full picture of the individual's needs. They stated that even though the discharge figures were good there was a concern in relation to avoiding re-admissions. They highlighted that the council was a system with the NHS and questioned why the council was not working with the NHS on this piece of work. Officers explained that there was an ongoing piece of work to look at developing the community offer to help reduce re-admissions. Officers stated that they had spoken to partners including the acute trusts who were keen to support the work. Officers clarified that conversations were continuing with the ICB and there was an interest in looking at mental health discharges. Officers stated that it was important the council lead on the work.

- a member stated that they could not support the recommendation and commented that it was extraordinary that the authority did not expect council officers to have the skills to undertake this work and it was their view that the work would not address the current issues.

- a member highlighted their concern in relation to the amount of money requested and sought further information on what the council would get for this. Officers explained that there were two parts to the diagnostic work; the first part would focus on the processes and looking at the councils' partners and the discharge process and how this impacted on individuals and the effectiveness of the processes. Officers stated that it was crucial that the authority collected the evidence to show were improvements needed to be made particularly in relation to mental health discharges. The second part of the diagnostic would be focused on the council's response, performance was currently good, but this did not mean that the council should not be doing better, and be more ambitious around promoting independence, and having a stronger community offer.

- the Chair stated that the council provided an excellent service, however a new Executive Director had come in and looked at the process with fresh eyes and highlighted that the authority was out of line with national best practice. He explained that he was supportive of the direction of travel and believed that this work would be a driver towards and even better service. He acknowledged that there were expertise and knowledge in the council's own staff that should be utilised and noted that the figure requested was a maximum spend. The Executive Director explained that currently the council did not apply the Discharge to assess (D2A) model which was introduced as best practice in 2016 by NHS England, and still assessed in hospital beds. He stated that there was a need to understand what was happening on the ground and there was a need to maximise the use of pathways 1 and 2 in the discharge to assess model to help the council to maximise outcomes for people and to ensure better spending of the Cambridgeshire pound.

- a member stated that they still had concerns in relation to the money requested and stated that there was no indication on how much the work was going to cost and stated that they were unable to support the proposal. The Executive Director of Adults, Health and Commissioning explained that the figures were based on discussions with other councils. A further member commented that officers had worked out what the exercise might cost, and they felt that it was good use of the money.

- a member questioned if there were figures to show where the discharge to assess was not happening and why, and queried if this would form part of the diagnostic exercise. The chair asked that further information be provided by officers on this. **Action Required.**

It was resolved by majority to:

a) Approve the procurement of resources to carry out a full diagnostic of discharge arrangements, including bed and home-based pathways, for

Cambridgeshire residents, which may include acute hospitals outside of the County boundary, including Peterborough City Hospital.

b) Delegate responsibility for awarding and executing any contracts for the provision of the diagnostic of discharge arrangements, to commence after the 1 April 2024 to the Executive Director of Adults, Health, and Commissioning in consultation with the Chair and Vice Chair of Adults and Health Committee.

c) This work has an estimated contract value of £500,000.

240. Finance Monitoring Report – January 2024

The committee considered a report that set out the financial position of services within its remit as at the end of January 2024

The presenting officer highlighted;

- at the end of January 2024, Adults, Health and Commissioning was projected to deliver a forecast underspend of £3,920k. This masked a significant underlying pressure of £1.3m across care costs for people with learning disabilities. In addition, care costs for older people were significantly above budget, but this was being more than offset by increases in client contributions and by the application of grant funding in 2023-24 to meet increasing costs. Public Health was projected to be £49k underspent.

- the savings tracker remained in a positive position, and it was expected that the savings would be delivered in full at year end.

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

- queried how the grant funding processes were managed and if this was affecting the budget position. Officers explained that grant funding could affect the budget position depending on if some of the activity had taken place and also in relation to unfilled posts. Officers explained that grant funding could be used to support demand across Adult Social Care. Officers look at demand and this was fed in at the beginning of the budget setting process, they then had to take into consideration the corporate position and significant overspends in Childrens services. Officers stated that there was a need to look at how best to use grant funding to the best advantage for Adults but also within the overall context of the council. The Executive Director: Adults, Health and Commissioning reiterated that there needed to be consideration of the whole corporate position. He explained that the workforce expenditure panel has had an impact on the way vacancies have been managed and this had led to underspend and there were difficult decisions to be made regarding the corporate position. He stated that the council wanted to recruit and retain more people and that there were significant pressures on the existing workforce and the council was looking at how things could be done differently including regional benchmarking of pay and conditions.

- requested a specific session for the committee on workforce. **Action Required** A member highlighted that it would be useful as part of this discussion to understand in more depth recruitment issues, in particular around international recruitment and also to look at Public Health and the concern around the current state of primary care and to look at community pharmacies.

- requested a future discussion at committee on debt management to cover the responsibilities of the committee in this area and to review the adult social care debt management improvement plan. **Action required.**

It was resolved to:

note the Adults, Health and Commissioning and Public Health Finance Monitoring Report as at the end of January 2024 and the update on Adult Social Care debt.

241. Adults, Health and Commissioning Risk Register Update

The committee received a report that set out the Adults, Health and Commissioning risks.

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

- a member highlighted risk 16 in relation to the recruitment and retention of staff and questioned what was being done in this area. Officers explained that there were some wider mitigations in place in terms of internal staffing including six protected days of professional development, and retention payments were in place for the short term. Officers explained that they were also acting on the results of the staff survey and staff feedback sessions.

- a member stated that reviewing risks on both the Adults, Health and Commissioning and Public Health risk registers they felt the biggest risk was within the commissioned services in Adults and Health, in particular with providers leaving the market. Officers explained that the commissioning risks included on the Adults, Health and Commissioning register were in relation to the council's internal workforce. Officers explained that the market for the external workforce was buoyant at the moment, particularly in home care. Another member commented that international recruitment brought different levels of risk and they felt that the risk scores in relation to recruitment were a bit conservative.

- a member commented on risk three 'Arrangements to support people with Learning Disabilities result in poor outcomes due to uncertainty of decoupling of funding arrangements via section 75 agreement' and sought clarification on what was in place to mitigate this. Officers stated that governance was in place and conversations were ongoing with CPFT and the ICB, and they were still moving through the process. The Executive Director: Adults, Health and Commissioning

explained that in relation to the mitigations for this risk they were working hard with partners including the ICB, Acute and placed based accountable bodies in the North and South and the CPFT to build stronger relationships and they were on a positive trajectory and the risk was therefore rated appropriately.

- a member queried who the partners were in relation to risk one as they did not recall a discussion around this risk. The Executive Director: Adults, Health and Commissioning stated that this risk had been put on the register in relation to the piece of work to decouple services from Peterborough where appropriate. He stated that it was important to review joint commissioning and the process of this taking place still in some cases as well as other arrangements including section 75 agreements. He clarified that when referring to partners it was not one individual organisation, it was a general risk around how the council responds to joint commissioning arrangements and the financial implications around this.

- a member commented that they felt the impact identified for risk 6 'Adults with care and support needs suffer poor, potentially fatal outcomes because of abuse or neglect that the local authority was or should have been aware of', was too low, and questioned if it should be higher. Officers stated that they were constantly reviewing the breadth of work the council does and its responsibilities and that this was a risk that happened rarely, however you could not entirely mitigate against this.

- the Chair queried in relation to risk 12, if the council was any closer to having a proper management information overview in place in order that the correct information could be supplied in light of a CQC inspection. Officers stated that phase two of the development of the power BI dashboard had ended and most data was now in place and the council was now much clearer on the information requirements from CQC and were working to ensure the council had this information in place. Officers explained that the risk rating is being reviewed and is likely to reduce significantly.

- a member requested that the care academy should be referenced in the mitigating action in relation to risk 14. **Action Required**

It was resolved to note the updated Adults, Health and Commissioning Risk Register.

242. Public Health Risk Report

The committee received a report that set out the Public Health risks.

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

- a member queried if there were any current issues with providers. Officers clarified that there were currently no CQC reports on any public health services.

- a member commented on risk E, 'There is a risk that system staffing capacity will be insufficient to implement or maintain commissioned services' and questioned

whether the public health underspend could be used to pay higher salaries to attract individuals to unfilled roles. Officers explained that the underspend of £49,000 would not address this problem and this was a broader issue in relation to the public health grant and the amount government allocated. Officers highlighted that the underspend was in relation to a lack of capacity in Primary Care that affected the ability of practices to deliver services. A further member commented on the risk and highlighted the need for training of current staff and the vital role the Care Academy played in this. They also highlighted the issues in relation to international recruitment and stated that further restrictions on immigration would put even further pressures on recruitment particularly in relation to social care and this would get worse with the restrictions due to come in to place for bringing dependants into the UK.

- a member highlighted risk D, 'There is a risk that the council and partnership response to future outbreaks/pandemics (including new variants of Covid-19) of infectious disease will be insufficient', and queried whether the council was prepared for future outbreaks. Officers explained that there were staff in place who had a specific Health Protection remit around promoting immunisation and vaccination and worked ~~working~~ closely with the U.K Health Security Agency (UKHSA) to manage any health protection concerns including local outbreaks. ~~.~~The Public Health Intelligence (PHI) Team had a surveillance role in terms of monitoring appropriate data and liaising with UKHSA, Officers stated that the Risk Register identified a risk associated with the management of emergencies such as the Public Health impact of flooding. Officers stated that there was an ongoing training programme for organisations in the system le~~a~~d by the Local Resilience Forum in response to these concerns.

- a member commented on the short-term nature of grants and whether there were any links into recruitment to substantive posts. Officers stated that was a lot of communication on how staff can be re-deployed, and officers worked with providers on how training could be built into services for long term solutions.

- a member commented on risk D in relation to attracting young people into careers in public health and queried what the service was doing in relation to this. Officers explained that they were working with the Combined Authority to build public health skills and training into some of their programmes Currently the Council had a number of Public Health Registrars undertaking part of their training, which was useful for attracting them back to the Council when qualified.

- a member queried how the authority was preparing for a heath protection situation particularly as there was a stress on capacity in the workforce. Officers explained that there was a robust surveillance system in place working at a regional and national level wand the service had suitably trained staff. Officers explained that they were currently working on childhood vaccination rates in relation to the current outbreak of measles.

It was resolved to note the Public Health risk registers.

243. Adults Corporate Performance Report Quarter 3 2023-24

The committee considered a report that gave an update on the status of the selected Key Performance Indicators (KPIs) which track the performance of the services the committee oversees in relation to Adults. The report covered the period of quarter three 2023/24, up to the end of December.

It was resolved to note and comment on performance information and act, as necessary.

244. Public Health Performance Report Quarter 3 2023-24

The committee considered a report that gave an update on the status of the selected Key Performance Indicators (KPIs) which track the performance of the services the committee oversees in relation to Public Health. The report covered the period of quarter three 2023/24, up to the end of December 2023.

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

- a member commented on performance against NHS Health Checks and why the figures were still below target as the indicator was still showing as red. Officers indicated that substantial improvements had been made since the pandemic when the Programme was stopped nationally. Officers further explained that NHS Health Checks were a practice-based service and that certain populations had higher rate of cardiovascular disease. Officers highlighted that there was now approved funding for prevention work and a system would be in place to parachute into practice data records and target those who were at greatest risk and had the greatest need to take up a health check.

- a member sought further information on health visiting mandated checks and if there was any further information on improvements in performance in this area. Officers explained that there had been a lot of work recently in this area and that they were working closely with providers looking at different models of delivery, getting the system up and running again and continuation of the improvements

It was resolved to:

a) Acknowledge the performance achievements.
b) Support the actions undertaken where improvements are necessary.

245. Adult and Health Committee agenda plan, training plan and committee appointments

Members reiterated requests from earlier in the meeting on updates to Committee whether that be by report or in a member development session in relation to;

- Staffing and the Workforce Plan and feedback from the staff survey
- Adult Social Care Debt Management Improvement Plan

The Chair commented that he had been in discussion with the Vice Chair and Officers about using the April reserve date as a development day for the Committee and that this would be finalised and communicates to members shortly. **Action Required.**

A member requested a briefing on the progress of the Care Academy. **Action Required.**

The Chair asked members to consider putting their names forward for appointments to NHS Provider Liaison Groups, and asked officers to recirculate the list of groups. **Action Required.**

Part 2: Health Scrutiny Minutes

246. The Provisions of NHS Dental Services in Cambridgeshire

The Committee received a report on current provision of NHS dentistry services to the local population of Cambridgeshire from the Chief Finance Officer (CFO) at the Cambridgeshire and Peterborough Integrated Care Board (ICB). Also present to give evidence were the Associate Director for Primary Care Contracts and Enabling and Primary Care Contracts Business Partner (Dental) at the ICB and the Communities Programme Manager at Healthwatch Cambridgeshire.

Introducing the report, the CFO ICB highlighted:

- responsibility for dental functions were delegated to Integrated Care Boards (ICBs) with effect from 1st April 2023. This responsibility was previously with NHS England.

- the ICB had inherited some NHS dental contracts that had been under-performing since 2018, largely due to the pricing structure of the contracts. There were three bands of payments, but dentists could earn more when undertaking private work.

- the ICB had secured an additional £6.1 million for its Dental Improvement Plan which aimed to improve access to NHS dental services for patients across the area. The ICB had engaged with local dentistry providers, Healthwatch and patient groups to development the plan. Population health information and health inequalities data was being used to identify where the areas of greatest need were located.

- in February 2024, NHS England published a joint NHS and Department of Health and Social Care (DHSC) plan to recover and reform NHS dentistry. The plan included initiatives such as one-off payments to attract dentists to areas in most need of dental services and a change in band payment rates to encourage dentists to see more NHS patients. The ICB had already included some of these initiatives in its own Dental Improvement Plan.

- the ICB had already rolled out additional capacity with high street dentists.

The Healthwatch representative highlighted the importance of listening to people and their lived experiences. Dental services were consistently in the top two problems reported and had been since before the pandemic. Healthwatch welcomed the ICB's Dental Improvement Plan and looked forward to seeing how it would affect peoples' access to dental care. Healthwatch emphasised the importance of addressing health inequality across the county to help those most affected by the lack of access to dentists. Difficulties accessing dental care were being seen nationally, but Cambridgeshire was particularly badly affected.

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

<u>Budget Allocation and Contracts</u>

- asked for more information about two figures in the report: £6.1 million and £200 million and asked the total dentistry budget for the ICB in Cambridgeshire and how resources would be allocated to address dental health inequalities. The CFO ICB advised that the ICB had not yet received its budget allocation for 2024/5. The dentistry budget for 2023/24 was approximately £48 million and the ICB had added an additional £6.1 million to fund its Dental Improvement Plan. Of the £200 million assigned nationally in support of the Government's dental recovery and improvement the ICB had received £780K for Cambridgeshire and Peterborough. It was noted that some of the £200 million was not new money and that funding was not separated by district but distributed through NHS dental contracts.

- asked if the additional money was enough to make a positive difference. The CFO ICB advised that the ICB was engaging with experts to utilise the money to have the biggest impact. The ICB was also actively engaging with local NHS dental providers.

- queried how much difference the increase in payments for Band 1 units of dental activity (UDA) would make in practice. ICB officers stated that they would monitor the impact of this change but acknowledged that there was still a substantial difference to the income from comparable UDAs delivered to private patients.

- voiced strong concern that the annual NHS dentistry budget was effectively unchanged since 2010, reflecting a significant drop in real

terms, and questioned whether it was possible to make a difference with the funds available.

- queried if there was scope for learning from other countries and their dentistry. ICB officers responded that the ICB had engaged a multinational organisation which would analyse data across Cambridgeshire. Their findings would highlight where national contracts were placed throughout the county and which areas were most deprived in terms of access to NHS dental provision. The ICB had tasked them to consider what tariffs could look like to attract dentists back to the NHS.

- learned that capital expenditure could not be spent on helping new dental practices to open or to procure equipment for them as they were private businesses, but that capital funds could be used to support the delivery of dental services in community spaces.

- noted that funding was calculated on a per head of population basis.

- asked if the ICB would consider directly employing dentists to treat NHS patients. ICB Officers informed Members that the ICB commissioned dental services but did not employ dentists direct.

- sought clarification regarding the funding of oral health promotion. ICB officers explained that the ICB had retained part of the funding for oral health promotion and that they were working with the Public Health team on how this was used to complement the work being done by Public Health, rather than duplicate it. The contract was in place until 2026 with yearly uplifts. The Deputy Director of Public Health commented that there had been a lack of clarity about the amount of funding, which was retained by the ICB, and the amount passed on, and welcomed the offer by the ICB to share that information outside of the meeting.

- sought further information about the use of mobile dentistry vans and their funding. ICB officers explained that there was no additional money to fund the dentistry van that had been approved for Cambridgeshire and Peterborough, so it would need to be funded from within the existing dental budget.

- emphasised the link between oral hygiene and physical health and the importance of preventive as well as curative dental care.

- encouraged the ICB to engage with District Councils.

<u>Training and Education</u>

- highlighted the lack of a dental school in the East of England, despite the acute need for more dental practitioners locally, commenting that if people were trained locally, they would be more likely to settle and provide services locally. Peterborough University and Anglia Ruskin University could potentially deliver this training and several councillors offered to

liaise with local MPs in support of this. ICB officers explained that the establishment of a dental school would be in the remit of Health Education England and not the ICB, but that they could help initiate conversations. Engagement sessions with local dentists had also identified this as an area to be explored.

- suggested discussions around wider collaboration in relation to the ICB's workforce strategy including dentistry, and the opportunities offered by the new Care Academy.

- asked what steps were being taken to make use of the full skill set of dental health professionals and provide opportunities for their professional development. For example, could dental assistants and hygienists undertake additional work following appropriate training to free up dentists' time to focus on more challenging cases. ICB officers confirmed that they were keen to make best use of the skills available locally and to offer professional development opportunities and were obtaining the data needed to better understand the local dentistry workforce.

- welcomed the ICB's work to make children and young people aware of career opportunities in dentistry through attendance at careers fairs.

Prevention and Local Provision

- highlighted that the government were consulting on the registration process for overseas dentists and asked about the potential impact be locally. ICB officers highlighted that one important aspect of overseas professional retention involved a sense of importance and belonging in the local community. Engagement with local practices and establishing links through neighbourhood teams would help facilitate this sense of community. The Chair stated that the subject of overseas dentists was not the main topic of discussion in this meeting but could be bought back another time.

- spoke of the importance of listening to and engaging with local people and patient representative groups like Toothless in England.

- expressed concern for children, vulnerable people, and people in need of urgent dental care and encouraged the early introduction of mobile dental vans locally.

- asked about the number of orthodontic contracts in place and described difficulties with accessing orthodontic care in Cambridge which had been reported to them. The ICB officer explained that there were currently six NHS orthodontic contracts in Cambridgeshire and that this service was accessible by referral only. They were not aware of any issues accessing this care and offered to follow this up outside of the meeting.

- welcomed the ICB's intention to look at S106 funding to ensure that dental provision for new and growing communities was included in future conversations with developers.

- queried the use of community spaces; how would that work, and could there be conversations with the County Council about using those spaces?

- noted the strong public health argument in favour of the fluoridation of water to build and maintain strong, healthy teeth in both adults and children, and the role it could play in improving dental health in people living in more deprived communities. The offer by the CFO ICB to expedite conversations with Health Education England on the fluoridation of water in Cambridgeshire was welcomed, and committee members asked to be advised of anything they could do in support of these discussions.

- sought more information on three areas of the local Dental Improvement Plan: child focused initiatives, care home staff support offer and patient engagement. The ICB officer explained that 51.3% of the child population in Cambridgeshire had seen a dentist within the last 12 months in 2022/23. An oral health training package to upskill care home staff on oral health care through training led by dental care professionals had been successfully trialled. The ICB was also working to ensure that residents in care homes had access to dental practices if they needed treatment. Patient engagement would be paramount to the Dental Improvement Plan.

- noted that integrated neighbourhood teams and community hubs would be a focus moving forward to help increase access to dental services.

- expressed shock at the Healthwatch report, published in February 2024, that stated some practices would not register children as NHS patients unless their parents had signed up privately.

The Healthwatch representative stated that:

- in 2019 Healthwatch published a dental report which found that people were visiting Accident and Emergency units for urgent dental care because they were unable to access to routine dental provision. A temporary injection of funding into dental access centres over six months had been made to help address this issue, and they asked if there were any interim measures that could be introduced to improve access to urgent dental care.

The Chair thanked contributors and Committee members for a wide-ranging debate, and summarised the key discussion points for inclusion in the Committee's feedback and recommendations:

- highlighted the consistently high level of public concern and dissatisfaction with access to NHS dental services being seen both locally and nationally.

- commended the local Integrated Care Board in securing £6.1m to help improve access to dental services through its Dental Improvement Plan.

- expressed concern that the new money announced by Government in support of NHS dentistry is not all new money, and that there still remained a significant differential between NHS payments for units of dental activity (UDA) and the fees charged for comparable services by private dental practitioners.

- welcomed and encouraged the ICB's engagement with local dentists, which was anew initiative.

- welcomed the provision of additional dental care sessions for children and young people including children in care and the offer of support to care home staff with residents' oral health and onward referral to a dental practice for treatment where required as part of the ICB's own Dental Improvement Plan

- welcomed the offer by the Primary Care Contracts Business Partner (Dental) to engage with district councils.

- encouraged further dialogue between County Council officers and the ICB on wider collaboration in relation to the ICB's workforce strategy, including the opportunities offered by the new Care Academy.

- welcomed the ICB's intention to look at S106 funding to make sure that dental provision for new and growing communities was included in future conversations with developers.

- welcomed and endorsed the focus on integrated neighbourhood working and the potential for collaboration in the use of community spaces.

- welcomed the ICB's offer to meet with Councillor Daunton to discuss access to orthodontic care in Cambridge.

- noted the strong public health argument in favour of the fluoridation of water to build and maintain strong, healthy teeth in both adults and children, and the role it could play in improving dental health in people living in more deprived communities. The Committee would welcome an examination of the possibility of extending water fluoridation to Cambridgeshire in the future.

- expressed shock at the finding in the Healthwatch report 'Our position on NHS Dentistry' that some people were reporting that dental practices would not see children as NHS patients unless their parents registered as private patients.

- welcomed the work already being done by the ICB to actively promote career opportunities within dental care in Cambridgeshire to young people and those changing careers and encouraged this remain an area of focus.

It was resolved unanimously to:

delegate authority to the Democratic Services Officer, in consultation with Committee Spokes, to provide feedback and recommendations to the Integrated Care Board on dental provision in Cambridgeshire.

247. Approval Process for the Responses to NHS Quality Accounts 2023-24

The Committee was asked to approve arrangements to review and respond to local NHS providers' Quality Accounts for 2023/24.

The six largest local NHS providers were required to produce a Quality Account each year to provide assurance about the quality of their services. This was measured against patient safety, the effectiveness of treatments and patient feedback on the care provided. The Trusts were required to share a draft with their local Health Overview and Scrutiny Committee/s (HOSCs) for comment and to include any statements made by those committees in the published document.

The Chair stated that membership of the NHS Provider Liaison Groups was open to all committee members, substitutes and co-opted members, and encouraged them to consider putting their names forward. There were no political proportionality requirements and cross-party membership was encouraged.

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

- asked that the following issues should be considered for each Quality Account: waiting lists; lack of funds; links with the County Council and the extent to which these were working or not; staff recruitment and retention; and any specific challenges faced by the Trust. **Action required.**

- clarified that Quality Accounts were public facing, user-friendly documents and were not financial accounts.

- sought clarification if Provider Liaison Groups discussed anything other than the Quality Accounts. It was clarified that they had a wider remit to discuss potential issues for future scrutiny sessions and current issues. A list of the groups would be circulated after the meeting. **Action required.**

It was resolved unanimously to:

a) establish six Working Groups to review the draft Quality Accounts for 2023/24.

b) agree that these Working Groups consist of the members of the relevant NHS provider Liaison Group, plus any additional members agreed by the Committee. Partner Governors appointed by the Committee to NHS providers will also be invited to join the relevant Working Group.

c) delegate authority to the Democratic Services Officer, at the direction of the Working Groups and in consultation with Adults and Health Committee Spokes, to submit the Committee's statements on the 2023/24 Quality Accounts.

248. Rapid Review of the Integrated Care System Winter Plan 2023-24

The Committee received a report which placed on record the findings and recommendations of the Rapid Review of the Cambridgeshire and Peterborough Integrated Care System (ICS) Winter Plan 2023/24.

The Rapid Review Group had been established to consider the ICS Winter Plan 2023/24. The Group met with the Chief Executive and the Director of Performance and Delivery at the Integrated Care Board (ICB) and followed up questions which Committee members had identified as part of their pre-scrutiny preparations together with their own lines of enquiry. The Group's findings and recommendations were shared with Committee Spokes and sent to the Chair of the Integrated Care Board, and the recommendations had been included on the Committee's scrutiny tracker.

The Chair placed on record the Committee's thanks to Councillors Black, Costello and Daunton for the Rapid Review Group's work, and welcomed the time which senior ICB officers had committed to meeting with the Group.

Review Group members reported:

- a productive meeting with the CEO and Director of Performance and Delivery at the ICB, which had included issues raised by those officers which had not previously been considered.

- highlighted the importance of community pharmacies.

- discussed the Gold Response Group that was established during the covid pandemic and how the positive relationships established at that time between different organisations and stakeholders were being maintained.

- discussed the 'Stay Well for Winter' booklet produced by the County Council which represented positive collaboration with the NHS.

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

- asked about hospital discharge figures over the winter period. Officers stated that they had not seen the same level of pressure this year as there had been previously. The work with market providers, international domiciliary staff recruitment and intermediate care through the reablement programme had enabled people to move through the system more smoothly, although some hospitals discharges were still delayed.

The Rapid Review Group's findings and recommendations were noted.

249. Health Scrutiny Work Plan – March 2024

Members reviewed the Health Scrutiny Work Plan and noted that there was a meeting the following week which was open to all Committee members and co-opted members to discuss priorities for the 2024/25 health scrutiny work programme.

The report was noted.

250. Health Scrutiny Recommendations Tracker – March 2024

The Health Scrutiny Recommendations Tracker was reviewed and noted.

Chair

ADULTS AND HEALTH COMMITTEE MINUTES - ACTION LOG

This is the updated action log as at 17 June 2024 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 9 March 2023						
Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
169.	Major Trauma in the East of England and the Potential Establishment of a Second Major Trauma Centre in Norwich	Ian Walker, CUHFT	Requested forecast data on the number of patients which would be seen by the proposed NNUH (North Norwich University Hospital) development, rather than Addenbrookes, that had an injury severity score rating above 15 (indicating the injury was life threatening or life changing).	20.04.23 request sent to NHS E for update awaiting response. 09.05.23 Reminder sent. 07.06.23 We have had confirmation that NHSE colleagues have left and are now chasing directly with Addenbrookes. 25.09.23: A response will be requested at the next Cambridge University Hospitals Quarterly liaison meeting. 15.01.24: Reminder sent. 26.01.24: Update requested at the CUHFT Liaison Group meeting. 07.02.24: Reminder sent. 23.04.24: Reminder sent.	In progress	

Meeting 5 October 2023						
Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
195.b	Adult Social Care Workforce Provider Support Plan	Donna Glover	a member highlighted that it was unclear what the £800,000 would be spent on an that it was important that clear targets were set and agreed for the initiative and circulated to the committee. Officers agreed to review and come back to committee on progress.	Activity is underway and an update will be provided at the next committee once finalised and KPIs are in place 02.05.24 There has been good uptake to the Care Academy since the launch in January 2024. As at March 2024 140 care workers and 35 provider sites had signed up and we continue to see a steady rate of interest. We are currently in the process of commissioning a Training Needs Analysis to be undertaken with our care provider market. This will provide comprehensive workforce training data to identify gaps in skills and competencies, with recommendations on priority training needs and sources to inform further bespoke training offers we need to commission locally to support skills development across the sector.	Complete	April ‘24

Meeting 14 December 2023						
Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
219.e	Adult and Health Committee agenda plan, training plan and committee appointments	Patrick Warren Higgs	In relation to the training plan, the Vice Chair stated she had asked the Executive Director to put some training/ seminar in place to discuss Care Together.	PWH picking this up with Will Patten as part of a review of the wider training plan 27/2/24 - Member engagement/training programme being developed as per request (JM) Members development session planned for 25th April and ongoing dates for Care Together updates scheduled.	Complete	
221.	NHS Workforce Development: Primary Care and Nursing Workforce	Claudia Iton, Chief People Officer, ICS	A note was offered after the meeting on what percentage of the local primary care workforce was recruited internationally	15.01.24: Reminder sent.	In progress	February 2024
222.	Health Scrutiny Work Plan	Alex Parr	The Vice Chair suggested discussing the timing of the scrutiny of dental services at the next Integrated Care Board/ Healthwatch Liaison Group.	15.01.24: The liaison meeting scheduled for 19th January 2024 is being re-arranged to a conflict in diaries. 18.4.24 Meetings were put on hold and will now be arranged.	In progress	
222.	Health Scrutiny Work Plan	Jyoti Atri	Health inequalities. The Chair would welcome the Director of Public Health's advice on how this might constructively be scrutinised.	Completed and sent to Democratic services for circulation.	Completed	

222.	Health Scrutiny Work Plan	Richenda Greenhill	The Chair and Vice Chair would feedback on potential areas for scrutiny relating to the East of England Ambulance Service after their meeting with the EEAST leadership team on 11th March 2024.	Suggested areas: Workforce Development including support provided to staff. Response times	Completed	

Meeting 14 December 2023						
Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
232.a	Adults Corporate Performance Report	Sarah Bye	Officers explained that section 42 was the council's statutory duty to make enquires around adult safeguarding, and there was a significant piece of work being undertaken in relation to the adult safeguarding service delivery plan which included the multiagency safeguarding hub (MASH) and the wider adult social care system. Officers explained that they were in the middle of reviewing all of the enquires so once they had gathered all of the data, they would be able to provide an update to committee.	22.2.24 Response to query raised has been drafted and with PWH to agree. 8.5.24 Response to be circulated to Committee.	Completed	

Meeting 7 March 2024						
Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
238.	Occupational Therapy Section 75 Agreement	Diana Mackay	the Chair requested that officers informed the chair and vice chair when the agreement had been signed.			
239.	Procurement of Diagnostic of Hospital Discharge Arrangements	Patrick Warren Higgs	a member questioned if there were figures to show where the discharge to assess was not happening and why, and queried if this would form part of the diagnostic exercise. The chair asked that further information be provided by officers on this.	The diagnostic once concluded, will cover those areas where discharge to assess was not happening, or could be improved. A paper for Committee will be prepared following the diagnostic for any decisions arising from this work.	Completed	
240.a	Finance Monitoring Report – January 2024	Patrick Warren Higgs	requested a specific session for the committee on workforce.	To propose this as a topic as part of Members development sessions	In Progress	
240.b	Finance Monitoring Report – January 2024	Patrick Warren Higgs	requested a future discussion at committee on debt management to cover the responsibilities of the committee in this area and to review the adult social care debt management improvement plan.	Debt Improvement Plan actions to be circulated to committee members for information following latest updated position at the end of Q4 2023/4. Updates on the latest position of debt management will be provided as part of the quarterly finance report to Committee	In Progress	
241.	Adults, Health and Commissioning Risk Register Update	Sarah Bye	a member requested that the care academy should be referenced in the mitigating action in relation to risk 14.	This has been reviewed and added to the Risk Register	Completed	

245.a	Adult and Health Committee agenda plan, training plan and committee appointments	Patrick Warren Higgs	The Chair commented that he had been in discussion with the Vice Chair and Officers about using the April reserve date as a development day for the Committee and that this would be finalised and communicates to members shortly.	Session in the diary for 25 April 10-1 – to cover Market Shaping, Care Together and South Partnership Board	Completed	
245.b	Adult and Health Committee agenda plan, training plan and committee appointments	Patrick Warren Higgs	A member requested a briefing on the progress of the Care Academy	8.5.2024 Members have been briefed separately following the committee discussion.	Completed	
245.c	Adult and Health Committee agenda plan, training plan and committee appointments	Richenda Greenhill	The Chair asked members to consider putting their names forward for appointments to NHS Provider Liaison Groups, and asked officers to recirculate the list of groups	List circulated to members on 8th March 2024.	Completed	
247.a	Approval Process for the Responses to NHS Quality Accounts 2023-24	Richenda Greenhill	asked that the following issues should be considered for each Quality Account: waiting lists; lack of funds; links with the County Council and the extent to which these were working or not; staff recruitment and retention; and any specific challenges faced by the Trust.	Included for consideration of each draft Quality Account.	Completed	

247.b	Approval Process for the Responses to NHS Quality Accounts 2023-24	Richenda Greenhill	sought clarification if Provider Liaison Groups discussed anything other than the Quality Accounts. It was clarified that they had a wider remit to discuss potential issues for future scrutiny sessions and current issues. A list of the groups would be circulated after the meeting.			

Recommissioning Sexual and Reproductive Health Services

To:	Adults and Health Committee
Meeting Date:	27 June 2024
From:	Executive Director of Adults, Health, and Commissioning
Electoral division(s):	All
Key decision:	Yes
Forward Plan ref:	2024/005

Executive Summary: This report describes the issues that impact upon the re-commissioning of the Integrated Sexual and Reproductive Health Prevention and Treatment Service. The Committee is asked to consider the description of the current services, the epidemiology, needs assessment information along with Service scope and procurement options for commissioning the services.

Recommendation: Adults and Health Committee is being asked to agree the following recommendations:

a) To re-commission the Integrated Sexual and Reproductive Health Treatment Services as a shared service across Cambridgeshire County Council and Peterborough City Council.

b) That Peterborough City Council delegates to Cambridgeshire County Council the authority, through a Delegation and Partnership agreement, to enter into a Section 75 agreement on its behalf with the current provider Cambridgeshire Community Services to deliver the Integrated Sexual and Reproductive Treatment Service across Peterborough.

c) That the Section 75 agreement for the Integrated Sexual and Reproductive Treatment Service with Cambridgeshire Community Services includes the provision of the Prevention of Sexual Ill Health Service for Cambridgeshire County Council **only.** The Prevention Service will only be provided for Cambridgeshire County Council residents.

d) The Section 75 with Cambridgeshire Community Services has a total value of £36,112,278 over 6 years with break options at years four and five. The total value is comprised of the following different funding streams.

Cambridgeshire County Council:
Sexual and Reproductive Health Treatment Service: £22,851,528
Prevention of Sexual Ill Health Service: £1,988,160

Peterborough City Council:
Sexual and Reproductive Health Treatment Service: £11,272,590

e) Delegate responsibility for awarding and executing a Section 75 agreement for the provision of Integrated Sexual and Reproductive Health Prevention and Treatment services starting April 1, 2025, until March 31, 2031, with break options at four and five years to the Executive Director for Adults, Health, and Commissioning in consultation with the Chair and Vice Chair of the Adults and Health Committee.

Officer contact:
Name: Val Thomas
Post: Acting Director of Public Health
Email: val.thomas@cambridgeshire.gov.uk

1. Creating a greener, fairer, and more caring Cambridgeshire

1.1 The Prevention of Sexual Ill Health Prevention Service will support delivery of Council's Strategic ambitions as detailed below.

1.2 *Ambition 1 Net zero carbon emissions for Cambridgeshire by 2045, and our communities and natural environment are supported to adapt and thrive as the climate changes.*

Ambition 2: Travel across the county is safer and more environmentally sustainable.

A proportion of the services and meetings are provided virtually which means there is less travel across the area, affecting carbon emissions.

Providers are asked to adopt sustainable travel options whenever possible. If the recommendation for the contract award is approved the current provider as an NHS organisation and therefore is subject to obligations relating to its net zero omissions strategy. The provider also has its own "Green Plan" which has range of initiatives that will support ambitions one and two.

Ambition 3 Health inequalities are reduced.

The commissioned service is universal, but it is targeted at certain high-risk groups which includes young people, the homeless, drug and alcohol service users, men who have sex with men, people with learning disabilities who often experience health inequalities and have overall poorer health outcomes.

Ambition 4 People enjoy healthy, safe, and independent lives through timely support that is most suited to their needs.

The Service aims to reduce the risk of transmission of sexually transmitted infections through population level and targeted prevention interventions. This includes the provision of prompt effective treatment and interventions to reduce the risk of unplanned pregnancies. The services also work with other services to address the often-wide ranging needs of high-risk groups.

Ambition 5: People are helped out of poverty and income inequality.

The Services aim to ensure the best possible health outcomes for the population and service users. For example, providing treatment for HIV enables people to live and work and supporting people to avoid unplanned pregnancies.

Ambition 6: Places and communities prosper because they have a resilient and inclusive economy, access to good quality public services and social justice is prioritised.

The Services enable people to remain in good health. They also work to decrease the stigma associated with poor sexual health which includes living with HIV.

Ambition 7 Children and young people have opportunities to thrive.

The Service is accessed by high number of sixteen- to eighteen-year-olds. It is aware of the particular needs of young people and shapes services to address these needs.

2. Background

Sexual and Reproductive Health (SRH) Services Scope

2.1 The provision of sexual health services is a mandatory Public Health function for local authorities. Robust sexual health services enable sexually transmitted infections to be treated promptly to reduce the risk of their spread. Historically sexual health or Genito Urinary Medicine (GUM) services were provided in acute hospital settings but in recent years they have become community services and integrated with contraception services. In Cambridgeshire, the model is known as community Integrated Contraception and Sexual Health (iCaSH) services.

It is mandatory that Sexual Health Services provide open access and they do not require a referral. People can access the services anywhere. Local authorities are obliged to pay “out of area” providers who have treated any of their residents.

2.2 Currently Cambridgeshire County Council (CCC) has a Section 75 with Cambridgeshire Community Services (CCS) for the provision of Sexual and Reproductive Health (SRH) services, known as iCaSH, across Cambridgeshire and Peterborough. This shared service was established though Peterborough City Council (PCC) delegating authority, through a Partnering and Delegation agreement to CCC to enter into the Section 75 on its behalf.

2.3 The current Section 75 was established to cover 2021-22 and was extended until March 2025. A competitive procurement had been planned for 2020 with a new contract effective from April 2021 but due to the pressures created by the COVID-19 pandemic the then Health Committee agreed the initial Section 75 and its extension to March 31, 2025.

2.4 The service model for re-commissioning had been evolving into a more integrated service following several national reports. The Health and Social Care Act 2013 divided the commissioning responsibilities for SRH services between Local Authorities, Clinical Commissioning Groups (CCGs), and NHS England (NHSE). In 2017 Public Health England (PHE) and the Department of Health and Social Care (DHSC) surveyed commissioners of sexual health services across the country to gather feedback on their commissioning experiences. The survey reported fragmentation of commissioning that was associated with the spread of commissioning responsibilities across three main commissioning bodies (Local Authorities, NHSE, and CCGs) because of the commissioning arrangements created through the 2013 Health and Social Care Act.

PHE invited CCC and other local commissioners of SRH services across Cambridgeshire and Peterborough to explore opportunities for alignment and collaborative commissioning of SRH services. Consequently prior to 2020/21 a considerable amount of work, led by CCC commissioners, was undertaken to develop a collaborative model that would better meet the often-multiple complexes needs of iCaSH service users.

The pandemic necessitated a more pragmatic approach, and Section 75 was more limited in scope than had been planned. Currently it includes sexual health treatment and contraception services along with HIV services. HIV commissioning is the responsibility of NHSE, and it is a partner to Section 75. The current Section 75 did, however, include a Single Point of Access which is well supported by service users. Developing a more integrated model will be an objective for the new service.

2.5 The prevention of sexual ill health is an essential element in maintaining and improving the sexual and reproductive health of the population. Currently we commission the Terence Higgins Trust (THT) to provide the Prevention of Sexual Ill Health Service. This is a shared service working across the CCC and PCC areas. PCC has delegated the authority to CCC, through a Delegation and Partnering agreement, to commission the service on its behalf. The Service was commissioned through a competitive tendering process and the contract ends on the 31 March 2025.

The Prevention Service works at a population level for all ages to promote sexual and reproductive prevention messages. It works in a range of settings and runs campaigns and other promotional activities. As well as having a prevention focus for the whole population it plays a key role in working with high risk and often under-served population groups such as the gypsy traveller communities, the homeless, men who have sex with men. It provides support to those living with HIV around their mental and physical health, socio-economic issues and coping with stigma. The service also works with young people in schools and other social settings along with running the condom distribution and chlamydia screening services for young people.

Trends in Sexual and Reproductive Health in Cambridgeshire and Peterborough

2.6 National increases in sexually transmitted infections.

Recent national reports have described large increases in the rates of Sexually Transmitted Infections (STIs). The Local Government Association (LGA) report published in January 2024 reported the following

- That over two-thirds of local authority areas had seen increases in rates of gonorrhoea and syphilis since 2017.
- Almost all (97 per cent) council areas have seen an increase in the diagnoses rate of gonorrhoea, with 10 local authorities seeing rates triple.
- 71 per cent of areas have seen increases in cases of syphilis.
- More than a third (36 per cent) of local authority areas have also seen increases in the detection of chlamydia.
- Demand for sexual health services has continued to grow, with nearly 4.5 million consultations carried out in 2022, up by a third since 2013. In 2022 there were 2.2 million diagnostic tests carried out, a 13 per cent increase from the year before.

- Although some of the rise has been attributed to increased diagnostic testing, and the ongoing work of councils to improve access to services to make it easier for people to get tested regularly, the scale suggests a higher number of infections in the community.

Local trends: Cambridgeshire and Peterborough Sexual Reproductive Health Needs Assessment

2.7 This needs assessment was completed in February 2024 with the objective of informing any new SRH commission. The needs assessment identified the recent trends across both areas that reflect the national picture found in the LGA report.

- New STI diagnosis rate per 100,000 was highest in Cambridge followed by Peterborough. The rate in Cambridge City was higher than the England average. All other areas are below the England average although Peterborough is above the regional average. East Cambridgeshire and Fenland have the lowest rates in Cambridgeshire and Peterborough at less than half the rate of the England average.
- Overall STI rates declined during the COVID-19 pandemic. However, in some areas such as Cambridge City and Huntingdonshire these rates started to increase in 2022 although not yet to the levels in 2019.
- The national increase in gonorrhoea rates in 2022 meant they were higher than in 2019. There was a similar overall pattern in Cambridgeshire and Peterborough but with variations between the districts. Diagnosis rates were highest in Cambridge City and Peterborough and were similar to the England figure, but five times higher than East Cambridgeshire, which has the lowest rate.
- Similarly, there has been national upward trend in syphilis diagnosis between 2008 and 2019 although this has slowed in recent years. In Cambridgeshire and Peterborough diagnosis rates have increased driven by rates in Cambridge City and Peterborough but currently remain similar to the England figure.
- The new diagnosis HIV rate was significantly higher in 2022 in Cambridge and Peterborough than the England average. Testing is an important part of addressing HIV and the testing rate has been falling across all areas. It is significantly lower in all districts compared to the national rate with the exception of Peterborough.
- There has been concern in recent years about late HIV diagnosis in Cambridgeshire and Peterborough. Late HIV diagnosis increases the risk of HIV-related morbidity and mortality for individuals. It may also increase the chance that they have unknowingly passed HIV on to contacts.
- Nationally teenage conception rates more than halved between 2011 and 2021. The England under 18s conception rate per 1,000 females aged 15-17 is 13.1%. Cambridge, Fenland and Huntingdonshire have rates that are similar to the England average. East Cambridgeshire and South Cambridgeshire have an under 18s conception rate significantly below the England average. Peterborough has a higher rate than the England or regional average however it still represents a lower rate than seen in Peterborough 10 years ago.

In summary there is an overall increasing upward trend in STI rates with the diagnosis rate for most STIs highest in the two cities (Cambridge and Peterborough). Both areas have younger populations, and it is known that young people experience the highest diagnosis rates of the most common STIs, this may be due to higher rates of partner change among

those aged 16 to 24 years. These higher values may also reflect a greater access to testing services, and this has identified unmet need.

There are now national action plans to address these upward trends. The national HIV Action Plan (15), published in 2021 by the Department of Health and Social Care (DHSC), commits to ending HIV transmissions in England by 2030, and has an interim target of reducing HIV transmissions by 80% between 2019 and 2025.

Increase in service activity

2.8 There has been an increase in demand for treatment services and this needs to be seen in the context of the epidemiology described above. Clinic activity is divided into face-to-face consultations, virtual services, and telephone contacts. Face to Face consultations have returned to pre-pandemic levels along with an increase in numbers accessing tests online, which also increases demand for treatment appointments. Consultation with service users and the public as part of the needs assessment found that a large proportion of people preferred face to face appointments, but many would access virtual services.
An additional factor is the growth in the 16–25-year-population group, who are the highest users of the Service and favour virtual options.

Table 1 shows an increase in activity of over 18% in the iCaSH service from 2019 to 2022/23. The pressures are attributed to virtual services, dating apps and geosocial networks along with the increase in the 15–24-year-old population is contributing to these pressures. (The overall fall in activity for 2020/21 reflects the impact of the COVID-19 pandemic)

Table 1: Activity increases.

Local authority	Total activity 19/20	Total activity 20/21	Total activity 21/22	Total activity 22/23
Cambridgeshire Total	34,398	29,294	48,243	45,816
Peterborough Total	23,658	24,559	22,455	25,288
Total	**58,056**	**53,853**	**70,698**	**71,104**

Prevention of Sexual Ill Health Services

2.9 The epidemiology reinforces the need for a Prevention of Sexual Ill Health Service. However, the information that emerged from consultation with service users, residents, clinicians, and other professionals presented other challenges for the Prevention service. Concerns focused very much upon the needs of high-risk groups that related to lack of information in accessible formats with specific concerns for LGBTQ+ and men who have sex with men (MSM), people with physical and learning disabilities, ethnic minorities where language barriers, homeless people, substance misuse including sexualised drug use, prisoners on release and sex workers.

The needs assessment consulted widely around the needs of young people and made the following recommendations.

- Review of current offer to schools across all system partners including health, education, and public health to ensure opportunities are maximised to promote healthy behaviours in relation to sexual and reproductive health.
- Provide clear targets and outcomes for delivery of school prevention programmes.

The evidence for working with young people to decrease their risk-taking behaviour. supports a holistic approach which provides better outcomes, rather than focusing upon a specific behaviour.

This thinking has been further developed and has been incorporated into the paper for Commissioning a new Children and Young People's (CYP) Prevention service that will incorporate the currently commissioned Healthy Schools Service.

It is proposed that the new CYP prevention service will work with children and young people in schools and other appropriate settings including groups that have higher levels of need such as young people with learning disabilities. This approach will also complement the development of integrated place-based models for the delivery of children and young people's services. This is being taken forward through the Children and Young People's Committee.

2.10 The implication for the current model for prevention services is that it should focus upon the needs identified nationally and locally for the adult population and especially for high-risk groups.

The following deliverables will need to be strengthened and developed.

- General and targeted information to improve knowledge and awareness of sexual health and contraception issues through promotional activities and campaigns using appropriate media for the target population groups, which includes all age groups.
- Alongside universal information activities the Service will target vulnerable people and high-risk groups to increase awareness and knowledge about late testing for HIV.
- Befriending activities to engage vulnerable and high-risk groups living with HIV supporting them to access health and other support services to ensure that their complex needs are met to prevent further adverse health outcomes.
- Develop referral pathways between different support organisations providing support to clients with complex needs.
- Build capacity and skills for improving sexual health by working with partner organisations, communities, and target groups.

These developments will require an integrated approach across different organisations including the community SRH treatment services. The SRH service treats many people from high-risk groups and has close links with the other services that work with them, including the Prevention Service. It also is the service that is first to identify any STI increases in the population and specific groups.

3. Main Issues

New Service

3.1 Overall the needs assessment findings show that there are some ongoing and new challenges for the services. New diagnoses of sexually transmitted infection rates have returned to pre-pandemic or in some cases such as gonorrhea higher than the 2019 rate. In Peterborough the teenage pregnancy rate, although improved, has stagnated at just above the national rate. SRH services must be able to respond to situations which pose a threat to population health. The Service had to deal with the Monkeypox outbreak, on top of the pandemic, which put a considerable strain on the service. Looking forward as gonorrhea rates increase nationally it has been indicated that the services will be asked to offer vaccination for both monkeypox and gonorrhea. The introduction of HIV “opt out” testing initially at Hinchingbrooke and Peterborough hospitals will mean that HIV testing will be routine. This potentially could increase the demand for HIV services at SRH clinics.

The new integrated SRH treatment service will not significantly change in scope or the model for delivery. However, the consultation and engagement activities with service users and the public, undertaken as part of the needs assessment, identified development areas. These include accessibility, communication and the unmet need of specific groups and areas. Other development drivers are the integration of related services, for example gynaecological and termination services, to enable patients to have their holistic clinical care needs met along with services that will enable wider socio-economic needs to be addressed. The integration of services was started prior to the pandemic prompted by national concerns about fragmented commissioning and will be revisited. Addressing prevention needs is an integral part of these developments and is part of the integration of services so that all opportunities for prevention are utilised.

Integrating Prevention and Treatment

3.2 It is recommended that the Prevention of Sexual Ill Health Service is commissioned as part of an integrated prevention and treatment service. Sections 2.9 and 2.10 describe the prevention needs and areas for development. In summary alongside population level interventions there will need to be a focus on addressing the needs of LGBTQ+ and men who have sex with men (MSM), people with physical and learning disabilities, ethnic minorities where language barriers, homeless people, substance misuse including sexualised drug use, prisoners on release and sex workers.

Currently the Prevention Service works with all ages. However, as described above it is proposed that prevention activities with children and young people should not? be commissioned as part of the new Prevention Service. Consequently, this commission will focus on adult prevention needs.

3.3 These developments will require an integrated approach across different organisations including the treatment services. The current treatment Service treats many people from high-risk groups and has close links with the other services that work with them, including the Prevention Service. The treatment Service is often first to identify any increases in sexually transmitted infections or signals in the population and specific groups and take initial action, working with the Prevention services.

3.4 We were recently contacted by the Chief Executive of the Terence Higgins Trust (THT) which is our provider of the current Prevention service. The organization is withdrawing from being a provider of prevention services, though it will continue with its long-standing advocacy work. This change was forced by the inflationary pressures which has made service delivery too challenging.

Prior to meeting with THT we had discussed its change of direction with Norfolk and Milton Keynes local authorities. Norfolk had already brought the THT Prevention activity into its SRH treatment service which as in Cambridgeshire and Peterborough is provided by CCS. Milton Keynes had planned a similar approach. The rationale was that the market had shrunk with fewer provider options and there was a need to retain a very specialist workforce. There were cost benefits from the approach such as overheads which were absorbed into the bigger services. Although the risks of prevention funding being diverted into treatment services were acknowledged.

3.5 The change in THT circumstances along with the new Children and Young People's Prevention service has led to re-assessment of the original proposal to commission the Prevention Service separately from the Treatment Service. The preferred proposal is to commission an integrated Prevention and Treatment Service for adults. However, an integrated prevention and treatment service will need to be carefully monitored to ensure that prevention services are not compromised when treatment services are experiencing a high level of demand and costs.

Shared Service across Cambridgeshire and Peterborough: Integrated Sexual and Reproductive Treatment Service

3.6 It is recommended that the shared service model across CCC and PCC is continued and that PCC delegates authority to CCC for it to commission the Service on its behalf. There are some key benefits and risks underpinning this recommendation that are considered in the options appraisal found in Table 2.

Benefits and Risks considered in the option appraisal

- What is the benefit to Cambridgeshire County Council of joint commissioning with Peterborough City Council?
- Whether there are any financial risks to the Council, due to any ongoing financial challenges faced by Peterborough City Council, and how do we protect ourselves against the impact of this.
- Maintaining a robust local market capacity to meet the needs of Cambridgeshire residents.
- Ensuring that resources, e.g. procurement, are targeted at delivering Cambridgeshire outcomes. Therefore, it is imperative in the instances where we progress with joint procurement arrangements that there are partnership agreements in place between both parties.

Table 2: Options for commissioning SRH services across Cambridgeshire and Peterborough

Criteria	Shared	CCC only
Meets needs of residents/patients through a more collaborative model of service delivery.	Patient flows: Service users access services across both local authorities.	More difficult to understand demand for services, less easy in some situations to trace contacts quickly, therefore a higher risk of the spread of infections. (see below)
Value for money	In periods of increased demand, a block contract arrangement across the two areas supports easier management of cost pressures through the avoidance of tariffs.	There is national tariff that applies to residents who access services out of their local authority where they reside. In periods of increased demand CCC would have to fund residents receiving care at PCC services at tariff rates, which could create a cost pressure.
Reduces infection risk.	Users access services outside of their local authority area as they often work, socialise, or go to school/college in other areas. This facilitates the spread of infection. It is important to identify infection risks and treat as quickly as possible. A shared service can pick up any trends/risks that are found across both areas along with taking action to reduce spread more widely.	There would be slower identification of trends and risks as these would have to be processed by national agencies which can take several weeks or even months.
Strengthens specialist workforce	SRH services have specialist clinicians. They are in short supply and recruiting is challenging. A shared services means that the more highly skilled staff can work across the whole service according to need.	Potential competition for scarce specialist staff. Unsafe staffing levels.
Shared management costs	Management cost efficiencies at service manager level.	These would not be available in a CCC only model.
All residents/patients receive the same level of quality services	Residents would have the same standard of care wherever they access services across Cambridgeshire and Peterborough. It supports collaborative working to further develop the service with the Integrated Care System/NHS England which commission related services for the whole area e.g. termination services, cervical screening	Risk of lack of consistency of care for residents and inequities.

3.7 The advantages of a shared service are supported by the consultation undertaken as part of the needs assessment with service users, the public, clinicians/managers in current provider and other local services.

Commissioning Approach: Section 75

3.8 A Section 75 is an agreement established under the NHS Bodies and Local Authorities Partnership Arrangements Regulations (2000) and then further developed under the Section 75 NHS Act (2006). It includes enabling local authorities and NHS bodies to enter into arrangements whereby NHS bodies can carry out local authority health related functions together with their NHS functions. They are essentially partnership agreements that will enable an improvement in the functions or services.

It is recommended that a Section 75 is entered into again with Cambridgeshire Community Services for the delivery of the Integrated Sexual and Reproductive Health Treatment Service as a shared service across Cambridgeshire and Peterborough. The rationale provided by the local authority legal and procurement teams is in line with the legislation that where Section 75 partnering arrangements are likely to lead to an improvement in the way in which the function can be exercised, and consultation with interested parties has been fulfilled, then the local authorities may exercise power to enter into section 75 agreements.

3.9 It is also recommended that Section 75 includes the Prevention Service as well as the Treatment service for CCC **only**. PCC is not proposing to recommission a specific SRH prevention service for Peterborough though Section 75. The integration of the Prevention Service into Section 75 would help mitigate THT's main concern about the loss of staff through their concerns about an uncertain future for the service. Staff would be able to TUPE into the new Service.

3.10 There is clear evidence that the current Section 75 with Cambridgeshire Community Services has enabled collaborative working with CCC commissioners and led to the development of the Service and the management of challenges which have arisen in recent years.

The Service is clinical and is governed largely by clinical standards for delivering treatment. This will not change going forward. The findings from the needs assessment identified development requirements for aspects of delivery e.g. website developments but these are building on what is currently delivered. In terms of prevention there is a need to focus on the inequalities experienced by high-risk groups. A new Section 75 will build on the collaborative approach that is well established between CCS and the commissioners.

The advantages and potential risks of a new Section 75 with CCS are described below.

Section 75: Positive service delivery, collaborative working, and service development

3.11 CCS is delivering the current agreement to a high standard. It has increased its activity and is meeting targets for delivery. These positives have been over the course of the contract when it has also managed a considerable increase in activity with numbers post pandemic above those of 2019. (Table 3)

Table 3: Activity increases.

Local authority	Total activity 19/20	Total activity 20/21	Total activity 21/22	Total activity 22/23
Cambridgeshire Total	34,398	29,294	48,243	45,816
Peterborough Total	23,658	24,559	22,455	25,288
Total	**58,056**	**53,853**	**70,698**	**71,104**

3.12 CCS has had a long experience of working in the area and knows the needs of the wider population and its high-risk groups very well. The Service has demonstrated on many occasions when it will flex to meet the needs of high-risk groups with complex needs and who experience inequalities. The Service links with organisations working with these groups. And there are many examples when clinicians have made exceptional efforts to ensure that high risk patients are diagnosed and treated, for example sex workers or patients not accessing their HIV treatment.

This work has meant that the Service has built up an effective trusted relationship with local providers and organisations which includes Safeguarding services, the police and housing services. These have evolved overtime and enable the service to meet the range of different needs. A new provider would have to develop their own relationships which would take time and would not have an organisational “memory” of addressing local issues and working in close partnership with other bodies. These factors present a risk to these partner agencies as there is always a period of de-stabilisation when there is change of provider which can impact on how other services are provided. For example, the homeless have high risk of sexual poor health but there are long standing links between the services.

During the COVID-19 pandemic and the Monkeypox outbreak the Service responded quickly and flexibly. It took on additional work without any additional funding. This included introducing and developing new technologies for virtual services, on-line testing, and postal contraception. The Service has recovered well from the pandemic and continues to work to improve services. For example, there has been consistent feedback that there is a gap in meeting the psychosexual needs of patients. The Service is currently piloting these services as there is limited information about their impact on outcomes and clinic attendances.

3.13 The Service has quality standards in place that meet the requirements of National Institute for Care Excellence (NICE) and British Association for Sexual Health and HIV (BASHH). The last Care Quality Commission (CQC) assessment was for the Trust took place in 2019 when it was given an outstanding rating. The iCaSH services were praised for an innovative approach in providing accessible information and new approaches to testing and HIV treatment.

The recent Sexual and Reproductive Health needs assessment included surveys and interviews with service users, the public, iCaSH clinicians and other service clinicians along with non-clinical staff. The responses consistently stated a very high satisfaction with the quality of the services provided assessment from service users which and highlighted the following key areas

- Patients were positive about their clinical experiences with iCaSH with nearly all saying that they would be happy to recommend the service to their friends and family.

- Patients praised the care and attention shown by practitioners.
- Good local relationships and commitment to delivery of high-quality services were clear through the engagement and expert panel.
- Feedback on being able to order STI testing kits online was positive, with its speed and ease of use being positive points.

3.14 CCS has built up a very skilled workforce in this specialist field. They have an ongoing staff training programme which has enabled the recruitment and the building of a highly skilled team increasing capacity and quality. Although TUPE would apply a change of provider is associated with service de-stabilisation and staff losses. This is a concern as it is difficult to recruit this specialist workforce and the CCS staff have played a key role in the service developments.

Section 75: Financial benefits

3.15 CCS has over the past ten years worked with the local authority to improve access especially in the rural areas and more deprived areas and has made substantial investment in renovating/building modern clinics. It invested in a new clinic in Wisbech which previously had very limited facilities and did not have a consultant led clinic as specialist clinical equipment is required. This means that patients do not have to travel to Peterborough or Kings Lynn. In Huntingdon, the Service moved from Hinchingbrooke Hospital to the middle of the Oxmoor Estate, one of our more deprived areas. In Cambridge City the Clinic is an area where many high-risk groups are found, and the provider also upgraded the clinic at this site.

The current clinics are sited at Cambridge City, Huntingdon, Ely and Wisbech and Peterborough. All are accessible by car within thirty minutes but take an hour on public transport, which is limited in some areas. In recent years we moved services out of the acute hospitals into these community locations to improve accessibility. Although of course the locations are still challenging for some, but it is not feasible to locate expensive clinics at many locations.
CCS owns the clinic sites and many other across Cambridgeshire and Peterborough and consequently it does not have rental costs. A new provider would be asked to locate services in similar locations but would not have the advantage of lower estate costs.

3.16 Benchmarking current service costs have limitations as areas include different elements in their services. However Public Health colleagues from local authorities in the East of England did share their costs for analysis. In summary Cambridgeshire and Peterborough have the lowest cost per patient accessing the services, partly attributed to high number of patients who access its virtual services.

CCS currently provides the majority of SRH services across the East of England, and this has not encouraged the development of the provider market. However, comparing the quality and value of services against the risks of de-stabilising the delivered services with the need to develop the market supports a Section 75 agreement. Two recent procurements in the area have attracted single bidders who were awarded the contracts, but CCS did not bid for these.

3.17 Inflationary pressures have become increasingly worse over the past eighteen months. The provider has managed these through making efficiencies without any additional funding.

Section 75: Net Zero

3.18 As an NHS organisation it is obliged to adhere to its commitment to net zero and CCS is committed to meeting the ambition. It has its own Green Plan that lays out a number of commitments which highlights some specific areas such as the provision of sexual transmitted testing kits directly to homes (postal), further telephone and video consultations and holding staff meetings virtually.

Section 75: Social value

3.19 The current iCaSH Service has very specialist clinical staff and offers opportunities to those not trained to develop their skills. Locating services in the north of the county in Wisbech has led to more employment opportunities for local residents which includes training to secure health qualifications.

Financial implications

Inflationary pressures

3.20 The current iCaSH Service has experienced considerable cost pressures because of the increased demand and inflationary pressures.

- Staffing Cost pressures: Although the service has received the Agenda for Change staff pay increases this does not include the uplifts to highly paid medical staff pay.
- Consumables cost pressures: SRH services (iCaSH) is a clinical service and has a high use of medicines, testing equipment including pathology costs and general clinic costs.

The forecasted overspend for 2023/24 was £525,000, (Cambridgeshire £350,000 and Peterborough £175,000) and a similar cost pressure is anticipated for 2024/25

Inflation calculator

3.21 In 2013 commissioning responsibility for SRH services was transferred to local authorities. Since then, the service has not received any inflationary uplifts. Additional income has been secured only for Agenda for Change and HIV Pre Exposure Prophylaxis (PrEP) uplifts

Using the Bank of England inflation calculator (Inflation calculator | Bank of England) we calculated the inflationary uplifts that could have been applied to the SRH services. The calculator uses the Consumer Price Index (CPI) inflation data from office of National Statistics from 1988 onwards. We applied the calculator to the Section 75 agreement price for both local authority areas as an indication of the level of the inflationary pressures experienced by services.

Table 4: Inflation calculator costs for current SRH (iCaSH) service

Local Authority	Section 75 2021/22 value	Section 75 2023/24 value if inflationary uplifts applied.	Cost of inflationary uplifts	Agenda for Change uplifts funded in 2024/25	Unfunded cost of inflationary uplifts
CCC	£3,429,427	£4,089,777	£669,350	£139,005	£530,345
PCC	£1,670,822	£1,992,545	£321,723	£56,420	£265,420

Treatment Services Current activity and costs

3.22 Analysis of patient data accessing the Service shows that although there is some small variation, the average CCC/PCC percentage split of patients is circa the 67%/33%. The funding allocation for 23/24 and clinic activity from each LA is shown in Table 3.

Table 5: 2023/24 SRH (iCaSH) contract costs showing CCC/PCC % contribution.

CCC/PCC 2024/25	Actual £	% of total contract value	Activity CCC/PCC clinics 22/23
CCC	£3,558,588	67%	47,683
PCC	£1,747,885	33%	23,421
Total	**£5,306,473**	**100%**	**71,104**

NB: Attendances refers to activity in a CCC/PCC clinic not by place of residence.

The proposed agreement is for six years with two break clause options at years four and five, starting April 1, 2025, and ending March 31, 2031. Table 6 shows the costing breakdown that is within the current funding envelope.

Table 6: Table 6: Section 75 total costs for 6-year agreement, 2025/31 with break options at years four and five. (no uplifts)

LA	25/26 £	26/27 £	27/28 £	28/29 £	29/30 £	30/31 £	Total 25/21 £
CCC	3,558,588	3,558,588	3,558,588	3,558,588	3,558,588	3,558,588	**21,351,528**
PCC	1,747,885	1,747,885	1,747,885	1,747,885	1,747,885	1,747,885	**10,487,310**
Total	5,306,473	5,306,473	5,306,473	5,306,473	5,306,473	5,306,473	**31,838,838**

NB: Funding allocation does not include any future Agenda for Change uplifts.

Cost pressures: mitigations

3.23 The annual forecasted cost pressure based 2023/24 is £525,000. (Cambridgeshire £350,000 and Peterborough £175,000).
The inflationary pressures described above led to CCS developing a plan for mitigating the cost pressures that included the following service changes which reduced the cost pressure to £242,000.

Table 7: Cost pressure mitigations

Service changes/innovation	Annual CCC cost savings	Annual PCC savings
Annual Cost Pressure	£350,000	£175,000
Express Test Capping (agreed service change creating saving)	£180,000	£54,000
Redirection of Hepatitis C testing to national platform (Service innovation creating saving)	£6,900	£1,800
Streamlining of Hepatitis B testing (Service innovation creating saving)	£5,700	£1,100
T2 Hybrid approach for online testing (Service innovation creating saving)	N/A	£8,500
NHSE HIV funded pressure	£25,000	N/A
Total savings from service changes and innovation & HIV	**£217,600**	**£65,400**
Savings shortfall pressure	**£132,400**	**£109,600**
Total shortfall pressure	**£242,000**	

However, there are also risks in the mitigations proposed by CCS. Capping of the express testing means that there are delays before people can get tested and treated. We have also had a small number of complaints since this was introduced at the beginning of 2024.

If the express capping was removed the value of the mitigations is decreased considerably and leave CCC with a funding gap of £312,400 and PCC with a funding gap of £163,600.

CCC currently has uncommitted Public Health uplift funding (2024/25). Sexual health services are mandated and therefore are a priority for funding especially in view of the increasing rates of infections.

In addition, some funding from out of area payments for sexual health services could be re-allocated to this service. The trend has generally been for these to decrease in recent years.

In the context of increasing rates of sexually transmitted infections and the associated risks of this funding shortfall options for increasing the allocation have been identified and are included in the recommendations found in this paper.

Additional funding

3.24 The following additional funding is proposed to be included in the current (2024/25) agreement and in the new agreement starting in 2025/26.

CCC
Unallocated from the 2024/25 Public Health Grant uplift: £200,000
From current out of area sexual health funding stream: £50,000
Total additional funding £250,000
Remaining funding gap: £62,400 (20%)

PCC
Total additional funding £130,880
Remaining Funding gap: £32,720

Approval for the use of the additional £200,000 public health grant uplift will be required from the Strategy, Resources and Performance committee. The finance monitoring report on this committee's agenda seeks the endorsement of this proposed investment into sexual and reproductive health services, subject to the approval of S,R&P committee.

The remaining funding gaps will be reviewed over 2024/25 to ensure that any improvements in inflationary pressures will be able to plug the outstanding gap. This is along with service developments to reduce costs.

It will include the provider reviewing its staffing models which was undertaken previously but in the light of new delivery approaches and pressures this will be revisited during 2024/25.

Table 8: Section 75 total costs for 6-year agreement, 2025/31 with break options at years four and five including inflationary uplifts

LA	25/26 £	26/27 £	27/28 £	28/29 £	29/30 £	30/31 £	Total 25/21 £
CCC	3,808,588	3,808,588	3,808,588	3,808,588	3,808,588	3,808,588	**22,851,528**
PCC	1,878,765	1,878,765	1,878,765	1,878,765	1,878,765	1,878,765	**11,272,590**
Total	5,687,353	5,687,353	5,687,353	5,687,353	5,687,353	5,687,353	**34,124,118**

NB: Funding allocation does not include any future Agenda for Change uplifts.

Prevention Service Costs

3.25 It is proposed that the Prevention Service is part of the Section 75 for the SRH Treatment service, but it is for CCC only. The recommended agreement length is six years with two break clause which would align it with SRH treatment service.

The 2024/25 contract value has been used to model the costs of the new contract in Table 8. It shows the total value of contract over six years along with the local authority split.

Table 9: Costs for 6-year agreement with break options at years four and five.

LA	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	6-year costs
CCC	£331,360	£331,360	£331,360	£331,360	£331,360	£331,360	£1,988,160

None of the current prevention funding will be re-allocated to the Children and Young People's Prevention Service as this will be funded from savings achieved through service redesign of the Healthy Child Programme.

Please note that PCC has withdrawn through funding pressures from commissioning a Prevention of Sexual Ill Health Service.

Table 10: Total recommended Section 75 value for Treatment and Prevention (CCC only) for 6 years 2025/31 with break options at years four and five

LA	25/26 £	26/27 £	27/28 £	28/29 £	29/30 £	30/31 £	Total 25/21 £
CCC	3,808,588	3,808,588	3,808,588	3,808,588	3,808,588	3,808,588	**22,851,528**
CCC Prev.	£331,360	£331,360	£331,360	£331,360	£331,360	£331,360	**1,988,160**
PCC	1,878,765	1,878,765	1,878,765	1,878,765	1,878,765	1,878,765	**11,272,590**
Total	**6,018,713**	**6,018,713**	**6,018,713**	**6,018,713**	**6,018,713**	**6,018,713**	**36,112,278**

Cost Pressure Management: Risk Assessment

3.26 There are a number of risks associated with not addressing the cost pressures and/or using a risk-based approach to managing the cost pressures. OBJ

- National reports and the local needs assessment clearly articulated the increasing trends in STI rates. These increases are impacting on services and are in the context of events such as the Monkeypox outbreak that require specialist staff.

- The main risk of not addressing the increased demand is untreated STIs, that lead to their increase and an even greater demand for the service.

- We have already received a number of complaints about the risk-based approach to offering on-line testing which can delay access to testing.

- Staff in the services are stretched and workforce attrition is another risk. Recruitment to the Service is difficult as the staff are specialists and require training and initial supervision when they start practicing.

- Cambridgeshire and Peterborough experienced substantial population growth between 2011-2021. A growing population - usual resident population grew by 9.2% (57,400) to 678,600 between 2011 – 2021. It is variable with all districts except East Cambridgeshire had population growth above the England average of 6.6%. The fastest population growth occurred in Cambridge City, with a growth of 17.6% (21,800 residents). The population is forecast to continue to grow across all districts, with 42,690 more residents in 2030. This will be across all age groups.

- This growth pattern is reflected in the higher demand for services in Cambridge City. Although the main demand for services arises from the 16- to 24-year-old age group there have been increases across all age groups.

4. Alternative Options Considered

4.1 There is no option to re-commissioning or a new agreement, as the current Section 75 will end on March 31, 2025, and it does not have any further extensions.

4.2 Given the level of need and the associated risks not recommissioning this service would present a threat to the sexual and reproductive health of the population and especially high-risk groups.

4.3 The option of re-commissioning a SRH treatment service for CCC alone was considered. However, this could potentially incur greater costs for CCC as it would be more difficult to manage any costs pressures due to the operation of the tariff system. This would mean paying tariff costs for Cambridgeshire residents accessing services in Peterborough. An additional consideration is that it enables early identification of infection trends across the two areas and where the risks occur, allowing a comprehensive response.

4.4 Public Health services are required to use the new Provider Selection Regime regulations to procure a new service. However, a Section 75 may still be used and is the recommended approach as it will enable the collaborative approach that commissioners have with the current provider to further develop the service. The needs assessment identified a number of development areas.

4.5 There is an option of commissioning the Prevention Service as a standalone service. This was considered but not adopted as it would not enable a strong working relationship between the treatment and prevention services. Working together the wider population prevention needs can be addressed and importantly the wider needs of high-risk groups can be more effectively met. Any signals regarding outbreaks can prompt an immediate prevention intervention.

4.6 Not addressing the inflationary pressures was considered but the risks of increased sexually transmitted infections as described in section 3.26 clearly supports additional funding.

5. Conclusion and reasons for recommendations

5.1 The recommendation that the new service should remain as a shared service between CCC and PCC is based on patient flows across the two areas and associated financial benefits through avoiding the additional costs of a tariff system. An additional consideration is that it enables early identification of infection trends across the two areas and where the risks occur, allowing a comprehensive response.

5.2 The recommendation for the use of a Section 75 agreement is because it builds on the collaborative working with the current provider, CCS, that has enabled considerable development of the Service. CCS has performed well and managed considerable cost pressures with any uplifts and other pressures. Evidence of this collaborative working is provided in the paper.

5.3 The recommendation to integrate prevention and treatment services through the Section 75

agreement would enable a strong working relationship between the treatment and prevention services. Working together the wider population prevention needs can be addressed and importantly the wider needs of high-risk groups can be more effectively met. Any signals regarding outbreaks can prompt an immediate prevention intervention. There are two caveats that must be reflected in the Section 75 agreement and carefully monitored. If there is increased demand for treatment services and cost pressures this could compromise the prevention funding envelope. Secondly as the Section 75 will only include prevention services for Cambridgeshire any indication of prevention activity in Peterborough must be addressed.

5.4 The recommendation to award an inflationary uplift is based on the risks to sexual and reproductive health leading to increased sexually transmitted infections and unplanned pregnancies if increased demand cannot be met.

6. Significant Implications

6.1 Finance Implications

These are described in full in 2.11

6.2 Legal Implications

The original recommendation from Procurement was to directly award the contract to the current provider under the new Provider Selection Regime Regulations (2023). This would be under the Direct Award Process C where an award may be made when there is no significant change to the service provision and the current provider is satisfying the requirements of the current contract. However, the addition of the Prevention Service would mean a significant change in the service. The recommended option subsequently changed to continuing with a Section 75 which is the current arrangement.
We have consulted with legal leads in CCC and PCC and the following statement supports the use of Section 75 partnering agreement.

Section 75 of the National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000, S.I. 617 (“Regulations”) enable NHS bodies to exercise prescribed local authority health-related functions in conjunction with their own NHS functions. The power to enter into section 75 agreements is conditional on the following:

i. The arrangements are likely to lead to an improvement in the way in which those functions are exercised; and,

ii. The partners have jointly consulted people likely to be affected by such arrangements.

The Local Authority is required as part of its public health statutory duties to ensure that comprehensive, open access, confidential sexual health services are available to people in Cambridgeshire and Peterborough. This is set out in Regulation 6 of the Local Authorities

(Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.

6.3 Risk Implications

- Any implications for procurement/contractual/Council contract procedure rules will be considered with the appropriate officers from these Departments and presented to the Adults and Health Committee before proceeding.
- Risks arising from not meeting the inflationary pressures are described in section 3.26.

6.4 Equality and Diversity Implications

A completed Equality, Impact Assessment (EqIA) form is attached (Appendix 1) to this report. Its main findings were based on the recent Sexual Health Needs Assessment that clearly articulated that certain groups experienced health inequalities which reflected their knowledge and access to services. The groups included sex workers, people experiencing homelessness, men who have sex with men and people with disabilities.

The new Prevention and Treatment Service will work with commissioners to ensure shape their services to better address the needs of these groups.

6.5 Climate Change and Environment Implications

The sexual and reproductive health prevention and treatment services have increasingly moved more digital and virtual services along with using postal services for some testing and treatment. This trend will be further developed. It impacts on the travel of both staff and patients.

In addition, the recommended Section 75 means that the current provider CCS, as an NHS organisation, is obliged to adhere to its commitment to net zero and CCS is committed to meeting the ambition. It has its own Green Plan that lays out a number of commitments which highlights some specific areas relating to these services.

7. Source Documents

7.1 Public Health Outcomes Framework: Public Health Outcomes Framework - OHID (phe.org.uk)

Sexual and Reproductive Health Profiles: Sexual and Reproductive Health Profiles - OHID (phe.org.uk)

Cambridgeshire and Peterborough Sexual and Reproductive Health Needs Assessment: Cambridgeshire and Peterborough Public Health – will be available on Insight.

Local Government Association: Breaking point: Securing the future of sexual health services. January 2024 Breaking point: Securing the future of sexual health services | Local Government Association

Cambridgeshire Provider Selection Regime Guidance: Procurement and Commercial Team: Finance and Resources - Provider Selection Regime - All Documents (sharepoint.com)

Equality Impact Assessment: Recommissioning Sexual and Reproductive Health Services

Directorate: Adults, Health and Commissioning

Service: Public Health

Assessment undertaken by: Rachel Mumford (currently not working at CCC)

Job title: Public Health Registrar

Directorate: Adults, Health and Commissioning

Service: Public Health

Contact: Val Thomas 07884 183373

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Proposal details

Key service delivery objectives and outcomes *

Describe the objectives the service is working towards and the current outcomes being achieved, to give context to your proposal. If this is a new service and these needs/objectives have never been met before, please state this instead of describing the current outcomes.

The provision of sexual health services is a mandatory Public Health function for local authorities. Robust sexual health services enable sexually transmitted infections to be treated promptly to reduce the risk of the spread. This service is currently provided by Cambridgeshire Community Services. The service requires recommissioning to start from April 1, 2025.

The aim of this service is to provide clinic-based services that make up the Integrated Sexual & Reproductive Health Service (iSRH) for the population of Cambridgeshire & Peterborough. The clinic based services will work to support delivery against the three main sexual health Public Health Outcomes Framework measures;

- Under 18 conceptions
- Chlamydia detection (15-24 year olds)
- People presenting with HIV at a late stage of infection

The prevention service include population level interventions , such as campaigns along with targeting specific high risk groups.

The current service objectives are set out below. It is shared service working across Cambridgeshire and Peterborough. It is expected that the new service will have similar objectives:

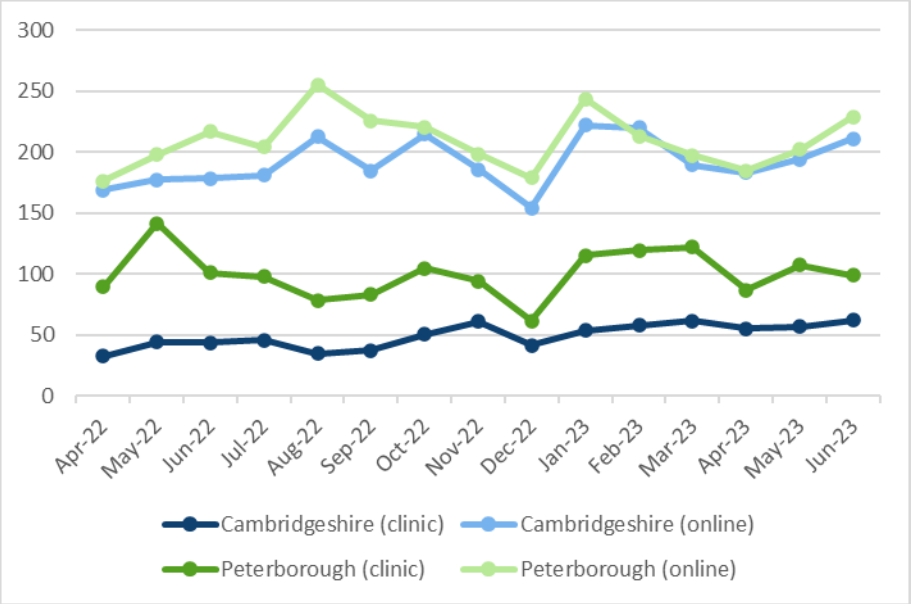
- Support patients to access high quality care that is clinically appropriate for their needs and social circumstances in a timely manner
- Improving the sexual and reproductive health of the population, especially those at risk of poor sexual health including black and minority ethnic (BME) groups; men who have sex with men (MSM); young people and young adults.
- Clear accessible and up to date information about services providing contraception and sexual health services for the whole population including preventative information targeted at those at highest risk of sexual ill health.
- Increased uptake of effective methods of contraception, including rapid access to the full range of contraceptive methods including Long Acting Reversible Contraceptive (LARC) for all age groups.
- A reduction in unplanned pregnancies in all ages as evidenced by teenage conception and abortion rates.
- Improved access to services amongst those at highest risk of sexual ill health.
- Reduced sexual health inequalities amongst young people and young adults.
- Increased timely diagnosis and effective management of sexually transmitted infections and blood borne viruses.
- Repeat and frequent testing of these that remain at risk.
- Increased uptake of HIV testing with particular emphasis on first time service users and repeat testing of those that remain at risk.
- Monitor uptake of late diagnosis and partner notification.
- Increase availability of condoms and safer sex practices.
- Refer patients to appropriate services through the use of clearly defined care pathways. This will include signposting patients and service users to other services that are not within the direct remit of the iSRH in the delivery of good quality care.

- Work with stakeholder across health and social care to identify populations that are not making use of the service and undertake approaches to encourage and support uptake

Current service outcomes

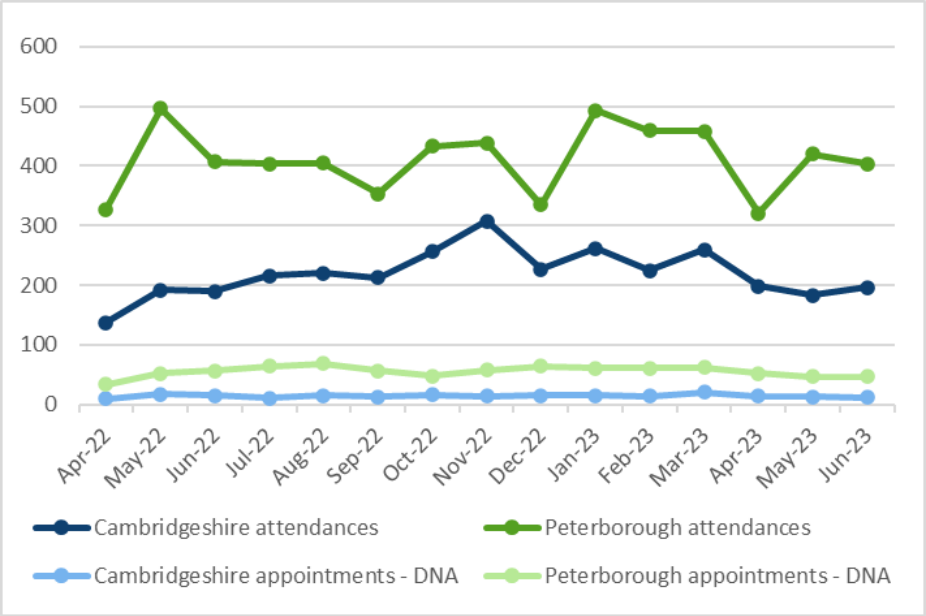
Most STI testing kits issued by iCaSH were ordered online rather than completed in clinic. The online testing kits were undertaken in similar numbers per 100,000 population in the two areas. Engagement with service users suggests that online testing has been an accessible route for receiving tests for a range of service users.

STI testing kits undertaken by delivery type, rate per 100,000 resident population, Cambridgeshire, and Peterborough, April 2022 – June 2023.



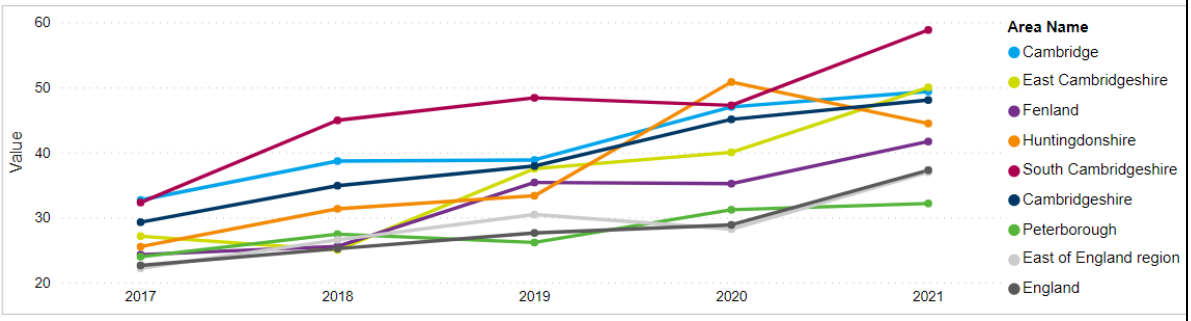
There are more attendances per 100,000 in Peterborough than Cambridgeshire although there are more appointments overall in Cambridgeshire due to the larger population. Some Cambridgeshire residents use the services in Peterborough. GUM attendances make up 65% of iCaSH attendances for Cambridgeshire compared to 51% for Peterborough.

Sexual health clinic (GUM) appointments by attendance type, rate per 100,000 resident population, Cambridgeshire, and Peterborough, April 2022 – June 2023.



Uptake of long-acting reversible contraception in under 25 year olds has been increasing in all areas of Cambridgeshire and Peterborough, this is in line with the national average.

Percentage of under 25-year-olds choosing LARC (excluding injections) as their main method of contraception, Cambridgeshire, and Peterborough, 2017 - 2021. Source: Fingertips



The rate of conception in under 18s is significantly lower than, or similar to the national average in all areas other than Peterborough. However, national teenage conception rate has been declining nationally and the rate seen in Peterborough is still lower than it was 10 years ago.

Conceptions in woman aged under 18 rate per 1,000 resident (female) population, Cambridgeshire, and Peterborough, 2021. Source: Fingertips

Time period			2021			
Area Name	Value	Trend	Count	Denominator	Lower CI	Upper CI
CA-Cambs and Peterborough	11.5		167	14,474	9.9	13.4
Cambridge	8.3		16	1,925	4.7	13.5
East Cambridgeshire	5.5		8	1,452	2.4	10.9
Fenland	14.9		23	1,541	9.5	22.4
Huntingdonshire	10.6		29	2,724	7.1	15.3
South Cambridgeshire	5.7		16	2,821	3.2	9.2
Cambridgeshire	8.8		92	10,463	7.1	10.8
Peterborough	18.7		75	4,011	14.7	23.4
East of England region	11.0		1,154	105,137	10.4	11.6
England	13.1		12,361	944,332	12.9	13.3

An engagement exercise was conducted as part of the needs assessment which, in part aimed to understand service user's views of iCaSH which is an important component of assessing outcomes. Service users are very positive about the service they have received from iCaSH. A summary of patient views is set out below:

Patient 1, female, 25-34 years old, iCaSH Cambridge

"We went through a lot of detail about my sexual health history and partners which was good."

"I would recommend the iCaSH clinic to friends and colleagues."

Patient 2, male, 25-34 years old, iCaSH Cambridge

"The location of the clinic is great. The facility is well maintained and clean."

"Once you are at the clinic, everything is good. Staff are reasonable, polite and non-judgmental."

The patient fed back that iCaSH would not provide treatment for his sexual partner. ICaSH described this as being a protocol issue.

Patient 3, female, 25-34 years old, iCaSH Cambridge

"I would recommend iCaSH to friends."

Patient 4, transgender woman, 65+ years old, iCaSH Cambridge

"[Regarding PrEP treatment]...I was happy with the clinical encounter where all the options were discussed. I have had a follow-up appointment with iCaSH for blood tests. I had an HIV test initially, after six weeks and after three months."

Patient 5, female, 35-44 years old, iCaSH Cambridge

"In the clinic, everyone was kind and nice and explained everything I needed clearly. The clinicians explained the coil fitting process to me. I was nervous about the procedure, and the doctor was helpful."

"The clinic provides a good service. I would recommend the iCaSH clinic to friends and family."

Patient 6, female, 25-34 years old, iCaSH Huntingdon and Peterborough

"I had a complicated IUD removal that required a lot of care. My experience in the Huntingdon iCaSH was good. I would 100% recommend iCaSH to friends and family. iCaSH staff were understanding and caring."

What is the proposal *

Describe what is changing and why

The proposal is to enter into another Section 75 agreement with Cambridgeshire Community Services to provide the sexual health treatment services in Cambridgeshire and Peterborough. However the new Section 75 will also include the Prevention of Sexual Ill Health Service

The provision of both services is expected to be similar in scope to the existing services with integrated contraception and sexually transmitted infection services and the prevention service . However the prevention service will not including working with Children and Young people as prevention will form part of the new CYP prevention service.

Although no fundamental changes are suggested, recommendations from the Sexual and Reproductive Health Needs Assessment would be taken into account for the new commissioning in order to strengthen services and reduce barriers to access for harder to reach groups.

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

e.g. statistics, consultation documents, studies, research, customer feedback, briefings, comparative policies etc

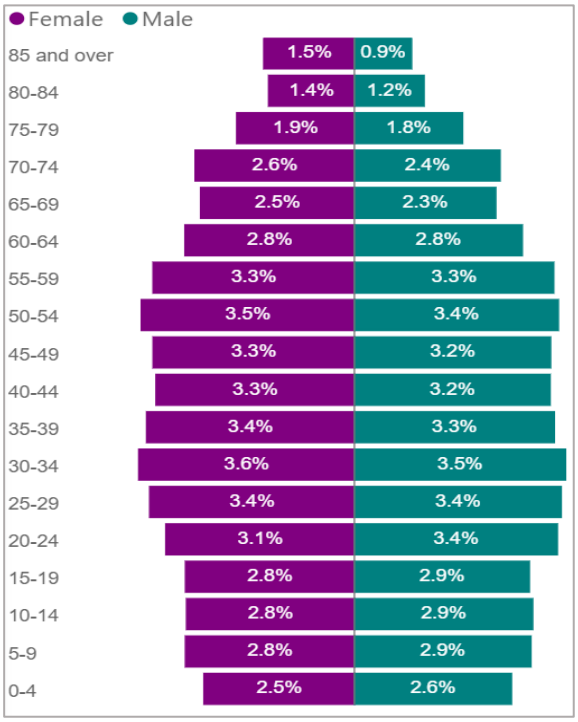
Local population statistics:

The iCaSH service is available to all residents of Cambridgeshire and Peterborough. Some elements are targeted at the younger population (under 24 years) which have, on average, a greater need for sexual and reproductive health services.

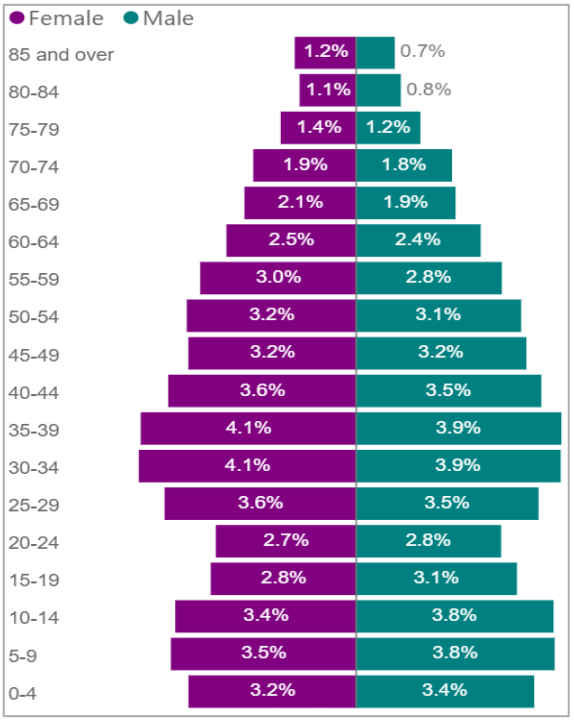
Population data from the recently published Joint Strategic Needs Assessment and census data was reviewed. Both Cambridgeshire and Peterborough are experiencing rapid population growth and this is expected to continue with several large new developments being built across the area.

Peterborough has an overall younger population, however Cambridgeshire has a larger university age population.

Population age structure of Cambridgeshire, Census 2021. Source:



Population age structure of Peterborough, Census 2021 Source: ONS



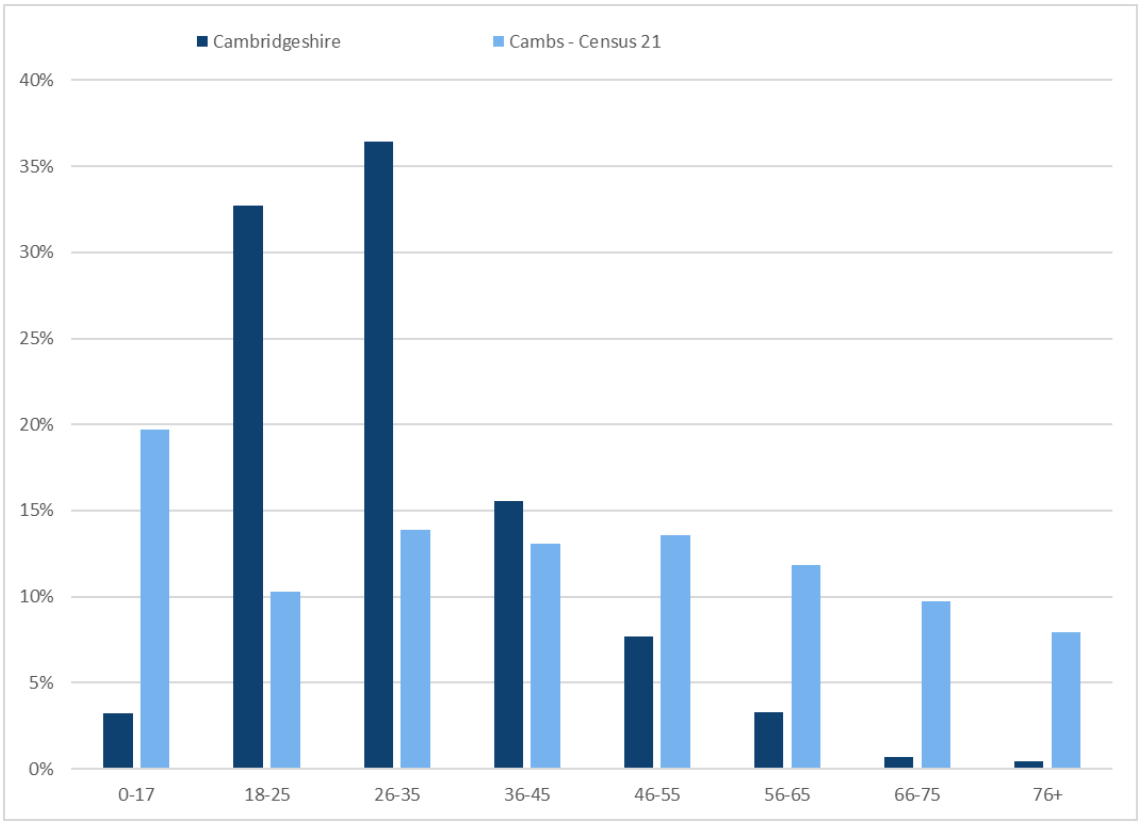
Population age structure change of Cambridgeshire and Peterborough, between Census 2011 and Census 2021. Source: ONS

Area	Total population		Under 15		15 to 64		65+	
	Count	*%*	*Count*	*%*	*Count*	*%*	*Count*	*%*
Cambridge	21,814	17.6%	2,913	17.4%	16,884	18.3%	2,017	13.8%
East Cambridgeshire	3,951	4.7%	-18	-0.1%	53	0.1%	3,916	27.4%
Fenland	7,203	7.6%	950	6.1%	2,166	3.6%	4,087	21.2%
Huntingdonshire	11,326	6.7%	496	1.6%	1,592	1.4%	9,238	33.8%
South Cambridgeshire	13,351	9.0%	2,318	8.4%	3,935	4.1%	7,098	28.7%
Cambridgeshire	57,645	9.3%	6,659	6.3%	24,630	5.9%	26,356	26.3%
Peterborough	32,038	17.4%	8,719	23.8%	17,609	14.4%	5,710	23.0%
Cambridgeshire and Peterborough	89,683	11.1%	15,378	10.8%	42,239	7.9%	32,066	25.6%

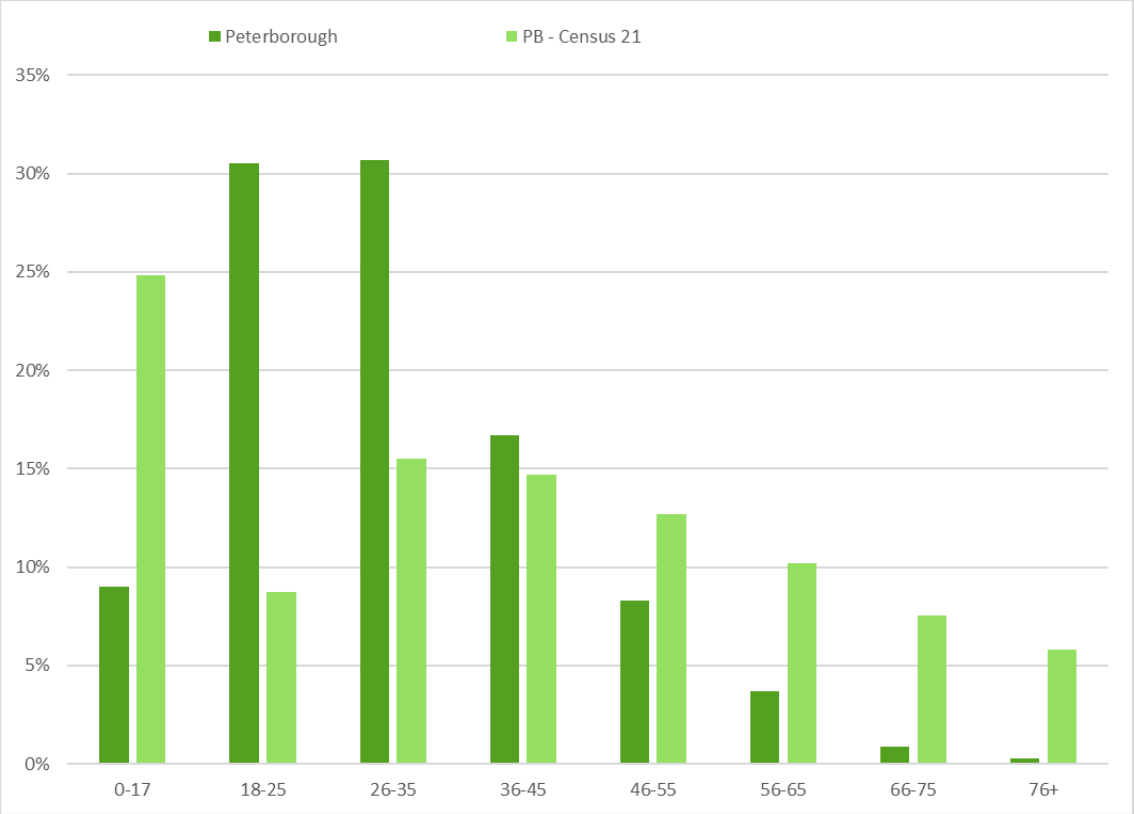
Local service data:

Service data from the iCaSH clinics demonstrates the disproportionate use of services by the younger population and variation in use by ethnicity compared to the population as a whole (Census 2021).

Percentage of patients using iCASH services by age band compared to Census 2021 resident age band, Cambridgeshire. Source: iCaSH and ONS



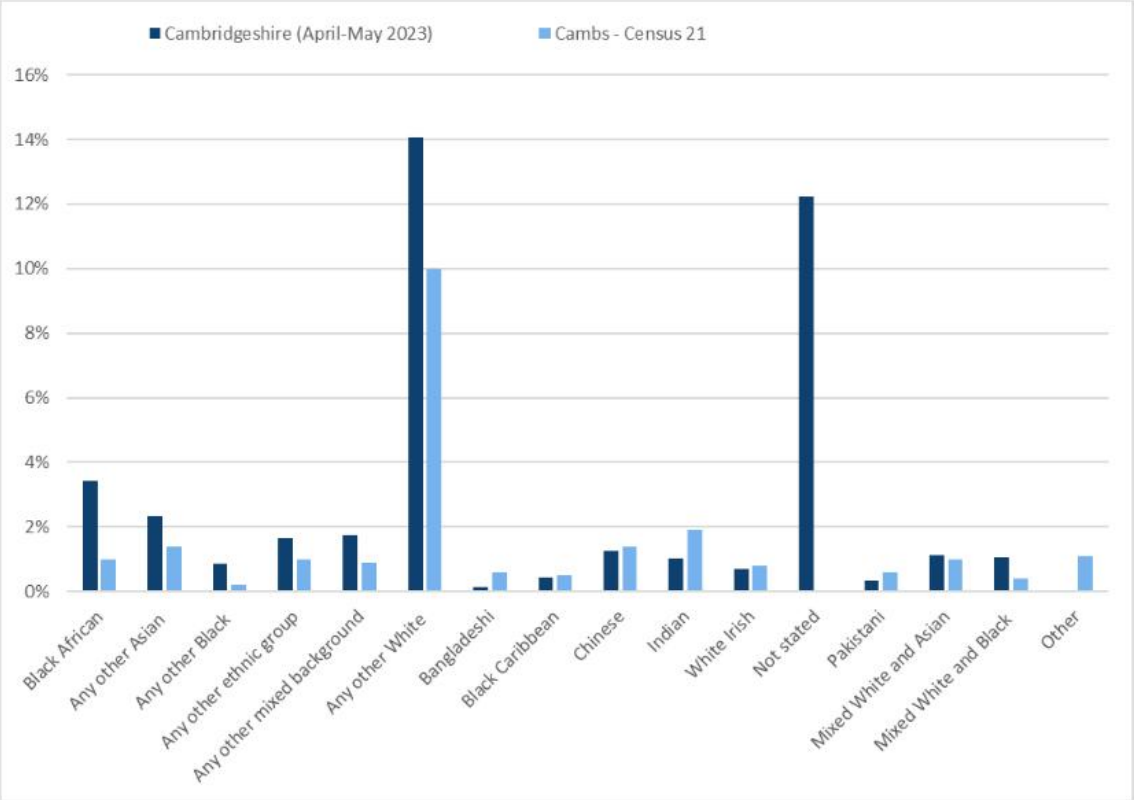
Percentage of patients using iCASH services by age band compared to Census 2021 resident age band, Peterborough. Source: iCaSH and ONS



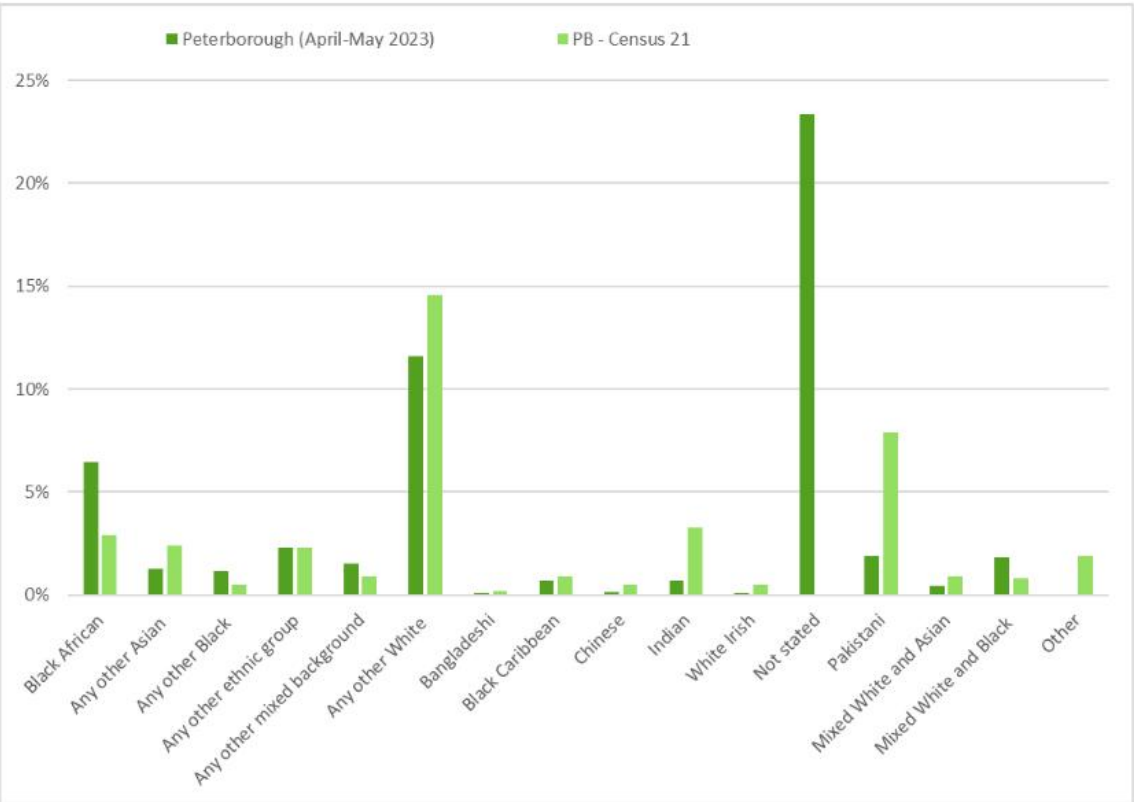
The most commonly stated ethnicity is white British followed by 'Any other white'. These make up over half of all appointments. The service users in Peterborough have a higher number of Black or Pakistani ethnicity, reflective of the more ethnically diverse population. Almost one quarter of those in Peterborough did not record their ethnicity, twice as much as in Cambridgeshire as a percentage of all records.

A higher proportion of service users in both Cambridgeshire and Peterborough identified as black African ethnicity than in the population overall. Conversely, a lower proportion of service users in both areas identified as Indian or Pakistani than in the population as a whole. A lower proportion of services users in Peterborough and a higher proportion of services users in Cambridgeshire identified as white ethnicity than in the overall population.

Percentage of patients using iCASH services by ethnicity, compared to Census 2021 resident ethnicity, Cambridgeshire. Source: iCaSH and ONS



Percentage of patients using iCASH services by ethnicity, compared to Census 2021 resident ethnicity, Peterborough. Source: iCaSH and ONS



National statistics

UKHSA annual statistics release (October 2023) highlights the following populations as having greater sexual health needs:

- People of black ethnicity
- Men who have sex with men
- Young people (age 15-24 years)

Published literature and feedback from professionals and service users

For some cohorts there is limited quantitative data outlining specific need. However, the Sexual and reproductive health needs assessment used a range of evidence to outline the specific needs for certain groups including:

- People with disabilities
- Minoritised ethnic groups
- LGBTQ+
- Homeless people
- People who engage in substance misuse
- Prisoners
- Sex workers
- Asylum Seekers and Recent Migrants
- Children and Young People

Surveys

Three Surveys were conducted as part of the needs assessment directed to:

- GPs
- Service providers and professionals
- Service users

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

Data gaps may mean your assessment could be inaccurate. You must gather data to fill the gaps as part of your assessment.

Yes

No

Data gaps may mean your assessment could be inaccurate. You must gather data to fill the gaps as part of your assessment.

Does the proposal cover *

All staff countywide

Specific teams

All service users/customers/service provision countywide

All service users/customers/service provision in specific areas/for specific categories of user

Which particular employee groups/service user groups will be affected by this proposal? *

e.g. all staff in 'X' team, all staff in 'y' location, all customers receiving 'x' service, all customers in 'y' area

The sexual and reproductive health treatment and prevention services are available to everyone resident in Cambridgeshire and Peterborough. However, as set out in the previous section, we know that these services are disproportionately used by younger people and some ethnic groups.

We also know that there are other populations which may have unmet need for sexual and reproductive health services such as sex workers, people experiencing homelessness and people with disabilities.

Does the proposal relate to the equality objectives set by the Council's Single Equality Strategy? *

Yes
No
Council's Single Equality Strategy

Will people with particular protected characteristics or people experiencing socio-economic inequalities be over/under represented in affected groups *

Over represented
Under represented
About in line with the population
Don't know
Mixture of over/under represented and in line with the population, depending on the group

Does the proposal relate to services that have been identified as being important to people with particular protected characteristics/who are experiencing socio-economic inequalities? *

Yes
No
Protected characteristics

Does the proposal relate to an area with known inequalities? *

Yes
No
Don't know

What is the significance of the impact on affected persons? *

The aim here is to focus your mind on the lived experiences of the people impacted by our decisions, understanding they are part of these people's wider lives. Think about how serious the impact of this change will be, not by itself but as part of wider cumulative impact. For example, disabled people's lives cost more, and disabled people are often poorer, than non disabled people. So a cut to a service that disabled people use is likely to be part of a cumulative experience of financial difficulties and challenges to living as full a life as possible

Detailed below under positive and negative impacts

Category of the work being planned *

Procurement

Evidence and analysis

The Equality Act requires us to meet the following duties:

Duties placed on us as an employer/service provider/education provider/property owner

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

Duties place on us as a Public Sector organisation:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

To learn more about the requirements in the Equality Act 2010 please see our FAQ document and video

For full details see the Equality Act 2010

Research, data and /or statistical evidence *

List evidence sources, research, statistics etc used. State when this was gathered/dates from. State which potentially affected groups were considered. Append data, evidence or equivalent

Evidence for this EqIA was primarily gathered as part of the Sexual and Reproductive Health Needs assessment September 2023-February 2023. Some additional literature was reviewed in February 2023 for the purposes of the EqIA. Evidence from the SHNA suggested specific consideration was needed for those with characteristics in the following groups: - Age - Disability - Gender reassignment - Race - Religion or belief (including no belief) - Pregnancy and maternity - Sexual orientation

- Sex

Evidence:

- Nationally collected data from GUMCAD, CTAD and fingertips. https://fingertips.phe.org.uk/sexualhealth#gid/8000035/ati/6
- UKHSA annual data report on sexually transmitted infections https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables/sexually-transmitted-infections-and-screening-for-chlamydia-in-england-2022-report
- Service level data from iCaSH
- Consideration of published literature:

Bardsley, M., Wayal, S., Blomquist, P., Mohammed, H., Mercer, C. H., & Hughes, G. (2022). Improving our understanding of the disproportionate incidence of STIs in heterosexual-identifying people of black Caribbean heritage: findings from a longitudinal study of sexual health clinic attendees in England. Sexually Transmitted Infections, 98(1), 23–31. https://doi.org/10.1136/sextrans-2020-054784

Barrio-Ruiz, C., Ruiz de Viñaspre-Hernandez, R., Colaceci, S., Juarez-Vela, R., Santolalla-Arnedo, I., Durante, A., & Di Nitto, M. (2023). Language and Cultural Barriers and Facilitators of Sexual and Reproductive Health Care for Migrant Women in High-Income European Countries: An Integrative Review. In Journal of Midwifery and Women's Health. John Wiley and Sons Inc. https://doi.org/10.1111/jmwh.13545

Cook, S. M. C., & Cameron, S. T. (2015). Social issues of teenage pregnancy. Obstetrics, Gynaecology & Reproductive Medicine, 25(9), 243–248. https://doi.org/10.1016/j.ogrm.2015.06.001

Grath-Lone, L. M., Marsh, K., Hughes, G., & Ward, H. (2014). The sexual health of female sex workers compared with other women in England: Analysis of cross-sectional data from genitourinary medicine clinics. Sexually Transmitted Infections, 90(4), 344–350. https://doi.org/10.1136/sextrans-2013-051381

Kimport, K. (2018). More Than a Physical Burden: Women's Mental and Emotional Work in Preventing Pregnancy. Journal of Sex Research, 55(9), 1096–1105. https://doi.org/10.1080/00224499.2017.1311834

Kiridaran, V., Chawla, M., & Bailey, J. V. (2022). Views, attitudes and experiences of South Asian women concerning sexual health services in the UK: a qualitative study. European Journal of Contraception and Reproductive Health Care, 27(5), 418–423. https://doi.org/10.1080/13625187.2022.2096216

Potter, L. C., Horwood, J., & Feder, G. (2022). Access to healthcare for street sex workers in the UK: perspectives and best practice guidance from a national cross-sectional survey of frontline workers. BMC Health Services Research, 22(1), 178. https://doi.org/10.1186/s12913-022-07581-7

Sonnenberg, P., Clifton, S., Beddows, S., Field, N., Soldan, K., Tanton, C., Mercer, C. H., Da Silva, F. C., Alexander, S., Copas, A. J., Phelps, A., Erens, B., Prah, P., Macdowall, W., Wellings, K., Ison, C. A., & Johnson, A. M. (2013). Prevalence, risk factors, and uptake of interventions for sexually transmitted infections in Britain: Findings from the National Surveys of Sexual Attitudes and Lifestyles (Natsal). The Lancet, 382(9907), 1795–1806. https://doi.org/10.1016/S0140-6736(13)61947-9

Wayal, S., Hughes, G., Sonnenberg, P., Mohammed, H., Copas, A. J., Gerressu, M., Tanton, C., Furegato, M., & Mercer, C. H. (2017). Articles Ethnic variations in sexual behaviours and sexual health markers: findings from the third British National Survey of Sexual Attitudes and Lifestyles (Natsal-3). www.thelancet.com/

Wellings, K., Jones, K. G., Mercer, C. H., Tanton, C., Clifton, S., Datta, J., Copas, A. J., Erens, B., Gibson, L. J., Macdowall, W., Sonnenberg, P., Phelps, A., & Johnson, A. M. (2013). The prevalence of unplanned pregnancy and associated factors in Britain: Findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3). The Lancet, 382(9907), 1807–1816. https://doi.org/10.1016/S0140-6736(13)62071-1

WHO. (n.d.). Social determinants of sexual and reproductive health Informing future research and programme implementation.

Consultation evidence *

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

As part of the SRH needs assessment 3 surveys were conducted with

- Providers and professionals (including from iCaSH and third sector organisations such as the Kite Trust)
- GPs
- service users

These consulted on a range of issues relating to sexual and reproductive health services including the treatment services (pertinent to this EqIA) and the prevention services (to be covered in a separate EqIA). These surveys formed part of a wider engagement programme with stakeholders through focus groups and in depth interviews. Stakeholders included service users, GPs, clinicians, charities, commissioners and providers.

COMMUNITY SURVEY SUMMARY OF FINDINGS

DEMOGRAPHICS

77% of respondents were female and 21% were male.

36% were 25-34, and 30% were 35-44.

81% were of white ethnicity.

22% had a long-standing illness, disability or infirmity.

KNOWLEDGE OF SERVICES

73% of respondents were happy to use the internet to research where to go for help for sexual or reproductive health needs. 54% said they would use the GP (respondents could tick all answers that applied). Only 1% said that they would use the pharmacy to find out where to go for help.

Of the respondents, 53% had used the iCaSH website. Of those who used the website, 78% could find what they required.

Respondents were asked how easy it was to find information relating to sexual health needs online. Most believed it was ‘very easy’ or ‘easy’ to find information online (excluding ‘don’t knows’).

Regarding the service offerings, 30% thought it was ‘difficult’ or ‘very difficult’ to determine what services were offered at a particular location (excluding ‘don’t knows’). Over 20% thought it was

'difficult' or 'very difficult' to determine the opening hours and location of services (excluding 'don't knows').
Concerning reproductive health, GPs were the most common location respondents said they would go for:

- Oral contraceptive pill (65%)
- Contraceptive implants/coils (71%)
- Contraceptive advice (59%)
- Advice about having a baby (78%)

55% said they would go to pharmacies for contraception and emergency contraception.
Concerning sexual health needs, iCaSH were the most common location respondents said they would go for:

- Sexual health information (46%)
- Face-to-face sexual health advice (47%)
- Sexual health checks (60%)
- HIV check (47%)
- STI kits (48%)

GPs were the most common location respondents would go for:

- Treatment of infections/ symptoms (53%)
- Abortion advice (66%)
- Vasectomies and sterilisations (71%)
- Tests for BBVs and TB (70%)

BARRIERS TO SERVICES
Respondents were asked what would stop them from accessing a sexual health service. 33% cited a clinic being too far away, and 27% cited fearing being judged.
Regarding what was important to respondents at a clinic, 'access to treatments' was considered the most important criterion. Flexible opening times were also very important to respondents.
Over 60% of respondents said that they were unlikely to use a video consultation for a sexual or reproductive health need. Over 70% said they were 'very likely' or 'likely' to use a booked face-to-face appointment.

PROVIDER SURVEY SUMMARY OF FINDINGS
RESPONDENTS
52% (14) of respondents worked for iCaSH, 4% (1) worked for the Terence Higgins Trust, and other respondents worked for various organisations, including Peterborough City Council, the NHS, and third-sector organisations.
SERVICE DEVELOPMENT
A high proportion of respondents believed that there was a gap in the availability of information and advice relating to the following:

- Gender dysphoria. On a scale of 1-5, where 1 was 'Not meeting need at all', 56% of respondents selected '1' or '2'.
- Advice about having a baby. (46% of respondents selected '1' or '2' (out of 5)).

Respondents reported a gap in the availability of:

- Vasectomies and sterilisations (85% of respondents selected '1' or '2' (out of 5)).

Concerning contraception, respondents believed services were not meeting needs in the following areas:

- Access to STI testing kits (65% of respondents selected '1' or '2' (out of 5)).
- Community-based testing (59% of respondents selected '1' or '2' (out of 5)).

BARRIERS TO SERVICES

Regarding practical considerations for patients who want to access services, respondents believed that services that were easy to reach by public transport was the most important practical consideration.
Confidentiality and good appointment availability were also considered highly important considerations.

GP SURVEY SUMMARY OF FINDINGS
RESPONDENTS
Respondents were spread in practices across the area covered in this needs assessment.
SERVICE DEVELOPMENT
92% of respondents said that their practice provided EHC and contraceptive injections. 72% of respondents said that they provided contraceptive implants, hormonal coils, and coils.
13% of respondents said that their practice routinely tested patients for HIV.
Barriers to GP practices offering additional services included low fees and the time to provide the service.
In the event of practices not offering a particular service, 72% of respondents said they would signpost patients to a specialist sexual health clinic. 28%% said that they would make a referral to the clinic on behalf of the patient.
A high proportion of respondents believed that there was a gap in the availability of information and advice relating to the following:

- PEP. On a scale of 1-5, where 1 was 'Not meeting need at all', 69% of respondents selected '1' or '2'.
- Information and advice regarding PrEP (74% of respondents selected '1' or '2' (out of 5)).
- Gender dysphoria (52% of respondents selected '1' or '2' (out of 5)).

Respondents reported a gap in the availability of:

- Free condoms (78% of respondents selected '1' or '2' (out of 5)).
- Vasectomies and sterilisations (62% of respondents selected '1' or '2' (out of 5)).
- Emergency coil fittings (52% of respondents selected '1' or '2' (out of 5)).

Concerning contraception, respondents believed services were not meeting needs in the following areas:

- Access to STI testing kits (74% of respondents selected '1' or '2' (out of 5)).
- Rapid testing for STIs (83% of respondents selected '1' or '2' (out of 5)).

Concerning groups with protected characteristics, providers were more likely to report that services were not meeting needs when compared to GPs. For example, 36% of providers thought services were not meeting the needs of those with a learning disability compared to 14% of GPs.

Based on all the evidence you have reviewed/gathered, what positive impacts are anticipated from this proposal? *

This includes impacts retained from any previous arrangements as well as new benefits including improvements in line with our duties as a Public Sector organisation under the Equality Act. Use the evidence you described above to support your answer

The primary aim of this service is to provide the statutory sexual and reproductive health services to anyone who needs them within Cambridgeshire and Peterborough. It therefore should have positive impacts across a range of people, including those with protected characteristics including with respect to:

- Providing testing and treatment for sexually transmitted infections
- Providing access and advice for contraception
- Reducing the incidence of unplanned pregnancies
- Reduction in new STIs due to increased uptake in contraception and testing
- Referral to other care pathways and support services (e.g. for people living with HIV)

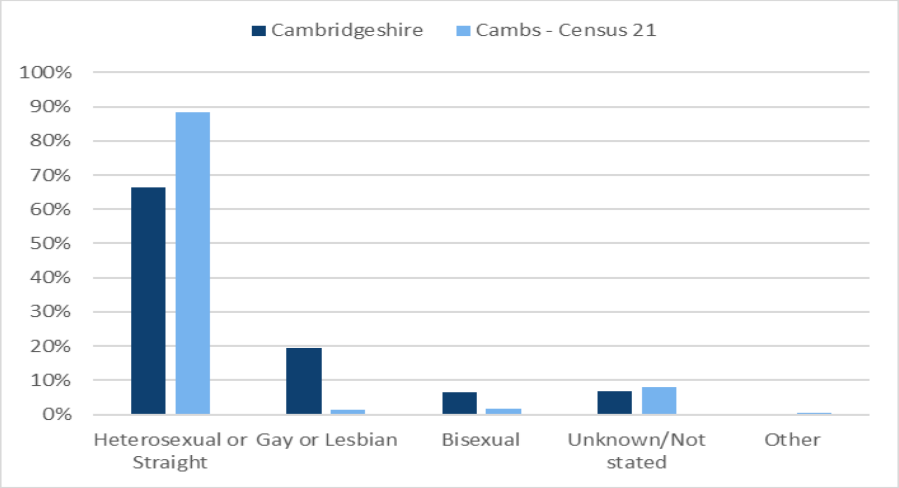
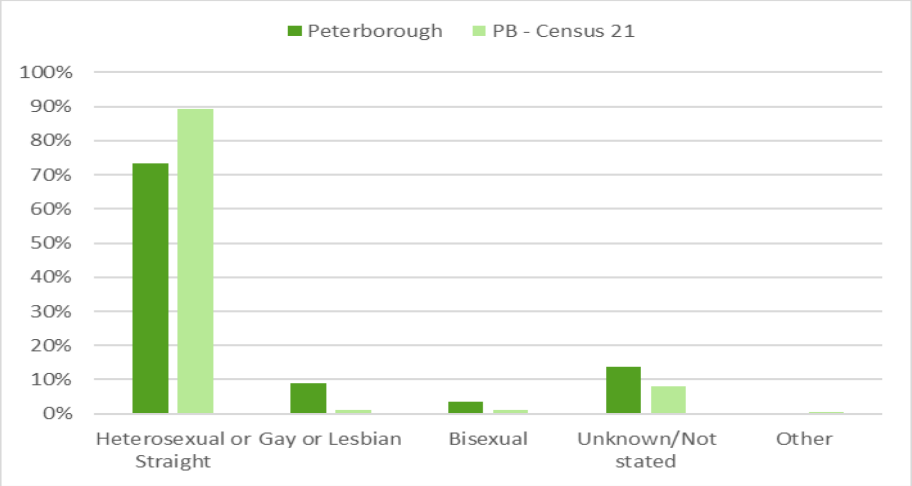
Given some groups have been shown to have greater incidence of sexually transmitted infections, the presence of the service should disproportionately benefit these groups for example:

- Men who have sex with men (MSM)
- Younger people
- People of black ethnicity

Positive impacts for groups with protected characteristics are set out below. For the most part, the service will have beneficial impacts for groups with protected characteristics by ensuring access and provision. Some elements of the service are also focussed on the specific needs of different groups within the population such as young people and MSM and reducing inequalities experienced by these groups.

Characteristic	Positive impact
Disability	People with a disability have the same rights to private and family life as those without disabilities. These rights are contained in the Human Rights Act 2008; the Care Act 2014 also lists domestic, family, and personal relationships as eligible needs. Although the provision of this service is not specific to people with disabilities it should help support these rights. Evidence from engaging with local service, Dhiverse suggests that sexual health for people with learning disabilities is still a taboo subject and people with learning disabilities find it more difficult to know about and access services. The current iCaSH website can be difficult to navigate both for service users and professionals. As part of the recommissioning of the service recommendations have been made to improve the website to make information easier to find. Also included in the recommendations is to ensure that service information and promotional materials are available in easy read formats. This should complement service improvements in the prevention service which will look to improve knowledge and awareness.
Gender reassignment	Engagement with the Kite Trust highlighted specific gaps in the current health services for transgender young people as well as a lack of confidence in engaging with transgender patients. A recommendation from needs assessment is to improve and share knowledge among practitioners on meeting the needs of specific groups including transgender service users. Implementing this as part of the new service should help reduce the inequalities experienced by transgender young people and adults. The needs assessment has also recommended further consideration of how to identify and resolve gaps in care for transgender people.
Pregnancy and maternity	Improving access and advice with respect to contraception can help individuals with family planning. This service also supports women with contraception following birth.

Race, culture and religion	Minoritised ethnic groups can face specific sexual health needs and barriers to access. Ethnic inequalities in diagnoses of sexually transmitted infections persist in the UK especially for those of black Caribbean heritage (Bardsley et al 2022). Language and knowledge about services can also be barriers for recent migrants and asylum seekers in accessing sexual health services (Barrio-Ruiz et al 2023). Sexual health is a taboo subject in some cultures and religions. The clinical services will continue to work with prevention and outreach services to ensure that services are provided for and advertised to those who need. One of the recommendations of the needs assessment is to improve joined up promotion across all partners to provide a clear offer of all routes to access services for prevention and treatment. The new service will continue to provide services for all races and ethnicities. The iCaSH website already provides information in several languages, and improvements to the website which have been recommended should also be available in different language options. The availability of easy read information can also help those for whom English is not a first language.

Sexual orientation	The current service sees disproportionately higher use from people who identify as gay/lesbian or bisexual compared to the population as a whole (see below). Continuing these services is therefore essential for supporting the health of this population. Some elements of sexual health services are provided on the basis of the risk of individuals. MSM are at higher risk for some STIs and therefore may be offered additional services as a result. For example, hepatitis B vaccination and pre-exposure HIV prophylaxis (PrEP) are offered to MSM. The service has also previously enabled response to Mpox, including vaccination, which disproportionately affected MSM. **Percentage of patients using iCASH services by sexual orientation, compared to Census 2021 resident sexual orientation, Cambridgeshire. Source: iCaSH and ONS**  **Percentage of patients using iCASH services by sexual orientation,** 

Sex	Sexual and reproductive health is experienced differently by men and women. In heterosexual relationships, women bear the greater physical, mental and emotional burden for contraception (Kimport 2018). Therefore, ensuring that there are services providing safe, effective and free contraception and contraceptive advice will disproportionately benefit the women upon who this burden falls. Evidence from GUMCAD shows that STIs locally have different prevalences among men and women. STIs can also have different impacts on men and women. For example, women and other people with a womb or ovaries are at greater harm from chlamydia due to impacts of infertility. Provision of chlamydia screening in sexual health services is offered to both men and women but may have disproportionate benefits for women over men. The offer of online testing also enables easier testing. Sex workers are also mostly women. Female sex workers have been shown to have an increased risk of certain STIs such as gonorrhoea compared to other female attendees at GUM clinics (Grath-Lone et al 2014). Flexible services and those which work in collaboration with organisations which work closely with sex workers have been shown to better meet their needs (Potter et al 2022).
Poverty	As with many aspects of health, sexual and reproductive health has a socio-economic gradient. Area-level deprivation has been shown to be a risk factor for STI infection (Sonnenberg et al 2013). Teenage pregnancy rates are also higher in areas of higher deprivation (Cook and Cameron 2015). Limiting barriers to access for individuals in areas of deprivation will continue to be important. Online provision is likely to be particularly important for residents of rural areas where lack of car ownership and poor public transport may be barriers to access. Continued provision of the youth outreach clinic in Peterborough to help reduce teenage pregnancy will be important.

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

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

This service aims to deliver positive outcomes for all residents in Cambridgeshire and Peterborough who require sexual health services. There are not any direct negative impacts anticipated in implementing this service however there are possible indirect impacts due to pre-existing inequalities and there may be disparities in uptake of or access to some elements of the service.
Potential barriers or negative impacts may disproportionately affect people of some races, age, religions and people with disabilities. Possible barriers and negative impacts are set out in the table below alongside mitigations.

Potential barriers or negative impact	Mitigations
Cultural or religious barriers to access Kiridaran et al 2022 identified barriers to sexual health services for south Asian women included knowledge of local provision, stigma and shame, and concerns about confidentiality. We know that the proportion of Indian and Pakistani residents in Cambridgeshire and Peterborough is higher than the proportion of service users of these ethnicities suggesting they may currently be underserved. Barriers may also relate to language (see below).	1. Work with prevention services and other partners to ensure that the service is well advertised to all groups and that online information is comprehensive and easy to navigate. 2. Ensuring that services users have a choice in how they access services (online, telephone, in person) and can choose to see a male/female clinician. 3. Continue to maintain the high quality, confidential service as evidenced by the positive feedback in service user surveys.
Language barriers to access Language may be a barrier to accessing services for individuals where English is not their first language and people with learning disabilities.	1. Provision of translation services in clinics. 2. Provision of information and materials in multiple languages including on the website. Ensuring and improving this provision is a recommendation of the needs assessment. 3. Provision of information and materials in easy-read formats.
Barriers to online access While many of the service users surveyed were positive about the ability to order testing kits and have telephone appointments, some may not have access to the internet and others may still prefer face-to-face appointments. Older people and those who are homeless or on low income are less likely to have access to the internet.	1. Ensure that face-to-face appointments continue to be available and that booking is not only restricted to the internet system. 2. Ensure that materials and information can be made available in print if needed.
Geographic and economic barriers In person clinic sites are more accessible to those who live close by or who own a car. This may mean younger people and those who cannot drive are less able to access services, especially if they live in the more rural parts of Cambridgeshire and Peterborough.	1. Ensure that online provision such as online testing and telephone appointments are made available. 2. Ensure that evening and weekend appointments are available as far as possible. 3. Maintain clinic sites (currently in Wisbech, Ely, Huntingdon, Cambridge and Peterborough)
Access for transgender service users The engagement part of the needs assessment identified that transgender service users may face particular barriers and there is potential for sharing best practise and	1. A recommendation of the needs assessment was for local commitment to sharing skills across organisational boundaries to increase expertise and engagement with specific groups (e.g. transgender and non-binary individuals) and improve outcomes.

How will the process of change be managed? *

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

This services are already in existence and the recommendation is for a Section 75 agreement with the current provider . This will help minimise change and the potential consequences to people with protected characteristics or experiencing socioeconomic inequalities. Assuming this recommendation is agreed, the core components of the service will also continue to be the same such as the location of the iCaSH clinics.
However the sexual health needs assessment will require additional efforts and innovative approaches to address the needs of certain groups which includes equity of access and communication channels to address the unmet need both in the prevention and treatment elements of the service.

Any changes to the service will be communicated and shared with service users.

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

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

The prevention and treatment service elements will be performance monitored and this will include monitoring service uptake/interventions and outcomes of those with protected characteristics. There will also be regular monitoring of ssrvice user views.

The current treatment service has a mechanism for service user feedback which may help capture any impacts, positive or negative, of the service https://www.icash.nhs.uk/contact-us/compliments-complaints.

EqIA Action Plan

NB this part of the form will generate a table. Each negative impact will create a row when you “add record”. Each time you do this the form will refresh, allowing you to add another row for another negative impact.

There is a blank version of the table on the next page

Details of negative impact (e.g. worse treatment/outcomes) *

Groups affected *

Age
Disability
Gender Reassignment
Pregnancy and maternity
Religion or belief (including no belief)

Sexual orientation
Marriage and civil partnership
Race
Sex
Socio-economic inequalities

Severity of impact *

High – Medium – Low

Action to mitigate impact with reasons/evidence to support this or justification for retaining negative impact *

Who by *

When by *

Add record

EqIA Action Plan (table)

Details of negative impact (e.g. worse treatment/outcomes)	**Groups affected** (delete as appropriate)	**Severity of impact** (delete as appropriate)	**Action to mitigate impact with reasons/evidence to support this or justification for retaining negative impact**	**Who by**	**When by**
This assessment has not found that the new service will directly lead to inequalities, the mitigating steps outlined above intend to ensure existing inequalities are not increased. Recommendations from the recent needs assessment will be taken forward through a plan agreed between the commissioners and the lead provider. This will ensure a targeted approach to increase access for the groups affected by inequalities.					

(Add more rows as needed)

Approval details

To ensure a robust, respectful, and transparent approval process:

- Please do not enter your own details here, even if you are a Head of Service (or equivalent) or more senior. This is to ensure that someone else reviews your work
- Please do not enter the details of someone you line manage and/or with less authority than you.

Head of service * Val Thomas

Head of service email * val.thomas@cambridgeshire.gov

Agenda Item No: 6

Direct Payment Support Service Re Procurement

To:	Adult and Health Committee
Meeting Date:	27 June 2024
From:	Patrick Warren-Higgs, Executive Director, Adults, Health & commissioning
Electoral division(s):	All
Key decision:	Yes
Forward Plan ref:	2024/065
Executive Summary:	The Cambridgeshire Direct Payment Support Service (DPSS) is an all-age service which supports people who receive direct payments to purchase their own care and support. In doing so, it helps to improve the independence, health, and wellbeing of people with eligible care needs. It also makes having a direct payment easier and a more attractive option to service users. This is important to increase the number of people choosing a direct payment in Cambridgeshire. The current DPSS contract is due to expire in April 2025 and so Committee is asked to approve its recommissioning of the DPSS service.
Recommendation:	Adults and Health Committee is being asked to:

a) agree to the Direct Payment Support Service (DPSS) re-procurement approach. The current DPSS service is due to end 28 April 2025. The new contract will be tendered for 3 years plus a 2-year extension option at an annual value of £154,072 and total contract value for £770,360 over the 5-year term.

b) delegate responsibility for awarding and executing a contract for the provision of a Direct Payment Support Service starting 29 April 2025 and the agreed contract extension period to the Executive Director, Adults, Health & Commissioning in consultation with the Chair and Vice Chair of Adults and Health Committee.

Officer contact:
Name: Deborah Cakmak
Post: Commissioning Manager
Email: Deborah.cakmak@cambridgeshire.gov.uk

1. Creating a Greener, Fairer, and more Caring Cambridgeshire

1.1 This report aligns to the following strategic ambitions 2023-2028:

i) Ambition 3 Health Inequalities. The new DPSS service will benefit users of direct payments and, in doing so, will support them to achieve better outcomes, including healthy lives.

ii) Ambition 4 Helping people to enjoy healthy, safe, and independent lives. The new service will support people with care and support needs to exercise choice and control over their care leading to greater independence. The use of Direct Payments can offer much more flexibility in terms of the range of support that can be purchased. Research has shown that supporting people to manage their Direct Payments is critical to the success of the Direct Payments arrangement and to the delivery of individual outcomes.

iii) Ambition 6 Promoting a mixed economy in Council services. By increasing local provision provided by local people, where appropriate, and offering better access to locally based community groups to be able to work as our partners.

iv) Ambition 7 Children and young people have opportunities to thrive. By offering support to children and young people with complex needs, they can utilise their direct payments to buy the support that best meets their need and flex support to their changing requirements.

2. Background

2.1 The Care Act 2014 gives adults who are assessed as having eligible care and support needs the right to receive their personal budget as a direct payment (DP). In addition, Under the Children and Families Act 2014, a direct payment must be made available to meet the care and support needs of children and young people aged 0-25 who have special educational needs and disabilities. A DP enables people to choose and buy the care services that best meet their needs, rather than have the council do it for them. This gives people more choice and control over the care they receive. Direct Payments also enable more flexibility for people to change the services they access to meet their care and support needs over time as their needs, circumstances and preferences change. Given these benefits, Cambridgeshire County Council (CCC) are seeking to increase the number of people choosing to take DPs as part of their personal budget arrangements.

2.2 All individuals in receipt of a DP will be offered support to manage it. The Direct Payment Support Service (DPSS) is designed to provide this support by helping to find and purchase care and support, and by ensuring people receiving support are aware of their responsibilities as employers when employing Personal Assistants (PAs). The service also offers payroll support. In doing so, the DPSS plays a key role in supporting the council to meets its statutory duties in respect of direct payments. The DPSS also supports Care Micro Enterprises (CMEs) by offering signposting to connect DP clients to CMEs rather than arranging homecare support.

3. Main Issues

3.1 In 2024/25, we expect to spend £21.5m on Direct Payments (DPs) within adult social care, through 821 packages for adults. This equates to around 8% of the council's forecasted £263.4m spend on adult social care. In addition, DPs account for circa 1% of the Council's £149.3m spend in Children, Education and Families in 2024-25 (total of £1.9m). This equates to 1,092 packages for children.

3.2 The Joint Strategic Needs Assessment (JSNA) 2023 has forecasted 14.3% growth in population in Cambridgeshire by 2031. Forecasts suggest that by 2031, the number of people aged 65 or over will grow by a further 26% with much of this growth in the over-80s age bands. there has also been significant growth in the numbers of children and young people. The number of children is forecast to increase substantially in South Cambridgeshire by 2031, increasing by 12.1% on the 2021 baseline, with smaller increases in other rural areas. Therefore, we are proposing managing the increase in future demand by using more DPs.

3.3 The council has ambitions to increase the uptake of DPs and self-directed support in Cambridgeshire to ensure people with eligible care needs have choice and control over the care they receive. In doing so, the council has set itself a target to increase DP take up. In 2022/2023 the Adult Social Care Outcomes Framework (ASCOF) performance measure for Cambridgeshire County Council was 19.6 %, whilst the target is to achieve 25% of service users to be in receipt of a DP in 2024/2025, to align with regional and national averages of 24% and 26% respectively. To achieve this, the Self-Directed Support Programme will focus on strengthening three main areas of the council's work in the coming year:

- increase promotion of DPs to people with eligible care needs by social care practitioners.
- improving the council's business systems and processes to make it quicker and easier to set up a direct payment.
- ensuring, through market shaping there is a wide range of care and support available in the local community for people with direct payments to buy.

3.4 At present, around 34% of people receiving a DP use the DPSS. The target to increase the uptake of DPs to 25% will mean an additional 226 adults using a DP to purchase their care. Assuming the same percentage of people require access to the support service, it is estimated it will need to support 76 more people over the next 12 months. Metrics will be included in the KPIs to increase use of the DPSS service.

3.5 Ensuring that a range of services and personal assistants are available to support this ambition is critical. A lack of PAs makes it harder for people who want a DP to find the service they need and therefore limits choice and may lead to people opting for council arranged care instead. Our changing population, coupled with the council's ambitions to increase uptake of DPs, will require more PAs, CMEs and other providers of care and support during the next 5 years.

3.6 Shaping the market to support the council in delivering against this ambitious target is key. Market intelligence gathered through consultation and engagement suggests there are currently gaps in the availability of Personal Assistants (PAs). Personal assistance is the

support a person needs from another person for everyday living and this support can offered by a PA who is trained as a carer. It has been established that:

- Access to a PA is often determined by where the person who uses services lives.
- There is no waiting list, but it is particularly challenging to find PAs in rural locations such as East and South Cambridgeshire and parts of due to the lack of public transport connections and travel distances.
- Availability of PAs who will undertake shorter calls has reduced, especially in rural locations. This is because short care calls are viewed as financially unviable by PAs who are paid for 'care delivery time' only which reduces their daily income potential and incurs travel costs which are rising due to the impact of inflation.
- There are many PA/Support Worker vacancies (across health and social care) being advertised on different job site platforms for Cambridgeshire.

3.7 The DPSS contract in Cambridgeshire was awarded to People Plus in April 2020 following a tender process. This contract commenced on 29th April 2020 for 3 years with 2 possible extensions of 12 months. The contract is in its final extension period, which will end on 29th April 2025. There is a need to recommission the service within the contract and procurement timelines to continue to adhere to our statutory responsibilities whilst also ensuring compliance with the Council's Contract Rules and procurement legislation. The Care Act 2014 states that the local authority must also ensure that people are given relevant and timely information about direct payments so that they can make an informed decision regarding whether to request a payment and how to use and manage this payment appropriately. The DPSS service supports this requirement.

3.8 Review of Current Service

To ensure we commission a service able to meet the Council's ambition, a service review was undertaken. Information was gathered from:

- customer service surveys received from the provider during the past 12 months.
- responses to the Council's PA questionnaire during January to March 2024
- case studies (Appendix 1)
- contract Key Performance Indicators (KPI) and activity data.
- attainment of the Social Value in the current contract

The DPSS Service Review highlighted that a greater focus on delivery against outcomes will be needed if the new service is to demonstrate its impact, by increasing the number of PAs in Cambridgeshire and supporting the council's ambitions to increase the number of people choosing a direct payment. The service review has recommended several improvements to the current service model:

An improved payroll system with good internal communication
Additional monitoring measures to ensure accountability and improvements in the monitoring of payroll timescales/processes.
More focus on direct contact and access to the support and advice side of the business rather than on the running of payroll services for clients.
A dedicated contact for the council's practice teams to enable better links with DPSS staff who can respond to practitioners' questions when needed on an informal basis.

Robust support offer for the council's practice teams, particularly in relation to the setting up of DPs and the working out of all additional costs and requirements.
More transparency regarding the financial costs, including specific elements of the service e.g. information and advice, payroll etc. within any block funding. These unit costs should also apply to self-funders purchasing support from the service.
IT and digital data improvements should be reviewed and benchmarked to reflect good practice across other Local Authorities.
A PA directory and matching service should be set up to include qualifications and training
Work with the Council on its care workforce skills gap analysis. Agree training requirements for both clients and PAs together and where the responsibility for training delivery sits.
A marketing and communication plan should be agreed with the provider and reviewed yearly.

- The current DPSS provider service has helped increase the numbers of PAs in the market in the last 3 years from 131 to 387 - a 195% increase. The target for the provider is to increase the numbers of PAs by 25% each year. Year 1 & 3 exceeded this target only year 2 was under plan. Recent activity data from the provider shows that, in Q4 of 2023/2024 there were 515 PAs supported of which 278 used the payroll.
- In the first year of the contract the service received 287 referrals and the total clients supported to recruit a PA with advisor support was 107. In 2023/2024, the number of referrals received was 279 and the active support cases was 484.

3.9 Future Demand and Market Shaping

Our changing population, coupled with the council's ambitions to increase uptake of DPs, will require more PAs, CMEs and other providers of care and support during the next 5 years. To achieve this, the council has invested in DP rates to ensure PAs can be paid the Real Living Wage. Increasing the DP rate to allow recipients of DPs to pay a higher hourly rate to PAs will continue to be a key factor in increasing the supply of PAs locally. Through Care Together, the council is also investing in the creation of Care micro enterprises (CMEs) to offer people a wider choice of care and support in their local community.

As of March 2024, 33 CMEs have been created across the county, offering over 2,500 hours of care and support capacity per week. Consequently, the new DPSS will have a key role in supporting the council to realise its ambitions to increase uptake of self-directed support by helping to grow the DP market, ensuring there is sufficient PA coverage across the county and connecting people with CMEs.

The current provider has sought feedback from people accessing the service through a survey. This showed a decline in the quality of service in the last 6 months, with only 45% of those surveyed in Quarter 3 rating the provider as very good. In Quarter 2 this was 75%. The decline was due to a slower response time to their queries. Service users indicated that the service itself has made a difference in their quality of life which suggests that it adds value, but significant improvements need to be made by the service provider to enhance the overall user satisfaction and improve outcomes. Service users said that improvements

should be made to the contact response times and the quality of advice given could be improved. Professionalism was seen to be good overall.

3.10 Vision for the New Service

To achieve the aims and outcomes, a service specification is being drawn up that will include robust KPIs aligned to delivering the councils ambitions and improved outcomes for people. The learning from the service review and service user feedback has directly informed these requirements. A high-level summary of key activities to be included in the specification requirements and is shared below.

The new DPSS will support the council's ambitions and address the key areas of improvement highlighted above to improve access to self-directed support and see more people choose direct payments. The new service will:

- Operate as part of a comprehensive self-directed support offer which makes it easier for people to have more choice and control over the care and support they receive.
- Contribute to the development of a wide and diverse choice of care and support available locally, capable of meeting demand and providing person-centred support. It will play a key role in the growth and development of the PA market and connecting clients to Care Micro Enterprises.

3.11 Strategic Outcomes of the Service

The strategic outcomes of the service will include the following key changes with measurable outcomes:

- The service will contribute to the wider work that is in progress to increase the uptake of DPs.
- The scale of this work is key to meeting our DP performance targets.

Information & Advice

- Provision and promotion of high-quality information and advice on DPs, how to purchase care and support directly, support services opportunities available locally including CMEs. This will include an annual marketing and communication plan.
- Offer personalised support to people to manage their DPs or who wish to buy their own care (self-funders) in ways that they can understand.
- Support service users to be compliant with their duties and responsibilities as an employer.
- Take a preventative approach with people using the service to promote independence.
- Ensure PA's skills improve due to training offer from provider.
- Enable people to better understand their responsibilities as employers.
- Develop a 'whole family' approach, working in partnership with other services and agencies across the education, health, social care, and the voluntary/community sector.
- Ensure the service is accessible and responsive to the differing needs of adults, children and young people, and their families.

PA Register and supply

To ensure a thriving PA pool is available that is capable of meeting demand and the preferences of Cambridgeshire residents. People in receipt of a DP will have access to a service where they can be matched with a PA.

- Outcome, Increased number, and improved retention of PAs
- Establish a PA register (including qualifications and training), coupled with a matching service for PAs and service users.
- Work with commissioners and stakeholders to develop and expand the PA market (including training requirements)
- Enable access to DBS checks for Personal Assistants

Payroll and managed bank accounts

People are empowered to make positive and personalised choices regarding how they manage their support including with Prepaid Cards as the council's preferred method of delivering direct payments. And service users report a high level of satisfaction with the quality and response times of the payroll service.

- Provide a high quality and efficient digital payroll service.
- Provide a managed bank account service for DP recipients who choose not to receive and manage their DP themselves.
- Protocols between the provider and the council regarding timescales and responsibilities which can be audited will be agreed.

Accessibility

People find it easier to find the care and support they want. People also have access to the support they require to achieve positive outcomes and have formal arrangements in place with support providers.

- The provider has an accessible, local, and sustained presence within the Cambridgeshire County Council boundary, delivering from a range of community settings and in the service user's home.

Practice development offer.

Social care practitioners are more confident in their understanding of DPs and therefore promote them more actively.

- The provider will work with the council's Quality and Practice Team, along with operational teams, to develop a support/training offer for social workers in relation to the setting up of DPs and the working out of costs.
- Provide a visible link person(s) to offer advice/guidance to practice teams on an informal basis when needed.

Cost

- The provider will provide transparent unit costs for specific elements of the service e.g. information and advice, payroll etc. within any block funding. These unit costs should also apply to self-funders purchasing support from the service.

3.12 Social value

- The Council aims to provide social value within the delivery of its services and projects, wherever possible, for the benefit of communities. This should promote improved health, independence, and inclusion in the provision of care.
- There is an expectation in the contract to meet or exceed the social value obligations committed to through the tender exercise in support of the economic, social, and environmental well-being of Cambridgeshire. The criteria to be included in the specification is:

Promote employment & economic sustainability	Outcome 1: more local people in work Outcome 2: responsible businesses that do their bit for the local community
Raise the living standard of residents	Outcome 3: a local workforce which is paid and positively supported by employers
Promote participation and citizen engagement	Outcome 4: individuals and communities are enabled and supported to help themselves
Promote equality and fairness	Outcome 5: acute problems are avoided, and costs are reduced by investing in prevention

3.13 Options Considered

The following 3 options were considered. Option 2 is the recommended option to ensure a DPSS is in place by April 2025.

Option1. Do nothing and let the contract expire.	This is not recommended as there is a statutory requirement to offer a Direct Payment Advice and Support Service. CCC is legally obliged to offer the service in line with requirements from the Care Act 2014 and the Childrens and Families Act, for the people of Cambridgeshire. Not having a DPSS would make it much harder for people to have a DP or find care and support, thus counter to the council's ambitions and pledge to increase uptake of DPs.
Option 2. Re-commission a new DPSS Service via competitive tender	This is the recommended option. It ensures the council continues to provide support to people choosing direct payments in line with its ambitions and statutory duties. There will be no gap in service. The recommissioning provides an opportunity for the council to evolve the service to better meet its self-directed support goals and wider strategic ambitions.
Option 3. Provide the DPSS service in house.	This is not recommended due to budgetary and time limitations: It would increase the demand on the council's Direct Payment Monitoring (DPMO) service and Adult & Children's Finance teams. We estimate this would require four full time roles plus a manager. The estimated cost of this establishment in-house per annum is £235k, plus an additional £42k if a further DPMO post was needed

	to cope with increased demand, making a potential total of £1.39 million over the 5-year term. This is £663,250 over the current contract value. A Corporate Insourcing Appraisal has been completed and signed off. To bring this service in-house safely and effectively in less than10 months would require additional staffing resources. This would further increase the cost of insourcing to the council. When reviewing the DPSS services of neighbouring councils (both geographical and statistical) they too have outsourced the services to have an independent provider and therefore no conflict of interest

3.14 Procurement Approach

It is proposed to re-procure the DPSS service for Cambridgeshire County Council on a 3 plus 2-year contract term. This is the standard contract term required and the preferred contract length indicated by the local market. It will enable the successful provider to embed and develop the service. There is an expectation that the service delivered will be continuously developed over time so that services are modified to meet the changing need this will be via a service review process and ongoing contract monitoring.

The service will be re-procured as a single open procurement led by CCC. People with lived experience will be invited to participate in the procurement. They will be included in setting evaluation questions which they will evaluate.

All bidders will be required to demonstrate how their proposed service solution will deliver social value. Responses will be evaluated, and delivery of commitments monitored. Bidders' social value offer will be weighted at 5% and evaluated by the Social Value Portal.

3.15 Indicative Procurement Timeline

The DPSS contract for the current service is in the last year of the extension period and the new service will need to be in place by 29 April 2025. The full procurement timeline can be found in the procurement plan which has been supported by the Procurement & Commercial Team which will be supplied separately.

Procurement Timetable		
Event	**Person Responsible**	**Date**
Adults and Health Committee (approval to tender)	Responsible Officer	27 June 2024
ITT documents signed off	Head of Service	04 July 2024
ITT period	Procurement Officer	08 July – 04 Oct 2024
Tender evaluation & moderation	Evaluation Panel	07 Oct- 01 Nov 2024
Contract award notices	Procurement Officer	W/C 25 Nov 2024
Formal Contract award. Mobilisation commences		09 Jan 2025
Contract start date		29th April 2025

4. Summary & Recommendation

4.1 The Adults and Health Committee is requested to approve the commissioning of a high quality DPSS to run from 29 April 2025 on a 3+2-year basis at a total cost of £ £770,360 plus annual uplifts to be determined through the business planning and uplift strategy processes.

4.2 The Adults and Health Committee is requested to delegate the award of this contract and subsequent extension periods to the Executive Director of Adult Social Care in consultation with Chair and Vice Chair of Adults and Health Committee.

5. Significant Implications

5.1 Resource Implications
The report above sets out details of significant implications in the recommendation.

5.2 Procurement/Contractual/Council Contract Procedure Rules Implications
The procurement plan sets out details of no significant implications.

5.3 Statutory, Legal and Risk Implications
The following bullet point sets out details of significant implications identified by officers:

- The priorities within the service are in alignment with duties placed on local authorities by the Care Act (2014) and Children and Families Act (2014) in respect of assessment and support planning for carers and wider duties around information and advice and market shaping within the Care Act (2014).

5.4 Equality and Diversity Implications
The public sector equality duty has been considered as part of the service development and an EQIA (Equality Impact Assessment) has been completed.

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

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

5.7 Public Health Implications

The following bullet point sets out details of significant implications for Direct Payments identified by the 2023 Strategic Needs Assessment (JSNA).

Will the proposal have an impact on the health of Cambridgeshire residents?

Yes, it supports that, since 2011 there has been a 9.3% growth in health needs. The population of Cambridgeshire is forecast to increase by 14.3% in 2031. The health need growth rates in Cambridge were among the highest in England.

Across Cambridgeshire there were 57,645 more people in the 2021 Census than in 2011 (11.1% growth overall). The growth was driven by migration into our area, and the difference between births and deaths.

The recommissioning of the DPSS will support people with care and support needs to purchase the care that best meets their requirements and maintains their independence for as long as possible. This in turn leads to better health outcomes.

Will the proposal support improving the health of the worst off fastest?

The DPSS service will support people to put in place the care and support they need to achieve their goals and remain independent. By supporting people with eligible care and support needs, the service will contribute to the reduction of health inequalities amongst this population group by increasing the requirements to retain PAs, matching PAs to service users and connecting people to CME services. This will also make it easier for people to find the right care, support for them, and contribute overall to improvements in independence, health, and wellbeing.

5.8 Climate Change and Environment Implications on Priority Areas

5.9 Implication 1: Energy efficient, low carbon buildings.
Positive/neutral/negative Status: Neutral
Explanation: No change

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

Explanation: The DPSS Project team have reviewed the impact of carbon emissions for this contract. The emissions will be minimal and will be impacted on the part of the service provider. The service provider may choose to host staff in a specific location (building) and provide hot water, electricity, and heating. Staff may need to travel via public transport or their own vehicle to the said location. The service provider would be encouraged to continue to contact service users, social workers, and other organisations via telephone or online to reduce carbon emissions.

5.11 Implication 3: Green spaces, peatland, afforestation, habitats, and land management.
Positive/neutral/negative Status: Neutral
Explanation: No change

5.12 Implication 4: Waste Management and Tackling Plastic Pollution.
Positive/neutral/negative Status: Neutral
Explanation: No change

5.13 Implication 5: Water use, availability, and management:
Positive/neutral/negative Status: Neutral
Explanation: No change

5.14 Implication 6: Air Pollution.

Positive/neutral/negative Status: Neutral
Explanation: No change

5.16 Implication 7: Resilience of our services and infrastructure and supporting vulnerable people to cope with climate change.
Positive/neutral/negative Status: Neutral
Explanation: No change

5.17 Finance Implications

Currently there are no additional resource of financial implications arising from the proposal. An insourcing Appraisal has been completed and signed off.

Appendix 1 Case Study Summary

The Provider completed a case study for each quarter from Q1 to Q3 2023 on their performance relating to case management.

In Q1, a referral for recruitment of a PA was converted into a PA placement within 4 days. The quick turnaround was only made possible by the relationships they have within the sector and with the agencies that provide PA to the wider healthcare sector.

The Q2 case study showed that the provider assigned a team manager to work closely to help establish the workstreams in the SDS programme which is developing a model to improve the SDS provider market. The team manager provided feedback to the SDS Programme Board regarding recruitment and retention challenges for filling PA vacancies. The provider committed 1 day a month of the team manager as a resource towards supporting the development of this workstream.

In Q3, the provider organised a remote peer support group for DP service users. The event was attended by 3 individuals with varying service use experience ranging from 0 to 15 years. This provided valuable insight to new DP users on the type of support available and processes. It also provided knowledge sharing between service users. Feedback from the session was extremely positive and highlighted the importance of these events.

Equality Impact Assessment Summary - CCC598718439

Directorate: Adults, Health and Commissioning

Service: Commissioning Services

Team: Commissioning Services

Your name: Deborah Cakmak

Your job title: Commissioning Manager

Your phone: 07971647704

Your email: Deborah.Cakmak@cambridgeshire.gov.uk

Proposal being assessed: DPPS RE-PROCUREMENT

Business plan proposal number:

Key service delivery objectives and outcomes:

to re commission a direct payment support service that,

- Provides high quality information and advice on Direct Payments, purchasing care and support directly, and on the support services opportunities available locally.
- To provide support to the service users on the matter of HR in compliance with the HR legislations current at the time
- Offers personalised support to people to manage their Direct Payments in ways that they can understand and manage.
- Provide independent support to people who are purchasing support through Direct Payments and people who fund their own support (self-funders)
- Assists Direct Payments recipients by directly employing support staff to understand and manage their duties as employers.
- Provides a high quality and efficient digital payroll service.
- Provides a managed bank account service for Direct Payment recipients who choose not to receive and manage their Direct Payment themselves.
- Supports the development, implementation and ongoing management of a Personal Assistant register and 'support with confidence' scheme for Personal Assistants.
- Enables access to DBS checks for Personal Assistants
- Works with commissioners (both public sector, self -funders and Direct payments recipients and other partners to develop and effectively facilitate the Personal Assistant market.

- Demonstrates a 'whole family' approach, working in partnership with other services and agencies across the education, health, social care, and the voluntary/community sector.
- Works effectively across the age spectrum to ensure the service is equally accessible by, and responsive to, the differing needs of adults, children and young people, and their families.
- Satisfies compliance with Cambridgeshire Council's current Direct Payments procedures for children's and adults' services.
- Has appropriate levels of risk insurance/liability cover in place in case of mismanagement/fraud.
- Be transparent about unit costs for specific elements of the service e.g. information and advice, payroll etc. within any block funding. These unit costs should also apply to self-funders purchasing support from the service.
- Demonstrates effective management of financial and operational arrangements to optimum capacity, financial probity, and best value.
- Has an accessible local and sustained presence within the Cambridgeshire Council boundary.
- Be clear if intending to signpost elsewhere for aspects of service delivery and be clear on any proposed sub contractual arrangements.
- Takes a preventative approach with people using the service to enable independence and reduce deterioration in care needs.

What is the proposal: The Direct Payment Support Service (DPSS) contract in Cambridgeshire was awarded to People Plus in April 2020 following a tender process held according to CCC procurement rules. This contract commenced on 29th April 2020 for 3 years with 2 possible extensions of 12 months. The contract is 12 months into its final extension period, which will end on 29th April 2025.

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

A Service Review was undertaken with the DPSS Project Group as part of the initial work to retender the service.

- Information was gathered from the current DPSS Contract outcomes data.
- Customer service surveys received from the provider during the past 12 months. Responses to the CCC PA questionnaire during January to March 2024.
- Case Studies
- KPI data Q1-Q3 (Q4 was not available)
- Attainment of the Social Values.

Consultation with service users to include CCC practice teams, DPSS Client feedback and PA surveys about the service. CCC adult & Childrens payments teams.

Are there any gaps in the information you used to assess who would be affected by this proposal: No

Does the proposal cover: Yes, All service users/customers/service provision Countywide.

Which employee groups/service user groups will be affected by this proposal: All practice teams, in all locations. operational services, brokerage, payroll, children's and adults. Customers are PAs and clients who use direct payments in Cambridgeshire.

Does the proposal relate to the equality objectives set by the Council's EDI Strategy? Yes

Will people with particular protected characteristics or people experiencing socio-economic inequalities be over/underrepresented in affected groups: Mixture of over/under are represented and in line with population, depending on the group.

Does the proposal relate to services that have been identified as being important to people with protected characteristics/who are experiencing socio-economic inequalities? Yes

Does the proposal relate to an area with known inequalities? No

What is the significance of the impact on affected persons?

If there is a change of Provider there may be some impact on service users (whether negative or positive) as part of the changeover. Changes will be implemented as part of the service review recommendations there are 7 key outcomes. Most of the changes will impact on service improvements.

Recommendation 1: Additional monitoring measures need to be considered to ensure full process and accountability also further identify where monitoring of payroll timescales/processes can be improved. This should include agreed protocols between the provider and CCC regarding timescales and responsibilities which can be audited.

Recommendation 2: Ensure a new provider is not predisposed to focusing on the running of its own payroll services for clients instead of ensuring the direct contact and access to support and advice side of the business is working well. PP Team Managers do respond to DPMO/AFT, always very helpful and willing to attend DPMO meetings or meet via teams' calls. However, the providers own payroll service and the department who manage the actual finance side of the accounts, allocating funds to the correct accounts, running payroll has the internal communication issues.

Recommendation 3: Going forward practice teams would benefit from a more visible DPSS, someone who is either linked to teams or areas, to enable better links with people in the service and can ask questions when needed on an informal basis. It has been noted by practice team feedback that they have never been known to go out and do home visits. The support needed by the teams could be more robust in relation to the setting up of DP's and the working out all the additional costs and what is required.

Recommendation 4: More transparency regarding financial costs should be understood, specific elements of the service e.g. information and advice, payroll etc. within any block funding. These unit costs should also apply to self-funders purchasing support from the service.

Recommendation 5: IT and digital data improvements should be reviewed; some UK Councils recruitment services have partnerships with other provider databases across the UK that have active PA's available to job match and use as a PA pooled resource. A PA Directory should be set up to include qualifications & training.

Recommendation 6: As part of the CC skills gap analysis work, we need to look at the training requirements for clients and PAs and agree where the responsibility for training delivery sits. A Marketing and Communication plan should be agreed with the provider and reviewed yearly.

Recommendation 7: Review the practice support offer, agree the roles and responsibilities for practice and the provider.

Category of the work being planned: Procurement.

Is it foreseeable that people from any protected characteristic group(s) or people experiencing socio-economic inequalities will be impacted by the implementation of this proposal (including during the change management process)? Yes

Please select: Age, Disability, Care experience, Socio-economic inequalities

Research, data and /or statistical evidence: The service will continue to support all direct payment groups as before, it is anticipated that by implementing the recommendations it will improve access to DP Information for all groups and support the uptake for direct payments. The service provider collected equality data and evidence of ethnic use.

Consultation evidence: The evidence from the provider regarding their overall delivery of the KPIs against the outcomes in the service specification were reviewed. The performance overall was summarised using feedback from the current provider and CCC Staff. PA and client surveys. Also, from the users of the service and all practice teams including children and adults and LD.

Based on all the evidence you have reviewed/gathered, what positive impacts are anticipated from this proposal? The priorities within the service are in alignment with duties placed on local authorities by the Care Act (2014) and Children and Families Act (2014) in respect of assessment and support planning for carers and wider duties around information and advice and market shaping within the Care Act (2014). The service is a critical part of the Council's approach to meeting its statutory duties in the Care Act 2014 which places a duty on Local Authorities to put services in place to allow people an alternative to arranged care and instead have choice and control over their care and services through self-directed support (Care and support statutory guidance - GOV.UK (www.gov.uk) s.4.37-4.41) There is a requirement to offer an advice

& support service this should play a key role in helping. to manage the PA market. To allow the current service to expire without a replacement would create a substantial gap and disadvantage in support for clients who receive direct payments.

Based on consultation evidence or similar, what negative impacts are anticipated from this proposal? Negative feedback from the service review shows that there are some recommendations required for the consideration in the new service specification.

How will the process of change be managed? The feedback from the users has been reflected in the service review and the proposed changes should ensure more robust processes and better information. Policy and processes will be monitored to ensure the provider implements any changes correctly.

How will the impacts during the change process be monitored and improvements made (where required)? The service will have outcomes agreed with the provider that will be monitored under contract governance and KPIs. The service will have oversight with regular surveys from clients/service user feedback.

Equality Impact Assessment Action Plan:

Details of negative impact (e.g. worse treatment/outcomes)	Groups affected	Severity	Action to mitigate impact with reasons/evidence to support this or justification for retaining negative impact	Who by	When by
Cambridge County Council (CCC) in line with the Care Act 2014, seeks to increase the number of people choosing to take Direct Payments (DPs) as part of their Personal Budget arrangements and has actively promoted this through the Self-Directed Service (SDS) Programme. Cambridgeshire Council (CCC) is also committed to achieving positive and personalised outcomes for individual adults, children, young people, and families, including parents and carers. These outcomes are in line with the Association of Directors of Adult Social Services (ADASS) outcomes. CCC, In line with the directions in the Care Act 2014, wants to increase the number of people choosing to take Direct Payments as part of Personal Budget arrangements. It is anticipated that the increased uptake of Direct Payments will support: • Improve health and wellbeing outcomes for individual adults, children, young people, and their families • Offer flexibility, choice, and control for people who need additional support. • A diverse local care and support market to support	Age, Disability, Care experience, Socio-economic inequality	Medium	There is no justification for not supporting the service procurement, Insufficient numbers of PAs available to meet potential increased take up of DPs will take away choice for service users.	The new provider	01/04/2025

Details of negative impact (e.g. worse treatment/outcomes)	Groups affected	Severity	Action to mitigate impact with reasons/evidence to support this or justification for retaining negative impact	Who by	When by
the increased uptake of Direct Payments, it is anticipated that there will need to be an essential /consequent increase in the number Personal Assistants available locally. If we don't support this the above will be impacted negatively.					

Head of service: Shauna Torrance

Head of service email: Shauna.Torrance@cambridgeshire.gov.uk

Confirmation: I confirm that this HoS is correct

Status: Approved

Procurement of care and support services in Extra Care Schemes

To:	Adults and Health Committee
Meeting Date:	27 June 2024
From:	Executive Director; Adults, Health and Commissioning
Electoral division(s):	All
Key decision:	Yes
Forward Plan ref:	2024/008
Executive Summary:	The paper seeks agreement for the Council to enter into an open tender process for the care and support provision at 4 Extra Care Schemes in Cambridgeshire (Doddington Court, Jubilee Court, Nichols Court and Park View).
Recommendation:	Adults and Health Committee is asked to approve:

a) The retendering for 4 Extra Care schemes at a total value of £813,235 per annum. This represents £5,692,645 for the total contract period (3+2+2 years – extensions are at the Council's discretion with the ability to vary and give notice throughout the lifetime of the contract) and will be adjusted for future inflationary uplifts.

b) Delegate authority to award and execute the new Extra Care contracts starting 26th April 2025 and subsequent extension periods to the Executive Director for Adults, Health, and Commissioning, in consultation with the Chair and Vice Chair of Adults and Health Committee.

Officer contact:
Name: Charlotte Knight
Post: Commissioning Manager
Email: charlotte.knight@cambrigeshire.gov.uk

1. Creating a greener, fairer and more caring Cambridgeshire

1.1 The provision of care and support in Extra Care schemes across Cambridgeshire is relevant to the following ambitions from the Council's Strategic Framework: -

i) **Health inequalities are reduced.** Extra Care schemes offer equitable access to care and support services. The support service commissioned by the Council is provided for those with an assessed care need and predominantly accessed by older age adults across Cambridgeshire. The services allow for the Cambridgeshire population to receive care and support in a more enabling environment that other traditional models of care, i.e. residential care homes. Extra Care schemes aim to achieve a balanced community of tenants and reduces health inequalities for those who are at risk of social isolation by creating a community that is able to support them.

ii) **People enjoy healthy, safe, and independent lives through timely support that is most suites to their needs.** Extra Care schemes ensure that tenants are able to live safely and independently in services that can flex to meet their care and support needs as and when is appropriate. This ambition is central to the ethos of Extra Care and to ensuring the best possible outcomes for tenants.

iii) **Places and communities prosper because they have a resilient and inclusive economy, access to good quality public services and social justice is prioritised.** Extra Care schemes provide a community for those who may become isolated in their homes. Most schemes are well located and have access to local amenities allowing for tenants to remain active parts of their communities. Schemes also employ local people and therefore contribute to an inclusive economy.

2. Background

2.1 Extra Care housing schemes are also sometimes described as housing with care and support. These schemes provide specialist housing to those with an assessed care and support need. They are currently predominantly used by older aged adults but can be accessed by other cohorts where appropriate. The schemes have been specifically designed to maximise independence whilst also giving people access to required levels of care and support. Cambridgeshire County Council currently commissions 18 Extra Care schemes across Cambridgeshire.

2.2 The model of Extra Care Housing model offers tenants self-contained accommodation with their own front door but also provide a significantly higher level of support than other options available for older adults such as sheltered accommodation. This is an integral feature of the Extra Care model and there are additional facilities (for example, larger bathrooms to accommodate any necessary equipment) for the less mobile. Communal facilities tend to include social and practical facilities such as lounges and laundries and a meal service is usually on offer. Extra Care aims to provide

greater independent living whilst also being capable of providing care and support. The kind of care and support delivered in Extra Care services is a step down from those seen in residential and nursing care. Appendix A outlines where Extra Care schemes sit within a typical housing care pathway.

2.3 The extra care model aligns with the Council's market shaping approach which seeks to ensure a vibrant and sustainable Provider market which is able to deliver appropriate accommodation options with care and support will be strengthened with the proposed publication of the Council's Strategic Intentions document outlining the approach to delivering accommodation with care and support. This document is supported by a set of demand profiles [1]which highlights the ongoing need and demand for Extra Care services across Cambridgeshire. The Council's market shaping approach acknowledges the need to increase access to Extra Care for people with medium to lower care needs so they can be supported at an earlier stage in their care journey and have a higher likelihood of being independent for longer. This will help to support the growing aging population predicted for Cambridgeshire.

District	No. of EC schemes	Unit numbers	
Cambridge City	4	126	Ditchburn Place Dunstan Court ++ Richard Newcombe Court Willowbank ++
East Cambs	3	149	Baird Lodge (Ely) Millbrook House (Soham) Ness Court (Burwell)
Fenland	4	184	Doddington Court (Doddington) Jubilee Court (March) Somers Court (Wisbech) Willow Court (Whittlesey)
Huntingdonshire	3	123	Eden Place (St Ives) Park View (Huntingdon) Poppyfields (St Neots)
South Cambs	4	175	Bircham House (Sawston) Mill View (Hauxton) Moorlands (Melbourn) Nichols Court (Linton)

Table One: Extra Care Schemes in Cambridgeshire
++: Dunstan Court and Willowbank in Cambridge City also have 17 and 13 sheltered housing flats respectively.

2.4 The supportive environment in Extra Care enables tenants to live independently for longer with the reassurance that care and support is

[1] Demand profiles forecast - Cambridgeshire County Council. Please note that this document is a shared CCC and PCC paper and therefore and action Is required to review following the Council's decoupling.

available as and when required, following an assessment under the Care Act 2014, and can flex to meet their changing needs. Extra Care services also promote tenants' wellbeing by offering activities and opportunities for social interaction both with other tenants and their local communities. Many schemes have tenant-led committees which help decide activities. This supportive environment is an important aspect of the prevention agenda as people's health and wellbeing is maintained thereby delaying and/or reducing the use of residential care. A case study of a tenant's experience in Extra Care in Cambridgeshire is attached at Appendix B. Additionally, the focus on remaining as independent as long as possible can delay or prevent the need for more costly forms of care such as residential or nursing care home beds.

2.5 The onsite care and support services are delivered via contracts with the Council. Care and support services are available 24 hours a day, 7 days a week. In addition to this, all residents are required to pay £16.90 per flat, per week to ensure that there is capacity to respond to emergency pull cords or pendants. This charge and approach is currently under review.

2.6 Applications for Extra Care accommodation are considered by district level allocations panels which include service landlords, Districts partners, social care, and health professionals. Social Care assessments outlining care and support needs are used to support the Extra Care tenancy application process. The allocations into Extra Care housing are managed with the aim of developing a balanced and stimulating community that supports and promotes independence.

2.7 The contracts for Doddington Court, Nichols Court, Jubilee Court and Park View are due to end in April 2025 and the Council are therefore required to re-tender the service in order to comply with Procurement Regulations and support the ongoing need evidenced for the services.

2.8 The retender process has also provided an opportunity to review and update the service specification used for all 4 schemes. In response to feedback, information gathered and lessons learnt from previous tenders. Commissioners are working to ensure that the specification provides greater clarity around eligibility into extra care services, allocations, and service delivery. Section 4 of this document outlines the co-production undertaken as part of this process to ensure that the voices of service users and those with lived experiences shapes out commissioning activity.

3. Main Issues

3.1 The Council tenders for the core hours of care and support in Extra Care and providers are able to claim additional hours of care when needed (for example when a tenant has returned from hospital and needs additional care for a period of time). This means that each scheme has a number of core hours which ensure that care staff are on-site 24/7. At all 4 schemes, utilisation against the block hours has been good with 92% utilisation of the block hours

over the last 6 months. Any additional hours above the core allocation are dependent on the assessed care needs of each tenant and are invoiced separately and paid from a separate budget. The additional hours can vary from month to month and any additional hours would follow the assessment from the Adults, Health and Commissioning team. The current maximum budget for additional hours is £742,003 per annum. It should be noted that this budget was reduced by £350k in 2023 to reflect underusage and this will continue to be monitored. Table two reflects the cost of additional hours paid to the provider in 2023-2024. Commissioners will seek approval via governance with an appropriate business case if it is felt that the additional hours spend would go above the budget currently allocated for additional hours.

The breakdown of the core care hours procured and the additional hours for 23/24 at the 4 schemes is set out below: -

Scheme	Weekly day-time hours	Weekly night-time hours	Total	No. residents who are CCC funded[2]	Cost of additional hours in 23/24
Doddington Court	140	66	206	15	£4,722
Jubilee Court	140	63	203	17	£421
Park View	140	63	203	20	£0
Nichols Court	140	63	203	8	£0

Table Two: Breakdown of weekly care hours

3.2 It is proposed that the contract for care and support for all the schemes above are tendered at the same time thereby reducing the overall procurement costs. It is also proposed that the services should be re-tendered for 3 + 2 + 2 years. This provides more certainty for care providers, enables more investment in training and provide the opportunity to build long term relationships with the housing provider compared to shorter term contracts. The new contract will also include an obligation on the provider to pay the Real Living Wage. Whilst most care providers are adopting the Real Living Wage within Extra Care, the Council are building this into contracts as part of the tender processes when they arise to ensure that this continues. These elements should enable providers to plan for the longer term and invest in upskilling staff, supporting people living with dementia and linking with the wider community.

3.3 **Scheme Details and Costs: -**

3.3.1 Doddington Court Extra Care scheme in Doddington, Fenland was developed by Sanctuary and opened in 2013. Sanctuary developed and own Doddington Court and act as the Landlord. The scheme consists of 50 units and the care and support is currently provided by Radis Community Care. Doddington Court has a wide range of communal lounges as well as an on-site hair salon and games room. Doddington Court has a CQC rating of Good.

[2] Data as per December 2023

3.3.2 Jubilee Court Extra Care scheme in March, Fenland was developed by Sanctuary and opened in 2003. Sanctuary developed and own Jubilee Court and act as the Landlord. The scheme consists of 36 units and the care and support is currently provided by Radis Community Care. It is situated in the town centre and has excellent links to the local community. For example, faith based support is provided by the local community based on tenant's requirements. Jubilee Court has a CQC rating of Good.

3.3.3 Nichols Court Extra Care scheme in Linton, South Cambridgeshire was also developed by Sanctuary 2010. Sanctuary developed and own Nichols Court and act as the Landlord. The scheme consists of 40 units and the care and support is currently provided by Radis Community Care. Nichols Court is a modern building with a range of communal facilities such as a large social club area and communal garden Nichols Court has a CQC rating of Good.

3.3.4 Park View Extra Care scheme in Huntingdonshire was developed by Places for People in 2011. Places for People own the building and act as the Landlord. The scheme consists of 29 units and the care and support is currently provided by Radis Community Care. Park View has a CQC rating of Good.

3.3.5 During recent visits to inform tenants of the re-tendering process, tenants at with care needs, stated that they are happy with the care staff delivering their care. Feedback from those without care needs has resulted in an update to the specification to require onsite care providers to offer welfare checks. Welfare checks will be offered to those who do not have care and support and form part of the carer's daily rounds this will form part of the care and support contract.

3.3.6 The current costs for the schemes are outlined at table three. In addition to the core hours funding, each contract contains an element of Housing Related Support (HRS) funding. This funding is to allow care staff to support tenants to be included in social activities (i.e. assisting tenants from their flats to activity areas in the scheme).

Scheme	**Core Hours Value (p/a)**	**HRS value (p/a)**	**Total (p/a)**
Doddington Court	£186,697	£11,000	£197,697
Jubilee Court	£197,422	£8,300	£205,722
Park View	£197,422	£8,300	£205,722
Nichols Court	£194,894	£9,200	£204,094
		Total contract value p/a	£813,235
		Total over 3 + 2 + 2 years	**£5,692,645**

Table 3: Contract values

3.3.7 The new contracts will contain a capped formula for future increases to the contract price to enable providers to meet increases in salary costs and other direct costs which they cannot control. The formula has been developed by the Council's Finance colleagues and enables the Council to share the risk of inflation with the market whilst acknowledging the need to create consistency and assurance from a providers sustainability perspective. This uplift will be incorporated into the annual business planning process through the annual uplift strategy ensuring the services are financially sustainable for the Council and appropriate governance is in place. Any uplift above this cap would be at the Council's discretion. This is the approach taken across the extra care and home care sectors and if this becomes unsustainable the Council have the ability to vary the contract at any point over its lifetime in collaboration with the market and with a full understanding of the risk involved.

3.3.8 It should also be noted that all tenants in Extra Care have the opportunity to apply for a Direct Payment to pay for their care and support should they not wish to utilise the block hour provider. However, tenants are encouraged to use the on-site provider to ensure continuity and consistency of care, which is not always achievable via a Direct Payment. Direct Payments are not communally used across Extra Care services but where they are, tenants are supported by the Adults, Health and Commissioning team to set the payment up.

3.4 **Lessons learnt**

3.4.1 Commissioners have considered the learning that can be taken from previous Extra Care tenders and applied to this procurement. This includes:

- Building in longer lead in time for contract mobilisation should a new provider take over at a scheme to ensure a smooth transition for tenants
- Separating the schemes into Lots based on district locality will be a more attractive offer to smaller local providers who may not have previously bid for extra care tenders due to worries about fulfilling larger staffing requirements.
- Limiting the number of Lots that any one provider can win to ensure a varied marketplace which is not dominated by any one provider.
- Small local providers have had access to SME sessions run by corporate procurement to help build their capacity and confidence when submitting bids. It is hoped that these sessions will help tackle issue with quality in tender submissions.

3.5 **Extra Care Improvement Project**

3.5.1 More broadly, Commissioners are undertaking an Extra Care Improvement Project. The project aims to refresh and update several areas within the service and its delivery. This includes but is not limited to: -

- Clarification of the application and panel process into Extra Care Schemes

- Looking at how the Housing Related Support (HRS) element of funding can be better utilised to deliver maximum outcomes for tenants. The HRS element of funding is provided to allow carers to assist tenants in attending social activities in the schemes such as bingo and arts and crafts sessions. The funding also allows carers to help assist tenants during these sessions.
- Updating the service specifications for Extra Care, for example to including welfare checks for those who are not in receipt of Care and Support as per Tenant feedback
- Clarifying how Direct Payments can be used in Extra Care and ensuring that all operational teams are aware of the process
- Increasing Social Value across Extra Care and establishing how we can make this a priority for our care providers.
- Undertaking a detailed assessment of usage and need in relation to block care hours to ensure that this commissioning model continues to be the most effective and efficient approach to delivering care within these services

3.5.2 The project includes a Task and Finish group made of colleagues from Adults, Health and Commissioning, Finance, and District Councils. Additionally, the voice of service users and those with lived experience will be captured and built into the work going forward. For example, they will be fully engaged and assist with co-producing new elements of the service and will contribute to any reviews of the current provisions.

3.5.3 If any of the elements outlined in the Extra Care Improvement Project result in a change from the contracts in operation, the Council has the ability to vary contracts to reflect any changes necessary.

3.5.4 It is hoped that the Improvement Project will help to refresh Extra Care and lead to an increase in positive outcomes for tenants.

4. Co-production and Engagement

4.1 In preparation for the tender, commissioners have visited all 4 schemes to engage with Tenants and to inform them of the tendering process and what this entails. Commissioners attended coffee mornings and arranged meetings to speak to Tenants and to answer any questions or queries they might have had about the Council's obligation to re-tender services at the end of their contracts. Tenants have provided useful feedback in relation to the service delivery at schemes and outlined what is important to them. Overall, Tenants commended the standard of care they receive across the schemes.

4.2 In light of Tenant feedback, the method questions asked to bidders during the procurement have been adapted to reflect points raised by Tenants. Additionally, commissioners are engaging with Tenants to co-produce further questions to include within the procurement process.

4.3 Tenants will also have an opportunity to be part of the evaluation panel when

bids are being evaluated. There are a number of tenants across all 4 schemes who have expressed an interest in being part of the evaluation panel and the procurement plan has built in time to allow this.

4.4 The service specification for all 4 services is being refreshed to reflect updates to the eligibility criteria for accessing Extra Care, i.e. aiming to achieve a balanced community by having a mix of the level of care need of Tenants. Commissioners also aim to engage with Tenants in relation to the specification, providing them with an opportunity to review and comment on the updated specification.

4.5 Finally, a programme of extra care visits is also being developed to ensure ongoing engagement opportunities for tenants outside of procurement activities.

5. Procurement:

5.1 In-house provision for the care services in the schemes has been considered (please see Appendix C) but due to the infrastructure needed to support the creation and oversight of care teams to deliver the service and organisational overheads, this would require a significant investment and a detailed business case. As this procurement relates to only a small number of commissioned schemes, we would also want to consider insourcing as a sector wide approach and therefore we need to explore this more widely as part of future Extra Care delivery arrangements. This is something that will be picked up as part of the Extra Care Improvement Plan.

It is proposed that the schemes are re-tendered as 3 separate lots to represent district locality and make it easier for smaller locality based providers to enter the extra care market. The ITT will caveat that one provider can only win a maximum of 2 Lots. This will ensue that other providers are given the opportunity to enter the market and ensure that no one provider has a monopoly on the Cambridgeshire Extra Care market.

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

The contract length will be for a period of 3+2+2 years. Throughout the lifetime of the contract, commissioners will have the ability to give notice and vary the contract where required. Service outcomes will be reviewed at the point of each extension to ensure that there is still a need for the service and that it is delivering on positive outcomes for tenants.

Bidders' social value offer will also be evaluated using the Social Value Portal's Themes, Outcomes and Measures (TOMs) approach. During the tender process, bidders will be able to able to select the TOMS they wish to

be measured against, these include having more local people in employment and creating a healthier community. Social Value is an area of development across Extra Care and something that commissioners will look to address over the lifetime of the contract. Commissioners are aiming to increase social value across Extra Care as a whole and building on learning taken from other areas. For example, work carried out by Care Together at Ditchburn Place, another Extra Care scheme in Cambridge, highlighted how the use of an Activities Coordinator can achieve positive outcomes for tenants and improve social value.

5.2 A high level project plan has been produced and the key timelines are below:

- Development of specification/ITT documents and engagement with service users: April – July 2024
- Approval at Adults and Health Committee: June 2024
- Inform local members of the tender process: July 2024
- ITT sign off by Head of Service: August 2024
- Issue ITT: August 2024
- Evaluation and Moderation: October 2024
- Approval of award: November 2024
- Decision to award/standstill period: December 2024
- Implementation and Mobilisation: December 2024 – April 2025.

6. Alternative Options Considered

6.1 The following options have been considered for the delivery of the care and support services in Extra Care schemes. It has been concluded that the best way forward is to undertake a tender process.

	Option	Benefits	Risks
1	Do nothing	N/A	The Council has a statutory to provide care and support to those with a care and support plan. By doing nothing, the contracts for the care provision at x4 Extra Care services would expire and CCC would need to seek alternative cover which may not include night cover. Care costs would likely be higher with various different agencies involved.
2	Insource care and support provision	• Greater control over the way staff work • Reduces	• Infrastructure costs – need for new teams, directly employed care staff and managers • Greater cost of CCC staff

		administration required when working with a third party.	compared to out-sourced staff e.g. pension contributions • CCC would need to fund equipment for the staff at services e.g. portable devises • Additional staffing costs e.g. training and agency staff to cover vacancies. • Insourcing would need to be considered across the whole of Extra Care in light of issues such as TUPE costs. This would therefore require significant time to build in the necessary infrastructure to support in-house service delivery. • At present, some schemes have shared staffing across various locations. CCC would need to consider how to mitigate against this if in-sourcing was used.
3	Direct award to current provider	• No change for tenants	• Not an equitable process • Legal requirement to tender • Missed opportunity for a new provider who can deliver better quality and value for money
4	Open tender process	• Ensure an equitable outcome • Ensures value for money together with meeting quality criteria • Allows local provider to bid for local contracts • Allows tenants to be involved in the process	• Low number of bids (however recent tenders for extra care have received a high volume of bids) • Less control over day to day delivery but this is managed through a robust specification and contract monitoring.

Table 4: Alternative options considered

7. Risks and Mitigations

The following risks and mitigations have been identified:

Risks	Mitigations
Procurement process ends without contract award	Exemption request to allow existing contracts to be extended to ensure to continuity of support for customers.
Complications in transition to a new provider	We have ensured that there is a long transition plan built into the procurement plan to manage any potential risks such as TUPE transfers or contract negotiations.
One care provider dominating the market as a result of winning all 4 contracts	We have created a Lot system so that one provider cannot be the provide care in all 4 schemes. Bidders will be restricted to winning a maximum of 2 out of the 3 Lots.
No bid received for a scheme	Recent tenders for Extra Care have attracted multiple bidders e.g. the last tender attracted 21 bids demonstrating the buoyancy of the market at present
Negative publicity/political representations if there is a change of provider	Robust procurement process will ensure equity and consistency in decision making. We will ensure we have a clear information and messaging to providers/landlords and tenants as well as early engagement with members and key partners.
If a new provider comes onboard, Tenants choose to remain with the incumbent provider via a Direct Payment.	- We will ensure that there is robust contract management to look at utilisation of block hours and ensure there is provision within the contract to vary contracted hours where take up on the core block hours is low. - Work with operations colleagues to liaise with customers about their options in the event of a provider change.

8. Conclusion and reasons for recommendations

8.1 In conclusion, it is recommended to enter into an open tender for the procurement for the care and support services at 4 Extra Care schemes to ensure we are compliant with procurement regulations and maintain continuity of service for residents. The Committee are asked to approve the recommendations, as detailed at the top of the report.

9. Significant Implications

9.1 Finance Implications

The financial implication are outlined at Table 3 of the report.

9.2 Legal Implications

The proposals will assist the Council in meeting its statutory duties under the Care Act 2014 to provide or arrange for the provision of services, facilities, or resources or other steps, which it considers will contribute towards preventing or delaying the development by adults in its area of needs for care and support and reduce the needs for care and support of adults in its area. The Council fulfils this duty in part through Council arranges services.

The procurement will be carried out and contracts awarded in accordance with the Public Contract Regulations 2015.

9.3 Risk Implications

There are no significant implications within this category

9.4 Equality and Diversity Implications

a) Equality and Diversity implication are outlined in the EqIA attached at Appendix D

9.5 Climate Change and Environment Implications (Key decisions only)

Whilst the Council will not be responsible for the running and maintenance of Extra Care buildings, climate change and environmental implications have been considered in relation to the care provision. During the tender process, bidders will be asked the following question “Cambridgeshire County Council aims to reach net zero carbon emissions for Cambridgeshire by 2045. How will your organisation contribute to lowering carbon emissions and working towards reaching net zero through this contract?”. This will allow officers to evaluate submissions based on providers approach to minimising environmental impact.

10. Source Documents

None.

Appendix A – A typical housing care pathway

A typical housing care pathway

Own Home	Sheltered Housing	Extra Care Housing	Independent Living Suites	Residential Care	Nursing Care
					
People remain independent within their own property with limited or no support.	Typically self-contained, independent homes – flats and sometimes bungalows – each with their own front door. A lower age limit of 55 or 60 is common. The individual units are usually linked to an emergency alarm service and include design features to make life easier for elderly people. There is usually an on-site warden, and communal facilities such as a lounge and laundry. Rental and privately-owned sheltered housing is available, although not always on the same site.	These units offer self-contained accommodation with their own front door, but also provide a significantly higher level of support than sheltered accommodation. The level of support can increase as the person's level of care need increases. 24/7 care is available, and nursing care is sometimes on offer. The service element is often integral to the extra care product. There are additional facilities (for example, in terms of bathroom design) for the less mobile. Communal facilities tend to include social and practical facilities, such as lounges and laundries. A meals service is usually on offer. It aims to provide greater independent living.	Independent Living Services (ILS) are for residents above the age of 65 This approach is modeled on the residential care concept (24hr care/support) butits focus will be to move away from institutionalised care facility to a more enabling and maintaining independence. Every resident in the ILS will be entitled to claim housing benefit through DWP. the accommodation related cost will therefore not be funded through ASC.	Typically, residential homes offers 24/7 personal care and ensures residents basic personal needs such as meals, bathing, going to the toileting and medication are met. Residential homes provide a home for people who struggle to live independently and need additional support but aren't yet in need of nursing care.	Nursing Care is similar to residential care, but with trained nurses on duty. A nursing home is considered where someone needs regular medical care and attention. Often this would be a clinical decision made by the MDT. People may have lived in residential care or even in the community for a period before going to a nursing home due to a deterioration in their condition and the district nurse support do not have the capacity or ability to take care of the person's health needs.

Appendix B – Extra Care Case Study

To whom it may concern,

My name is XXXX and moved into Somers court at the beginning of November this year.

I was diagnosed in 2017 with Systemic Sclerosis and Pulmonary Hyper Tension in 2023. In August of this year we received news that my condition, which is terminal, will result in giving me a life expectancy of 3 to 5 years.

I and my Sister (my Advocate/Consigliore) realized that my priority was to move somewhere which would be less demanding for me both physically and mentally and when we happened upon Somers Court we were delighted to be accepted.

Since moving into Somers Court I can confidently say without a shred of hyperbole that my life has significantly improved both mentally and physically.

Firstly the xxx Team has been exceptional. They have put me at ease every step of the way and made me more at ease with accepting my limitations and asking for help when I need it. They have made efforts to make sure I don't become anxious or frustrated and they have time and time again reminded me that they can help me every step of the way and I only ever have to ask.

The food prepared by the kitchen staff has also been fantastic. It's such a weight off of my mind to know that every day I have a square meal prepared for me. It seems like such a small thing but it makes a huge difference in the bigger picture to me.

The flat I rent and the property itself is very accommodating. My flat in particular is very warm and cosy and gives me a sense of safety and relaxation I haven't felt in far too long.

Our Housing Manager Dave has also been exceptional. He welcomed me and my sister and helped us every step of the way with getting moved in and settled. He is also keen to stop and have a chat and again gives me a real sense of community.

The other patrons have also been so welcoming. I was initially concerned the age gap would be a bit of a barrier but I have never been so happy to be wrong. It turns out some of them have conditions very similar to mind and understand perfectly my limitations and needs. Again, it feels wonderful to be part of a community.

I also have to mention Iveta and Linda specifically who have helped me with my paper work and any concerns I have had.

Obviously the news I received this year was, whilst not entirely surprising, still devastating for many reasons. Moving into an assisted living facility wasn't something I was initially a fan of but I realized life was moving faster than I had the luxury to appreciate and my health came first.

Thank you from the bottom of my heart to the team at Sxxx for make the next chapter of my life so comfortable.

Created September 2021.

In-Sourcing or Commission? A consistent way to assess the 'make or buy' options for delivery

The Joint Administration has expressed an interest in exploring in-sourcing where possible. To enable service commissioners to make this decision as consistently and swiftly as possible, especially where there is an upcoming procurement to be undertaken, the following template has been designed for completion as an initial viability test of the in-sourcing option.

The question of in-sourcing should be considered at the earliest opportunity, and so this template fits in two places: in the business planning tools at business case development and as part of the procurement guidance prior to any tendering/Request for Quotation exercise.

If the service/product being procured has been through the business planning process in the last two years where in-sourcing was considered and the marketplace has not changed, this template does not need to be replicated. However, not all intended procurements go through business planning so for a contract renewal or tender process that has not been involved in business planning in the last two years, or importantly where the market has changed considerably, this template should be completed.

This template is intended to be completed by commissioners as the area experts. Even for larger contracts, it should not take more than two hours. It is a quick review that gives a high-level initial view as to whether the in-sourcing option would be optimal; this is not a full options appraisal. This means, for example, that detailed financial figures are not needed, just identification of the likely areas of cost, whether they are significant, and if they link to other upcoming contracts for economies of scale.

A completed example can be seen for a 2021 Cleaning contract renewal.

With any questions, please contact: daniel.quantrill@cambridgeshire.gov.uk

First Review Questions for Make vs Buy Decision for Upcoming Tendering Exercise

The review output is a recommendation to either proceed with a procurement exercise or an options appraisal to explore how to in-source the product/service going forward.

Existing Contract Reference (if applicable):

Date/s of Review: 12/02/2024

Name of Reviewer: Charlotte Knight

Briefly outline the current product/service that is provided to the Local Authority:

[Confirm if this is a new need through business planning, or a contract renewal. Provide a summary of all aspects provided in the current situation: what, where, how, etc. If commissioning for a small, physical asset (such as a bulk-order of IT equipment) that is unsuited to a 'make' option, state this.]

This procurement relates to a contract renewal to the provision of care and support services for four extra care schemes in Cambridgeshire. The service includes a waking night service in case of emergency calls from tenants living in the schemes and for the provision of planned night care in accordance with tenant's care assessed care needs. The core service also includes daytime hours and where people's care needs exceed this element of the contract then the provider is paid for additional hours in line with tenants assessed care needs as set out in their individual support plans. The four schemes this procurement relates to are:-

- Jubilee Court, Fenland
- Doddington Court, Fenland
- Park View, Huntingdonshire
- Nichols Court, South Cambs.

The current contract for the provision of care and support in these services is due to end in April 2025 following a 1 year contract extension. It is recommended that the new contract is for a term of 3 years with a provision to extend by 2+2 years.

1: Outline the new specification for the service/product provision.
[State the need. What key aspects must the contract/provision meet?] The delivery of care and support services as outlined in the Extra Care specification. Whilst alterations to the specification may be made at the outset of a tender, the fundamental care provision remains the same. That being that delivery of core contracts hours, both during the day and at night (24/7 service).
2: Outline any fundamental/significant changes required to the product/service being delivered in this new specification.
[In what ways, if any, does the new or proposed specification differ to the current situation, why?] There are no fundamental or significant changes required to the service being delivered in the new contract/specification.
3a: Does the new specification broadly cover what was delivered in the previous contract?
[Are responsibilities changing, is the scale or scope of the service changing?] The scale and the scope of the service remain broadly the same.

3b: What would be the length of the contract if the LA went to the market?

The Council is going to the market for an open tender. The contract term will be for 3 years with an option to extend by 2+2 years.

4: Was this service/product in-house in the past? When?

[Any previous examples of consideration or attempts to in-source?]

This service has not been in-house in the past. However, another Extra Care Scheme has previously been outsourced. The outcome of this was not favourable as the in-sourced provision serviced notice in 2015 and the Council are still paying additional TUPE costs for those staff who transferred to the now-outsourced provides but on CCC terms and conditions.

5: List the rationale/reasons why this product/service was originally outsourced.

N/A

6: Are you satisfied with the product/service delivery from outsourced providers? Please list reasons if answer is No.

[Reference operational performance, KPIs and any relevant concerns]

Yes.

7: A/ Outline what an in-house delivery model option could look like.
B/ Has this product/service been successfully in-sourced by other Local Authorities?
C/ What type of delivery models are used by other Local Authorities?

A/ *[How would we deliver the service if in-sourced?]* Operational on-site care teams at each of the Extra Care locations. This would need to be managed centrally within ASC operations.

B/ *[If yes, provide a named example(s)]* Some Local Authorities do provide care hours in Extra Care schemes but generally the care provision is outsourced.

C/ *[Outline the models used]* We are aware that our immediate neighbours (Essex, Bedford, Suffolk, Peterborough, and Norfolk) use a similar delivery model to CCC.

8: Does it require significant investment from the Local Authority? Outline types of investment required, e.g. technology, equipment, buildings, staff requirements.

[What support, resource and input would be required to in-source this?]

- Infrastructure costs – need for new teams, directly employed care staff, and managers
- Greater cost of CCC staff compared to out-sourced staff e.g. pension contributions
- CCC would need to fund equipment for the staff at services e.g. portable devices
- Additional staffing costs e.g. training and agency staff to cover vacancies

9: Can the contract be "split" with some provision in-house and some from (an) external provider(s)?

[Are there providers who could take on parts of the contract, what impact would this have – does it make in-sourcing more viable?]

Contract cannot be split as the current model requires dedicated hours on-site 24/7. Having more than one agency on-site for different periods would be confusing for residents and partners.

10: Does the contract require high skill levels?

[Do these skills exist in the Local Authority currently? If not, how easy will it be for the Local Authority to obtain these skills?]

The contract requires suitably trained care staff and managers.

12: What are the risks to the Local Authority if the in-house arrangement fails to deliver?

[State the different challenges and risks – financial, performance, reputational, exit etc]

- Potential to leave x4 extra care schemes un-staffed causing negative impacts to tenants and reputational damage to the Council. This would also mean covering via agency workers which would increase costs significantly.
- Outsourcing would be challenging due to TUPE implications
- Redundancy costs
- The council ends up funding a much higher cost service to ensure continuity of care and support for residents.

13: A/ Is there a healthy level of competition from the private sector for the delivery of this work? B/ is there a risk of market consolidation that could leave us with an uncompetitive market?

A/ *[Is there an active market or proven framework; decent market engagement?]* Yes, there is a wide variety of providers in this market and historically tenders for this type of service have received healthy levels of interest.

B/ Yes, however this is being managed by ensuring that no provider can have a monopoly on the market.

14: Would in-sourcing this contract give greater control to the LA to protect the most vulnerable? If Yes, please outline.

[EDI and Protected Characteristics considerations – making sure we aren't unfairly impacting any group(s) of citizens]

No.

15: What are the environmental and social value impacts of in-sourcing this contract?

[How could environmental considerations or social value be increased through an in-sourced delivery? Or would an external supplier be able to deliver more against those priorities?]

No/very limited environmental impacts to in-sourcing. The Council do not own the building and therefore have no control over this element. In-sourced care staff would need to adhere to any CCC environmental policies which may have a greater impact compared to a third parties' environmental policies.

Social value – current out-sourced providers are required to deliver social value as part of the tender process.

16: Can this service be scaled up and on-sold to other organisations?

[Outline how this could happen]

No. Most Extra Care schemes require locality based staff. Staff would need to be deployed to other LA's which would also require satellite office bases being established.

The content of this document forms the base of evidence behind a recommendation to either proceed with a detailed Options Appraisal to bring this product/service in-house in some form or to proceed with a

procurement exercise. Once the commissioner's recommendation of whether to in-house or continue to a tendering exercise is made, no review from Commercial is required unless the contract value is above £500k. The completed template should be saved with the other relevant records of the procurement exercise.

Recommendation and Rationale:

The recommendation is to continue to a competitive tendering process. There is a vibrant provider market with a good level of competition. Additionally, there is overlap with the home care provider market which enables creative use of local care staff e.g. redeployment in light of sickness/absence cover and the ability to flex staffing numbers to meet extra demand.

EQUALITY IMPACT ASSESSMENT - CCC606586381

Which service and directorate are you submitting this for (this may not be your service and directorate):

Directorate	Service	Team
Adults, Health and Commissioning	Commissioning Services	Commissioning Services

Your name: Charlotte Knight

Your job title: Commissioning Manager

Your directorate, service and team:

Directorate	Service	Team
Adults, Health and Commissioning	Commissioning Services	Commissioning Services

Your phone: 00000000000

Your email: Charlotte.Knight@cambridgeshire.gov.uk

Proposal being assessed: Re-tender of x4 Extra Care schemes

Business plan proposal number: N/A

Key service delivery objectives and outcomes: Extra Care housing schemes (also known as housing with care and support) are an important part of the overall provision for older people. The schemes provide specialist housing to older people and have been specifically designed to maximise their independence. Cambridgeshire County Council currently commissions 18 Extra Care schemes across Cambridgeshire. The extra care model aligns with the County Councils market shaping approach to ensuring appropriate accommodation options with care and support are available as set out in the County's strategic intention document. The document outlines the County's commitment to the Extra Care model and will work with partners and the market on expanding the range of Extra Care schemes across the county to offer older people good quality housing with care and support. The County also wishes to widen access to Extra Care for those with medium to lower care needs so they can be supported at an earlier stage in their care journey and have a higher likelihood of being independent for longer. This will help to support the growing aging population predicted for Cambridgeshire. Within Extra Care Schemes, all tenants have their own apartment with a front door and also benefit from availability of the 24/7 on-site care and support service. The care and support service is flexible and tailored to tenants needs and reflected on individual care and support plans. The supportive environment in Extra Care enables tenants to live independently for longer with the reassurance that care and support is available as and when required and can flex to meet their changing needs. Extra Care services also promote tenants' wellbeing by offering activities and opportunities for social interaction both with other tenants and their local communities. Many schemes have tenant-led committees which help decide activities. This supportive environment is an important aspect of the prevention agenda as people's health and wellbeing is maintained thereby delaying and/or reducing the use of residential care.

The onsite care and support services are delivered via contracts with the County Council. This includes delivery of the 24/7 emergency response service, which is available to all residents irrelevant of need or whether they are choosing to use the onsite provider for their care or an alternative provider.

What is the proposal: To enter into an open tender process for the care and support provision at x4 Extra Care services in Cambridgeshire:- 1. Doddington Court, Doddington 2. Nichols Court, Linton 3. Jubilee Court, March 4. Park View, Huntingdon. The contracts for the above schemes are due to come to an end in April 2025 and the County Council are legally obliged to enter into an open and competitive tender process to re-tender the services. The provision of care and support will not be charging at the schemes, however depending on the result of the tender, the company providing this care and support may change.

What information did you use to assess who would be affected by this proposal?: The following information was assessed - - feedback from tenants at the x4 extra care schemes - feedback from tenants' family/friends and representative at the x4 extra care schemes - feedback from contracts teams re performance against the current contract - feedback from current care provider - feedback from scheme landlords - data from finance - data and feedback from colleagues in Operations in relation to current performance

Are there any gaps in the information you used to assess who would be affected by this proposal?: No

Does the proposal cover: All service users/customers/service provision in specific areas/for specific categories of user

Which particular employee groups/service user groups will be affected by this proposal?: The following groups will be affected by this proposal:- - carers at the x4 extra care schemes - care managers at the x4 extra care schemes - tenants at the x4 extra care schemes

Does the proposal relate to the equality objectives set by the Council's EDI Strategy?: No

Will people with particular protected characteristics or people experiencing socio-economic inequalities be over/under represented in affected groups: About in line with the population

Does the proposal relate to services that have been identified as being important to people with particular protected characteristics/who are experiencing socio-economic inequalities?: Yes

Does the proposal relate to an area with known inequalities?: No

What is the significance of the impact on affected persons?: The procurement, broadly, will have a positive impact on the tenants as they will continue to receive a care and support service at the Extra Care Schemes. It will also positively impact the care provider as care staff will have contracted block hours to fill and therefore jobs for care staff. There may be some negative impacts leading from anxiety about the process. For example; - care staff may feel nervous about their company losing not winning the contract they currently have - care staff may also feel unsure about the process - tenants might be worried that their carers will leave - tenants may be concerned that they are not involved in the process which will impact a service they receive.

Category of the work being planned: Procurement

Is it foreseeable that people from any protected characteristic group(s) or people experiencing socio-economic inequalities will be impacted by the implementation of this proposal (including during the change management process)?: Yes

Please select: Age, Disability, Socio-economic inequalities

Research, data and /or statistical evidence:- data from finance - data and feedback from colleagues in Operations in relation to current performance

Consultation evidence: - feedback from tenants at the x4 extra care schemes - feedback from tenants' family/friends and representative at the x4 extra care schemes - feedback from contracts teams re performance against the current contract - feedback from current care provider - feedback from scheme landlords

Based on all the evidence you have reviewed/gathered, what positive impacts are anticipated from this proposal?: The following are positive impacts anticipated from the proposal:- - Tenants with an Adult Social Care care plan will continue to have care and support provided to them by an on-site provider. - Tenants without an Adult Social Care care plan will benefit from being able to access emergency care and support if and when needed by the on-side provider - Care staff will be contracted to fill block hours and therefore there will be jobs for them

Based on consultation evidence or similar, what negative impacts are anticipated from this proposal?: The following negative impacts may be experienced as a result of the tender:- - The current care staff might be worried about their company not winning the contracts and might be concerned that they will lose their jobs. - The current care staff may be nervous and stressed about the tendering process - The tenants might be anxious about the potential for their carers to be leaving them and a new company coming on-board with a new set of carers - Tenants may also be concerned that they are not involved in the tender process which will impact their day-to-day life and enjoyment of the current service.

How will the process of change be managed?: The process of change will be managed via the following:- - ensuring that bidders have a robust mobilisation plan in place so that those evaluating the tender bids can be assured that providers have taken into account the distress/stress this may cause to those with protected characteristics - regular meetings between any new providers/contract and commissioning colleague during the change process to ensure that all runs smoothly and there are no negative impacts on carers or tenants in the schemes - regular contract monitoring meetings post mobilisation.

How will the impacts during the change process be monitored and improvements made (where required)?: Impacts will be monitored via our usual contract monitoring process. Commissioning colleagues have also created a Data Monitoring spreadsheet to be sent out by contracts colleagues to be completed once a quarter. This will provide a solid data set and will highlight any issues in terms of tenants outcome and flag any inequalities that those with protected characteristics are experiencing.

Equality Impact Assessment Action Plan:

Details of negative impact (e.g. worse treatment/outcomes)	Groups affected	Severity of impact	Action to mitigate impact with reasons/evidence to support this or justification for retaining negative impact	Who by	When by
The current care staff might be worried about their company not winning the contracts and might be concerned that they will lose their jobs.	Age, Disability, Care experience, Gender Reassignment, Pregnancy and maternity, Religion or belief (including no belief), Sexual orientation, Marriage and civil partnership, Race, Sex, Socio-economic inequalities	Medium	If the current provider is not successful in bidding for the new contract and another provider comes on-board, all current staff will be given the opportunity to TUPE over to the new provider on the same terms and conditions of their current contract. That means that all care staff will be given the opportunity to retain their jobs and will not be financially worse off as a result.	Any new provider	02/09/2024
The current care staff may be nervous and stressed about the tendering process	Age, Disability, Care experience, Gender Reassignment, Pregnancy and maternity, Religion or belief (including no belief), Sexual orientation, Marriage and civil partnership, Race, Sex, Socio-economic inequalities	Low	Commissioning colleagues have already attended each scheme to speak to staff/tenants about the re-tender process/timescales and everyone has been given contact details of the commissioning manager if they have any queries/questions about the process.	Charlotte Knight	17/04/2024

Details of negative impact (e.g. worse treatment/outcomes)	Groups affected	Severity of impact	Action to mitigate impact with reasons/evidence to support this or justification for retaining negative impact	Who by	When by
The tenants might be anxious about the potential for their carers to be leaving them and a new company coming on-board with a new set of carers	Age, Disability	Medium	Commissioners have already written to tenants and attended the extra care schemes to speak to them about the process. This has included confirming TUPE arrangements. However, if a new provider does come into affect, Commissioners will write to tenants again to reiterate that all staff will have the option to TUPE over to the new provider.	Charlotte Knight	02/09/2024
Tenants may also be concerned that they are not involved in the tender process which will impact their day-to-day life and enjoyment of the current service.	Age, Disability	Medium	Commissioners are getting tenants actively involved in the tender by asking them to write a method statement question which bidders will have to respond to. Tenants will also be involved in evaluating the answers that come in from bidders.	Commissioning colleague and Tenants	14/06/2024

Head of service: Shauna Torrance

Head of service email: shauna.torrance@cambridgeshire.gov.uk

Confirmation: I confirm that this HoS is correct

Agenda Item No: 8

Adult Social Care Debt Update

To:	Adults and Health Committee
Meeting Date:	27 June 2024
From:	Executive Director of Adults, Health and Commissioning Executive Director of Finance and Resources
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	N/A
Executive Summary:	This report provides Adults and Health Committee with an update on the debt position in relation to Adult Social Care services as the end of March 2024 and the actions being taken to improve this position. It also provides an overview of the financial assessment process, that establishes the means tested charge for care and support; along with information on how adult social care charging links to debt and support offered where individuals face difficulty in paying these charges.
Recommendation:	Adults and Health Committee is asked to note the position on debt related to the Adult Social Care service and actions being taken to address the current debt position.

Officer contact:

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Tom Kelly
Service Director, Finance and Procurement
Tom.Kelly@cambridgeshire.gov.uk

1. Creating a greener, fairer and more caring Cambridgeshire

1.1 This report aligns to the following strategic ambitions:

- Ambition 4 People enjoy healthy safe and independent lives through timely support that is most suited to their needs. Timely financial assessments and collection of income due helps people manage their finances contributing to independent living.

- Ambition 5: People are helped out of poverty and income inequality. Contributions to care costs are assessed on the ability of the individual to pay. Support mechanisms are in place to help with difficulty in paying.

2. Background

2.1 The collection of income due to the Council is a shared responsibility between the service area to which the income relates, and the corporate debt team (based in the Finance and Resources directorate). For the Adults, Health and Commissioning directorate most invoiced income relates to contributions towards the cost of care, be that from Health partners or from individuals who are assessed as able to contribute to the cost of their care.

2.2 Strategy, Resources and Performance Committee is responsible for the overall strategy in relation to debt collection. Audit and Accounts Committee receives detailed monitoring updates considering the debt position of the Council as a whole, most recently in December 2023. This report is provided for information on the position of debt related to the services within the remit of the Adults and Health Committee.

3. Main Issues

3.1 How Adult Social Care (ASC) links to charges/debt

3.1.1 Currently, unlike NHS services, social care is not free at the point of use. Anyone who requests public funded social care must undergo a needs assessment and a financial assessment. The Care Act 2014 provides the legal framework for charging for care and support. Section 14 of the Act enables local authorities to charge a person in receipt of care and support services, and Section 17 of the Act permits local authorities to undertake an assessment of an individual's financial resources to determine the amount, if any, that they will be required to pay towards the cost of their care.

3.1.2 People in receipt of care and support either in their own homes, in the community, or in a care home will pay the full cost of their care if the value of their capital taken into account in the financial assessment exceeds the upper capital threshold limit. The current nationally set capital limit is £23,250. Those with capital between the lower capital limit of £14,250 but not exceeding the upper capital limit of £23,250 will be assessed as being able to make a contribution. Most people therefore pay some, or all, of their care costs themselves.

3.1.3 To start the Financial Assessment process, the Care Team make a referral to the Financial Assessment Team. This is typically once a care needs assessment determining eligible

care and support needs is completed. On referral the Financial Assessment Team invite the client/representative to provide details of their financial circumstances that must be considered under the regulations. If no information is received following reminders/chasers and offers of support, the team will query the Department of Work & Pensions to see if the client is in receipt of welfare benefits or not. If the client is, they will be financially assessed on that basis. If they are not, the client will be assessed as able to pay the full cost as they have not provided information to enable the council to reach any other conclusion. Invoices for client contributions are raised 4-weeks in arrears.

3.1.4 Any delay between the start of care, the financial assessment and then being invoiced, can lead to uncertainty about the contribution that will be required which can contribute to the debt position.

3.1.5 For those people in residential care, that require property to be taken in to account, this can be complex (who owns what property, and should it be regarded in the assessment) and typically will present a challenge to the client in how they will pay their care fees. Clients are offered a Deferred Payment Agreement (DPA) and if they accept the offer, can defer their care fees against the value of their property.

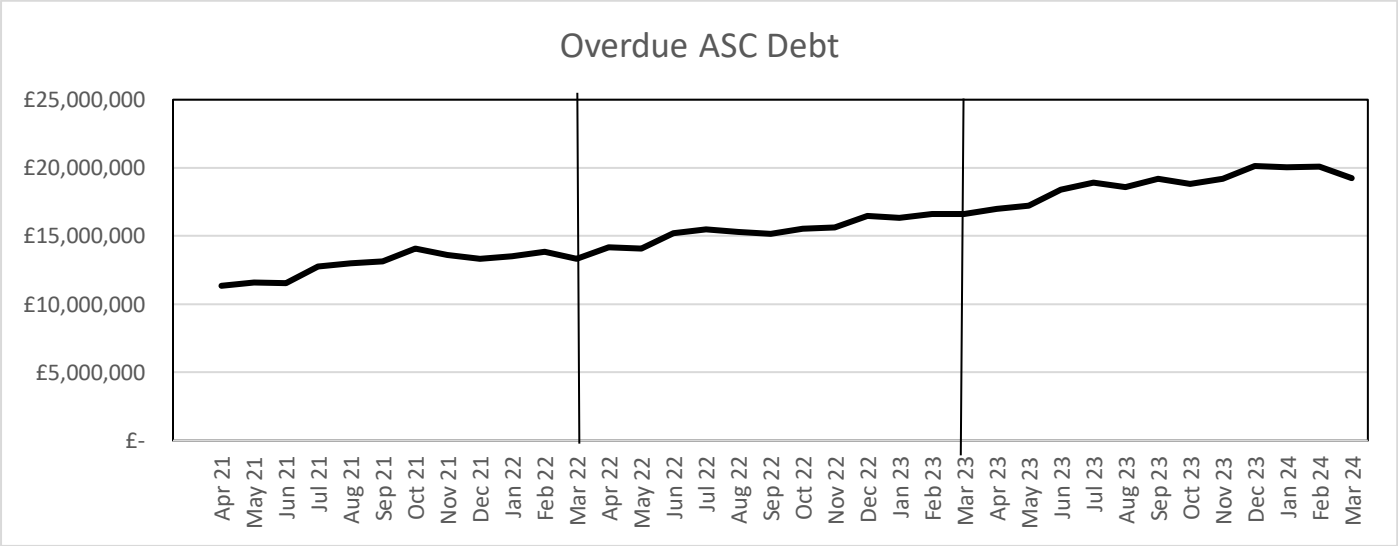
3.1.6 If at any point the person lacks capacity and does not have a representative with proper legal authority to act on their behalf (no Lasting Power of Attorney for finances, for example), this means a financial assessment cannot be completed and must be considered responsible for the full cost of their care, but without the ability to pay as they lack capacity. Consequently, these people will be debtors until a representative with appropriate legal authority can act on their behalf and provide the information required to complete the financial assessment.

3.2 ASC debt overview and trend

3.2.1 Adult Social Care overdue client debt at the end of March 2024 stood at £19.3m, an increase of 16% from £16.6m at the end of March 2023. In addition, NHS overdue debt related to Adult Social Care stood at £13.0m at the end of March 2024 compared to £1.4m at the end of March 2023. Overdue Integrated Care Board (ICB) debt at the end of March 24 included £2.6m in relation to the Integrated Community Equipment pooled budget for 2023/24 and £7.8m for the Learning Disability pooled budget for 2023/24. The Council is very actively engaging with the ICB to secure payment of these sums: only approximately 5% of the overdue amount is in dispute, but the Council has taken the view that the invoices have been properly presented following governance processes. The Council is supporting a further stage of review at the ICB and is awaiting the outcome of this in June.

3.2.2 The value of overdue ASC client debt has been rising steadily over the last 3 years as shown in Figure 1 below:

Figure 1: ASC overdue debt since April 2021



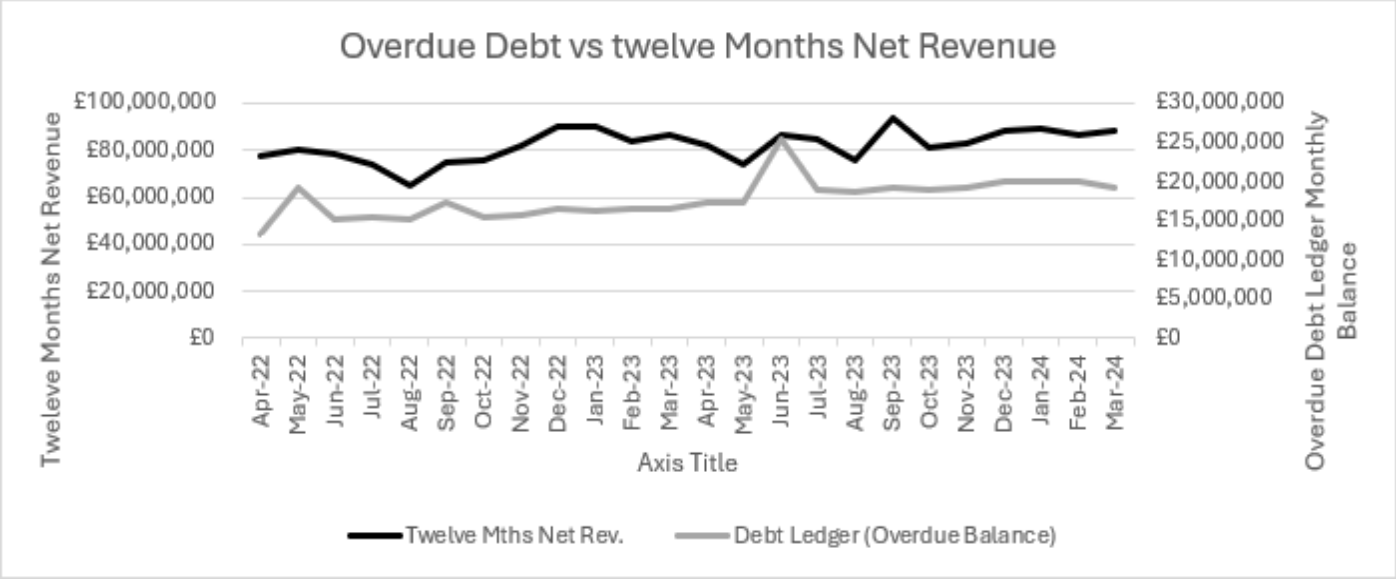
3.2.3 The reasons for increasing debt are multiple but include:

a) Increased billing – as the value of billing increases over time (as a result of inflation and demographic changes) we would expect debt to rise.
b) Increases in backdated adjustments following change of financial assessment from provisional to actual of 38% from £4m in 2022/23 to £5.5m 2023/24. April 2024 aged debt includes a further £974k of adjustments raised in April 2024.
c) 62% Increase in large invoices relating to Deferred Payment Agreements, Direct Payment Overspends (Clawbacks) & back dated charges relating to delays in Assessments to £3.9m 2023/24, compared with £2.4m in 2022/23.
d) 10% Increase in outstanding debt related to Deceased to £6.2m April 2024, compared to £5.3m in April 2023. Some of the increase relates to extended times within the Probate Service and factors associated with the current property market that has impacted sales.
e) 38% increase in Court of Protection Debt to £4.8m April 2024 compared with £3.5m in April 2023 which is in part due to a backlog of cases with the Office of Public Guardian as well as the Council's processes for handling these cases.

Several of these factors reflect national issues beyond Cambridgeshire. We know from liaison with other County Councils that the sector is seeing an increase in client contribution debt overall.

3.2.4 As well as looking at the absolute value of debt, we monitor debt against the value of annual billing. This then better reflects the fact that as the value of billing increases over time we would expect debt to rise. The movement in overdue debt compared to a rolling 12 months of annual billing is shown in the graph below:

Figure 2: ASC overdue compared to 12 months net revenue raised



3.2.7 Debt write offs of Adult Social Care client debt have amounted to £792k in 2023/24 and £1,073k in 2022/23. This equates to 0.87% of annual billing and 4.1% of the year end overdue debt balances.

3.3 How we support people who may feel their assessment / charges are challenging to pay,

3.3.1 Any person who express difficulty in paying their client contribution are invited to review their Disability Related Expenditure (DRE), these being additional costs they incur for meeting their care and support needs which are not being met by Adult Social Care and could be disregarded from the financial assessment. The Financial Assessment Team support the person to provide evidence of expenditure, and the Care Team review those costs in consideration of the client's individual circumstances. Where DRE is agreed this is recorded in the Financial Assessment as a ‘disregard’ to their income and has the effect of reducing the client’s care contribution.

3.3.2 Clients are also referred to the Welfare Benefits Advisors team (managed as part of the Council’s Adult Early Help service) where an Advisor, using Lisson Grove Benefits calculator, will support a client to understand what benefits they may be entitled to and how these might be claimed.

3.3.3 Following these processes, if a client cites financial hardship and asserts their contribution is unaffordable, the client can be invited to submit a waiver request. Clients/representatives are asked to provide as much information as possible about their wider finances (such as other debts, commitments and obligations) and these are reviewed by Adult Social Care.

3.3.4 The council implemented a number of changes during May 2021 following central government legislation in respect of the Debt Respite Scheme (Breathing Space). As a result, where the council is notified by a qualified debt advisory service that a customer has entered a Breathing Space, all further recovery work is placed on hold, to ensure that the council allows a period of time for the customer to reflect and put in place plans on how they could manage the debt and repayments. A standard Breathing Space can last up to 60

days, and a Mental Health Breathing space is to last the duration of the crisis treatment, followed by an additional 30 days.

3.4 Anti-poverty support

3.4.1 The Council provides a range of support to people who are finding it difficult to pay as set out below:

Welfare Benefits Team, Adult Early Help (AEH)
Welfare Benefit Advisors, working with Adult Social Care teams, support clients in maximising their personal and household income. Adult Social Care teams 'refer' into the Welfare Benefits Advisors, who will engage with clients to provide information and guidance on eligibility for benefits.
In the calendar year 2023, the Welfare Benefits Team recorded 1140 referrals and £1.1m of welfare benefits gains and arrears. Most cases relate to Attendance Allowance, Personal Independence Payment and Pension Credit.

EntitledTo: online benefit eligibility tool
Accessible via the council website, also .gov and direct through EntitledTo, this tool enables citizens to find out what benefits they might be able to claim and they receive an estimate of their entitlement to benefits.

Council Website: Cost-of-Living support
The council publishes in one place a wide and diverse array of signposting to information, advice and resources available to citizens, to access support to maximise their own income, or that of their household. These are local and national resources.
Support with the cost of living - Cambridgeshire County Council

Signposting covers:

- Energy Support
- Money & Advice
- Childcare
- Council Tax
- Early Years
- Food
- Grants
- Health & Wellbeing
- Help to get online
- Home items & furniture
- Housing
- In Crisis
- Warm hubs
- Water

Council Website: Emergency Help, money and benefits advice
A comprehensive financial resource hub to support citizens in dealing with debt, planning a budget, or exploring government support
Emergency help, money and benefits advice | Cambridgeshire County Council

Support, information and assistance with:

- Looking to optimise your finances?
- Money advice
- In crisis
- Debts
- Income max
- Grants
- Stay well
- Budget planner
- Savings
- Cost of living
- Looking to access benefits?

Further Council Website resources, information and support:
Benefits and financial support for carers | Cambridgeshire County Council
Money matters | Cambridgeshire County Council
Money and benefits | Cambridgeshire County Council
Benefits for adults and older people | Cambridgeshire County Council
Cambridgeshire Local Assistance Scheme | Cambridgeshire County Council

Household Support Fund
The Household Support Fund (HSF) is a grant funded by UK Government (currently up to October 2024) to support those most in need and to help with the rising cost of living. It is not charity and does not need to be paid back.

Council has committed to using this funding to support households experiencing immediate financial hardship, through the provision of financial vouchers or cash payments to help to cover the cost of Household Energy Bills, Food.

Central Government Cost-of-living
The council's website provides links to Central Government's Cost-of-Living support at: Central Government cost of living support.

4. Debt Management improvement and actions arising

4.1 The growth in ASC debt led to a Deep Dive of the ASC position being undertaken in 2023. We identified a number of areas of potential improvement to both reduce ASC debt and also improve a person's experience relating to ASC Finance. As a result a project was launched in November 2023 (co-chaired by the Service Directors for Finance and Adult Social Care) to ensure effective coordination, project governance, and that the benefits would be robustly monitored. The Project Board consists of the corporate debt team and ASC teams to target areas of key concern. Debt relating to "Court of Protection" and "Deceased" categories between them make up over 50% of total aged debt so they have been a particular area of focus to date.

The Debt Improvement project consists of a number of different workstreams. Key actions being taken as part of the project include:

(a) Address issue of significant delays with Court of Protection (COP), Debt circa £4.9m [Mar24] which has reduced from high of £5.2m [Feb24]
(b) Undertake review of Deceased notification process, Debt circa £6.0m [Mar24] which has reduced from high of £6.9m [Jan24]
(c) Reduce financial assessment backlog; 391 cases [May '24], reduced from a high of 1,055 [Jun '23]
(d) Improve recruitment and retention of Financial Assessment Officer capacity, and when embedded and trained will support timely assessments and prevent future backlogs; 15 FTE [Dec '23], increased from a low of 12 FTE [May '23]
(e) Improved data relating to debt so that true levels of debt are better understood along with the potential causes and areas of improvement.
(f) Reduction in cases waiting for a response from within ASC and reducing the associated debt

(g) Appropriate operating model for Debt Team resource to ensure recovery opportunities are maximised, with two additional FTE joining the Team in May 2024. Once resources have embedded this will provide additional resource to make performance improvements. Future Target Operating Model of the Debt Team to be identified as part of the overall project work and to reflect improvements in processing and increased use of digitalisation.
(h) Address issue of significant delays Probate Service - Current Debt circa £5.5m, remains on an upward trajectory;
(i) Address low levels of digitalisation take-up with service impacts on costs and recovery, current activity on increasing both direct debit take-up and paperless billing, deployment of Online Financial Assessment tool; and
(j) Close working with the Integrated Care Board to try to address overdue Health debt.

5. Conclusion and reasons for recommendations

5.1 Adults and Health Committee is asked to note the position on debt related to the Adult Social Care service and actions being taken to support the person and address the current debt position.

6. Significant Implications

6.1 Finance Implications

The report provides an update on the debt position for Adult Social Care services and actions being taken to improve this position.

6.2 Legal Implications

The Care Act 2014 provides the legal framework for charging for care and support.

6.3 Risk Implications

The longer debt remains outstanding the higher the risk that it cannot be collected so actions to address the rising debt position will contribute to reducing the risk of non payment of debt.

6.4 Equality and Diversity Implications

There are no significant implications within this category

7. Source Documents

Debt Management Improvement Action Plan, Finance & Resources Directorate

Agenda Item No: 9

Finance Monitoring Report – March 2024

To:	Adults and Health Committee
Meeting Date:	27 June 2024
From:	Executive Director: Adults, Health & Commissioning Executive Director: Finance and Resources
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	N/A
Executive Summary:	The report provides an update on the financial position of the Adults, Health and Commissioning Directorate and the Public Health Directorate as at the end of the 2023/24 financial year.
Recommendation:	Adults and Health Committee is recommended to note the Adults, Health and Commissioning and Public Health Finance Monitoring Report as at the end of March 2024.

Officer contact:
Name: Justine Hartley
Post: Strategic Finance Manager
Email: justine.hartley@cambridgeshire.gov.uk

1. Creating a greener, fairer and more caring Cambridgeshire

1.1 This regular financial monitoring report provides the consolidated management accounts of the Adults, Health and Commissioning Directorate and the Public Health Directorate, enabling members to be aware of, and to scrutinise, the delivery of the business plan for 2023-24 and the corporate vision and ambitions within it.

2. Background

2.1 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.

2.2 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.

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

2.4 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.

2.5 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 principal drivers of the financial position.
- Appendices 1-3 – these set out the detailed financial position by service and provide a detailed commentary for services projecting a significant variance from budget.
- Appendix 4 – this sets out the savings for Adults, Health and Commissioning and Public Health in the 2023/24 business plan, and savings not achieved and brought forward from previous years that are still thought to be deliverable.
- Appendix 5 – contains information on earmarked reserves, grant income and budget virements.

3. Main Issues

3.1 Adults, Health and Commissioning

3.1.1 The overall position for Adults, Health and Commissioning at the end of the 2023-24 financial year was an underspend of £3,871k (1.8% of budget). This masked significant underlying pressures on care and support costs, but in year this was more than offset by grant funding, increased client contributions and underspends elsewhere.

Forecast Outturn Variance (Previous) £000	Directorate	Gross Budget £000	Income Budget £000	Net Budget £000	Actual £000	Outturn Variance £000	Outturn Variance %
-1,272	Adults, Health and Commissioning	345,480	-130,217	215,263	213,708	-1,554	-0.7%
-1,272	**Total Expenditure**	**345,480**	**-130,217**	**215,263**	**213,708**	**-1,554**	**-0.7%**
-2,534	Mitigations	0	0	0	-2,317	-2,317	0.0%
-3,806	**Total**	**345,480**	**-130,217**	**215,263**	**211,391**	**-3,871**	**-1.8%**

3.1.2 Going forward into 2024-25 the Adults, Health and Commissioning Directorate has a challenging set of savings targets to deliver against whilst still managing growing demand and pressures with the provider market, particularly related to increasing staffing costs along with higher acuity of those people who use services. As a result, close attention will continue to be paid to changes in demand and costs and income as the 2024-25 financial year progresses and forecasts will be adjusted accordingly.

3.1.3 The legacy of Covid is still being felt. Adult Social Care continues to feel the consequences of paused work and backlog on teams, and of reviews and assessments, changing demographics projections and the demand for services. The care market also manages the impact with both resident population and staff recruitment and retention a factor.

3.1.4 Whilst there has been significant investment into the care sector, primarily through Adult Social Care Market Sustainability and Improvement Fund, the whole adult social care market remains fragile to other factors that may impact on it. Care providers are continuing to report cost pressures related to both workforce issues and the current cost of living crisis. The position of the care market, particularly around specific types of provision and location, is making some placements more difficult to source, particularly at the more complex end of provision.

3.1.5 Hospital Discharge systems continue to be pressured to manage flows and demand on their services, with a subsequent focus on timely, safe and effective discharges into the correct pathways; although additional funding has been provided to both the Council and wider partners to help address these issues. The long-term legacy of the impact of the pandemic remains unclear and the implications this has on future demand for services,

greater need for community support due to backlogs in elective surgery, and the availability of a skilled and experienced workforce and the wider health inequalities on our communities.

3.1.6 The budget for 2022-23 assumed an increased contribution from the NHS towards Learning Disability packages reflecting a shift in the percentage of packages that should be funded from Health budgets. For the current financial year this planned increased contribution has been offset by underspends elsewhere. but the joint project between the ICB and CCC to review those packages required to agree a revised split of costs going forwards for the pool did not proceed as expected. The Council has now served notice to end the cost sharing arrangements of the pooled budget, during 2024/25. There is a risk of short term financial pressures from this decoupling as we move to separate budgets for health and social care.

3.1.7 Adult social care debt (excluding debt with Health partners) stood at £19.3m at the end of March, down from £20.0m at the end of February. Actions continue following a recent deep dive into some of the factors resulting in the levels of debt, along with additional resources to work on backlogs of financial assessments. Debt over 90 days old was £16.0m at the end of March also down from £16.1m at the end of February. The level of aged debt has a knock-on impact on the bad debt provision and likelihood of write offs and the in year position for the AHC Directorate reflects a contribution to the bad debt provision of £1,161k.

3.2 Significant Issues – Public Health

3.2.1 At the end of 2023-24, the Public Health Directorate had a year end underspend of £126k (0.3%).

Table 2: Public Health position

Forecast Outturn Variance (Previous) £000	Directorate	Gross Budget £000	Income Budget £000	Net Budget £000	Actual £000	Outturn Variance £000	Outturn Variance %
-20	Public Health - Children	15,292	-4,150	11,141	11,056	-86	-0.6%
-235	Public Health	27,864	-35,937	-8,072	-8,114	-40	-0.1%
-255	**Total Expenditure**	**43,156**	**-40,087**	**3,069**	**2,942**	**-126**	**-0.3%**
0	Drawdown from reserves	-3,068	0	-3,068	-3,068	0	0.0%
-255	**Total**	**40,088**	**-40,087**	**0**	**-126**	**-126**	**-0.3%**

3.2.2 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 Directorate has now returned to business as usual following the pandemic but there are ongoing issues that continue to impact on activity and spend:

i) much of the Directorate's spend is contracts with, or payments to Primary Care (GP practices and community pharmacies) for specific work. Primary Care was under pressure following the COVID-19 pandemic and has recovered in some areas. However, spend against areas especially smoking has been re-purposed to ensure that those within groups that still have high smoking rates can access services.

ii) the Covid-19 pandemic created ongoing recruitment challenges in our provider services which has affected their ability to deliver consistently.

4. Significant Implications

4.1 Finance Implications

This report provides the latest financial information for the Adults, Health and Commissioning and Public Health Directorates and so has a direct impact on scrutiny and on wider decision making.

4.2 Legal Implications

There are no significant implications within this category.

4.3 Risk Implications

There are no significant implications within this category.

4.4 Equality and Diversity Implications

There are no significant implications within this category.

5. Source Documents

5.1 Finance Monitoring Reports are produced monthly, except for April, for all of the Council's services. Quarterly reports are uploaded regularly to the website below.

5.2 Location

Finance and performance reports - Cambridgeshire County Council

Directorate: Adults, Health and Commissioning and Public Health
Subject: Finance Monitoring Report – Outturn March 2023-24
Date: 23rd April 2024

Contents

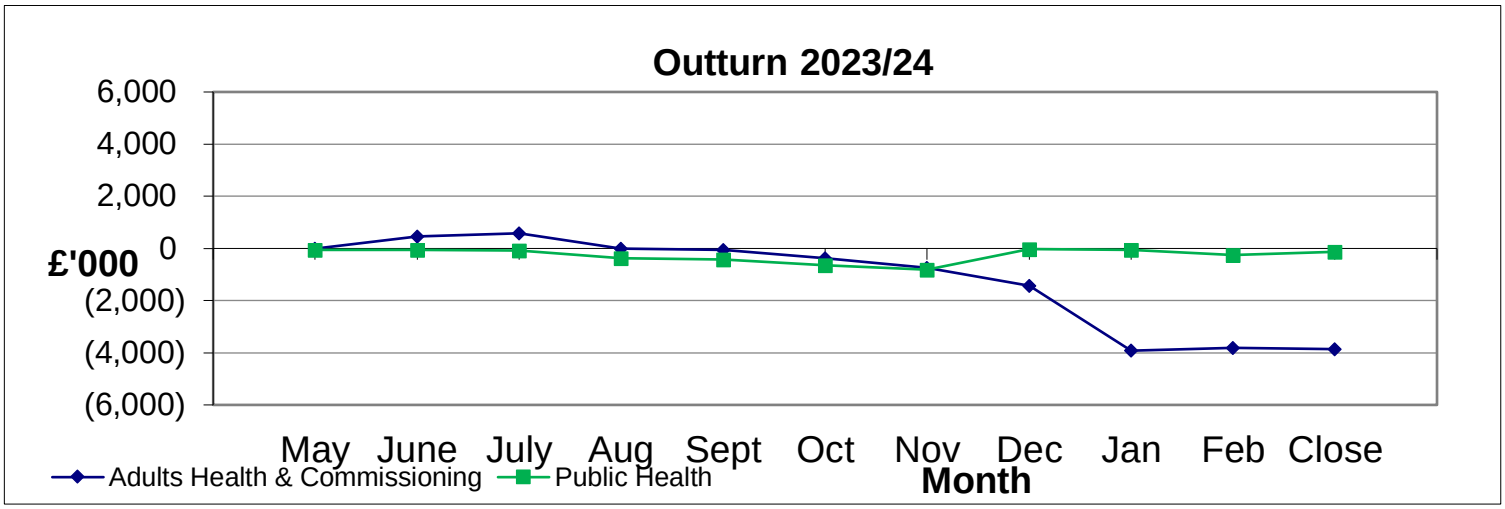
Section	Item	Description
1	Revenue Executive Summary	High level summary of information and narrative on key issues in revenue financial position
2	Capital Executive Summary	Summary of the position of the Capital programme within Adults, Health and Commissioning and Public Health
3	Savings Tracker Summary	Summary of the latest position on delivery of savings
4	Technical Note	Explanation of technical items that are included in some reports
5	Key Activity Data	Performance information linking to financial position of main demand-led services
Appx 1a	Service Level Financial Information	Detailed financial tables for Adults, Health and Commissioning main budget headings
Appx 1b	Service Level Financial Information	Detailed financial tables for Public Health main budget headings
Appx 2	Service Commentaries	Detailed notes on revenue financial position of services that have a significant variance against budget
Appx 3	Capital Appendix	This contains more detailed information about the capital programme, including funding sources and variances from planned spend.
Appx 4	Savings Tracker	Each quarter, the Council's savings tracker is produced to give an update of the position of savings agreed in the Business Plan. The final tracker for 2023-24 is included within this report.
Appx 5	Technical Appendix	Each quarter this contains technical financial information showing: Grant income received Budget virements Earmarked & capital reserves The year end data is included within this report.

1. Revenue Executive Summary

1.1 Overall Position

At the end of March 2024, Adults, Health and Commissioning ended the year with an underspend of £3,871k. This masks a significant underlying pressure of £1.7m across care costs for people with learning disabilities. In addition, care costs for older people were significantly above budget, but this was more than offset by increases in client contributions and by the application of grant funding in 2023-24 to meet increasing costs. Public Health ended the year with an underspend of £126k which has been transferred to Public Health reserves.

1.2 Summary of Revenue position by Directorate



1.2.1 Adults, Health and Commissioning

Forecast Outturn Variance (Previous) £000	Directorate/Area	Gross Budget £000	Income Budget £000	Net Budget £000	Actual £000	Outturn Variance £000	Outturn Variance %
-1,272	Adults, Health and Commissioning	345,480	-130,217	215,263	213,708	-1,554	-0.7%
-1,272	**Total Expenditure**	**345,480**	**-130,217**	**215,263**	**213,708**	**-1,554**	**-0.7%**
-2,534	Mitigations	0	0	0	-2,317	-2,317	0.0%
-3,806	**Total**	**345,480**	**-130,217**	**215,263**	**211,391**	**-3,871**	**-1.8%**

1.2.2 Public Health

Forecast Outturn Variance (Previous) £000	Directorate/Area	Gross Budget £000	Income Budget £000	Net Budget £000	Actual £000	Outturn Variance £000	Outturn Variance %
-20	Public Health - Children	15,292	-4,150	11,141	11,056	-86	-0.6%
-235	Public Health	27,864	-35,937	-8,072	-8,114	-40	-0.1%
-255	**Total Expenditure**	**43,156**	**-40,087**	**3,069**	**2,942**	**-126**	**-0.3%**
0	Drawdown from reserves	-3,068	0	-3,068	-3,068	0	0.0%
-255	**Total**	**40,088**	**-40,087**	**0**	**-126**	**-126**	**-0.3%**

1.3 Significant Issues

1.3.1 Adults, Health and Commissioning

The overall position for Adults, Health and Commissioning at the end of the 2023-24 financial year was an underspend of £3,871k (1.8% of budget). This masked significant underlying pressures on care and support costs, but in year this was more than offset by grant funding, increased client contributions and underspends elsewhere.

Going forward into 2024-25 the Adults, Health and Commissioning Directorate has a challenging set of savings targets to deliver against whilst still managing growing demand and pressures with the provider market, particularly related to increasing staffing costs along with higher acuity of those people who use services. As a result, close attention will continue to be paid to changes in demand and costs and income as the 2024-25 financial year progresses and forecasts will be adjusted accordingly.

The legacy of Covid is still being felt. Adult Social Care continues to feel the consequences of paused work and backlog on teams, and of reviews and assessments, changing demographics projections and the demand for services. The care market also manages the impact with both resident population and staff recruitment and retention a factor.

Whilst there has been significant investment into the care sector, primarily through Adult Social Care Market Sustainability and Improvement Fund, the whole adult social care market remains fragile to other factors that may impact on it. Care providers are continuing to report cost pressures related to both workforce issues and the current cost of living crisis. The position of the care market, particularly around specific types of provision and location, is making some placements more difficult to source, particularly at the more complex end of provision.

Hospital Discharge systems continue to be pressured to manage flows and demand on their services, with a subsequent focus on timely, safe and effective discharges into the correct pathways; although additional funding has been provided to both the Council and wider partners to help address these issues. The long-term legacy of the impact of the pandemic remains unclear and the implications this has on future demand for services, greater need for community support due to backlogs in elective surgery, and the availability of a skilled and experienced workforce and the wider health inequalities on our communities.

The budget for 2022-23 assumed an increased contribution from the NHS towards Learning Disability packages reflecting a shift in the percentage of packages that should be funded from Health budgets. For the current financial year this planned increased contribution has been offset by underspends elsewhere. but the joint project between the ICB and CCC to review those packages required to agree a revised split of costs going forwards for the pool did not proceed as expected. The Council has now served notice to end the cost sharing arrangements of the pooled budget, during 2024/25. There is a risk of short term financial pressures from this decoupling as we move to separate budgets for health and social care.

Adult social care debt (excluding debt with Health partners) stood at £19.3m at the end of March, down from £20.0m at the end of February. Actions continue following a recent deep dive into some of the factors resulting in the levels of debt, along with additional resources to work on backlogs of financial assessments. Debt over 90 days old was £16.0m at the end of March also down from £16.1m at the end of February. The level of aged debt has a knock-on impact on the bad debt provision and likelihood of write offs and the in year position for the AHC Directorate reflects a contribution to the bad debt provision of £1,161k.

1.3.2 Significant Issues – Public Health

At the end of 2023-24, the Public Health Directorate had a year end underspend of £126k (0.3%).

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 Directorate has now returned to business as usual following the pandemic but there are ongoing issues that continue to impact on activity and spend:

i) much of the Directorate's spend is contracts with, or payments to Primary Care (GP practices and community pharmacies) for specific work. Primary Care was under pressure following the COVID-19 pandemic and has recovered in some areas. However, spend against areas especially smoking has been re-purposed to ensure that those within groups that still have high smoking rates can access services.

ii) the Covid-19 pandemic created ongoing recruitment challenges in our provider services which has affected their ability to deliver consistently.

Detailed Public Health financial information is contained in Appendix 1, with Appendix 2 providing a narrative from those services with a significant variance against budget.

2. Capital Executive Summary

Scheme category	Scheme budget £000	Scheme forecast variance £000	Budget 2023-24 £000	Actuals 2023-24 £000	Outturn variance 2023-24 £000
Adults, Health and Commissioning capital schemes	73,860	0	5,975	5,537	-425

At the end of March 2024, the capital programme outturn is an underspend of -£425k. This is as a result of slippage in the Independent Living Service scheme; capital funding not being required for community equipment given the revenue position of the Directorate; and additional Disabled Facilities Grant expenditure due to a one-off uplift in the grant in 2023-34.

Further information on capital schemes is provided in Appendix 3 of the FMR.

3. Savings Tracker Summary

The savings trackers are produced quarterly to monitor delivery of savings against agreed plans. The final savings tracker for 2023-24 is included at Appendix 4.

4. Technical note

On a quarterly basis, a technical financial appendix is included as an appendix to the FMR. 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 the directorate from other services, to show why the budget might be different from that agreed by Full Council
- Service earmarked reserves – funds held for specific purposes that may be drawn down in-year or carried-forward – including use of funds and forecast draw-down.

The final quarterly technical note for 2023-24 is included at Appendix 5.

5. Key Activity Data

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.

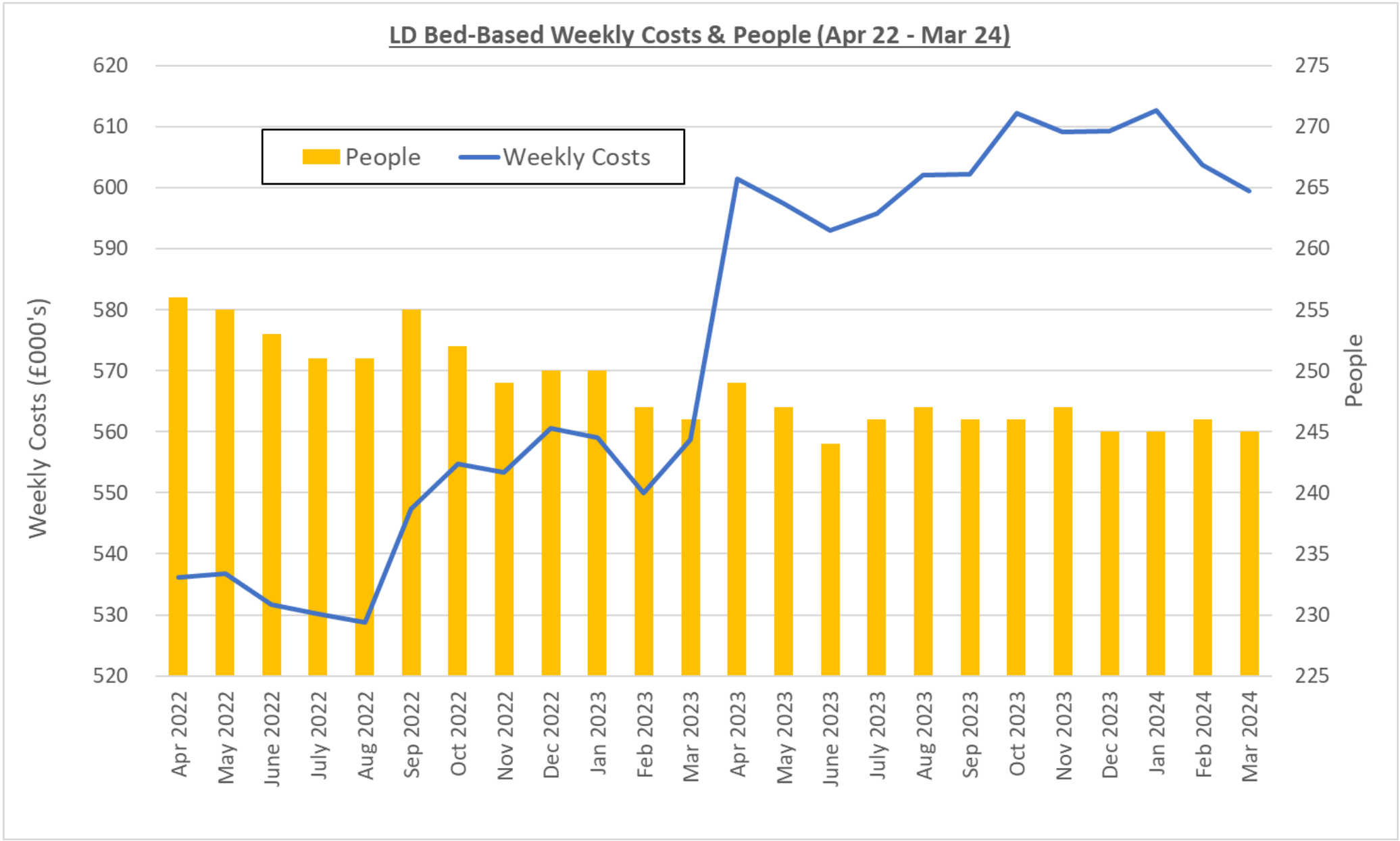
The direction of travel (DoT) compares the current month's figure with the previous month.

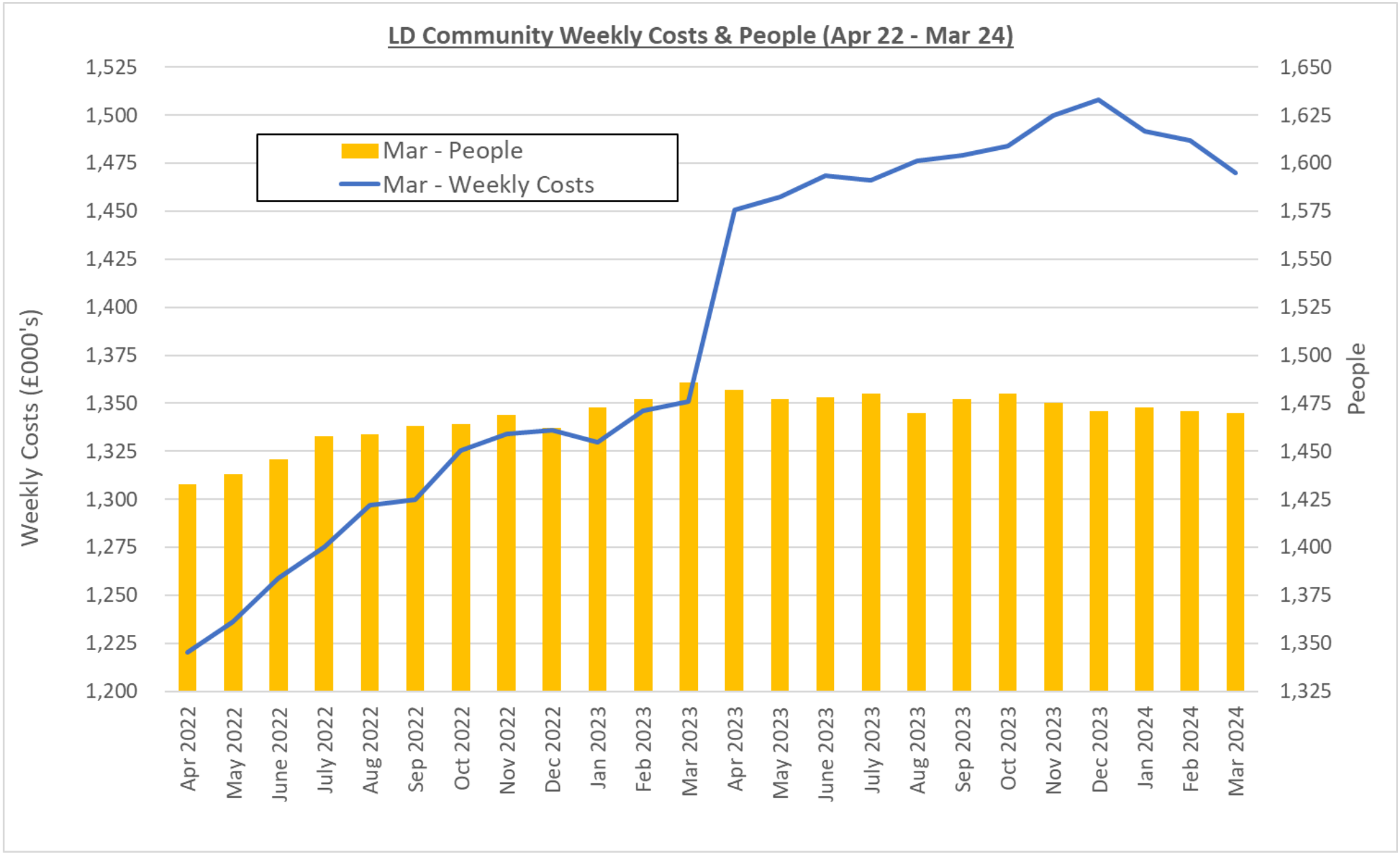
The activity data for a given service will not directly tie back to its outturn reported in Appendix 1. This is because the detailed variance includes other areas of spend, such as care services which have ended and staffing costs, as well as the activity data including some care costs that sit within Commissioning budgets.

5.1 Key activity data at the end of March 2024 for Learning Disability Partnership is shown below:

Learning Disability Partnership	BUDGET			ACTUAL (March 2024)				Outturn		
Service Type	*Expected No. of Care Packages 2023-24*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*DoT*	*Current Average Unit Cost (per week)*	*DoT*	*Total spend/ income*	*DoT*	*Variance*
Accommodation based										
~Residential	245	£2,271	£28,942k	235	↑	£2,409	↑	£29,297k	↑	£354k
~Nursing	10	£4,568	£2,220k	10	↔	£4,170	↔	£2,313k	↑	£94k
~Respite	15	£840	£656k	18	↔	£637	↔	£501k	↓	-£155k
Accommodation based subtotal	**270**	**£2,230**	**£31,818k**	**263**		**£2,311**		**£32,111k**		**£293k**
Community based										
~Supported Living	605	£1,522	£47,947k	592	↑	£1,629	↑	£49,932k	↑	£1,985k
~Homecare	350	£502	£9,160k	402	↑	£532	↑	£9,246k	↓	£87k
~Direct payments	386	£536	£10,781k	401	↓	£563	↑	£10,497k	↑	-£284k
~Live In Care	3	£2,997	£388k	6	↑	£1,783	↓	£352k	↓	-£36k
~Day Care	538	£203	£5,683k	647	↑	£208	↑	£5,333k	↓	-£349k
~Other Care	269	£138	£1,937k	290	↑	£122	↑	£2,885k	↓	£948k
Community based subtotal	**2,151**	**£678**	**£75,896k**	**2,338**		**£678**		**£78,247k**		**£2,351k**
Total for expenditure	**2,421**	**£851**	**£107,713k**	**2,601**		**£843**		**£110,357k**	↓	**£2,644k**
Care Contributions			-£5,156k					-£5,187k	↑	-£31k

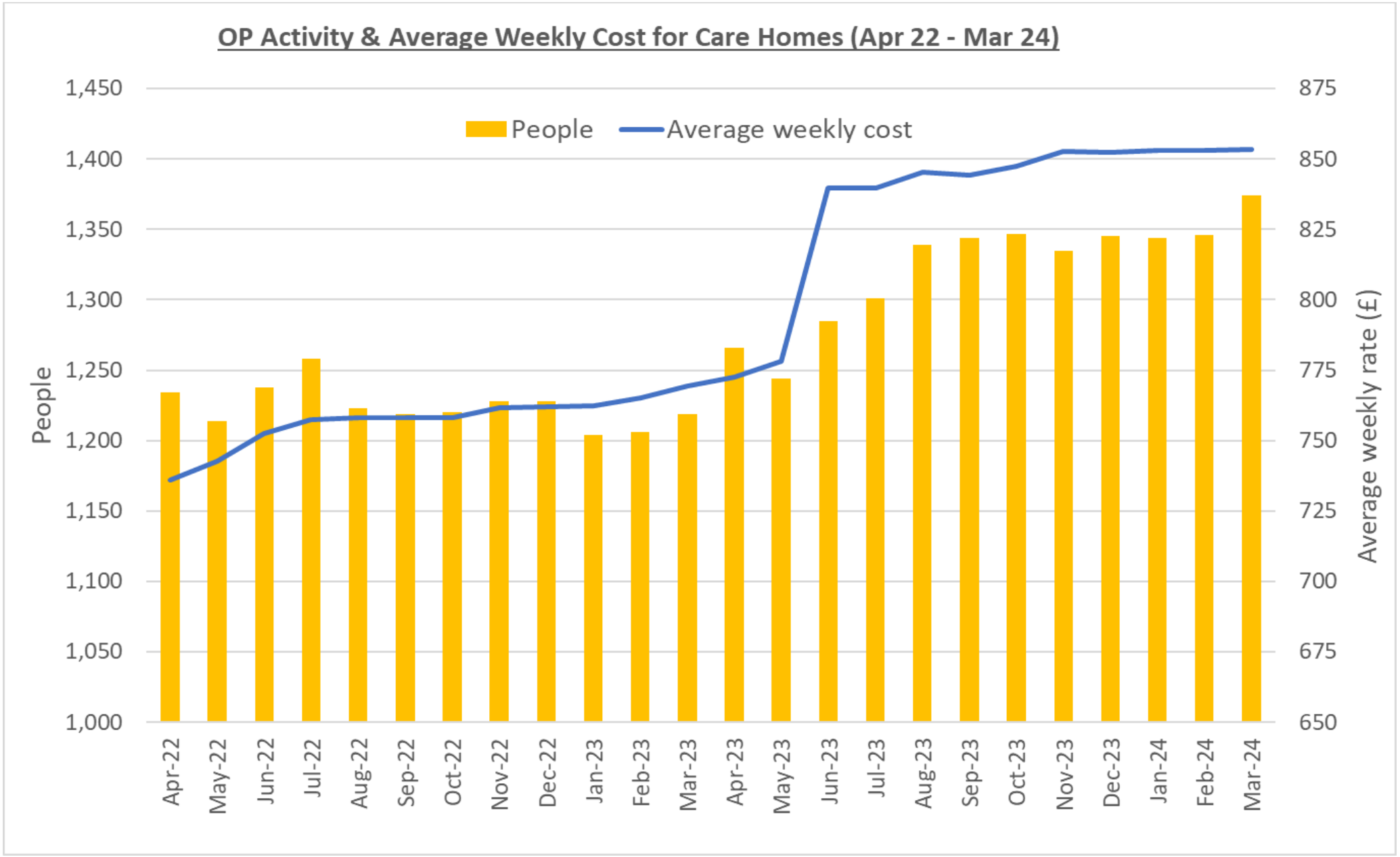
The LDP includes service-users that are fully funded by the NHS, who generally have very high needs and therefore costly care packages.
*There has been a significant movement in total spend between Supported Living and Homecare due to re-allocating night support in Supported Living accommodation from Homecare to Supported Living

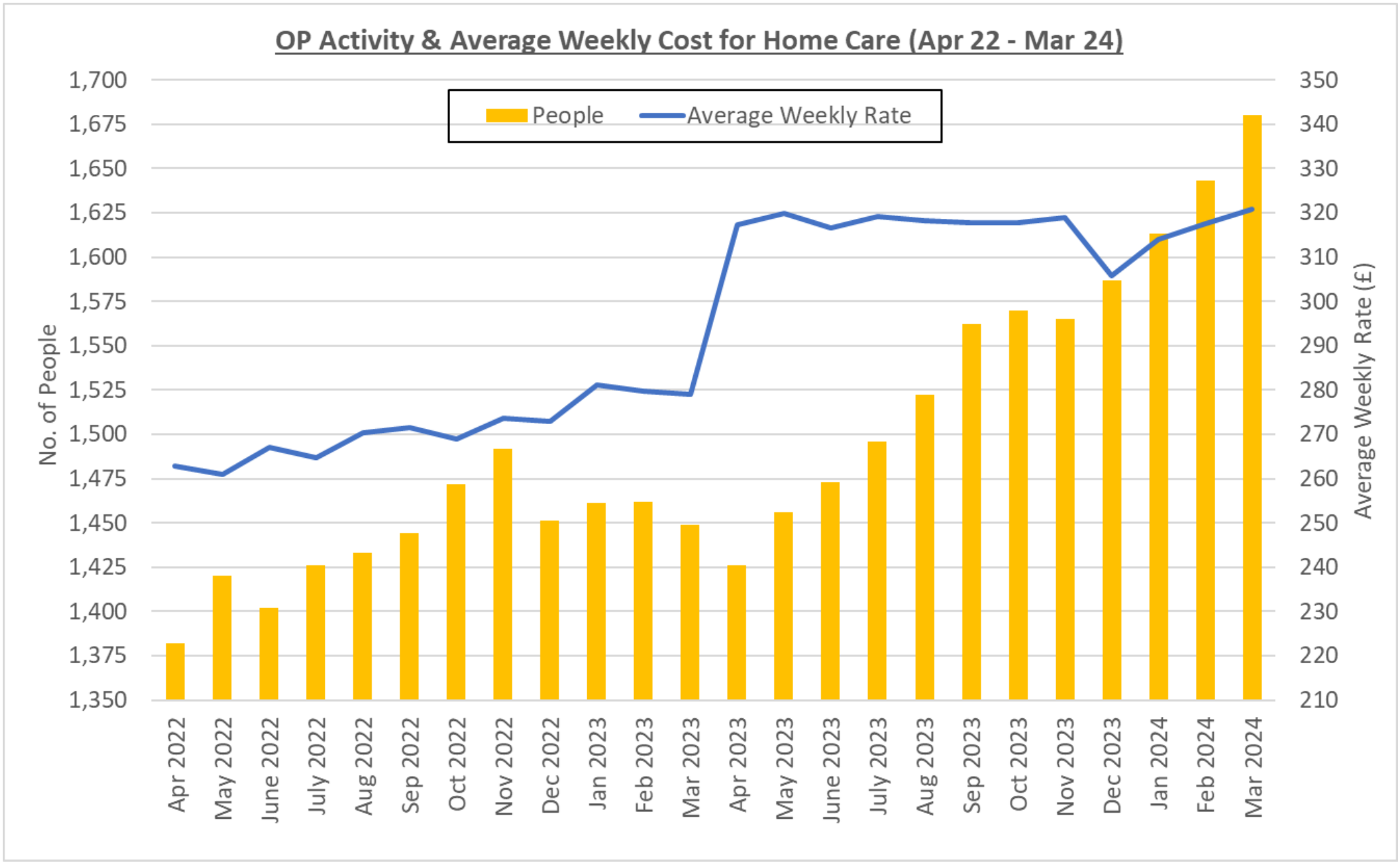

LD Bed-Based Weekly Costs & People (Apr 22 - Mar 24)
People
Weekly Costs
Weekly Costs (£000's)
People
620
610
600
590
580
570
560
550
540
530
520
275
270
265
260
255
250
245
240
235
230
225
Apr 2022
May 2022
June 2022
July 2022
Aug 2022
Sep 2022
Oct 2022
Nov 2022
Dec 2022
Jan 2023
Feb 2023
Mar 2023
Apr 2023
May 2023
June 2023
July 2023
Aug 2023
Sep 2023
Oct 2023
Nov 2023
Dec 2023
Jan 2024
Feb 2024
Mar 2024


LD Community Weekly Costs & People (Apr 22 - Mar 24)
Mar - People
Mar - Weekly Costs
Weekly Costs (£000's)
People
1,525
1,500
1,475
1,450
1,425
1,400
1,375
1,350
1,325
1,300
1,275
1,250
1,225
1,200
1,650
1,625
1,600
1,575
1,550
1,525
1,500
1,475
1,450
1,425
1,400
1,375
1,350
1,325
Apr 2022
May 2022
June 2022
July 2022
Aug 2022
Sep 2022
Oct 2022
Nov 2022
Dec 2022
Jan 2023
Feb 2023
Mar 2023
Apr 2023
May 2023
June 2023
July 2023
Aug 2023
Sep 2023
Oct 2023
Nov 2023
Dec 2023
Jan 2024
Feb 2024
Mar 2024

5.2 Key activity data at the end of March 2024 for Older People and Physical Disabilities Services for Over 65s is shown below:

Older People and Physical Disability Over 65	BUDGET			ACTUAL (March 2024)				Outturn		
Service Type	*Expected No. of Care Packages 2023-24*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*DoT*	*Current Average Unit Cost (per week)*	*DoT*	*Total spend/ income*	*DoT*	*Variance*
Accommodation based										
~Residential	399	£833	£17,372k	395	↑	£794	↓	£17,095k	↓	-£278k
~Residential Dementia	450	£861	£20,258k	529	↑	£805	↑	£23,207k	↑	£2,949k
~Nursing	272	£1,040	£14,784k	243	↑	£923	↓	£14,617k	↓	-£167k
~Nursing Dementia	188	£1,184	£11,638k	207	↑	£1,011	↓	£13,632k	↑	£1,993k
~Respite			£762k	80		£197		£781k	↓	£18k
Accommodation based subtotal	**1,309**	**£936**	**£64,815k**	**1,454**		**£807**		**£69,331k**		**£4,516k**
Community based										
~Supported Living	436	£302	£6,876k	429	↓	£116	↑	£6,259k	↓	-£617k
~Homecare	1,547	£312	£25,211k	1,673	↑	£325	↑	£26,232k	↓	£1,021k
~Direct payments	168	£406	£3,570k	163	↔	£480	↓	£3,980k	↑	£410k
~Live In Care	34	£1,024	£1,821k	33	↓	£1,009	↑	£2,039k	↓	£219k
~Day Care	57	£221	£659k	65	↓	£60	↓	£591k	↓	-£68k
~Other Care			£99k	11	↑	£24		£136k	↑	£37k
Community based subtotal	**2,242**	**£325**	**£38,236k**	**2,374**		**£681**		**£39,237k**		**£1,002k**
Total for expenditure	**3,551**	**£550**	**£103,051k**	**3,828**		**£734**		**£108,569k**	↓	**£5,518k**
Care Contributions			-£28,688k					-£35,150k		-£6,463k


OP Activity & Average Weekly Cost for Care Homes (Apr 22 - Mar 24)
People
Average weekly cost
People
Average weekly rate (£)
1,450
1,400
1,350
1,300
1,250
1,200
1,150
1,100
1,050
1,000
875
850
825
800
775
750
725
700
675
650
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sep-23
Oct-23
Nov-23
Dec-23
Jan-24
Feb-24
Mar-24


OP Activity & Average Weekly Cost for Home Care (Apr 22 - Mar 24)
People
Average Weekly Rate
No. of People
Average Weekly Rate (£)
1,700
1,675
1,650
1,625
1,600
1,575
1,550
1,525
1,500
1,475
1,450
1,425
1,400
1,375
1,350
350
340
330
320
310
300
290
280
270
260
250
240
230
220
210
Apr 2022
May 2022
June 2022
July 2022
Aug 2022
Sep 2022
Oct 2022
Nov 2022
Dec 2022
Jan 2023
Feb 2023
Mar 2023
Apr 2023
May 2023
June 2023
July 2023
Aug 2023
Sep 2023
Oct 2023
Nov 2023
Dec 2023
Jan 2024
Feb 2024
Mar 2024

5.3 Key activity data at the end of March 2024 for Physical Disabilities Services for Under 65s is shown below:

Physical Disabilities Under 65s	BUDGET			ACTUAL (March 2024)				Outturn		
Service Type	*Expected No. of Care Packages 2023-24*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*DoT*	*Current Average Unit Cost (per week)*	*DoT*	*Total spend/ income*	*DoT*	*Variance*
Accommodation based										
~Residential	24	£1,229	£1,542k	30	↑	£1,144	↓	£1,501k	↑	-£41k
~Residential Dementia	4	£897	£188k	6	↔	£873	↔	£229k	↓	£42k
~Nursing	20	£1,286	£1,345k	27	↑	£1,234	↑	£1,453k	↑	£108k
~Nursing Dementia	0	£0	£k	1	↔	£1,180	↔	£51k	↓	£51k
~Respite			£65k	14	↑	£118	↑	£41k	↑	-£23k
Accommodation based subtotal	**48**	**£1,225**	**£3,140k**	**78**		**£949**		**£3,277k**		**£137k**
Community based										
~Supported Living	21	£343	£376k	42	↑	£513	↓	£580k	↑	£204k
~Homecare	353	£278	£5,139k	377	↑	£299	↑	£5,006k	↓	-£132k
~Direct payments	188	£372	£3,654k	182	↓	£452	↑	£3,521k	↓	-£133k
~Live In Care	27	£994	£1,403k	22	↔	£1,038	↔	£1,156k	↑	-£247k
~Day Care	20	£89	£93k	26	↑	£101	↑	£134k	↑	£41k
~Other Care			£1k	6	↔	£172	↔	£5k	↑	£3k
Community based subtotal	**609**	**£335**	**£10,667k**	**655**		**£371**		**£10,403k**		**-£264k**
Total for expenditure	**657**	**£400**	**£13,807k**	**733**		**£433**		**£13,680k**	↑	**-£127k**
Care Contributions			-£1,421k					-£1,411k		£10k

5.4 Key activity data at the end of March 2024 for Older People Mental Health (OPMH) Services:

Older People Mental Health	BUDGET			ACTUAL (March 2024)				Outturn		
Service Type	*Expected No. of Care Packages 2023/24*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*DoT*	*Current Average Unit Cost (per week)*	*DoT*	*Total spend/ income*	*DoT*	*Variance*
Accommodation based										
~Residential	37	£723	£1,122k	38	↔	£747	↑	£1,295k	↓	£173k
~Residential Dementia	48	£815	£1,670k	46	↑	£782	↓	£1,641k	↑	-£29k
~Nursing	33	£847	£1,271k	33	↔	£954	↑	£1,355k	↑	£83k
~Nursing Dementia	86	£953	£3,715k	81	↑	£1,107	↓	£3,857k	↓	£141k
~Respite	3	£602	£124k	2	↔	£82	↔	£19k	↑	-£105k
Accommodation based subtotal	**207**	**£849**	**£7,903k**	**200**		**£927**		**£8,167k**		**£264k**
Community based										
~Supported Living	11	£213	£45k	8	↔	£233	↔	£51k	↑	£6k
~Homecare	57	£355	£1,182k	77	↓	£276	↓	£1,336k	↓	£155k
~Direct payments	8	£645	£227k	8	↔	£1,360	↔	£377k	↑	£151k
~Live In Care	10	£1,169	£699k	9	↔	£1,087	↑	£541k	↑	-£158k
~Day Care	5	£55	£1k	6	↔	£70	↑	£2k	↑	£1k
~Other Care	5	£14	£3k	4	↔	£51	↔	£16k	↓	£14k
Community based subtotal	**96**	**£414**	**£2,156k**	**112**		**£397**		**£2,325k**		**£168k**
Total for expenditure	**303**	**£711**	**£10,059k**	**312**		**£737**		**£10,492k**	**↑**	**£432k**
Care Contributions			-£1,318k					-£1,473k	↑	-£155k

5.5 Key activity data at the end of March 2024 for Adult Mental Health Services is shown below:

Adult Mental Health	BUDGET			ACTUAL (March 2024)				Outturn		
Service Type	*Expected No. of Care Packages 2023/24*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*DoT*	*Current Average Unit Cost (per week)*	*DoT*	*Total spend/ income*	*DoT*	*Variance*
Accommodation based										
~Residential	64	£852	£2,794k	59	↓	£947	↓	£3,021k	↑	£227k
~Residential Dementia	1	£900	£47k	1	↔	£646	↔	£35k	↑	-£13k
~Nursing	9	£829	£467k	10	↑	£1,021	↓	£624k	↑	£157k
~Nursing Dementia	1	£882	£55k		↓		↓	£k	↓	-£55k
~Respite	1	£20	£40k	1	↔	£10	↔	£k	↔	-£40k
Accommodation based subtotal	**76**	**£839**	**£3,403k**	**71**		**£940**		**£3,680k**		**£277k**
Community based										
~Supported Living	133	£469	£4,178k	136	↑	£539	↑	£3,862k	↓	-£315k
~Homecare	158	£119	£1,465k	178	↑	£134	↑	£1,783k	↑	£318k
~Direct payments	14	£240	£181k	21	↔	£223	↔	£238k	↑	£57k
~Live In Care	2	£1,210	£134k	2	↔	£2,035	↔	£217k	↑	£83k
~Day Care	5	£62	£18k	7	↔	£62	↔	£29k	↑	£11k
~Other Care	6	£789	£2k	4	↔	£45	↔	£137k	↑	£136k
Community based subtotal	**318**	**£290**	**£5,977k**	**348**		**£306**		**£6,266k**		**£290k**
Total for expenditure	**394**	**£396**	**£9,380k**	**419**		**£414**		**£9,947k**	**↑**	**£567k**
Care Contributions			-£386k					-£521k	↑	-£135k

5.6 Key activity data at the end of March 2024 for Autism is shown below:

Autism	BUDGET			ACTUAL (March 2024)				Outturn		
Service Type	*Expected No. of Care Packages 2023/24*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*DoT*	*Current Average Unit Cost (per week)*	*DoT*	*Total spend/ income*	*DoT*	*Variance*
Accommodation based										
~Residential	4	£1,835	£293k	1	↔	£1,317	↓	£218k	↓	-£75k
Accommodation based subtotal	**4**	**£1,835**	**£295k**	**1**	↔	**1,317**	↓	**£218k**	↓	**-£75k**
Community based										
~Supported Living	26	£671	£1,065k	24	↓	£916	↑	£1,221k	↓	£156k
~Homecare	31	£219	£374k	29	↓	£228	↑	£305k	↓	-£69k
~Direct payments	31	£204	£621k	36	↑	£252	↓	£593k	↑	-£29k
~Day Care	26	£92	£125k	29	↑	£67	↑	£98k	↓	-£27k
~Other Care	13	£57	£35k	6	↔	£168	↓	£86k	↔	£50k
Community based subtotal	**127**	**£265**	**£2,221k**	**124**		**£328**		**£2,303k**		**£81k**
Total for expenditure	**131**	**£313**	**£2,516k**	**125**		**£336**		**£2,521k**		**£6k**
Care Contributions			-£123k					**-£190k**		**-£67k**

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Appendix 1a – Detailed Financial Information - Adults, Health and Commissioning

Forecast Outturn Variance (Previous) £000	Committee	Budget Line	Gross Budget £000	Income Budget £000	Net Budget £000	Actual £000	Outturn Variance £000	Outturn Variance %
		Executive Director						
-674	A&H	Executive Director - Adults, Health & Commissioning	22,313	-50,135	-27,822	-29,562	-1,740	-6%
-4	A&H	Performance & Strategic Development	2,894	-221	2,673	2,647	-26	-1%
0	A&H	Principal Social Worker	605	0	605	588	-17	-3%
		Service Director – LDP and Prevention						
-150	A&H	Service Director – LDP and Prevention	351	-28	323	233	-90	-28%
-440	A&H	Prevention & Early Intervention	11,381	-1,018	10,363	9,918	-445	-4%
-0	A&H	Transfers of Care	2,006	0	2,006	2,005	-1	0%
-51	A&H	Autism and Adult Support	3,017	-118	2,899	2,815	-84	-3%
		Learning Disabilities						
-490	A&H	Head of Service	7,095	0	7,095	6,618	-477	-7%
1,471	A&H	LD - City, South and East Localities	49,080	-2,584	46,496	48,318	1,822	4%
-307	A&H	LD - Hunts and Fenland Localities	46,260	-2,216	44,044	43,653	-392	-1%
1,187	A&H	LD - Young Adults Team	15,487	-392	15,095	16,151	1,055	7%
183	A&H	In House Provider Services	9,592	-275	9,316	9,557	241	3%
-474	A&H	NHS Contribution to Pooled Budget	0	-29,464	-29,464	-28,863	602	2%
1,568		**Learning Disabilities Total**	**127,514**	**-34,931**	**92,583**	**95,434**	**2,851**	**3%**
		Service Director – Adults Community Operations						
18	A&H	Service Director - Care & Assessment	842	0	842	929	87	10%
0	A&H	Assessment & Care Management	4,666	-41	4,625	4,544	-81	-2%
0	A&H	Safeguarding	1,455	0	1,455	1,396	-59	-4%
0	A&H	Adults Finance Operations	1,856	-10	1,845	1,838	-7	0%

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Forecast Outturn Variance (Previous) £000	Committee	Budget Line	Gross Budget £000	Income Budget £000	Net Budget £000	Actual £000	Outturn Variance £000	Outturn Variance %
		Older People's and Physical Disabilities Services						
-1,645	A&H	Older Peoples Services - North	46,990	-13,199	33,791	31,764	-2,027	-6%
932	A&H	Older Peoples Services - South	52,819	-15,658	37,161	37,662	500	1%
235	A&H	Physical Disabilities – North	6,367	-700	5,667	5,965	298	5%
-402	A&H	Physical Disabilities - South	7,517	-1,050	6,466	6,086	-380	-6%
-880		**Older People's and Physical Disabilities Services Total**	**113,693**	**-30,608**	**83,085**	**81,476**	**-1,609**	**-2%**
		Service Director - Commissioning						
-98	A&H	Service Director - Commissioning	940	-20	920	854	-67	-7%
24	A&H	Adults Commissioning - Staffing	2,415	0	2,415	2,474	59	2%
-0	CYP	Children's Commissioning - Staffing	1,209	0	1,209	1,186	-24	-2%
-731	A&H	Adults Commissioning - Contracts	10,137	-4,331	5,805	5,111	-694	-12%
-96	A&H	Housing Related Support	6,506	-596	5,909	5,793	-116	-2%
101	A&H	Integrated Community Equipment Service	7,955	-5,854	2,101	2,179	78	4%
		Mental Health						
7	A&H	Mental Health - Staffing	3,508	-54	3,454	3,404	-50	-1%
-41	A&H	Mental Health Commissioning	2,994	-460	2,535	2,521	-14	-1%
142	A&H	Adult Mental Health	7,353	-386	6,967	7,242	275	4%
34	A&H	Older People Mental Health	9,870	-1,406	8,464	8,684	220	3%
142		**Mental Health Total**	**23,725**	**-2,306**	**21,419**	**21,851**	**431**	**2%**
-1,272		**Adults, Health & Commissioning Total**	**345,480**	**-130,217**	**215,263**	**213,708**	**-1,554**	**-0.7%**
		Mitigations						
-2,534		Grant Funding contributing to cost increases where allowed by grant conditions (part one off)	0	0	0	-2,317	-2,317	0%
-2,534		**Mitigations Total**	**0**	**0**	**0**	**-2,317**	**-2,317**	**0%**
-3,806		**Overall Total**	**345,480**	**-130,217**	**215,263**	**211,392**	**-3,871**	**-1.8%**

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Appendix 1b – Detailed Financial Information – Public Health

Forecast Outturn Variance (Previous) £000	Committee	Budget Line	Gross Budget £000	Income Budget £000	Net Budget £000	Actual £000	Outturn Variance £000	Outturn Variance %
		Children Health						
0	CYP	Children 0-5 PH Programme	10,707	-3,315	7,392	7,329	-64	-1%
0	CYP	Children 5-19 PH Programme - Non Prescribed	2,586	-778	1,809	1,780	-29	-2%
0	CYP	Children Mental Health	651	0	651	651	0	0%
-20	CYP	Drug & Alcohol Misuse – Young People	415	0	415	395	-20	-5%
0	CYP	Children's Weight Management	706	0	706	724	18	3%
-0	CYP	Childrens Integrated Lifestyles	228	-58	169	178	8	5%
-20		**Children Health Total**	**15,292**	**-4,150**	**11,141**	**11,056**	**-86**	**-1%**
		Drugs & Alcohol						
-25	A&H	Drug & Alcohol Misuse	6,114	-1,179	4,935	4,886	-49	-1%
-25		**Drugs & Alcohol Total**	**6,114**	**-1,179**	**4,935**	**4,886**	**-49**	**-1%**
		Sexual Health & Contraception						
179	A&H	SH STI testing & treatment - Prescribed	5,502	-1,816	3,686	3,968	282	8%
-30	A&H	SH Contraception - Prescribed	1,078	0	1,078	922	-157	-15%
-11	A&H	SH Services Advice Prevention/Promotion - Non-Prescribed	516	-31	485	472	-13	-3%
138		**Sexual Health & Contraception Total**	**7,096**	**-1,847**	**5,249**	**5,361**	**112**	**2%**
		Behaviour Change / Preventing Long Term Conditions						
0	A&H	Integrated Lifestyle Services	3,258	-867	2,391	2,383	-8	0%
0	A&H	Post Covid weight management services	360	0	360	362	2	1%

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Forecast Outturn Variance (Previous) £000	Committee	Budget Line	Gross Budget £000	Income Budget £000	Net Budget £000	Actual £000	Outturn Variance £000	Outturn Variance %
-168	A&H	Smoking Cessation GP & Pharmacy	683	0	683	678	-5	-1%
0	A&H	NHS Health Checks Programme - Prescribed	708	0	708	712	4	1%
-28	A&H	Other Health Improvement	251	-4	247	249	2	1%
-196		**Behaviour Change / Preventing Long Term Conditions Total**	**5,259**	**-871**	**4,387**	**4,384**	**-4**	**0%**
		General Prevention Activities						
0	A&H	General Prevention Activities	558	0	558	558	0	0%
-4	A&H	Falls Prevention	391	0	391	382	-9	-2%
-4		**General Prevention Activities**	**949**	**0**	**949**	**940**	**-9**	**-1%**
		Adult Mental Health & Community Safety						
-25	A&H	Adult Mental Health & Community Safety	502	-203	299	287	-12	-4%
-25		**Adult Mental Health & Community Safety Total**	**502**	**-203**	**299**	**287**	**-12**	**-4%**
		Public Health Directorate						
-122	A&H	Public Health Directorate Staffing and Running Costs	3,865	-28,148	-24,283	-24,362	-79	0%
0	A&H	Health in All Policies	31	0	31	31	0	0%
0	A&H	Household Health & Wellbeing Survey	152	0	152	152	0	0%
0	A&H	Social Marketing Research and Campaigns	207	0	207	207	0	0%
0	A&H	Enduring Transmission Grant	214	-214	0	-0	0	0%
0	A&H	Contain Outbreak Management Fund	3,475	-3,475	0	0	0	0%
-122		**Public Health Directorate Total**	**7,945**	**-31,837**	**-23,892**	**-23,971**	**-79**	**0%**

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Forecast Outturn Variance (Previous) £000	Committee	Budget Line	Gross Budget £000	Income Budget £000	Net Budget £000	Actual £000	Outturn Variance £000	Outturn Variance %
-255	**Total Expenditure**		**43,156**	**-40,087**	**3,069**	**2,942**	**-126**	**-0.3%**
		Funding						
0	A&H/CYP	Drawdown from reserves	-3,068	0	-3,068	-3,068	0	0%
0		**Funding Total**	**-3,068**	**0**	**-3,068**	**-3,068**	**0**	**0%**
-255	**Overall Total**		**40,088**	**-40,087**	**0**	**-126**	**-126**	**-0.3%**

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Appendix 2a – Service Commentaries on Forecast Outturn Position - Adults, Health and Commissioning

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) Executive Director – Adults, Health and Commissioning

Gross Budget £000	Income Budget £000	Net Budget £000	Actuals £000	Outturn Variance £000	Outturn Variance %
22,313	-50,135	-27,822	-29,562	-1,740	-6%

There are a number of variances that contributed to the year end variance for the Executive Director – Adults, Health & Commissioning line including:

i) underspends from vacant posts were larger than assumed in the budget and contributed £2.2m to the Directorate's overall financial position by year end;
ii) a historic provision for aged credits on the system was used to clear aged credits in year and released a balance of £762k;
iii) there was an underspend of £397k on the Council's Learning Disability budget held outside of the Learning Disability Partnership which is partially offsetting the forecast overspend reported on the pooled budget in note 2 below. This largely relates to grants applied to meet LD spend;
iv) the planned capital contribution to the community equipment budget of £400k was not drawn down given the revenue position of the Directorate and was funded from revenue instead; and
v) a contribution of £1,161k was made to the Council's bad debt provision reflecting the increased level of ASC aged debt.

2) Prevention and Early Intervention

Gross Budget £000	Income Budget £000	Net Budget £000	Actuals £000	Outturn Variance £000	Outturn Variance %
11,381	-1,018	10,363	9,918	-445	-4%

Prevention and Early Intervention services ended the year with an underspend of £445k. There was a significant underspend on equipment budgets, unbudgeted income from providing end of life care within a prison setting and a small budgetary surplus following an in-year restructure. In addition, there was a substantial underspend relating to lifeline services because, as the council moved away from a direct provision model, services were maintained for current clients, but costs reduced accordingly, creating an underspend.

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3) Learning Disability Services

Gross Budget £000	Income Budget £000	Net Budget £000	Actuals £000	Outturn Variance £000	Outturn Variance %
127,514	-34,931	92,583	95,434	2,851	3%

The Learning Disability Partnership (LDP) is a pooled budget between the council and the NHS, with shares of 77% and 23% respectively. The budget covers the care costs of people with very complex needs, which can be very hard for the care market to meet. This is the area of adult social care where we have been experiencing the most difficulty in finding placements, particularly at higher levels of need. The LDP ended the financial year £2.85m overspent, £2.25m for the council and £600k for the NHS. This was driven by significantly higher costs coming through than budgeted for, primarily due to the increase in complexity of need in younger adults and a larger than expected increase in rates in the South of the county. The number of people receiving support this year has decreased, this has contained the costs slightly.

Over the past three years we have seen cost pressures faced by providers, particularly relating to staffing shortages and price inflation. The cost pressures faced by the provider market have also created a risk around the budget for uplifts paid on current placements. This is a significant risk, with some of our providers requesting uplifts far exceeding the budget available. Uplift negotiations have been managed with these providers on an individual basis.

Adults Commissioning are developing an LD Accommodation Strategy that will enable them to work with the provider market to develop the provision needed for people with learning disabilities. This should lead to more choice when placing people with complex needs and consequently reduce costs in this area. However, this is a longer-term programme and has not delivered any improvements in the market this past financial year. 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. And a further strategy is in development to help people with learning disabilities develop their independence so they can remain living in community-based settings for longer.

The budget for 2022-23 assumed an increased contribution from the NHS reflecting a shift in the percentage of packages that should be funded from Health budgets. For the past financial year we made provision for this increased contribution, but the joint project between the ICB and CCC to review those packages required to agree a revised split of costs going forwards for the pool did not proceed as expected. The Council has now served notice to end the cost sharing arrangements of the pooled budget and is continuing to work with the ICB to explore opportunities to agree new arrangements to meet the needs of service users whilst delivering revised cost shares for the future. There is a risk of short term financial pressures from this decoupling as we move to separate budgets for health and social care.

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4) Older People's and Physical Disabilities Services

Gross Budget £000	Income Budget £000	Net Budget £000	Actuals £000	Outturn Variance £000	Outturn Variance %
113,693	-30,608	83,085	81,476	-1,609	-2%

Older People's and Physical Disabilities Services ended the year with an underspend of -£1.609m. Demand patterns have changed significantly in recent years, particularly in relation to Older People's care home placements which experienced no overall growth, as previously reported. This resulted in a significant underspend in 2022-23, with the change in activity being factored into business planning assumptions for 2023-24 budgets. In addition, £0.75m from this budget for 2023-24 was redistributed to offset pressures elsewhere in Adults, Health, and Commissioning whilst recognising the potential risk of an emerging pressure within this budget area should activity increase.

Subsequently, Older People's care home demand returned in 2023-24 with increases in placement numbers similar to pre-pandemic levels. The cost of new placements continued to rise despite additional investment from the Adult Social Care Market Sustainability and Improvement Fund, and the closure of a number of care homes added additional pressure to the budget. In addition to the significant overspend on care home placements, demand for domiciliary care rose steadily after a period of stability between January and May 2023.

Income from clients contributing to the cost of their care rose across the year. Services worked to streamline processes and improve the client's journey through the financial assessments process so that their assessment could be completed in a timelier manner and have successfully reduced the backlog of historic outstanding cases. These improvements, in conjunction with rising demand for services, increased the level of income from clients contributing towards the cost of their care. This increased income aligns with the increased income assumed in the Business Plan for 2024-25.

The Older People's and Physical Disabilities services were allocated additional grant funding above the budgeted level to support provider uplifts in extra care. At the end of the year, a significant underspend on the additional hours element of the extra care block contracts was identified and was the main factor in the movement from February forecast.

5) Adults Commissioning - Contracts

Gross Budget £000	Income Budget £000	Net Budget £000	Actuals £000	Outturn Variance £000	Outturn Variance %
10,137	-4,331	5,805	5,111	-694	-12%

Adults Commissioning – Contracts has ended 2023-24 with an underspend of -£694k. This is mostly due to savings made through the decommissioning of a number of local authority funded rapid discharge and transition cars as part of the wider homecare commissioning model and a recharge to Learning Disability to reflect redirecting resource to support In House Provider Services in the short-term. 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:

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- 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.

6) Housing Related Support

Gross Budget £000	Income Budget £000	Net Budget £000	Actuals £000	Outturn Variance £000	Outturn Variance %
6,506	-596	5,909	5,793	-116	-2%

Housing Related Support has ended 2023-24 with an underspend of £116k. This is in part because of an over-accrual on a previous year's contract with the remainder due to uplifts on contracts aligning with contract start dates instead of the financial year. This has created a one-off saving in 2023-24.

7) Mental Health

Gross Budget £000	Income Budget £000	Net Budget £000	Actuals £000	Outturn Variance £000	Outturn Variance %
23,725	-2,306	21,419	21,851	431	2%

Mental Health Services ended the year with an overspend of £431k (an increase of £289k from last month). There were significant demand pressures across both community and bed-based care for both Adult and Older People's Mental Health. This trend continued throughout the year, with further increases in commitment coming through in March. The underlying demand pressures were mitigated by increased income from people contributing towards the cost of their care. However, a number of material invoice cancellations following reassessment significantly worsened the financial position at year-end.

8) Mitigations

Gross Budget £000	Income Budget £000	Net Budget £000	Actuals £000	Outturn Variance £000	Outturn Variance %
0	0	0	-2,317	-2,317	0%

Given the pressures on care budgets for users of Older People, Mental Health and Learning Disabilities services, priorities around the use of grant funding were revisited. This identified additional spend that could be funded from external grant, freeing up £2.3m of grant monies to contribute to the identified pressures.

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Appendix 2b – Service Commentaries on Forecast Outturn Position – Public Health

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) Sexual Health & Contraception

Gross Budget £000	Income Budget £000	Net Budget £000	Actuals £000	Outturn Variance £000	Outturn Variance %
7,096	-1,847	5,249	5,361	112	2%

The Community Integrated Contraception and Sexual Health Services has experienced an 18% increase in demand along with inflationary and medical salary increases. We are working with the Service to identify additional efficiencies to offset the increases in this financial year.

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Appendix 3 – Capital Position

3.1 Capital Expenditure

Original 2023-24 Funding Allocation as per Business Plan £000	Committee	Scheme	Total Scheme Budget £000	Total Scheme Forecast Variance £000	Revised Budget for 2023-24 £000	Actual Spend 2023-24 £000	2023-24 Outturn Variance £000
14,370	Adults & Health	Independent Living Service: East Cambridgeshire	19,035	-	380	25	-355
5,070	Adults & Health	Disabled Facilities Grant	50,700	442	5,070	5,512	442
400	Adults & Health	Integrated Community Equipment Service	4,000	-	400	-	-400
0	Adults & Health	Capitalisation of interest costs	182	-	182	13	-169
0	Adults & Health	Capital variations	-57	-	-57	-	57
19,840		**TOTAL**	**73,860**	**0**	**5,975**	**5,550**	**-425**

The schemes with significant variances (>£250k) either due to changes in phasing or changes in overall scheme costs can be found below:

Ref	Directorate / Committee	Commentary vs previous month	Scheme	Scheme Budget £m	Budget for 2023-24 £m	Outturn Variance £m	Cause	Commentary
1	Adults & Health	Existing	Independent Living Service: East Cambridgeshire	19,035	380	-355	Rephasing	It was expected that there would be expenditure on a substation in 23-24. However, this has now been linked to the Heads of Terms and will only be paid at acquisition of the land. Additionally, the timing of overall forecast spend for the scheme has been pushed back from assumptions in the Business Plan due to delays in the land acquisition.
2	Adults & Health	Existing	Integrated Community Equipment Service	4,000	400	-400	No longer needed	Given the forecast revenue position for the Adults, Health and Commissioning Directorate, capital funding is no longer required as a contribution to the costs of community equipment.
3	Adults & Health	New	Disabled Facilities Grant	50,700	5,070	442	Additional government grant received	The Department for Levelling Up and Communities awarded an additional £50m Disabled Facilities Grant to Local Authorities in 2023-24. Cambridgeshire's allocation of this was £442k. It was transferred to District Councils in line with grant conditions.

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3.2 Capital Funding

Original 2023-24 Funding Allocation as per Business Plan £000	Source of Funding	Revised Funding for 2023-24 £000	Actual Spend £000	Outturn Variance £000
5,070	Grant Funding	5,070	5,512	442
14,770	Prudential Borrowing	905	38	-867
19,840	**TOTAL**	**5,975**	**5,550**	**-425**

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Appendix 4 – Savings Tracker

4.1 Adults, Health and Commissioning Savings Tracker Year end 2023/24

RAG	BP Ref	Title	Planned Savings £000	Actual Savings £000	Variance from Plan £000	% Variance	Commentary
Amber	C/F 21-22 Saving	Adult Social Care Transport	-91	-12	79	87%	All routes retendered in 22/23. Saving achieved was lower than expected due to the inflationary pressures on transport. However, further work means the savings have been delivered in full for 24/25.
Amber	C/F 22-23 Saving	Micro-enterprises Support	-103	-6	97	94%	Not fully delivered due to low number of people with a Direct Payment (DP) and Individual Service Fund (ISF) utilising capacity already created by CMEs. The Self Directed Support programme will increase uptake of DPs and ISFs and improve the pathway to Micro-enterprise provision.
Green	C/F 22-23 Saving	Increased support for carers	-129	-105	24	19%	Carers Strategy approved and action plan in development. Reprofiled savings as part of action plan development.
Amber	C/F 22-23 Saving	Learning Disability Partnership Pooled Budget Rebaselining	-1,125	-1,125	0	0%	A one off additional contribution was received pending detailed work with ICB to review the pool position. However, savings built into the Business Plan for future years remain at risk until the review work is completed.
Blue	A/R.6.176	Adults Positive Challenge Programme	-154	-154	0	100%	Complete.
Green	A/R.6.185	Additional block beds - inflation saving	-263	-263	0	0%	Complete
Black	A/R.6.200 plus C/F 22-23	Expansion of Direct Payments	-113	0	113	100%	Delivery of savings has been delayed, as has investment. This is a four year programme and cashable savings are only expected in towards the end of Year 2 (24/25)

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RAG	BP Ref	Title	Planned Savings £000	Actual Savings £000	Variance from Plan £000	% Variance	Commentary
Green	A/R.6.202	Adults and mental health employment support	-40	-40	0	0%	Complete
Blue	A/R.6.203	Decommissioning of block contracts for Car rounds providing homecare	-1,111	-1,497	-386	-35%	Over-achieved.
Blue	A/R.6.204	Post hospital discharge reviews	-310	-347	-37	-12%	Over-achieved.
Amber	A/R.6.205	Mental Health s75 vacancy factor	-150	-120	30	20%	Partially unachieved due to staffing reorganisation and high-cost interim appointments in CPFT.
Amber	A/R.6.206	Learning Disability mid-cost range placement review	-203	-150	53	26%	Project started September which led to a 3-6 month delay to benefits realisation.
Green	A/R.6.208	Integration with the Integrated Care System on digital social prescribing	-61	-61	0	0%	Complete
			-3,853	**-3,880**	**-27**		

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4.2 Public Health Savings Tracker Year end 2023/24

RAG	BP Ref	Title	Planned Savings £000	Actual Savings £000	Variance from Plan £000	% Variance	Commentary
Green	E/R.6.002	Vacancy factor for Public Health staffing	-80	-80	0	0%	Delivered in full
Green	E/R.6.003	Public Health savings	-201	-201	0	0%	Delivered in full
			-281	**-281**	**0**		

Key to RAG Ratings:

Total saving	Over £500k	100-500k	Below 100k
Black	100% non-achieving	100% non-achieving	100% non-achieving
Red	% variance more than 19%	-	-
Amber	Underachieving by 14% to 19%	% variance more than 19%	% variance more than 19%
Green	% variance less than 14%	% variance less than 19%	% variance less than 19%
Blue	Over-achieving	Over-achieving	Over-achieving

APPENDIX 5 – Technical Note

5.1.1 The table below outlines the additional Adults, Health and Commissioning grant income, which is not built into base budgets.

Grant	Awarding Body	Amount £'000
Public Health	Department of Health and Social Care (DHSC)	393
Improved Better Care Fund	Department for Levelling Up, Housing & Communities (DLUHC)	15,171
Disabled Facilities Grant	DLUHC	5,512
Market Sustainability and Improvement Fund	DHSC	5,442
Market Sustainability and Improvement Fund - Workforce	DHSC	3,535
ASC Discharge Fund	DHSC	2,127
Social Care in Prisons Grant	DHSC	331
International Recruitment	DHSC via Norfolk County Council	22
Care Quality Commission review and assessment grant	DHSC	27
Total Non-Baselined Grants 23-24		**32,559**

5.1.2 The table below outlines the additional Public Health grant income, which is not built into base budgets.

Grant	Awarding Body	Amount £'000
Public Health	DHSC	27,436
Rough Sleeping Drug and Alcohol Treatment	DLUHC	474
Supplementary Substance Misuse Treatment Grant	Office for Health Improvement & Disparities (OHID)	592
Substance Misuse for Crime and Disorder Reduction Grant	Office of the Police and Crime Commissioner	94
Individual Placement & Support grant	Office for Health Improvement & Disparities (OHID)	50
Total Non-Baselined Grants 23-24		**28,646**

5.2.1 Virements and Budget Reconciliation (Adults, Health and Commissioning)

(Virements between Adults, Health and Commissioning and other service blocks)

	Eff. Period	£'000	Notes
Budget as per Business Plan		**215,038**	
Executive Director People Services	Apr	-300	Transfer to Strategy and Partnerships from Executive Director People Services
Various policy lines	Apr	351	Allocation of centrally held funding for former People Services restructuring
Various policy lines	May	506	Budget resetting movements as outlined in May IFMR
Various policy lines	June	-1,621	23-24 Business Planning virements to replace expenditure budgets with reserve draw down lines
Integrated Community Equipment Service	June	-53	Adjust Public Health income budget to match amounts to be transferred under PH Memorandum of
Strategic Management - Commissioning	July	-34	Transfer to Strategy and Partnerships from Commissioning for contract administered in S&P
Executive Director – Adults, Health and Commissioning	July	-4	Realignment of transport staffing budgets to match current operating model requiring a small transfer between Adult's and Children's transport staffing budgets.
Executive Director – Adults, Health and Commissioning	August	15	Moving Budget for ADASS Regional costs to Adults from Childrens- Association of Directors of Adult Social Services (ADASS)
Various policy lines	August	-198	Move of Executive Assistant and Personal Assistant budgets to Strategy and Partnerships
Learning and Development	October	-5	Transfer budget to Learning and Development team to cover cost of Deprivation of Liberty Standards signatory training
Public Health grant transfers	November	-279	Additional transfers of Public Health grant into services
Pay award 2023-24	November	2,643	Transfer of pay award funding to services following finalisation of pay award for 2023-24
Social Care grant to Children's	January	-633	Transfer of Social Care grant element to Childrens' as approved by Strategy, Resources & Performance committee in December
Various policy lines	March	-164	Procurement saving, Public Health Grant and transfer of budget from Adults to Children's for a member of staff
Budget 23-24		**215,263**	

5.2.2 Virements and Budget Reconciliation (Public Health)

(Virements between Public Health and other service blocks)

	Eff. Period	£'000	Notes
Budget as per Business Plan		**0**	
Budget 23-24		**0**	

5.3.1 Adults, Health and Commissioning Earmarked Reserve Schedule

Budget Heading	Opening Balance 2023-24 £'000	Net Movements in year £'000	Year End Balance £'000	Reserve Description
Adult Social Care risk reserve	4,664	0	4,664	Reserve held against risk of demand for social care support exceeding the level of demand assumed in the Business Plan.
Learning Disability pooled budget reserve	1,538	0	1,538	Reserve to cover costs of review of the appropriate cost splits of spend in the Learning Disability pool, and to cover additional income assumed from the rebaselining of the LDP pool shares until such time as review work is complete and new cost sharing arrangements finalised.
Debt reserve	809	0	809	Reserve held to offset escalating debt position in ASC. This includes reserve for old debt pre the transition of the Cambridgeshire and Peterborough CCG to the ICB which was subject to a debt settlement but the final invoices of which are still being worked through.
Discharge reserve	500	0	500	Funding set aside as part of Discharge spend in 2022-23. Use committed in 24/25 as part of approved Business Plan.
TOTAL EARMARKED RESERVES	**7,511**	**0**	**7,511**	

(+) positive figures represent surplus funds.
(-) negative figures represent deficit funds.

5.3.2 Public Health Earmarked Reserve Schedule

Budget Heading	Opening Balance 2023-24 £'000	Net Movements in year £'000	Year End Balance £'000	Reserve Description
Children's Public Health:				
Best Start in Life	191	-75	116	Contribution to Best Start in Life programme
Public Health Children's Manager	54	-43	11	Additional Staffing Capacity £78k total – to be spent over 2 years – commenced in 2022-23
Tackling childhood anxiety	0	0	0	New request approved by S,R&P Committee in December £320k fully spent in year
Public Mental Health:				
Public Mental Health Manager	80	-43	37	Additional Staffing Capacity - Anticipated spend over 2 years
Support for families of children who self-harm.	77	-51	26	Rolling out pilot family self-harm support programme across Cambridgeshire
Training Programme Eating Disorders	44	-34	10	Training Programme £78k total – to be spent over 2 years – commenced in 2022-23
Adult Social Care & Learning Disability:				
Falls Prevention Fund	779	-296	494	Partnership joint funded falls prevention project with the NHS, plus Enhanced Falls Prevention -
Public Health Manager - Learning Disability	78	-14	64	Additional Staffing Capacity - Anticipated spend over 2 years
Improving residents' health literacy skills to improve health outcomes	400	-150	250	Additional funding to existing Adult Literacy programme
PHI and Emergency Planning:				
Quality of Life Survey	368	-152	216	Annual survey for 3 years to assess long term covid impact
Public Health Emergency Planning	9	0	9	Additional funds to respond to Health Protection incidents
Prevention and Health Improvement:				
Stop Smoking Service	71	-39	32	Additional Staffing Capacity - Focused on post to reduce smoking during pregnancy
Smoking in pregnancy	220	-52	169	To fund work to decrease smoking in pregnancy
NHS Healthchecks Incentive Funding	407	0	407	Funding to increase the number of health checks that can be undertaken to catch up with some of the missed checks during the pandemic.

Budget Heading	Opening Balance 2023-24 £'000	Net Movements in year £'000	Year End Balance £'000	Reserve Description
Sexual & Reproductive Health Needs Assessment	50	-14	36	Delivery of Health Needs Assessment
Psychosexual counselling service	69	-35	35	Anticipated spend over 2 years
Primary Care LARC training programme	60	-60	0	Long-Acting Reversible Contraception (LARC) training programme for GPs and Practice Nurses
Tier 2 Adult Weight Management Services	205	-68	137	
Tier 3 Weight Management Services post covid	1,465	-407	1,058	To increase capacity of weight management services over 3 years
Social Marketing Research and Campaigns	500	-207	293	Social marketing research and related campaigns
Support for Primary care prevention	800	-400	400	Anticipated spend over 2 years
Strategic Health Improvement Manager	165	-58	107	Additional Staffing capacity - Anticipated spend over 2 years from 2023-24
Service improvement activity for Stop Smoking Services and NHS Health Checks	0	80	80	Additional service funding for stop smoking and health checks. £100k allocated, £20k spent.
Childrens' obesity	0	339	339	New request approved by S,R&P Committee in December. £389k allocated, £50k spent.
<u>Traveller Health:</u>				
Gypsy Roma and Travelers Education Liaison officer	25	-21	4	Additional Staffing Capacity - Anticipated spend over 2 years
Traveller Health	30	-7	23	To increase access to services, support and advice through drop-in centre model
<u>Health in All Policies:</u>				
Effects of planning policy on health inequalities	170	-31	139	
Training for Health Impact Assessments	45	0	45	Training Programme agreed as part of 2022-23 Business Plan
<u>Miscellaneous:</u>				
Healthy Fenland Fund	23	-23	0	Project extended to 2023
Health related spend elsewhere in the Council	600	-400	200	Agreed as part of 2022-23 Business Plan to be spent over 3 years to 2024-25
Voluntary Sector Support for the Health and Well Being Strategy	50	0	50	
Uncommitted PH reserves	820	-694	126	Includes transfer of in year underspend of £126k to reserves at year end
TOTAL EARMARKED RESERVES	**7,854**	**-2,942**	**4,912**	

(+) positive figures represent surplus funds.
(-) negative figures represent deficit funds.

5.3.3 Adults, Health and Commissioning Capital Reserve Schedule

Budget Heading	Opening Balance 2023-24 £'000	Net Movements in year £'000	Year End Balance £'000	Reserve Description
Head of Integration	33	0	33	Capital grant funding for AHC IT Systems
TOTAL EARMARKED RESERVES	**33**	**0**	**33**	

(+) positive figures represent surplus funds.
(-) negative figures represent deficit funds.

Agenda Item No: 10

Finance Monitoring Report – May 2024

To:	Adults and Health Committee
Meeting Date:	27 June 2024
From:	Executive Director: Adults, Health & Commissioning Executive Director: Finance and Resources
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	N/A
Executive Summary:	The report provides an update on the financial position of the Adults, Health and Commissioning Directorate (including Public Health) as at the end of May 2024.
Recommendations:	Adults and Health Committee is recommended to: 1) note the Adults, Health and Commissioning Finance Monitoring Report as at the end of May 2024; 2) endorse the use of £200k of unallocated Public Health 2024/25 grant uplift to support the recommissioning of sexual and reproductive health services, as set out in section 3.2, subject to the agreement of Strategy, Resources & Performance Committee; and 3) endorse the proposed capital budget movements, reflecting the annual roll-forward and re-phasing process, as set out in section 3.3, subject to the agreement of Strategy, Resources & Performance Committee.

Officer contact:
Name: Justine Hartley
Post: Strategic Finance Manager
Email: justine.hartley@cambridgeshire.gov.uk

1. Creating a greener, fairer and more caring Cambridgeshire

1.1 This regular financial monitoring report provides the consolidated management accounts of the Adults, Health and Commissioning Directorate and the Public Health Directorate, enabling members to be aware of, and to scrutinise, the delivery of the business plan for 2024-25 and the corporate vision and ambitions within it.

2. Background

2.1 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.

2.2 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.

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

2.4 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.

2.5 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 principal drivers of the financial position.
- Appendices 1-3 – these set out the detailed financial position by service and provide a detailed commentary for services projecting a significant variance from budget.
- Appendix 4 – this sets out the savings for Adults, Health and Commissioning and Public Health in the 2023/24 business plan, and savings not achieved and brought forward from previous years that are still thought to be deliverable.
- Appendix 5 – contains information on earmarked reserves, grant income and budget virements.

3. Main Issues

3.1 Adults, Health and Commissioning overall revenue position

3.1.1 The overall position for Adults, Health and Commissioning budgets to the end of May 2024 is a forecast balanced position. This includes the position for Public Health which is now part of the Adults, Health and Commissioning directorate.

Forecast Outturn Variance (Previous) £000	Service Area	Gross Budget £000	Income Budget £000	Net Budget £000	Actual to date £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
0	Executive Director	21,374	-51,987	-30,614	-14,925	43	-0.1%
0	Learning Disability and Prevention	155,730	-39,771	115,959	26,952	56	0.0%
0	Care and Assessment	146,030	-42,515	103,514	17,940	0	0.0%
0	Commissioning	52,859	-10,695	42,164	4,929	-99	-0.2%
0	Public Health	38,070	-38,069	0	-7,694	0	0.0%
0	**Total Expenditure**	**414,062**	**-183,038**	**231,025**	**27,202**	**0**	**0.0%**
0	Mitigations	0	0	0	0	0	0.0%
0	**Total**	**414,062**	**-183,038**	**231,025**	**27,202**	**0**	**0.0%**

3.1.2 It is early in the financial year and there are a range of factors that will impact the forecast position as the year progresses including:

- the Directorate has a challenging set of savings targets to deliver against in 2024/25. Progress against these targets is reported quarterly and whilst many are on track to deliver, in other areas the work to finalise delivery plans is still underway putting at risk the chances of full delivery of savings in the current financial year;
- demand is difficult to predict and can vary significantly from month to month. This can be reflected both in higher numbers accessing services, and higher acuity of need of those accessing services;
- recruitment remains challenging and vacant posts can lead to underspends against staffing budgets;
- staffing risks are particularly pertinent for the Public Health team in the short term as the separation from Peterborough City Council takes place; and
- pressures with the provider market continue to be felt, particularly related to increasing fee rates. Inflationary negotiations are ongoing and providers are continuing to report cost pressures related to both workforce issues and the current cost of living crisis. The impacts

of inflationary pressures are seen both in the uplifts required for existing care packages, and the price at which new packages are sourced; and

- the position of the care market, particularly around specific types of provision and location, is making some placements more difficult to source, particularly at the more complex end of provision.

3.1.3 As a result of these issues, close attention will be paid to changes in demand, costs and income as the 2024-25 financial year progresses, and forecasts will be updated accordingly.

3.1.4 Adults, Health and Commissioning debt (excluding debt with Health partners) stood at £20.7m at the end of May, up from £20.5m at the end of April. In addition, debt with Health partners stood at £19.7m at the end of May. Actions continue following a recent deep dive into some of the factors resulting in the levels of debt, along with additional resources to work on backlogs of financial assessments. Debt over 90 days old was £16.3m at the end of May down from £16.4m at the end of April. The level of aged debt has a knock-on impact on the bad debt provision and likelihood of write offs which will be monitored as the year progresses.

3.2 Public Health grant uplift

3.2.1 The Public Health grant for 2024/25 was assumed to rise in the Business Plan for this year. However, when the final grant was announced it exceeded the assumed level by £301k. A separate paper on the agenda for this meeting on the recommissioning of sexual and reproductive health services proposes the investment of £200k of the unallocated uplift into these services. Committee is asked to endorse this investment into sexual and reproductive health services for approval by Strategy, Resources and Performance committee.

3.3 Capital position

3.3.1 Following the end of the 2023-24 financial year, an annual process is carried out to review capital budgets allocated for the previous year and assess whether budget needs to be rephased to the new year or later years to reflect updated delivery timescales. At the same time, the overall phasing of capital schemes is reviewed, and funding sources for capital schemes are reviewed and if necessary updated. The results of this process are set out in appendix 3 of the FMR, with proposed movement of capital budgets between years. As budget movements, the decision is ultimately for Strategy, Resources and Performance Committee but this committee is asked to endorse the changes in its remit ahead of SRP Committee meeting.

4. Significant Implications

4.1 Finance Implications

This report provides the latest financial information for the Adults, Health and Commissioning and Public Health Directorates and so has a direct impact on scrutiny and on wider decision making.

4.2 Legal Implications

There are no significant implications within this category.

4.3 Risk Implications

There are no significant implications within this category.

4.4 Equality and Diversity Implications

There are no significant implications within this category.

5. Source Documents

5.1 Finance Monitoring Reports are produced monthly, except for April, for all of the Council's services. Quarterly reports are uploaded regularly to the website below.

5.2 Location

Finance and performance reports - Cambridgeshire County Council

Directorate: Adults, Health and Commissioning

Subject: Finance Monitoring Report – May 2024 (period 2)

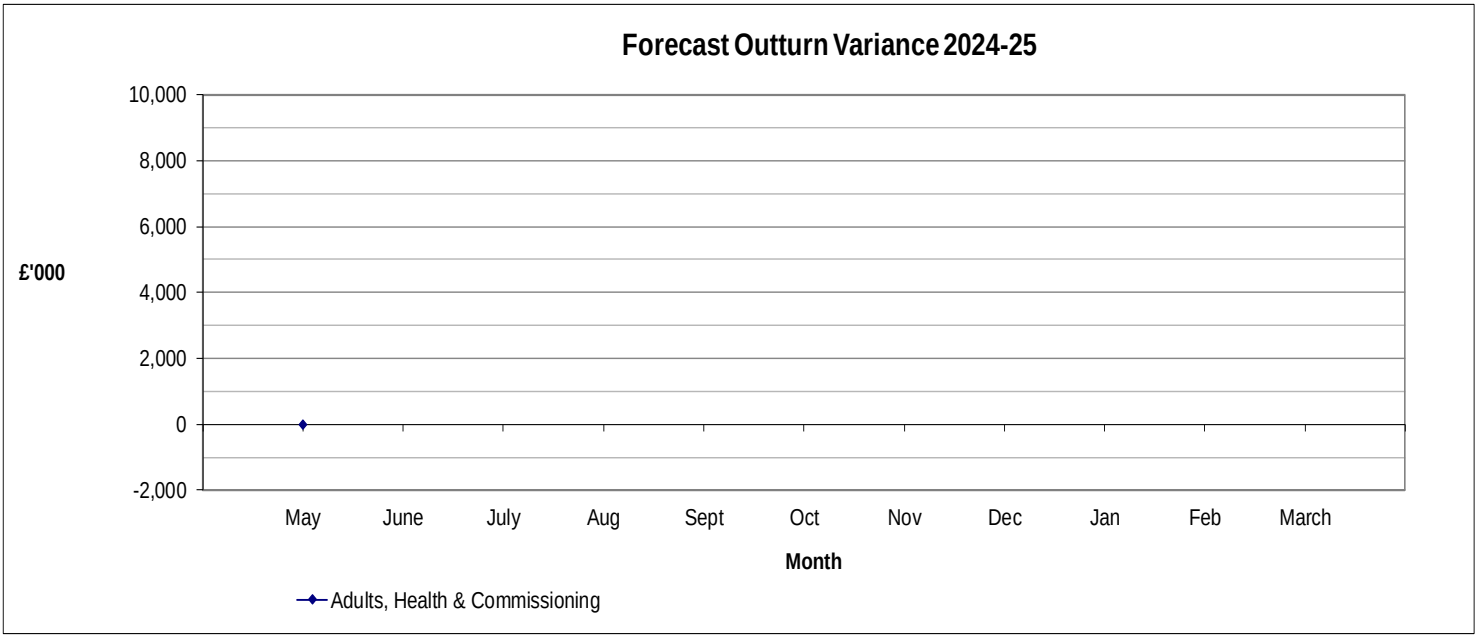
Contents

1. Revenue Executive Summary

1.1 Overall Position

At the end of May 2024, Adults, Health and Commissioning is projecting a balanced position for the 2024/25 financial year. This includes the position for the Public Health service. It is early in the financial year and there are a range of factors that will impact the forecast position as the year progresses which are set out in this report. Close attention will be paid to changes in demand, costs and income as the 2024-25 financial year progresses, and forecasts will be updated accordingly.

1.2 Summary of Revenue position by Directorate



1.2.1 Adults, Health and Commissioning

Forecast Outturn Variance (Previous) £000	Service Area	Gross Budget £000	Income Budget £000	Net Budget £000	Actual to date £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
0	Executive Director	21,374	-51,987	-30,614	-14,925	43	-0.1%
0	Learning Disability and Prevention	155,730	-39,771	115,959	26,952	56	0.0%
0	Care and Assessment	146,030	-42,515	103,514	17,940	0	0.0%
0	Commissioning	52,859	-10,695	42,164	4,929	-99	-0.2%
0	Public Health	38,070	-38,069	0	-7,694	0	0.0%
0	**Total Expenditure**	**414,062**	**-183,038**	**231,025**	**27,202**	**0**	**0.0%**
0	Mitigations	0	0	0	0	0	0.0%
0	**Total**	**414,062**	**-183,038**	**231,025**	**27,202**	**0**	**0.0%**

1.3 Significant Issues

The overall position for Adults, Health and Commissioning budgets to the end of May 2024 is a forecast balanced position. This includes the position for Public Health which is now part of the Adults, Health and Commissioning directorate.

It is early in the financial year and there are a range of factors that will impact the forecast position as the year progresses including:

- the Directorate has a challenging set of savings targets to deliver against in 2024/25. Progress against these targets is reported quarterly and whilst many are on track to deliver, in other areas the work to finalise delivery plans is still underway putting at risk the chances of full delivery of savings in the current financial year;
- demand is difficult to predict and can vary significantly from month to month. This can be reflected both in higher numbers accessing services, and higher acuity of need of those accessing services;
- recruitment remains challenging and vacant posts can lead to underspends against staffing budgets;
- staffing risks are particularly pertinent for the Public Health team in the short term as the separation from Peterborough City Council takes place; and
- pressures with the provider market continue to be felt, particularly related to increasing fee rates. Inflationary negotiations are ongoing and providers are continuing to report cost pressures related to both workforce issues and the current cost of living crisis. The impacts of inflationary pressures are seen both in the uplifts required for existing care packages, and the price at which new packages are sourced; and
- the position of the care market, particularly around specific types of provision and location, is making some placements more difficult to source, particularly at the more complex end of provision.

As a result of these issues, close attention will be paid to changes in demand, costs and income as the 2024-25 financial year progresses, and forecasts will be updated accordingly.

Adults, Health and Commissioning debt (excluding debt with Health partners) stood at £20.7m at the end of May, up from £20.5m at the end of April. In addition, debt with Health partners stood at £19.7m at the end of May. Actions continue following a recent deep dive into some of the factors resulting in the levels of debt, along with additional resources to work on backlogs of financial assessments. Debt over 90 days old was £16.3m at the end of May down from £16.4m at the end of April. The level of aged debt has a knock-on impact on the bad debt provision and likelihood of write offs which will be monitored as the year progresses.

2. Capital Executive Summary

Following the end of the 2023-24 financial year, an annual process is carried out to review capital budgets allocated for the previous year and assess whether budget needs to be rephased to the new year or later years to reflect updated delivery timescales. At the same time, the overall phasing of capital schemes is reviewed, and funding sources for capital schemes are reviewed and if necessary updated. The results of this process are set out in appendix 3, with proposed movement of capital budgets between years shown at 3.4.

At the end of May 2024, no capital schemes have significant forecast variances against updated budgets. However, updated budgets reflect the timing of forecast spend for the Independent Living Service scheme in East Cambridgeshire having been pushed back from assumptions in the Business Plan due to delays in the land acquisition for the scheme, and there is also a request to carry forward £354k of unspent funding from 2023-24. Additionally, Cambridgeshire's 2024-25 Disabled Facilities Grant allocation from

the Department of Levelling Up and Communities has been announced as £5.53m, £0.46m higher than was anticipated in the 2024-25 budget.

Further details of the capital position can be found in Appendix 3.

3. Savings Tracker Summary

The savings trackers are produced quarterly to monitor delivery of savings against agreed plans.

4. Technical note

On a quarterly basis, a technical financial appendix will be included as Appendix 5. This appendix covers:

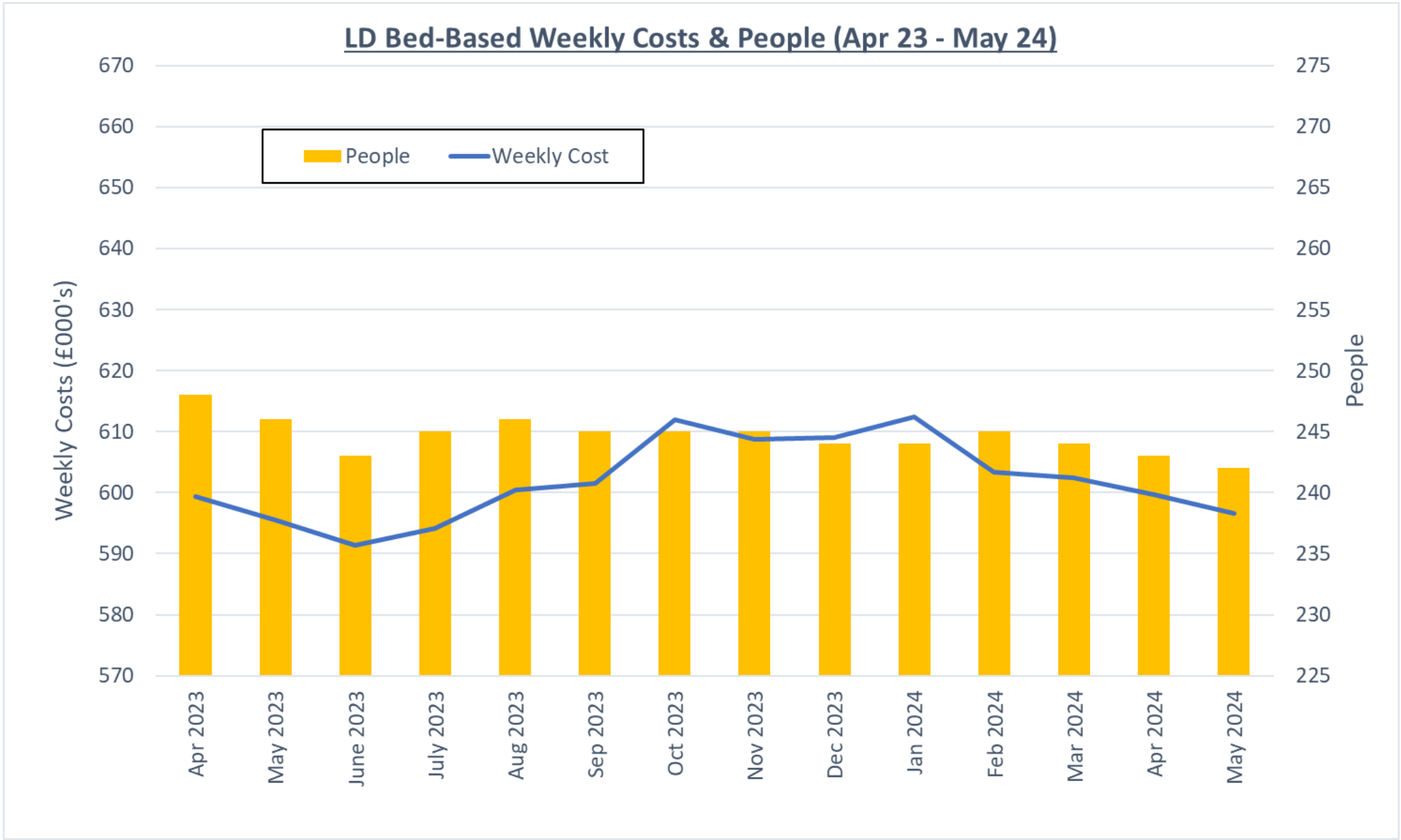
- Grants that have been received by the service, and where these have been more or less than expected.
- Budget movements (virements) into or out of the directorate from other directorates, to show why the budget might be different from that agreed by Full Council.
- Service earmarked reserves – funds 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

5.1 Key activity data to the end of May 2024 for Learning Disability Partnership is shown below:

Learning Disability Partnership	BUDGET			ACTUAL (May 2024)				Forecast Outturn		
Service Type	*Expected No. of Care Packages 2024-25*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*DoT*	*Current Average Unit Cost (per week)*	*DoT*	*Total spend/ income*	*DoT*	*Variance*
Accommodation based										
~Residential	240	£2,602	£31,519k	232	↓	£2,397	↑	£31,159k	↑	-£360k
~Nursing	10	£4,504	£2,252k	10	↔	£4,271	↑	£2,405k	↑	£153k
~Respite			£403k		↓		↓	£450k	↓	£46k
Accommodation based subtotal	**250**	**£2,678**	**£34,174k**	**242**		**£2,475**		**£34,013k**		**-£161k**
Community based										
~Supported Living	607	£1,760	£50,480k	592	↑	£1,657	↑	£50,961k	↑	£481k
~Homecare	407	£575	£12,134k	400	↑	£546	↑	£12,172k	↑	£38k
~Direct payments	406	£608	£11,395k	404	↓	£559	↓	£11,601k	↑	£206k
~Live In Care	7	£1,926	£303k	6	↑	£1,873	↓	£302k	↓	-£1k
~Day Care	652	£224	£5,675k	647	↑	£210	↑	£5,754k	↑	£79k
~Other Care	290	£132	£2,826k	282	↓	£124	↑	£2,662k	↑	-£165k
Community based subtotal	**2,369**	**£737**	**£82,813k**	**2,331**		**£690**		**£83,452k**		**£639k**
Total for expenditure	**2,619**	**£923**	**£116,988k**	**2,573**		**£857**		**£117,466k**	↑	**£478k**
Care Contributions			-£5,750k					-£5,750k	↓	£0k

The LDP includes service-users that are fully funded by the NHS, who generally have very high needs and therefore costly care packages.


LD Bed-Based Weekly Costs & People (Apr 23 - May 24)
People
Weekly Cost
Weekly Costs (£000's)
People
670
660
650
640
630
620
610
600
590
580
570
275
270
265
260
255
250
245
240
235
230
225
Apr 2023
May 2023
June 2023
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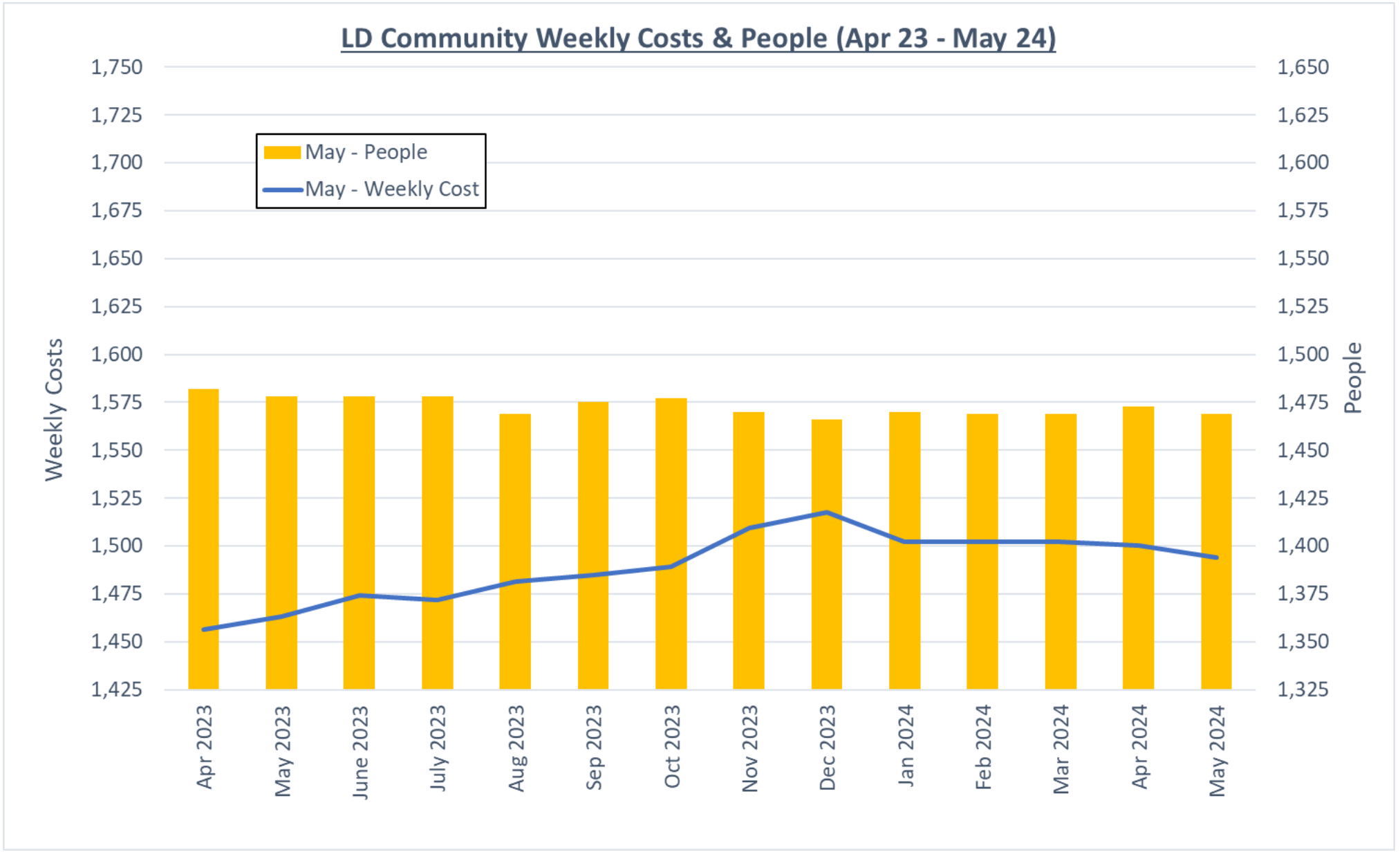
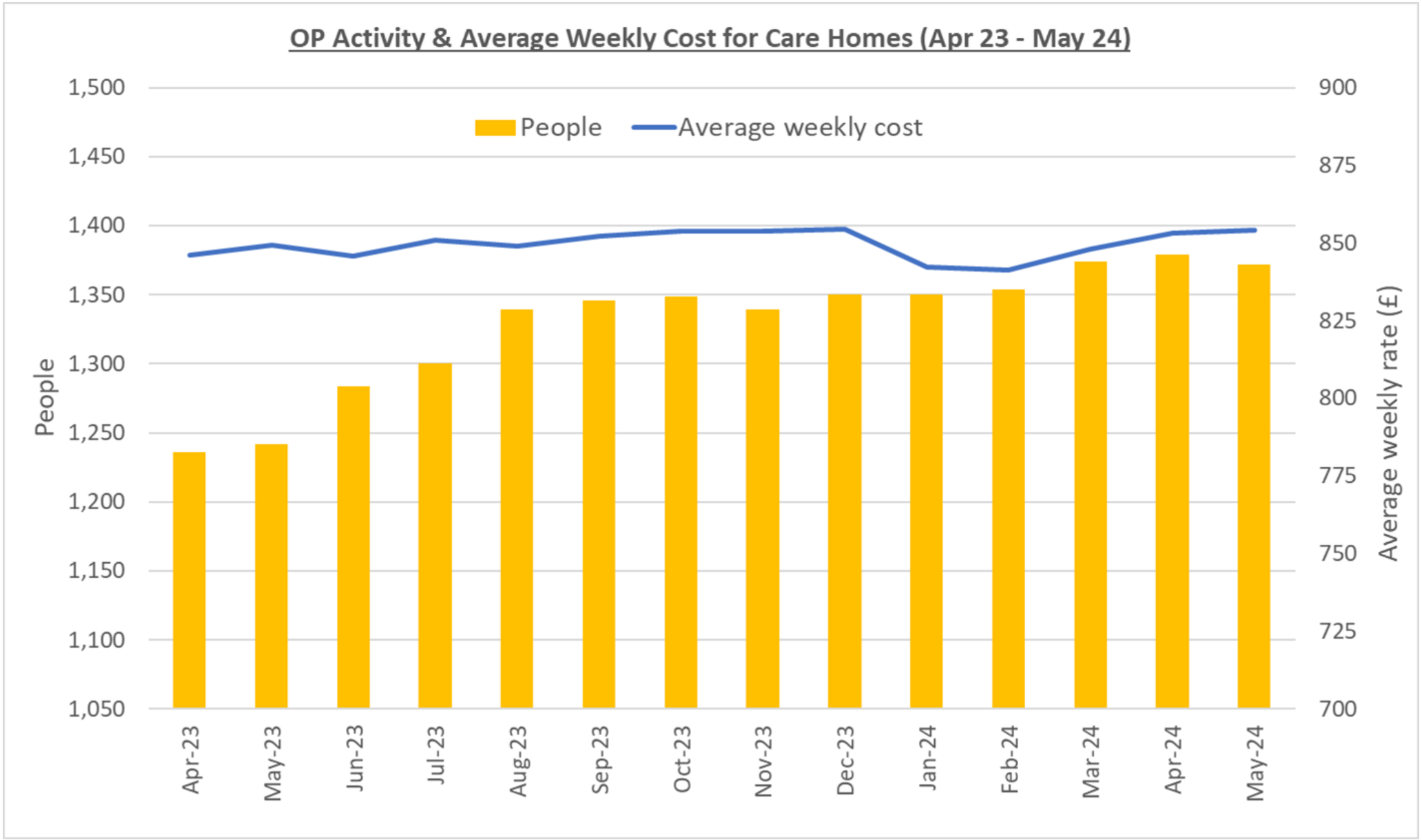
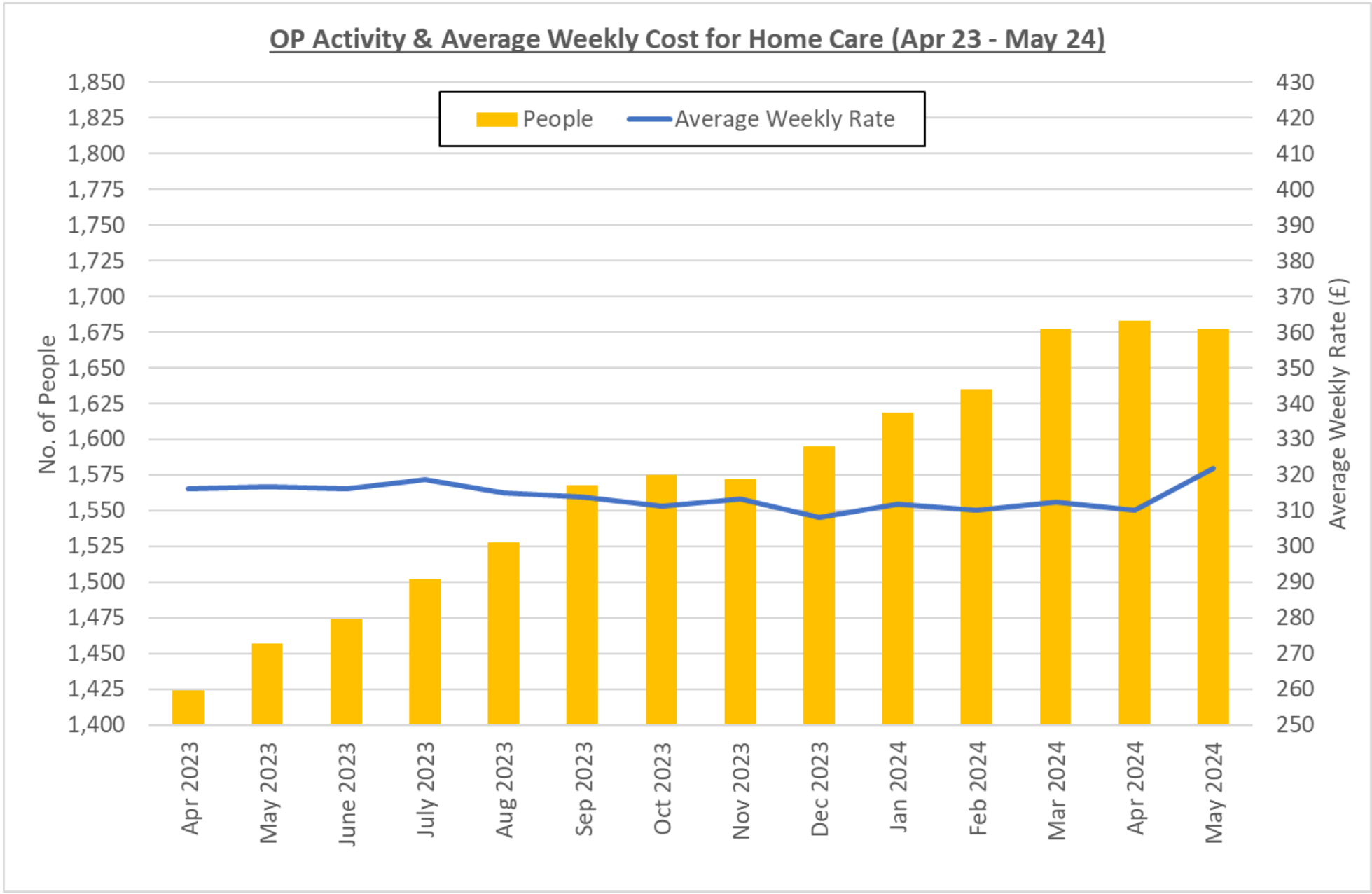
May 2024


LD Community Weekly Costs & People (Apr 23 - May 24)
May - People
May - Weekly Cost
Weekly Costs
People
1,750
1,725
1,700
1,675
1,650
1,625
1,600
1,575
1,550
1,525
1,500
1,475
1,450
1,425
1,650
1,625
1,600
1,575
1,550
1,525
1,500
1,475
1,450
1,425
1,400
1,375
1,350
1,325
Apr 2023
May 2023
June 2023
July 2023
Aug 2023
Sep 2023
Oct 2023
Nov 2023
Dec 2023
Jan 2024
Feb 2024
Mar 2024
Apr 2024
May 2024

5.2 Key activity data to the end of May 2024 for Older People's service is shown below:

Older People's Service	BUDGET			ACTUAL (May 2024)				Forecast Outturn		
Service Type	*Expected No. of Care Packages 2024-25*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*DoT*	*Current Average Unit Cost (per week)*	*DoT*	*Total spend/ income*	*DoT*	*Variance*
Accommodation based										
~Residential	416	£873	£20,509k	400	↑	£797	↑	£20,250k	↑	-£258k
~Residential Dementia	551	£883	£27,609k	520	↓	£798	↓	£26,360k	↑	-£1,249k
~Nursing	258	£1,003	£16,142k	243	↔	£927	↑	£15,570k	↑	-£572k
~Nursing Dementia	217	£1,091	£14,882k	209	↑	£1,018	↑	£14,701k	↑	-£181k
~Respite			£775k	73		£129		£799k	↑	£24k
Accommodation based subtotal	**1,442**	**£933**	**£79,917k**	**1,445**		**£854**		**£77,681k**		**-£2,236k**
Community based										
~Supported Living	433	£127	£6,711k	432	↑	£122	↑	£6,727k	↑	£16k
~Homecare	1,761	£342	£30,633k	1,677	↑	£322	↓	£30,031k	↑	-£602k
~Direct payments	144	£497	£3,875k	161	↓	£467	↓	£3,902k	↓	£27k
~Live In Care	38	£1,063	£1,740k	31	↓	£1,014	↑	£1,607k	↓	-£134k
~Day Care	67	£64	£206k	65	↔	£68	↑	£122k	↓	-£84k
~Other Care			£108k	9	↓	£29		£101k	↓	-£7k
Community based subtotal	**2,443**	**£317**	**£43,273k**	**2,375**		**£296**		**£42,489k**		**-£784k**
Total for expenditure	**3,885**	**£546**	**£123,190k**	**3,820**		**£507**		**£120,170k**	↑	**-£3,020k**
Care Contributions			-£40,211k					-£40,211k		£0k


OP Activity & Average Weekly Cost for Care Homes (Apr 23 - May 24)
People
Average weekly cost
1,500
1,450
1,400
1,350
1,300
1,250
1,200
1,150
1,100
1,050
900
875
850
825
800
775
750
725
700
Average weekly rate (£)
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sep-23
Oct-23
Nov-23
Dec-23
Jan-24
Feb-24
Mar-24
Apr-24
May-24


OP Activity & Average Weekly Cost for Home Care (Apr 23 - May 24)
People
Average Weekly Rate
No. of People
Average Weekly Rate (£)
1,850
1,825
1,800
1,775
1,750
1,725
1,700
1,675
1,650
1,625
1,600
1,575
1,550
1,525
1,500
1,475
1,450
1,425
1,400
430
420
410
400
390
380
370
360
350
340
330
320
310
300
290
280
270
260
250
Apr 2023
May 2023
June 2023
July 2023
Aug 2023
Sep 2023
Oct 2023
Nov 2023
Dec 2023
Jan 2024
Feb 2024
Mar 2024
Apr 2024
May 2024

5.3 Key activity data at the end of May 2024 for Physical Disabilities Services is shown below:

Physical Disabilities	BUDGET			ACTUAL (May 2024)				Forecast Outturn		
Service Type	*Expected No. of Care Packages 2024-25*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*DoT*	*Current Average Unit Cost (per week)*	*DoT*	*Total spend/ income*	*DoT*	*Variance*
Accommodation based										
~Residential	27	£1,227	£1,780k	27	↓	£1,156	↑	£1,808k	↑	£28k
~Residential Dementia	6	£940	£297k	6	↔	£868	↓	£302k	↑	£5k
~Nursing	23	£1,308	£1,444k	23	↓	£1,237	↑	£1,429k	↓	-£15k
~Nursing Dementia	0	£0	£0k		↓		↓	£0k	↓	£0k
~Respite			£52k	11	↓	£135	↑	£52k	↑	£0k
Accommodation based subtotal	**56**	**£1,229**	**£3,574k**	**67**		**£1,158**		**£3,592k**		**£18k**
Community based										
~Supported Living	39	£558	£724k	39	↓	£501	↓	£652k	↑	-£73k
~Homecare	449	£301	£6,406k	359	↓	£292	↓	£6,297k	↑	-£109k
~Direct payments	168	£470	£3,823k	175	↓	£442	↓	£3,879k	↑	£56k
~Live In Care	21	£1,112	£1,191k	21	↓	£1,049	↑	£1,195k	↑	£4k
~Day Care	24	£110	£129k	23	↓	£108	↑	£145k	↑	£16k
~Other Care			£1k	3	↓	£264	↑	£2k	↓	£2k
Community based subtotal	**701**	**£373**	**£12,274k**	**620**		**£366**		**£12,171k**		**-£103k**
Total for expenditure	**757**	**£437**	**£15,848k**	**687**		**£444**		**£15,763k**	↑	**-£85k**
Care Contributions			-£1,870k					-£1,870k		£0k

5.4 Key activity data at the end of May 2024 for Older People Mental Health (OPMH) is shown below:

Older People Mental Health	BUDGET			ACTUAL (May 2024)				Forecast Outturn		
Service Type	*Expected No. of Care Packages 2024-25*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*DoT*	*Current Average Unit Cost (per week)*	*DoT*	*Total spend/ income*	*DoT*	*Variance*
Accommodation based										
~Residential	38	£794	£1,328k	36	↓	£742	↓	£1,276k	↓	-£52k
~Residential Dementia	50	£859	£1,856k	47	↑	£795	↑	£1,783k	↑	-£73k
~Nursing	35	£988	£1,502k	32	↓	£917	↓	£1,516k	↑	£14k
~Nursing Dementia	88	£1,158	£4,637k	83	↑	£1,091	↓	£4,682k	↑	£45k
~Respite	2	£82	£31k	2	↔	£82	↔	£31k	↑	£0k
Accommodation based subtotal	**213**	**£993**	**£9,354k**	**200**		**£929**		**£9,288k**		**-£66k**
Community based										
~Supported Living	8	£244	£72k	8	↔	£252	↑	£80k	↑	£8k
~Homecare	77	£297	£968k	75	↓	£285	↑	£1,027k	↓	£59k
~Direct payments	8	£1,376	£610k	8	↔	£1,316	↓	£633k	↑	£23k
~Live In Care	10	£1,100	£521k	11	↑	£1,054	↓	£611k	↑	£90k
~Day Care	6	£60	£3k	6	↔	£70	↔	£3k	↑	£0k
~Other Care	4	£11	£2k	4	↔	£51	↔	£12k	↓	£10k
Community based subtotal	**113**	**£418**	**£2,175k**	**112**		**£412**		**£2,365k**		**£190k**
Total for expenditure	**326**	**£788**	**£11,529k**	**312**		**£738**		**£11,653k**	↑	**£125k**
Care Contributions			-£2,011k					-£2,011k	↓	£0k

5.5 Key activity data at the end of May 2024 for Adult Mental Health (AMH) is shown below:

Adult Mental Health	BUDGET			ACTUAL (May 2024)				Forecast Outturn		
Service Type	*Expected No. of Care Packages 2024-25*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*DoT*	*Current Average Unit Cost (per week)*	*DoT*	*Total spend/ income*	*DoT*	*Variance*
Accommodation based										
~Residential	58	£998	£3,066k	59	↔	£942	↓	£3,056k	↑	-£10k
~Residential Dementia	1	£690	£36k	1	↔	£646	↔	£36k	↑	£0k
~Nursing	9	£1,083	£508k	9	↓	£1,011	↓	£498k	↓	-£11k
~Nursing Dementia			£0k		↔		↔	£0k	↔	£0k
~Respite			£0k		↔		↔	£0k	↔	£0k
Accommodation based subtotal	**68**	**£991**	**£3,610k**	**69**		**£920**		**£3,589k**		**-£20k**
Community based										
~Supported Living	152	£701	£4,741k	141	↑	£529	↓	£4,780k	↑	£39k
~Homecare	180	£140	£1,942k	183	↑	£136	↑	£1,998k	↑	£56k
~Direct payments	21	£241	£255k	21	↔	£221	↓	£254k	↑	-£2k
~Live In Care	2	£2,035	£210k	2	↔	£2,035	↔	£211k	↓	£0k
~Day Care	7	£70	£29k	7	↔	£70	↑	£27k	↓	-£2k
~Other Care	5	£970	£2k	3	↓	£52	↑	£11k	↓	£9k
Community based subtotal	**367**	**£398**	**£7,180k**	**357**		**£305**		**£7,279k**		**£100k**
Total for expenditure	**435**	**£492**	**£10,789k**	**426**		**£407**		**£10,868k**	↑	**£79k**
Care Contributions			-£539k					-£539k	↓	£0k

5.6 Key activity data at the end of May 2024 for Autism is shown below:

Autism	BUDGET			ACTUAL (May 2024)				Forecast Outturn		
Service Type	*Expected No. of Care Packages 2024-25*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*DoT*	*Current Average Unit Cost (per week)*	*DoT*	*Total spend/ income*	*DoT*	*Variance*
Accommodation based										
~Residential	1	£1,409	£100k	1	↔	£1,317	↔	£97k	↓	-£3k
Accommodation based subtotal	**1**	**£1,409**	**£100k**	**1**	↔	**1,317**	↔	**£97k**	↓	**-£3k**
Community based										
~Supported Living	36	£1,165	£1,890k	26	↑	£963	↑	£1,822k	↓	-£69k
~Homecare	47	£231	£482k	40	↑	£189	↓	£574k	↑	£92k
~Direct payments	52	£234	£600k	42	↑	£328	↑	£618k	↑	£18k
~Day Care	36	£65	£104k	25	↓	£66	↓	£96k	↓	-£8k
~Other Care	9	£284	£117k	7	↑	£261	↑	£114k	↓	-£3k
Community based subtotal	**180**	**£388**	**£3,193k**	**140**		**£356**		**£3,223k**		**£30k**
Total for expenditure	**181**	**£394**	**£3,293k**	**141**		**£363**		**£3,320k**		**£27k**
Care Contributions			-£138k					**-£140k**		**-£3k**

Appendix 1 – Adults, Health and Commissioning Detailed Financial Information

Forecast Outturn Variance (Previous) £000	Committee	Note	Budget Line	Gross Budget £000	Income Budget £000	Net Budget £000	Actual to date £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
			Executive Director						
0	A&H		Executive Director - Adults, Health & Commissioning	17,493	-51,970	-34,478	-15,407	59	0%
0	A&H		Performance & Strategic Development	3,367	-17	3,349	330	-16	0%
0	A&H		Principal Social Worker	514	0	514	152	0	0%
			Service Director – LDP and Prevention						
0	A&H		Service Director – LDP and Prevention	407	-92	315	-397	28	9%
0	A&H		Prevention & Early Intervention	11,258	-410	10,849	1,896	0	0%
0	A&H		Transfers of Care	2,340	0	2,340	301	1	0%
0	A&H		Autism and Adult Support	3,795	-175	3,619	421	28	1%
		1	**Learning Disabilities**						
0	A&H		LD Head of Service	6,815	0	6,815	3,049	-365	-5%
0	A&H		LD - City, South and East Localities	52,837	-3,006	49,831	8,707	375	1%
0	A&H		LD - Hunts and Fenland Localities	49,287	-2,311	46,977	7,984	466	1%
0	A&H		LD - Young Adults Team	18,502	-304	18,198	2,749	-471	-3%
0	A&H		LD - In House Provider Services	10,489	-206	10,283	1,719	-5	0%
0	A&H		LD - NHS Contribution to Pooled Budget	0	-33,268	-33,268	522	0	0%
0			**Learning Disabilities Total**	**137,930**	**-39,094**	**98,836**	**24,731**	**0**	**0%**
			Service Director – Care & Assessment						
0	A&H		Service Director - Care & Assessment	945	0	945	155	0	0%
0	A&H		Assessment & Care Management	5,269	-44	5,225	807	0	0%
0	A&H		Safeguarding	1,518	0	1,518	316	0	0%
0	A&H		Adults Finance Operations	1,998	0	1,998	209	0	0%

Forecast Outturn Variance (Previous) £000	Committee	Note	Budget Line	Gross Budget £000	Income Budget £000	Net Budget £000	Actual to date £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
		2	**Older People's and Physical Disabilities Services**						
0	A&H		Older Peoples Services - North	56,219	-19,485	36,734	6,323	0	0%
0	A&H		Older Peoples Services - South	64,345	-20,862	43,483	7,690	0	0%
0	A&H		Physical Disabilities - North	7,656	-1,048	6,608	1,152	0	0%
0	A&H		Physical Disabilities - South	8,078	-1,076	7,002	1,289	0	0%
0			**Older People's and Physical Disabilities Services Total**	**136,299**	**-42,472**	**93,827**	**16,454**	**0**	**0%**
			Service Director - Commissioning						
0	A&H		Service Director - Commissioning	537	0	537	210	0	0%
0	A&H		Adults Commissioning - Staffing	2,792	0	2,792	467	0	0%
0	CYP		Children's Commissioning - Staffing	1,376	0	1,376	213	0	0%
0	A&H		Adults Commissioning - Contracts	9,111	-3,883	5,229	-376	-20	0%
0	A&H		Housing Related Support	6,825	-596	6,229	1,107	-79	-1%
0	A&H		Integrated Community Equipment Service	5,066	-2,827	2,239	-280	0	0%
		3	**Mental Health**						
0	A&H		Mental Health - Staffing	3,921	-60	3,860	477	0	0%
0	A&H		Mental Health Commissioning	3,165	-532	2,633	289	0	0%
0	A&H		Adult Mental Health	8,733	-629	8,104	1,171	0	0%
0	A&H		Older People Mental Health	11,334	-2,168	9,166	1,651	0	0%
0			**Mental Health Total**	**27,152**	**-3,389**	**23,763**	**3,588**	**0**	**0%**

Forecast Outturn Variance (Previous) £000	Committee	Note	Budget Line	Gross Budget £000	Income Budget £000	Net Budget £000	Actual to date £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
		4	**Public Health**						
0	CYP		Children Health	14,933	-4,416	10,518	-459	0	0.0%
0	A&H		Drugs & Alcohol	6,906	-1,967	4,939	1,115	0	0.0%
0	A&H		Sexual Health & Contraception	7,136	-1,867	5,268	-142	0	0.0%
0	A&H		Behaviour Change Services	3,960	-900	3,059	-176	0	0.0%
0	A&H		Smoking Cessation GP & Pharmacy	742	0	742	0	0	0.0%
0	A&H		NHS Health Checks Programme - Prescribed	854	0	854	0	0	0.0%
0	A&H		Other Health Improvement	242	0	242	-426	0	0.0%
0	A&H		General Prevention Activities	968	0	968	-419	0	0.0%
0	A&H		Adult Mental Health & Community Safety	351	-107	244	-179	0	0.0%
0	A&H		Public Health Directorate	4,882	-28,812	-23,930	-7,435	0	0.0%
0			**Public Health Total**	**40,974**	**-38,069**	**2,905**	**-8,120**	**0**	**0.0%**
0			**Overall Adults, Health & Commissioning Total before Mitigations and Use of Reserves**	**416,967**	**-183,038**	**233,929**	**27,202**	**0**	**0%**
0			**Drawdown from Adults reserves**	**0**	**0**	**0**	**0**	**0**	**0%**
0			**Drawdown from Public Health reserves**	**-2,905**	**0**	**-2,905**	**0**	**0**	**0%**
			Mitigations						
0			None	0	0	0	0	0	0%
0			**Mitigations Total**	0	0	0	0	0	0%
0			**Overall Adults, Health & Commissioning Total**	**414,062**	**-183,038**	**231,025**	**27,202**	**0**	**0%**

Appendix 2 – Service Commentaries on Forecast Outturn Position

Narrative is given below where there is a forecast variance greater than 2% of net budget or £100,000 whichever is greater for a service area, or where there is significant risk in delivery to budget for the year.

Note	Commentary vs previous month	Service Area / Budget Line	Net Budget £000	Forecast Outturn Variance £000	Forecast Outturn Variance %	Commentary
1	New	Learning Disabilities	98,836	0	0	Learning Disability service is currently reporting a balanced position. The budget is pooled between the council and the NHS, with shares of 77% and 23% respectively. The service is currently going through the process of dissolving the pooled budget which could cause short term financial pressures. There is significant risk around the savings targets attached to the budget of £2.9m all of which have active workstreams and all of which are currently expected to be achieved in full. Cost pressures within the provider market continue to be seen through some requests for higher than budgeted uplifts, negotiations are being managed with these providers on an individual basis.
2	New	Older People's and Physical Disabilities	93,827	0	0	Older People's and Physical Disabilities services are currently forecasting a balanced position. Demand increased significantly during 2023-24, and this has been reflected in the budget set for 2024-25. Activity levels are lower than expected in first 2 months of the year, but it is too early to draw any conclusions about whether this will continue in the coming months. The budget assumes significant in-year savings delivery of £2.3m; progress against this will be monitored with any variance reflected in future forecasts. There remains uncertainty regarding income from clients contributing to the cost of their care, which increased considerably over the past year, and the potential impact of increasing levels of adult social care debt.
3	New	Mental Health	23,763	0	0	Mental Health services are forecasting a balanced position for May. There has been a significant increase in demand

Note	Commentary vs previous month	Service Area / Budget Line	Net Budget £000	Forecast Outturn Variance £000	Forecast Outturn Variance %	Commentary
						in the first couple of months of the year across Adult Mental Health community-based care and Older People Mental Health bed-based care. This is not unusual based on recent activity patterns and the position will be monitored against allocated demand funding. The budget assumes £0.5m in-year savings delivery; progress will be monitored with any variance reflected in future forecasts.
4	New	Public Health	2,905	0	0	The Public Health service is forecasting a balanced position at this early stage of the year. There are risks to this position particularly around staffing costs as the separation from Peterborough City Council takes place. The net negative actual spend to date reflects the fact that the Public Health grant is paid in quarterly instalments at the start of each quarter, and also reflects amounts accrued from 2023/24 which have not yet been fully paid through the Council's financial systems, usually due to delays in invoices being received from third parties.

Appendix 3 – Capital Position

3.1 Capital Expenditure

Original 2024-25 Budget as per Business Plan £000	Committee	Scheme Category	Total Scheme Revised Budget £000	Total Scheme Forecast Variance £000	Budget Carried-forward 2024-25 £000	Budget Re-phasing 2024-25 £000	Additional/ Reduction in Funding 2024-25 £000	Revised Budget for 2024-25 £000	Actual Spend (May) £000	Forecast Outturn Variance (May) £000
10,384	A&H	Independent Living Service: East Cambridgeshire	22,200	-	354	-10,238	-	500	-4	-
5,070	A&H	Disabled Facilities Grant	55,300	-	-	-	460	5,530	-	-
400	A&H	Integrated Community Equipment Service	3,600	-	-	-	-	400	-	-
185	A&H	Capitalisation of interest costs	940	-	-	-	-	185	-	-
-1,558	A&H	Capital variations	-	-	-	1,483	-	-75	-	-
14,481		**TOTAL**	**82,040**	**-**	**354**	**-8,755**	**460**	**6,540**	**-4**	**-**

No schemes have significant variances (>£250k) either due to changes in phasing or changes in overall scheme costs. However, the timing of forecast spend for the Independent Living Service scheme in East Cambridgeshire has been pushed back from assumptions in the Business Plan due to delays in the land acquisition for the scheme.

Additionally, Cambridgeshire's 2024-25 Disabled Facilities Grant allocation from the Department of Levelling Up and Communities has been announced as £5.53m, £0.46m higher than was anticipated in the 2024-25 budget.

3.2 Capital Variations Budget

Variation budgets are set annually and reflect an estimate of the average variation experienced across all capital schemes, and reduce the overall borrowing required to finance our capital programme. There are typically delays in some form across the capital programme due to unforeseen events, but we cannot project this for each individual scheme. We therefore budget centrally for some level of delay. Any known delays are budgeted for and reported at scheme level. If forecast underspends are reported, these are offset with a forecast outturn for the variation budget, leading to a balanced outturn overall up to the point when rephasing exceeds this budget.

3.3 Capital Funding

Original 2024-25 Funding Allocation as per Business Plan £000	Source of Funding	Budget Carried-forward 2024-25 £000	Budget Revisions 2024-25 £000	Revised Budget for 2024-25 £000	Forecast Spend - Outturn (May) £000	Forecast Variance - Outturn (May) £000
5,070	Grant Funding	-	460	5,530	5,530	-
9,411	Prudential Borrowing	354	-8,755	1,010	1,010	-
	Total Funding	**354**	**-8,295**	**6,540**	**6,540**	**-**

3.4 Capital Roll Forward

The Capital Plan relating to AHC for 2024-25 has decreased since the Business Plan was published, resulting in a revised budget of £6.5m. This decrease is due to the Independent Living Scheme – East Cambs being delayed into future years, offset in part by additional Disabled Facilities Grant having been announced. The schemes with variations of £250k or greater are listed below.

			EXPENDITURE BUDGET CHANGES								FUNDING BUDGET CHANGES		
Committee	Scheme Ref.	Scheme Name	Up to 2023-24 (£k)	2024-25 (£k)	2025-26 (£k)	2026-27 (£k)	2027-28 (£k)	2028-29 (£k)	Later Years (£k)	**TOTAL (£k)**	Grants (£k)	Borrowing (£k)	Remarks
A&H	B/C.1.001	Disabled Facilities Grant	-	460	460	460	460	460	7,370	**9,670**	9,670	-	Additional Disabled Facilities Grant awarded by Central Government - passed to dsitrict councils
A&H	B/C.1.003	Independent Living Service : East Cambridgeshire	-354	-9,884	-762	11,000	-	-	-	**-**	-	-	Rephasing due to delays in land purchase
A&H	B/C.7.001	Variation Budget	-	1,483	114	-1,650	-	-	-	**-53**	-	-53	Recalculation of capital variations budget in line with this rephasing exercise.
			-354	**-7,941**	**-188**	**9,810**	**460**	**460**	**7,370**	**9,617**	**9,670**	**-53**	

Agenda Item No: 11

Adults Corporate Performance Report – Quarter 4 2023-24

To:	Adults and Health Committee
Meeting Date:	27 June 2024
From:	Executive Director, Adults, Health and Commissioning
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	Not Applicable
Executive Summary:	This report provides an update to the Committee on the performance monitoring information for the 2023/24 quarter 4 period, covering January 1st to March 31st.
Recommendation:	The Committee is asked to: a) Approve the proposed changes to key performance indicators, as set out in section 4 of this report. b) Note performance information and act, as necessary.

Officer contact:
Name: Sarah Bye
Post: Head of Performance and Strategic Development
Email: sarah.bye@cambridgeshire.gov.uk

1. Creating a greener, fairer and more caring Cambridgeshire

1.1 This report analyses the key performance indicators (KPIs) which directly link to Ambition 4: People enjoy healthy, safe, and independent lives through timely support that is most suited to their needs. Due to the complex nature of KPIs, some indicators may also impact other ambitions.

2. Background

2.1 The Performance Management Framework sets out that Policy and Service Committees should:

- Set outcomes and strategy in the areas they oversee.
- Select and approve the addition and removal of Key Performance Indicators (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.

2.2 This report, delivered quarterly, continues to support the committee with its performance management role. It provides an update on the status of the selected Key Performance Indicators (KPIs) which track the performance of the services the committee oversees.

2.3 The report covers the period of Quarter 4 2023/24, up to the end of March 2024.

2.4 The most recent data for indicators for this committee can be found in the dashboard at Appendix 1. The dashboard includes the following information for each KPI:

- Current and previous performance and the projected linear trend.
- Current and previous targets. Please note that not all KPIs have targets, this may be because they are being developed or the indicator is being monitored for context.
- Red / Amber / Green / Blue (RAGB) status.
- Direction for improvement to show whether an increase or decrease is good.
- Change in performance which shows whether performance is improving (up) or deteriorating (down).
- The performance of our statistical neighbours. This is only available, and therefore included, where there is a standard national definition of the indicator.
- KPI description.
- Commentary on the KPI.

2.5 The following RAGB criteria are being used:

- Red – current performance is 10% or more from target.
- Amber – current performance is off target by less than 10%.
- Green – current performance is on target or better by up to 5%.
- Blue – current performance is better than target by 5% or more.
- Baseline – indicates performance is currently being tracked in order to inform the target setting process.
- Contextual – these KPIs track key activity being undertaken, to present a rounded view of information relevant to the service area, without a performance target.

- In development - KPI has been agreed, but data collection and target setting are in development.

3. Main Issues

3.1 Current performance of available indicators monitored by the Committee is as follows:

An overview of the current performance monitored by the Committee is as follows:

- New contacts for Adult Social Care remain high per 100,000 of population but are lower than the comparison to 2022/23.
- An increasing number of people are able to have their needs met through with preventative or low-level community support.
- The number of people who have not received a review of their long-term care and support needs within the last 12 months remains at a lower level then statistical or national comparators.
- Cambridgeshire supports a high number of adults within the community compared to national and statistical neighbour averages.
- The number of people receiving a Direct Payment has remained static throughout 23/24 although reducing as a percentage of Adult Social Care service users.
- Reablement continues to deliver successful outcomes and improves independence reducing the number of people requiring longer term care and support although there has been a slight decline in the % of people not requiring long term support after a period of reablement.
- Safeguarding indicators show that Making Safeguarding Personal is embedded in practice and a high percentage of people feel that their desired outcomes are fully or partially met.

Targets against all indicators will be in place for 2024/25 following a review of current performance trends and national, regional and statistical neighbour benchmarking.

3.2 There are 7 indicators that have improved this quarter.

Indicator 230: Number of new client contacts for Adult Social Care per 100,00 of the population

New client contacts for the year ending 31st March 2024 remain at a higher level than 2021/22 but are slightly lower than the contacts received in 2022/23 at a rate of 4319.4 per 100,000 of the population in 2023/24 versus 4560.5 per 100,000 in 2022/23. The level of new contacts per quarter remained relatively stable throughout the year although there was an increase seen in Quarter 4 after a slight decline in Quarter 3.

Although the level of new contacts remains high this is reduced when compared to 2022/23 and may indicate universal and targeted services are more effectively managing need in the community without the need for formal care and support. On-going work to review access to how communities access information advice and universal/community services alongside council care and support is continuing to ensure that people have access to the most appropriate interventions for their needs.

Indicator 231: % of new client contacts not resulting in long term care and support.

This indicator, alongside indictor 230, helps to understand whether any changes in contact numbers are from people needing long term care, or people whose needs could be met with preventative or low-level community support.

Performance in 2023/24 for Cambridgeshire is improving with an increasing number of contacts not resulting in long term care and support needs. This means that needs are being met through information and advice, short-term interventions or community care and support. Performance improved from 88.8% at the end of Q3 to 89.5% at the end of Q4.

Indicator 232: Proportion of people receiving long term support who had not received a review in the last 12 months, % of all people funded by ASC in long-term.

The number of people with an outstanding review after 12 months continues to reduce within this quarter. During 2022/23, there was a significant level of activity undertaken to clear review backlogs that built up during the pandemic. An external agency was commissioned from March 2022 to work through the backlog of reviews for clients receiving long-term services. This additional capacity significantly increased the number of reviews being completed and continues to support progress and the reduction of the % of people with an outstanding review.

The increase in reviews has led to positive progress and a comparatively low percentage of clients who have not received a review in the last 12 months (26% at the end of Quarter 4) compared to statistical and national averages or 34.6% and 43% respectively.

Indicator 233: Number of carers assessed or reviewed in the year per 100,000 of the population.

Support for carers should be viewed across a range of areas which not only includes statutory assessments and reviews but also carers conversations and triage activity. There has been a move away from carers assessments by default to more constructive and timely conversations which accounts for the lower volume of carers assessments.

There was an increase in the number of assessments and reviews carried out in Q4 of 2023/24. The number of carers assessed or reviewed in the period is significantly below the national average, and the average of our statistical neighbours. However, this is due to how carer activity is recorded in Cambridgeshire and a reflection of our process. Activity by teams supporting carers can be recorded as carers conversations, which would not be counted in the above measure. Work continues to develop our approach to supporting Carers in line with the All-Age Carers Strategy.

During 2023/24 we have completed 734 Carer Assessments or reviews of Carer needs. As a result, services such as Carer Support at home or a Carer Direct Payment have been put in place. This is in addition to just over 9,500 carers conversations carried out throughout the year considering the carers needs whilst supporting the person being cared for.

Indicator 105: Percentage of those able to express desired outcomes who fully or partially achieved their desired outcomes.

As part of the statutory reporting of safeguarding cases, those adults at risk may be asked what their desired outcomes of a safeguarding enquiry are. Where desired outcomes have been expressed, after completion of the safeguarding enquiry, the achievement of these outcomes is reported.

During Q3 2023/24, a new Power BI dashboard was published to report on Making Safeguarding Personal outcomes throughout the year and also improve visibility of data quality issues in recording practise.

The % of enquiries where outcomes have been partially or fully achieved has remained relatively high throughout 23/24 at around 95% for the last 3 quarters of 2023/24. This is a higher percentage than comparable periods in previous years as well as in comparison to statistical and national averages.

Indicator 234: % total people accessing long term support in the community aged 18-64.

The percentage of clients accessing long term support in the community aged 18-64 remains at a high level (91.57%) at the end of Quarter 4. In comparison to the same period in 22/23 (90.67%) and 21/22 (89.95%) Cambridgeshire continues to improve in this area ensuring that more people are being supported in the community. This is also above the national average of 85.1%.

Indicator 235: % total people accessing long term support in the community aged 65 and over.

The percentage of clients aged over 65 accessing long term support in the community has been increasing throughout 23/24 with 65.52% of clients being supported in the community at the end of Q4. This has been an improving picture from a position of 60.69% at the end of Q1 and 63.2 at the end of Q3. Community settings include sheltered housing and extra care housing as well people being supported in their own homes.

There is a planned change to local reporting from Q1 2024/25 to align this indicator more closely with statutory reporting methodology.

Detailed commentary and summary of each indicator can be found in Appendix 1.

3.3 There are 4 indicators that have declined this quarter. Below are some examples.

Indicator 126: Proportion of people using social care who receive direct payments.

The percentage of people receiving direct payments in Q4 2023/24 continues to be low, reflecting the challenge in making direct payments an attractive solution. The decreasing percentage rate of people receiving a direct payment compared to 2022/23 is

predominantly due to increasing service user numbers, whilst the number of clients with direct payments has remained relatively stable, remaining at 808 throughout 2023/24.

Work continues to improve the range of options which are available for people who chose to take a direct payment.

Indicator 140: Proportion of people receiving reablement who did not require long term support after reablement was completed.

Reablement interventions continue to provide successful outcomes, improving independence and preventing people from requiring longer term care and support. Although there has been a minor reduction in the indicator across 2023/24 the percentage of people is broadly in line with the same period in 2022/23.

Indicator 236: Percentage of Cases where Making Safeguarding Personal (MSP) questions have been asked.

During 2023/24, a new Power BI dashboard was published to report on Making Safeguarding Personal outcomes throughout the year and to improve visibility of data quality issues in recording practise.

Performance in this area continues to be high compared to national and statistical neighbour averages with Cambridgeshire reporting 93.8% in Q4 compared to around 81% for both statistical and national comparators. The % of enquiries where MSP questions were asked has also increased from 87.24% in Q4 of 22/23 and suggests the making safeguarding personal approach is fully embedded into working practise.

Indicator 229: Percentages of safeguarding enquiries where risk has been reduced or removed.

This indicator should be reviewed in line with Indicator 105 and Indicator 236 where practitioners are asking Making Safeguarding Personal questions and over 95% people are able to fully or partially achieve their desired outcomes around their safeguarding issue. This is to ensure that there is not a perverse incentive to go against the person's wishes and eliminate risk when that person has capacity to decide on a level of risk that is acceptable to them.

Performance for this indicator across 2023/24 has declined slightly from 90% in Q1 to 87.3% by the end of Q4. Although this remains a relatively high level of performance there is ongoing work within Safeguarding Teams to ensure that the policy and practice related to risk management in line with the person’s wishes continues to be reviewed.

Detailed commentary and summary of each indicator can be found in Appendix 1.

4. Conclusion and recommendations

4.1 7 indicators have seen an improvement in performance from this quarter to last quarter.

4 indicators have seen a decrease in performance from this quarter to last quarter.

4.2 This Corporate Performance paper is a monitoring paper. There are no recommendations for this quarter.

5. Significant Implications

5.1 This report monitors quarterly performance. There are no significant implications within this report.

6. Source Documents

6.1 Appendix 1 Adults Corporate Performance Report Q4 2024-25

Produced on: 19 June 2024

Performance Report

Quarter 4

2023/24 financial year

Adults and Health Committee

Governance & Performance
Cambridgeshire County Council
governanceandperformance@cambridgeshire.gov.uk

Key

Cambridgeshire County Council

Data Item	Explanation
Target / Pro Rata Target	The target that has been set for the indicator, relevant for the reporting period
Current Month / Current Period	The latest performance figure relevant to the reporting period
Previous Month / previous period	The previously reported performance figure
Direction for Improvement	Indicates whether 'good' performance is a higher or a lower figure
Change in Performance	Indicates whether performance is 'improving' or 'declining' by comparing the latest performance figure with that of the previous reporting period
Statistical Neighbours Mean	Provided as a point of comparison, based on the most recently available data from identified statistical neighbours.
England Mean	Provided as a point of comparison, based on the most recent nationally available data
RAG Rating	• **Red** – current performance is off target by more than 10% • **Amber** – current performance is off target by 10% or less • **Green** – current performance is on target by up to 5% over target • **Blue** – current performance exceeds target by more than 5% • **Baseline** – indicates performance is currently being tracked in order to inform the target setting process • **Contextual** – these measures track key activity being undertaken, to present a rounded view of information relevant to the service area, without a performance target. • **In Development** - measure has been agreed, but data collection and target setting are in development
Indicator Description	Provides an overview of how a measure is calculated. Where possible, this is based on a nationally agreed definition to assist benchmarking with statistically comparable authorities
Commentary	Provides a narrative to explain the changes in performance within the reporting period
Actions	Actions undertaken to address under-performance. Populated for 'red' indicators only
Useful Links	Provides links to relevant documentation, such as nationally available data and definitions

Indicator 230: Number of new client contacts for Adult Social Care per 100,000 of the population

Return to Index June 2024

Pro Rata Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	4319.5	3172.8	Improving

Statistical Neighbour Mean	England Mean	RAG Rating
4498.8	4471.4	In Development

Indicator Description

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 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 those who do need it.

This measure only includes requests for support relating to new clients. In line with statutory reporting guidance, the definition of "new" is that the client is not in receipt of any long term support at the time the contact was made.

Calculation:

(X/Y)*100,000

Where:

X = Total number of new requests for support from people aged 18+ as defined by SALT guidance (tables STS001 1a and STS001 1b)

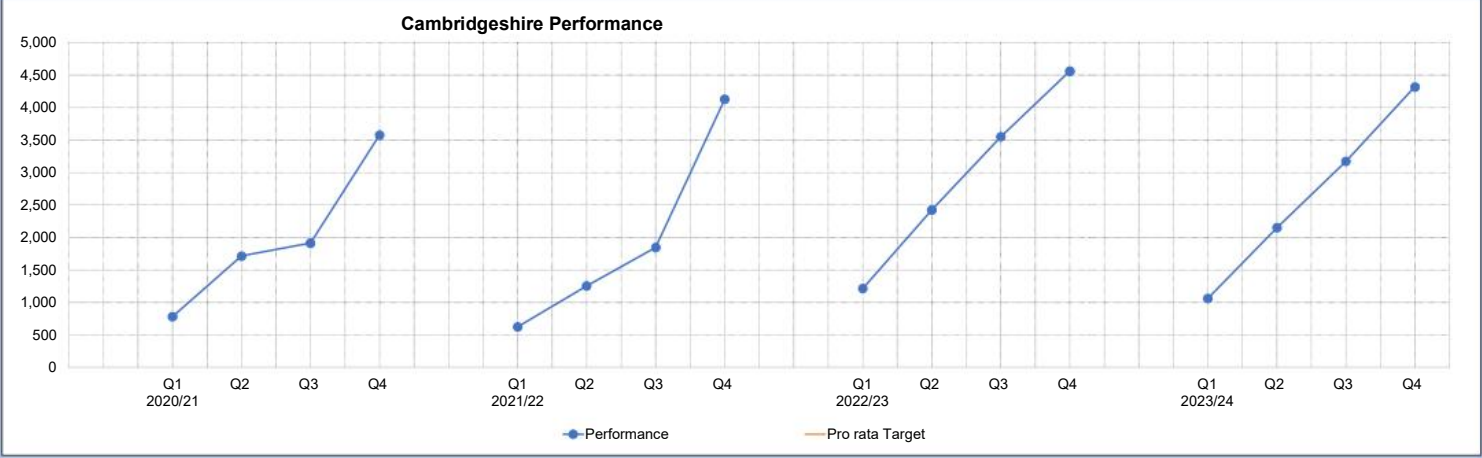
Y = 18+ population

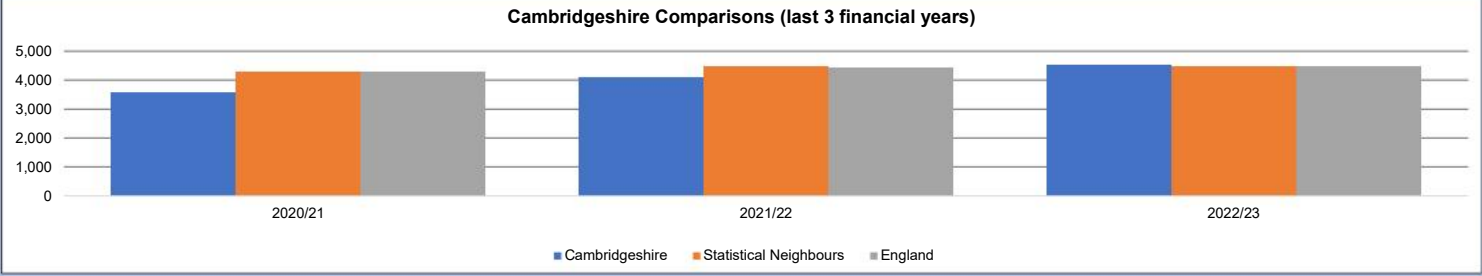
Useful Links

Measures from the Adult Social Care Outcomes Framework from NHS Digital

The local area benchmarking tool from the Local Government Association

The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:





Commentary

Please note, quarterly data reflects local reporting methods used to produce figures throughout the year. Year end data for Cambridgeshire and comparator groups is produced from statutory returns, which have recently been published for 2022/23. Please note that the CIPFA nearest neighbour comparison group for Cambridgeshire has changed for 2022/23.

New client contacts per 100,000 of population increased across all 4 quarters in 2022/23 compared to 2021/22. The figures have decreased slightly during the first 3 quarters of 2023/24 compared to last year, but still remain above the equivalent quarters for 2020/21 and 2021/22.

Cambridgeshire recorded a higher number of new client contacts in 2022/23 compared to the previous two financial years. In part this is attributable to the new reporting processes implemented in the latter part of the 2021/22 financial year, as well as normal statistical variation. However, there has been a level of increase in new client contacts that is felt to be linked to need in the community (see indicator 231), reflected in the increased numbers of new client assessments for care and support being undertaken (2021/22 monthly average of completed assessments/reassessments: 330, 2022/23 monthly average = 392). Part of the increase in contact numbers may also be due to proactive work with primary care social prescribers to increase awareness of prevention and early intervention services such as lifeline alarms. During the 2022/23 financial year, Cambridgeshire implemented a system to receive electronic referrals from GP and social prescribing systems in order to improve the referral route and increase the quality of information received.

Actions

Indicator 231: % of new client contacts not resulting in long term care and support

Return to Index June 2024

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	89.5%	88.8%	Improving

Statistical Neighbour Mean	England Mean	RAG Rating
91.4%	91.5%	In Development

Indicator Description

This indicator is important to look at in line with indicator 230 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 in contacts.

This measure only includes requests for support relating to new clients. In line with statutory reporting guidance, the definition of "new" is that the client is not in receipt of any long term support at the time the contact was made.

Calculation:

(X/Y)*100

Where:

X = Total number of new requests for support from people aged 18+ as defined by SALT guidance (tables STS001 1a and STS001 1b) that do not result in the need for long term care and support

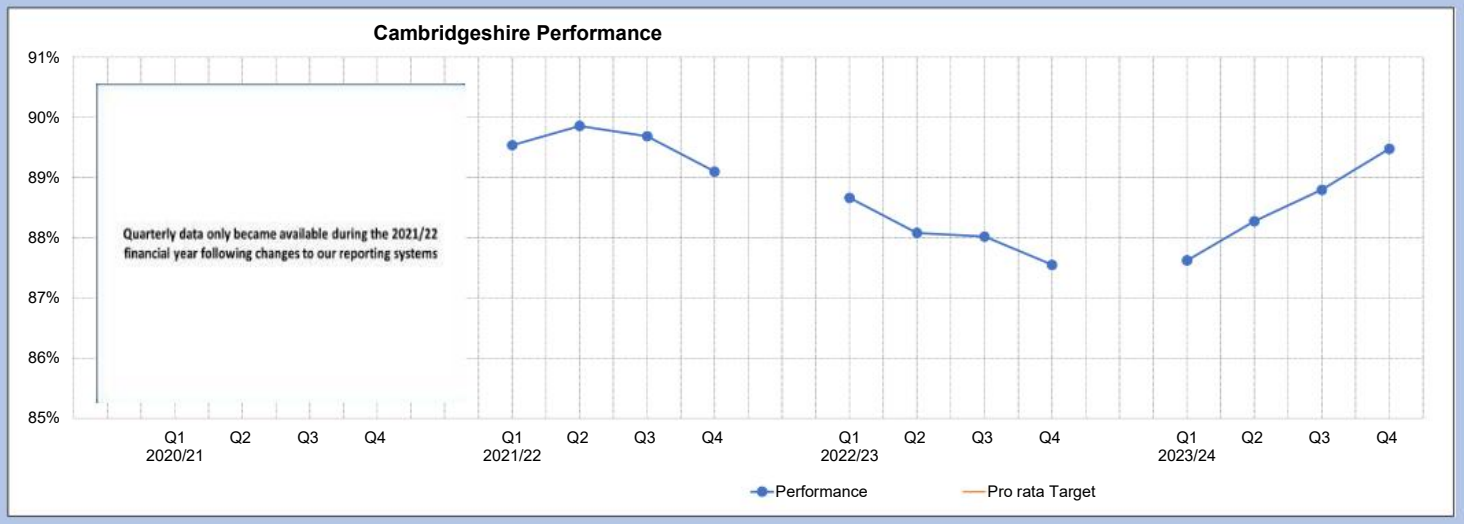
Y = Total number of new requests for support from people aged 18+ as defined by SALT guidance (tables STS001 1a and STS001 1b)

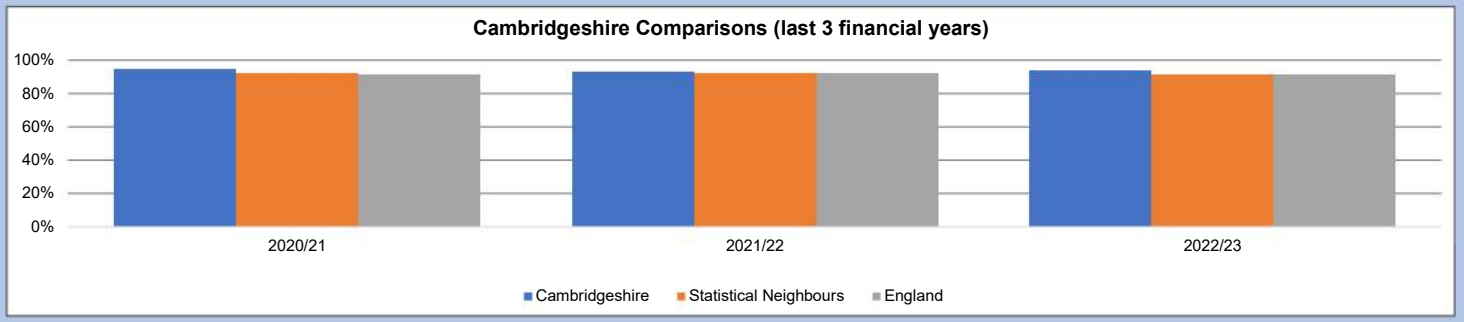
Useful Links

Measures from the Adult Social Care Outcomes Framework from NHS Digital

The local area benchmarking tool from the Local Government Association

The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:





Commentary

Please note, quarterly data reflects local reporting methods used to produce figures throughout the year. Year end data for Cambridgeshire and comparator groups is produced from statutory returns, which have recently been published for 2022/23. Please note that the CIPFA nearest neighbour comparison group for Cambridgeshire has changed for 2022/23.

2022/23 year end comparisons with statistical and national averages showed Cambridgeshire had a slightly higher % of contacts which didn't lead to long term support. Cambridgeshire performance in 2023/24 has been similar to 2022/23 trends, increasing from 87.62% in Q1 to 88.8% at the end of Q4. When interpreted in line with indicator 230, which presents slightly less contacts for Q4 2023/24 compared to 2022/23, the overall picture is that the need for Long Term services remains high with slightly fewer contacts than the equivalent point last year, but with a slightly higher % resulting in Long Term support.

Actions

Indicator 232: Proportion of people receiving long term support who had not received a review in the last 12 months, % of all people funded by ASC in long-term

Return to Index June 2024

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↓	26.0%	26.2%	Improving

Statistical Neighbour Mean	England Mean	RAG Rating
34.6%	43.0%	In Development

Indicator Description

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 continuing to support people to connect to their communities and make the most of the local assets.

Calculation:

(X/Y)*100

Where:

X = Number of people receiving long-term support for over 12 months who had not received a review in the last 12 months

Y = Total number of people receiving long-term support for over 12 months at the end of the period

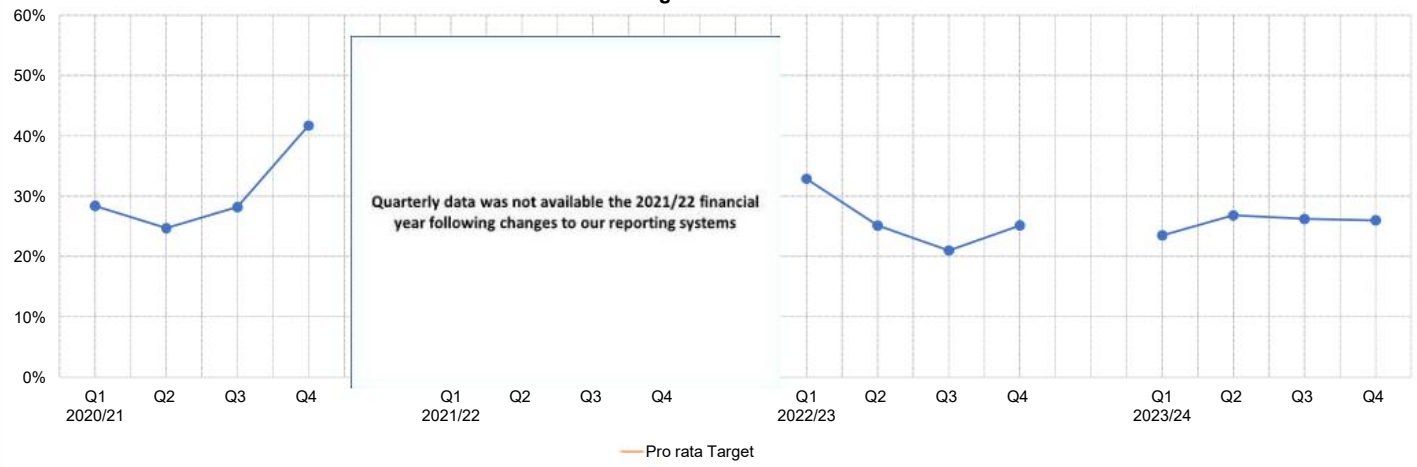
Useful Links

Measures from the Adult Social Care Outcomes Framework from NHS Digital

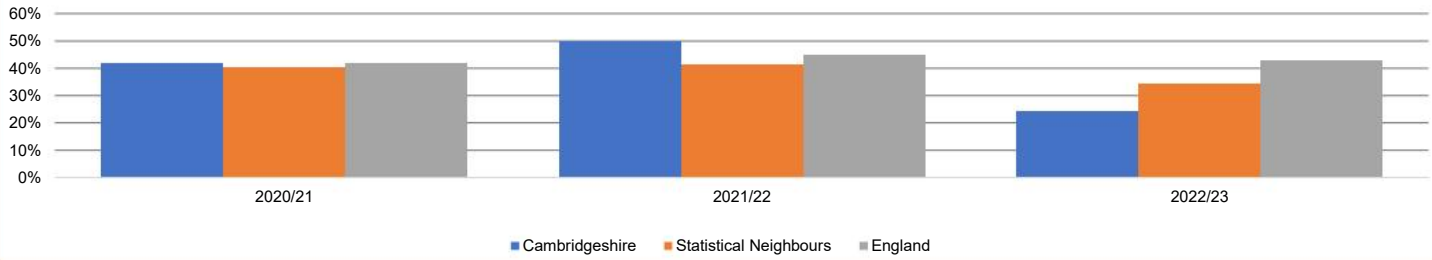
The local area benchmarking tool from the Local Government Association

The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:

Cambridgeshire Performance



Cambridgeshire Comparisons (last 3 financial years)



Commentary

Please note, quarterly data reflects local reporting methods used to produce figures throughout the year. Year end data for Cambridgeshire and comparator groups is produced from statutory returns, which have recently been published for 2022/23. Please note that the CIPFA nearest neighbour comparison group for Cambridgeshire has changed for 2022/23.

During 2022/23, there was a significant level of activity undertaken to clear review backlogs that built up during the pandemic. An external agency was commissioned from March 2022 to work through the backlog of reviews for clients receiving long-term services. This additional capacity significantly increased the number of reviews being completed; in 2021-22 there was an average of 294 reviews completed per month, increasing to an average of 472 reviews for the completed financial year 2022-23. During 2023/24, there were 474 reviews completed on average per month, partly due to the continued involvement of the ASC external team. This increase in reviews has led to a comparatively low percentage of clients who have not received a review in the last 12 months compared to statistical and national averages.

Actions

Indicator 233: Number of carers assessed or reviewed in the year per 100,000 of the population

Return to Index June 2024

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	52.1	38.5	Improving

Statistical Neighbour Mean	England Mean	RAG Rating
487.3	478.0	In Development

Indicator Description

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 from the cared for person. It is an opportunity to support carers to continue their caring role but also to plan for the future.

Calculation:

(X/Y)*100,000

Where:

X = Total number of carers with a carers assessment or review in the period

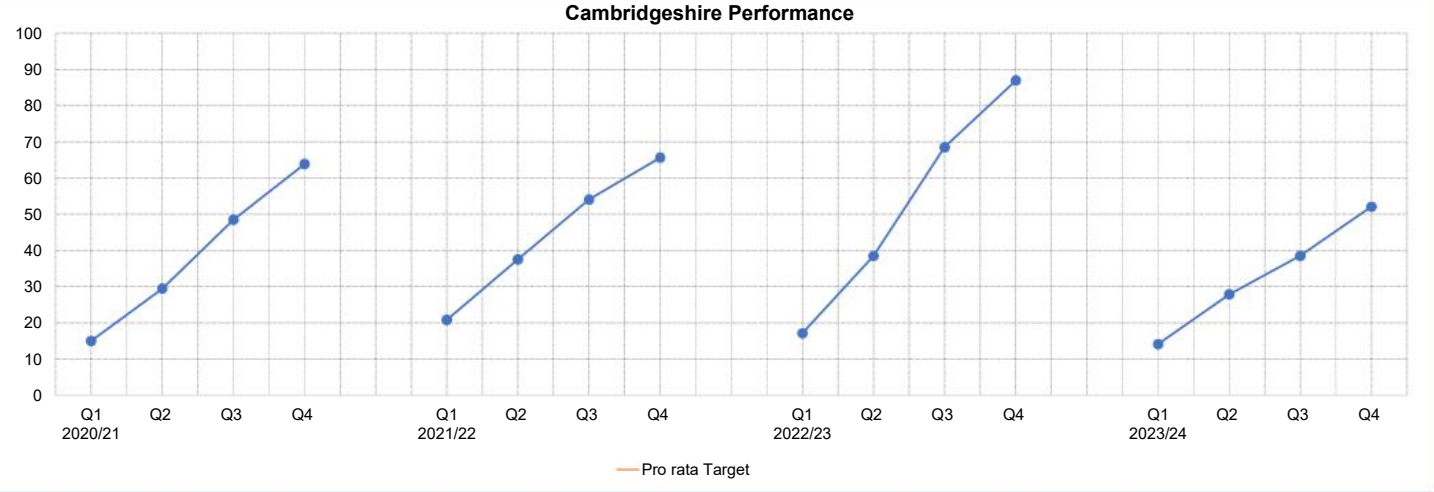
Y = 18+ population

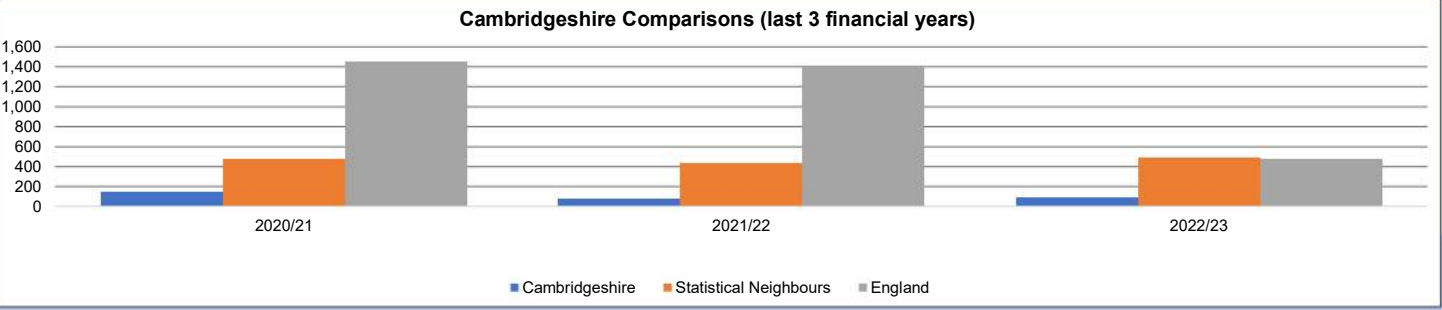
Useful Links

Measures from the Adult Social Care Outcomes Framework from NHS Digital

The local area benchmarking tool from the Local Government Association

The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:





Commentary

Please note, quarterly data reflects local reporting methods used to produce figures throughout the year. Year end data for Cambridgeshire and comparator groups is produced from statutory returns, which have recently been published for 2022/23. Please note that the CIPFA nearest neighbour comparison group for Cambridgeshire has changed for 2022/23.
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.
During Q4 2023/24 (YTD cumulative) we have completed:
• 241 carers assessments
• 46 carers reviews
• 3083 carers conversation steps (often completed when assessing the cared-for service user - see bullet point below)
• 6473 carers conversations considering the carers needs whilst supporting the person being cared for

The number of carers assessed or reviewed in the period is significantly below the national average, and the average of our statistical neighbours. This is due to how carer activity is recorded in Cambridgeshire and a reflection of our process. Activity by teams supporting carers can be recorded as carers conversations, which would not be counted in the above measure.

Actions

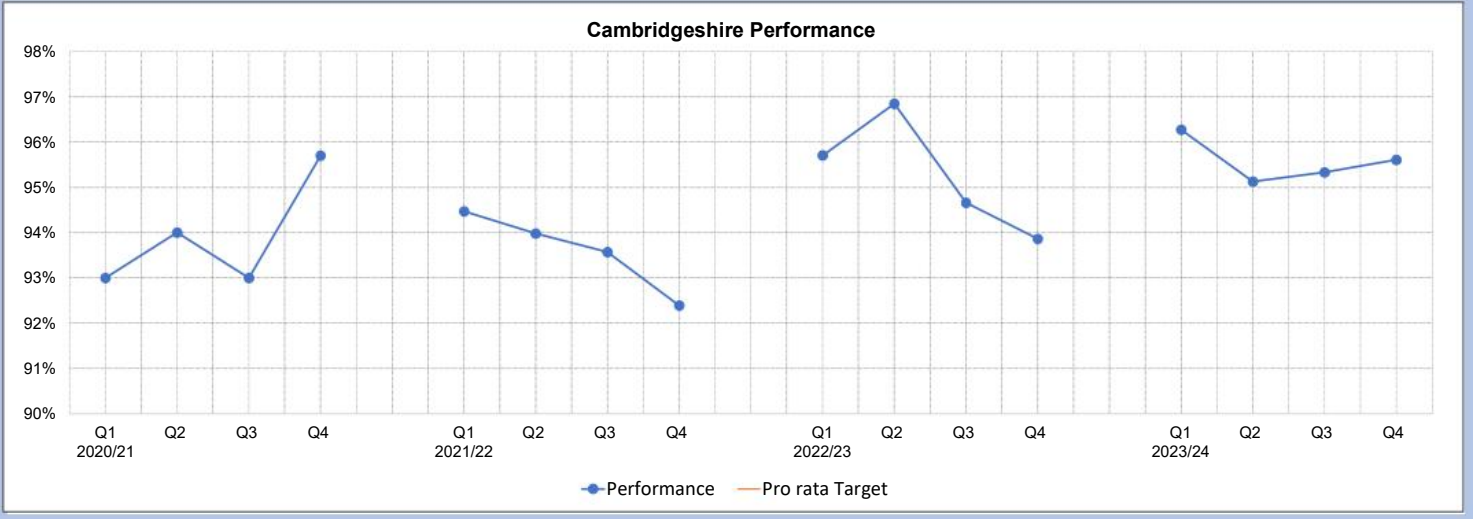
Data contained in this report will be used to inform a target setting process and targets will be reported from Q1 2024-25 onwards

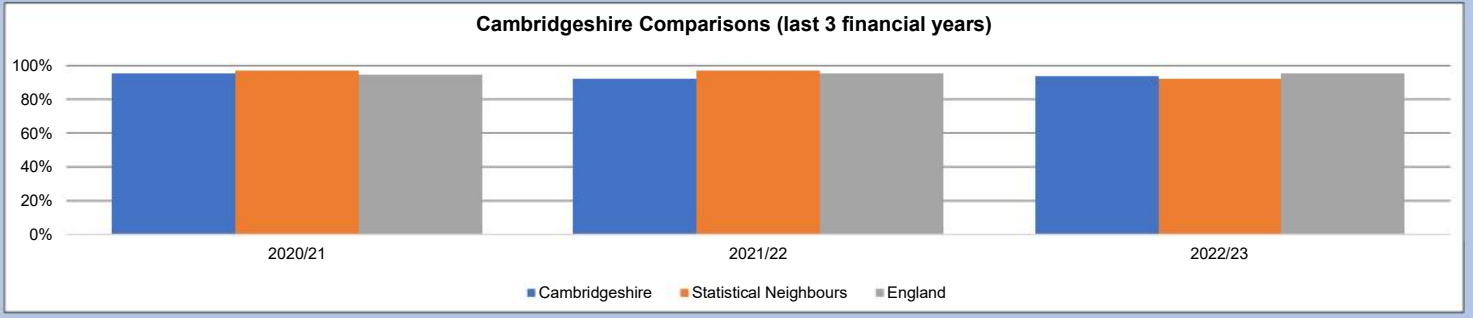
Indicator 105: Percentage of those able to express desired outcomes who fully or partially achieved their desired outcomes

Return to Index June 2024

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	95.6%	95.3%	Improving

Statistical Neighbour Mean	England Mean	RAG Rating
91.9%	94.9%	In Development





Indicator Description

The Care Act 2014 (Section 42) requires that each local authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom.

As part of the statutory reporting of safeguarding cases, those adults at risk may be asked what their desired outcomes of a safeguarding enquiry are. Where desired outcomes have been expressed, after completion of the safeguarding enquiry, the achievement of these outcomes is reported. This data is collected as part of the statutory Safeguarding Adults Collection.

This indicator links to indicator 236 and monitors how well we have been able to support the person to achieve the outcomes they wanted from the safeguarding enquiry.

Calculation:

(X/Y)*100

Where:

X = The number of concluded enquiries where outcomes were either achieved or partially achieved.

Y = The number of concluded enquiries where the adult(s) expressed desired outcomes.

Commentary

Please note, quarterly data reflects local reporting methods used to produce figures throughout the year. Year end data for Cambridgeshire and comparator groups is produced from statutory returns, which have recently been published for 2022/23. Please note that the CIPFA nearest neighbour comparison group for Cambridgeshire has changed for 2022/23.

The % of enquiries where outcomes have been partially or fully achieved has increased slightly during 2023/24 compared to the equivalent period last year.

Useful Links

Measures from the Adult Social Care Outcomes Framework from NHS Digital

The local area benchmarking tool from the Local Government Association

The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:

Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q1 2024-25 onwards

Indicator 126: Proportion of people using social care who receive direct payments

Return to Index June 2024

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	16.3%	17.1%	Declining

Statistical Neighbour Mean	England Mean	RAG rating
27.1%	26.2%	In Development

Indicator Description

Direct payments provide people with more choice and control over how they meet their care and support needs.

The scope of this indicator is limited to people who receive long term support only. These include people whose self directed support is most relevant. This will better reflect the council's progress in delivering personalised services for users and carers.

Both measures for self directed support and direct payments have also been split into two. They will focus on users and carers separately. This measure reflects the proportion of people who receive a direct payment either through a personal budget or other means.

Calculation:

(X/Y)*100

X = The number of users receiving direct payments and part direct payments at the end of the period.

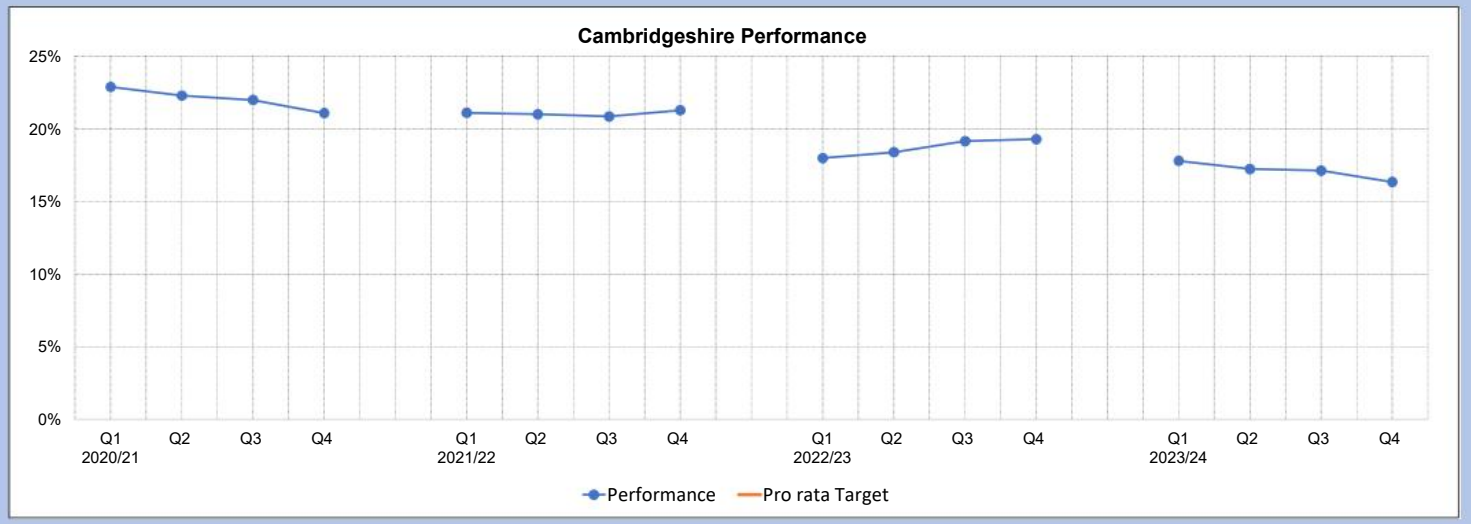
Y = Clients aged 18 or over accessing long term support at the end of the period.

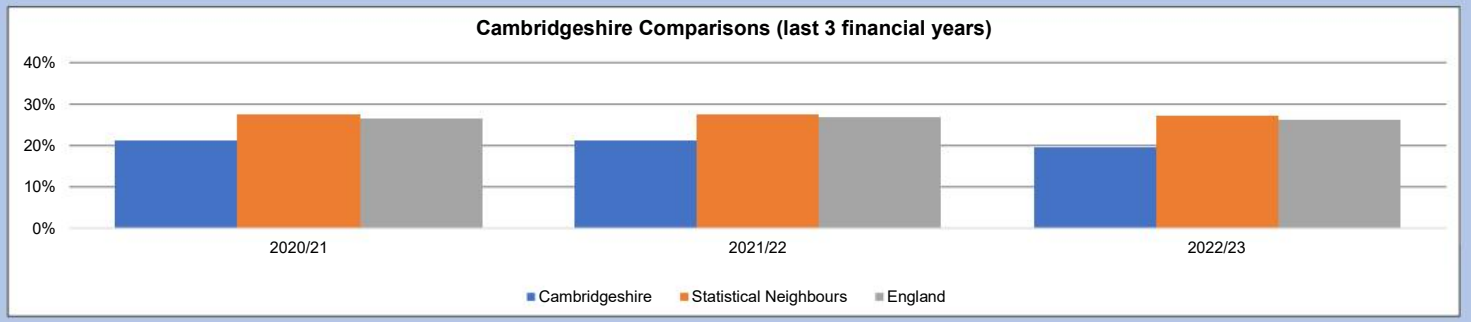
Useful Links

Measures from the Adult Social Care Outcomes Framework from NHS Digital

The local area benchmarking tool from the Local Government Association

The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:





Commentary

Please note, quarterly data reflects local reporting methods used to produce figures throughout the year. Year end data for Cambridgeshire and comparator groups is produced from statutory returns, which have recently been published for 2022/23. Please note that the CIPFA nearest neighbour comparison group for Cambridgeshire has changed for 2022/23.

The percentage of people receiving direct payments in Q4 2023/24 continues to be low, reflecting the challenge in making direct payments an attractive solution. The continuing minor decrease compared to 2022/23 is predominantly due to increasing service user numbers, whilst the number of clients with direct payments has remained relatively stable.

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.
The council has recently introduced Individual Service Funds, a personal budget managed by a provider of the persons choice rather than held by themselves. This alongside the work to develop place based micro-enterprises within the Care Together programme should help to build on the range of options available.

Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q1 2024-25 onwards

Indicator 140: Proportion of people receiving reablement who did not require long term support after reablement was completed

Return to Index June 2024

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	85.3%	86.4%	Declining

Statistical Neighbour Mean	England Mean	RAG Rating
90.4%	91.0%	In Development

Indicator Description

This indicator shows the proportion of new clients who received short term services during the year, where no further request was made for ongoing support. 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 their level of independence. Setting a target too high on this indicator can be a perverse incentive to reduce the service for those with more complex needs. A target should be set that reflects a balance of use. This indicator can be viewed alongside the trends on new clients with long term service outcomes (indicator 231) to ensure that more complex cases are not being diverted straight into long term care.

Short term support is designed to maximise independence. Therefore, it will exclude carer contingency and emergency support. This stops the inclusion of short term support services which are not reablement services.

Calculation:

(X/Y)*100

Where:

X = Number of new clients where the sequel to "Short Term Support to maximise independence" was "Ongoing Low Level Support", "Short Term Support (Other)", "No Services Provided - Universal Services/Signposted to Other Services", or "No Services Provided - No identified needs".

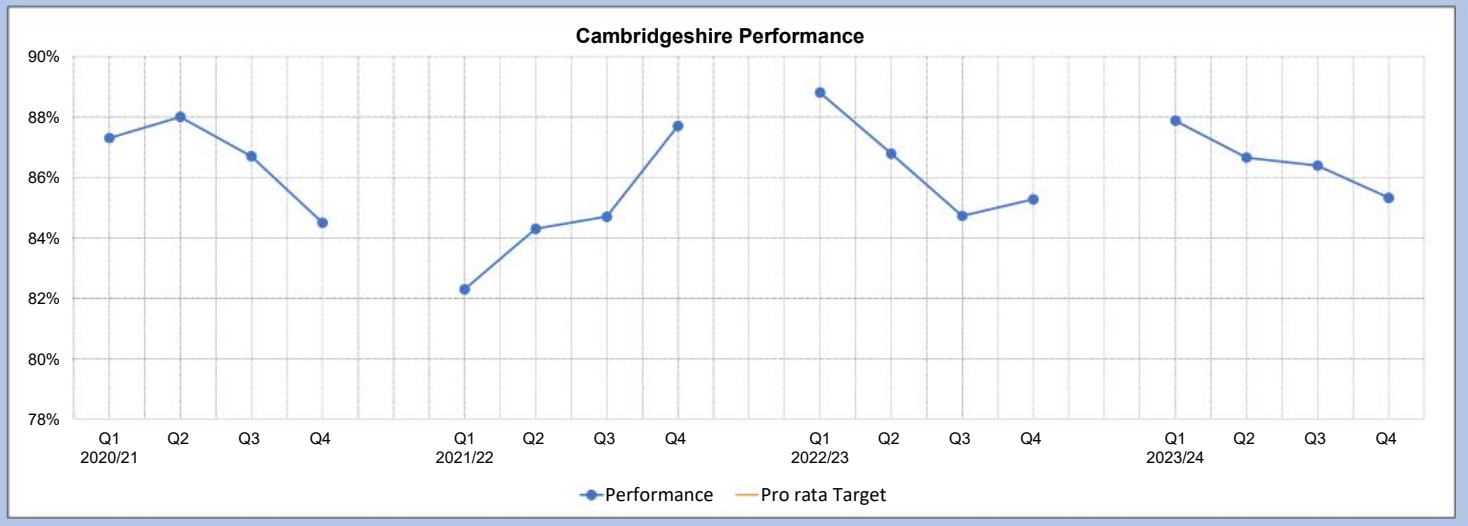
Y = Number of new clients who had short term support to maximise independence. Clients with a sequel of either early cessation due to a life event, or who have had needs identified but have either declined support or are self funding are not included in this total.

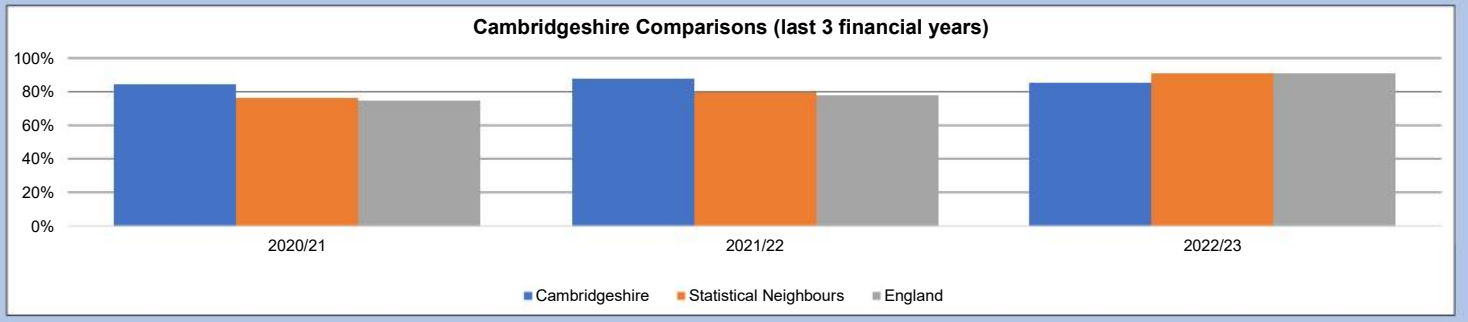
Useful Links

Measures from the Adult Social Care Outcomes Framework from NHS Digital

The local area benchmarking tool from the Local Government Association

The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:





Commentary

Please note, quarterly data reflects local reporting methods used to produce figures throughout the year. Year end data for Cambridgeshire and comparator groups is produced from statutory returns, which have recently been published for 2022/23. Please note that the CIPFA nearest neighbour comparison group for Cambridgeshire has changed for 2022/23.

Year to date figures for 2023/24 are slightly higher than in 2022/23 (85.32% compared to 85.27%).

Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q1 2024-25 onwards

Indicator 234: % total people accessing long term support in the community aged 18-64

Return to Index June 2024

Target	Direction for Improvement	Current Month	Previous Month	Change in Performance
In Development	↑	91.6%	91.2%	Improving

Statistical Neighbour Mean	England Mean	RAG Rating
83.2%	85.1%	In Development

Indicator Description

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 helps monitor equity between client groups.

Calculation:

(X/Y)*100

Where:

X = Total number of people accessing long-term support in the community aged 18-64

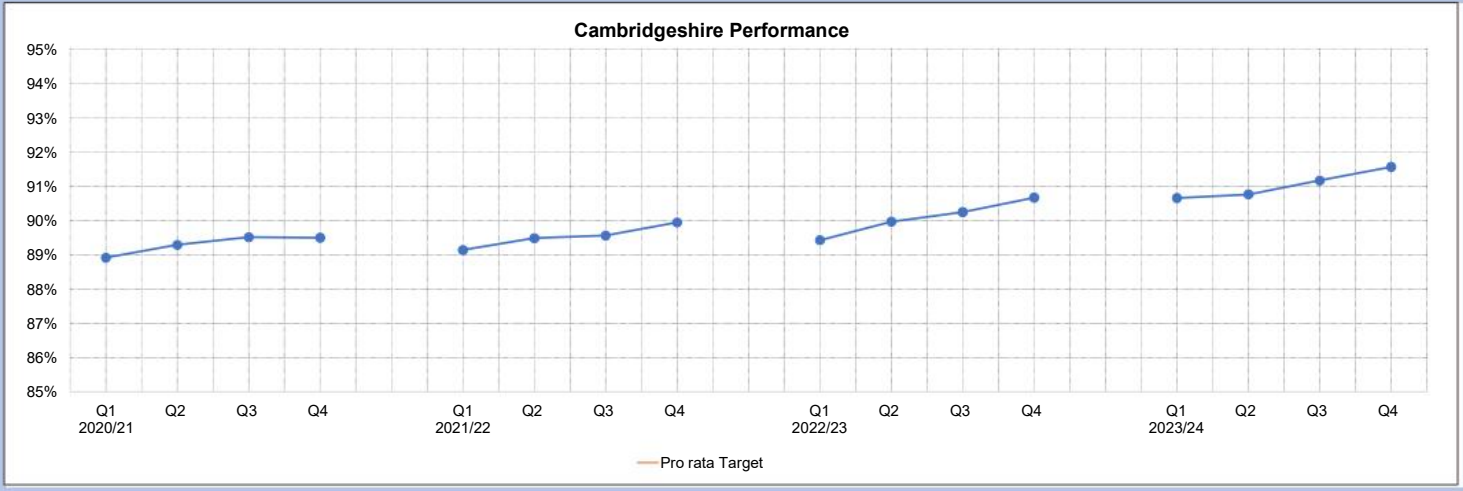
Y = Total number of people accessing long-term support aged 18-64

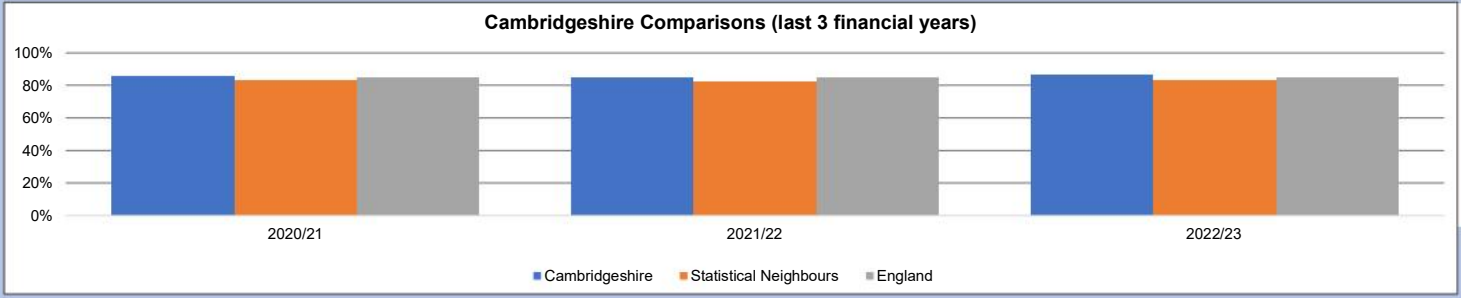
Useful Links

Measures from the Adult Social Care Outcomes Framework from NHS Digital

The local area benchmarking tool from the Local Government Association

The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:





Commentary

Please note, quarterly data reflects local reporting methods used to produce figures throughout the year. Year end data for Cambridgeshire and comparator groups is produced from statutory returns, which have recently been published for 2022/23. Please note that the CIPFA nearest neighbour comparison group for Cambridgeshire has changed for 2022/23.

There is a planned change to local reporting from Q1 2024/25 to align this indicator more closely with statutory reporting methodology.

The percentage of clients accessing long term support in the community aged 18-64 increased to slightly above the national average for the full year 2022/23. Performance has remained fairly static during 2023/24, with a rate of 91.57% across the year, compared to 90.67% for 2022/23.

Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q1 2024-25 onwards

Indicator 235: % total people accessing long term support in the community aged 65 and over

Return to Index June 2024

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	65.5%	63.2%	Improving

Statistical Neighbour Mean	England Mean	RAG rating
58.9%	61.8%	In Development

Indicator Description

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 helps monitor equity between client groups.

Calculation:

(X/Y)*100

Where:

X = Total number of people accessing long-term support in the community aged 65 and over

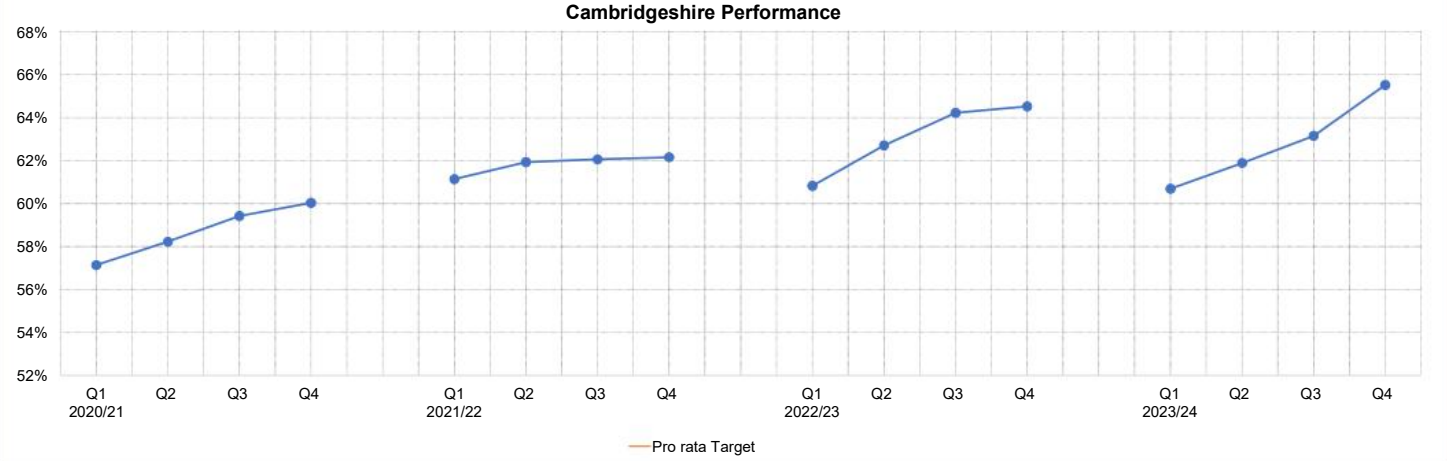
Y = Total number of people accessing long-term support aged 65 and over

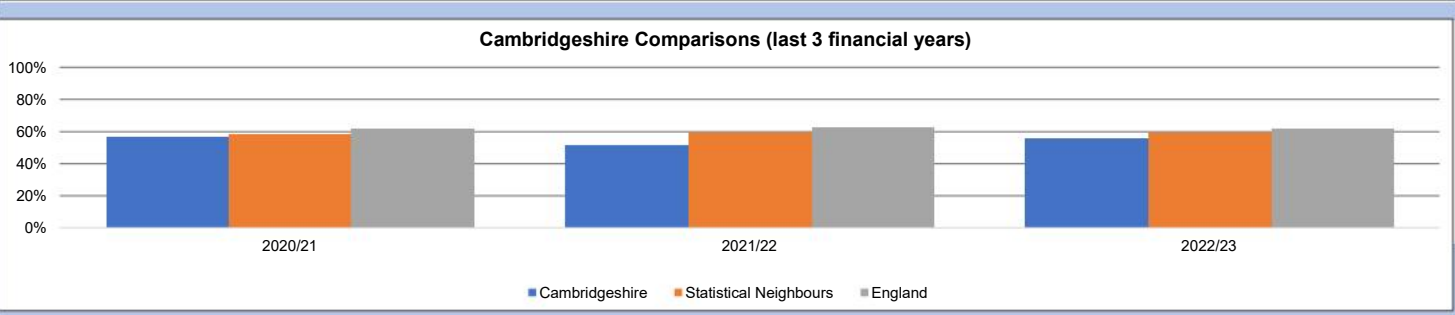
Useful Links

Measures from the Adult Social Care Outcomes Framework from NHS Digital

The local area benchmarking tool from the Local Government Association

The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:





Commentary

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There is a planned change to local reporting from Q1 2024/25 to align this indicator more closely with statutory reporting methodology.

The percentage of clients aged 65+ accessing long term support in the community has increased during the course of 2023/24, and is currently a similar level (65.52%) for the year compared to 2022/23 (64.53%).

Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q1 2024-25 onwards

Indicator 236: Percentage of Cases where Making Safeguarding Personal (MSP) questions have been asked

Return to Index June 2024

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	93.8%	95.1%	Declining

Statistical Neighbour Mean	England Mean	RAG Rating
81.8%	81.2%	In Development

Indicator Description

It is important when undertaking a safeguarding enquiry 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 how well we are involving people in this way.

Calculation:

(X/Y)*100

Where:

X = The number of concluded enquiries where the adult or adult's representative was asked what their desired outcomes were

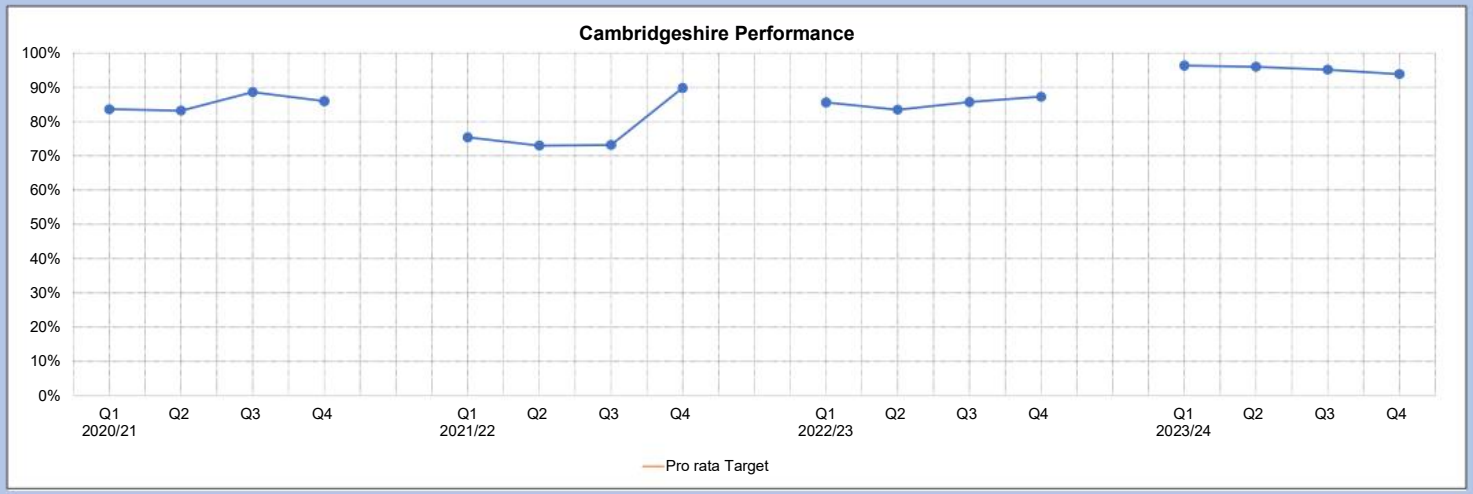
Y = The number of concluded enquiries

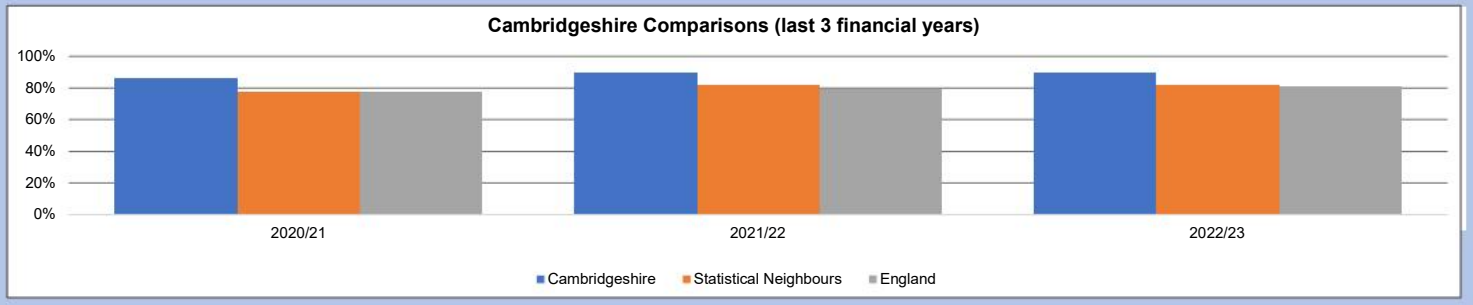
Useful Links

Measures from the Adult Social Care Outcomes Framework from NHS Digital

The local area benchmarking tool from the Local Government Association

The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:





Commentary

Please note, quarterly data reflects local reporting methods used to produce figures throughout the year. Year end data for Cambridgeshire and comparator groups is produced from statutory returns, which have recently been published for 2022/23. Please note that the CIPFA nearest neighbour comparison group for Cambridgeshire has changed for 2022/23.

Performance in this area continues to be high compared to national and statistical neighbour averages.

The high % of enquiries where outcomes were asked (93.84% year to date) is an increase compared to 2022/23 and suggests the making safeguarding personal approach is fully embedded into working practise.

Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q1 2024-25 onwards

Indicator 229: Percentages of safeguarding enquiries where risk has been reduced or removed

Return to Index June 2024

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	87.3%	89.1%	Declining

Statistical Neighbour Mean	England Mean	RAG Rating
90.4%	91.0%	In Development

Indicator Description

This indicator tracks the effectiveness of safeguarding enquiries in reducing or removing risk. It should be viewed alongside indicators 236 and 105, which reflect the desired outcomes of the person at risk. This is to ensure that there is not a perverse incentive to go against the person's wishes and eliminate risk when that person has capacity to decide on a level of risk that is acceptable to them.

Calculation:

(X/Y)*100

Where:

X = The number of enquiries where the risk had been reduced or removed when the enquiry concluded

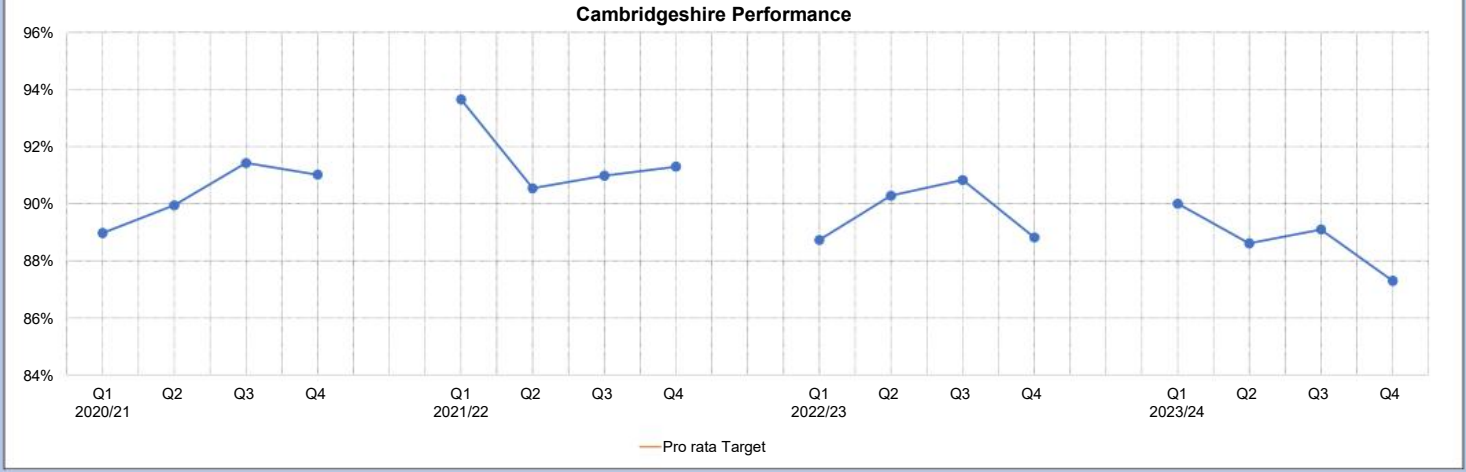
Y = The number of concluded enquiries where a risk was identified

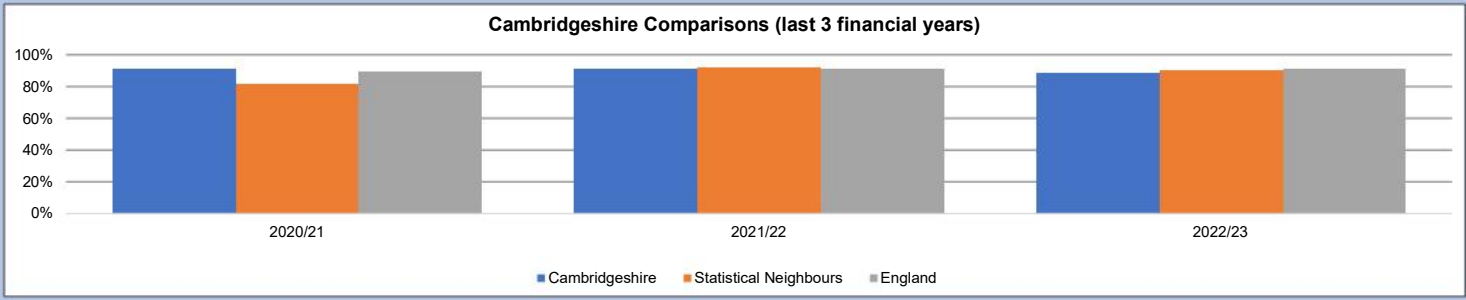
Useful Links

Measures from the Adult Social Care Outcomes Framework from NHS Digital

The local area benchmarking tool from the Local Government Association

The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:





Commentary

Please note, quarterly data reflects local reporting methods used to produce figures throughout the year. Year end data for Cambridgeshire and comparator groups is produced from statutory returns, which have recently been published for 2022/23. Please note that the CIPFA nearest neighbour comparison group for Cambridgeshire has changed for 2022/23.

Performance for the year to date 2023/24 (87.3%) has been slightly lower than the equivalent period last year (88.82%).

Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q1 2024-25 onwards

Agenda Item No: 12

Public Health Performance Report: Quarter 4 2023/24

To:	Adults and Health Committee
Meeting Date:	27 June 2024
From:	Patrick Warren-Higgs, Executive Director of Adults, Health, and Commissioning
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	Not Applicable

Executive Summary: The Report describes the performance of the main Public Health commissioned services for quarter 4 2023/24.

Recommendation: The Committee is asked to:

a) Acknowledge the performance and achievements.
b) Support the actions undertaken where improvements are necessary.

Officer contact:
Name: Val Thomas
Post: Acting Director of Public Health
Email: val.thomas@cambridgeshire.gov.uk

1. Creating a greener, fairer and more caring Cambridgeshire

1.1 Public Health commissioned services reflect the seven strategic ambitions to varying degrees. There is strong alignment with ambitions addressing health inequalities, supporting people to have healthy, safe, and independent lives, and supporting children to thrive.

1.2 This Report reflects the Council's seven ambitions.

Net zero carbon emissions for Cambridgeshire by 2045, and our communities and natural environment are supported to adapt and thrive as the climate changes.

- There are implications with the introduction of virtual and digital services into commissioned services, but these are not covered in this performance report.

Travel across the county is safer and more environmentally sustainable.

- There are implications with the introduction of virtual and digital services, but these are not covered in this performance report.

Health inequalities are reduced.

- The Service does address health inequalities and included interventions to address groups that experience poorer sexual and reproductive health outcomes.

People enjoy healthy, safe, and independent lives through timely support that is most suited to their needs.

- The services do support people to enjoy healthy, safe, and independent lives through timely support most suited to their needs, but this is not detailed in the report.

Helping people out of poverty and income inequality.

- The services do impact upon poverty and income inequality, but this is not detailed in the report.

Places and communities prosper because they have a resilient and inclusive economy, access to good quality public services and social justice is prioritised.

- There are implications for places and communities, but these are not covered in this performance report.

Children and Young People have opportunities to thrive.

- The services do support children to thrive, but this not detailed in this report.

2. Background

2.1 The 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 Key Performance Indicators (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

2.2 This report presents performance against the selected KPIs for Public Health commissioned services at the end of Quarter 4, 31st March 2024.

Indicators are 'RAG' rated where targets have been set.
- **Red** – current performance is off target by more than 10%.
- **Amber** – current performance is off target by 10% or less.
- **Green** – current performance is on target by up to 5% over target.
- **Blue** – current performance exceeds target by more than 5%.
- **Baseline** – indicates performance is currently being tracked against the target.

2.3 These performance indicators are for the Public Health high value contracts that are preventative or provide treatment e.g., Drugs and Alcohol Treatment Service. They include both locally set targets and national where applicable. There are key performance indicators for the Healthy Child Programme that is funded from the Public Health Grant. As these are not currently monitored by the Children and Young People's (CYP) Committee they are included here as priority indicators. There are nine indicators described in this report.

3. Main Issues

3.1 In summary the distribution of rag ratings for the performance of services described in the Report were as follows.

- Blue: 3
- Green: 2
- Amber: 1
- Red: 3

3.2 During the COVID-19 pandemic performance fell against all our contracted services. Initially recovery was low but during 2023/24 there has been considerable improvement in performance across all our services with the exception of stop smoking.

3.3 The key areas which have seen substantial improvement are NHS Health Checks and the

Healthy Child Programme, with NHS Health Checks exceeding its target for the first time. Tier 2 Weight Management Services continue to achieve above target, driven by a very high demand for services. Currently measures are being taken to manage this high level of demand which exceeds current resources.

3.4 The main area of concern is Stop Smoking Services. Smoking rates have fallen considerably in recent years. In Cambridgeshire currently 11.1% of the population are estimated to smoke. The model for stop smoking services has traditionally been driven by referrals from health services primarily GP practices. However, there are population groups with much higher rates who do not always present in GP practices. For example, the homeless rate is 75%, manual and routine 27%.

3.5 New national additional funding has been allocated to local authorities for expanding and developing stop smoking and the wider tobacco control services. These are currently being developed and there will be a focus on population groups that have high rates of smoking and regulatory services to address illegal tobacco sales and vaping.

Drug and Alcohol Services

Indicator	FY 2022/23	National average (latest Q)	Quarter 1 22/23	Quarter 2 22/23	Quarter 3 22/23	Quarter 4 22/23	Status
201: % Achievement against target for drug and alcohol service users who successfully complete treatment. **(Benchmarked against national average)**	**21.2%**	**20.3%**	**21.8%**	**21.2%**	**22.2%**	**21.1%**	**Blue**
Please note that performance data is extracted from the national dataset (NDTMS). The 2023/24 drug/alcohol treatment data are restricted statistics and as such must not be released into the public domain until an agreed published date. Recent performance data is available to commissioners and is used for local performance monitoring and service planning. In 2023/24 across Quarters 1, 2 & 3 performance data for this indicator remains strong and the Cambridgeshire service, provided by Change Grow Live (CGL), is performing above national average.							

Health Behaviour Change Services

Indicator	FY 2022/23	Quarter 1 22/23	Quarter 2 22/23	Quarter 3 22/23	Quarter 4 22/23	Status
82: 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. **Target: 30% of those in the service. Consistently well above target.**	**49%**	**45%**	**54%**	**47%**	**40%**	**Blue**
237: Health Trainer: (Structured support for health behaviour change): % achievement against target for adult referrals to the service received from deprived areas. **Target: 30% Remains consistently on target.**	**35%**	**30%**	**33%**	**30%**	**38%**	**Blue**

Indicator	FY 2022/23	Quarter 1 22/23	Quarter 2 22/23	Quarter 3 22/23	Quarter 4 22/23	Status
56: Stop Smoking Services: % achievement against target for smoking quitters who have been supported through a 4-week structured course. **Annual Target: 1906 quitters.** **Below target**	**683 quits. (31% of annual target)**	**180 quits. (38% of quarterly target)**	**158 quits. (33% of quarterly target)**	**203 quits (42% of quarterly target)**	**Not available**	**Red**
53: NHS Health Checks (cardiovascular disease risk assessment) Achievement against local target set for completed health checks. The ambition is to work over the next three years to meet the national target of 37,000 p.a. **Target: 20,000** **Above target**	**13,763 (69% of annual target)**	**3,933 (79% of quarterly target)**	**5,076 (102% of quarterly target)**	**5,526 (111% of quarterly target)**	**5,681 (114% of quarterly target)**	**Green**

Commentary on performance:

Indicator 82: Tier 2 Adult Weight Management.

Referrals numbers into the Tier 2 services continue to be very high with 1,235 referrals received in Quarter 4 against a target of 797 (155% of target), an increase of referrals of 7% on Quarter 3 actual. Referrals were slightly lower in Quarter 3 than Quarter 2, suggesting a positive impact of regular communications with primary care about demand pressures in Tier 2 and alternative referral options. This continued higher than expected referral rate is due to the NHS enhanced specification whereby GP practices receive a financial incentive for a referral to weight management services.

The target number of referrals commencing on a course was below target in Quarter 4, although remaining at 82%. The provider reported that despite the high quantity of referrals, the quality of referrals received has been poor resulting in fewer people starting a course. They have agreed to catch up on the shortfall to meet the 90% target for 2023/24 in the new financial year and to prioritise/triage waiting lists.

The percentage of completers achieving 5% weight loss continues to far exceed the target of 30%, with 40% achieving a 5% weight loss in Quarter 4.

Indicator 237: Health Trainer.

The number of referrals into the Health Trainer service for people from deprived areas was on target for Quarter 4. The target percentage was met across all quarters with number of referrals received from deprived areas reaching 987 against a target of 984.

Indicator 56: Stop Smoking Services
The Stop Smoking service intervention takes two months in total for a service user to complete from initiation date. As a result, the complete data return for all starters in quarter 4 of the 23/24 fiscal year is not yet available.

During Quarter 3 the Behaviour Change Service/Stop Smoking Service achieved 42% of its quarterly 4-week quitter target, showing some improvement over the year.

However, GP practices continue to face demand pressures and find it challenging to provide stop smoking services. Additionally, the withdrawal of two main smoking cessation pharmacotherapies (Champix and Zyban) due to safety concerns, along with national shortages of multiple nicotine replacement therapies, has impacted overall 4-week quit numbers.

A new stop smoking project is being launched in Fenland, specifically targeting the local homeless population with high smoking rates. This initiative, delivered within the Closer to Communities programme, involves NHS Neighbourhood Managers promoting and developing new face-to-face clinics in collaboration with GP practices to send bulk text messages to smokers.

Locally, several national campaigns have been actively promoted:

- Stoptober in October
- New Year Quit in January
- National No Smoking Day in March

Furthermore, we increased communication with partner organisations during the launch of the "Swap to Stop" offer in March 2024. This initiative provides quitters with a free starter vape kit under the national programme. New funding associated with the Smokefree Generation legislation, currently going through Parliament, will be targeted based on guidance for population groups that continue to have high smoking rates.

Indicator 53: NHS Health Checks
NHS Health Checks are mainly delivered in GP practices. The COVID-19 pandemic severely impacted upon delivery with only 46% of the local target achieved in 21/22. There was an improvement in 2022/23 when 69% of the target was met. The recovery was secured through commissioning the GP Federations* to provide NHS Health Checks alongside our behaviour change service, *Healthy You,* increasing its provision on behalf of GP practices; as well as offering opportunistic NHS Health Checks in the community.

Over the four Quarters, there has been ongoing improvement and recovery, resulting in the annual 2023/24 target of 20,000 completed NHS Health Checks being exceeded at 20,216 (101%).

*A GP Federation is a group of general practices or surgeries forming an organisational entity and working together within the local health economy

Healthy Child Programme

Indicator	FY 2022/ 23	Quarter 1 22/23	Quarter 2 22/23	Quarter 3 22/23	Quarter 4 22/23	Status
59: Health visiting mandated check - Percentage of births that receive a face-to-face New Birth Visit (NBV) within 14 days, by a health visitor. **Local target: 95%** **Below target but improved significantly from 22/23**	40%	75% (96% including those completed after 14 days)	85% (97% including those completed after 14 days)	87% (96% including those completed after 14 days)	87% (96% including those completed after 14 days)	**Amber**
60: Health visiting mandated check – percentage of children who received a 6–8-week review by 8 weeks. **Local target: 95%** **Below target but improved significantly from 22/23**	38%	39% (93% including those completed after 8 weeks)	77% (95% including those completed after 8 weeks)	83% (96% including those completed after 8 weeks)	75% (94% including those completed after 8 weeks)	**Red**
62: Health visiting mandated check - Percentage -of children who received a 2-2.5-year review. **Local target: 90%** **Below target but improved significantly from 22/23**	54%	72% (81% including those completed after 2.5 years old)	73% (80% including those completed after 2.5 years old)	74% (80% including those completed after 2.5 years old)	72% (81% including those completed after 2.5 years old)	**Red**
57: % of infants breastfeeding at 6 weeks **Local Target: 56%** **Exceeded target**	56%	57%	60%	62%	60%	**Green**

Commentary on performance:

Indicators 59 & 60: Health visiting mandated checks (New Birth Visit & 6-8 check).

The Health Visiting service have been working hard to bring key contacts with families back into nationally set timescales following them being stretched during the COVID 19 pandemic. In 2023/24 all indicators were better than in 2022/23. Performance data for Quarter 4 shows that 87% of families now receive their new birth visit within 14 days, up from just 40% last year.

There has also been a significant improvement at the 6-8 week contact with 75% now been seen within 8 weeks. This indicator was at 39% in Quarter 1 of this year.

It is reassuring that for both these key contacts, the overall percentage of families seen remains high at 96% and 94% respectively when families seen later than the recommended period are included. Sickness within the team has meant that sometimes the checks happen outside timescales as we try to maintain continuity of care with the same professional and a face-to-face contact. This is appreciated by families, as evidenced by the example feedback below:

'Laura has been amazing from day one! As a first-time mum everything can be so daunting especially with my history of baby loss and fertility trouble. But Laura made my journey on this a lot easier especially postpartum. I was lucky enough to have Laura at all of my health visit check-ups including the pregnancy antenatal one. Having the same person on all of these visits made it so much easier to talk about problems, worries ask for advice etc. because it had more continuity about it...'

Indicator 62: Health visiting mandated check (2.2.5-year review).

The improvements in the delivery of this contract seen throughout 2022/23 have been maintained during 2023/24. We are currently working with our provider colleagues and the Public Health Intelligence team to take a detailed look at the results from the Ages and Stages Questionnaire (ASQ) development assessments that form a part of this check to identify any health inequalities. The learning from this work is forming part of the Children's Joint Strategic Needs Assessment (JSNA) that will be completed in July 2024.

Indicator 57: % of infants breastfeeding at 6-8 weeks.

The overall breastfeeding prevalence of 60% is higher than the national average of 49% and East of England Region average (53.4%) and is meeting the locally agreed stretch target. Breastfeeding rates, which include both exclusive breastfeeding and mixed feeding, do however continue to vary greatly across the county. Broken down by districts, breastfeeding rates for 2023/24 Quarter 4 stand at 73% in Cambridge City, 49% in South Cambridgeshire, 63% in East Cambridgeshire, 55% in Huntingdonshire, and 43% in Fenland.

We continue to move forward on the actions identified in the Infant Feeding strategy which we report on as part of the Best Start in Life/Family Hubs transformation programme. Highlights from that during this period include:

The Children and Young People's JSNA is currently underway, and we have been working with the data team at Cambridgeshire Community Services (Healthy Child Programme Provider) to see if we can identify any trends in the data. Indicators we are looking at include age of parent, ethnicity, birth order, etc. We are also able to see any changes in feeding status between 10 days and 6-8 weeks. There is more work to do to fully understand the data, and we will share the learning with partners to identify any actions needed to improve our offer. Key findings so far include deprivation and younger parental age being associated with lower breastfeeding rates.

In April, we held an infant feeding workforce day in Cambridgeshire to bring together relevant staff to highlight the importance of supporting parents with infant feeding. Staff were very engaged, and we are using the learning from the day to refresh the infant feeding action plan to ensure delivery of the strategy is progressed further. We are setting up smaller working groups focusing on specific aspects of the infant feeding strategy to help move this piece of work forward.

"Introducing solid food" workshops have been well attended and the feedback received has been overwhelmingly positive. Introducing Family Foods workshops are now up and running across Cambridgeshire and Peterborough.

The new peer support contract with the National Childbirth Trust (NCT) is now live in Fenland and is now offering integrated support around infant feeding and emotional health and wellbeing, peers in the hospital are able to initiate supportive conversations with all consenting service users on the hospital wards. This is enabling support to be given on both subjects without a new parent having to label themselves as breastfeeding. Peer Supporters are now regularly in attendance on the wards at Hinchingbrooke hospital.

The NCT have launched the new infant feeding website to help families locate support in Cambridgeshire and Peterborough. Peterborough & Cambridgeshire Infant Feeding Support (pbcinfantfeeding.org). They have rebranded to 'NCT Birth Feeding and You' after engaging with local families and their preferences and are looking at how the website can be developed further to improve accessibility, i.e., built in translating functions.

Sessions of the infant feeding awareness training have been run for staff in Child and family centres. Both have been fully booked and there are further fully booked sessions planned.

4. Alternative Options Considered

Not applicable

5. Conclusion and reasons for recommendations

5.1 The performance of the Public Health commissioned services described in this paper is generally positive. The key areas of improvement are NHS Health Checks and the Healthy Child Programme, with NHS Health Checks exceeding its target for the first time. Tier 2 Weight Management Services continue to achieve above target driven by a very high demand for services. Currently measures are being taken to manage this high level of demand which exceeds current resources.

The main area of concern is Stop Smoking Services Recent national additional funding has been allocated for expanding and developing stop smoking and the wider tobacco control services. These are currently being developed and there will be focus on population groups that have high rates of smoking and regulatory services to address illegal tobacco sales and vaping.

6. Significant Implications

6.1 Finance Implications

This performance report does not include a financial analysis of the services commissioned.

6.2 Legal Implications

There are no current legal implications in this report.

6.3 Risk Implications

The key risk is the poor performance of the Stop Smoking Services. The measures that are being taken to address these risks are indicated in the report.

6.4 Equality and Diversity Implications

Any equality and diversity implications will be identified before any service developments are implemented.

6.5 Climate Change and Environment Implications (Key decisions only)

All commissioned services are required to ensure that their services minimise any negative impacts and support positive climate and environmental improvements.

7. Source Documents

7.1 None

Adults and Health Committee Agenda Plan, Training Plan, Appointments to Outside Bodies and Internal Advisory Groups

To:	Adults and Health Committee
Meeting Date:	27 June 2024
From:	Democratic Services Officer
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	n/a
Executive Summary:	To review the Committee's agenda plan, training plan, appointments to Outside Bodies and Internal Advisory Groups and Panels It is important that the Council is represented on a wide range of outside bodies to enable it to provide clear leadership to the community in partnership with citizens, businesses and other organisations.
Recommendation:	It is recommended that the Adults and Health Committee: a) review its agenda plan attached at Appendix 1. b) review its training plan attached at Appendix 2. c) review the appointments to outside bodies as detailed in Appendix 3. d) review the appointments to Internal Advisory Groups and Panels as detailed in Appendix 4.

Officer contact:
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1.1 The Committee agenda plan and training plan are reviewed at each meeting.

1.2 Following the annual meeting of Council each Policy and Service Committee also reviews its appointments to Outside Bodies and Internal Advisory Groups and Panels.

2. Background

2.1 The Council's Constitution states that appointments to Outside Bodies and Internal Advisory Groups and Panels are agreed by the relevant Policy and Service Committee.

2.2 The Committee is invited to review its appointments to outside bodies, as set out in Appendix 3.

2.3 The Committee's appointments to internal advisory groups and panels are set out for review in Appendix 4.

2.4 The Constitution contains a standing delegation to all executive directors and directors, *'To approve nominations to outside bodies, in consultation with the chair of the relevant committee (or in their absence the vice-chair).'* Any appointments made under this delegation are reported to the Committee at its next meeting.

3. Appointments

3.1 The Committee is invited to review its appointments to outside bodies (Appendix 3) and internal advisory groups and panels (Appendix 4).

4. Significant Implications

4.1 There are no significant implications within these categories: Finance; Legal; Risk; and Equality and Diversity.

5. Source documents

5.1 Membership of Outside Bodies and Internal Advisory Groups and Panels

Adults and Health Policy and Service Committee Agenda Plan

Published on 3 June 2024
Updated 18 June 2024

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
27/06/24	Notification of Chair and Vice Chair	Democratic Services	Not applicable	14/06/24	19/06/24
	Re-commissioning Community Integrated Sexual and Reproductive Health Services	V Thomas	2024/005		
	Commissioning of the Direct Payment Support Service	D Cakmak	2024/065		
	Extra Care Procurement	L Sparks	2024/008		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
	Adult Social Care Debt Update	R Gibson/T Kelly	Not applicable		
	Finance Monitoring Report	J Hartley	Not applicable		
	Adults - Performance Monitoring Report – Quarter 4	S Bye	Not applicable		
	Public Health - Performance Monitoring Report – Quarter 4	V Thomas	Not applicable		
19/09/24 Reserve Date				06/09/24	11/09/24
10/10/24	Care Together - Place Based Homecare Phase 1	J Melvin / A Belcheva	2024/006	27/09/24	02/10/24
	Re-commissioning Behaviour Change Services	V Thomas	2024/010		
	Re- Commissioning of Adult Drug and Alcohol Treatment Services	V Thomas	2024/063		
	Re- Commissioning of Young People's Drug and Alcohol Treatment Services	V Thomas	2024/064		
	Director of Public Health Annual Report	V Thomas	Not applicable		
	Finance Monitoring Report	J Hartley	Not applicable		
	Adults - Performance Monitoring Report – Quarter 1	S Bye	Not applicable		
	Public Health - Performance Monitoring Report – Quarter 1	V Thomas	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
	Public Health Risk Register	V Thomas	Not applicable		
	Adults Risk Register	P Warren Higgs	Not applicable		
	Health Scrutiny items				
	Health scrutiny work plan	R Greenhill	Not applicable		
	Health scrutiny recommendations tracker	R Greenhill	Not applicable		
12/12/24	Finance Monitoring Report	J Hartley	Not applicable	29/11/24	04/12/24
	Adults - Performance Monitoring Report – Quarter 2	S Bye	Not applicable		
	Public Health - Performance Monitoring Report – Quarter 2	V Thomas	Not applicable		
	Health Scrutiny items				
	Health scrutiny work plan	R Greenhill	Not applicable		
	Health scrutiny recommendations tracker	R Greenhill	Not applicable		
23/01/25	Business Planning - Scrutiny and overview of Adults and Health proposals	P Warren Higgs/ J Atri	Not applicable	10/01/25	15/01/25
06/03/25	Finance Monitoring Report	J Hartley	Not applicable	21/02/25	26/02/25
	Adults - Performance Monitoring Report – Quarter 3	S Bye	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
	Public Health - Performance Monitoring Report – Quarter 3	V Thomas	Not applicable		
	Health Scrutiny items				
	Approval Process for Responses to NHS Quality Accounts 2024/25	R Greenhill	Not applicable		
	Health scrutiny work plan	R Greenhill	Not applicable		
	Health scrutiny recommendations tracker	R Greenhill	Not applicable		
19/06/25	Finance Monitoring Report	J Hartley	Not applicable	06/06/25	11/06/25
	Adults - Performance Monitoring Report – Quarter 4	S Bye	Not applicable		
	Public Health - Performance Monitoring Report – Quarter 4	V Thomas	Not applicable		
	Health Scrutiny items				
	Health scrutiny work plan	R Greenhill	Not applicable		
	Health scrutiny recommendations tracker	R Greenhill	Not applicable		

Adults and Health Committee Training Plan 2023/24

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

Date	Timing	Topic	Presenter	Location	Notes	Attendees
Thursday 21st September 2023 (reserve committee date)	2.00pm to 5.00pm	Health Scrutiny training and development session	David McGrath, Link UK LTD	Red Kite Room, New Shire Hall* *Members are encouraged to attend the session in person if possible, but a Zoom link will be available if needed	Open to all members and substitute members of A&H	**Scrutiny Training** Cllr Howitt Cllr van de Ven Cllr Howell Cllr Costello Cllr Hay Cllr Slatter Cllr Daunton Cllr Black Cllr Seeff Cllr Bulat Cllr Shailer Cllr Dr Nawaz - FDC Cllr Horgan - ECDC Cllr Garvie – SCDC **Social Value Development Session** As above but apologies from Cllr Daunton and Slatter and plus Cllr Goodliffe.

21 Feb 2024 – 12.30-1.30		How care packages - are worked out (in terms of need), - Are costed, - And the payments for which are agreed with service users, - Are invoiced to service users	Kirsten Clarke Service Director, Adult Social Care	**via teams**	Open to all members	Cllr Black Cllr Bradnam Cllr Bulat Cllr Daunton Cllr Murphy Cllr Slatter Cllr van de Ven
29 April 2024	2-4pm	Care Together and Market Shaping – Development Session	Patrick Warren Higgs	**In Person**	Committee Members	Cllr Black Cllr Bulat Cllr Daunton Cllr Hay Cllr Howitt Cllr Murphy Cllr Seeff Cllr Slatter Cllr van de Ven

Please note that the training plan is in the process of being updated

Name of Body	Meetings per Annum	Reps Appointed	Representative(s)	Guidance Classification	Committee to Approve
Cambridge Cancer Research Hospital Engagement Board	TBC	2	Councillor G Seeff (LD) Councillor S van de Ven (LD)	Other Public Body representative	Adults and Health
Cambridge University Hospitals NHS Foundation Trust Council of Governors The Board of Governors represents patients, public and staff. The majority of the Governors are elected by the membership. Governors provide a direct link to the local community and represent the interests of members and the wider public in the stewardship and development of the Trust.	4	1	Councillor S van de Ven (LD)	Other Public Body representative	Adults and Health

Name of Body	Meetings per Annum	Reps Appointed	Representative(s)	Guidance Classification	Committee to Approve
Cambridgeshire and Peterborough NHS Foundation Trust Provides mental health and specialist learning disability services across Cambridgeshire and Peterborough. Also provides some specialist services on a regional and national basis. Partners are Cambridgeshire County Council, Peterborough City Council, NHS Cambridgeshire and NHS Peterborough.	4	1	Councillor C Daunton (LD)	Partner Governor on the Council of Governors	Adults and Health

Name of Body	Meetings per Annum	Reps Appointed	Representative(s)	Guidance Classification	Committee to Approve
North West Anglia NHS Foundation Trust Council of Governors The North West Anglia NHS Foundation Trust was formed on 1 April 2017. The trust runs three busy hospitals – Peterborough City Hospital, Hinchingbrooke Hospital and Stamford and Rutland Hospital. Governors are the 'voice' of members of partner organisations in the running of the hospitals, so that hospital services always reflect the needs and expectations of local people.	TBC	1	Councillor T Sanderson (Ind)	Other Public Bodies [Partner Governor]	Adults and Health
Royal Papworth Hospital NHS Foundation Trust Council of Governors NHS Foundation Trusts are not-for-profit, public benefit corporations. They are part of the NHS and provide over half of all NHS hospital and mental health services. The County Council is represented on the Council as a nominated Governor.	4	1	Councillor P Slatter (LD)	Other Public Bodies	Adults and Health

Name of Body	Meetings per Annum	Representatives Appointed	Representative(s)	Contact Details	Committee to Approve
Adults Safeguarding Board Under the terms of the Care Act 2014, each Local Authority must set up a Safeguarding Adult Board (SAB), with core membership from the Local Authority, police and the National Health Service (specifically the local Clinical Commissioning Group/s). The Cambs and P'boro Board sits below the Executive Safeguarding Partnership Board. The Board is responsible for progressing the Executive Safeguarding Partnerships Board's business priorities through the business plan.	4	1	Councillor R Howitt (L)		Adults and Health

Name of Body	Meetings per Annum	Representatives Appointed	Representative(s)	Contact Details	Committee to Approve
Cambridge Children's Hospital Liaison Group	4	2	Councillor Susan van de Ven (LD) Councillor Alex Bulat (L)		Adults and Health
Cambridge University Hospital NHS Foundation Trust (Addenbrooke's Hospital) Liaison Group To determine any organisational issues, consultations, strategy or policy developments that are relevant for the Adults and Health Committee to consider under its scrutiny function and facilitate a constructive dialogue between system partners.	4	3	Councillor R Howitt (L) Councillor P Slatter (LD) Councillor S van de Ven (LD)		Adults and Health

Name of Body	Meetings per Annum	Representatives Appointed	Representative(s)	Contact Details	Committee to Approve
Cambridgeshire Community Services NHS Foundation Trust Quarterly Liaison Group To determine any organisational issues, consultations, strategy or policy developments that are relevant for the Adults and Health Committee to consider under its scrutiny function and facilitate a constructive dialogue between system partners	4	4	Councillor A Bulat (L) (CYP Committee) Councillor B Goodliffe (L) (CYP Committee) Councillor S Van de Ven (LD) District Councillor Garvie		Adults and Health
Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) Liaison Group To determine any organisational issues, consultations, strategy or policy developments that are relevant for the Adults and Health Committee to consider under its scrutiny function.	4	4	Councillor C Daunton (LD) Councillor S van de Ven (LD) District Councillor Dr Haq Nawaz District Councillor Garvie		Adults and Health

Name of Body	Meetings per Annum	Representatives Appointed	Representative(s)	Contact Details	Committee to Approve
East of England Ambulance Service Trust (EEAST) Liaison Group To determine any organisational issues, consultations, strategy or policy developments that are relevant for the Adults and Health Committee to consider under its scrutiny function and facilitate a constructive dialogue between system partners.	2	2	Councillor S van de Ven (LD) Councillor R Howitt (L)		Adults and Health

Name of Body	Meetings per Annum	Representatives Appointed	Representative(s)	Contact Details	Committee to Approve
Integrated Care System and Cambridgeshire Healthwatch Liaison Group To determine any organisational issues, consultations, strategy or policy developments that are relevant for the Adults and Health Committee to consider under its scrutiny function and facilitate a constructive dialogue between system partners.	4	4	Councillor R Howitt (L) Councillor S van de Ven (LD) District Councillor Jose Hales District Councillor Dr Haq Nawaz		Adults and Health

Name of Body	Meetings per Annum	Representatives Appointed	Representative(s)	Contact Details	Committee to Approve
North West Anglia NHS Foundation Trust (Hinchingbrooke Hospital) Liaison Group To determine any organisational issues, consultations, strategy or policy developments that are relevant for the Adults and Health Committee to consider under its scrutiny function and facilitate a constructive dialogue between system partners.	4	3	Councillor G Seeff (LD) Councillor P Slatter (LD) Councillor Simone Taylor (Ind)		Adults and Health
Royal Papworth Hospital Trust Liaison Group To determine any organisational issues, consultations, strategy or policy developments that are relevant for the Adults and Health Committee to consider under its scrutiny function and facilitate a constructive dialogue between system partners.	4	3	Councillor R Howitt (L) Councillor S van de Ven (LD)		Adults and Health