

ADULTS AND HEALTH



Thursday, 09 December 2021

Democratic and Members' Services

Fiona McMillan
Monitoring Officer

10:00

New Shire Hall
Alconbury Weald
Huntingdon
PE28 4YE

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

AGENDA

Open to Public and Press by appointment only

CONSTITUTIONAL MATTERS

- 1. Apologies for absence and declarations of interest**

*Guidance on declaring interests is available at
<http://tinyurl.com/ccc-conduct-code>*

- 2. Adults and Health Minutes 14 October 2021**

5 - 14

- 3. Petitions and Public Questions**

STRATEGIC ISSUES

- 4. Update on Enhanced Response Area Status**

15 - 22

- 5. Adult Social Care Self-Assessment**

23 - 64

KEY DECISIONS

6.	Day Opportunities for Older People and Physical Disabilities	65 - 80
7.	Accommodation Based Supported Living Service - Exemption Request	81 - 90
8.	Adult Social Care Transport Tendering	91 - 98
9.	Additional Homecare Block Provision for Winter Pressures	99 - 106

DECISIONS

10.	Finance Monitoring Report – October 2021-22	107 - 172
11.	Review of Draft Revenue Business Planning Proposals for 2022-2027	173 - 418

INFORMATION AND MONITORING

12.	Adult Social Care and Public Health Performance Key Performance Indicators	419 - 432
13a.	Adults and Health Committee Agenda Plan - December 2021	433 - 436
13b.	Adult and Health Committee Training Plan Updated 08.10.21	437 - 450

LUNCH BREAK

HEALTH SCRUTINY

14a.	Healthwatch Primary Care Intelligence	451 - 456
14b.	Primary Care Access	457 - 468
15.	CPFT Occupational Therapy Service Waiting Lists	469 - 474

Date of Next Meeting

13 January 2022

Attending meetings and COVID-19

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

The Adults and Health comprises the following members:

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

Clerk Name:	Tamar Oviatt-Ham
Clerk Telephone:	01223 715668
Clerk Email:	Tamar.Oviatt-Ham@cambridgeshire.gov.uk

Adults and Health Committee Minutes

Date: Thursday 14 October 2021

Time: 10.00 am – 12.41pm

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

Present: Councillors David Ambrose Smith, Gerri Bird, Chris Boden, Steve Corney, Adela Costello, Claire Daunton, Lorna Dupré, Nick Gay, Mark Goldsack, Mark Howell, Richard Howitt (Chair), Kevin Reynolds, Philippa Slatter, Susan van de Ven (Vice-Chair), Graham Wilson.

37. Apologies for Absence and Declarations of Interest

Apologies received from Councillor Anne Hay, substituted by Councillor Mark Howell.

No declarations of interest were received.

38. Minutes – 22 September 2021 and Action Log

The minutes of the Adults and Health Committee meeting held on 22 September 2021 were agreed as a correct record and signed by the Chair. The action log was noted.

39. Petitions and Public Questions

No petitions or public questions were received.

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

The Committee received a summary of the business plan for the Adults and Health Committee 2022-27. The paper detailed previous spending and the effects of the Coronavirus pandemic, strategies to reduce the budget gap, future spending proposals which aligned with the Joint Administration's priorities, saving methods, and areas of pressure.

In particular, the reporting officers highlighted in their presentation:

- The current corporate budget gap in October stood at £19.5 million.
- Officers continued to refine the Demand and Demography figure which currently stood at £10 million. The figure reflected the increase in the number of people that needed support and the amount of support required, and the inflationary increases required for current contract providers.
- The figures did not currently reflect the implications of the social care reforms as they were not yet known.

- A number of proposals had been identified to progress the joint administration priorities with an indicative cost of up to £2.755m in 2022/23, these included
 - Work had been completed on the case for increasing support for carers, the detail of which was included in the investment/pressures table at 4.6.2 of the report.
 - The roll out of the Care Together model across the county over a four-year period commencing in 2022-23.
 - The expansion of Direct Payments Service.
 - In addition to the planned Princess of Wales and Rheola sites, expanding the Independent Living offer to three additional sites.
 - The roll out of the Real Living Wage to Adult Social Care Providers.
 - Targeted tackling of health inequalities, including training on Health Impact Assessments to be rolled out.
 - Health in all Policy and Tackling Health Inequalities: Funding for the roll out of Health Impact Assessments across the authority.

Views were sought from the Committee on these proposals with the final business cases to be presented at the December Committee.

- There had been some movement in savings and increases in income including savings on inflation as acquired more beds on long term contracts and the independent living line had been reprofiled so that the savings were rephased into later years. There had been some rebasing of the Adult Social care budget largely as a result of covid loss. The Adult Positive Challenge Programme was also coming to an end and going into business as usual. There was also increased contributions coming through for services from the Better Care Fund.
- £16.4m of pressures and operational investments for 2022/23 had been identified.

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

- Queried why increased demand was shown as a negative under the pressures table in the report. Officers stated that demand and demography figures reflected the increased number of people needing support and increased complexity of some support requirements.
- Questioned what elements of inflation were included in the calculations. Officers explained that £2m of the inflation figure was directly linked to contractual commitments in terms of uplifting rates to providers. Members also queried what the inflation figures were that were not related to contracts. Officers stated that centrally funded inflation sat separately in the tables with a staff pay increase of 2% in years 1-2 and 1% in years 3-5.

- Discussed the presentation of the ringfenced Health Budget in the report. A Member queried if any money from the general funding budget would be going into the Public Health Budget. The Chair of the Committee clarified that this would not be the case at present. Officers explained that the Public Health Budget was reported in a separate table in the report so that the budgeting was clear.
- Queried the changes in figures on the budget gap within the report. Officers stated that the figures would fluctuate until the budget was agreed in February 2022.
- Commented that officers needed to be clear when they used the term 'Health' whether they referred to the NHS or Public Health.
- Expressed concern about the carers the authority were not aware of and how they could be identified and supported and whether GPs could help. Officers explained that each GP practice was required to have a carers register and that Social Prescribers worked with groups of carers providing support for non-medical issues. Officers explained that some individuals did not want to be identified as a carer and that flexible solutions needed to be identified to support them. Officers stated that this was an area for improvement.
- Discussed the Caring Together proposal and the ways in which neighbourhoods could be enabled to support individuals to remain in their own home. Officers stated that investment for micro-enterprises in the community was key to this initiative and joining things up and allowing flexibility. Officers explained that the way we are commissioning domiciliary care at the moment, does not support this way of working. Officers explained that the Caring Together proposal expanded on the work undertaken by Neighbourhood Cares but went further as it changed the way services were commissioned.
- Discussed the proposed expansion of the direct payments service and the difficulties some individuals had in accessing the service in terms of filling in the forms required and whether there was any support for individuals in this area. Officers explained that they were working hard to make direct payments as accessible as possible and that there was an arms-length organisation that helped people with their direct payments. Officers highlighted that more personal assistants were needed and this was one of the main barriers.
- Highlighted the need to reflect the quality improvements that could be made through the proposals clearly and how they could be measured. Officers explained that this information would be detailed within each of the business cases presented to the Committee in December.
- Discussed the importance of the Occupational Therapy service and the need to tackle the waiting lists. Officers explained that the Occupational Therapy service was delivered by CPFT on behalf of the County Council under a section 75 agreement and that waiting lists were monitored very carefully. Officers stated that they were in discussions with CPFT colleagues to get the waiting list back

on track and that the community equipment service was currently being retendered.

- Discussed the expansion of the Independent Living offer and highlighted concerns about the possible overlaps between district and county services in this area. Officers explained that the Disabilities Facilities Grant sat with the District Councils and there was a lot of work ongoing with colleagues to understand the overlaps and where services could be more seamless.
- Queried the difference in the figures outlined in the report regarding the Independent Living Offer against the figures in the presentation. Officers explained that the Rheola costs sat under the revenue budget and this cost would be split out against the other three sites to aid understanding going forwards.
- Discussed the Real Living Wage and its link to delivering social value. A Member requested further detail on what social value would be delivered in return. The Chair explained that the added value would be in training and career development as well as improvements in working culture and conditions. Officers stated that they were working with providers around what and how they could contribute to their local communities and the people living in their local communities and the outcome of the discussions would be fed back in the report to the December Committee.
- Discussed the Public Health proposals and queried whether any further proposals would be identified to utilise the current reserves. Officers explained that there had been underspends had accrued due to activity-based contracts and challenges posed by Covid-19. The Director of Public Health stated that work was underway to identify further proposals and that the priority was to support post covid recovery including supporting Children's and Adults mental health. A Member also queried when the Public Health Grant was likely to be announced. Officers stated that the announcement was usually around Christmas time.
- Discussed the ongoing work on Integrated care and noted the successful integrated care systems workshop that had taken place the previous week. Officers stated that it was about a whole system change that would have significant implications, shifting towards an early help and prevention approach.
- Sought assurances that none of the savings identified would lead to a deterioration in service that the authority provided or that people would pay more. Officers explained that there would be no deterioration in services and that there was investment to delivery services differently, including investing in early intervention and microenterprises, and increasing support carers. The Chair stated that he had not yet fully scrutinised the Client Contributions Policy Changes which had been made by the previous administration. Officers explained that the changes that were made to the policy were thoroughly consulted upon and debated and they brought the policy in line with other local authorities. Officers also advised that the policy would need to be reviewed in light of Social Care Reforms recently announced.

- Questioned whether the Physical Disability Board still met. Officers explained that they would review and come back to the Committee with further information.**ACTION**
- Queried the Prisons Grant underspend. Officers explained that the grant had been underspent for a number of years.
- Discussed the funding of the Care Home Support team. Officers explained that £240k was allocated for a two-year pilot through the business planning process last year.

It was resolved by majority to:

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

41. Adults and Health Committee Agenda Plan and Training Plan

The Committee discussed the scrutiny items on the forward agenda plan. Officers explained that there were a number of scrutiny items identified for the meeting in December which included:

- East of England Ambulance Trust – Performance update and organisational changes
- Discussion on Scrutiny Training programme

During discussions members also identified the following items to be included as possible agenda items for the December meeting:

- Occupational Health Services waiting lists
- Primary Care Pressures – GP service provision

Officers also explained that a training session was being organised in November focused on an Introduction to Integrated Care System. Officers stated that this would take place ahead of a full scrutiny session on the Integrated Care System which officers were looking to schedule for the New Year. Members also requested that a Covid Vaccinations and Lessons learnt item be pencilled in for further discussion in March.**ACTION**

The Committee noted the agenda plan and training plan.

ADULTS AND HEALTH COMMITTEE MINUTES-ACTION LOG

This is the updated action log as at 1 December 2021 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 24 June 2021						
Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
10	Procurement of Housing Related Support Services	Lisa Sparks	That Lot values were based on existing need and therefore Fenland and Cambridge City and South were prioritised. Per Member request, a future report would consider Huntingdonshire for housing provision, following an increase in rough sleepers.	The County Council were awarded additional funding from Central Government to enable Housing First to also be delivered in Huntingdonshire. This was in response to the increased number of rough sleepers reported across the district. County and District Council officers are working together to set this up. A support worker is now in post and discussions are taking place with local Registered Social Landlords to secure accommodation to support the scheme.	In progress	End Dec 21
11	Healthy Weight	Val Thomas	Concerns that other weight problems such as anorexia and the need to look at these in future.	This will come back as part of an update on Healthy Weight to a future Adult & Health Committee meeting.	In progress	TBC

Meeting 22 September 2021

Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
22.	Use of Assistive Technology in Social Care	Grace Clark	Requested that Members visited the Smart Flat when it was up and running.	We are currently waiting for a date when the smart flat has been refurbished	Ongoing	End Nov 21
27.	Finance Monitoring Report	Justine Hartley	Discussed the use of the Public Health reserves. Officers stated that the reserves were ringfenced for public health spend. Officers stated that 2-3 years ago there was a review of how the reserves could be used for transformative measures. Members highlighted their concern that if the Council did not review how to utilise the reserves they may receive reduced funding from government in the future. Officers to update in the next monitoring report to address these concerns.	The position on Public Health reserves is being reviewed as part of Business Planning for 2022-23 and beyond and proposals for usage of the reserve will be brought to the December Committee meeting for consideration. The Finance Monitoring Report brought to the same December Committee will report on the current and anticipated year end reserves position.	In progress	December 21

35.	The provision of NHS Dental Services in Cambridgeshire	Kate Parker	Raised concerns that it was difficult to get urgent dental care and queried if there were new practices coming on stream as this had been an issue pre covid. Officers stated that the issue with new practices coming on stream was reliant on old practices being handed back when they folded. Officers stated that the data in the report was 6 months behind and that they would follow up with the Committee when they had up to date figures.	NHS England Officers have been contacted to remind them of the data updates requested.	In progress	
-----	--	-------------	--	--	-------------	--

Meeting 14 October 2021						
Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
40.	Business Planning Proposals for 2022-27 – opening update and overview	Charlotte Black	Questioned whether the Physical Disability Board still met. Officers explained that they would review and come back to the Committee with further information.	The Physical Disability Partnership Board have met quarterly during 2021. Cllr Bird has been contacted directly.	Closed	
41.	Adults and Health Committee Agenda Plan and Training Plan	Kate Parker	Officers also explained that a training session was being organised in November focused on an Introduction to Integrated Care System. Officers stated that this would take place ahead of a full scrutiny session on the Integrated Care System which officers were looking to schedule for the New Year.	ICS session now planned for 30th November 2021	Closed	
41.	Adults and Health Committee Agenda Plan and Training Plan	Kate Parker	Members also requested that a Covid Vaccinations and Lessons learnt item be pencilled in for further discussion in March.	Covid vaccinations lessons learnt added to the agenda plan for March 2022	Closed	

Update on Enhanced Response Area Status

To: Adults and Health Committee

Meeting Date: 9 December 2021

From: Jyoti Atri, Director of Public Health

Electoral division(s): Countywide

Key decision: No

Forward Plan ref: N/A

Outcome: Update on the Enhanced Response Area Status and early assessment of impact

Recommendation: Adults and Health Committee is asked to:
provide support for measures in place as an Enhanced Response Area

Officer contact:

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

Member contacts:

Names: Cllr Howitt and Cllr van de Ven
Post: Chair and Vice-Chair
Email: richard.howitt@cambridgeshire.gov.uk and susanvandeven5@gmail.com
Tel: 01223 706398 and 07905 325574

1. Background

- 1.1 Enhanced Response Area status was granted to Cambridgeshire and Peterborough on 1st November 2021 just after half-term.
- 1.2 Covid-19 incidence rates in Cambridgeshire and Peterborough had been increasing since mid September, with all areas except Cambridge City being above the England average. Fenland was ranked in the top 20 areas in England for 60+ incidence. Peterborough was ranked in the top 20 for all age incidence and had been increasing exponentially with Covid-19 cases doubling every 20 days since mid-September till mid-October.
- 1.3 Incidence rates in secondary school age children were considerably above the England and East of England average in all areas except for Cambridge, where after a lag, rates were also increasing. Rates had also started to increase in primary school ages with both Peterborough and Cambridgeshire rates in 5-10 year olds being approximately 1000/100,000. There was considerable impact to children's education with student attendance below 90% across schools in Cambridgeshire and Peterborough. Teacher and teaching assistant absences were also increasing and a lack of safe staffing levels resulted in multiple classes being sent home. This was compounded by a shortage of supply staff. Covid-19 incidence rates were rising across all age groups with the 40-49 year olds notably high and increases being seen in both the younger and older age groups. Workforces across Cambridgeshire and Peterborough were being impacted by the need to isolate
- 1.4 Health services were under considerable pressure, with Covid-19 hospitalisations being high or increasing in North West Anglia Foundation Trust Hospitals (Peterborough City Hospital and Hinchingsbrooke Hospital). This was in combination with levels of A&E attendance, ambulance arrivals and emergency admissions in Cambridgeshire and Peterborough that were rising and nearly at pre-covid levels but with reduced capacity to deal with these due to Covid-19 measures. Hospital staffing capacity was under considerable pressure due to workers (or their family members) having to isolate, especially with the full isolation requirements for health workers that work in high-risk settings. There were significant health concerns regarding the potential projected Covid-19 hospitalisations over November and December.
- 1.5 Vaccination uptake was variable across Cambridgeshire and Peterborough with rates significantly lower than England in all age groups in Peterborough and pockets of low uptake in Cambridge City, Fenland, East Cambridgeshire and Huntingdonshire. Uptake of 12-15 vaccination was low in Peterborough, Fenland and South Cambridgeshire.
- 1.6 Cambridgeshire and Peterborough economies and workers are closely linked, with frequent travel across districts to critical infrastructure such as food production, packaging and manufacturing especially in Peterborough, Huntingdonshire, Fenland and East Cambridgeshire. Health, Police and the Combined Authority also work across Cambridgeshire and Peterborough as a whole. The whole local health economy was under extreme pressure and involves workforce drawn from the broader Cambridgeshire and Peterborough area affected by the high rates.
- 1.7 For these reasons, the Health Protection Board, Strategic Coordinating Group, local health partners and lead politicians supported the Director of Public Health in requesting Enhanced Response Area Status for Cambridgeshire and Peterborough. Enhance

Response Area Status was granted by the Government for 5 weeks starting on 1st November.

2. Main Issues

2.1 **Enhanced Response Area Status measures**

There was initial agreement on Enhanced Response Area status measures, with additional measures agreed after negotiation with NHS England and Department for Education. The measures are a way of providing additional support to prevent transmission, reduce the spread of Covid-19 and protect the NHS.

These support areas included:

- **Reducing the transmission risks in schools** with an agreement to keep the measures in schools introduced in October including face coverings in communal areas and by visitors and increased use of use of virtual meetings for staff, parents and visitors where possible. In addition, for schools with confirmed outbreaks additional measures were agreed including the setting-based identification of close contacts and household contacts, daily LFD testing for close/household contacts while awaiting PCR results including in primary schools at parent/guardian discretion. In addition it was agreed that onsite regular school testing could be supported to encourage regular twice weekly testing in areas with poor testing uptake.
- **Contributing to local vaccination efforts** through commitment of additional national community outreach resource (surge rapid response team). The ERA has enabled Cambridgeshire and Peterborough target low vaccine uptake areas with support from the Surge Rapid Response Team (SRRT). The SRRT request was approved with a program of support agreed across Cambridgeshire and Peterborough from 22nd November to 23rd December. NHSE and partners also agreed to support the prioritisation of 12-15 vaccination uptake in low vaccination uptake areas and/or high incidence areas.
- **Enhanced communications and coordinated guidance** to support the reduction of high-risk social mixing, which included Enhanced Response Area communications, paid for media slots and locally drafted recommendations to events organisers, hospitality venues, workplaces and employers.

2.2 **Preliminary assessment of impact of Enhanced Response Areas status measures**

At this early stage it is difficult to quantitatively assess the impact of the ERA measures. Covid-19 case rates dropped over half-term and for the first week of November, most likely due to the reduction in testing over half-term and changes in behaviours over half-term that affect transmission. Case rates started to increase across Cambridgeshire and Peterborough from about 8th November, with rates currently highest in primary school age groups and young people.

- **Reducing the transmission risks in schools:** Over 50 schools implemented have implemented ERA measures and are continuing to do so. Schools have welcomed the ability to use the ERA measures and feedback from the education cell is that one of the strongest measures is the setting identification of close and household contacts to enable daily LFD testing till a negative PCR. ERA status has also informed the covid-safe measures for school-organised events.

- **Contributing to local vaccination efforts:** the SRRT plan has been agreed and is the national team are being deployed from 22nd November -23rd December with the local support and communication. The national team will undertake door-door engagement, leaflet drops and provide signposting to local vaccination sites. Where possible there is also local deployment of local pop-up vaccination sites, which were being planned prior to ERA status. Geographical areas of activity and uptake of vaccination in those areas as well as feedback from the SRRT will be assessed going forward to understand where this approach has most impact. A request for additional vaccinator capacity is still being discussed.

In 12-15s, there have been considerable improvements in Covid-19 vaccine uptake over the last month with most districts now above the England and East of England average. There has been considerable engagement with the school immunisation service to support prioritisation and with schools and parents to improve consent rates. However, whilst 12-15 vaccine uptake in Peterborough has shown improvement from 13.4% on the 1 November to 28%, this is still some way below the national average and requires improvement. Prioritisation of this group is key through the remaining school term and going forward.

- **Enhanced communications and coordinated guidance** ERA status has enabled creation of toolkits, and greater dissemination of messaging through Ad vans. There has also been feedback that stronger and more flexible prevention messaging with the ERA brand would be advantageous to slow the return to pre-pandemic behaviours.

A range of additional DPH letters for businesses, education settings, event organisers and hospitality venues have been sent out to highlight ERA status and re-iterate the strong public health recommendations around measures to reduce Covid-19 transmission. These have enabled more detailed discussion with settings and event organisers, however as there has been no legislative change there are no additional enforcement measures.

2.3 Conclusions

The ERA status has allowed for significant additional national resource to be drawn down to Cambridgeshire and Peterborough to improve vaccination uptake and for the prioritisation of high risk schools in the school vaccine programme. It has also enabled several measures to be taken in schools to better address Covid-19 transmission and minimising interruption to education.

Whilst it is some areas identified for action have not been realised, such as vaccinator capacity, overall there has been a positive impact on the area of being an ERA, most notably the infection control measures in schools and the focus on the vaccination of 12-15 year olds. Whilst there have been some positive benefits to ERA status there has not been sufficient time to maximise the benefits, especially as the package of interventions being used in Cambridgeshire and Peterborough have taken two weeks to negotiate, develop and implement.

We are now seeing case rates increase, the NHS remains under pressure and we are heading towards a difficult winter so effective implementation of the ERA remains critical.

3. Alignment with corporate priorities

- 3.1 Communities at the heart of everything we do
The report above sets out the implications for this priority in Section 2
- 3.2 A good quality of life for everyone
The report above sets out the implications for this priority in Section 2
- 3.3 Helping our children learn, develop and live life to the full
The report above sets out the implications for this priority in Section 2
- 3.4 Cambridgeshire: a well-connected, safe, clean, green environment
Not applicable
- 3.5 Protecting and caring for those who need us
The report above sets out the implications for this priority in [ref paragraph]

4. Significant Implications

- 4.1 Resource Implications
There are no significant implications within this category.
or
The following bullet points set out details of significant implications identified by officers:
or
The report above sets out details of significant implications in [ref paragraph]
- 4.2 Procurement/Contractual/Council Contract Procedure Rules Implications
There are no significant implications within this category.
- 4.3 Statutory, Legal and Risk Implications
There are no significant implications within this category.
- 4.4 Equality and Diversity Implications
This approach should reduce inequalities in covid-19 transmission and vaccine uptake across Cambridgeshire.
- 4.5 Engagement and Communications Implications
The decision to request Enhanced Response Area status was discussed at Health Protection Board (which includes Councils, Health, Voluntary sector and UKSHA representatives), the Cambridgeshire and Peterborough Covid-19 Strategic Coordinating Group, with local health leaders and with all local council leaders and politicians
- 4.6 Localism and Local Member Involvement
The DPH engaged with local politicians about the application to national around ERA status
- 4.7 Public Health Implications
The report above sets out details of significant implications in Section 2

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

4.8.1 Implication 1: Energy efficient, low carbon buildings.

Positive/neutral/negative Status: Neutral

Explanation:

4.8.2 Implication 2: Low carbon transport.

Positive/neutral/negative Status: Neutral

Explanation:

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

Positive/neutral/negative Status: Neutral

Explanation:

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.

Positive/neutral/negative Status: Neutral

Explanation:

4.8.5 Implication 5: Water use, availability and management:

Positive/neutral/negative Status: Neutral

Explanation:

4.8.6 Implication 6: Air Pollution.

Positive/neutral/negative Status: Neutral

Explanation:

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

Positive/neutral/negative Status: Neutral

Explanation:

Have the resource implications been cleared by Finance?

Name of Financial Officer: N/A

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the Head of Procurement?

Name of Officer: N/A

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer?

Name of Legal Officer: N/A

Have the equality and diversity implications been cleared by your Service Contact?

Name of Officer: N/A

Have any engagement and communication implications been cleared by Communications?

Name of Officer: N/A

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

Name of Officer: N/A

Have any Public Health implications been cleared by Public Health?

Name of Officer: N/A

If a Key decision, have any Environment and Climate Change implications been cleared by the Climate Change Officer?

Name of Officer: N/A

5. Source documents guidance

5.1 None

Adult Social Care Self-Assessment

To: Adults and Health Committee

Meeting Date: 9 December 2021

From: Charlotte Black – Director of Adult Social Care (DASS).

Electoral division(s): All

Forward Plan ref: N/A

Outcome: The Committee is asked to consider the self-assessment and the outlined areas for development.

For the committee to agree the Local Account for publication as a reflection of the finding of the self-assessment.

Recommendation: The report provides an overview of the Self-Assessment for Adult Social Care in Cambridgeshire, carried out as part of the Association of Directors of Adult Social Services (ADASS) regional sector led improvement programme.

Adults and Health Committee is asked to:

- a) Note the findings of the self-assessment.
- b) Approve the public facing 'Local Account' for publication.

Officer contact:

Name: Tina Hornsby
Post: Head of Adults Performance and Strategic Development
Email: tina.hornsby@cambridgeshire.gov.uk
Tel: 07741 830025

Member contacts:

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

1. Background

- 1.1 As a core part of the Sector Led Improvement programme in Eastern Region led by the Association of Directors of Adult Social Services (ADASS) Directors are asked to complete a self-assessment. The self-assessment covers a wide range of themes. Cambridgeshire County Council submitted a self-assessment on 31 March 2021 which covered the previous 18 months. Subsequent to this the Council met with a former Director, Andrew Cozens, for an external challenge session in August 2021 and took part in a regional challenge event in September 2021. There is also a system where we meet with another Council and compare data and provide peer challenge. This paper summarises the key themes that have emerged through that process.
- 1.2 There is a requirement for councils to produce an annual statement to the public about adult social care called a Local Account. Appendix One provides this public summary of the self-assessment for approval for publication as the Local Account.

2. Key Findings for the Self-Assessment

- 2.1 The self-assessment tool is structured around high-level themes, each with a number of prompts to draw out both strengths and areas for development or risks. It covers the entire remit of adult social care statutory duties, operational, commissioning and strategic. On the whole the feedback from the external challenge process was positive with the Council having shown consistent progress in recent years in a number of areas. However, a number of risks and challenges have also been identified within the process.
- 2.2 **Top achievements and challenges:**
 - 2.2.1 The Council reflected on the following main achievements during 2020/21
 - a) Adult Social Care's response to COVID-19 has focused on promoting independence, Technology Enabled Care and supporting carers. The Council redeployed staff to establish COVID-19 community hubs, fill gaps in reablement staffing, provide public information about COVID-19 and support shielded residents.
 - b) Supporting Care Providers – we have received positive comments and compliments from care providers about the support they received from the Council during the pandemic. These focused on the flow of information, support with interpreting government guidance, vaccination responsiveness and financial support.
 - c) Sharing the management of some of our adult social care services across two Councils has helped our joint working with partners who cross our Council boundaries and provided an opportunity to increase resilience
 - 2.2.2 In our self-assessment we stated the following three areas as our biggest challenges:
 - a) Demand management – COVID-19 and lockdowns has created higher levels of need in the community. We are seeing more complex cases, increased levels of frailty, reduced confidence, reduced mobility and increased carer strain. Some of this is linked to reduced access to NHS services, and hospital discharges are more complex with most admissions being drive by urgent treatment requirement rather than planned surgery.
 - b) Stability of the care market – The social care workforce has been under an unprecedented amount of pressure during the last year with potential long-term impacts

on health and wellbeing. Indications are that older, more experienced workers might choose to retire sooner.

- c) Financial situation – The challenging financial position of the local NHS, and the growing costs of care, has increased pressures in the system. This is not helped by the temporary nature of some of the current national funding streams including those for hospital discharge and infection control.

2.3 Partnerships

- 2.3.1 Partnership working has always been very important for adult social care, but during the pandemic this was evidenced even more clearly. The details below do not represent an exhaustive list but are examples of partnerships that have developed over the time of the self-assessment.
- 2.3.2 Partnerships with Health were key in supporting our response to COVID-19, particularly in relation to infection prevention and control, vaccination programmes and establishing the new Discharge to Assess pathway for hospital discharges. We also continued to provide an integrated Learning Disability Partnership (LDP) with a pooled budget. The strengths of multi-disciplinary working have been evident during the pandemic. An example being setting up link workers from the LDP teams to work with LD liaison nurses in hospitals, with the person, their family and providers to ensure a timely and smooth discharge from hospital.
- 2.3.3 Just prior to the first lock down, a Public Health Consultant was appointed to specifically work with adult social care to provide evidence and evaluation support, and to ensure that public health delivery supports people with care and support needs. This role continues to provide invaluable support to both Council staff and external providers during the pandemic. There have been a number of shared campaigns including Stay Well this Winter, #50,000 reasons tackling loneliness and social isolation, Stay Stronger For Longer (falls prevention) and numerous campaigns and messaging related to COVID-19
- 2.3.4 A Section 75 agreement is in place with the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) delegating the delivery of mental health social work. Recently the trust has enhanced the senior management capacity in social care and a trust lead for social care has been appointed. The trust has developed an annual work plan which is reported against regularly. There is strong engagement with the voluntary and community sector in relation to mental health and some services are jointly commissioned with the Clinical Commissioning Group (CCG).
- 2.3.5 The Council's 0-25 service transferred from Childrens Social Care to Adult Social Care in September 2020. This transfer supported the commitment to ensuring that transitioning from children's to adults' services can be planned early and in a way that maximises independence and positive outcomes.
- 2.3.6 Cambridgeshire County Council has positive relationships with District Councils and social care housing providers. There is regular representation at the Countywide Housing Board which brings key stakeholders together. A Housing Related Support Strategy has been produced and was consulted on across a wide range of stakeholders. The strategy will inform the re-procurement of housing services planned for 2021-22 which will see a change

of direction towards more flexible and personalised approaches based on the person's need, rather than available accommodation.

- 2.3.7 Adult social care in Cambridgeshire continues to have strong relationships with the voluntary and community sector, with the Community Navigator service delivered by Care Network providing direct support to social care professionals wishing to link people into opportunities within their communities. Currently there are two shared delivery plans with the wider Cambridgeshire Local programme, carers and Technology Enabled Care/digital resilience. Adult social care also regularly support community and voluntary sector groups to access funding from the Innovate and Cultivate Fund to set up effective support groups such as 'Men's Sheds'.

2.4 Engagement

- 2.4.1 Healthwatch Cambridgeshire and Peterborough are commissioned by the Council to bring together individuals with lived experience and local partners through our five Adult Social Care Partnership Boards. These groups support us in our continuous improvement of social care practice and commissioning. The Partnership Boards met virtually during 2020/21 and have developed the following joint objectives for focus in 2021/22.

Partnership Board	Annual priorities set by the Partnership Board
Carers Partnership Board	1) Support for adult sibling carers. 2) Prioritisation of healthcare services for carers. 3) Improvements in health and social care communications.
Older People's Partnership Board	1) Transport. 2) Digital inclusion/exclusion and resilience.
Physical Disability Partnership Board	1) Digital inclusion/exclusion and resilience. 2) Stroke (cause/prevention/rehabilitation). 3) Hate Crime (disability). 4) Membership recruitment.
Sensory Impairment Partnership Board	1) Transport. 2) Digital inclusion/exclusion. 3) Membership recruitment.
Learning Disability Partnership Board	1) Digital inclusion/exclusion and resilience. 2) Health subgroup. 3) Transport. 4) Coronavirus delivery.

- 2.4.2 Specific engagement and co-production work also took place with specialist experts by experience groups such as SUN Network (representing those who use mental health and drug and alcohol services), The Speak Out Council (representing those who are autistic or have a learning disability) and the Counting Every Adult co-production group.
- 2.4.3 Healthwatch Cambridgeshire and Peterborough undertook a survey with people who left hospital between June and August 2020 (during the COVID-19 pandemic). Not all discharges were those involving adult social care and themes identified were therefore useful to and shared across the health and social care acute and community system. Key issues from the report were:

- A significant number of people reported lack of communication during discharge meaning that they did not know what support they should expect when they got home, and they did not have information on who to contact if they needed help. Only one in five people were given information about the voluntary sector and the support they could offer.
- Just over one in three people waited over 24 hours to go home, there were lots of reasons for the wait but the main one was transport.
- Some patients reported not having the equipment they needed, or not knowing how to use it.

2.4.4 There were positive themes too:

- a) Three in four people said they definitely felt prepared to leave hospital or felt prepared to leave to some extent
- b) Nearly three in four people discussed where they were being discharged to and went to the place they wanted to go to and most people were positive about the care put in place

2.5 Performance and activity

- 2.5.1 The adult social care statutory reporting year runs from 1 April to 31 March. The period April 2020 to March 2021 was heavily impacted by COVID-19 and this led to some changing patterns in our activity. The reductions in people contacting the Council for early help services reflected the reductions seen in other services such as primary care.
- We received 18,569 new requests for support or signposting in 2020/21 which was around 17% less than 2019/20.
 - Fewer people were provided with Technology Enabled Care, 5,293 in total, around 39% less than in 2019/20.
 - 3722 completed a period of reablement with the Council, 5% less than the previous year.
- 2.5.2 However we supported a greater number of people with long term packages of care during the year- 7694, an increase of 2%.
- 2.5.3 The performance of local authority adult social care functions is currently compared nationally via the Adult Social Care Outcomes Framework (ASCOF). This framework has been in place for a number of years and many of the indicators no longer reflect the outcomes and challenges of the current function. A national consultation is underway on a replacement for this framework. A number of the indicators were also not collected for 2020/21 due to the pandemic putting the national service user and carer surveys on hold and the change in hospital discharge pathways.
- 2.5.4 Cambridgeshire performs better than the regional average on the following outcomes:
- Higher social care related quality of life – latest 2019/20
 - Higher service user satisfaction with care and support – latest 2019/20
 - More service users with control over their daily life – latest 2019/20
 - More service users with as much social contact as they want – latest 2019/20
 - More service users receiving self-directed support – latest 2020/21
 - More adults with learning disabilities living in their own home – latest 2020/21
 - Fewer permanent admissions to care homes – latest 2020/21

- More people completing reablement who need no further long-term care and support – latest 2020/21.

2.5.5 Cambridgeshire performs less well than the regional average on the following outcomes:

- Fewer service users who find it easy to get information and advice – latest 2019/20
- Fewer service users receiving Direct Payments – latest 2020/21
- Fewer adults with Learning Disabilities in employment – latest 2020/21
- Fewer older people still at home 91 days after leaving hospital – latest 2020/21
- Fewer older people receiving reablement services after hospital – latest 2020/21
- Fewer people who use services who feel safe – latest 2019/20
- Higher number of delayed transfers of care – latest 2019/20

2.6 Impact of COVID-19 adult social care in Cambridgeshire

2.6.1 The impact of COVID-19 on adult social care has been unprecedented. Adult social care has been given high priority by the Council, with additional resources redeployed at the peak of the pandemic and dedicated public health support throughout. The system wide response, including voluntary and community sector colleagues, has provided an opportunity to build sustained relationships, levels of trust and mutual understanding across the system.

2.6.2 The pandemic had a significant impact on the providers of direct social care support services, such as care homes, domiciliary care and day services. Collaboration with social care providers has been central to the response to COVID-19. This included ensuring that where we have discretion about use of infection control funding, we consulted providers to understand what will achieve the greatest benefit. We face a significant challenge going forward in understanding and planning for the long-term impact of the pandemic.

2.7 Areas for focus in 2021/22

2.7.1 A valuable aspect of the self-assessment process is the external challenge from both our buddy Council and the ex-Director review. From these conversations a number of areas for further development have been agreed. These are summarised the table below alongside the current actions.

Theme	Current Actions
Market sustainability and market management.	Close working with the region to share knowledge and tools to support what is a challenge for all. This includes looking at how we might better utilise the regional Provider Assessment and Market Management Solution (PAMMS).
Direct Payments and Individual Service Funds	Direct Payments Board driving forward the introduction of individual service funds as an alternative to Direct Payments Work with Community Catalysts to develop micro enterprises. This is supported by the Joint Administration priorities and proposals set out in the business planning process.

Data Quality and Performance reporting	Project underway to rebuild full suite of adult social care reporting as self-service dashboards. Preparations for new national assurance framework and performance metrics, alongside introduction of client level statutory data set return.
Integrated neighbourhoods and early intervention and prevention	Linking into the work of the Integrated Care System (ICS) and the Integrated Partnerships (ICP) work on developing integrated neighbourhoods and developing a clear adult social care ask and offer. Looking at tools and best practice to understand how well we are delivering early intervention and prevention outcomes and effective community led initiatives, in our Care Together programme. Work is ongoing with the adult social care forum and partnership boards to review and improve access to information and advice.
Workforce pressures	Looking at in-house recruitment, retention and career pathways. Development of wider workforce strategy in partnership with providers.
Carers support	Continued development of the carers support offer. Learning from the national carers survey, currently underway, to understand the current experience of carers and the impact of COVID-19.
Co-production	Co-producing our vision for co-production in both practice and strategy working with our expert by experience groups and partnership boards and drawing from the nationally recognised Making It Real model and the Social Care Futures movement.

2.7.2 As many of the areas of focus are common across the region, we will be making use of the regional networks and resources where possible to support.

3. Alignment with corporate priorities

3.1 Communities at the heart of everything we do

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

- The self- assessment reflects our work with communities in a number of sections and as a consistent theme.
- The section on partnerships gives an overview of our relationship with the community and voluntary sector in paragraph 2.3.7
- The community and voluntary sector is key to a number of actions in relation to our areas of development referenced in section 2.7.

3.2 A good quality of life for everyone

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

- Providing the best quality of life possible to people with care and support needs and their carers is core to adult social care and hence reflected throughout the report.
- Specific reference is made to the national ASCOF Quality of Life indicator in paragraph 2.5.4

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

The report above sets out the implications for this priority in 2.3.5

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

There are no significant implications for this priority

3.5 Protecting and caring for those who need us

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

- This is a core function of adult social care and is therefore reflected in the content throughout the entirety of the report.

4. Source documents guidance

4.1 Source documents

Results from the Adult Social Care Outcomes Framework published 21 October 2021

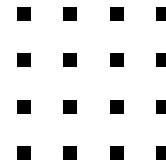
5.2 Location

<https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-outcomes-framework-ascf/england-2020-21>



Cambridgeshire County Council Adult Social Care

Local Account 2019-21



Introduction

The purpose of the Local Account is to provide information on where Cambridgeshire County Council Adult Social Care are doing things well, where we think we can improve and how we are planning for the opportunities and challenges ahead.

The Local Account reflects on our achievements during 2019-21. It also looks at how Adult Social Care has managed through the COVID-19 pandemic.

It includes feedback that we have received through surveys carried out by both the council and local voluntary and community sector agencies.

Welcome!



Welcome to the 2019-21 Local Account for Cambridgeshire County Council Adults and Safeguarding.

We can all agree that 2020-21 has been an incredibly challenging year for everyone, and particularly for health and social care services.

We are especially proud of the hard work that the department has undertaken, with our frontline staff going that extra mile to ensure that care is still delivered, despite the COVID-19 pandemic.

We hope that you find the Local Account interesting and informative.

Councillor Richard Howitt and Councillor Susan van de Ven, Chair and Vice Chair of the Adults and Health Committee at Cambridgeshire County Council

Activity Overview for 2019-20 and 2020-21

Below is an overview of the number of people we have worked with in 2019-20 and how different it was last year with the impact of COVID-19:

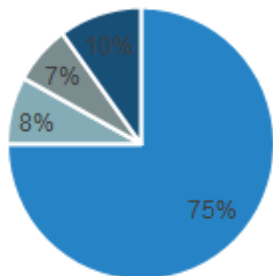
- **22276** – The number of contacts from people who needed some support or information and advice. There were slightly fewer requests last year, **18,569**.
- **8607** – The number of people we provided with technology or equipment. There were fewer people last year, **5,293**.
- **3898** – The number of people to whom we provided a short period of support to recover from illness or a stay in hospital. There were slightly fewer people last year, **3722**.
- **7558** – The number of people to whom we provided some longer term care and support. There were slightly more people last year, **7694**.

Page 34 of 184



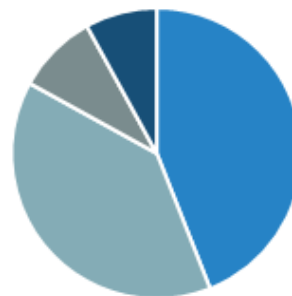
How we spent our budget in 2020-21

Where we spent the money



- care and support purchased
- social care staff
- directly provided support
- other

Who we supported



- learning disabilities
- older people
- physical disabilities
- mental health

**What were the top
achievements
and challenges during
2019-21?**



Top achievements for 2019-2021

Response to COVID-19

Adult Social Care's response to COVID-19 has focused on promoting independence, Technology Enabled Care, and supporting carers.

We redeployed staff to establish COVID-19 community hubs, fill gaps in reablement staffing, provide public information about COVID-19 and support shielded residents.

[Find out more here.](#)

Supporting care providers

We have received positive comments and compliments from care providers about the support they have received from us throughout the COVID-19 pandemic.

These focused on the flow of information, support with interpreting government guidance, vaccination responsiveness and financial support.

Top three risks and challenges during 2019-21

Supporting people in their homes

COVID-19 and lockdowns has created high levels of need in the community. We are seeing more complex cases, increased levels of frailty, reduced confidence and mobility and increased strain on carers.

Some of this is linked to reduced access to NHS services and changes in how people are discharged home after a stay in hospital.

People who work in social care

The social care workforce has been under an unprecedented amount of pressure during the last year with potential longer-term impacts on health and wellbeing.

Indications are that older, more experienced workers might choose to retire sooner.

Financial situation

The challenging financial position of the local NHS, and the growing costs of care, has increased pressure in the system.

This is not helped by the temporary nature of some current national funding streams, including those for hospital discharge and infection control.

Partnerships with other organisations



Partnerships – Health

Working with GPs

We have worked with Primary Care Networks and other parts of the NHS to support more joined up local care, that puts the needs of people first.



COVID-19

The system has responded in a co-ordinated way to support care providers with infection prevention and control, outbreak management and access to testing and vaccinations.

We have worked in collaboration with health colleagues to implement and embed the new 'discharge to assess' requirements which have had a positive impact on the speed of hospital discharges.

Page 40 of 484

People with learning disabilities and families

The Learning Disability Partnership continues to be an integrated health and social care service with a fully pooled budget. An example is setting up link workers from teams to work with Learning Disability Liaison Nurses in hospitals, with the person, their family and providers, to support people with learning disabilities coming home from hospital.

Partnerships – Public Health

Professional support for Adult Social Care

A Public Health Consultant has been appointed to work specifically with Adult Social Care.

They will focus on the wider health and wellbeing of people with care and support needs.

Campaigns

There have been range of Public Health programmes which protect and promote the health and wellbeing of our communities:

- Stay Well this Winter
- #50000 Reasons (tackling loneliness and social isolation)
- Stay Stronger for Longer (falls prevention)
- Campaigns related to COVID-19



Good practice example – Public Health

Stay Well this Winter multi-agency group which works across the local health and social care system.

This group works to mitigate the risks associated with cold weather to the health and wellbeing of the most vulnerable members of the community, who live in cold homes due to fuel poverty. [Find out more here.](#)



Partnerships – Mental Health

Health and social care working together

A Section 75 Agreement delegates the responsibility for Mental Health Social Work to Cambridgeshire and Peterborough NHS Foundation Trust (CPFT).

This enables a close working relationship between the council and the trust and for health and social care needs to be considered jointly.

A trust lead for social work is in place to ensure that social care is a high priority.

The trust has developed an Annual Work Plan for Mental Health which is reported against regularly.

The Good Life Service

There is strong engagement with the mental health voluntary and community sector.

Services are jointly commissioned with the Clinical Commissioning Group (CCG) where appropriate.

The Good Life service is commissioned by Cambridgeshire County Council, Peterborough City Council and the CCG and provides a recovery and community inclusion service for people with mental health needs.

[Find out more here.](#)

Partnerships – Children's Services

Children's Social Care

The 0 to 25 Service transferred from Children's Social Care to Adult Social Care in September 2020. This team supports children with disabilities and their families.

There is a clear commitment to ensuring that transitioning to Adult Social Care services should be planned early in order to support young people to achieve their best potential.



Partnerships – Housing



We have positive relationships with District Councils and providers.

A Housing Related Support Strategy has been produced and was consulted on across a wide range of stakeholders. The strategy will inform the re-procurement of housing services planned for 2021-22 introducing more flexible approaches based on the person's need, rather than available accommodation.

Adult Social Care implications of homelessness and domestic violence, including new legislative requirements, have been considered within the Strategy.

Partnerships – voluntary and community groups

Working together

A countywide community resilience group of 40+ voluntary and community sector services and community groups, plus all public sector partners (including Adult Social Care) has been established.

Care Together

The council has an active strategy for developing community resilience. We are looking at how we can work differently locally, starting in East Cambridgeshire.

Care Together is a partnership between health, social care, communities and local groups with the aim of support by local people to local people.

Community Projects

Delivering projects that help people to participate and gain support within their communities.

- Innovate & Cultivate Fund
- Against Scams Partnership
- Time Currencies

Good practice example – Voluntary Sector



The Innovate & Cultivate Fund

This funding stream supports the creation of community projects delivering preventative work that builds community capacity and supports people to remain independent, safe, well and living a fulfilled life. [Find out more here.](#)

Community Engagement



Community Engagement – Healthwatch

Healthwatch Cambridgeshire and Peterborough, who are commissioned by the council, bring together individuals and local partners through groups such as the five Adult Social Care Partnership Boards and their four place-based Health and Care Forums.

These groups support the continuous improvement of health and social care.

The Partnership Boards met virtually during 2020-21.

[Find out more here.](#)

We worked with Healthwatch on surveys relating to COVID-19, such as:

- Telephone interviews with a sample of patients discharged from hospital under the new 'discharge to assess' pathways. [Find out more here.](#)

We have also benefited from the learning shared from other work carried out by Healthwatch, such as:

- Their three month survey asking how changes to health and care services, due to COVID-19, had impacted on people's lives. [Find out more here.](#)

Community Engagement – Experts by Experience



Engagement and co-production activities took place with specialist lived experience groups such as:

- SUN Network (representing those who use mental health and drug and alcohol services): [Home - The SUN Network](#)
- The Speak Out Council (representing those in Cambridgeshire who are autistic or have a learning disability): [VoiceAbility | Speak Out Council](#)
- The Counting Every Adult co-production group (details of the service can be found here: [Area Details - MEAM Approach](#))

Performance



Adult Social Care Outcomes Framework

Measures from the Adult Social Care Outcomes Framework, England - 2020-21

Official statistics

Publication Date: 21 Oct 2021

Geographic Coverage: England

Geographical Granularity: Country, Regions, Councils with Adult Social Services Responsibilities (CASSRs), Local Authorities

Date Range: 01 Apr 2020 to 31 Mar 2021

The Adult Social Care Outcomes Framework (ASCOF) measures how well care and support services achieve the outcomes that matter most to people.

The ASCOF is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability.

The latest published figures are for 2020-21. [Find out more here.](#)

Adult Social Care Outcomes Framework – Social Care Related Quality of Life

The Social Care Related Quality of Life score is made up of indicators around different aspects of people's lives including nutrition, personal care, safety, social contact, how people are helped, control over daily life and whether people can spend time doing what they want to do.

The regional score was 19.25.

Cambridgeshire's result was better at **19.4**.



Adult Social Care Outcomes Framework – indicators where Cambridgeshire did better than the regional average

- Higher social care related Quality of Life
- Higher satisfaction with care and support
- More people with control over their daily life
- More people with as much social contact as they want
- More people receiving self-directed support
- More adults with learning disabilities living in their own home or with family
- Fewer permanent admissions to care homes
- More people completing reablement who need no further long-term care and support

Adult Social Care Outcomes Framework – indicators where Cambridgeshire did worse than the regional average

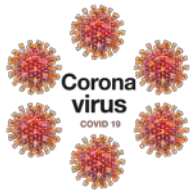
- Fewer people said they find it easy to get information and advice
- Fewer people accessing long-term support receiving Direct Payments
- Fewer adults with learning disabilities in employment
- Fewer older people still at home 91 days after leaving hospital
- Fewer older people receiving reablement services after leaving hospital
- Fewer people who use services who feel safe
- Higher number of delayed transfers of care

Impact of COVID-19



The impact of COVID-19 on the council and on social care has been unprecedented. Adult Social Care has been given high priority, with additional resources and dedicated public health support.

The system-wide response to COVID-19, including voluntary and community sector colleagues, has provided an opportunity to build sustained relationships, levels of trust and mutual understanding.



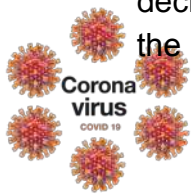
Key changes due to COVID-19

Leaving hospital

During the pandemic the NHS funded short-term care for people leaving hospital.

This was called 'Discharge to Assess' (D2A) and meant that people being discharged from hospital were able to access NHS funding whilst decisions were taken on their future care needs.

Although the NHS funding is expected to stop Discharge To Assess is to continue, to support decisions about long-term care to be made at the right time.



Family carers

Family carers have been particularly impacted by COVID-19. This has led a focus on proactive contacts and emergency 'What If?' contingency plans being developed for carers in partnership with Caring Together.

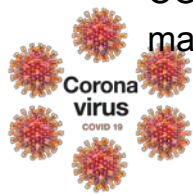
Staff redeployed from frontline roles, due to shielding status, were in contact with carers to offer support and link carers into wider COVID-19 support such as access to shopping, prescription delivery, etc.

Key changes due to COVID-19 (2)

Working with providers

Continued working with providers has been central to delivery of our local plans. This included ensuring that where we have discretion about use of infection control funding, we have consulted providers to understand what will achieve the greatest benefit.

Also, providers were given access to Personal Protective Equipment (PPE) and COVID-19 testing to support them in maintaining the safety of their services.



Working with the local community

We have mobilised the community sector, to support low level prevention and early intervention provision.

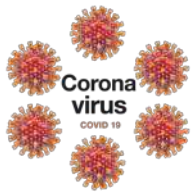
There was a particular effort to support carers with various voluntary and community sector groups and the community hubs providing proactive support and outreach.

Information about COVID-19

New web pages have been created on our website to share messages about COVID-19.

[Find out more here.](#)

A countywide newsletter called 'Highlights from the Hub' was produced which included lots of useful information about support available locally and nationally during the pandemic. Also, it highlighted local good news stories.

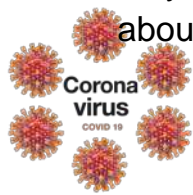


What our service users and communities said

Leaving hospital during COVID-19 survey

Healthwatch Cambridgeshire and Peterborough undertook a survey with people who left hospital between June and August 2020 (during the COVID-19 pandemic). Key issues from the report were:

- Three in four people said they definitely felt prepared to leave hospital or felt prepared to leave to some extent
- Nearly three in four people discussed where they were being discharged to and went to the place they wanted to go to and most people were positive about the care put in place



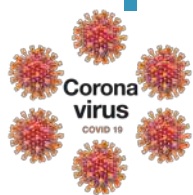
You can read the full report on [Healthwatch's website](#).

What our service users and communities said (2)

Leaving hospital during COVID-19 survey

However

- A significant number of people reported lack of communication during discharge meaning that they did not know what support they should expect when they got home, and they did not have information on who to contact if they needed help. Only one in five people were given information about the voluntary sector and the support they could offer
- Just over one in three people waited over 24 hours to go home, there were lots of reasons for the wait but the main one was transport
- Some patients reported not having the equipment they needed, or not knowing how to use it



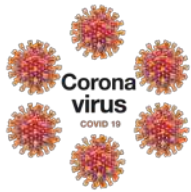
What our service users and communities said (3)

Leaving hospital during COVID-19 survey – what the council has done

- The council has started to work with the Adult Social Care Forum to look at access to information and advice more widely. The forum membership includes the Clinical Commissioning Group.
- A new information sheet specifically covering hospital discharge has been created and promoted for staff to use in the hospitals and social care. This can be found on the link below:

[What happens when you leave hospital?](#)

- A review of hospital discharges is currently underway and learning from this survey will feed into that.

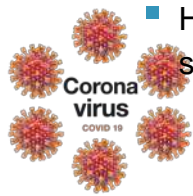


What our service users and communities said (4)

COVID-19 experiences survey – what happened next

The survey feedback was reviewed at the Cambridgeshire and Peterborough Adult Social Care Forum in October 2020 and used to help improve current and future services. The feedback included:

- How people had coped with the shift to online/telephone services rather than face-to-face support due to the pandemic.
- The disruption caused by some local health services stopping or being put on hold.
- How people had experienced increased anxiety and mental health issues – often linked to feelings of loneliness and isolation – due to shielding and lockdown measures.
- The pressure on those with a caring role due to the lack of respite opportunities during lockdowns.
- How people had appreciated regular welfare check calls from council service teams.
- How people would like to keep the option to have a mixture of online and in person meetings and services going forward.



If you want to find out more ...

Here are some links that you might find useful:

[Cambridgeshire County Council Adult Social Care webpages](#)

[NHS Digital Measures from the ASCOF 2019-20](#)

[NHS Digital Personal Social Services Adult Social Care Survey 2019-20](#)

If you want to contact Adult Social Care you can find an online contact form and other methods of contacting us on the [council's Contact Us pages](#).

Day Opportunities for Older People and Physical Disabilities

To: Adults and Health Committee

Meeting Date: 9 December 2021

From: Executive Director, People & Communities

Electoral division(s): Countywide

Key decision: Yes

Forward Plan ref: 2021/052

Outcome: People will be able to access day services in their local communities whilst we develop the longer-term vision and approach to commissioning Day Opportunities.

We will have a clearly defined offer for Day Opportunities which will meet current and future social care needs and manage demand through an early intervention and prevention approach to meet a range of support needs.

Recommendation: Adults and Health Committee is asked to:

- a) recommend approval of grant extensions for Older People/Physical Disability Day Services as shown in Appendix 2 for 24 months. The total value for the 24 month period is £1,338,620.
- b) note the approach to the transformation of Day Services for Older People and Learning Disabilities.

Officer contact:

Name: Sarah Bye

Post: Senior Commissioner

Email: sarah.bye@cambridgeshire.gov.uk

Tel: 07468 718793

Member contacts:

Names: Councillor R Howitt/Cllr S van de Ven

Post: Chair/Vice-Chair

Email: Richard.howitt@cambridgeshire.gov.uk
Susanvandeven5@gmail.com

Tel: 01223 706398

1. Background

- 1.1 Day Services provide centres or hubs within local communities where people with support needs can go to meet others and receive welfare and wellbeing support. These services engage individuals in a range of activities such as improving mobility or structured sessions to encourage social interaction delivered by the service or through outside agencies. Services may also provide welfare and wellbeing support to individuals and provide a valuable resource offering respite to families and carers. Day Services are located across the County in local communities and are often small independent charities or affiliated to larger national organisations such as Age UK. The case studies in Appendix 1 provide an overview of some of the activities and support provided by Day Services for Older People.
- 1.2 Day Services for Older People and Physical Disabilities in Cambridgeshire are delivered by 3 in house services and 25 grant-funded services. The services are located throughout the county with support available in each District. As of March 2021, 107 Cambridgeshire clients were accessing Day Service provision as part of their care and support plan to meet assessed needs with a further c.400 people directly accessing services who are not known to Adult Social Care. Grant funded day centres play an important role in early intervention and prevention through direct access routes which reduce or delay the need for formal care and support.
- 1.3 The current annual spend distributed through grant funding for OP/PD Day services is £669,310. Formal grant agreements were issued commencing on 1st May 2019 for a two-year period with the current arrangements ending on 31st March 2022. The Day Services currently receiving grants are shown in Appendix 2. Where there are not a set number of adult social care placements agreed as part of the grant agreement there may be further costs associated with an individual's care and support plan which are funded on a case-by-case basis and detailed in the table below under 'Spot Spend'. Current committed spend for 21/22 is shown in the table below:

Type of Spend	Annual Spend
OP/PD grant-funded day services	£669,310
Spot spend on day services (across client groups exc. LD)	£227,000
Total Annual Spend	£896,310

- 1.4 The grant funding provides a contribution to the core costs of the delivery of these services and the Council does not fund the total cost of delivering services. Services often charge a daily rate for attendance or hot food/travel directly to the service user.
- 1.5 Over the last 18 months the Corona virus pandemic has significantly disrupted the delivery of Day Services as they closed for periods of time in line with Government and Public Health advice. Cambridgeshire County Council continued to pay services in line with their financial agreements during periods of closure where providers worked flexibly in order to provide alternative support within the community during periods of closure or redeploy staff to support the response to the pandemic. We have worked closely with providers to support them to safely re-open Day Services to service users, and providers have worked incredibly hard to ensure their buildings-based delivery can continue with covid secure

mitigations in place, including continuing to operate with social distancing and reduced capacity.

- 1.6 Commissioners are also supporting the recovery of Day Services post-covid through improved links to wider health and social care services such as Social Prescribing, Adult Early Help and operational teams to ensure that referral rates, which understandably dropped the pandemic period, are recovered to maximise the available capacity and support the financial sustainability of services.
- 1.7 Planned re-commissioning work was not able to be delivered due to the focus on the pandemic. However, a number of key developments have been undertaken with providers and service users during this period:
 - Increased engagement with Day Opportunities providers with the introduction of a regular monthly forum for Older People/Physical Disability (OP/PD) and Learning Disability (LD) providers.
 - Service User survey about the use of day services and the alternative support required whilst services were closed.
 - Review of grant payments where services were closed for significant periods throughout the pandemic (and offering no alternative support) and services who decided to close on a permanent basis.
 - Improved level of information provided to the Council in relation to the support offered and numbers of people attending day services.
 - Understanding how services worked differently throughout the pandemic for example using technology, individual doorstep or community visits and on-line support and how this made a difference to individuals.

2. Main Issues

- 2.1 It was recognised that Day Services play an important role in the delivery of care and support for individuals known to Adult Social Care as well as from an early intervention and prevention perspective. Alongside the externally commissioned provider market Cambridgeshire delivers day services through in-house operational teams. As part of the Adults Positive Challenge approach a Day Services workstream is in place to support the transformation of day opportunities across the whole pathway.
- 2.2 The Day Services workstream has gathered data from day service providers across both Older People/Physical Disability and Learning Disability cohorts. A comprehensive survey of providers was undertaken which gave the workstream access to information that was previously unknown about this provider market, including areas such as:
 - Percentage of financial contribution from the Council to service budgets and their reliance on other sources of funding such as self-funders
 - Level of need and complexity services are managing
 - Services working with people with more complex needs
 - Provider perspective on the vision for day services, barriers to achieving the vision and what the Local Authority can do to support Day Services

This has been complemented by engagement with operational teams within the local authority, other local authorities, and Partnership Boards. A wealth of new information about day opportunity provision has been obtained through the work that has taken place during the pandemic

- 2.3 An initial vision for the Day Services workstream has been developed to deliver a “*person-centred, localised and co-produced offer which connects people to their local communities according to their interests and aspirations, to maximise independence and reduce social isolation*”.

Although much more is understood about the delivery of Day Services it has been recognised, as part of the workstream, that there remains more work to do. Monitoring of contracts and grants has been focused on attendance, individual support planning and compliance and little is known about the overall delivery of outcomes and performance indicators across the Day Services sector. In order to further inform understanding of the impact of day services and the activities they provide, a working group with providers has been established to redesign the monitoring information that they submit. This will form part of contractual requirements and ensure that providers are not only providing quantitative information about their service delivery and the people they are supporting but also the impact of a range of activities and delivery options within the current service provision feeding into the transformational work of the Day Services Workstream

- 2.4 There needs to be significant work undertaken to support the transformation of Day Services including service delivery, commissioning mechanisms and outcomes and impacts achieved by individuals accessing these services. The work to be undertaken includes:
- Engagement and co-production with people currently accessing day opportunities to define the overall vision for these services
 - Testing of new and improved service interventions, models, and measuring impacts with the aim of ensuring value for money to the Local Authority and improving outcomes and quality of life for people
 - Ensuring services meet the needs of individuals engaged with Adult Social Care, improving referrals and that support for this cohort can be met within commissioned services
 - Aligning with key pilot programmes such as Care Together to define how Day Services can contribute to a place-based approach and support demand management
 - Embed and review revised monitoring information to inform future specifications and opportunities for transformation
 - Work with our providers of Older People Day Services, to enable them to be in a position to engage in future procurement activity where appropriate
 - Determine the most appropriate commissioning options for future procurement
 - Review in-house services to determine current delivery models, value and outcomes.
 - Work with Strategic Property Assets teams to review current Council buildings aligned to Day Services to ensure they meet the requirements of future service delivery

- Carry out an options appraisal of the current external and internally delivered provision, which is in line with political intentions to determine whether more services can effectively be delivered in-house.

2.5 The work outlined above will produce some clear benefits for the transformation of Day Opportunities across both Older People/Physical Disability and Learning Disability Services. The social value that the services add to their local communities is vitally important and this has been evident throughout the period of the pandemic. Day Services add to the fabric of local communities and are a focus for individuals, their families and volunteers. With the move to a more place-based focus in both health and social care there will be opportunity to ensure that there is a joined-up approach in local communities and potential to explore joint funding for services.

The transformation work will enable Cambridgeshire to move services towards meeting both current social care needs but also a more clearly defined preventative agenda to support a demand management approach for Adult Social Care. People and the services they use will benefit from a clear support offer which will meet their changing needs and support them to remain independent for as long as possible.

The planned work outlined in this report will enable the above to happen in a co-produced way. These services (especially for Older People) have had limited commissioning input for many years having been supported through grants and there is considerable work to be undertaken to co-produce and determine the commissioning intentions for Day Services. The benefits of this work will be realised through the following outcomes:

- Clearly defined preventative and social care offer delivered through a process of engagement and co-production
- A thorough review and options appraisal of in-house services to determine whether this option should be expanded, better aligned to externally commissioned services or delivered/procured differently
- Be able to define how much capacity we need within each locality to manage those with Social Care needs, early intervention and prevention demand and the service requirements to meet those needs
- Conduct a successful commissioning exercise using best practice approaches to procure services which will meet our defined requirements
- Be able to define, predict and manage the future demand that is coming through from Childrens and Young People's and Education services for Learning Disability Day Opportunities

2.7 Timescale

The current timeline to support the work required is outlined below with the team responsible for the delivery of each milestone:

Timetable	Activity/Milestone
October 2021 - March 2022	Comprehensive programme of Engagement and Co-production
April 2022 - December 2022	Testing of interventions, models and outcomes monitoring including approval for any pilots to be tested and associated updates/governance
April 2022 - December 2022	Review of in-house services and options appraisal
September 2022 - December 2022	Engagement with Provider Markets and development of commissioning intentions
December 2022	Governance and approvals for commissioning activity
January 23-September 2023	Procurement activity including provider engagement, finalisation of service specifications, formal tender process, governance and contract award
October 2023 to December 2023	Mobilisation and embedding service transformation
January 2024	New Models in place

There will also be a clear approach to ensuring that any opportunity to deliver some or all of the transformative changes earlier within the timeline outlined above will be taken and arrangements within the extended contracts and grant agreements will be updated to reflect appropriate break clauses and notice periods.

2.8 Request for extensions

Current grant agreements for Older People/Physical Disability Day Services in Cambridgeshire are due to end on 31/03/22. The current contractual arrangement for Day Opportunities for Learning Disabilities in Cambridgeshire ends on 30/4/2028. Approval is requested to extend the current grant agreements for OP/PD services by 24 months to tie in with the Transformation Programme timelines, enable time for engagement, options appraisals to be carried out and procurement processes to be undertaken. The value for the continued grant arrangements would be £1,338,620 for 24 months. This includes currently unallocated budget to support increasing grant amounts to some services who may be facing financial issues due to reduced capacity measures and recovery of self-funder market.

Changes to infection control guidelines and unclear guidance for day service providers during the pandemic have already had significant impacts on the timelines of this work, the financial stability of providers and the numbers of vulnerable service users accessing those services. For these reasons, we are requesting an extension beyond the anticipated timeline for the work but with the ability to terminate the grant agreements earlier if required

to provide flexibility if the work to deliver the transformation programme can be completed in a shorter timescale.

2.9 Alternative Options

Some options have been considered as an alternative to extending the current arrangements:

- Reprocurring services in their current form – this has been rejected as this model does not provide a robust and viable model for delivery of day services in the longer term.
- Delivery of services by alternative providers – this has been rejected as there is no obvious alternative provider market for the provision of services outside of the current range of providers. It is intended that work will be undertaken with the market over the lifetime of the extensions to ensure that future procurements will be delivered successfully.

The current funding arrangements for Older People Day Services often contribute to the service costs rather than fund the entirety of the service provision at each day centre. This provides value for money for the Council under the current model in terms of the ability of the services to support the Council's aims enabling people to remain independent for as long as possible and reducing the need for higher cost interventions. The timeline for transformation will enable commissioners to develop sustainable funding models, engage with and prepare the provider market as well as ensuring that the budget is focussed on the interventions which will provide the most value to the Council. All options to deliver change will be taken as soon as possible within the term of the extension to maintain focus on innovation, improving individual outcomes, value for money and meeting the Council's priorities.

2.10 Risks and Mitigations

Risk	Mitigation
Not meeting revised timeline of March 2024	The requested extension has factored in the activity already completed and under way, the planned activity including co-production and procurement timelines, and resource has been allocated to ensure that this is deliverable.
Grant extensions not approved in line with the transformation and procurement timeline	Request to Adult and Health Committee to update on the planned work and activity and how this aligns to the revised timeline
Relationship with current providers is impacted due to extension and planned work and activity	Updates on the planned work and have been provided to the monthly Provider Forum and via engagement with all funded services. Providers have been fully involved in developing co-production process and renewed contract monitoring templates.

3. Alignment with corporate priorities

- 3.1 Communities at the heart of everything we do
There are no significant implications for this priority.
- 3.2 A good quality of life for everyone
There are no significant implications for this priority
- 3.3 Helping our children learn, develop and live life to the full
There are no significant implications for this priority
- 3.4 Cambridgeshire: a well-connected, safe, clean, green environment
There are no significant implications for this priority
- 3.5 Protecting and caring for those who need us
There are no significant implications for this priority

4. Significant Implications

- 4.1 Resource Implications
The report above sets out details of significant implications in paragraph 1.2.
Buildings owned by Cambridgeshire County Council and used for the provision of Day Services will form part of the review
- 4.2 Procurement/Contractual/Council Contract Procedure Rules Implications
The request for exemption for the continuation of the Day Service Grants for Older People. Extending these agreements is not a compliant process within the contract procedure rules however the risk of challenge is believed to be low and the reorganisation and commissioning of day services that is required needs time to be delivered, with a compliant process being undertaken in the timelines described in this report
- 4.3 Statutory, Legal and Risk Implications
There are no significant implications within this category
- 4.4 Equality and Diversity Implications
There are no significant implications within this category
- 4.5 Engagement and Communications Implications
A programme of engagement and co-production will be carried out as part of the transformation workstream which will include providers, service users, carers and operational teams.
- 4.6 Localism and Local Member Involvement
There are no significant implications within this category
- 4.7 Public Health Implications
There are no significant implications within this category

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

- 4.8.1 Implication 1: Energy efficient, low carbon buildings.
Positive/neutral/negative Status: Neutral
Explanation: No implications linked to this decision but future building requirements will be factored into commissioning intentions
- 4.8.2 Implication 2: Low carbon transport.
Positive/neutral/negative Status:
Explanation: Neutral
- 4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats and land management.
Positive/neutral/negative Status:
Explanation: Neutral
- 4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
Positive/neutral/negative Status:
Explanation: Neutral
- 4.8.5 Implication 5: Water use, availability and management:
Positive/neutral/negative Status:
Explanation: Neutral
- 4.8.6 Implication 6: Air Pollution.
Positive/neutral/negative Status:
Explanation: Neutral
- 4.8.7 Implication 7: Resilience of our services and infrastructure and supporting vulnerable people to cope with climate change.
Positive/neutral/negative Status:
Explanation: Neutral

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

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

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

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

Have any engagement and communication implications been cleared by Communications?
Yes

Name of Officer: Will Patten

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

Name of Officer: Will Patten

Have any Public Health implications been cleared by Public Health? Yes

Name of Officer: Emily Smith

If a Key decision, have any Environment and Climate Change implications been cleared by the Climate Change Officer?

Yes

Name of Officer: Emily Bolton

5. Source documents guidance

5.1 None

Appendix 2 – Older People/Physical Disability Day Services

CCC	Cohort	District	Organisation	Provider name	2021/2022 funding amount
CCC	OP	Cambridge City	St Martin's Parochial Church Councils	St Martin's Centre	£47,813.52
CCC	OP	Cambridge City	Age UK Cambridgeshire & Peterborough	Cherry Trees	£20,476.50
CCC	OP	East Cambs DC	Burwell & District Day Centre	Burwell & District	£38,935.44
CCC	OP	East Cambs DC	Methodist Homes	Queens Court	£35,953.54.
CCC	OP	Fenland DC	Age UK Cambridgeshire & Peterborough	Lyons Court	£11,116.98
CCC	OP	Fenland DC	Age UK Cambridgeshire & Peterborough	Oasis Day Centre	£39,078.24
CCC	OP	Fenland DC	Age UK Cambridgeshire & Peterborough	Tuesday Day Club	£8,946.42
CCC	OP	Fenland DC	Caring Together	Trinity Hall (Fenland) Day Club	£70,278.00
CCC	OP	Fenland DC	Excel Care Holdings Ltd	Alwal Manor	£18,136.32
CCC	OP	Fenland DC	St Augustine's Day Centre	St Augustine's Day Centre	£27,368.64
CCC	OP	Hunts DC	Age UK Cambridgeshire & Peterborough	Ambury Road	£22,335.96
CCC	OP	Hunts DC	Caresco	Green End Day Club	£16,868.76
CCC	OP	Hunts DC	Ramsey & District Day Centre	Ramsey & District Day Centre	£4,084.08
CCC	OP	Hunts DC	St Ives Day Centre	St Ives Day Centre	£68,407.32
CCC	OP	Hunts DC	St Neots Voluntary Network Ass.	St Neots and District	£61,820.16
CCC	OP	Hunts DC	Warboys and District Day Centre	Warboys and District	£8,194.68
CCC	OP	South Cambs DC	CHS Group	Moorlands Court	£63,391.98

CCC	OP	South Cambs DC	Good Companions Club - Milton	Good Companions Club - Milton	£1,020.00
CCC	OP	South Cambs DC	Over Day Centre Association	Over Day Centre	£14,586.00
CCC	PD	Cambridge City	Headway Cambridgeshire	Headway	£13,431.36
CCC	OP/PD	Budget from closed services			£77,066
		Total Budget			£669,309.90

Appendix 1 Case Studies Older People Day Services

Case Study A - Age UK

'A' lives alone in Cambridge. 'A' is in her eighties and appears to have some early signs of dementia and has anxiety. Due to a stressful situation at home family members had started to notice that 'A' was becoming very distant towards them and increasingly depressed.

The family told us that 'A' is usually happy and chatty who enjoys the company of others, and they were looking for an opportunity where 'A' could start to rebuild confidence and establish new friendships.

After a taster session, 'A' started to attend one day a week. 'A' is self funding.

Outcomes

'A' has become a valued member of the day club, and now has many friends and genuinely enjoys the social contact. 'A's mood has lifted, and she has good spirits back. 'A's family have said that they are amazed at the way the day club has helped their family member have some structure back in her life, and how attending the day club has boosted confidence. 'A' calls her family when she gets home and tells them all about the day's events.

Quote from service user

"I love this place, and wish I could come on another day, the girls are nice, and I have made new friends."

Case Study B – St Ives Day Centre

'B' has serious mental health conditions including Bi Polar and suicidal tendencies.

'B' has been attending the centre for several years on the advice of the mental health team as 'B' lives alone and can be very lonely. 'B' can become very depressed if not stimulated and has attempted suicide on more than one occasion. 'B' attends the service three times per week.

'B' is very chatty but does have serious mood swings. Without regular visits to the centre, their daughter, care team and 'B' feel that there would be serious risk of self harm. The centre provides refreshments and a two course lunch and it is apparent that there are periods when this can be 'B's only nourishment.

'B' tells us on a regular basis that they love coming to the centre and would not be able to cope without it. 'B' sees the staff and members as friends and views the centre as a social hub which they miss greatly at weekends.

Case Study C – St Martins Day Centre

'C' has been attending the Day Centre for 9 years. They were already attending a day centre the other side of town for 4 days per week and their social worker wished this social input to continue when the person had to relocate their home.

This person has long standing issues with anxiety and depression. This is exacerbated by living in a condition of relative poverty with 2 adult children. The house is unkempt and family relationships are often strained. Social Services have been involved with the family over many years. Coming to the Day Centre has given Person 'C' vital emotional relief from the home situation and provided vital companionship and social input; they say that coming to the Day Centre three times per week is the only time they have out of the house, and at home all they do is watch the television. They enjoy the stimulation of the activities on offer at the Day Centre as well as the companionship.

Attending the Day Centre also provides respite for the person's 2 adult children in that attending vastly improves the emotional health of their parent which helps relationships at home run more smoothly.

Quote from Service User:

"I like everything really. I couldn't ask for anything better. I don't go out anymore."

Case Study D – Warboys and District Day Centre

'D' lives with his wife and has been diagnosed as having dementia and some physical health problems. His wife is his main carer and brings him twice a week to the Day Centre. Prior to retirement, he had an active job and was engaged with the local community. He presents with very poor memory and occasional confusion. Following him having a recent hospital stay, he has been supported with carers to assist with personal hygiene.

'D' has been attending the service for around 6 months and came to the service to get involved in the local community and find out what goes on locally. 'D' has enjoyed getting to know new people.

Feedback from Carer– the Day Centre has saved her life, as she could not cope any longer. She values the fact that when she brings her husband, the Centre team are always inquiring after her well-being, and offering support where necessary. It means such a lot to her, and she is really pleased that she has found the Day Centre.

Case Study E – Over Day Centre

Volunteer's Feedback

"After a hectic and happy life as a teacher, mother and grandmother, I found it difficult to adjust to retirement. SO much spare time and energy, and a void of interaction with people. With an elderly relative at the Day Centre, perhaps, I thought, I could be of some use. So, I volunteered my services and became a lunch-time 'washer-upper and tea lady'. No qualifications required!.... When I started on my volunteer's journey, I learnt very quickly that the time and energy I give is more than repaid by the satisfaction and friendship that I receive from being part of this charity.

"I have had an affinity with the Day Centre since my late mum attended. She was very happy here and I was very grateful that mum had the opportunity to come somewhere that she really enjoyed. After she died, I still felt a warmth and appreciation towards the Centre whenever I saw the minibus out and about..... So, when I saw an advert asking for people to become escorts on the minibus, I thought this would be a great opportunity for me to give something back. I escort weekly on a Wednesday and also cover when other escorts are unavailable. I know a few of the clients and their families socially, and know that the families really value the care that the Centre gives to their loved ones."

I've been volunteering at the Day Centre every week since January 2017. I always knew that I wanted to help here, because my husband loved coming here so much. I make the drinks: teas, coffees. I help in whatever way is needed. I help in the kitchen with the tidying up. I like things tidy and clean. I have a chat with the clients. I'm very good at that. When I lived in Birmingham I visited older people who couldn't get out and about. The visits were organised through my local Methodist Chapel. On occasion I've been asked to come in to the Day Centre for an extra couple of hours, and I've always been happy to do that. It's a very friendly place, and this is my way of thanking the Centre and the staff for looking after my husband."

Accommodation Based Supported Living Service for People With Moderate to Severe Mental Health Needs in Cambridgeshire – Exemption Request

To: Adults and Health Committee

Meeting Date: 9 December 2021

From: Executive Director, People & Communities

Electoral division(s): All

Key decision: Yes

Forward Plan ref: 2021/053

Outcome: People will be able to access supported accommodation, learning skills to become more independent and manage their mental health, whilst the service is reviewed and retendered.

Recommendation: Adults and Health Committee are asked to:

- a) recommend that the 'Accommodation Based Supported Living Service for People with Moderate to Severe Mental Health Needs in Cambridgeshire' is exempted for a period 15 months from 1/4/2022 to 30/6/2023 for a total value of £1,005,449.65.

Officer contact:

Name: Guy Fairbairn
Post: Commissioner
Email: guy.fairbairn@cambridgeshire.gov.uk
Tel: 07872 985965

Member contacts:

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

1. Background

- 1.1 The current Accommodation Based Supported Living Service for People with Moderate to Severe Mental Health Needs in Cambridgeshire was commissioned by Cambridgeshire County Council (CCC) in 2017. The service is provided by Sanctuary Supported Living and delivers support to Adults (18-65) who have moderate to severe mental health needs.

Within this service, the individual is supported to cope with their mental health challenges, develop their independence and daily living skills in order to live as independently as possible, ideally in their own home once they have left the service.

The service provides support for up to 119 individuals, across 8 different accommodation schemes which are located in Cambridge City, South Cambridgeshire and Huntingdon. Everyone will hold a form of tenancy directly with the landlord, and receive support based upon their needs. There is a range of support for people and a range of property types in different locations, with either on-site support or visiting support. The properties include shared buildings where the individual will have their own room and share communal spaces as well as individual self-contained properties.

The current provider delivers support to individuals which fit into three main categories:

- Intensive Support - This is support for those with more complex needs. Staff are on site and available 24/7 and provide individualised support. (27 units of accommodation)
- Medium Support – This is support for individuals who are more independent. Staff available on site during the day to provide support with an on-call service for evenings and weekends. Some individuals will have moved from the Intensive Support service into this category as part of their journey. (38 units of accommodation)
- Visiting Support – This is where support is available to individuals who require some support but are preparing to be living independently. It may be that an individual has already received both Intensive and Medium support before moving to Visiting Support. (54 units of accommodation)

The provider works closely with mental health Social Work teams, clinical mental health services and other local voluntary sector services as needed to ensure individuals receive the support they need, move through the service and into independent accommodation. A case study is shown in Appendix A to give an example of how the service can support people to achieve their outcomes.

The service aims to improve the ability of individuals to engage and connect with their communities improving not only their personal health, relationships and well-being, but potentially reducing behaviours that may affect the local area that they live in. An improvement in an individual's personal health and well-being may mean greater independence and an ability to engage in activities (e.g. volunteering) or even make a return to paid employment, therefore reducing reliance on benefits and formal involvement of services in their lives.

- 1.2 The current contract was awarded in September 2017 for 3 years, with an option to extend for a further 12 months. A further exemption was approved until 31st March 2022.
- 1.3 The annual value of the contract for 2021/22 is £804,359.72

- 1.4 In addition to the contract value of £804,359.72, additional individual support hours are assessed by Mental Health Social Workers as part of the individual's Care and Support Plan. Mental Health social work is delegated to Cambridgeshire & Peterborough Foundation Trust (CPFT) and the team's work as part of a multi-disciplinary team that meets the social care and health needs of the individual

The total spend for these additional hours in 2019/20 was £337,167 and £327,217 in 2020/21. This element of funding is covered under the Cost of Care budget and therefore fall outside of this request. Cambridgeshire and Peterborough CCG make a small contribution to the contract value as well as jointly funding additional hours where there is also a health responsibility.

2. Main Issues

- 2.1 The service provided has a planned maximum stay of two years. Individuals often stay beyond this timescale due to several factors. The principle issue is the difficulty in finding appropriate 'move-on' housing which is primarily via the housing pathway with the District Council. There are also challenges and delays where individuals have complex needs and often require support for longer than 2 years to achieve their outcomes. The Social Work and Provider teams work with District Council partners to improve opportunities for independent housing, a good example being Cambridge City Council who help and support individuals who are located at the Ditchburn Place scheme by automatically giving them higher priority for housing.
- 2.2 Since March 2020, the effects of the pandemic have also adversely affected individuals causing delays into and out of the service, particularly with the Government guidance around delays in tenancies starting (where landlords were not allowing new tenancies to start) and under the The Coronavirus Act 2020 where extra protection for tenants was provided by delaying when landlords can evict tenants (between 26 March 2020 and 30 September 2021) both of which which affected move-in and move-on/out from the service. In addition, reduced face to face contact from support teams prolonged the length of support and reduced access to and longer waiting lists for treatment and medical appointments. This has had a negative effect on the number of individuals who moved into the service, which has increased the number of empty properties within the service during the pandemic.
- 2.3 Commissioners have also identified three key areas for further analysis and pilot projects which will help inform future approaches, improve individual outcomes and service effectiveness as well as value for money. The three pilots being scoped are outlined below:
1. 'Co-occurring Conditions' – People who have substance misuse issues as well as mental health needs are diagnosed as having co-occurring conditions, or dual diagnosis. The pilot will link the public health commissioned substance misuse services and the service provider together to better support individuals who have this diagnosis. There are approximately 30 individuals in this category currently within the service and it

is expected that improved training and expert input will reduce the need for higher needs accommodation and improve individual outcomes. Mental Health services are facing increased demand and complexity of presentations so ensuring the service is able to deal effectively with individuals with complex and multiple needs is vital.

2. 'Void Management' – A full review of all empty (void) properties is currently being carried out, as part of an overall review of the scheme's 119 units, to understand why there is a high level of voids. Void rates were at 19% at the beginning of November with 23 properties empty out of a total capacity of 119. It is critical that the three Tiers of property type outlined in paragraph 1.1 have the right tenancy arrangement, are appropriate for the service that is being delivered in them and that their usage is maximised. As part of the existing arrangements with the majority of landlords, there is an agreement in place where the rent for a property is paid by the Council if it is empty. The purpose of this is to ensure that there is adequate supply of properties for individuals and to protect the landlord against a loss of income which may be outside of their control. The cost of these void properties to the Council in the service needs to be reduced to ensure value for money is achieved and engagement with all the landlords has started regarding this. Commissioners are reviewing all options to reduce the level of voids including reducing the number of available units in particular tiers where it is felt there is over capacity or removing unsuitable properties from the pathway and commissioners will seek a reduction in contract value if there is a decrease in the number of available units.
3. 'Referral Process' – The referral process used to access the scheme is being reviewed to ensure that individuals are being identified appropriately that the referral and assessment process is not delayed and that the potential referral of new individuals into the service is tracked and monitored. This piece of work will be achieved by working collaboratively with the appropriate teams within the Council to review the process, raise awareness and implement change. In addition, the service delivery teams, and social work teams will engage with individuals from the beginning about their needs and aspirations, including potential routes into independence. Early registration with on District Housing pathways will be made in all cases, and an early understanding of the areas and communities where the individual would like to live will be made so that individuals can be supported to look at options for independent living beyond their stay within the service.

All pilots will be fully monitored during the period and will be delivered within the current financial envelope of the contract.

- 2.4 In order to fully develop the pilot projects to inform the commissioning intentions it is requested that the current contract is extended using an exemption waiver for a further period of 15 months. The cost of the block contract for the proposed 15-month extension period is £1,005,449.65. This will ensure that there is appropriate time to re-evaluate the current amount of accommodation, noting the increased pressure in mental health referrals post pandemic, the individual's pathway and flow as well as improving outcomes for the increasing number of complex individuals who require mental health supported accommodation.
- 2.5 By extending the current service commissioners will be able to undertake a critical review of the service, the associated accommodation and the ability of the service to achieve positive

outcomes. This will allow for a full options appraisal to include the potential of in-house delivery and allow time for a robust process to be carried out with the market to ensure that there are clearly developed commissioning intentions and opportunities to make appropriate changes to the pathway are taken.

It should be noted that this extension is outside of the Contract Procedure rules and could be subject to challenge but the risk of this is low due to the rationale and reasons for the extension as set out in this paper.

2.6 Risks and Mitigations

Risk	Mitigation
Not meeting revised timeline of June 2023	The requested 15-month extension has factored in the activity already completed and under way, the planned activity including implementation and analysis time, and the future procurement process. This project is a priority for the mental health commissioning team.
Relationship with current provider is affected detrimentally in light of the planned work and activity	The provider has already been engaged with regarding the outline plans and are supportive of these. Regular review and update meetings will be scheduled going forwards.
Inflationary increase for 2022/23 (noting National Insurance increase in 2022)	Financial planning for this is under way and will be incorporated into budget planning.
Increase in Mental Health challenges across the Health & Social Care system (i.e. more complex needs, higher demand etc)	Greater partnership working with Health & Public Health. Integrated Care System roll-out from April '22.
Workforce capacity in health & social care services	Regular contact and tracking of staff vacancies with provider.
Risk of challenge to contract exemption	Extending the contract is not a compliant process within the contract procedure rules however the risk of challenge is believed to be low with a compliant process being undertaken in the timelines described in this report

3. Alignment with corporate priorities

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

3.2 A good quality of life for everyone

There are no significant implications for this priority.

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

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

3.5 Protecting and caring for those who need us
There are no significant implications for this priority.

4. Significant Implications

4.1 Resource Implications
There are no significant implications within this category.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications
This exemption is being requested for the service to continue outside of the contracted term and is not compliant with the Contract Procedure rules however the risk of challenge is believed to be low with a compliant process being undertaken in the timelines described in this report

4.3 Statutory, Legal and Risk Implications
The service forms part of the statutory responsibilities of the Local Authority under the Care Act 2014 to provide care and support in respect of accommodation needs.

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

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

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

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

4.8 Environment and Climate Change Implications on Priority Areas (See further guidance in Appendix 2):
There are no significant implications for this priority.

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

- 4.8.2 Implication 2: Low carbon transport.
Positive/neutral/negative Status: Neutral
Explanation:
- 4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats and land management.
Positive/neutral/negative Status: N/A
Explanation:
- 4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
Positive/neutral/negative Status: Neutral
Explanation:
- 4.8.5 Implication 5: Water use, availability and management:
Positive/neutral/negative Status: Neutral
Explanation:
- 4.8.6 Implication 6: Air Pollution.
Positive/neutral/negative Status: Neutral
Explanation:
- 4.8.7 Implication 7: Resilience of our services and infrastructure and supporting vulnerable people to cope with climate change.
Positive/neutral/negative Status: Neutral
Explanation:

Have the resource implications been cleared by Finance? Yes

Name of Financial Officer: Justine Hartley

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the Head of Procurement? Yes

Name of Officer: Henry Swann

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer? Yes or No (sent on 17 Nov with 3 chasers – No response)

Name of Legal Officer: Fiona Macmillan

Have the equality and diversity implications been cleared by your Service Contact?

Yes

Name of Officer: Will Patten

Have any engagement and communication implications been cleared by Communications?
Yes or No

Name of Officer:

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

Name of Officer: Will Patten

Have any Public Health implications been cleared by Public Health?

Yes

Name of Officer: Kate Parker

If a Key decision, have any Environment and Climate Change implications been cleared by the Climate Change Officer?

Yes

Name of Officer: Emily Bolton

5. Source documents guidance

5.1 None

Mental Health Supported Accommodation service case study

October 2021

X moved into the Mental Health Supported Accommodation service in August 2015 after spending many years living on Psychiatric wards.

They have a diagnosis of Emotionally Unstable Personality Disorder, Borderline learning difficulties, recurrent depression, and command hallucinations.

When X moved in, they often struggled to be able to talk to staff and found it difficult to communicate their feelings and needs. This could sometimes lead to self-harming and on a couple of occasions getting into trouble with the Police and receiving short custodial sentences.

With the support of the Service, there was a gradual build-up of getting X to do more and more for themselves, and with staff support working with X in a repetitive manner, they became used to routines, and found this a way of learning how to manage situations and living more independently.

X had support to get their medication into blister packs so that they no longer had to worry about having lots of individual boxes of medication. They are now capable of re-ordering medication online, collecting it from the pharmacy and have remained compliant with taking it.

X has some additional health issues, of which they are fully aware but choose not to address; they have been given information and help on how to manage their weight in relation to Diabetes and signposted to services and support if they change their mind.

X moved on from the service after 6 years of support. This is longer than the service is currently set up for, but X had spent many years in hospital and had a lot of re-adjustment to do. The slow and gradual support approach ensured they were able to make gradual changes and achieve key goals at their own pace and manage any setbacks with the support of the service; they are now happy and settled in their new home. They are managing all their bills and finances and their medication is in a regular pattern with monthly Dossett box and a reminder clock to take it. They have rebuilt their relationship with their daughters, which had been strained over recent years, with regular visits from them and family and like to go out for meals and to socialise. They are keeping a tidy and well-furnished home.

Adult Social Care Transport Tendering

To: Adults and Health Committee

Meeting Date: 9 December 2021

From: Wendi Ogle-Welbourn,
Executive Director of Commissioning, People & Communities

Electoral division(s): All

Key decision: Yes

Forward Plan ref: 2021/070

Outcome: The continuity of transport services for Adults with Disabilities and Older People.

Recommendation: Adults and Health Committee is asked to give approval to:

- a) the general procurement approach for a contract value of £8.1m over four years;
- b) procuring transport provider in line with the recommended option as set out in paragraph 2.2; and
- c) delegate the award of the new contract to the Executive Director of People and Communities.

Officer contact:

Name: Gurdev Singh
Post: Head of Commissioning for Commercial
Email: Gurdev.singh@cambridgeshire.gov.uk
Tel: 07747 455016

Member contacts:

Names: Cllr Howitt and Cllr van de Ven
Post: Chair and Vice-Chair
Email: richard.howitt@cambridgeshire.gov.uk and susanvandeven5@gmail.com
Tel: 01223 706398 and 07905 325574

1. Background

- 1.1. This is a technical report in relation to transport services delivered under the Council's 2016 transport framework agreement. The current contracts were implemented during 2018 and 2019.
- 1.2. The Council's transport contracts expenditure for Adults with Disabilities and Older People is £2.1m pa. Each contract relates to a route which uses specialist vehicles to transport a group of people from their home (or care home) to a common destination such as a day centre.
- 1.3. In May 2020, £1.3m of the centrally managed contracts were extended for a final 12-month which was allowable under the terms of those contracts. Subsequently, as a result of Covid-19, with no to very limited use of transport services, new long-term contracts were not recommended. Consequently, In March 2021, Committee granted an exemption waiver for current contracts to remain in place for one further year; expiring in May 2022.
- 1.4. The remaining centrally managed contracts worth £0.8m pa. relate to the Council owned day service, Horizon Resources Centre. These contracts also expire in May 2022.
- 1.5. Further Committee agreed to receive a report later in 2021/22 detailing the tendering plan for approval which will result in contracts to supersede the exemption waiver. This report sets out that tendering plan and it incorporates plans for the transport services related to the Horizon Resources Centre.

2. Main Issues

- 2.1 There are three major projects which are shape future transport requirements.
 - 2.1.1 The first project has reviewed the transport arrangements including policy, systems and routes for efficiency and effectiveness. The team had identified improvements that would help people using transport services particularly to and from day services. Further work is taking place specifically looking at our in-house service to confirm whether any further opportunities exist which includes looking benchmarking with Children's Schools transport. The new routes resulting from the implementation work will form part of the specification of requirements. It is predicted this will lead to a reduction in emissions. However, the benefit will be realised once the remaining social distancing practices have been removed.
 - 2.1.2 The second project is seeking to review the future direction of day service operations. The work being undertaken includes understanding the effects of Covid-19 and lockdowns on people who use day services, reviewing the range of property used in day services, engaging the public and wider community groups on other resources available, and

designing and implementing changes to services. Due to the structural nature of the review, recommendations from that work will not be ready in time for our tendering and may take over 18 months.

2.1.3 The third project explored how transport services can contribute towards CCC's climate change mitigation plans by:

- commissioning low-to-no carbon emitting vehicles; and
- informing where electric vehicle charging infrastructure would be most helpful.

To achieve this means operating with electric vehicles (EV). However, providers have voiced their concerns over the practicality of running a provision with long hour shifts, and the availability of charging points at the present time. As a result, our tendering plans will remain flexible to operating EV's at a future date.

2.2 Noting the uncertainties, commissioners have considered the following options to make efficient use of CCC resources whilst avoiding locking in long term arrangements:

1. **Do-nothing:** The current contracts would expire, and each route would revert to a spot purchase arrangement. CCC would want to limit the duration of each purchase to 3-6 months duration due to the uncertain work outlook. This would require more resources from the Transport team to arrange as tendering would take place more frequently and, on a route-by-route basis. It is also expected to lead to higher rates for routes as providers could not provide volume or multi-year related discounts. However, CCC would write in clauses to limit payments in the event of further lockdowns. On balance, this option would not provide best value for money.
2. **Re-tender now:** CCC transport planning work has taken place. This would be refreshed to take account any changes to people's circumstances. CCC would set the contract duration to 3+1+1 years and limit payments in the event of further lockdowns to reduce its financial exposure due to the uncertain work outlook. The contract length with options to extend the contract, will give providers the opportunity to offer multi-year discounts. The resulting tendered contracts would purchase transport capacity with a risk of it being under-utilised. Consequently, this option would not provide best value for money.
3. **Re-tender now:** CCC transport planning work has taken place. This would be refreshed to take account any changes to people's circumstances. CCC would reduce the contract duration down to 2+1+1 years and limit payments in the event of further lockdowns to reduce its financial exposure due to the uncertain work outlook. The shorter contract length with options to extend the contract, will still give providers the opportunity to offer multi-year discounts. The resulting tendered contracts would purchase transport capacity with a risk of it being under-utilised. However, it means we retain the flexibility to adapt to the future plans for day services. Consequently,

this option would provide value for money on targeted routes where larger specialist vehicles were used. For targeted general routes where smaller general-purpose vehicles, such as taxi's, were used. CCC would reduce the contract duration down to 1+1+1 years.

The hybrid Option 3 is recommended. It offers the flexibility of the contract certainty for providers. At the same time, it allows for flexibility to incorporate changes driven by day services and in-house transport provisions whilst the economic outlook remains uncertain. The final details will be produced after route improvements have been implemented.

- 2.3 The Council's procurement policy confirms procurement of any goods or services should be procured from the established corporate contracts or corporate frameworks. Where such contracts are not available tendering should take place in line with CCC Procurement rules. The Council's new transport DPS (dynamic purchasing system) agreement will be available for use from November 2021. This type of agreement is always open to new providers. This new DPS enables new contracts to be ready 3 months from preparation of specifications. This means we could have in place new contracts in a timely and compliant manner if we complete our specification work by the end of Jan 22.
- 2.4 Early versions of the specifications have been prepared following market consultation and feedback from operational, legal, and procurement and commissioning colleagues. The transport DPS agreement has built in clauses allowing us to invite providers to operate with low-to-no carbon emitting (and other pollutants) vehicles. Further pre-tendering market engagement will take place to refine the specification, social value, and generate interest levels. All documents and communications issued by the Procurement Team will be via the Procurement Portal.
- 2.5 The transport DPS agreement has clauses written in which means prices will be held firm for three years. In practice providers are likely to ask for extra money at the start of the new contract to hedge against future uncertainties. This, in part, can be justified given the recent supply shortages of fuel and drivers, and the remaining Covid-19 risks. Taking account of route improvements and the risk to prices we estimate the transport budget for contracted routes can be held at £2.0m. This means a maximum contract value with inflation of £8.1m over a 4-year period.
- 2.6 The project governance structure is set up to allow for project management. There are 3 distinct governance groups each with its own set of terms of reference:
- Adults and Health Committee;
 - P&C Joint Commissioning Board; and
 - P&C Communities Board.

They will be responsible for delivery of the new contracts in line with the project plan whilst managing the risks.

2.7 A project plan has been produced. The key milestones have been identified and plotted within this plan to allow for easy progress monitoring as the project proceeds.

- | | |
|--|----------------------|
| • Specifications and consultation | End of December 2021 |
| • Tender Go-live | End of January 2022 |
| • Evaluation / Moderation | End of March 2022 |
| • PCJCB recommendation | End April 2022 |
| • Award notice issued / standstill period | Start of May 2022 |
| • Contract Go-live (inc. letters to users) | Middle May 2022 |

2.8 The project has a risk and issues strategy that aids the programme team's awareness of the need for effective risk management. A full risk and issues log is being maintained by the Project Manager.

There are notable uncontrollable risks. As the name suggests, these are the risks that arise due to the factors that are not under the business' control. They are considered important since these risks, if materialized, will significantly affect the overall annual expenditure.

- IF driver shortages persist THEN quotations will rise or not be submitted.
- IF environmental policies get pulled forward THEN the providers will price in premiums to their quotations.
- IF people's needs have risen as a result of lockdown THEN more passenger assistants will be required.
- IF the tender exercise does not produce suitable quantity and quality of suppliers THEN the overall annual expenditure will be higher.

Further work will take place to reduce the likelihood of occurrence.

3. Alignment with corporate priorities

3.1 Communities at the heart of everything we do

The report above sets out the implications for this priority in 1.2.

3.2 A good quality of life for everyone

The report above sets out the implications for this priority in 1.2.

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

There are no significant implications for this priority.

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

The report above sets out the implications for this priority in 2.1.3.

- 3.5 Protecting and caring for those who need us
The report above sets out the implications for this priority in 1.2.

4. Significant Implications

- 4.1 Resource Implications
There are no significant implications within this category.
- 4.2 Procurement/Contractual/Council Contract Procedure Rules Implications
There are no significant implications within this category.
- 4.3 Statutory, Legal and Risk Implications
There are no significant implications within this category.
- 4.4 Equality and Diversity Implications
There are no significant implications within this category.
- 4.5 Engagement and Communications Implications
There are no significant implications within this category.
- 4.6 Localism and Local Member Involvement
There are no significant implications within this category.
- 4.7 Public Health Implications
The report above sets out the implications for this priority in 2.1.1.
- 4.8 Environment and Climate Change Implications on Priority Areas (See further guidance in Appendix 2):
- 4.8.1 Implication 1: Energy efficient, low carbon buildings.
Positive/neutral/negative Status: Neutral
Explanation: There is no significant impact within this category at this time.
- 4.8.2 Implication 2: Low carbon transport.
Positive/neutral/negative Status: Neutral
Explanation: There is no significant impact within this category at this time. We predict the provision of electric vehicle charging points will encourage the use of low carbon transport.
- 4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats and land management.
Positive/neutral/negative Status: Neutral
Explanation: There is no significant impact within this category at this time.
- 4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
Positive/neutral/negative Status: Neutral
Explanation: There is no significant impact within this category at this time.
- 4.8.5 Implication 5: Water use, availability and management:
Positive/neutral/negative Status: Neutral
Explanation: There is no significant impact within this category at this time.

4.8.6 Implication 6: Air Pollution.

Positive/neutral/negative Status: Neutral

Explanation: There is no significant impact within this category at this time.

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

Positive/neutral/negative Status: Neutral

Explanation: There is no significant impact within this category at this time.

4.9 The contacts for the sign off process are as follows:

Have the resource implications been cleared by Finance? Yes

Name of Financial Officer: Justine Hartley

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the Head of Procurement? Yes

Name of Officer: Henry Swan

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer? Yes

Name of Legal Officer: Fiona McMillan

Have the equality and diversity implications been cleared by your Service Contact? Yes

Name of Officer: Jennifer Bartlett

Have any engagement and communication implications been cleared by Communications? Yes

Name of Officer: Eleanor Bell

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

Name of Officer: Will Patten

Have any Public Health implications been cleared by Public Health? Yes

Name of Officer: Emily R Smith

If a Key decision, have any Environment and Climate Change implications been cleared by the Climate Change Officer? Yes

Name of Officer: Emily Bolton

5. Source documents guidance

5.1 None

Additional Homecare Block Provision for Winter Pressures

To: Adult and Health Committee

Meeting Date: 9 December 2021

From: Executive Director, People & Communities

Electoral division(s): All

Key decision: Yes

Forward Plan ref: 2021/071

Outcome: People will be supported to return home and regain independence in a timely manner upon discharge from hospital as a result of immediately available homecare capacity to support winter pressures.

Recommendation: Adults and Health Committee is recommended to:

award a 12 month contract to an existing provider, who have been able to guarantee the Council a total of 85,176 homecare hours, at a total cost of £1,622,790.

Officer contact:

Name: Ruth Miller

Post:

Email: ruth.miller@cambridgeshire.gov.uk

Tel: 07795046754

Member contacts:

Names: Councillor R Howitt/Cllr S van de Ven

Post: Chair/Vice-Chair

Email: Richard.howitt@cambridgeshire.gov.uk
Susanvandeven5@gmail.com

Tel: 01223 706398

1. Background

- 1.1. 'Homecare' is considered any support service that a person might need in their own home. This may include shopping, meal preparation, support taking medication and meeting their personal care needs. Provision of good quality homecare not only enables the Council to meet its statutory duties under the Care Act 2014, but it is also key to the prevention agenda in that it enables people to remain living independently within their own home for longer. In addition, to homecare the Council provides a delivers a range of other services which prevent admission to hospital and reduce the need for long term care. This includes the delivery of the Reablement Service, the Enhanced Response Service and Technology Enabled Care. The Council also commissions a range of services which support low level needs from the voluntary and community sector (VCS) from community warden schemes through to handy person services and information and advice.
- 1.2. Unfortunately, the complexity of someone's needs means it is not always possible to prevent admission to hospital. The availability of homecare services able to respond quickly and in a person-centred way is really important when supporting people to return home to recover on discharge from hospital. This support is currently delivered through two block contracts of homecare hours which allow the Council to meet the needs of service users quickly and effectively. The contracts buy 'blocks' of time to deliver care, so we don't have to spot purchase when we need care urgently, as the capacity is guaranteed and always available for people and family carers who require support.
- 1.3. The purchase of block homecare hours allows the Council to source care in the following circumstances:
 - To enable people to return home from hospital as soon as they are medically ready.
 - To provide care for people who are in hard-to-reach areas or to fulfil hard to place packages of care.
- 1.4. This approach enables people to return home on discharge from hospital without delay by providing a short-term service which assists recovery in the community. The homecare provider delivering the service is highly responsive and outcome focused, enabling the people they support in the short term to effectively recover in the community. Care is tailored to each person's specific needs so as they recover and become more independent, the level of care received may be reduced where appropriate. The provider supports each person to transition into a longer term or 'mainstream' homecare arrangement having undertaken this approach.
- 1.5. This paper outlines the proposal to award a 12 month contract, with a six month break clause, to a current provider to allow for additional provision of homecare to support an expected increase in the number of people who will need this service this winter. Working and funded in partnership with the NHS, this provision will ensure people continue to return home from hospital as soon as they are able to do so despite rising demand for services. To support hospital discharge throughout the County and meet the Councils statutory duty, it is vital that this provision is maintained.

2. Main Issues

- 2.1. This proposal supports winter planning preparation as well as expected challenges arising from COVID-19 by proactively securing additional homecare capacity to meet forecasted

pressures on health and social care. The impact of COVID-19 and the impending flu season is predicted to lead to even greater pressure on the health and social care system than we have seen over winter in recent years. This is compounded by existing pressures in both systems, including a reduction in workforce and higher placement costs in the care market.

- 2.2. In line with the trends experienced nationally, the homecare market is currently experiencing a higher than expected number of vacancies and challenges in recruiting and retaining staff. This is due to a combination of issues including leaving the EU, lack of visas, COVID-19, the prediction of mandatory vaccinations, working conditions and the overall value placed on care as a career. There is an increasing capacity issue within the homecare market and providers are reporting that they are unable to recruit carers at this present time.
- 2.3. The Council have seen the number of service users awaiting mainstream care rise 557% from March 2021 to October 2021. It is expected the levels of those waiting for homecare could rise a further 74% on the existing numbers. Whilst we are currently able to meet the statutory needs of people awaiting homecare and short term solutions are in place, there is a need to manage the risk of further increases in demand for services. The sourcing of additional block homecare hours to support hospital discharge over the winter months will ensure people at risk are not left without provision and we are able to support hospital discharges.
- 2.4. This capacity will deliver additional homecare capacity over and above the two contracts the Council currently hold - one local authority funded contract for block hours of homecare and one recently recommissioned contract for block hours of homecare, funded by the Improved Better Care Fund (IBCF) grant. This additional contract alongside the newly commissioned provision provides cover for winter pressures as well as offering more choice to service users.
- 2.5. The Council works in partnership with the Clinical Commissioning Group (CCG) and health colleagues to ensure a smooth transition between hospital and returning home with social care support through hospital discharge pathways. This contract for block hours of homecare will support smooth transitions between hospital and home. This joint working with the CCG forms part of a wider system response to winter pressures.
- 2.6. It is intended to award the contract to an existing provider of block hours of homecare, Beaumont Healthcare. This provider is a local Small Medium Enterprise with an excellent track record of delivering this provision and has maintained high quality care throughout the pandemic, as well as a history of well-maintained capacity throughout previous winter months.
- 2.7. Outlined below are some of the alternative options that have been explored:

Option Summary	Consequences
Do nothing.	If we do not commission an additional provision of block hours for homecare, there is a risk we will not be able to meet the increased demand the winter period can bring and be unable to fulfil the needs of people in need of support on return home from hospital. Lack of available homecare support

	could result in the use of care home beds as an alternative which is not conducive to improving the experience and outcomes for individuals. It could also prevent those in the community from accessing vital homecare services.
Run a full tender.	Ordinarily a full procurement process would be undertaken to increase capacity through additional contracts with independent sector providers. However, a full procurement exercise will be a lengthy process and cannot be implemented in time to meet the winter demand. There is also the possibility that the provider/s will not be able to mobilise the service due lack of capacity in the market. Demonstrating value for money – the proposed award is made at the same price as it was in 2017, with no uplift in rates for four years.
Deliver through In House Services	The use of in house services would also add considerable time to the process as in house capacity is not readily available to respond to this level of demand immediately. In addition to this, in house provision of block homecare hours costed at double that of a providers' overheads, due to the additional staffing requirements, training, etc. so does not work out as value for money in the immediate term.

2.8. Alongside the additional block hours of homecare, to tackle some of the issues facing the market and support in recruitment and retention, the council is undergoing a wider workforce development project as part of the new homecare commissioning model, to improve the longer term outcomes for the market. However, this will need to be managed in partnership with local, regional and national networks to fully address the significant challenges which face the sector as a whole.

2.9. The benefits of utilising the block homecare hours are listed below:

- Ensure the Council has planned enough homecare provision to meet demand in upcoming winter pressures.
- Support people to return home from hospital in a timely manner by providing a responsive homecare service.
- Increase joined up working with health and align arrangements to the development of Discharge to Assess.
- Enable people to return to their own homes and encourage autonomy and choice in care.
- Reduce reliance on bed based care whether that be in hospital or a care home.
- Protect and enhance choice and control for service users through adopting a rights-based approach to service delivery and the concept of independent living.
- This request supports the move towards integrated health and social care, seeking a clear shift towards prevention and 'early help', with an emphasis on health and social care outcomes.

3. Alignment with corporate priorities

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

3.2. A good quality of life for everyone.

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

- This service allows people to return home from hospital, should they wish to go home with homecare.
- This service prevents people from being kept in hospital waiting for homecare.
- This service allows people to return home quickly and safely and avoids them going into an unnecessary residential placement should homecare not be available.

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

3.4. Cambridgeshire: a well-connected, safe, clean, green environment
The following bullet points set out details of implications identified by officers:

- This service allows people to go home with care quickly and efficiently. The service is also part of a wider project to move towards greener provision by providing electric cars.
- The report also sets out the implications for this priority in 4.8. below.

3.5. Protecting and caring for those who need us
The report above sets out the implications for this priority in [ref paragraph]

4. Significant Implications

Report authors should evaluate any further significant implications using the eight sub-headings below. These significant implications should also be evaluated using the questions detailed below. Each specific implication must be signed off by the relevant Team within the Council before the report is submitted to Democratic Services.

4.1. Resource Implications
The following bullet points set out details of significant implications identified by officers:
This provision will consider and support:

- Appropriate, expedited and safe discharge from hospital, supporting reablement and encouraging independence.
- Reducing the risk of inappropriate admission / re-admission to hospital with the right intervention at the right time, supporting people to stay at home and regain / retain independence.
- The contract will be funded through the winter planning budget and contributions from the CCG. The funding required for this contract is £1,622,790 and it has been agreed the CCG will fund the first 6 months of this service. It is important to note that the contract has a break point at a six-month point, this will allow the council to determine if it is still achieving value for money for this service and make a decision to continue with the remaining six months of the contract or terminate under the contract's terms.
- The funding over and above the NHS winter money is included in the pressures paper. The pressures paper sets out the significant increase in costs as well as the sharp increase to demand to support discharges from hospitals into the community. Therefore, the remaining £811,395 will be sought through the pressures paper.

4.2. Procurement/Contractual/Council Contract Procedure Rules Implications.
The following bullet points set out details of significant implications identified by officers:

- There is a possible risk of challenge from the provider market due to the nature of the direct award and value of the contract. However, a recent tender was conducted for a longer-term block hours of homecare contract, open to all of those on the Dynamic Purchasing System (DPS), giving opportunity to those who wish to deliver a block provision of hours for homecare.
- The Public Contracts Regulations 2015 allow use of the negotiated procedure without prior publication (regulation 32) in specific circumstances. The circumstance that is relied upon in this case is:
 - 32(c): insofar as is strictly necessary where, for reasons of extreme urgency brought about by events unforeseeable by the contracting authority, the time limits for the open or restricted procedures or competitive procedures with negotiation cannot be complied with. The circumstances invoked to justify extreme urgency must not be attributable to the contracting authority.
- There is a risk of challenge from other providers capable of delivering the service.
- To help to mitigate this risk, the Council could publish a Voluntary Ex-Ante Transparency (VEAT) notice on the Find a Tender Service (FTS) website. There would then be a 10 day standstill period during which other providers could raise any concerns or challenge the decision. If no challenge is received, the contract would be awarded after the end of the standstill period and the Council would publish a Contract Award Notice on FTS.

4.3. Statutory, Legal and Risk Implications.

The report sets out the implications for this priority in 4.2. above and consequences of options in 2.6.

4.4. Equality and Diversity Implications.

There are no significant implications for this priority.

4.5. Engagement and Communications Implications.

There are no significant implications for this priority.

4.6. Localism and Local Member Involvement.

There are no significant implications for this priority.

4.7. Public Health Implications.

There are no significant implications for this priority.

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

4.8.1. Implication 1: Energy efficient, low carbon buildings.

Positive/neutral/negative Status:

Explanation: There are no significant implications within this category.

4.8.2. Implication 2: Low carbon transport.

Positive/neutral/negative Status: neutral

Explanation: This service by definition is to fund cars traveling across the county. There is an on-going project run by the local authority to run electric vehicles in the block provision of hours of homecare. The local authority is also undertaking activity to rationalise and review the runs in specific geographical areas to ensure the routes are the most efficient possible.

- 4.8.3. Implication 3: Green spaces, peatland, afforestation, habitats and land management.
Positive/neutral/negative Status:
Explanation: There are no significant implications within this category.
- 4.8.4. Implication 4: Waste Management and Tackling Plastic Pollution.
Positive/neutral/negative Status:
Explanation: There are no significant implications within this category.
- 4.8.5. Implication 5: Water use, availability and management:
Positive/neutral/negative Status:
Explanation: There are no significant implications within this category.
- 4.8.6. Implication 6: Air Pollution.
Positive/neutral/negative Status: neutral
Explanation: As stated in 4.8.2., this contract is for the implementation of cars to travel across the county in order to support people coming out of hospital. This will result in car emissions and air pollution. The longer-term homecare commissioning model will encourage local providers and local homecare staff to support people in a small geographical area or 'zone', reducing travel time and mileage, and consequently reducing emissions and air pollution.
- 4.8.7 Implication 7: Resilience of our services and infrastructure, and supporting vulnerable people to cope with climate change.
Positive/neutral/negative Status:
Explanation: There are no significant implications within this category.

Have the resource implications been cleared by Finance? Yes
Name of Financial Officer: Stephen Howarth

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

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

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

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

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

Have any Public Health implications been cleared by Public Health?

Yes

Name of Officer: Kate Parker

If a Key decision, have any Environment and Climate Change implications been cleared by the Climate Change Officer?

Yes

Name of Officer: Emily Bolton

Finance Monitoring Report – October 2021/22

To: Adults and Health Committee

Meeting Date: 9 December 2021

From: Executive Director of People & Communities
Director of Public Health
Chief Finance Officer

Electoral division(s): All

Key decision: No

Forward Plan ref: N/A

Outcome: The committee should have considered the financial position of services within its remit as at the end of October 2021/22

Recommendation: Adults and Health Committee is recommended to:

- i) review and comment on the relevant sections of the People and Communities and Public Health Finance Monitoring Report as at the end of October 2021;
- ii) endorse for approval by Strategy and Resources Committee, the transfer of £2m from the current year underspend in the Adults and Safeguarding Directorate to the Adult Social Care risk reserve to mitigate against future pressures arising in 2022-23 and beyond;
- iii) review the current position on Public Health reserves and endorse, for approval by Strategy and Resources Committee, proposals for the use of uncommitted reserves totalling £2.9m; and
- iv) note the approved waivers from full contract procedure rules that have been granted in the Public Health Directorate during the exceptional circumstances of the covid pandemic.

Officer contact:

Name: Justine Hartley
Post: Strategic Finance Manager
Email: justine.hartley@cambridgeshire.gov.uk
Tel: 07944 509197

Member contacts:

Names: Councillor R Howitt/Cllr S van de Ven
Post: Chair/Vice-Chair
Email: Richard.howitt@cambridgeshire.gov.uk
Susanvanden5@gmail.com
Tel: 01223 706398

1. Background

- 1.1 Finance Monitoring Reports (FMR) are produced monthly, except for April, by all services. They report on a range of financial information to enable a view of each service's financial position to be taken.
- 1.2 Budgets for services are agreed by Full Council in the business plan in February of each year and can be amended by budget virements. In particular, the FMR provides a revenue budget forecast showing the current projection of whether services will be over- or under-spent for the year against those budgets.
- 1.3 The presentation of the FMR enables members to review and comment on the financial position of services within the committee's remit.
- 1.4 Generally, the FMR forecasts try to explain the overall financial position of each service and the key drivers of any budget variance, rather than explaining changes in forecast month-by-month.
- 1.5 The contents page of the FMR shows the key sections of the report. In reviewing the financial position of services, members of this committee may wish to focus on these sections:
 - Section 1 – providing a summary table for services that are the responsibility of this committee and setting out the significant financial issues (replicated below).
 - Section 5 – the key activity data for Adult Services provides information about service-user numbers and unit costs, which are principle drivers of the financial position
 - Appendices 1-3 – these set out the detailed financial position by service and provide a detailed commentary for services projecting a significant variance from budget.
 - Appendix 5 – this sets out the savings for Adults and Public Health in the 2021/22 business plan, and savings not achieved in 2020/21 that are still thought to be deliverable.
- 1.6 The FMR presented to this Committee and included at Appendix 1 covers People and Communities and Public Health. The budget headings in the FMR that are within the remit of this committee are set out in Appendix 2, but broadly are those within Adults & Safeguarding, Adults Commissioning, and Public Health.

2. Main Issues

- 2.1 The FMR provides summaries and detailed explanations of the financial position of Adults and Public Health services. At the end of October, Adults, including Adults Commissioning, are forecasting an underspend of 2.4% of budget (£4,684k), and Public Health are reporting an underspend of 3.8% of budget (£1,468k):

Directorate	Budget 2021/22 £000	Actual July 21 £000	Forecast Outturn Variance £000
Adults & Safeguarding	174,572	94,662	-4,645
Adults Commissioning (including Local Assistance Scheme)	18,507	9,641	-39
Public Health (excl. Children's Health)	39,039	3,245	-1,468
Total Expenditure	232,118	107,548	-6,151
Grant Funding (including Improved Better Care Fund, Public Health Grant etc.)	-54,424	-38,925	0
Total	177,693	68,622	-6,151

- 2.2 As the impact of the pandemic continues, there remains uncertainty around the forecast position as we move into the winter period. It is particularly unclear if, and at what point, demand-led budgets will return to expected levels of growth in spend. We will need to keep activity and spend levels under review throughout the year to determine if demand growth is returning to pre-pandemic levels or increasing faster.
- 2.3 For ease, the main summary section of the FMR is replicated here in section 2.4.
- 2.4 Taken from sections 1.4 and 1.5 of the October FMR:
- 2.4.1 Adults
- 2.4.2 Like councils nationally, Adult Services in Cambridgeshire has faced cost pressures for several years. This has been due to the rising cost of care home and home care provision due to both the requirement to be compliant with the national living wage and the increasing complexity of needs of people receiving care (both older people and working age adults). Budgets have been set broadly based on this trend continuing, with some mitigations.
- 2.4.3 At the end of October, Adults are forecasting an underspend of £4,645k (2.66%), with pressures in disability and mental health services more than offset by underspends forecast in older people's and physical disability services.
- 2.4.4 The financial and human impact of Covid-19 has been substantial for Adult Services, overspending in 2020/21 because of the need to provide additional support to care providers and increased support needs of vulnerable adults. Some adults who were previously supported at home by friends, family and local community services have not been able to secure this support during Covid due to visiting restrictions during lockdown. This has increased reliance on professional services; the ability to focus on conversations about the use of technology, community support or other preventative services have been restricted due to the refocusing of staffing resources towards discharge from hospital work

and supporting care providers. Many vulnerable adults have developed more complex needs during lockdown as they have not accessed the usual community-based or early help services. We are expecting the longer-term financial impact of this to be very large.

- 2.4.5 Despite this, some services over 2020/21, and continuing through 2021/22, have seen expenditure at less than budgeted levels. This is particularly the case with spend on residential and nursing care for older people as a result of the devastating impact of Covid-19 on the older people's population. Spend today is below the level budgeted for and therefore budget is available for rising demand or costs. This is causing the forecasted underspend on the Older People's budget, but the financial position of this service is considerably uncertain. There is a growing number of people who have survived Covid, being left with significant needs, and many vulnerable adults have developed more complex needs as they have not accessed the usual community-based or early help services due to lockdown. The impact on delayed health care treatments such as operations will also impact individual needs and health inequalities negatively. It is anticipated that demand will increase as we complete more annual reviews, many of which are outstanding due to the pandemic.
- 2.4.6 Hospital Discharge systems continue to be pressured and we expect some substantial cost increases as both NHS funding is unwound fully, and the medium-term recovery of clients assessed as having primary health needs upon hospital discharge return to social care funding streams.
- 2.4.7 Within Physical Disability services, a peak in demand for bed-based care in the last quarter of 2020/21 has now reversed, with numbers returning to pre-pandemic levels.
- 2.4.8 Learning Disabilities (LD) and Mental Health services have cost pressures that are driving a forecast overspend for the year. Levels of need have risen greatly over the last year, and this is exacerbated by several new service users with LD care packages with very complex health and care needs, requiring significant levels of care that cost much more than we budget for an average new care service. We are reliant on a small number of providers for very specialist types of support. LD services in Cambridgeshire work in a pooled budget with the NHS, so any increase in cost in-year is shared
- 2.4.9 A detailed review of activity information and other cost drivers has been undertaken as at the end of October and the forecast position updated accordingly. We will continue to review the position as we move through the autumn and winter months and the forecast remains subject to variation as circumstances change.
- 2.4.10 It is proposed to rebaseline the Adult Social Care budgets as part of the Business Planning round for 2022-23 and beyond to reflect the impact of the Covid-19 pandemic on spend. This will seek to address the underspends and overspends we are currently seeing against budgets in this financial year. However, there remains significant uncertainty especially as we go into a potentially difficult winter, and with emerging issues arising in the care sector, particularly around staffing. We also have a large number of outstanding reviews and are in the process of sourcing additional support to deal with this backlog. It is possible that when completing annual reviews additional costs will emerge. As a consequence of these uncertainties, it is requested that a risk provision of £2m is approved from the current year underspend to cushion against potential rising costs through this winter and into 2022/23 as the effects of the pandemic continue to be felt. This is reflected in the underspend reported.

2.4.11 Public Health

2.4.12 The Public Health Directorate is funded wholly by ringfenced grants, mainly the Public Health Grant. The work of the Directorate has been severely impacted by the pandemic, as capacity has been re-directed to outbreak management, testing, and infection control work. The Directorate's expenditure has increased by nearly 50% with the addition of new grants to fund outbreak management, mainly the Contain Outbreak Management Fund.

2.4.13 In 2020/21, the pandemic caused an underspend on many of PH's business as usual services. Much of the Directorate's spend is contracts with, or payments to, the NHS for specific work, and the NHS' re-focussing on pandemic response and vaccination reduced activity-driven costs to the PH budget. This continued into the first half of 2021/22 with spend below budgeted levels, although activity is now increasing. In addition, with the unprecedented demand for PH staff across the country, recruitment is proving difficult resulting in underspends on staffing budgets. Service demand is difficult to predict and will be kept under review.

2.5 Request for transfer to Adult Social Care risk reserve

2.5.1 As part of the Business Planning paper also being considered at this committee, there is a proposal to rebaseline the Adults and Safeguarding Directorate budget for 2022/23 to reflect underspends and overspends we are seeing in the current financial year. The proposal is to rebaseline the budget for the Directorate by a net reduction of £3.25m which reflects reduced overall costs as a result of the devastating impact of the Covid pandemic on the numbers of people we support. This does not reflect any change in service provision to individual users, but realigns the budgets based on current and anticipated user numbers across the services within Adult Social Care.

2.5.2 The impacts of the pandemic on costs have been multiple and varied and future costs remain uncertain. In the current year we are seeing underspends on Older People and Physical Disability services as a result of net service user numbers being below the rate allowed for in the budget. These are partially offset by an overspend on Learning Disabilities where we are seeing increasing costs and complexity of need.

2.5.3 As we move towards 2022/23 the -£3.25m rebaselining amount is considered realistic but there remains significant uncertainty around future costs. The Health sector remains under pressure and delayed health care treatments such as operations are impacting individuals needs. Hospital discharge systems are also strained, and we are seeing a growing number of people who have survived Covid being left with significant needs. In addition, there are pressures in the provider market particularly with staff recruitment and retention, and with rising costs for utilities, etc. To mitigate against the possibility of significantly increased costs in 2022/23, it is proposed to transfer £2m of the current year underspend to the Adult Social Care risk reserve to call upon in the event of costs rising above budgeted levels as the impacts of the pandemic continue.

2.5.4 The Adults and Health Committee is asked to endorse this proposal for consideration by Strategy and Resources Committee.

2.6 Use of Public Health Reserves

2.6.1 At the end of 2020/21 the Public Health Directorate had reserves of £4.6m of which £1.6m was committed to specific projects and nearly £3m was uncommitted. Details of current committed and uncommitted reserves are summarised in the table below:

Budget Heading	Opening Balance 2021/22 £'000	Activity to End of Oct 2021 £'000	Balance at End of Oct 2021 £'000	Reserve Description
Public Health				
Stop Smoking Service	128	0	128	To be focused on work to reduce smoking during pregnancy
Emergency Planning	9	0	9	
Healthy Fenland Fund	98	0	98	Project extended to 2023
Falls Prevention Fund	188	0	188	Joint project with the NHS, £78k committed in new Healthy Lifestyle contract
Enhanced Falls Prevention pilot	804	0	804	Anticipated spend over 3 years to 2024/25
NHS Healthchecks Programme	270	0	270	No longer required
Implementation of Cambridgeshire PH Integration Strategy	140	0	140	No longer required as work is complete
Public Health – Grant carry forward	2,987	0	2,987	See Appendix 8 for proposed investments to be funded from these uncommitted Public Health reserves
TOTAL EARMARKED RESERVES	4,624	0	4,624	

(+) positive figures represent surplus funds.

(-) negative figures represent deficit funds.

2.6.2 Spend against Public Health reserves has been low over recent months as the Directorate has focussed on the response to the Covid 19 pandemic. However, as we start to emerge from the pandemic response, the Council's Public Health team have been reviewing the potential usage of the reserves that have built up and put forward proposals for work to reduce health inequalities and help the pandemic recovery. Proposals totalling £2.9m of spend over the next 3 years from the current £3.4m of uncommitted reserves are set out below for consideration. The Committee is recommended to endorse these proposals for approval by Strategy and Resources Committee.

Proposals for use of Public Health reserves

Project name	Cost	Timescale	Brief Description	Agreed HWB Priorities
1. Covid Recovery Survey	£368,000	3 years	An annual local survey for 3 years to assess long-term covid impact on topics such as access to health and preventative care, mental health and wellbeing, health behaviours, economic and social stresses.	Linked to all
2. Support to families of children in Cambridgeshire who self-harm	£102,400	2 years	The proposal is based on a pilot piece of work that was commissioned by the local authority in 2016 using the community provider 'Pinpoint'. Please see additional attachments for details of this pilot project and current proposal.	Mental Health / Best Start in Life
3. Gypsy Roma and Travellers Education Liaison officer	£47,592	2 years	Support for children and families of Gypsy Traveller ethnicity to access and maintain education through an education support officer.	Best Start in Life for Children.
5. Psychosexual counselling service (Pilot project)	£68,936	2 years	Pilot Project to provide a psychosexual counselling service for the Cambridgeshire and Peterborough population. The costings are based upon hiring a band 7 psychotherapist, providing clinics within the iCaSH service, with an estimated 94 Patients to access the service annually. Costs are for CCC element.	Mental Health
6. Primary Care Long-Acting Reversible Contraception (LARC) training programme.	£60,000	12-18 months	To fund a LARC training programme for GPs and Practice Nurses, which includes 100 LoCs (Letters of Competence) and course of 5 for a minimum of 20 delegates.	Best Start in Life for Children.
7. Tier 3 Weight Management Services Capacity post COVID 19	£1,465,400	3 years	To provide funding to increase the capacity of Tier 3 weight management. Tier 3 weight management services are commissioned from our Lifestyle Provider Everyone Health. Funding is requested to reduce the backlog of 490 clients = £490k. This will also fill the gap in supply for the next two years. Evaluation costs included in proposal.	Environments to promote healthy living
8. Proposal: To decrease the number of women who continue to smoke during pregnancy.	£220,000	2 years	Funding is requested to provide the following to reduce smoking in pregnancy and bolster other system initiatives to address smoking. This includes incentives for pregnant smokers to quit to run as a pilot. (£60k over 2 years), and an additional Public Health Manager fixed term post to develop and implement the smoking and pregnancy incentive programme and support the Tobacco Alliance Plan delivery objectives (£120k over two years).	Best Start in Life for Children.
11. Public Mental Health Manager	£105,000	2 years	The proposal is to request funding to employ a mental health strategist at Public Health Manager level to work alongside the consultant in Public Health responsible for mental health at the local authority and the consultant in Public Health working with CPFT. The role will include the review of information and data collated by the Public Health analysts and literature reviews of evidence on what works for mental wellbeing, supporting the writing of the mental health strategies. With an additional £37,000 from the mental health partnership (CCG)	Mental health
12. Mapping and understanding the effects of planning policy of the built environment on health inequalities	£170,000	1 year	The proposal is to commission research to pull together disparate data sources to map the current baseline for gambling outlets, licensed premises, and fast food outlets, links to deprivation and tailored policy recommendations for each local authority. Project costs include evaluation costs.	Environments to promote healthy living
14. Strategic Health Improvement Manager	£165,000	2 years	The proposal is to request funding to employ a Public Health Strategic Manager who will be responsible for gathering evidence to inform policy and strategy development for a fixed term of two years. For example, reviewing information, data, and evidence to identify need and providing evidence for interventions. The postholder would also support the commissioning of public health services and their evaluation. The other key role would be to support and engender partnership engagement in developing and contributing to strategies and interventions.	Environments to promote healthy living
15. Public Health Manager - Learning Disability	£105,000	2 years	The proposal is to request funding to employ an Learning Disability (LD) health prevention strategist at Public Health Manager level to work alongside the consultant in Public Health responsible for LD public health at the local authority. The role will include the review of information and data collated by the Public Health analysts and literature reviews of evidence, supporting the writing of the LD health strategies and support for evaluation.	Mental Health
Public Health Reserve Proposals (including Evaluations)	£2,877,328			

- 2.6.3 In recommending these proposals, attention has been paid to the Health and Wellbeing Board and Integrated Care Partnership system wide priorities which are:
1. Our children are ready to enter education and exit, prepared for the next phase of their lives.
 2. Create an environment to give people the opportunities to be as healthy as they can be.
 3. Reducing poverty through better employment and better housing.
 4. Promoting Early intervention and prevention measures to improve mental health and wellbeing.
- 2.6.4 Agreement to use of these reserves will reduce the in year uncommitted Public Health reserve balance to £521k. The current year forecast position for the Public Health Directorate as noted above is an underspend of £1.5m which it is assumed will be transferred to Public Health reserves at year end. In addition, proposals are included in the Business Planning process for 2022/23 and beyond for use of £1.045m of Public Health reserves as follows:
- £45k to be used to support training for the introduction of Health Impact Assessments ; and
 - £1m to be used over the next 3 years to support Health related spend elsewhere in the Council on a one off basis. Spend is proposed at £400k in 2022/23, £400k in 2023/24 and £200k in 2024/25. Areas of spend to be supported are being considered at the current time.
- 2.6.5 If all of these proposed reserve movements are approved, this will leave a forecast uncommitted reserve balance on Public Health reserves at the start of 2022/23 of £0.9m.
- 2.7 Public Health waivers from full contract procedure rules
- 2.7.1 The Council has in place an agreed set of contract procedure rules to be followed for Council procurement to ensure best value for the Council and compliance with all relevant legislation. Within the agreed rules is a waiver process for use when it is not possible to follow the full contract procedure rules. This could be due to issues such as the emergency nature of spend or lack of appropriate suppliers in the marketplace. The waiver process should only be used in exceptional circumstances and needs to demonstrate best value for the Council. A series of thresholds are in place with all waivers requiring approval at Directorate level or above. Waivers of £25k or more require approval by the Chief Finance Officer as well as other key officers, and the highest value waivers require Committee approval.
- 2.7.2 As a result of the Public Health Directorate's emergency response to the pandemic, a number of waivers have been approved since March 2020 totalling £1.1m. The detail of these waivers is provided for information in Appendix 3 and summarised below:

Spend area	Value of waiver £
Specialist Public Health Staffing	663,978
Public Health Testing Service Contracts / Symptomatic COVID-19 testing sites	92,475
Community lateral flow testing	149,629
Outbreak testing	15,000
Behavioural Insights Study	21,023
Enduring Transmission	106,876
Wellbeing for Education	25,000
Public Health Commissioning	73,652
Total spend approved through the waiver process	1,147,633

2.7.3 No decision is required by the Committee as the waivers referenced have been approved through the Council's formal waiver process and none were of a value requiring Committee approval. This process has enabled public health to respond quickly to the covid-19 pandemic and speed up the emergency response.

3. Alignment with corporate priorities

3.1 Communities at the heart of everything we do

The overall financial position of the P&C and Public Health directorates underpins this objective.

3.2 A good quality of life for everyone

The overall financial position of the P&C and Public Health directorates underpins this objective.

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

There are no implications for this priority.

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

There are no implications for this priority.

3.5 Protecting and caring for those who need us

The overall financial position of the P&C and Public Health directorates underpins this objective.

4. Significant Implications

4.1 Resource Implications

The attached Finance Monitoring Report sets out the details of the overall financial position for P&C and Public Health.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category.

4.3 Statutory, Legal and Risk Implications

There are no significant implications within this category.

4.4 Equality and Diversity Implications

There are no significant implications within this category.

4.5 Engagement and Communications Implications

There are no significant implications within this category.

4.6 Localism and Local Member Involvement

There are no significant implications within this category.

4.7 Public Health Implications

The report sets out the financial position of the Public Health Directorate

4.8 Environment and Climate Change Implications on Priority Areas

4.8.1 Implication 1: Energy efficient, low carbon buildings.

Neutral

4.8.2 Implication 2: Low carbon transport.

Neutral

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

Neutral

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.

Neutral

4.8.5 Implication 5: Water use, availability and management:

Neutral

4.8.6 Implication 6: Air Pollution.

Neutral

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

Neutral

Have the resource implications been cleared by Finance? Yes

Name of Financial Officer: Tom Kelly

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement? N/A

Name of Officer:

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law? N/A

Name of Legal Officer:

Have the equality and diversity implications been cleared by your Service Contact? N/A
Name of Officer:

Have any engagement and communication implications been cleared by Communications?
N/A
Name of Officer:

Have any localism and Local Member involvement issues been cleared by your Service
Contact? N/A
Name of Officer:

Have any Public Health implications been cleared by Public Health? Yes

Name of Officer: Kate Parker

If a Key decision, have any Environment and Climate Change implications been cleared by
the Climate Change Officer?
N/A

5. Source documents guidance

5.1 Source documents

Finance Monitoring Reports are produced monthly, except for April, for all of the Council's services. These are uploaded regularly to the website below.

5.2 Location

[Finance and performance reports - Cambridgeshire County Council](#)

Appendix 1: People and Communities and Public Health Finance Monitoring Report October 2021

See separate document

Appendix 2 : Budget Headings within the remit of the Adults and Health Committee

- 1 The budget headings that are the responsibility of this committee are set out below along with a brief description of the services these headings contain. The financial information set out in appendices 1 and 2 of the main FMR use these budget headings.
- 2 Adults & Safeguarding Directorate (FMR appendix 1):

Budget Heading	Description
Strategic Management - Adults	Cross-cutting services including transport and senior management. This line also includes expenditure relating to the Better Care Fund and social care grants.
Transfers of Care	Hospital based social work teams
Prevention & Early Intervention	Preventative services, particularly Reablement, Adult Early Help and Technology Enabled Care teams
Principal Social Worker, Practice and Safeguarding	Social work practice functions, mental capacity act, deprivation of liberty safeguards, and the Multi-Agency Safeguarding Hub
Autism and Adult Support	Services for people with Autism
Adults Finance Operations	Central support service managing social care payments and client contributions assessments
Head of Service	Services for people with learning disabilities (LD). This is a pooled budget with the NHS – the NHS contribution appears on the last budget line, so spend on other lines is for both health and social care.
LD - City, South and East Localities	
LD - Hunts and Fenland Localities	
LD - Young Adults Team	
In House Provider Services	
NHS Contribution to Pooled Budget	
Physical Disabilities	Services for people requiring physical support, both working age adults and older people (OP).
OP - City & South Locality	
OP - East Cambs Locality	
OP - Fenland Locality	
OP - Hunts Locality	
Mental Health Central	Services relating to people with mental health needs. Most of this service is delivered by Cambridgeshire and Peterborough NHS Foundation Trust.
Adult Mental Health Localities	
Older People Mental Health	

3 Commissioning Directorate (FMR appendix 1):

Budget Heading	Description
Strategic Management - Commissioning	Costs relating to the Commissioning Director, shared with CYP Committee.
Local Assistance Scheme	Scheme providing information, advice and one-off practical support and assistance
Central Commissioning - Adults	Discrete contracts and grants that support adult social care, such as carer advice, advocacy, housing related support and grants to day centres, as well as block domiciliary care contracts.
Integrated Community Equipment Service	Community equipment contract expenditure. Most of this budget is pooled with the NHS.
Mental Health Commissioning	Contracts relating to housing and community support for people with mental health needs.

4 The Executive Director budget heading in FMR appendix 1 contains costs relating to the executive director of P&C and is shared with other P&C committees.

5 Public Health Directorate (FMR appendix 2):

Budget Heading	Description
Drug & Alcohol Misuse	A large contract to provide drug/alcohol treatment and support, along with smaller contracts.
SH STI testing & treatment - Prescribed	Sexual health and HIV services, including prescription costs, advice services and screening.
SH Contraception - Prescribed	
SH Services Advice Prevention/Promotion - Non-Prescribed	
Integrated Lifestyle Services	Preventative and behavioural change services. Much of the spend on these lines is either part of the large Integrated Lifestyles contract or is made to GP surgeries.
Other Health Improvement	
Smoking Cessation GP & Pharmacy	
NHS Health Checks Programme - Prescribed	
Falls Prevention	Services working alongside adult social care to reduce the number of falls suffered.
General Prevention, Traveller Health	Health and preventative services relating to the Traveller community, including internal income from Cambs Skills for adult learning work.
Adult Mental Health & Community Safety	A mix of preventative and training services relating to mental health.
Public Health Strategic Management	Mostly a holding account for increases in the ringfenced Public Health Grant pending its allocation to specific budget lines.
Public Health Directorate Staffing and Running Costs	Staffing and office costs to run Public Health services
Test and Trace Support Grant	Expenditure relating to the test and trace service support grant. This was a 2020/21 grant but was partly carried-forward.
Enduring Transmission Grant	Expenditure under a pilot scheme to tackle Covid-19 transmission where rates are persistently higher than average. The pilot covers Fenland, Peterborough and South Holland but is administered by Cambridgeshire County Council.
Contain Outbreak Management Fund	Expenditure relating to the COMF grant, a large grant given over 2020/21-22 to deliver outbreak management work under the Health Protection Board.
Lateral Flow Testing Grant	Grant to deliver community testing sites.

Appendix 3 – Public Health Procurement Waivers

As a result of the Public Health Directorate's emergency response to the pandemic, a number of waivers from compliance with the Council's full contract procedure rules have been approved as set out in this Appendix. This detail is provided for information – all the waivers referenced have been approved through the Council's approved waiver process. This process has enabled public health to respond quickly to the covid-19 pandemic allowing us to "waive" some procurement processes to speed up the emergency response.

The waivers requested for Public Health were related to the Directorate's need to stand up an emergency response to the covid-19 pandemic and move towards operationalising outbreak management services. During 2020 and 2021 several operational services were required to be set up rapidly, these included Contact Tracing Team, Lateral Flow Testing services, Enduring Transmission Pilot Programme. These were alongside the Outbreak Management Team that required additional skilled staff to work alongside existing public health specialists

The waiver requests for public health have fallen into two categories firstly acquiring appropriate specialist public health staff, who have been in high demand since the start of the pandemic and secondly the requirement to stand up operational services at speed. In both cases the additional funding for these services has been secured through several national grants and this has not impacted on the public health grant funding. The council has been in receipt of substantial funding from the following grants: Test & Trace (T&T) grant awarded in June 2020, Contain Outbreak Management Fund (COMF) awarded in Sept 2020 and March 2021, DHSC Lateral Flow Testing (LFT) Programme awarded in Feb 2021 and extended through to Dec 21 and Enduring Transmission Programme awarded by the Treasury dept in May 2021 and extended through to December 31, 2021.

In addition, Public Health commissions services from GP practices and community pharmacists. The practices and pharmacies are uniquely placed to provide some Public Health services, consequently waivers are used to commission their services.

A. Specialist Public Health Staffing

In order to respond effectively to the pandemic, specialist public health staff were required which included Infection Control Nurses, Health Protection Practitioners, Consultants in Public Health and Enduring Transmission Programme / Project support officers. There is currently a national shortage of skilled staff and there was no alternative other than to go outside of the council's framework and use alternative agencies. In the early stages of the pandemic, we have been able to recruit to temporary fixed term posts funded through the national Test & Trace grant (T&T) and Contain Outbreak Management Fund (COMF) or through specialist Dept of Health & Social Care (DHSC) grants. As the duration of the pandemic lengthened specialist staff were not applying for fixed term contracts and were using a range of agencies to represent them. Within the council's procurement framework and from a HR perspective our preferred agency is Opus however Opus was unable to source appropriately skilled and trained staff due to the specialist nature of these posts. Where possible in some staffing areas in Public Health we have continued to use Opus for non-specialist staff e.g., LFT operatives, Data analysts and business support officers.

Job Title	Waiver	Combined Value	Agency	Grant Funded
	AFN289836457, AFN306276409	£43,000	Insight Pro Ltd via Panoramic Associates	LFT DHSC
Health Practitioner Nurse / Health Protection Practitioner	AFN311092536, AFN335876420, CCC358605972, CCC350565182, CCC373830582	£89,312	Panoramic	COMF
PH Medical Consultant / Senior Health Practitioners	CCC343124503, CCC345465392, CCC352087869, CCC373826812	£227,710	Panoramic	COMF
Infection Control Nurses	Previous ones including AFN311092535 up to 30th June 2021, CCC342513600, AFN303066481, AFN33571556, CCC355722869, CCC358031909	£231,591	Panoramic / Computer futures	COMF
Project Support Officers	CCC357666301, CCC372921990, CCC373109086, CCC375500450, CCC357670939, CCC373109086	£72,365	One Group / Xander	Enduring Transmission

B. Public Health Testing Service Contracts / Symptomatic COVID-19 testing sites

Symptomatic covid-19 testing is commissioned nationally by DHSC and delivered in our region predominately by G4S. It is the local authorities' responsibility to find suitable sites for G4S to operate from. In order to maintain a network of test sites that were in

locations that could appropriately accommodate the test site as well as associated traffic, and make sure travel times were reasonable across the entire county, sites are paid a fixed daily rate for their use which is standard across all sites.

Site name	Supplier	Start date	Waiver number	Waiver value
Wisbech MTU (Chapel Road)	Fenland District Council	01/10/2020	AFN319680437	£16,350
March MTU (City Road)	Fenland District Council	01/12/2020	AFN319702785	£15,000
Ely MTU (The Hive Leisure Centre)	East Cambs District Council	01/10/2020	AFN319712013	£13,975
St Neots MTU	Huntingdonshire District Council	01/10/2020	AFN320077321	£10,100
Huntingdon Town FC MTU	Huntingdon Town Football Club	27/01/2021	AFN320064787	£12,100
Abbey Leisure Centre LTS	Cambridge City Council	01/10/2020	AFN319718158	£24,950
Active Hampton MTU	Hampton Community Sports Association	08/12/2020	PCC - covered by the test & trace business case reference (waiver) is CVSC 196	n/a
Dogsthorpe MTU	Dogsthorpe Community Association	Before 01/10/2020	PCC - covered by the test & trace business case reference (waiver) is CVSC 196	n/a
Pleasure Fair Meadows MTU	Peterborough City Council recharge	24/02/2021	PCC - covered by the test & trace business case reference (waiver) is CVSC 196	n/a
Gladstone Community Centre LTS	Peterborough City Council recharge	Early 2020	PCC - covered by the test & trace business case reference (waiver) is CVSC 196	n/a

C. Community lateral flow testing

Community lateral flow testing is funded by a direct DHSC grant. The Programme was initially funded for 6 weeks, then had a 6-week extension followed by 3 lots of 3-month extensions, all of which have been confirmed less than 2 weeks before the end date of the Programme. The funding model for the Programme was changed substantially in June (from payment per test to payment by operating hours), along with the aims and objectives of the Programme (from key worker testing to targeting disproportionately impacted and vulnerable groups). The lack of medium-term certainty about funding for the Programme and short notice changes to funding and objectives have made planning very challenging.

In terms of specific suppliers, justification is as below:

- Masters: 3 quotations were obtained to seek best value, however there was insufficient time to run a full tender process
- Sites: as with symptomatic testing it has been extremely challenging to find and maintain suitable sites due to lack of suitable sites in many parts of the county and competition for use of space. In order to maintain a network of test sites that were in locations that could appropriately accommodate the test site as well as associated traffic, and make sure travel times were reasonable across the entire county, sites are paid a fixed daily rate for their use which is standard across all sites.
- Rosmini Centre: this is a VCS organisation with very strong links with migrant communities in the Wisbech area, who were a key target group for the Programme. It would be very challenging to find another organisation able to develop similar links in the timescales available.

Goods/service	Supplier	Waiver number	Waiver value
Exhibition vehicles	Masters	CCC360410334, CCC341950645, AFN326583016	£85,303
Targeted delivery of LFT testing to migrant communities in Fenland	Rosmini Centre	CCC351384375	£21,876

Site name	Supplier	Waiver number	Waiver value
The Hub	Cambourne Parish Council	AFN328731157; CCC372502945	£13,100
The Meadows Community Centre	Cambridge City Council	AFN328738014	£6,500

Site name	Supplier	Waiver number	Waiver value
Coneygear Centre	Huntingdon City Council	CCC345864793, CCC372514821	£10,350
Queen Mary Centre, Wisbech	The Ferry Project Ltd	AFN336077677	£6,000
Soham Rangers Football Club	Soham Rangers Football Club	AFN319703359	£6,500
St Marks Church, Peterborough	St Marks Church	PCC - covered by the test & trace business case reference (waiver) is CVSC 196	n/a

D. Outbreak testing

We have a provider for outbreak testing in the community. The current provider was awarded through open tender. Due to delay in the tender process, the previous contract for the provider at that time was extended to cover the period of delay until the new contract started.

Goods/service	Supplier	Waiver number	Waiver value	Funding
Outbreak testing contract extension	GPDQ Ltd	CCC343671036	£15,000	Test & Trace

E. Behavioural Insights Study

This is to help understand the behavioural motivations that influence young people to access COVID-19 vaccination. It will feed into the ongoing work to address vaccination confidence and address the low rates in some areas.

Goods/service	Supplier	Waiver number	Waiver value	Funding
Behavioural Insights Study	Sheffield Hallam University Centre for Behavioural Science & Applied Psychology	CCC366385783	£21,023	COMF

F. Enduring Transmission

Enduring Transmission Pilot is funded by the Treasury and is one of 13 national COVID-19 pilots. This pilot is testing a model that provides benefits for workers on low wages and insecure contracts who often do not access testing or self-isolate through fears of loss of income. In addition, they often mistrust the government support system or experience language barriers and do not access support for self-isolation. The pilot is testing the impact of using a trusted 3rd sector organisation to administer support and can overcome the language and cultural barriers. The Rosmini Centre: is a VCS organisation with very strong links with migrant communities in the Wisbech area, and it would be very challenging to find another organisation able to develop similar links in the timescales available.

Increasing testing is part of the Pilot and this is offered at the Rosmini Centre and workplaces. This is to increase access to testing for workers who are reluctant to test or have problems in accessing testing. Offering support for self-isolation increases their willingness to be tested and it is an essential part of the Pilot.

It was very challenging to recruit staff to act as Project Managers, the LA framework provider was unable to source any and consequently we secured some through agencies that required waivers. (See Section A for waivers relating to Enduring Transmission Programme staffing)

The funding award was made in May 2021 and there was a requirement to implement the three-month Pilot immediately. The Rosmini was uniquely positioned to deliver the support element of the Pilot through its trusted position amongst communities, language skills and cultural knowledge, it would have been challenging to find a comparable local organisation within the existing timeline. Secondly it was essential to quickly find staff to project manage the Pilot.

Goods/service	Supplier	Waiver number	Waiver value	Funding
Administration of support and benefits for vulnerable hard to reach workers to enable them to self-isolate.	Rosmini Centre	CCC342323961	£70,000	Enduring Transmission
	Rosmini Centre	CCC342323961 (pending addition to be added to waiver)	+ £15,000	Enduring Transmission
Enduring Transmission-Increasing testing. Delivery of LFT for high-risk workers at the Rosmini Centre and Workplaces	Rosmini	CCC351384375	£21,876	Enduring Transmission

G. Wellbeing for Education

Cambridgeshire County Council received an unexpected grant funding from the DfE in June 2021 as an extension of the Wellbeing for Education return funding provided to councils the previous year. The grant conditions required spend to occur by the end of 2021/22 financial year. Due to continuing capacity pressures across statutory health and local authority partners it was suggested that our third sector partners could provide system coordination of the Wellbeing for Education Recovery Programme. Following advice from the procurement team it was agreed for a proportion of this funding to be commissioned to YMCA to support the co-ordinating of the planned work and development of resources for schools and staff and leading on the development of a local Senior Designated Mental Health Lead training package and evaluation.

Goods/service	Supplier	Waiver number	Waiver value	Funding
Wellbeing for Education recovery funding	YMCA Trinity Good	CCC360391351	£25,000	DfE

H. Public Health Commissioning

Public Health commissions services from GP practices and community pharmacists. The practices and pharmacies are uniquely placed to provide some Public Health services such as NHS Health Checks which is dependent on accessing GP patients. There are around 70 GP practices and the total cost of services provided by each practice is circa £15,000. There are around 30

commissioned community pharmacies with each contract value being £2-3,000. Since Public Health transferred to the Local Authority there has been a need for annual waivers that acknowledge the unique position of GP practices and relatively small value of each individual contract. Although a Dynamic Purchasing System has been in place in recent years for some practices, some still require an annual waiver to enable the contractual arrangements.

Goods/service	Supplier	Waiver number	Waiver value	Funding
Community Pharmacy Public Health Services across Cambridgeshire Average cost per pharmacy circa £2-3,000	Cambridgeshire Community Pharmacies	CCC349769501	£30,316	PH Grant
Cambridgeshire GP practices commissioned to provide public health services. The estimated total value across all services PER PRACTICE is approximately £15,295 per year	All Cambridgeshire GP practices	CCC349258946	£43,336	PH Grant

Service: People and Communities (P&C) and Public Health (PH)

Subject: Finance Monitoring Report – October 2021

Date: 12th November 2021

Key Indicators

Previous Status	Category	Target	Current Status	Section Ref.
Green	Revenue position by Directorate	Balanced year end position	Green	1.2
Green	Capital Programme	Remain within overall resources	Green	2

Contents

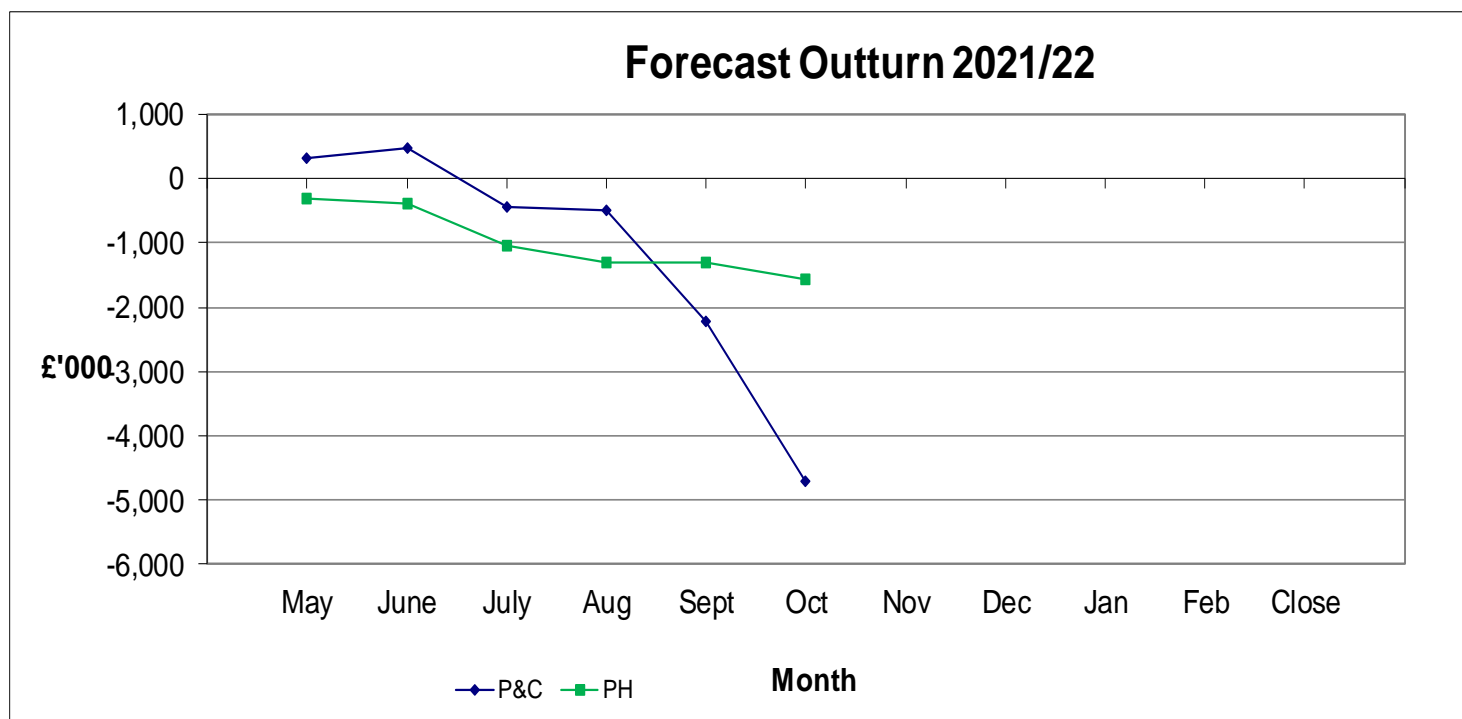
Section	Item	Description	Page
1	Revenue Executive Summary	High level summary of information: By Directorate By Committee Narrative on key issues in revenue financial position	2-8
2	Capital Executive Summary	Summary of the position of the Capital programme within P&C	8
3	Savings Tracker Summary	Summary of the final position on delivery of savings	8
4	Technical Note	Explanation of technical items that are included in some reports	8
5	Key Activity Data	Performance information linking to financial position of main demand-led services	9-14
Appx 1	Service Level Financial Information	Detailed financial tables for P&C main budget headings	15-17
Appx 1a	Service Level Financial Information	Detailed financial table for Dedicated Schools Grant (DSG) main budget headings within P&C	18
Appx 2	Service Level Financial Information	Detailed financial table for Public Health main budget headings	19
Appx 3	Service Commentaries	Detailed notes on financial position of services that are forecasting a significant variance against budget	20-30
Appx 4	Capital Appendix	This contains more detailed information about P&C's Capital programme, including funding sources and variances from planned spend.	31-33
<i>The following appendices are not included each month as the information does not change as regularly:</i>			
Appx 5	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.	34-38
Appx 6	Technical Appendix	Twice yearly, this will contain technical financial information showing: Grant income received Budget virements and movements in Service reserves	39-42

1. Revenue Executive Summary

1.1 Overall Position

People and Communities reported an underspend of -£4,693k at the end of October.

Public Health reported an underspend of -£1,468k at the end of October.



1.2 Summary of Revenue position by Directorate

1.2.1 People and Communities

Forecast Outturn Variance (Previous) £000	Directorate	Budget 2021/22 £000	Actual £000	Outturn Variance £000	Outturn Variance %
-2,949	Adults & Safeguarding	174,572	94,662	-4,645	-2.7%
1,298	Commissioning	41,553	21,058	1,461	3.5%
487	Communities & Partnerships	11,594	5,523	488	4.2%
-1,459	Children & Safeguarding	59,110	26,560	-2,455	-4.2%
1,051	Education - non DSG	38,954	16,755	1,375	3.5%
11,244	Education - DSG	89,528	51,138	13,429	15.0%
-653	Executive Director	3,070	408	-917	-29.9%
9,020	Total Expenditure	418,380	216,105	8,736	2.1%
-11,244	Grant Funding	-118,610	-66,979	-13,429	11.3%
-2,225	Total	299,771	149,125	-4,693	-1.6%

1.2.2 Public Health

Forecast Outturn Variance (Previous) £000	Directorate	Budget 2021/22 £000	Actual £000	Outturn Variance £000	Outturn Variance %
-0	Children Health	9,317	5,118	-0	0.0%
-15	Drugs & Alcohol	5,918	1,012	-15	-0.3%
-267	Sexual Health & Contraception	5,290	1,962	-162	-3.1%
-261	Behaviour Change / Preventing Long Term Conditions	4,114	1,572	-583	-14.2%
-27	Falls Prevention	87	0	-27	-31.7%
-6	General Prevention Activities	13	-12	-6	-49.9%
0	Adult Mental Health & Community Safety	257	16	0	0.0%
-723	Public Health Directorate	23,361	-1,305	-674	-2.9%
-1,299	Total Expenditure	48,356	8,362	-1,468	-3.0%

The un-ringfenced Covid-related grants from central government are held centrally within the Council, and so the numbers in the table above are before any allocation of the funding to specific pressures.

1.3 Summary by Committee

P&C and PH services are overseen by different Committees – these tables provide Committee-level summaries of services' revenue financial positions.

1.3.1 Adults & Health Committee

Forecast Outturn Variance (Previous) £000	Directorate	Budget 2021/22 £000	Actual Oct 21 £000	Forecast Outturn Variance £000
-2,949	Adults & Safeguarding	174,572	94,662	-4,645
48	Adults Commissioning (including Local Assistance Scheme)	18,507	9,641	-39
-1,299	Public Health (excl. Children's Health)	39,039	3,245	-1,468
-4,201	Total Expenditure	232,118	107,548	-6,151
0	Grant Funding (including Improved Better Care Fund, Public Health Grant etc.)	-54,424	-38,925	0
-4,201	Total	177,693	68,622	-6,151

1.3.2 Children and Young People Committee

Forecast Outturn Variance (Previous) £000	Directorate	Budget 2021/22 £000	Actual Oct 21 £000	Forecast Outturn Variance £000
1,250	Children's Commissioning	22,411	11,605	1,500
0	Communities & Safety - Central Integrated Youth Support Services	381	185	0
-1,459	Children & Safeguarding	59,110	26,560	-2,455
1,051	Education – non DSG	37,954	15,755	1,375
-0	Public Health - Children's Health	9,317	5,118	-0
843	Total Expenditure	129,172	59,223	420
0	Grant Funding (excluding Dedicated Schools Grant etc.)	-17,748	-8,221	0
843	Total Non-DSG	111,424	51,002	420
0	Commissioning – DSG	245	0	0
11,244	Education – DSG (incl. contribution to combined budgets)	90,528	52,138	13,429
11,244	Total DSG (Ringfenced Grant)	90,773	52,138	13,429

1.3.3 Communities, Social Mobility and Inclusion Committee

Forecast Outturn Variance (Previous) £000	Directorate	Budget 2021/22 £000	Actual Oct 21 £000	Forecast Outturn Variance £000
487	Communities and Partnerships	11,213	5,338	488
487	Total Expenditure	11,213	5,338	488
0	Grant Funding (including Adult Education Budget etc.)	-4,019	-3,149	0
487	Total	7,194	2,189	488

1.3.4 Cross Cutting P&C Policy Lines

Forecast Variance Outturn (Previous) £000	Directorate	Budget 2021/22 £000	Actual Oct 21 £000	Forecast Outturn Variance £000
0	Strategic Management – Commissioning	389	-188	0
-653	Executive Director	3,070	408	-917
-653	Total Expenditure	3,459	220	-917
0	Grant Funding	0	0	0
-653	Total	3,459	220	-917

1.4 Significant Issues – People & Communities

People & Communities started 2021/22 with a balanced budget including around £3m of funding to meet Covid-related demand pressures and savings of £4.2m.

P&C budgets are facing increasing pressures each year from rising demand and changes in legislation, and now have additional pressures because of the pandemic. The Directorate's budget has increased by around 10% in 2021/22 to meet these pressures. In 2020/21, the pandemic severely impacted the financial position in P&C, and this is continuing through 2021/22.

At October 2021, the forecast P&C outturn is an underspend of -£4,693k; around 1.6% of budget. This reflects services' best estimates of their financial position at this point in time but remains very uncertain. Unlike last year, we have had the opportunity to estimate and budget for some expected pressures from the pandemic this year. The Council also has un-ringfenced grant funding from central government to meet Covid pressures across the whole Council which is held centrally and reported in the Integrated Finance Monitoring Report.

P&C will receive specific grant funding from government to deal with aspects of the pandemic as well which is included in the numbers in this report. The £3m infection control and testing grant is being passed to social care providers and has been topped-up by a similar amount to cover the second quarter, and our first three months' of lost income from fees and charges will be met by a grant.

Appendix 1 provides the detailed financial information by service, with Appendix 1a providing a more detailed breakdown of areas funded directly from the Dedicated Schools Grant (DSG) and Appendix 3 providing a narrative from those services projecting a significant variance against budget.

1.4.1 Adults

Like councils nationally, Adult Services in Cambridgeshire has faced cost pressures for several years. This has been due to the rising cost of care home and home care provision due to both the requirement to be compliant with the national living wage and the increasing complexity of needs of people receiving care (both older people and working age adults). Budgets have been set broadly based on this trend continuing, with some mitigations.

At the end of October, Adults are forecasting an underspend of £4,645k (2.66%), with pressures in disability and mental health services more than offset by underspends forecast in older people's and physical disability services.

The financial and human impact of Covid-19 has been substantial for Adult Services, overspending in 2020/21 because of the need to provide additional support to care providers and increased support needs of vulnerable adults. Some adults who were previously supported at home by friends, family and local community services have not been able to secure this support during Covid due to visiting restrictions during lockdown. This has increased reliance on professional services; the ability to focus on conversations about the use of technology, community support or other preventative services have been restricted due to the refocusing of staffing resources towards discharge from hospital work and supporting care providers. Many vulnerable adults have developed more complex needs during lockdown as they have not accessed the usual community-based or early help services. We are expecting the longer-term financial impact of this to be very large.

Despite this, some services over 2020/21, and continuing through 2021/22, have seen expenditure at less than budgeted levels. This is particularly the case with spend on residential and nursing care for older people as a result of the devastating impact of Covid-19 on the older people's population. Spend today is below the level budgeted for and therefore budget is available for rising demand or costs. This is causing the forecasted underspend on the Older People's budget, but the financial position of this service is considerably uncertain. There is a growing number of people who have survived Covid, being left with significant needs, and many vulnerable adults have developed more complex needs as they have not accessed the usual community-based or early help services due to lockdown. The impact of delayed health care treatments such as operations will also impact individual needs and health inequalities

negatively. It is anticipated that demand will increase as we complete more annual reviews, many of which are outstanding due to the pandemic.

Hospital Discharge systems continue to be pressured and we expect some substantial cost increases as both NHS funding is unwound fully, and the medium-term recovery of clients assessed as having primary health needs upon hospital discharge return to social care funding streams.

Within Physical Disability services, a peak in demand for bed-based care in the last quarter of 2020/21 has now reversed, with numbers returning to pre-pandemic levels.

Learning Disabilities (LD) and Mental Health services have cost pressures that are driving a forecast overspend for the year. Levels of need have risen greatly over the last year, and this is exacerbated by several new service users with LD care packages with very complex health and care needs, requiring significant levels of care that cost much more than we budget for an average new care service. We are reliant on a small number of providers for very specialist types of support. LD services in Cambridgeshire work in a pooled budget with the NHS, so any increase in cost in-year is shared.

A detailed review of activity information and other cost drivers has been undertaken as at the end of October and the forecast position updated accordingly. We will continue to review the position as we move through the autumn and winter months and the forecast remains subject to variation as circumstances change.

It is proposed to rebaseline the Adult Social Care budgets as part of the Business Planning round for 2022-23 and beyond to reflect the impact of the Covid-19 pandemic on spend. This will seek to address the underspends and overspends we are currently seeing against budgets in this financial year. However, there remains significant uncertainty especially as we go into a potentially difficult winter, and with emerging issues arising in the care sector, particularly around staffing. As a consequence, it is requested that a risk provision of £2m is approved from the current year underspend to cushion against uncertainty through this winter and into 2022/23 as the effects of the pandemic continue to be felt. This is reflected in the underspend reported.

1.4.2 Children's

Although the levels of actual spend in relation to Covid-19 have remained relatively low within Children's, there are a number of areas which are showing significant pressures or underspends as we move further into 2021/22:

- Due to the lockdown and lack of visibility of children, referrals to Children's saw a significant reduction, particularly in the earlier stages of the pandemic. We predicted that there would be demand building up with a need for an increase in staff costs resulting from an increase in the number of referrals, requiring assessments and longer term working with families, whose needs are likely to be more acute, due to early support not having been accessed, within both early help and children's social care.
- We have seen an increase in the numbers of referrals of children and young people with more complex needs. This has been the case in other areas and signals that there is likely to be an increase in demand both in terms of volumes and complexity of need.
- Despite a relatively stable position in the number of Children in Care (CiC) we are seeing increasing cost pressures due to changes in complexity of need, and continuing cost inflation within the sector resulting in a revised in-year forecast pressure of £1.5m. Specifically, changes in legislation from the 1st September which required all local authorities to ensure no young people in care under the age of 16 were placed within unregistered provision. The consequence of this has been a knock-on effect within the residential and fostering markets responding to increased demand as young people moved on from unregistered provision. This has led to a significant increase in weekly cost for some placements. Also, we are seeing an increase in complexity of need within both existing and new placements. This increased demand, coupled with an overall shortage of availability, has led to price increases within the sector.
- Despite further pressures within the Children's Disability Service (£400k) and Legal (£80k), the current forecast overspend across Children's (including the CiC placement budget held in

Commissioning) has been offset by underspends in the Fostering and Supervised Contact Service (-£960k), Corporate Parenting (-£500k), Adoption Allowances (-£375k), Safeguarding East (-£200k) and Strategic Management (-£900k). A large proportion of these underspends are as a result of an over achievement of the vacancy savings target across the service due to a combination of the difficulty in recruiting to Social Workers posts and also posts becoming vacant with recruitment to vacancies taking longer than anticipated in the current climate.

1.4.3 Education

Education – A number of services within Education have lost income as a result of the Covid-19 pandemic. Some areas have been able to deliver services in different ways or have utilised their staff and/or buildings to provide support to other services to mitigate the overall impact. Outdoor Education continues to forecast an in-year overspend of £681k due to school residential visits not being allowed until mid-May and a reduction in numbers in order to adhere to Covid-19 guidance.

Within 0-19 Organisation and Planning there is a revised forecast overspend on core funded activity of £270k. This reflects the reduced income from penalty notices issued for children's unauthorised absences from school because of the pandemic. This is not expected to return to pre-pandemic levels this academic year.

The overall impact has been significant for many services with a traded element and may continue to deteriorate if schools and other providers choose not to access this provision as frequently in the future.

Home to School Transport Special is now forecasting an overspend of £250k reflecting the significant increase in numbers of pupils with Education, Health and Care Plans (EHCPs). The revised position is due to the continuing demand for places at Special Schools and High Needs Units combined with an increase in complexity of transport need, often resulting in children being transported in individual taxis with a Passenger Assistant.

Children in Care Transport is now forecasting an overspend of £100k reflecting the increases in complexity and shortage of availability of local placements.

All transport budgets have been impacted by the underlying national issue of driver availability which is seeing less competition for tendered routes. This has also resulted in numerous contracts being handed back by operators as they are no longer able to fulfil their obligations and alternative, often higher cost, solutions are required.

Dedicated Schools Grant (DSG) –Appendix 1a provides a detailed breakdown of all DSG spend within P&C. The budget figures are net of recoupment for academies and High Needs place funding.

Due to the continuing increase in the number of children and young people with an EHCP, and the complexity of need of these young people, the overall spend on the High Needs Block element of the DSG funded budgets has continued to rise. At the end of 2020/21 the High Needs Block overspent by approximately £12.5m, which was in line with previous forecasts. However, there were a number of one-off underspends in other areas of the DSG which resulted in a net DSG overspend of £9.7m to the end of the year.

When added to the existing DSG deficit of £16.6m brought forward from previous years, and allowing for required prior-year technical adjustments, this totals a cumulative deficit of £26.4m to be carried forward into 2021/22. Based on initial budget requirements for 2021/22 an underlying forecast pressure of £11.2m relating to High Needs was identified. However, as the number of EHCP's has continued to increase at a faster rate than previous forecasts the in-year forecast pressure on High Needs has now risen to £13.584m.

There are some minimal offsetting underspends elsewhere within the DSG resulting in a net forecast overspend of £13.429m. This is a ring-fenced grant and, as such, overspends do not currently affect the Council's bottom line. We continue to work with the Department for Education (DfE) to manage the deficit and evidence plans to reduce spend.

1.4.4 Communities

The Coroners Service is reporting a revised pressure of £155k mainly as a result of additional costs related to Covid-19.

Public Library Services continue to report a pressure of £333k as a result of a reduction in income related to the Covid-19 pandemic.

1.4.5 Executive Director

The Executive Director line is forecasting an underspend of £917k, principally due to a large provision for £900k of spend on Personal Protective Equipment (PPE) for service delivery expected to not be required as central government has extended its cost-neutral PPE scheme for councils into 2021/22.

1.5 Significant Issues – Public Health

The Public Health Directorate is funded wholly by ringfenced grants, mainly the Public Health Grant. The work of the Directorate has been severely impacted by the pandemic, as capacity has been re-directed to outbreak management, testing, and infection control work. The Directorate's expenditure has increased by nearly 50% with the addition of new grants to fund outbreak management, mainly the Contain Outbreak Management Fund.

In 2020/21, the pandemic caused an underspend on many of PH's business as usual services. Much of the Directorate's spend is contracts with, or payments to, the NHS for specific work, and the NHS' re-focussing on pandemic response and vaccination reduced activity-driven costs to the PH budget. This continued into the first half of 2021/22 with spend below budgeted levels, although activity is now increasing. In addition, with the unprecedented demand for PH staff across the country, recruitment is proving difficult resulting in underspends on staffing budgets. Service demand is difficult to predict and will be kept under review.

2. Capital Executive Summary

2021/22 In Year Pressures/Slippage

At the end of October 2021, the capital programme forecast underspend is £3,507k. The level of slippage and underspend in 2021/22 has exceeded capital Variation Budget of £5,805k

Details of the currently forecasted capital variances can be found in appendix 4.

3. Savings Tracker Summary

The savings tracker is produced quarterly to monitor delivery of savings against agreed plans. The second savings tracker of 2021/22 is shown in Appendix 5.

4. Technical note

On a biannual basis, a technical financial appendix will be included as appendix 6. This appendix will cover:

- Grants that have been received by the service, and where these have been more or less than expected
- Budget movements (virements) into or out of P&C from other services (but not within P&C), to show why the budget might be different from that agreed by Full Council
- Service reserves – funds held for specific purposes that may be drawn down in-year or carried-forward – including use of funds and forecast draw-down.

5. Key Activity Data

The Actual Weekly Costs for all clients shown in section 2.5.1-2 are calculated based on all clients who have received a service, are receiving a service, or we plan will receive a service. Some clients will have ceased receiving a service in previous months, or during this month, or we will have assumed an end date in the future.

5.1 Children and Young People

5.1.1 Key activity data at the end of October 21 for Children in Care Placements is shown below:

	BUDGET				ACTUAL (October 21)				VARIANCE		
Service Type	No of placements Budgeted	Annual Budget	No. of weeks funded	Average weekly cost per head	Snapshot of No. of placements October 21	Yearly Average	Forecast Outturn	Average weekly cost per head	Yearly Average budgeted no. of placements	Net Variance to Budget	Average weekly cost diff +/-
Residential - disability	7	£1,204k	52	3,307.62	7	6.06	£1,120k	3,061.02	-0.94	-£84k	-246.60
Residential - secure accommodation	1	£365k	52	7,019.23	1	0.48	£265k	10,500.00	-0.52	-£100k	3,480.77
Residential schools	10	£1,044k	52	2,006.99	7	6.92	£571k	1,736.25	-3.08	-£473k	-270.74
Residential homes	35	£6,028k	52	3,311.90	42	39.65	£7,982k	4,276.42	4.65	£1,954k	964.52
Independent Fostering	230	£10,107k	52	845.04	219	218.14	£9,795k	881.81	-11.86	-£312k	36.77
Tier 4 Step down	0	£k	0	0.00	1	0.83	£132k	3,134.50	0.83	£132k	3,134.50
Supported Accommodation	20	£1,755k	52	1,687.92	20	20.10	£2,110k	1,698.56	0.10	£354k	10.64
16+	8	£200k	52	480.41	2	3.03	£49k	308.88	-4.97	-£150k	-171.53
Supported Living	3	£376k	52	2,411.58	2	2.58	£387k	2,748.13	-0.42	£11k	336.55
Growth/Replacement	0	£k	0	0.00	0	0.00	£168k	0.00	-	£168k	0.00
Additional one off budget/actuals	0	£k	0	0.00	0	0.00	£k	0.00	-	£k	0.00
Mitigations required	0	£k	0	0.00	0	0.00	£k	0.00	-	£k	0.00
TOTAL	314	£21,078k			301	297.79	£22,578k		-16.21	£1,500k	
In-house Fostering	240	£5,093k	56	382.14	197	207.71	£4,183k	378.08	-32.29	-£910k	-4.06
In-house fostering - Reg 24	12	£121k	56	179.09	16	12.50	£140k	178.68	0.5	£19k	-0.41
Staying Put	36	£210k	52	111.78	39	39.95	£212k	111.58	3.95	£3k	-0.20
Supported Lodgings	9	£80k	52	171.01	6	6.48	£52k	157.50	-2.52	-£28k	-13.51
TOTAL	297	£5,503k			258	266.64	£4,587k		-30.36	-£916k	
Adoption Allowances	97	£1,063k	52	210.16	93	91.24	£1,105k	223.44	-5.76	£42k	13.28
Special Guardianship Orders	322	£2,541k	52	151.32	277	285.00	£2,164k	143.88	-37	-£377k	-7.44
Child Arrangement Orders	55	£462k	52	160.96	51	52.53	£422k	152.65	-2.47	-£40k	-8.31
Concurrent Adoption	3	£33k	52	210.00	0	0.38	£4k	210.00	-2.62	-£29k	0.00
TOTAL	477	£4,098k			421	429.15	£3,695k		-47.85	-£403k	
OVERALL TOTAL	1,088	£30,680k			980	993.58	£30,861k		-94.42	£181k	

NOTES:

In house Fostering payments fund 56 weeks as carers receive two additional weeks payment during the summer holidays and one additional week each for Christmas and birthday.

5.1.2 Key activity data at the end of October 21 for SEN Placements is shown below:

The following key activity data for SEND covers 5 of the main provision types for pupils with EHCPs.

Budgeted data is based on actual data at the close of 2020/21 and an increase in pupil numbers over the course of the year.

Actual data are based on a snapshot of provision taken at the end of the month and reflect current numbers of pupils and average cost

Provision Type	BUDGET				ACTUAL (October 21)					FORECAST	
	No. pupils	Expected in-year growth	Average annual cost per pupil (£)	Budget (£000) (excluding academy recoupment)	No. Pupils as of Oct 21		% growth used	Average annual cost per pupils as of Oct 2021		Forecast spend (£)	Variance (£)
					Actual	Variance		Actual (£)	Variance (£)		
Mainstream top up *	1,913	174	8,130	16,155	2,530	617	455%	6,639	-1,491	16,155	0
Special School **	1,326	121	10,755	20,904	1,544	218	281%	9,492	-1,263	20,904	0
HN Unit **	202	n/a	13,765	3,182	211	9	n/a	13,426	-339	3,182	0
SEN Placement (all) ***	243	n/a	53,464	13,012	253	10	n/a	48,299	-5,165	13,688	676
Total	3,684	294	-	53,253	4,538	854	389.95%	-	-	53,929	676

* LA cost only

** Excluding place funding

*** Education contribution only

Provision Type	BUDGET				ACTUAL (October 21)					FORECAST	
	No. pupils	Expected in-year growth	Average weekly cost per pupil (£)	Budget (£000) (excluding academy recoupment)	No. Pupils as of Oct 21		% growth used	Average weekly cost per pupils as of Oct 2021		Forecast spend (£)	Variance (£)
					Actual	Variance		Actual (£)	Variance (£)		
Out of School Tuition	84	n/a	1,200	3,834	148	64	n/a	1,022	-178	3,853	19
Total	84	0	-	3,834	148	64	n/a	-	-	3,853	19

5.2 Adults

In the following key activity data for Adults & Safeguarding, the information given in each column is as follows:

- Budgeted number of care services: this is the number of full-time equivalent (52 weeks) service users anticipated at budget setting
- Budgeted average unit cost: this is the planned unit cost per service user per week, given the budget available
- Actual care services and cost: these reflect current numbers of service users and average cost; they represent a real time snapshot of service-user information.

A consistent format is used to aid understanding, and where care types are not currently used in a particular service those lines are greyed out.

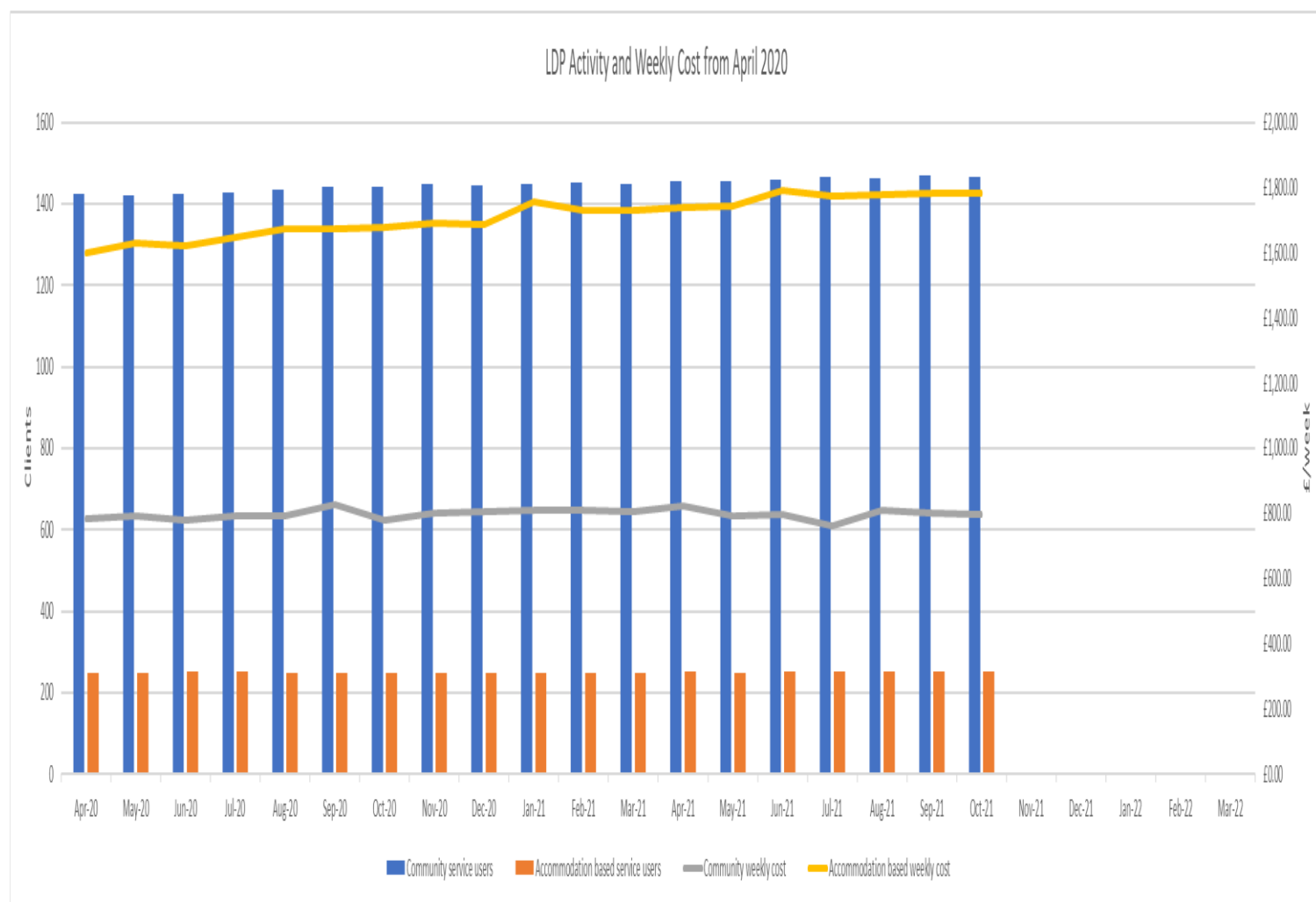
The direction of travel (DoT) compares the current month's figure with the previous month.

The activity data for a given service will not directly tie back to its forecast outturn reported in appendix 1. This is because the detailed forecasts include other areas of spend, such as care services which have ended and staffing costs, as well as the activity data including some care costs that sit within Commissioning budgets.

5.2.1 Key activity data at the end of October 21 for Learning Disability Partnership is shown below:

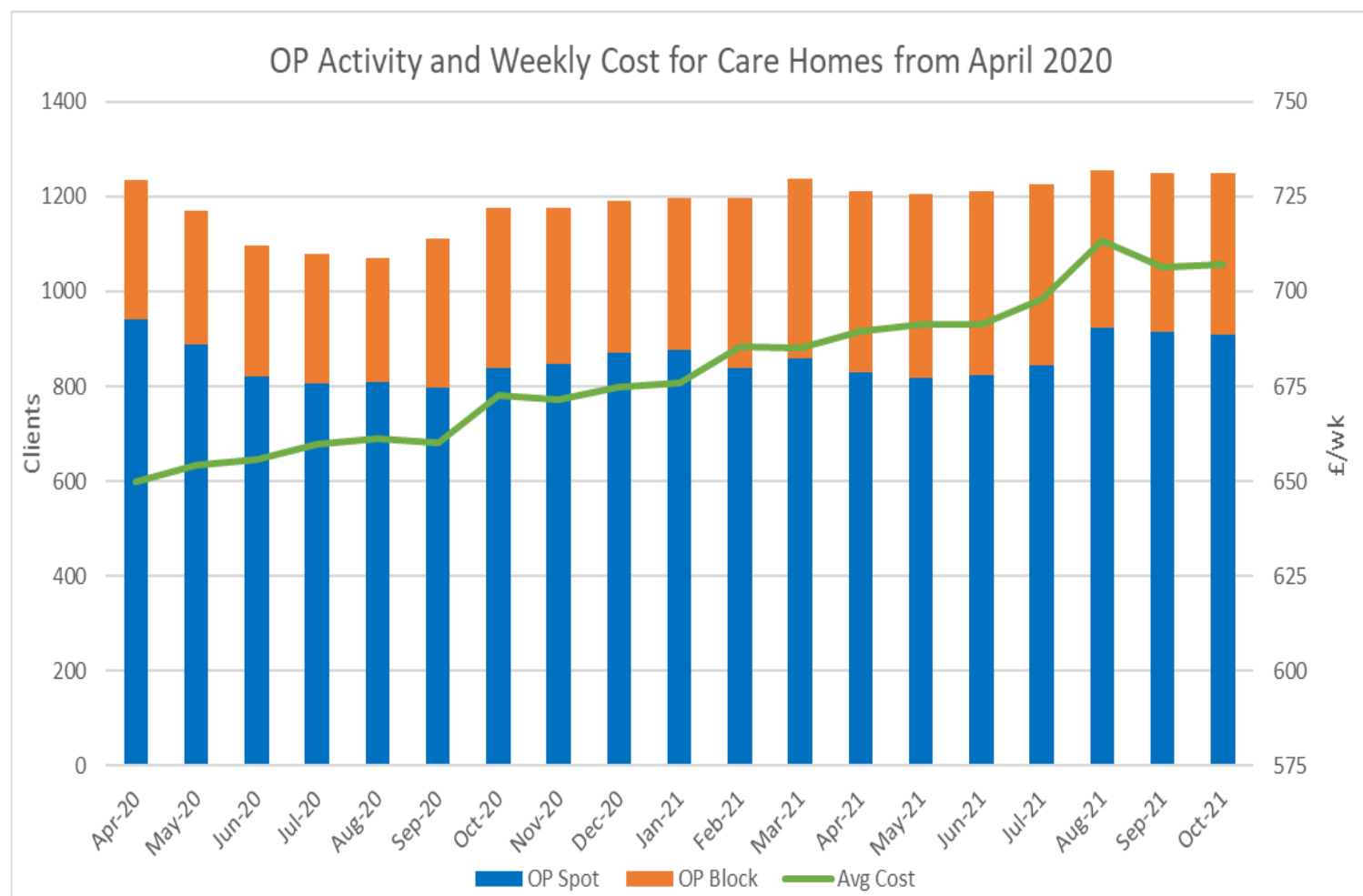
Learning Disability Partnership	BUDGET			ACTUAL (October 2021/22)				Forecast		
Service Type	Expected No. of Care Packages 2021/22	Budgeted Average Unit Cost (per week)	Annual Budget	Current Care Packages	D o T	Average Unit Cost (per week)	D o T	Total spend/ income	D o T	Variance
Accommodation based										
~Residential	251	£1,759	£24,664k	255 ↓		£1,899 ↑		£26,466k ↑		£1,802k
~Nursing	6	£2,385	£813k	5 ↔		£2,523 ↔		£724k ↓		-£89k
~Respite	154	£855	£382k	13		£628		£399k ↑		£17k
Accommodation based subtotal	411	£1,109	£25,860k	273		£1,820		£27,589k		£1,730k
Community based										
~Supported Living	456	£1,338	£35,159k	469 ↑		£1,351 ↑		£36,092k ↑		£933k
~Homecare	386	£380	£6,341k	386 ↓		£399 ↑		£6,725k ↑		£384k
~Direct payments	403	£446	£8,874k	405 ↑		£456 ↑		£8,829k ↑		-£45k
~Live In Care	15	£2,033	£1,709k	14 ↔		£2,014 ↔		£1,563k ↑		-£146k
~Day Care	437	£175	£4,190k	447 ↑		£184 ↓		£4,424k ↑		£233k
~Other Care	57	£86	£856k	57 ↔		£99 ↑		£897k ↑		£41k
Community based subtotal	1,754	£598	£57,129k	1,778		£612		£58,529k		£1,400k
Total for expenditure	2,165	£695	£82,989k	2,051		£773		£86,118k ↑		£3,130k
Care Contributions			-£4,396k					-£4,480k		-£84k

The LDP includes service-users that are fully funded by the NHS, who generally have very high needs and therefore costly care packages



5.2.2 Key activity data at the end of October 21 for Older People's (OP) Services is shown below:

Older People	BUDGET			ACTUAL (October 2021/22)				Forecast		
Service Type	Expected No. of Care Packages 2021/22	Budgeted Average Unit Cost (per week)	Annual Budget	Current Care Packages	D o T	Current Average Unit Cost (per week)	D o T	Total spend/ income	D o T	Variance
Accommodation based										
~Residential	410	£672	£14,592k	359 ↑		£649 ↑		£13,669k ↑		-£923k
~Residential Dementia	517	£657	£17,768k	448 ↓		£670 ↑		£17,608k ↓		-£159k
~Nursing	290	£808	£12,639k	278 ↑		£760 ↑		£12,716k ↑		£77k
~Nursing Dementia	203	£809	£8,541k	165 ↓		£843 ↓		£8,376k ↓		-£165k
~Respite	41	£679	£1,584k	45				£915k ↑		-£669k
Accommodation based subtotal	1,461	£694	£55,124k	1,295		£682		£53,284k		-£1,840k
Community based										
~Supported Living	320	£368	£5,603k	355 ↓		£150 ↑		£5,716k ↑		£113k
~Homecare	1,510	£230	£18,320k	1,230 ↓		£238 ↓		£18,328k ↑		£8k
~Direct payments	160	£320	£2,465k	149 ↔		£359 ↓		£2,640k ↓		£175k
~Live In Care	30	£822	£1,250k	27 ↑		£855 ↓		£1,282k ↑		£32k
~Day Care	267	£54	£763k	75 ↓		£70 ↑		£754k ↓		-£8k
~Other Care			£163k	9		£20		£337k ↓		£174k
Community based subtotal	2,287	£243	£28,564k	1,845		£232		£29,057k		£493k
Total for expenditure	3,748	£419	£83,688k	3,140		£418		£82,341k ↑		-£1,347k
Care Contributions			-£23,528k					-£24,408k		-£880k



5.2.3 Key activity data at the end of October 21 for Physical Disabilities Services is shown below:

Physical Disabilities	BUDGET			ACTUAL (October 2021/22)				Forecast		
Service Type	Expected No. of Care Packages 2021/22	Budgeted Average Unit Cost (per week)	Annual Budget	Current Care Packages	D o T	Current Average Unit Cost (per week)	D o T	Total spend/ income	D o T	Variance
Accommodation based										
~Residential	33	£905	£1,611k	35 ↑		£948 ↓		£1,554k ↓		-£57k
~Residential Dementia	4	£935	£195k	9 ↔		£670 ↔		£232k ↑		£37k
~Nursing	38	£1,149	£2,438k	45 ↑		£992 ↓		£2,195k ↑		-£243k
~Nursing Dementia	3	£1,192	£192k	3 ↔		£960 ↔		£119k ↔		-£74k
~Respite	2	£685	£114k	8		£109		£100k ↑		-£14k
Accommodation based subtotal	80	£1,010	£4,550k	100		£867		£4,199k		-£351k
Community based										
~Supported Living	7	£843	£551k	44 ↑		£313 ↓		£437k ↓		-£114k
~Homecare	389	£257	£5,326k	437 ↑		£261 ↑		£5,519k ↑		£193k
~Direct payments	285	£398	£5,279k	263 ↓		£398 ↓		£4,798k ↓		-£482k
~Live In Care	35	£862	£1,627k	41 ↑		£867 ↑		£1,807k ↑		£180k
~Day Care	21	£85	£94k	21 ↓		£97 ↑		£97k ↓		£3k
~Other Care			£4k	2 ↔		£65 ↔		£8k ↓		£4k
Community based subtotal	737	£341	£12,882k	808		£334		£12,666k		-£216k
Total for expenditure	817	£406	£17,432k	908		£393		£16,865k ↑		-£567k
Care Contributions			-£2,154k					-£2,423k		-£269k

5.2.4 Key activity data at the end of October 21 for Older People Mental Health (OPMH) Services:

Older People Mental Health	BUDGET			ACTUAL (October 2021/22)				Forecast		
Service Type	Expected No. of Care Packages 2021/22	Budgeted Average Unit Cost (per week)	Annual Budget	Current Care Packages	D o T	Current Average Unit Cost (per week)	D o T	Total spend/ income	D o T	Variance
Accommodation based										
~Residential	32	£717	£1,010k	36 ↑		£688 ↓		£1,103k ↓		£93k
~Residential Dementia	28	£755	£860k	34 ↑		£712 ↑		£1,041k ↓		£182k
~Nursing	23	£826	£943k	24 ↑		£788 ↑		£959k ↑		£16k
~Nursing Dementia	69	£865	£2,788k	65 ↓		£817 ↓		£2,597k ↓		-£191k
~Respite	3	£708	£42k	2 ↓		£86 ↓		£33k ↑		-£9k
Accommodation based subtotal	155	£792	£5,643k	161		£751		£5,733k		£90k
Community based										
~Supported Living	9	£340	£111k	13 ↔		£280 ↓		£102k ↓		-£9k
~Homecare	68	£221	£693k	70 ↑		£233 ↑		£787k ↑		£93k
~Direct payments	9	£273	£116k	8 ↑		£373 ↓		£132k ↑		£16k
~Live In Care	8	£1,079	£455k	11 ↑		£1,035 ↓		£532k ↑		£77k
~Day Care	4	£47	£k	4 ↔		£45 ↔		£1k ↑		£1k
~Other Care	2	£6	£1k	3 ↓		£66 ↑		£15k ↑		£14k
Community based subtotal	100	£293	£1,376k	109		£319		£1,568k		£192k
Total for expenditure	255	£596	£7,019k	270		£577		£7,302k ↓		£283k
Care Contributions			-£958k					-£1,255k		-£297k

5.2.5 Key activity data at the end of October 21 for Adult Mental Health Services is shown below:

Adult Mental Health	BUDGET			ACTUAL (October 2021/22)				Forecast		
Service Type	Expected No. of Care Packages 2021/22	Budgeted Average Unit Cost (per week)	Annual Budget	Current Care Packages	D o T	Current Average Unit Cost (per week)	D o T	Total spend/ income	D o T	Variance
Accommodation based										
~Residential	56	£794	£2,369k	57 ↑		£806 ↓		£2,562k ↑		£192k
~Residential Dementia	1	£841	£267k	1 ↔		£624 ↔		£45k ↑		-£223k
~Nursing	10	£788	£427k	10 ↓		£758 ↓		£384k ↓		-£43k
~Nursing Dementia	3	£686	£112k	2 ↑		£1,091 ↑		£77k ↑		-£35k
~Respite	1	£20	£k	1 ↔		£20 ↔		£k ↔		£k
Accommodation based subtotal	71	£778	£3,176k	71		£793		£3,068k		-£108k
Community based										
~Supported Living	113	£181	£1,812k	112 ↓		£247 ↓		£2,168k ↓		£356k
~Homecare	135	£113	£1,333k	130 ↓		£99 ↓		£1,212k ↓		-£121k
~Direct payments	14	£364	£263k	15 ↑		£362 ↓		£260k ↑		-£3k
~Live In Care	2	£1,030	£109k	2 ↔		£1,171 ↔		£127k ↑		£19k
~Day Care	4	£66	£42k	4 ↔		£123 ↑		£47k ↑		£6k
~Other Care	0	£0	£10k	3 ↔		£16 ↔		£24k ↓		£14k
Community based subtotal	268	£161	£3,569k	266		£183		£3,839k		£270k
Total for expenditure	339	£290	£6,745k	337		£312		£6,907k ↓		£162k
Care Contributions			-£393k					-£379k		£14k

5.2.6 Key activity data at the end of October 21 for Autism is shown below:

Autism	BUDGET			ACTUAL (October 2021/22)				Forecast		
Service Type	Expected No. of Care Packages 2021/22	Budgeted Average Unit Cost (per week)	Annual Budget	Current Care Packages	D o T	Current Average Unit Cost (per week)	D o T	Total spend/ income	D o T	Variance
Accommodation based										
~Residential			£98k	1 ↔		£1,424 ↔		£76k ↔		-£22k
~Residential Dementia										
Accommodation based subtotal			£98k	1		£1,424		£76k		-£22k
Community based										
~Supported Living	18	£469	£429k	12 ↔		£995 ↑		£652k ↔		£223k
~Homecare	19	£151	£149k	19 ↔		£134 ↓		£124k ↔		-£26k
~Direct payments	19	£299	£297k	20 ↔		£342 ↓		£255k ↔		-£42k
~Live In Care			£142k	0 ↔		£0 ↔		£k ↔		-£142k
~Day Care	18	£65	£62k	16 ↓		£69 ↓		£58k ↔		-£3k
~Other Care	2	£29	£3k	1 ↓		£105 ↑		£7k ↔		£4k
Community based subtotal	77	£262	£1,083k	68		£331		£1,096k		£13k
Total for expenditure	78	£278	£1,181k	69		£347		£1,172k ↔		-£10k
Care Contributions			-£54k					-£44k		£10k

Due to small numbers of service users some lines in the above have been redacted.

Appendix 1 – P&C Service Level Financial Information

Forecast Outturn Variance (Previous) £'000	Ref	Service	Budget 2021/22 £'000	Actual Oct 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
Adults & Safeguarding Directorate						
-997	1	Strategic Management - Adults	-6,237	-11,304	237	4%
0		Transfers of Care	2,005	1,263	0	0%
70		Prevention & Early Intervention	9,429	6,689	70	1%
-1		Principal Social Worker, Practice and Safeguarding	1,590	1,010	3	0%
-0		Autism and Adult Support	1,574	1,034	-0	0%
-2		Adults Finance Operations	1,774	956	-2	0%
Learning Disabilities						
-91	2	Head of Service	5,458	2,995	204	4%
383	2	LD - City, South and East Localities	38,040	24,317	24	0%
1,586	2	LD - Hunts & Fenland Localities	33,130	21,171	1,913	6%
282	2	LD - Young Adults	9,530	5,598	861	9%
-220	2	In House Provider Services	7,378	4,101	-204	-3%
-446	2	NHS Contribution to Pooled Budget	-21,717	-16,288	-650	-3%
1,494		Learning Disabilities Total	71,819	41,894	2,149	3%
Older People and Physical Disability Services						
-1,000	3	Physical Disabilities	16,318	9,562	-1,500	-9%
-594	4	OP - City & South Locality	24,080	14,660	-1,051	-4%
-830	4	OP - East Cambs Locality	8,589	4,293	-1,580	-18%
-599	4	OP - Fenland Locality	13,208	7,104	-1,384	-10%
-977	4	OP - Hunts Locality	15,931	8,569	-1,984	-12%
-4,000		Older People and Physical Disability Total	78,124	44,188	-7,500	-10%
Mental Health						
-60	5	Mental Health Central	1,845	976	-60	-3%
320	5	Adult Mental Health Localities	6,052	3,680	227	4%
226	5	Older People Mental Health	6,598	4,277	232	4%
486		Mental Health Total	14,495	8,933	399	3%
-2,949		Adults & Safeguarding Directorate Total	174,572	94,662	-4,645	-3%
Commissioning Directorate						
0		Strategic Management –Commissioning	389	-188	0	0%
-0		Access to Resource & Quality	1,255	712	-0	0%
0		Local Assistance Scheme	300	49	0	0%
Adults Commissioning						
-75	6	Central Commissioning - Adults	13,938	7,815	-143	-1%
113		Integrated Community Equipment Service	2,018	608	94	5%
10		Mental Health Commissioning	2,251	1,168	10	0%
48		Adults Commissioning Total	18,207	9,592	-39	0%

Forecast Outturn Variance (Previous) £'000	Ref	Service	Budget 2021/22 £'000	Actual Oct 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
		Children's Commissioning				
1,250	7	Children in Care Placements	21,078	10,893	1,500	7%
0		Commissioning Services	323	0	0	0%
1,250		Children's Commissioning Total	21,401	10,893	1,500	7%
1,298		Commissioning Directorate Total	41,553	21,058	1,461	4%
		Communities & Partnerships Directorate				
-0		Strategic Management - Communities & Partnerships	199	127	-0	0%
333	8	Public Library Services	3,738	2,215	333	9%
0		Cambridgeshire Skills	2,208	892	0	0%
0		Archives	369	190	0	0%
0		Cultural Services	314	123	0	0%
0		Registration & Citizenship Services	-644	-523	0	0%
154	9	Coroners	1,807	954	155	9%
0		Trading Standards	694	-0	0	0%
0		Domestic Abuse and Sexual Violence Service	2,054	1,000	0	0%
0		Think Communities	473	360	0	0%
0		Youth and Community Services	381	185	0	0%
487		Communities & Partnerships Directorate Total	11,594	5,523	488	4%
		Children & Safeguarding Directorate				
-0	10	Strategic Management - Children & Safeguarding	2,747	1,668	-900	-33%
0		Safeguarding and Quality Assurance	2,508	1,211	-0	0%
-884	11	Fostering and Supervised Contact Services	9,987	5,142	-960	-10%
-480	12	Corporate Parenting	7,776	3,410	-500	-6%
0		Integrated Front Door	4,129	1,982	-0	0%
400	13	Children's Disability Service	6,676	4,616	400	6%
-0		Support to Parents	1,101	-177	-0	0%
-375	14	Adoption	5,588	1,771	-375	-7%
80		Legal Proceedings	2,050	1,058	80	4%
-0		Youth Offending Service	1,710	820	-0	0%
		District Delivery Service				
0		Children's Centres Strategy	55	0	0	0%
0		Safeguarding West	1,737	863	0	0%
-200	15	Safeguarding East	4,011	-788	-200	-5%
0		Early Help District Delivery Service – North	4,479	2,452	0	0%
-0		Early Help District Delivery Service – South	4,557	2,533	-0	0%
-200		District Delivery Service Total	14,839	5,059	-200	-1%
-1,459		Children & Safeguarding Directorate Total	59,110	26,560	-2,455	-4%

Forecast Outturn Variance (Previous) £'000	Ref	Service	Budget 2021/22 £'000	Actual Oct 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
Education Directorate						
14		Strategic Management - Education	1,702	916	14	1%
32		Early Years' Service	3,571	2,072	0	0%
42		School Improvement Service	1,013	521	-0	0%
-52		Schools Partnership service	642	914	-52	-8%
681	16	Outdoor Education (includes Grafham Water)	-77	398	681	883%
0		Cambridgeshire Music	0	69	0	-%
18		ICT Service (Education)	-200	-490	18	-%
-0		Redundancy & Teachers Pensions	3,727	1,749	-0	0%
SEND Specialist Services (0-25 years)						
0	17	SEND Specialist Services	10,837	5,977	100	1%
0	17	Funding for Special Schools and Units	34,846	14,452	450	1%
0	17	High Needs Top Up Funding	28,846	14,967	1,000	3%
0	17	Special Educational Needs Placements	13,846	9,487	890	6%
0		Out of School Tuition	3,834	1,941	0	0%
0		Alternative Provision and Inclusion	7,317	4,141	0	0%
11,244	17	SEND Financing – DSG	-11,244	0	11,244	100%
11,244		SEND Specialist Services (0 - 25 years) Total	88,282	50,965	13,684	16%
Infrastructure						
318	18	0-19 Organisation & Planning	3,087	2,424	115	4%
-8		Education Capital	178	-2,954	-8	-4%
5	19	Home to School Transport – Special	14,860	6,281	250	2%
1	20	Children in Care Transport	1,586	768	100	6%
0		Home to School Transport – Mainstream	10,111	4,260	0	0%
316		0-19 Place Planning & Organisation Service Total	29,821	10,779	458	2%
12,296		Education Directorate Total	128,482	67,893	14,804	12%
Executive Director						
-653	21	Executive Director	1,783	408	-917	-51%
0		Lost Sales, Fees & Charges Compensation	1,266	0	0	0%
0		Central Financing	21	0	0	0%
-653		Executive Director Total	3,070	408	-917	-30%
9,020		Total	418,380	216,105	8,736	2%
Grant Funding						
-11,244	22	Financing DSG	-90,773	-52,138	-13,429	-15%
0		Non Baselined Grants	-27,837	-14,842	0	0%
-11,244		Grant Funding Total	-118,610	-66,979	-13,429	11%
-2,225		Net Total	299,771	149,125	-4,693	-2%

Appendix 1a – Dedicated Schools Grant (DSG) Summary FMR

Forecast Outturn Variance (Previous) £'000	Ref	Service	Budget 2021/22 £'000	Actual Oct 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
Commissioning Directorate						
Children's Commissioning						
0		Commissioning Services	245	0	0	0%
0		Children's Commissioning Total	245	0	0	0%
0		Commissioning Directorate Total	245	0	0	0%
Children & Safeguarding Directorate						
District Delivery Service						
0		Early Help District Delivery Service –North	0	0	0	0%
0		Early Help District Delivery Service – South	0	0	0	0%
0		District Delivery Service Total	0	0	0	0%
0		Children & Safeguarding Directorate Total	0	0	0	0%
Education Directorate						
0		Early Years' Service	1,768	948	-0	0%
-0		Schools Partnership service	150	62	-0	0%
0		Redundancy & Teachers Pensions	0	0	0	0%
SEND Specialist Services (0-25 years)						
0		SEND Specialist Services	7,280	3,468	0	0%
0	17	Funding for Special Schools and Units	34,846	14,452	450	1%
0	17	High Needs Top Up Funding	28,846	14,967	1,000	3%
0	17	Special Educational Needs Placements	13,846	9,487	890	6%
0		Out of School Tuition	3,834	1,941	0	0%
0		Alternative Provision and Inclusion	7,242	3,963	0	0%
11,244	17	SEND Financing – DSG	-11,244	0	11,244	100%
11,244		SEND Specialist Services (0 - 25 years) Total	84,649	48,278	13,584	16%
Infrastructure						
-0	18	0-19 Organisation & Planning	2,561	1,849	-155	-6%
0		Home to School Transport – Special	400	0	0	0%
-0		0-19 Place Planning & Organisation Service Total	2,961	1,849	-155	-5%
11,244		Education Directorate Total	89,528	51,138	13,429	15%
11,244		Total	89,773	51,138	13,429	15%
0		Contribution to Combined Budgets	1,000	1,000	0	0%
Schools						
0		Primary and Secondary Schools	402,484	72,127	0	0%
0		Nursery Schools and PVI	36,692	20,056	0	0%
0		Schools Financing	-529,949	-144,581	0	0%
0		Pools and Contingencies	0	-147	0	0%
0		Schools Total	-90,773	-52,545	0	0%
11,244		Overall Net Total	0	-407	13,429	-%

Appendix 2 – Public Health Summary FMR

Forecast Outturn Variance (Previous) £'000	Ref	Service	Budget 2021/22 £'000	Actual Oct 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
Children Health						
0		Children 0-5 PH Programme	7,271	4,178	0	0%
-0		Children 5-19 PH Programme - Non Prescribed	1,705	940	-0	0%
0		Children Mental Health	341	0	0	0%
-0		Children Health Total	9,317	5,118	-0	0%
Drugs & Alcohol						
-15		Drug & Alcohol Misuse	5,918	1,012	-15	0%
-15		Drug & Alcohol Misuse Total	5,918	1,012	-15	0%
Sexual Health & Contraception						
-55		SH STI testing & treatment - Prescribed	3,750	1,737	-55	-1%
-212	23	SH Contraception - Prescribed	1,096	209	-107	-10%
-0		SH Services Advice Prevention/Promotion - Non-Prescribed	444	17	-0	0%
-267		Sexual Health & Contraception Total	5,290	1,962	-162	-3%
Behaviour Change / Preventing Long Term Conditions						
0		Integrated Lifestyle Services	2,380	1,279	-70	-3%
54		Other Health Improvement	426	222	54	13%
-190	24	Smoking Cessation GP & Pharmacy	683	30	-190	-28%
-125	25	NHS Health Checks Programme - Prescribed	625	41	-377	-60%
-261		Behaviour Change / Preventing Long Term Conditions Total	4,114	1,572	-583	-14%
Falls Prevention						
-27		Falls Prevention	87	0	-27	-32%
-27		Falls Prevention Total	87	0	-27	-32%
General Prevention Activities						
-6		General Prevention, Traveller Health	13	-12	-6	-50%
-6		General Prevention Activities Total	13	-12	-6	-50%
Adult Mental Health & Community Safety						
0		Adult Mental Health & Community Safety	257	16	0	0%
0		Adult Mental Health & Community Safety Total	257	16	0	0%
Public Health Directorate						
-167		Public Health Strategic Management	57	0	-57	-100%
-556	26	Public Health Directorate Staffing & Running Costs	2,234	-3,491	-617	-28%
0		Test and Trace Support Grant	1,064	571	0	0%
0		Enduring Transmission Grant	2,606	180	0	0%
0		Contain Outbreak Management Fund	15,590	519	0	0%
0		Lateral Flow Testing Grant	1,811	916	0	0%
-723		Public Health Directorate Total	23,361	-1,305	-674	-3%
-1,299		Total Expenditure before Carry-forward	48,356	8,362	-1,468	-3%
Funding						
0		Public Health Grant	-26,787	-15,490	0	0%
0		Test and Trace Support Grant	-1,064	-1,064	0	0%
0		Enduring Transmission Grant	-2,606	-2,606	0	0%
0		Contain Outbreak Management Fund	-15,590	-15,590	0	0%
0		Community Testing Grant	-1,811	-300	0	0%
0		Other Grants	-498	-404	0	0%
0		Grant Funding Total	-48,355	-35,454	0	0%
-1,299		Overall Net Total	0	-27,091	-1,468	0%

Appendix 3 – Service Commentaries on Forecast Outturn Position

Narrative is given below where there is an adverse/positive variance greater than 2% of annual budget or £100,000 whichever is greater for a service area.

1) Strategic Management - Adults

Budget 2021/22 £'000	Actual October 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
-6,237	-11,304	237	4%

The Strategic Management – Adults line holds a range of central grant funding and Health funding including the Better Care Fund allocations. Funding from government grants is offsetting increased pressures in Learning Disabilities which have emerged in recent months. In addition, this line is holding a central risk assumption for demand changes that might emerge over the winter months across all care types. This will be monitored on a regular basis as we move through the remaining months of this financial year.

2) Learning Disabilities

Budget 2021/22 £'000	Actual October 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
71,819	41,894	2,149	3%

The Learning Disability Partnership (LDP) budget is forecasting an overspend of £2,798k at the end of October. The Council's share of the overspend per the pooled arrangement with the NHS is £2,149k. This is an increase of £858k (£655k for the Council's share) on the position reported in September.

The overspend is largely due to new demand being higher than has been allocated in the budget. The pressure is on both parts of the demand budget – the amount allocated for new service users transitioning to adult services, and the amount allocated for the increase in needs of current service users. Increased demand due to new placements is ~75% above budget to date, with demand due to the increased needs of existing service users ~110% above budget to date.

Numbers of new placements are largely in line with the numbers anticipated in our allocation of demand funding. However, we are seeing more service users with very complex needs transitioning to the LDP and the price of care packages for these service users is significantly more than we have previously paid for similar care packages. Over 60% of the cost of packages for the cohort of young people transitioning into the LDP has been for health needs. However, the agreed split of the pooled budget is 77% social care funding and 23% health funding.

Additionally, the cost of care packages for our existing cohort of service users is increasing. This is frequently as a result of the covid 19 pandemic. Prior to the pandemic carers were able to access support in the community and respite from their caring responsibilities. However, over the past 18 months their access to support has been reduced and we are seeing some service users move into supported living placements earlier than they otherwise would have done, or cases where we need to arrange increased levels of care in the home to avoid carer breakdown. We expect some continuation in this latent demand, although it is expected to slow down over the coming months.

The increase in forecast in October is largely due to care package changes for the existing cohort of service users, although £166k of the increase in Young Adults' overspend is due to service users transitioning to adults services; over 60% of this cost is to meet health needs. While £107k of the increase

in the overspend for Huntingdonshire and Fenland localities is due to two service users being discharged from hospital into community placements.

A Transitions Panel has been set up to discuss complex cases transferring from children's services, enabling all involved parties to better plan and forecast for transitions. Primarily this should improve outcomes for service users, but an additional benefit will be to aid better budget planning. Furthermore, the Young Adults team continues to have strengths-based conversations with service users, working on service users' independence and helping them to achieve their goals. They are on track to achieve a £200k preventative savings target, part of the Adults' Positive Challenge Programme. This is built into the forecast and mitigates some of the demand pressure.

A further factor in the overspend reported is cost pressures at the end of the market providing placements for people with high-level needs. One of our providers who offers specialist placements to service users who cannot easily be placed elsewhere has substantially increased their rates on care packages for our existing service users placed with them. This accounts for ~£300k of the forecast pressure.

Adults Commissioning are developing an LD Accommodation Strategy that will enable them to work with the provider market to develop the provision needed for our service users, both now and looking to future needs. This should lead to more choice when placing service users with complex needs and consequently reduce cost pressure in this area.

3) Physical Disabilities

Budget 2021/22	Actual October 21	Forecast Outturn Variance	Forecast Outturn Variance
£'000	£'000	£'000	%
16,318	9,562	-1,500	-9%

Physical Disabilities are forecasting an underspend of -£1.5m for October.

Previously identified pressures resulting from increased demand for community-based care have been recognised through the business planning process and are manageable within current budget. Net demand in the current year is below budgeted levels and has stabilised over recent months.

A peak in demand for bed-based care in the last quarter of 2020/21 has now reversed, with numbers returning to pre-pandemic levels. This, in conjunction with an increase in income due from clients contributing towards the cost of their care, ongoing work to secure appropriate funding for service users with health needs and the slow-down in demand for community-based care, has resulted in the reported underspend.

4) Older People

Budget 2021/22	Actual October 21	Forecast Outturn Variance	Forecast Outturn Variance
£'000	£'000	£'000	%
61,807	34,626	-6,000	-10%

Older People's Services are forecasting an underspend of -£6.0m at the end of October. This is a significant reduction since last month, reflecting increased certainty regarding the financial impact of current year activity at this stage of the year. This position allows for the proposed transfer of £2.0m to a risk reserve.

As was reported throughout 2020/21, the impact of the pandemic has led to a notable reduction in the number of people having their care and support needs met in care homes. This short-term impact has carried forward into forecasting for 2021/22 and includes a reduction in care spend relating to the final months of 2020/21 that has manifested since year-end.

Since the start of the financial year, as restrictions have ended, we have seen a significant increase in the referrals reported by the Long-Term care teams. There has also been an increase in referrals and requests to Adult Early Help, Safeguarding Referrals and Mental Health Act Assessments. Hospital Discharge systems continue to be pressured. We do expect some substantial cost increases as both NHS funding is unwound fully in 2021/22 and the medium-term recovery of clients assessed as having primary health needs upon hospital discharge returning to social care funding streams

Despite this increase in activity coming into the service, we are not currently seeing a corresponding increase in total numbers of service users being supported. Demand for bed-based care remains below budgeted expectations at this stage in the year. In addition, long-term block capacity has increased following recent retendering. Utilisation of the available block provision at contractually agreed rates is giving the Council greater control over historic pressures arising from increasing market unit costs. These factors have now been drawn out into the forecast.

Service have been working to streamline processes and improve client's journey through the financial assessments process so that their assessment can be completed in a more timely manner. The performance of the Financial Assessments Team has facilitated resolution of a historic backlog of outstanding cases, which has increased the overall level of income expected from clients contributing towards the cost of their care.

Forecasting for future costs remains difficult with the pandemic continuing and particularly as winter approaches. There continues to be considerable risk and uncertainty around the impact the pandemic will have on both medium- and longer-term demand. There is a growing number of people who have survived Covid, being left with significant needs that we will need to meet, and many vulnerable adults have developed more complex needs as they have not accessed the usual community-based or early help services due to lockdown. The impact on delayed health care treatments such as operations will impact individual needs and health inequalities negatively. CCGs are working through backlogs in continuing health care, the impacts of this are not yet fully in our system.

We will continue to review in detail activity information and other cost drivers to validate this forecast position. This remains subject to variation as circumstances change and more data comes through the system.

5) Mental Health Services

Budget 2021/22	Actual October 21	Forecast Outturn Variance	Forecast Outturn Variance
£'000	£'000	£'000	%
14,495	8,933	399	3%

Mental Health Services are reporting an overspend of £399k for October.

It was reported last year that the Covid pandemic had a significant impact on elderly clients with the most acute needs in the short-term. However, there was a significant increase in placements into care homes over the final quarter of 2020/21 and this continued into the first part of 2021/22. In recent months activity has remained high, but net demand has slowed and overall numbers of placements have reduced slightly. Similar to Older Peoples Services, there is considerable uncertainty around impact of the pandemic on longer-term demand for services, and so it is not yet clear whether the level of activity is indicative of an emerging trend or a short-term outcome of the second wave.

In addition, pressure is emerging in community based-care with a number of high-cost supported living placements being made by Adult Mental Health services since the start of the year. It has previously been reported that Mental Health care teams are experiencing a significant increase in demand for Approved Mental Health Professional services, and the anticipated increase in the provision of packages for working age adults with mental health needs may now be manifesting in reported commitment.

The emerging demand for services has led to an increase in income due from clients contributing towards the cost of their care, improving the reported financial position.

We will continue to review in detail the activity information and other cost drivers to validate this forecast position. This remains subject to variation as circumstances change and more data comes through the system.

6) Central Commissioning - Adults

Budget 2021/22	Actual October 21	Forecast Outturn Variance	Forecast Outturn Variance
£'000	£'000	£'000	%
13,938	7,815	-143	-1%

Central Commissioning – Adults is forecasting an underspend of £143k. This is partly due to the decommissioning of three rapid discharge and transition cars as part of the wider homecare commissioning model. The long-term strategy is to decommission all the local authority funded cars, meeting the need for domiciliary care through other, more cost-effective means, such as:

- A sliding scale of rates with enhanced rates to support rural and hard to reach areas.
- Providers covering specific areas or zones of the county, including rural areas.
- Supporting the market in building capacity through recruitment and retention, as well as better rates of pay for care staff.

The other factor in the underspend is that a settlement relating to a block domiciliary care contract in 2018/19 was agreed at less than the provision made for it at the end of 2020/21. Therefore the remainder of the provision has been transferred back to revenue.

7) Children in Care Placements

Budget 2021/22	Actual October 21	Forecast Outturn Variance	Forecast Outturn Variance
£'000	£'000	£'000	%
21,078	10,893	1,500	7%

External Placements Client Group	Budgeted Packages	31 Oct 2021 Packages	Variance from Budget
Residential Disability – Children	7	7	-
Child Homes – Secure Accommodation	1	1	-
Child Homes – Educational	10	7	-3
Child Homes – General	35	42	+7
Independent Fostering	230	219	-11
Tier 4 Step down	0	1	+1
Supported Living	3	2	-1
Supported Accommodation	20	20	-
16+	8	2	-6
TOTAL	314	301	-13

External Placements is forecasting an increase in overall pressure to £1.5m. This has worsened following continuing pressures within the sector. Specifically, changes in legislation from the 1st September which required all local authorities to ensure no young people in care under the age of 16 were placed in unregistered provision. The consequence of this has been a knock-on effect within the residential and fostering markets responding to increased demand as young people moved on from unregulated provision. This has led to a significant increase in weekly cost for some placements. Also, we are seeing an increase in complexity of need within both existing and new placements. This increased demand, coupled with an overall shortage of availability, has led to price increases within the sector. These changes, on top of an overall shift from IFA to residential which we have been seeing since the start of the financial year, and continuing price inflation on all placement types, have continued to present a high level of financial challenge. High-cost placements are reviewed regularly to ensure they are the correct level and step-downs can be initiated appropriately. We are also seeing the impact of small numbers of young people being discharged from Tier 4 mental health provision into high cost specialist care placements, where there is a statutory duty for the local authority to part fund. Demand for this placement type is also expected to rise.

8) Public Library Services

Budget 2021/22	Actual October 21	Forecast Outturn Variance	Forecast Outturn Variance
£'000	£'000	£'000	%
3,738	2,215	333	9%

The Public Library service is forecasting an overall £333k overspend.

The remaining restrictions likely until December mean we are unlikely to see the return to anywhere near pre-pandemic booking levels and so forecasts have been adjusted to represent maintaining the income we have been able to achieve until resumption of services in January allow for slightly more optimistic income forecasts.

We continue to seek new revenue lines with some bright spots such as the Visa service, income from Bus pass applications and the use of the library in Ramsey as a local bank offer, as well as the resumption of a project to roll-out card payments to more libraries.

However, the service is already managing budget pressures unrelated to Covid through the management of vacancies to reduce our staff spend by £160k from the full budgeted amount as well as a reduction in the stock fund and other expenses. Therefore, further mitigation would require a review of service provision.

9) Coroners

Budget 2021/22 £'000	Actual October 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
1,807	954	155	9%

The Coroners Service is forecasting a pressure of £155k which can be attributed to Covid-19. This is a result of:

- Required changes to venues to make them Covid-19 compliant.
- Increased costs of post-mortems owing to additional Personal Protective Equipment (PPE) and more staff required to reflect the high risk nature of potential Covid-19 related deaths.

10) Strategic Management - Children & Safeguarding

Budget 2021/22 £'000	Actual October 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
2,747	1,668	-900	-33%

Strategic Management – Children and Safeguarding is forecasting an under spend of -£900k.

There has been an over achievement of the vacancy savings target across the service which is due to a combination of the difficulty in recruiting to Social Workers posts and also posts becoming vacant with recruitment to vacancies taking longer than anticipated in the current climate.

11) Fostering and Supervised Contact Services

Budget 2021/22 £'000	Actual October 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
9,987	5,142	-960	-10%

The Fostering and Supervised Contact service is forecasting an underspend of -£960k. This is an increase of -£76k based on the latest service commitment record.

The Foster Carer budget is underspending by £909k, this is due to the budget being built for a higher number of placements (236) than the service currently holds (197) and also a lower average cost than budgeted. Associated Foster Carer mileage claims are also lower than budgeted as a result of the pandemic. There is a further -£51k underspend across the Link carers, Supported Lodgings and Staying Put budget lines.

12) Corporate Parenting

Budget 2021/22	Actual October 21	Forecast Outturn Variance	Forecast Outturn Variance
£'000	£'000	£'000	%
7,776	3,410	-500	-6%

Corporate Parenting are forecasting an underspend of -£500k

In the UASC/Leaving Care budgets activity undertaken in the service to support moves for unaccompanied young people to lower cost, but appropriate accommodation, and the decision by the Home Office to increase grant allowances from 1 April 2020, have contributed to an improved budget position.

13) Children's Disability Service

Budget 2021/22	Actual October 21	Forecast Outturn Variance	Forecast Outturn Variance
£'000	£'000	£'000	%
6,676	4,616	400	6%

Disability Social Care is forecasting an overspend of £400k.

This is due to the in-sourcing of Children's Homes which was taken on with a known £300k pressure from the previous provider. In addition to this, staff who TUPE'd over on the previous provider's Terms and Conditions, are opting to apply for new vacancies which are being advertised under the Council Terms and Conditions, causing additional budget pressures. Furthermore, under the Council Terms and Conditions certain posts (e.g. night support staff) are entitled to 'enhancements' at an additional cost to the service.

Actions being taken:

The position remains under review and future funding requirements are being explored.

14) Adoption

Budget 2021/22	Actual October 21	Forecast Outturn Variance	Forecast Outturn Variance
£'000	£'000	£'000	%
5,588	1,771	-375	-7%

The Adoption Allowances budget is forecasting an underspend of -£375k.

During this reporting year the service has, and will continue to have, a number of young people in care turning 18 years old and for the majority of children this will see the special guardianship allowances paid to their carers ceasing. The Council also introduced a new allowance policy in April 2020 which clearly set out the parameters for new allowances and introduced a new means test in line with DfE recommendations that is broadly lower than the previous means test utilised by the Council. We are however recently starting to see more challenge with regard to allowances post order so will continue to focus on this area of activity to ensure allowances received by carers are in line with children's needs and family circumstances.

15) Safeguarding East

Budget 2021/22 £'000	Actual October 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
4,011	-788	-200	-5%

Safeguarding East are forecasting an under spend of -£200k in their team budgets.

This is in the main due to the impact of Covid-19 and subsequent restrictions being placed on contact and reduced activities. Some of the under spend is also linked to the implementation of the Family Safeguarding Model and the reduction in case numbers.

16) Outdoor Education (includes Grafham Water)

Budget 2021/22 £'000	Actual October 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
-77	398	681	-%

The Outdoor Centres outturn forecast is a £681k pressure. This is due to the loss of income as a result of school residential visits not being allowed until mid-May and a reduction in numbers following the relaxation of lockdown in order to adhere to Covid-19 guidance.

More than 50% of the centres' income is generated over the summer term and so the restricted business at the start of the financial year has a significant impact on the financial outlook for the year. Approximately 70% of the lost income until June can be claimed back through the local Government lost fees and charges compensation scheme. The figures above also allow for the small number of staff who were furloughed.

17) SEND Financing DSG

Budget 2021/22 £'000	Actual October 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
77,131	44,883	13,684	18%

Due to the continuing increase in the number of children and young people with Education, Health and Care Plans (EHCPs), and the complexity of need of these young people, the overall spend on the High Needs Block element of the DSG funded budgets has continued to rise. The revised forecast in-year pressure reflects the latest identified shortfall between available funding and current budget requirements.

18) 0-19 Organisation & Planning

Budget 2021/22	Actual October 21	Forecast Outturn Variance	Forecast Outturn Variance
£'000	£'000	£'000	%
3,087	2,424	115	4%

0-19 Organisation and Planning are forecasting a £115k pressure.

£262k pressure is a direct result of Covid restrictions, in particular lockdowns which led to the majority of children receiving remote education at home, which have meant that the number of penalty notices issued for children's unauthorised absences from school has reduced significantly. This is not expected to return to pre-pandemic levels this academic year.

This has been offset by £171k forecast underspend on the school's growth fund budget.

19) Home to School Transport - Special

Budget 2021/22	Actual October 21	Forecast Outturn Variance	Forecast Outturn Variance
£'000	£'000	£'000	%
14,860	6,281	250	2%

Home to School Special is forecasting a £250k overspend. The revised position is due to the continuing demand for places at Special Schools and High Needs Units combined with an increase in complexity of transport need, often resulting in children being transported in individual taxis with a Passenger Assistant. This is again compounded by an underlying national issue of driver availability which is seeing less competition for tendered routes and therefore promoting increased costs. This year we have also had numerous contracts handed back by operators. This is unprecedented. Replacement tenders for those routes have then resulted in higher costs being charged by the new operator for the same service.

20) Children in Care Transport

Budget 2021/22	Actual October 21	Forecast Outturn Variance	Forecast Outturn Variance
£'000	£'000	£'000	%
1,586	768	100	6%

Children in Care transport is forecasting a £100k overspend. This results from an increase in demand arising from an increasing shortage in local placements requiring children to be transported longer distances. There is also an underlying national issue of driver availability which is seeing less competition for tendered routes and, therefore, promoting increased costs.

21) Executive Director

Budget 2021/22	Actual October 21	Forecast Outturn Variance	Forecast Outturn Variance
£'000	£'000	£'000	%
1,783	408	-917	-51%

A provision of £900k was made against this budget line on a one-off basis in 2021/22 for the costs of Personal Protective Equipment (PPE) needed to deliver a variety of services across social care and education services. When budgets were agreed for 2021/22 there was uncertainty about what, if any, PPE would be provided directly by government rather than having to purchase it ourselves. The

government subsequently confirmed that their PPE scheme would continue, and therefore PPE spend by the Council has been minimal.

22) Financing DSG

Budget 2021/22 £'000	Actual October 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
-90,773	-52,138	-13,429	-15%

Above the line within P&C, £90.8m is funded from the ring-fenced DSG. Net pressures will be carried forward as part of the overall deficit on the DSG.

23) SH Contraception - Prescribed

Budget 2021/22 £'000	Actual October 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
1,096	209	-107	-10%

This includes Long Acting Reversible Contraception that is commissioned from GPs whose payments are based on unit cost and activity. Due to the ongoing impact of the pandemic and the GP involvement in the Vaccination Programme activity has remained lower than planned.

24) Smoking Cessation GP & Pharmacy

Budget 2021/22 £'000	Actual October 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
683	30	-190	-28%

Planned activity and spend for Stop Smoking Services has not been achieved due to the ongoing impact of the pandemic and the GP involvement in the Vaccination Programme activity has remained lower than planned. GP payments are made based on unit cost and activity.

25) NHS Health Checks Programme - Prescribed

Budget 2021/22 £'000	Actual October 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
625	41	-377	-60%

GP Health Checks are commissioned from GPs and as with other GP commissioned services payment is based on unit cost and activity. Planned activity in the first half of the year has not been achieved due to the ongoing impact of the pandemic and the GP involvement in the Vaccination Programme activity. This activity below commissioned levels is expected to continue for some time to come.

26) Public Health Directorate Staffing and Running Costs

Budget 2021/22 £'000	Actual October 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
2,234	-3,491	-617	-28%

The underspend on staffing and running costs is due to vacant posts. The current national demand for Public Health specialists is making recruitment very difficult and repeat advertising is being required for some posts leading to the forecast underspend across the staffing budgets.

Appendix 4 – Capital Position

4.1 Capital Expenditure

Original 2021/22 Budget as per BP £'000	Scheme	Revised Budget for 2021/22 £'000	Actual Spend (Oct 21) £'000	Outturn Variance (Oct 21) £'000	Total Scheme Revised Budget £'000	Total Scheme Variance £'000
	Schools					
12,351	Basic Need - Primary	11,719	5,070	-819	199,036	-435
11,080	Basic Need - Secondary	5,822	1,442	-2,002	236,548	89
665	Basic Need - Early Years	1,578	114	-980	7,273	-300
1,475	Adaptations	1,141	797	-1	6,988	0
3,000	Conditions Maintenance	5,947	2,127	0	24,215	0
813	Devolved Formula Capital	2,036	0	0	7,286	0
2,894	Specialist Provision	3,367	1,203	-210	24,828	-134
305	Site Acquisition and Development	305	88	0	455	0
1,000	Temporary Accommodation	1,000	536	0	12,500	0
675	Children Support Services	675	0	0	5,925	0
12,029	Adult Social Care	10,719	7	-5,370	51,511	-400
3,353	Cultural and Community Services	4,064	622	70	6,285	0
-5,957	Capital Variation	-5,805	0	5,805	-52,416	0
905	Capitalised Interest	905	0	0	4,699	0
44,588	Total P&C Capital Spending	43,473	12,007	-3,507	535,133	-1,181

The schemes with significant variances (>£250k) either due to changes in phasing or changes in overall scheme costs can be found below:

Northstowe Secondary

Revised Budget for 2021/22 £'000	Outturn (Oct 21) £'000	Outturn Variance (Oct 21) £'000	Variance Last Month (Sep 21) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
537	250	-287	-287	0		-287

Slippage following further review and decision that the build element including the 6th Form provision is no longer required until 2024.

New secondary capacity to serve Wisbech

Revised Budget for 2021/22 £'000	Outturn (Oct 21) £'000	Outturn Variance (Oct 21) £'000	Variance Last Month (Sep 21) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
1,984	500	-1,484	-1,484	0		-1,384

Slippage in the project after significant delays in the announcement by the Department for Education (DfE) of the outcome of Wave 14 free school applications. This project will now only commence as a SEMH provision.

LA Early Years Provision

Revised Budget for 2021/22 £'000	Outturn (Oct 21) £'000	Outturn Variance (Oct 21) £'000	Variance Last Month (Sep 21) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
1,365	100	-1,265	-1,265	0	-300	-965

Slippage as a number of schemes have been delayed with works now expected in 2022/23. The scheme is expecting a £300k underspend which offsets the additional funding request for conversion of the former Melbourn caretaker's accommodation for early years provision.

Meldreth Caretaker House

Revised Budget for 2021/22 £'000	Outturn (Oct 21) £'000	Outturn Variance (Oct 21) £'000	Variance Last Month (Sep 21) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
15	300	285	285	0	0	285

Slippage in the scheme as work is expected to progress and be completed earlier than anticipated.

Integrated Community Equipment Service

Revised Budget for 2021/22 £'000	Outturn (Oct 21) £'000	Outturn Variance (Oct 21) £'000	Variance Last Month (Sep 21) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
400	0	-400	-400	0	-400	0

A decision has been made not to capitalise £400k of eligible equipment spend.

Care Suites East Cambridgeshire

Revised Budget for 2021/22 £'000	Outturn (Oct 21) £'000	Outturn Variance (Oct 21) £'000	Variance Last Month (Sep 21) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
5,620	650	-4,970	4,970	-0	0	-4,970

Slippage is expected of £4,970k. The planning stages of the project and confirming the overall scope has led to a delay in the commencement.

Other changes across all schemes (<250k)

Revised Budget for 2021/22 £'000	Outturn (Oct 21) £'000	Outturn Variance (Oct 21) £'000	Variance Last Month (Sep 21) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
		-1,188	-1,088	-100	-411	-777

Other changes below £250k make up the remainder of the scheme variances

P&C Capital Variation

The Capital Programme Board recommended that services include a variations budget to account for likely slippage in the capital programme, as it is sometimes difficult to allocate this to individual schemes in advance. The allocation for P&C's negative budget has been revised and calculated using the revised budget for 2021/22 as below. Slippage and underspends in 2021/22 resulted in the capital variations budget being fully utilised.

Service	Capital Programme Variations Budget £000	Forecast Outturn Variance (Oct 21) £000	Capital Programme Variations Budget Used £000	Capital Programme Variations Budget Used %	Revised Outturn Variance (Oct 21) £000
P&C	-5,805	-5,805	5,805	100%	0
Total Spending	-5,805	-5,805	5,805	100%	0

4.2 Capital Funding

Original 2021/22 Funding Allocation as per BP £'000	Source of Funding	Revised Funding for 2021/22 £'000	Spend - Outturn (Oct 21) £'000	Funding Variance – Outturn (Oct 21) £'000
0	Basic Need	976	976	0
3,113	Capital maintenance	6,060	6,060	0
813	Devolved Formula Capital	2,036	2,036	0
0	Schools Capital	0	0	0
5,699	Adult specific Grants	4,699	4,699	0
16,409	S106 contributions	16,409	16,479	70
0	Other Specific Grants	2,709	0	-2,709
0	Other Contributions	0	0	0
0	Capital Receipts	0	0	0
21,175	Prudential Borrowing	13,205	12,337	-868
-2,621	Prudential Borrowing (Repayable)	-2,621	-2,621	0
44,588	Total Funding	43,473	39,966	-3,507

Appendix 5 – Savings Tracker

The savings tracker is reviewed quarterly and measures the delivery of the savings below. Most of these are new savings for 2021/22 agreed by Council in the business plan, but the pandemic interrupted delivery of some savings in 2020/21 which are still deliverable and so have been retained.

Savings Tracker 2021-22

Quarter 2

						Planned Savings 2021-22 £000	Forecast Savings 2021-22 £000								
						-7,837	-897	-884	-737	-757	-5,258	2,579			
RAG	Reference	Title	Description	Service	Committee	Original Saving 21-22	Current Forecast Phasing - Q1	Current Forecast Phasing - Q2	Current Forecast Phasing - Q3	Current Forecast Phasing - Q4	Forecast Saving 21-22	Variance from Plan £000	% Variance	Direction of travel	Forecast Commentary
Green	A/R.6.114	Learning Disabilities Commissioning	A programme of work commenced in Learning Disability Services in 2016/17 to ensure service-users had the appropriate level of care; some additional work remains, particularly focussing on high cost placements outside of Cambridgeshire and commissioning approaches, as well as the remaining part-year impact of savings made part-way through 2019/20.	P&C	Adults	-250	0	-62	-62	-126	-250	0	0.00	↔	Saving delayed to later in the year but mitigated by the identification of out of county placements that should be 100% health funded.
Amber	A/R.6.176	Adults Positive Challenge Programme demand management	New Saving 21/22 £100k Carry-forward saving 20/21 £2,239k Through the Adults Positive Challenge Programme, the County Council has set out to design a new service model for Adult Social Care, which will continue to improve outcomes whilst also being economically sustainable in the face of the huge pressure on the sector. This is the third year of saving through demand management, focussing on promoting independence and changing the conversation with staff and service-users to enable people to stay independent for longer. The programme also has a focus of working collaboratively with partner organisations. In 2021/22 and beyond, the effect of the Preparing for Adulthood workstream will continue to have an effect by reducing the level of demand on services from young people transitioning into adulthood.	P&C	Adults	-2,339					-1,983	356	15.22	↑	In year saving on track. Brought forward demand management saving continues to be impacted by the pandemic, particularly in the Reablement workstream with the service continuing to support the NHS.
Green	A/R.6.179	Mental Health Commissioning	A retender of supported living contracts gives an opportunity to increase capacity and prevent escalation to higher cost services, over several years. In addition, a number of contract changes have taken place in 2019/20 that have enabled a saving to be taken.	P&C	Adults	-24	-6	-6	-6	-6	-24	0	0.00	↔	On Track
Green	A/R.6.185	Additional block beds - inflation saving	Through commissioning additional block beds, referred to in A/R.5.005, we can reduce the amount of inflation funding needed for residential and nursing care. Block contracts have set uplifts each year, rather than seeing inflationary increases each time new spot places are commissioned.	P&C	Adults	-606	-152	-151	-152	-151	-606	0	0.00	↔	On track

Savings Tracker 2021-22

Quarter 2

Planned Savings 2021-22 £000	Forecast Savings 2021-22 £000					
-4,618	-739	-665	-517	-474	-2,395	2,223

RAG	Reference	Title	Description	Service	Committee	Original Saving 21-22	Current Forecast Phasing - Q1	Current Forecast Phasing - Q2	Current Forecast Phasing - Q3	Current Forecast Phasing - Q4	Forecast Saving 21-22	Variance from Plan £000	% Variance	Direction of travel	Forecast Commentary
Amber	A/R.6.186	Adult Social Care Transport	Savings can be made in transport costs through a project to review commissioning arrangements, best value, route optimisation and demand management opportunities. This may require transformation funded resource to achieve fully.	P&C	Adults	-250	0	0	-15	-35	-50	200	80.00	↓	Potential savings have been identified through route optimisation. It is still expected that savings of £250k should be achieved, but the majority will be delayed until 22/23 because of the complexity of ensuring the route optimisation identified meets service users' needs.
Green	A/R.6.187	Additional vacancy factor	Whilst effort is made to ensure all critical posts are filled within People and Communities, slippage in staffing spend always occurs. For many years, a vacancy factor has existed in P&C budgets to account for this; following a review of the level of vacancy savings achieved in recent years we are able to increase that vacancy factor.	P&C	Adults	-150	-40	-40	-40	-30	-150	0	0.00	↔	On Track
Green	A/R.6.188	Micro-enterprises Support	Transformation funding has been agreed for new approach to supporting the care market, focussing on using micro-enterprises to enable a more local approach to domiciliary care and personal assistants. As well as benefits to an increased local approach and competition, this work should result in a lower cost of care overall.	P&C	Adults	-30	0	0	-15	-15	-30	0	0.00	↔	On Track
Green	A/R.6.210	Unaccompanied Asylum Seeking Young People: Support Costs	During 2020/21, the Government increased the weekly amount it provides to local authorities to support unaccompanied asylum seeking young people. This means that the grant now covers more of the costs of meeting the accommodation and support needs of unaccompanied asylum seeking young people and care leavers. Accordingly, it is possible to make a saving in the contribution to these costs that the Council has historically made from core budgets of £300K per annum. Also the service has worked to ensure that placement costs are kept a minimum, without compromising quality, and that young people move from their 'care' placement promptly at age 18 to appropriately supported housing provision.	P&C	C&YP	-300	-75	-75	-75	-75	-300	0	0.00	↔	On Track

Savings Tracker 2021-22

Quarter 2

Planned Savings 2021-22 £000	Forecast Savings 2021-22 £000					
-3,888	-624	-550	-372	-319	-1,865	2,023

RAG	Reference	Title	Description	Service	Committee	Original Saving 21-22	Current Forecast Phasing - Q1	Current Forecast Phasing - Q2	Current Forecast Phasing - Q3	Current Forecast Phasing - Q4	Forecast Saving 21-22	Variance from Plan £000	% Variance	Direction of travel	Forecast Commentary
Green	A/R.6.211	Adoption and Special Guardianship Order Allowances	A reduction in the number of children coming into care, due to implementation of the Family Safeguarding model and less active care proceedings, means that there are fewer children progressing to adoption or to permanent arrangements with relatives under Special Guardianship Orders. This in turn means that there are fewer carers who require and/or are entitled to receiving financial support in the form of adoption and Special Guardianship Order allowances.	P&C	C&YP	-500	-125	-125	-125	-125	-500	0	0.00	↔	On Track
Green	A/R.6.212	Clinical Services; Children and young people	Changes to the clinical offer will include a reduction in clinical staff input in the Family Safeguarding Service (previously social work Units) due to changes resulting from the implementation of the Family Safeguarding model, including the introduction of non-case holding Team Managers and Adult practitioners. Additional investment is to be made in developing a shared clinical service for Cambridgeshire and Peterborough for corporate parenting, however a residual saving of £250k can be released. In 2022-23 this will be re-invested in the Family Group Conferencing Service (see proposal A/R.5.008).	P&C	C&YP	-250	-62	-62	-62	-64	-250	0	0.00	↔	On Track
Black	A/R.6.255	Children in Care - Placement composition and reduction in numbers	Through a mixture of continued recruitment of our own foster carers (thus reducing our use of Independent Foster Agencies) and a reduction in overall numbers of children in care, overall costs of looking after children and young people can be reduced in 2021/22.	P&C	C&YP	-246	0	0	0	0	0	246	100.00	↔	Due to increasing pressure around placement mix and complexity of need, we do not anticipate meeting this saving target. It is expected that underspends within Childrens Social Care will offset the unachieved savings.
Black	A/R.6.266	Children in Care Stretch Target - Demand Management	Please see A/R.6.255 above.	P&C	C&YP	-1,000	0	0	0	0	0	1,000	100.00	↓	Due to increasing pressure around changes in placement mix and complexity of need, we do not anticipate meeting this saving target. It is expected that underspends within Childrens Social Care will offset the unachieved savings.

Savings Tracker 2021-22

Quarter 2

Planned Savings 2021-22 £000	Forecast Savings 2021-22 £000					
-1,892	-437	-363	-185	-130	-1,115	777

RAG	Reference	Title	Description	Service	Committee	Original Saving 21-22	Current Forecast Phasing - Q1	Current Forecast Phasing - Q2	Current Forecast Phasing - Q3	Current Forecast Phasing - Q4	Forecast Saving 21-22	Variance from Plan £000	% Variance	Direction of travel	Forecast Commentary
Green	A/R.6.267	Children's Disability: Reduce overprescribing	The Children's Disability 0-25 service has been restructured into teams (from units) to align with the structure in the rest of children's social care. This has released a £50k saving on staffing budgets. In future years, ways to reduce expenditure on providing services to children will be explored in order to bring our costs down to a level closer to that of our statistical neighbours.	P&C	C&YP	-50	-50				-50	0	0.00	↑	Savings taken at budget build so considered achieved as new structure fits inside revised budget.
Green	A/R.6.268	Transport - Children in Care	The impact of ongoing process improvements in the commissioning of transport for children in care.	P&C	C&YP	-300	-75	-75	-75	-75	-300	0	0.00	↔	Savings taken at budget build so considered achieved. Additional pressures coming through to the service which are being addressed in FMR.
Amber	A/R.6.269	Communities and Partnership Review	A review of services within C&P where efficiencies, or increased income, can be found.	P&C	C&P	-200	-25	-25	-25	-25	-100	100	50.00	↓	Under Review
Amber	A/R.7.105	Income from utilisation of vacant block care provision by self-funders	Carry-forward saving - incomplete in 20/21. We currently have some vacancies in block purchased provision in care homes. Income can be generated to offset the vacancy cost by allowing people who pay for their own care to use these beds.	P&C	Adults	-150	-37	-13	-10	0	-60	90	60.00	↔	Annual in-year savings target of £150k not expected to be fully achieved.
Red	A/R.7.106	Client Contributions Policy Change	Carry-forward saving - incomplete in 20/21 In January 2020, Adults Committee agreed a set of changes to the charging policy for adult social care service-user contributions. We expect this to generate new income of around £1.4m in 2020/21, and are modelling the full-year impact into 2021/22.	P&C	Adults	-1,192	-250	-250	-75	-30	-605	587	49.24	↓	Ongoing difficulties in recruitment have continued to delay the reassessments project. The shortfall in savings delivery is fully mitigated in the forecast by increases in client contributions not directly linked with reassessments.

Key to RAG ratings:

Total saving	Over £500k	100-500k	Below 100k
Black	100% non-achieving	100% non-achieving	100% non-achieving
Red	% variance more than 19%	-	-
Amber	Underachieving by 14% to 19%	% variance more than 19%	% variance more than 19%
Green	% variance less than 14%	% variance less than 19%	% variance less than 19%
Blue	Over-achieving	Over-achieving	Over-achieving

Savings Tracker 2021-22

Quarter 2

Planned Savings 2021 22 £000	Forecast Savings 2021-22 £000					
------------------------------------	-------------------------------	--	--	--	--	--

-80	-20	-20	-20	-20	-80	0
-----	-----	-----	-----	-----	-----	---

RAG	Reference	Title	Description	Service	Original Saving 21-22	Current Forecast Phasing - Q1	Current Forecast Phasing - Q2	Current Forecast Phasing - Q3	Current Forecast Phasing - Q4	Forecast Saving 21-22	Variance from Plan £000	% Variance	Direction of travel	Forecast Commentary
Green	E/R.6.033	Drug & Alcohol service - funding reduction built in to new service contract	This saving has been built into the contract for Adult Drug and Alcohol Treatment Services which was awarded to Change Grow Live (CGL) and implemented in October 2018. The savings are being achieved through a new service model with strengthened recovery services using cost effective peer support models to avoid readmission, different staffing models, and a mobile outreach service.	PH	-63	-16	-16	-16	-16	-63	0	0.00	↔	On track
Green	E/R.6.043	Joint re-procurement of Integrated Lifestyle Services	Carry-forward saving - incomplete in 20/21 Delivery of this saving has been delayed due to Covid-19 Re-commissioning of the integrated lifestyle services as one service across Cambridgeshire and Peterborough. Peterborough City Council will delegate authority to Cambridgeshire County Council to commission, contract and performance manage the new provider.	PH	-17	-4	-4	-4	-4	-17	0	0.00	↔	On track

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 6 – Technical Note

6.1 The table below outlines the additional grant income, which is not built into base budgets.

Grant	Awarding Body	Amount £'000
Grants as per Business Plan		
Public Health	Department of Health	270
Improved Better Care Fund	Ministry of Housing, Communities and Local Government (MHCLG)	14,725
Unaccompanied Asylum Seekers	Home Office	4,300
Adult Skills Grant	Education & Skills Funding Agency	2,208
Safe Accommodation Duty	MHCLG	1,140
Troubled Families	MHCLG	1,081
Holiday Activity Fund (HAF)	DfE	1,006
Opportunity Area	Department for Education (DfE)	655
Youth Offending Good Practice Grant	Youth Justice Board	555
Social Care in Prisons Grant	MHCLG	359
Community Discharge Grant	NHS England	302
The British Library Board	British Library Board	235
Staying Put	DfE	210
Crime and Disorder Reduction Grant	Police & Crime Commissioner	203
The Library Presents	Arts Council	177
Personal Advisor - Support to Care Leavers & Homelessness	DfE	139
Non-material grants (+/- £100k)	Various	271
Total Non-Baselined Grants 21/22		27,837
Financing DSG	Education & Skills Funding Agency	90,773
Total Grant Funding 21/22		118,610

The non-baselined grants are spread across the P&C directorates as follows:

Directorate	Grant Total £'000
Adults & Safeguarding	15,386
Commissioning	0
Children & Safeguarding	5,899
Education	1,850
Community & Safety	682
Communities and Partnerships	4,019
Cultural & Community Services	0
Traded Services	0
TOTAL	27,837

6.2 Virements and Budget Reconciliation

(Virements between P&C and other service blocks)

	Eff. Period	£'000	Notes
Budget as per Business Plan		302,530	
Multiple Directorates (across A&S, Comm and C&S)	Apr	-176	Recruitment transfer to HR
Multiple Directorates (all)	Apr	-164	Permanent element of 2021-26 Business Plan mileage saving C/R.6.104
Multiple Directorates (all)	May	-93	Centralisation of postage budget
Redundancy & Teachers Pensions	May	846	Transfer of Redundancy, Pensions budget from Corporate Services
ICT Service (Education)	May	-200	Transfer of ICT service (Education) from C&I
Fostering & Supervised Contact Services	June	-21	Transfer of Communication and Information staff from Corporate Services
Strategic Management - Adults and Coroners	July	-2,411	Budget re-baselining as approved by S&R 6th July 2021
Multiple Directorates (all)	July	-234	Q1 Mileage savings
P&C Executive Director	Aug	-7	Allocating temporary PPE Budget to Property
Children's Disability Service	Oct	-93	Transferring Property budgets to Corporate Services
Multiple Directorates (all)	Oct	-205	Q2 Mileage savings
Budget 21/22		299,771	-

6.3 Earmarked Reserve Schedule

Budget Heading	Opening Balance 2021/22	Activity to End of Oct 2021	Balance at End of Oct 2021	Reserve Description
	£'000	£'000	£'000	
Adults & Safeguarding				
Principal Social Worker, Practice and Safeguarding	114	0	114	Funding for a temporary support team for care homes during the Covid period and aftermath – funding to be spent in 2022/23
Strategic Management – Adults	5,526	0	5,526	£2.8m relating to payments made by the Clinical Commissioning Group ahead of a settlement of debt expected in 2021/22, and £2.7m relating to mitigating risks in adult social care through 2021/22 as the effects of the pandemic on budgets are fully determined. Request for further £2m to be transferred in to mitigate against the risks associated with rebaselining the Adults budget for 2022/23 at a time of significant uncertainty as the effects of the pandemic continue to influence costs
Children & Safeguarding				
Adoption	96	0	96	Funding to the equivalent of x3 Inter Agency Placements to cover CCC legacy adoption costs following transition to a Regional Adoption Agency.
Early Help District Delivery Service - North	127	0	127	Historical project funding for youth projects from x4 Early Help South Districts. Projects to be rolled out in next 2 years.
Early Help District Delivery Service - South	109	0	109	Historical project funding for youth projects from x3 Early Help North Districts. Projects to be rolled out in next 2 years.
Strategic Management - Children & Safeguarding	200	0	200	Social Work Grant
Youth Offending Service	137	0	137	£95k is funding for 2021/22 SAFE TEAM & the £41k is to be used for the Contextual Safe Guarding Training in 21/22
Commissioning				
Commissioning Services	175	0	175	CYP Occupational Therapy
Mental Health Commissioning	17	-17	0	Mental Health Winter Pressures funding to cover expanded supported accommodation costs
Communities & Partnership				
Archives	234	0	234	Agreed funds for an employment issue, and a Digital Preservation system which is to be installed 2021/22. There is however an agreement that approx. £175k would be contributed to CCC overall saving target.
Cambridgeshire Skills	670	0	670	Agreed contingency funding for this traded service comprised of: £180k general contingency, £200k for potential grant clawback, £120k for IT upgrades and March community centre upgrades, £170k to mitigate potential grant level change in 21/22
Coroners	375	-8	367	Agreed reserve for high cost inquests due to start 21/22
Cultural Services	1	0	1	Remainder of funds from the TLP formerly Arts Alive programme.
Public Library Services	6	0	6	Engage funds
Registration & Citizenship Services	175	0	175	A higher number of ceremonies booked more than one year in advance than usual due to Covid 19 pandemic meaning that costs will fall into future years, with less income also falling into future years as a result.
Trading Standards	361	0	361	Proceeds of Crime Reserve £260k, plus £100k contingency
Youth and Community Services	50	178	228	£35k reserve policy for employment liabilities & £15k for Social Mobility of CYP in East Cambs
Education				
0-19 Organisation & Planning	84	0	84	Providing cultural experiences for children and young people in Cambs

Budget Heading	Opening Balance 2021/22 £'000	Activity to End of Oct 2021 £'000	Balance at End of Oct 2021 £'000	Reserve Description
Executive Director				
P&C Executive Director	90	0	90	Historic earmarked reserve, with usage to be reviewed in 2021/22
Public Health				
Stop Smoking Service	128	0	128	To be focused on work to reduce smoking during pregnancy
Emergency Planning	9	0	9	
Healthy Fenland Fund	98	0	98	Project extended to 2023
Falls Prevention Fund & Enhanced Falls	992	0	992	Ongoing project with other partners
Prevention pilot				
NHS Healthchecks programme	270	0	270	To be held for catch up work on Healthchecks as we emerge from the pandemic and capacity increases
Implementation of Cambridgeshire PH Integration Strategy	140	0	140	No longer required as work is complete
Public Health – Grant carry forward	2,987	0	2,987	Proposed investments to be funded from these uncommitted Public Health reserves to be considered at Adults and Health Committee in December
TOTAL EARMARKED RESERVES	13,171	153	13,324	

(+) positive figures represent surplus funds.

(-) negative figures represent deficit funds.

Review of Draft Revenue Business Planning Proposals for 2022-2027

To: Adults and Health committee

Meeting Date: 9 December 2021

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

Electoral division(s): ALL

Key decision: No

Outcome: The committee is asked to consider:

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

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

a) Note the progress made to date and next steps required to develop the business plan for 2022-2027

b) Comment on the budget and savings proposals that are within the remit of the Committee as part of consideration of the Council's overall Business Plan

c) Note the updates to Fees and Charges for 2022-23

Officer contact:

Name: Wendi Ogle-Welbourn / Jyoti Atri
Post: Executive Director / Director of Public Health
Email: Wendi.Ogle-Welbourn@cambridgeshire.gov.uk / Jyoti.Atri@cambridgeshire.gov.uk
Tel: 01223 728192 / 01223 703261

Member contacts:

Names: Cllr Richard Howitt / Cllr Susan van de Ven
Post: Chair/Vice-Chair
Email: Richard.howitt@cambridgeshire.gov.uk / Susanvanden5@gmail.com
Tel: 01223 706398

1. Purpose and background

- 1.1 The Council's Business Plan sets out how we will spend the resources we have at our disposal to achieve our vision and priorities for Cambridgeshire, and the outcomes we want for people. This paper provides an overview of the updates to the Council's financial position since October/Nov 2021 when Committees were last consulted on the draft Business Plan for 2022-27. The paper sets out the changes to key assumptions impacting financial forecasts, further risks and opportunities and next steps required to balance the budget and agree the Council's Business Plan for 2022-27.
- 1.2 The paper also seeks to highlight the environment within which the Business Plan has been developed this year, the added complexity of developing the business plan whilst continuing to be in the middle of a world-wide pandemic, and the challenges of being a relatively low spend but effective organisation has on the opportunities to reduce costs further to address the financial challenges caused by COVID-19.
- 1.3 Whilst the impact of COVID-19 continues to be felt by all councils across England, for Cambridgeshire this comes on the back of many years of under-funding compared to other councils. As one of the fastest growing counties in the country, Cambridgeshire has been managing disproportionate increases in demand over many years which have not been reflected in the revenue grant system.
- 1.4 This report builds on the information provided to this Committee during October/November and sets out the latest financial position regarding the Business Plan for the period 2022-27. A number of Business Cases have been developed which provide further details of the proposed changes to our budget, and these will be reviewed by their relevant Service Committees in December, prior to being reviewed by S&R in January for endorsement to full Council in February 2022.

2. Context

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

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

- 2.2 The impacts of COVID-19 on the Council have been unprecedented and the pandemic remains a key factor of uncertainty in planning our strategy and resource deployment over the coming years. The Council continues to take a central role in coordinating the response of public services to try and manage the complex public health situation, impact on vulnerable people, education of our children and young people and economic consequences. Looking ahead we know that challenges remain as the vaccination programme progresses, winter illnesses re-emerge and potential further mutations of the virus. We are already seeing the impacts of the pandemic on our vulnerable groups as well as those who have become vulnerable as a result of health or

economic impact of the pandemic. Longer term there will be significant increases and changes in the pattern of demand for our services alongside the economic aftereffects. In this draft business plan, there are COVID-19 impacts across demand for services, pricing and supplier changes, and impacts on funding and income. Emerging work is shifting the Council's decision-making framework to prioritise sustainable development for our county, whereby our citizens' social foundations are strengthened in the context of pandemic recovery and ongoing ecological emergency.

- 2.3 Predicting the on-going implications and financial consequences of COVID-19 remains challenging, particularly in terms of the impact on demand for council services. It is especially important this year that we keep these estimates under review as circumstances are so changeable over the course of this year. In this update there is a further re-baselining proposed to bring adult social care budgets in line with anticipated demand levels at the start of next year. While we expect demand growth in adult social care to be significant in 2022-27 and have allowed for such in the draft business plan, this will be from a starting point in April 2022 that is lower than previously budgeted.
- 2.4 Besides the pandemic, the other major risks and uncertainties in setting budgets for 2022-27 include the potential for national policy changes, such as reform of social care funding, the need for a multi-year funding settlement from government, the availability and sustainability of supply chains and resources, and changing patterns of demand for our services that has been a longer-term trend. The Council must make its best estimate for the effect of known pressures when setting its budget and retain reserves to mitigate against unquantifiable risks.
- 2.5 Government has announced that there will be significant reform of social care funding with effect from October 2023, this includes a cap on the amounts that people will have to contribute to their care costs during their lifetime and significant revisions to the asset thresholds for making contributions towards those costs. £5.4bn per annum has been identified nationally as the cost of these changes and further details are awaited in terms of how this will be operated. There are wide and complex changes for the Council as a result.

It is important to note that the new funds announced nationally do not address underlying funding issues for social care, such as historic funding or surges in demand and costs emerging from the pandemic.

- 2.6 With changes in local and national policy coinciding with hopes for a stabilisation of the public health response to the pandemic, the overarching themes we have identified to help us develop the Business Plan are as follows:
- Economic recovery
 - Prevention and Early Intervention
 - Decentralisation
 - Environment & climate emergency
 - Social Value
 - Efficiency and effectiveness of Council services
- 2.7 The Joint Agreement which explained the policy ambitions of the new administration was agreed in May 2021. The Joint Agreement prioritises COVID-19 recovery for all of Cambridgeshire and puts healthy living and bringing forward targets to tackle the climate

emergency, central to its agenda. It also signals a commitment to form strong and positive partnerships at a local level as members of the Combined Authority and the Greater Cambridge Partnership in the areas of public health, support for business, climate change, public transport, and building affordable, sustainable homes. This first business plan will begin to put into effect this new set of policies; concurrently a new Corporate Framework is being developed which recognises the importance of making decisions based on financial, social and environmental factors to ensure future sustainability. The plans for 2022-23 in the business plan are detailed and represent a transitional year ahead of reform and review of the budget allocation process for future years.

- 2.8 As per the Council's priorities, Cambridgeshire seeks to ensure that it provides high quality support to its citizens whilst ensuring best use of the taxpayers money. An indicator of how well it is doing this, is by reviewing benchmarking data on a regular basis. The most recent data highlights that compared to nearest neighbours the majority of our services are provided at a lower cost per person with the exception of Public Health and Adult Social Care. The impact of the pandemic for Adult Services within Cambridgeshire has been particularly notable. As mentioned above the Joint Administration is prioritising COVID-19 recovery and is closely monitoring the evolving needs of the citizens of Cambridgeshire. These needs have been taken into account when developing the budget proposals.

3. Financial Overview

- 3.1 The previous update to committees in October/November set out progress that had been made in closing the budget gap for 2022/23 and in refining the budgets for later years. After an increase in the opening budget gap resulting from rising demand projections and other service pressures, savings had been identified that brought the gap down to £19.5m.
- 3.2 Since the previous update, work has continued to identify ways to close the remaining budget gap in 2022/23 including additional savings work, further review of pressures and revision of funding assumptions. We have also identified several investments that are required into services. A further £5m of improvement has been made through this work.
- 3.3. In October, however, the Autumn Budget and Spending Review made clear that the Council would face several additional pressures in 2022/23. The cost of these is set out in the table below, but in summary relate to the expected rise in employer national insurance contributions, a rise in the minimum wage that was higher than expected, and the formal end of the public sector pay freeze which is expected to drive salary costs up. Additional funding for local government was announced to meet these pressures in the form of a further grant of £1.6bn a year nationally for three years, but the distribution methodology for this has not been announced and will not be until the Local Government Finance Settlement in mid-December 2021.
- 3.4 As well as those pressures and that further funding, the Autumn Budget also announced:
- Council Tax referendum limits to be set at 2% for general Council Tax and 1% for the Social Care Precept (SCP) 2022-23. It has also confirmed that authorities who carried-forward unused SCP from 2021/22 may use that in 2022/23. Cambridgeshire has a further 2% increase in SCP available from this.
 - £21bn for roads and £46bn for railways to connect towns nationally

- An increase in the core schools budget of £4.7bn nationally by 2024/25, with £2.6bn further being made available for places for children with special educational needs
- Business rates relief totalling £7bn, with Councils to be compensated for the effects through further grant

3.5 After factoring in the progress made towards closing the budget and the pressures resulting from the Autumn Budget, the revised budget gap is set out in the table below:

	£000				
	2022-23	2023-24	2024-25	2025-26	2026-27
Budget gap at November Committees	19,481	18,211	18,059	16,545	13,970
Budget Reviews and Re-baselining					
Budget rebaselining in Adults (offset by pressure below)	-3,345	0	0	0	0
Budget rebaselining in Children's	-600	0	0	0	0
Rebaselining of income budgets in Place & Economy	-500	100	150	0	0
Inflation and Demand Adjustments					
Demand updates in Children's	0	1,230	1,269	1,265	1,210
Service Pressures					
Pressures in Adults (Learning Disabilities)	2,500	0	0	0	0
Pressures in Children's	-924	750	0	0	0
Pressures in Place & Economy	407	-260	0	0	0
Pressures in Corporate Services	88	90	0	0	0
Service Investments					
Paying the real living wage to social care staff	1,187	4,408	3,619	409	543
Investment in the SAFE team	268	0	0	0	0
Investment in health in all policies	125	0	0	0	0
EGI investment	75	0	0	0	0
EGI investment	105	40	0	0	0
New or additional savings					
Savings in Place & Economy	-100	-20	0	0	0
Savings in Children's	-780	-570	-345	0	0
Savings in Corporate Services	-124	-9	-154	-132	-136
Savings in Adults	-357	-161	0	-478	0
Savings in Public Health	-100	0	0	0	0
Other changes					
Rephasing of income expected from NHS pooled budget contributions	750	-1,000	-1,000	0	0
Reduction in the revenue cost of capital	-1,325	398	0	0	0
Reduction in the revenue cost of capital - use of capital receipts from asset sales	-600				
Increase in Public Health Grant	-32	32	0	0	0
Increase in grant/funding estimates	-210	-15	0	0	0
Replace highways/footways revenue investment with capital	-1,300	-1,000	-1,000	-1,000	0
Energy schemes - phasing of spend and income	290	-549	111	-127	-32
Inflation update	23	0	0	0	0
Use of Public Health reserves to fund health-related pressures	-400	0	200	200	0
Impact of Autumn Budget					

Increase in national insurance - Council staff	998	0	0	0	0
Increase in national insurance - social care supply chain	1,000	0	0	0	0
Increase in minimum wage above estimate - impact on social care	3,019	1,762	-19	-19	-19
Staff pay inflation, increase in assumption	170	180	183	187	188
Revised budget gap in December	19,789	23,632	21,073	16,850	15,725
Change in budget gap	308	5,421	3,014	305	1,755

- 3.6 More detail about the proposals that make up this table relevant to this committee are set out in section 4 below.
- 3.7 As well as some ongoing investments into services, there will be a need to fund temporary (short term) investments to move towards more sustainable services. These are expected to be funded from Council reserves. The specific proposals for this committee are set out in section 6.7.2 below.
- 3.8 The latest updates in table 3.5 (and equivalent tables in previous updates) only show the changes made compared to the current draft business plan. In some cases, there were already proposals affecting 2022-27 in the existing published 2021-26 business plan, or in previous drafts of the new business plan presented at previous committee meetings. The full set of all proposed budget changes is presented in Table 3 of the budget tables in Appendix 1.

4. Assumptions and Risks

- 4.1 The Council's medium-term 2021-2026 budget currently assumes a 2% increase in Council Tax in 2022-23 and 0% increase in the Adult Social Care precept.

There are a number of budgetary risks which are being monitored closely, these include:

- **High Needs Deficit**
If the Government changes the approach to funding, the Council will have to fund the high needs deficit, resulting in the exhaustion of unallocated reserves.
- **Staff Pay Award**
As mentioned in previous reports, unions have rejected the most recent offer. If staff pay award is negotiated higher than budgeted for, then costs will be higher than predicted resulting in a cost pressure. Some additional budget has been factored in following the Autumn Budget.
- **COVID-19**
As stated earlier in the report, COVID-19 remains a high risk to our budgets. The long-term impact continues to be unknown and if there are further waves of COVID-19 and additional restrictions, then services may face disruption resulting in additional cost pressures.
- **Central Government funding and reforms**
If Central Government brings in reforms/ changes funding, then costs to deliver services may increase/ funding received may reduce resulting in additional cost pressures.

- **Uncertainty about demand for services**
Predicting demand continues to be difficult due to COVID-19 and if demand projections are inaccurate due to COVID-19/ other reasons, then financial projections will be incorrect resulting in incorrect budget provision allocated for demand.
- **Inflation/ interest rates**
If inflation/interest rates increase by more than advisors are suggesting, then costs to deliver services and borrowing will increase, resulting in a cost pressure.
- **Adult Social Care Provider Sustainability and Variation**
If the ASC market continues to be unstable, there may be an increased number of provider failures or variation requests for additional funding, resulting in increased budget pressures for the service.
- **Funding from Partners**
Budgets are based on an assumption of a certain level of funding from our partners, such as the NHS. Close monitoring is taking place to understand whether assumptions are correct.
- **Implications of the Adult Social Care Reforms**
We are currently waiting for further details but implementing the Adult Social Care Reforms could result in a number of potential risks to the authority e.g. proposal of a cap to contributions as mentioned above and a requirement to work with a much larger number of people. The implications are being monitored closely.

5. Capital Programme Update

- 5.1 Following on from October service committee, further work was required on some schemes, as well as continuing revision and update of the programme in light of ongoing review by the Capital Programme Board, changes to overall funding, or to specific circumstances surrounding individual schemes. The changes made since October committee can be summarised as follows:

New Schemes

- (A&H) Independent Living Services (+£40,148k)
- (CS&I) Library Minor Works (+£85k)
- (CS&I) EverySpace - Library Improvement Fund (+£389k) [externally funded]
- (S&R) IT Education System Replacement (+£2,460k)

Increased Cost

- (CYP) Sutton Primary Expansion (+£385k)
- (CYP) Waterbeach new Town Primary (+£375k)
- (CYP) Alconbury Weald secondary and Special (+£1,617k)
- (CYP) Sir Harry Smith Community College (+£291k)
- (CYP) Cambourne Village College Phase 3b (+£850k)
- (CYP) Duxford Community C of E Primary (+£195k)
- (CYP) New SEMH Provision Wisbech (+£489k)

- (H&T) A14 (+£920k)
- (H&T) Carriageway & Footway Maintenance including Cycle Paths (+£1,500k)
- (H&T) Footpaths and Pavements (+£10,000k)

Removed Schemes

- (CYP) St. Neots secondary (-£11,130k)

Changed Phasing or funding

- (CYP) Isleham Primary relocation & expansion
- (H&T) B1050 Shelfords Road
- (E&GI) Waste – Household Recycling Centre (HRC) Improvements
- (E&GI) Waterbeach Waste Treatment Facilities

In addition, the Capitalisation of Interest and Variation budgets have been updated in line with the above changes.

- 5.2 The Council is still awaiting funding announcements regarding various capital grants, plus the ongoing nature of the capital programme inevitably means that circumstances are continually changing. Therefore, Services will continue to make any necessary updates in the lead up to the January S&R meeting where the Business Plan will be considered.

6. Overview of Adults and Health Revenue Programme

- 6.1 This section provides an overview of the savings and income proposals within the remit of the Committee.
- 6.2 All of the proposals within the remit of the Committee are described in the business planning tables (Appendix 1) and business cases (Appendix 2).
- 6.3 The Committee is asked to comment on these proposals for consideration as part of the Council's Business Plan for the next five years. Please note that the proposals are still draft at this stage, and it is only at Full Council in February 2022 that proposals are finalised and become the Council's Business Plan. The following proposals can be found in Appendix 2

Savings

- A/R.6.185 Block bed revised inflation savings
- A/R.6.191 Extra Care savings
- A/R.6.192 Learning Disability Outreach service expansion
- A/R.6.194 Interim and respite bed savings
- A/R.6.197 Community Equipment service savings
- A/R.6.198 Domiciliary block care provision
- E/R.6.034 Public Health demand led savings

Investments:

- E/R.5.007 Health Impact Assessments
- A/R.4.040 Increased staffing in Young Adults Team
- A/R.4.041 Additional resource for Quality and Practice Team

A/R.5.006 Care home Support (also includes savings)
A/R.5.009 Extending the Enhanced Response Service (also includes savings)
A/R.5.010 Expanding Support for informal carers (also includes savings)
A/R.5.011 Implementation of the real living wage

Temporary / one-off funding

N/A (Temporary Funding) Care Together
N/A (Temporary Funding) Expansion of direct payments
A/R.6.199 Independent Living Services – Huntingdonshire (also includes savings)

Capital investment

Independent Living services – new builds (also includes savings)

6.4 This paper provides an update on the position previously reported and discussed at Committee in October. Key areas of feedback from the Committee around the following areas are being incorporated into plans and associated business cases where relevant:

- Ensuring quality of services is maintained.
- Ensuring no detrimental impact to service provision.
- Ensuring the Council continues to deliver its statutory duties and focuses on outcomes.
- Maximising opportunities for social value returns on investment, e.g. increased development of small businesses contributing to wider community outcomes, increasing local employment opportunities, improved health and wellbeing by addressing low-income levels.
- Maximising opportunities for the join up of health, social care and community/voluntary services in local areas to make it easier to find early help and support (e.g., Care Together programme, GPs identifying and supporting carers)

6.5 Budget Position

6.5.1 We have identified budget reductions, savings or increased income opportunities of £9.785m for Adults and £328k for Public Health in 2022/23.

6.5.2 However, we have identified £21.912m of pressures and investments for 2022/23 as outlined below.

Pressure / Investment	2022/23 (£000)	2023/24 (£000)	2024/25 (£000)	2025/26 (£000)	2026/27 (£000)
Demand and Demography (Ref: A/R.3.002 to A/R.3.007 and A/R.3.017)	10,036	11,539	11,398	11,107	11,267
Inflationary Pressures on Care Costs (Ref: A/R.2.002)	1,866	1,984	2,918	2,918	2,918
Impact of National Living Wage on Adult Social Care Contracts (Ref: A/R.4.009)	7,172	7,565	4,883	4,883	4,883
Impact of Health and Social Care Levy on Care Providers (Ref: A/R.4.042)	1,000	-	-	-	-
Additional Investments	1,838	4,578	3,619	409	543
Total	21,912	25,666	22,818	19,317	19,611

6.5.3 This incorporates the following changes since the October 2021 committee reported position:

- Reduction in inflationary pressure on care costs from £2.080m to £1.866m in 2022/23
- Increase in National Living Wage impact to reflect the 6.6% National Living Wage increase announced in the Autumn Budget. This has increased the pressure from £3.939m to £7.172m in 2022/23
- Incorporation of £1m pressure associated with the impact of the Health and Social Care Levy on providers, due to the increase in employer NI contributions associated with the Adult Social Care reforms.
- Additional investments increased from £651k to £1.838m to incorporate investment in the Real Living Wage

6.5.4 Further detail on the developed proposals is set out in sections 6.5 and 6.6 and in Appendix 2

6.6 Joint Administration Priorities

6.6.1 Investment is required to support delivery of the Joint Administration priorities of:

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

6.6.2 A number of proposals have been identified to progress the joint administration priorities which require investment, as outlined in section 6.6.

6.7 Investment/Pressures

6.7.1 A number of investment areas have been identified, which equate to £1.838m of permanent investment in 2022/23, as outlined below and included in the Finance Tables at Appendix 1. The main adjustment since the October Committee reported position, is the inclusion of the Real Living Wage investment, which equates to an investment of £1.187m in 2022/23.

Budget Table Ref	Investment Area	Description	22/23	23/24	24/25	25/26	26/27
A/R.4.040	Learning Disabilities – Young Adults Team	To increase the staffing structure in the Young Adults Team, in order to better manage demand and deliver a safe cost-effective service. This will support us to deliver our statutory duty. Increased capacity in the team will enable cases to be allocated to workers at an appropriate level and reduce waiting lists. This will result in the safer management and prompt allocation of new cases.	149	-	-	-	-
A/R.5.006	Care Home Support Team (Note: current Business Plan removes £120k in 2022-23 which will be deliverable. Change here is new proposal)	The Care Home Support Team was established in response to the pandemic on a temporary two-year basis (funding is already in the MTFS for 22/23. This business case is requesting permanent funding for 23/24 onwards). Since its introduction, it is clear there is a widespread need for social care providers to be supported to improve practice quality. By supporting care homes where issues or concerns have been identified, the team is able to mitigate potential provider failure, the cost of which can be significant to the Council.	-	220	-	-	-
A/R.4.041	Quality and Practice Team	To increase capacity in the Quality Practice Team to ensure we are meeting our statutory responsibilities under the new framework and Care Quality Commission oversight, as outlined in the Governments White Paper on social care. Current capacity	68	-	-	-	-

		in the team is not sufficient to respond to the new changes and ensure compliance. The risk of a poor inspection would be reputationally damaging to the Council, as well as requiring remedial action which could be costly.					
A/R.5.009	Expansion of Enhanced Response Service (ERS)	<p>Extension of the ERS to deliver earlier intervention, preventing escalation of need and associated cost avoidance.</p> <p>The extension of the service will enable a greater volume of referrals to be responded to where there is an urgent social care need. This will include referrals from additional Carelines, GPs and 111 across Cambridgeshire.</p> <p>The current ERS service provides a 24/7 urgent response to calls from alarm receiving centres where someone's telecare alarm has been activated. Typical types of calls that are responded to include non-injured falls, one off personal care and silent calls.</p> <p>This service is expected to deliver a saving, as outlined above.</p>	181	-	-	-	-
A/R.5.010	Increased Support for Carers	<ul style="list-style-type: none"> · Increase capacity of the Carers Support Service to provide urgent support · Increase capacity of Listening Ear Service to provide counselling, wellbeing and emotional resilience support · Roll-out the Short Breaks for Carers pilot countywide to support the recruitment of volunteers 	253	-50	-	-	-

		<ul style="list-style-type: none"> Specific media campaign to reach hidden carers <p>This service would deliver a saving as outlined above.</p>					
A/R.5.011	Real living wage for the adult social care market	Investment in the adult social care market to allow care providers to pay their staff the real living wage by April 2024, whilst working with providers to secure a social value return on investment.	1,187	4,408	3,619	409	543
E/R.5.007	Health Impact Assessments	<p>Health in all Policy and Tackling Health Inequalities:</p> <p>Fund for health impact assessments to be established to support the council in understanding the impact of major policy decisions or commissions to inform action to maximise health outcomes and minimise health harms. Applications for the fund will be prioritised according to agreed health and well-being priorities.</p> <p>This will be funded from Public Health Grant monies.</p>	125	-	-	-	-
			-125				
Total			1,838	4,578	3,619	409	543

6.7.2 The following areas require one-off investments and could be funded by reserves as noted below. The values for these investments are shown at the amount required as investment in each year as opposed to being shown as a change in the permanent budget since these are proposed one off investments. Public Health investments will be funded from Public Health reserves.

Investment Area	Description	22/23	23/24	24/25	25/26	26/27
Care Together Expansion	<p>Roll out of the East Cambridgeshire pilot across the county over four years, commencing in 2022/23.</p> <p>One off reserves funding could be used – total requirement £2.915m</p>	689	735	739	752	-

	<p>Care Together is an initiative designed to transform the way care and support is commissioned and delivered to older people living at home. It is focused on changing and improving the way care is provided to older people living at home who either receive council funded homecare or may benefit from early help and support to maintain their independence. The aim is to enable older people to remain living happily at home, cared for by locally based carers, working within their own communities.</p>					
Independent Living Services – Huntingdonshire	<p>(Investment: Savings will be delivered). Revenue investment of £180k in 22/23 and £120k in 24/25 is also needed to support roll out.</p> <p>One off reserves funding could be used – total requirement £300k</p> <p>Enhance the offer to local residents who may have a need for residential and nursing care by developing a tenancy-based model of care: Independent Living Service's (ILS's) specifically support people being able to stay in their own tenancy longer as care can be stepped up as needs increase, unlike residential care where they may need to move to get increased care needs met.</p> <p>This investment relates to the development of the Rheola site in Huntingdonshire.</p>	120	-	180	-	-
Expansion of Direct Payments	<p>One off reserves funding would be required of £222k but generates savings to more than repay in future years</p> <ul style="list-style-type: none"> • Additional capacity to accelerate improvement in the uptake of Direct Payments • Investment in an additional system able to maintain robust and user-friendly oversight of the Individual Service Funds; • Development of a short term Personal Assistant Support Service able to bridge the gap between the need for immediate care and 	222	-222	-		-

	<p>support and the recruitment of personal assistant</p> <ul style="list-style-type: none"> Additional Contract Management capacity to monitor and quality assure support services being accessed by direct payment and individual service funds as they begin to increase. 					
Total Adults		1,031	513	919	752	-
Training for Health Impact Assessments	<p>Targeted tackling of health inequalities:</p> <p>One off reserves funding would be required</p> <p>In order to support the JAA priority of health in all policies, training will be commissioned to support the system in understanding the potential health impacts of their policies, services and commissions. Basic training on health impact assessments, their purposes and potential benefits will also be included in the package.</p>	45	-	-	-	-
Use of Public Health reserves	<p>Proposal for £1m of Public Health reserves to be used over a 3-year period to support public health related spend outside of the Public Health Directorate. Areas of spend are being developed but likely to include Loneliness and Isolation support work amongst other areas.</p>	400	400	200	-	-
Total		1,476	913	1,119	752	-

6.7.3 Capital investment would be required to generate further savings from Independent Living Services. In addition to the two planned Independent Living Service sites (East Cambridgeshire and Huntingdonshire) we are proposing three additional sites across Cambridgeshire. These have been reprofiled to commence work in 2024/25, at a rate of one per year. Each Independent Living Service will take three years to build from the time land is acquired. The capital investment required, and associated savings expected are set out below. The schemes are anticipated to pay back the capital investment in full as well as generating revenue savings in future years.

Independent Living	Amount £000 2022-23	Amount £000 2023-24	Amount £000 2024-25	Amount £000 2025-26	Amount £000 2026-27	Amount £000 2027-28	TOTAL £000
Capital costs (one off)	-	-	3,161	15,597	14,955	6,435	40,148

6.7.4 The proposal is scheduled for savings to flow from the year after the opening of the new services as shown below (figures in £000).

	Build volumes (in units) and savings flow (in £000's)						
	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	TOTAL
Volume				48	64	48	160
Savings				418	557	418	1393

6.7.5 The Impacts of COVID-19 in Cambridgeshire continue to bring a significant pressure to the provision of care and support in the community, both due to the additional demand on services and the impact of the pandemic, governance guidance on the workforce and mandatory vaccination legislation. In addition, changes to national legislation, including the increased rate of the National Living Wage to £9.50/hr from April 2022, the introduction of the Health and Social Care Levy and the proposed social care reforms, will introduce additional financial pressures to the local authority and wider provider market. Whilst there has been government funding to help address some of these pressures, particularly in relation to infection and prevention control, this is one off in nature and is due to end at the end of March 2022. Meanwhile, the costs borne by providers will continue to prevail; including increased staffing costs, loss of income due to reduced private occupancy, increasing insurance costs and inflation on non-staff costs e.g., fuel, food, and equipment.

6.7.6 These issues are impacting across all elements of care provision, including residential/nursing care, home care and learning disabilities provision, creating additional risks to the health and social care system, at a time when capacity is already stretched by increased demand, winter pressures and financial challenges. We are currently exploring additional targeted opportunities to provide longer term security to providers and address the rising pressures that they are currently facing. This includes opportunities to provide uplifts to address staffing and non-staffing inflation pressures, workforce development and addressing workforce capacity issues. These proposals and investments are being finalised.

6.8 Savings and Income

6.8.1 Adults and Health have identified £10.113m of savings and increased income for 2022/23 which can offset this gap, this comprises the following:

- o £3.097m of existing savings in the Business Plan for 2022/23 as outlined in the below table.
- o £7.016m of new opportunities as outlined in the below table.

Savings opportunities have been focused predominantly on the prevent, reduce, delay model. Through a targeted approach to prevention and early intervention to maximise people's independence, we are able to prevent or delay the unnecessary escalation of needs to more costly provision of services, whilst delivering better outcomes for people.

6.8.2 Existing Reprofiled Savings and Income in the Business Plan

Budget Table Ref	Saving / Income Opportunity	Description	22/23	23/24	24/25	25/26	26/27
A/R.6.176	Adults Positive Challenge Programme	The Preparing for Adulthood Workstream of the Adults Positive Challenge Programme will continue to have an effect by reducing the level of demand on services from young people transitioning into adulthood. *This saving has been increased by £54k in 22/23 and 23/24	-154	-154	-	-	-
A/R.6.177	Cambridgeshire Lifeline Project	The aim of this project is for Cambridgeshire Technology Enabled Care (TEC) to become a Lifeline provider so that the income from the charges to customers funds to provision of the Lifeline service, as well as additional savings.	-10	-122	-50	-	-
A/R.6.179	Mental Health Commissioning	A retender of supported living contracts gives an opportunity to increase capacity and prevent escalation to higher cost services, over several years.	-24	-	-	-	-
A/R.6.180	Independent Living Service – East Cambridgeshire	We are exploring alternative models of delivery for residential and nursing care provision, including a tenancy based Independent Living Service model that will deliver savings to the council. *This saving has been reprofiled in line with the timelines for implementation	-	-	-244	-162	-

		of the first Independent Living Service					
A/R.6.185	Additional Block Beds – Inflation saving	Through commissioning additional block beds, we can reduce the amount of inflation funding needed for residential and nursing care. Block contracts have set uplifts each year, rather than seeing inflationary increases each time new pot placements are commissioned. *This saving has been reprofiled to reflect the number of block beds successfully commissioned in 2021/22	-390	-263	-277	-291	-
A/R.6.188	Micro-enterprises support	Transformation funding has been agreed for a new approach to supporting the care market, focusing on using micro-enterprises to enable a more local approach to domiciliary care and personal assistants. As well as benefits for the people we support of an increased local approach and competition, this will result in a lower cost of care overall.	-133	-	-	-	-
A/R.7.111	Client Contributions Policy Changes	The contributions policy for Adults was revised by Adults committee in 2020. This reflects the additional income as reassessments are carried out.	-562	-325	-	-	-
A/R.7.113	Learning Disability Partnership (LDP) Pooled Budget	The LDP is a pooled budget with the NHS covering most spend on people with learning disabilities by the Council and NHS in Cambridgeshire. In November 2019, Adults Committee agreed funding for a programme of work to review the relative health and social care needs of people with learning disabilities to establish if the Council and NHS contributions to the pool should be re-baselined. While this work has been	-1,824	-1,000	-1,000	-	-

		delayed by COVID-19 and is now expected to be undertaken in 2021/22, early work on a sample of cases suggests a re-baselining will result in a rebalancing of the Council's share of the pooled budget. This line is based on the outcomes of the sample being representative, with some dampening.					
Total			3,097	1,864	1,571	453	-

6.8.3 Changes to highlight since the October committee reported position, are:

- Client Contributions saving has increased in 2023/24 to £325k in response to the need to rephase the implementation of the revised contributions policy due to the impact of COVID-19.
- Learning Disabilities Partnership (LDP) Pooled Budget has been reprofiled to reflect delays to this work due to the impact of COVID-19.

6.8.4 New Opportunities Identified

Budget Table Ref	Opportunity	Description	22/23	23/24	24/25	25/26	26/27
A/R.1.020	Adults budget re-baselining	We are forecasting a significant underspend on the Adults budget for this financial year as a result of the devastating impact of COVID-19 on older people. This is reflected by a reduction in the baseline budget for next year. This does not reflect any reduction in care to individual service users but recognises the lower numbers of people we are supporting compared to pre Covid expectations.	-3,250	-	-	-	-
A/R.6.190	Unallocated Improved Better Care Fund monies	Contribution from the Improved Better Care Fund to contribute to demand pressures in Adult Social Care in line with the national conditions.	-240	-	-	-	-
A/R.6.191	Extra Care Tendering	A number of older people's extra care schemes were retendered for in 2021/22 and have delivered contractual savings across the following four schemes: <ul style="list-style-type: none"> o Doddington (Fenland) o Jubilee (Fenland) 	-87	-	-	-	-

		<ul style="list-style-type: none"> o Park View (Hunts) o Nichols Court (City/South) <p>Savings were not identified in time to be incorporated into the 2021/22 business planning cycle, and so are being included for 2022/23.</p>					
A/R.6.192	Learning Disability Outreach Service	Increasing the in-house outreach capacity. This will enable more support to be delivered in house at a lower cost to external provision.	-50	-	-	-	-
A/R.6.193	Expansion of Enhanced Response Service	<p>Extension of the ERS to deliver earlier intervention, preventing escalation of need and associated cost avoidance. The extension of the service will enable a greater volume of referrals to be responded to where there is an urgent social care need. This will include referrals from additional Carelines, GPs and 111 across Cambridgeshire.</p> <p>The current ERS service provides a 24/7 urgent response to calls from alarm receiving centres where someone's telecare alarm has been activated. Typical types of calls that are responded to include non-injured falls, one off personal care and silent calls.</p> <p>The service requires further investment as detailed below.</p>	-210	-	-	-	-
A/R.6.194	Interim and Respite Bed Recommissioning	Redesign and recommissioning of interim and respite bed provision. This has created a more efficient model. The use of the new, more flexible block bed provision for unplanned respite will result in a reduction of spot purchased respite provision.	-412	-70	-	-	-
A/R.6.195	Expanding Support for Informal Carers	<ul style="list-style-type: none"> · Increase capacity of the Carers Support Service to provide urgent support · Increase capacity of Listening Ear Service to 	-219	-	-	-	-

		<p>provide counselling, wellbeing and emotional resilience support</p> <ul style="list-style-type: none"> Roll-out the Short Breaks for Carers pilot countywide to support the recruitment of volunteers Specific media campaign to target hidden carers <p>With better support, carers will be able to maintain their caring role, preventing carer breakdown, and preventing the escalation of someone's care needs.</p> <p>The service requires further investment as detailed previously.</p>					
A/R.6.197	Community Equipment Service Contract Re-tender	The contract for the community equipment service has been retendered, with the new contract beginning in April 2022. This is a pooled budget with the NHS. The retender will deliver £252k savings to the pool, the Council's share of which is 48.2%.	-121	-	-	-	-
A/R.6.198	Decommissioning of domiciliary care block provision	As part of the Council's strategic plan for domiciliary care, a number of the under-utilised rapid discharge and transition cars funded by the local authority are being decommissioned, with demand being met in alternative ways.	-236	-	-	-	-
A/R.6.199	Independent Living Service - Huntingdonshire	We are exploring alternative models of delivery for residential and nursing care provision, including a tenancy based model that should deliver savings to the council.				-478	
A/R.7.211	Prisons Grant Underspend	This is an un-ringfenced corporate grant. We have consistently underspent in the last 3 years and this can be sustained permanently.	-20	-	-	-	-
A/R.7.210	Uplift in Better Care Fund to meet Adults Pressures	The 2021/22 and 2022/23 Better Care Fund annual uplift. Full allocation to enable us to offset the demand and demography pressures in Adult Social Care in line with the	-1,688	-	-	-	-

		national conditions of the grant.					
A/R.7.112	ICES Community Equipment pooled budget	The ICES community equipment budget is a pooled budget with the CCG. As part of the re-tendering process, the budget contributions were reviewed, and the health contribution will be increasing for next financial year by £155k per annum.	-155				
Adults Total			-6,688	-70	-	-478	-
E/R.6.034	Demand led Public Health Budgets	Public Health business planning for 2022/23 pulls together outstanding underspends across several service areas. These will have minimal disruption as they are demand led services. In addition, savings are available from contingency and holding funds where the funding is no longer required.	-328	-	-	-	-
Total			-7,016	-70	-	-478	-

6.8.5 Changes to highlight since the October committee reported position, are:

- Following further work to review the adults re-baselining position, this budget reduction has increased from £2.405m to £3.025m in 2022/23.
- Addition of Community Equipment Contract re-tender saving of £121k in 2022/23.
- Addition of Decommissioning of domiciliary care block provision saving of £236k in 2022/23.
- Addition of Independent Living Service – Huntingdonshire to deliver a saving of £478k from 2025/26.
- Increased Uplift in Better Care Fund Grant to £1.688m to account for a higher forecasted percentage uplift.
- Public Health savings have been increased by £100k

7. Next steps

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

November / December	Draft business cases are considered at service committees before they go forward to January Strategy and Resources committee.
January	Strategy and Resources Committee will review the whole draft Business Plan for recommendation to Full Council

8. Alignment with corporate priorities

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

- 8.1 Communities at the heart of everything we do
- 8.2 A good quality of life for everyone
- 8.3 Helping our children learn, develop and live life to the full
- 8.4 Cambridgeshire: a well-connected, safe, clean, green environment
- 8.5 Protecting and caring for those who need us

9. Significant Implications

9.1 Resource Implications

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

9.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications for the proposals set out in this report. Any implications within specific proposals will be included within the individual business cases within Appendix 2.

9.3 Statutory, Legal and Risk Implications

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

9.4 Equality and Diversity Implications

Each business case will consider whether there are any impacts (positive or negative) to vulnerable, minority or protected groups and this information is included within each of the business cases in Appendix 2.

Full Equality Impact Assessments that will describe the impact of each proposal, in particular any disproportionate impact on vulnerable, minority and protected groups are being refreshed or developed where identified / required.

- 9.5 Engagement and Communications Implications
Our Business Planning proposals are informed by the CCC public consultation and will be discussed with a wide range of partners throughout the process. The feedback from consultation will continue to inform the refinement of proposals. Where this leads to significant amendments to the recommendations a report would be provided to Strategy and Resources Committee.
- 9.6 Localism and Local Member Involvement
As the proposals develop, we will have detailed conversations with Members about the impact of the proposals on their localities. We are working with members on materials which will help them have conversations with Parish Councils, local residents, the voluntary sector and other groups about where they can make an impact and support us to mitigate the impact of budget reductions.
- 9.7 Public Health Implications
We are working closely with Public Health colleagues as part of the operating model to ensure our emerging Business Planning proposals are aligned.
- 9.8 Environment and Climate Change Implications on Priority Areas
The climate and environment implications will vary depending on the detail of each of the proposals. The implications will be completed accordingly within each business case in Appendix 2.

Have the resource implications been cleared by Finance?

Yes

Name of Financial Officer: Justine Hartley

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the CCC Head of Procurement?

Yes

Name of Officer: Henry Swan

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law?

Yes

Name of Legal Officer: Fiona McMillan

Have the equality and diversity implications been cleared by your Service Contact?

Yes

Name of Officer: Beatrice Brown

Have any engagement and communication implications been cleared by Communications?

Yes

Name of Officer: Matthew Hall / Eleanor Bell

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

Yes

Name of Officer: Julia Turner

Have any Public Health implications been cleared by Public Health?

Yes

Name of Officer: Jyoti Atri

If a Key decision, have any Environment and Climate Change implications been cleared by the Climate Change Officer?

Yes

Name of Officer: Emily Bolton

8. Source Documents

Appendix 1a: Introduction to the finance tables

Appendix 1b: P&C Revenue Tables 1-3

Appendix 1c: Public Health Revenue Tables 1-3

Appendix 1d: P&C Capital Tables 4&5

Appendix 2a: Business cases – A&H Savings Proposals

Appendix 2b: Business cases – A&H Pressures / Investments

Appendix 2c: Business cases – Temporary Funding

Appendix 2d: Business cases – Capital Investment

Appendix 3: P&C Fees and Charges

Appendix 1a – Introduction to the Finance Tables

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

At this stage of the business planning cycle, we produce tables 1-3 for revenue, along with the capital tables (4 and 5).

Table 1

This presents the net budget split by policy line for each of the five years of the Business Plan. It also shows the revised opening budget and the gross budget, together with fees, charges and ring-fenced grant income, for 2022-23 split by policy line. Policy lines are specific areas within a service on which we report, monitor and control the budget. The purpose of this table is to show how the net budget for a Service Area changes over the period of the Business Plan.

Table 2

This presents additional detail on the net budget for 2022-23 split by policy line. The purpose of the table is to show how the budget for each policy line has been constructed: inflation, demography and demand, pressures, investments and savings are added to the opening budget to give the closing budget.

Table 3

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

- **Opening Gross Expenditure:**
The amount of money available to spend at the start of the financial year and before any adjustments are made. This reflects the final budget for the previous year.
- **Revised Opening Gross Expenditure:**
Adjustments that are made to the base budget to reflect permanent changes in a Service Area. This is usually to reflect a transfer of services from one area to another.
- **Inflation:**
Additional budget provided to allow for pressures created by inflation. These inflationary pressures are particular to the activities covered by the Service Area.

- **Demography and Demand:**
Additional budget provided to allow for pressures created by demography and increased demand. These demographic pressures are particular to the activities covered by the Service Area. Demographic changes are backed up by a robust programme to challenge and verify requests for additional budget.
- **Pressures:**
These are specific additional pressures identified that require further budget to support.
- **Investments:**
These are investment proposals where additional budget is sought, often as a one-off request for financial support in a given year and therefore shown as a reversal where the funding is time limited (a one-off investment is not a permanent addition to base budget).
- **Savings:**
These are savings proposals that indicate services that will be reduced, stopped or delivered differently to reduce the costs of the service. They could be one-off entries or span several years.
- **Total Gross Expenditure:**
The newly calculated gross budget allocated to the Service Area after allowing for all the changes indicated above. This becomes the Opening Gross Expenditure for the following year.
- **Fees, Charges & Ring-fenced Grants:**
This lists the fees, charges and grants that offset the Service Area's gross budget. The section starts with the carried forward figure from the previous year and then lists changes applicable in the current year.
- **Total Net Expenditure:**
The net budget for the Service Area after deducting fees, charges and ring-fenced grants from the gross budget.
- **Funding Sources:**
How the gross budget is funded – funding sources include cash limit funding (central Council funding from Council Tax, business rates and government grants), fees and charges, and individually listed ring-fenced grants.

Table 4

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

Table 5

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

Appendix 1a – Introduction to the Finance Tables

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

At this stage of the business planning cycle, we produce tables 1-3 for revenue, along with the capital tables (4 and 5).

Table 1

This presents the net budget split by policy line for each of the five years of the Business Plan. It also shows the revised opening budget and the gross budget, together with fees, charges and ring-fenced grant income, for 2022-23 split by policy line. Policy lines are specific areas within a service on which we report, monitor and control the budget. The purpose of this table is to show how the net budget for a Service Area changes over the period of the Business Plan.

Table 2

This presents additional detail on the net budget for 2022-23 split by policy line. The purpose of the table is to show how the budget for each policy line has been constructed: inflation, demography and demand, pressures, investments and savings are added to the opening budget to give the closing budget.

Table 3

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

- **Opening Gross Expenditure:**
The amount of money available to spend at the start of the financial year and before any adjustments are made. This reflects the final budget for the previous year.
- **Revised Opening Gross Expenditure:**
Adjustments that are made to the base budget to reflect permanent changes in a Service Area. This is usually to reflect a transfer of services from one area to another.
- **Inflation:**
Additional budget provided to allow for pressures created by inflation. These inflationary pressures are particular to the activities covered by the Service Area.

- **Demography and Demand:**
Additional budget provided to allow for pressures created by demography and increased demand. These demographic pressures are particular to the activities covered by the Service Area. Demographic changes are backed up by a robust programme to challenge and verify requests for additional budget.
- **Pressures:**
These are specific additional pressures identified that require further budget to support.
- **Investments:**
These are investment proposals where additional budget is sought, often as a one-off request for financial support in a given year and therefore shown as a reversal where the funding is time limited (a one-off investment is not a permanent addition to base budget).
- **Savings:**
These are savings proposals that indicate services that will be reduced, stopped or delivered differently to reduce the costs of the service. They could be one-off entries or span several years.
- **Total Gross Expenditure:**
The newly calculated gross budget allocated to the Service Area after allowing for all the changes indicated above. This becomes the Opening Gross Expenditure for the following year.
- **Fees, Charges & Ring-fenced Grants:**
This lists the fees, charges and grants that offset the Service Area's gross budget. The section starts with the carried forward figure from the previous year and then lists changes applicable in the current year.
- **Total Net Expenditure:**
The net budget for the Service Area after deducting fees, charges and ring-fenced grants from the gross budget.
- **Funding Sources:**
How the gross budget is funded – funding sources include cash limit funding (central Council funding from Council Tax, business rates and government grants), fees and charges, and individually listed ring-fenced grants.

Table 4

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

Table 5

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

Section 3 - A: People & Communities

Table 1: Revenue - Summary of Net Budget by Operational Division

Budget Period: 2022-23 to 2026-27

Net Revised Opening Budget 2021-22 £000	Policy Line	Gross Budget 2022-23 £000	Fees, Charges & Ring-fenced Grants 2022-23 £000	Net Budget 2022-23 £000	Net Budget 2023-24 £000	Net Budget 2024-25 £000	Net Budget 2025-26 £000	Net Budget 2026-27 £000
-22,510	Director of Adults and Safeguarding							
2,030	Strategic Management - Adults	-21,811	-611	-22,422	-22,422	-22,422	-22,422	-22,422
9,452	Transfers of Care	2,091	-	2,091	2,091	2,091	2,091	2,091
1,601	Prevention & Early Intervention	10,325	-425	9,900	9,778	9,728	9,728	9,728
1,578	Principal Social Worker, Practice and Safeguarding	1,905	-317	1,588	1,688	1,688	1,688	1,688
1,749	Autism and Adult Support	2,001	-66	1,935	2,256	2,565	2,869	3,181
	Adults Finance Operations	1,790	-	1,790	1,790	1,790	1,790	1,790
	<i>Learning Disability Partnership</i>							
8,629	Head of Service	11,843	-532	11,311	14,363	17,701	21,135	24,668
38,040	LD - City, South and East Localities	41,949	-2,360	39,589	41,710	43,172	44,061	44,951
33,130	LD - Hunts and Fenland Localities	36,438	-1,869	34,569	36,583	37,970	38,826	39,681
9,530	LD - Young Adults Team	10,025	-208	9,817	10,241	10,638	10,886	11,134
7,378	In House Provider Services	7,701	-182	7,519	7,519	7,519	7,519	7,519
-21,628	NHS Contribution to Pooled Budget	-	-23,569	-23,569	-24,569	-25,569	-25,569	-25,569
	<i>Older People and Physical Disability Services</i>							
15,106	Physical Disabilities	18,831	-2,518	16,313	17,809	18,914	19,693	20,473
23,094	OP - City & South Locality	36,120	-9,302	26,818	31,305	35,174	38,538	42,018
7,118	OP - East Cambs Locality	12,438	-4,136	8,302	9,916	11,089	12,112	13,353
12,617	OP - Fenland Locality	18,829	-4,127	14,702	17,251	19,460	21,310	23,236
14,700	OP - Hunts Locality	23,479	-6,202	17,277	20,286	22,930	24,729	27,092
	<i>Mental Health</i>							
1,846	Mental Health Central	1,960	-73	1,887	1,887	1,887	1,887	1,887
6,059	Adult Mental Health Localities	6,810	-411	6,399	6,772	7,108	7,363	7,619
6,500	Older People Mental Health	8,701	-966	7,735	8,771	9,585	10,258	10,943
156,019	Subtotal Director of Adults and Safeguarding	231,425	-57,874	173,551	195,025	213,018	228,492	245,061
	Director of Commissioning							
362	Strategic Management - Commissioning	1,361	-1,024	337	337	337	337	337
1,289	Access to Resource & Quality	1,324	-	1,324	1,324	1,324	1,324	1,324
300	Local Assistance Scheme	300	-	300	300	300	300	300
	<i>Adults Commissioning</i>							
13,947	Central Commissioning - Adults	49,557	-36,963	12,594	12,854	13,106	13,015	13,054
2,018	Integrated Community Equipment Service	8,042	-6,263	1,779	2,213	2,247	2,282	2,317
2,251	Mental Health Commissioning	2,643	-339	2,304	2,304	2,304	2,304	2,304
	<i>Childrens Commissioning</i>							
21,679	Children in Care Placements	23,122	-	23,122	24,352	25,621	26,886	28,096
323	Commissioning Services	819	-	819	819	819	819	819
42,169	Subtotal Director of Commissioning	87,168	-44,589	42,579	44,503	46,058	47,267	48,551

Section 3 - A: People & Communities

Table 1: Revenue - Summary of Net Budget by Operational Division

Budget Period: 2022-23 to 2026-27

Net Revised Opening Budget 2021-22 £000	Policy Line	Gross Budget 2022-23 £000	Fees, Charges & Ring-fenced Grants 2022-23 £000	Net Budget 2022-23 £000	Net Budget 2023-24 £000	Net Budget 2024-25 £000	Net Budget 2025-26 £000	Net Budget 2026-27 £000
	Director of Communities and Partnerships							
-21	Strategic Management - Communities and Partnerships	-26	-241	-267	-199	-199	-199	-199
3,511	Public Library Services	4,393	-821	3,572	3,622	3,672	3,672	3,672
-	Cambridgeshire Skills	2,312	-2,312	-	-	-	-	-
369	Archives	423	-45	378	378	378	378	378
109	Cultural Services	354	-242	112	112	112	112	112
-635	Registration & Citizenship Services	1,033	-1,842	-809	-809	-809	-809	-809
1,808	Coroners	2,858	-972	1,886	1,887	1,893	1,964	2,040
694	Trading Standards	708	-	708	708	708	708	708
918	Domestic Abuse and Sexual Violence Service	2,210	-1,354	856	856	856	856	856
470	Think Communities	527	-27	500	510	510	510	510
382	Youth and Community Services	579	-187	392	392	392	392	392
7,605	Subtotal Director of Communities and Partnerships	15,371	-8,043	7,328	7,457	7,513	7,584	7,660
	Director of Children & Safeguarding							
2,803	Strategic Management - Children & Safeguarding	2,955	-66	2,889	2,889	2,889	2,889	2,889
2,507	Safeguarding and Quality Assurance	2,958	-393	2,565	2,815	2,815	2,815	2,815
9,135	Fostering and Supervised Contact Services	10,095	-797	9,298	9,298	9,298	9,298	9,298
3,465	Corporate Parenting	7,529	-4,339	3,190	3,190	3,190	3,190	3,190
4,184	Integrated Front Door	4,560	-316	4,244	4,244	4,244	4,244	4,244
6,783	Children's Disability Service	8,046	-471	7,575	7,640	7,716	7,905	8,107
21	Support to Parents	1,554	-1,377	177	177	177	177	177
5,588	Adoption	6,219	-637	5,582	5,802	6,042	6,303	6,588
2,050	Legal Proceedings	2,091	-	2,091	2,091	2,091	2,091	2,091
1,028	Youth Offending Service	2,623	-1,282	1,341	1,341	1,341	1,341	1,341
	<i>District Delivery Service</i>							
-108	Children's Centres Strategy	61	-170	-109	61	61	61	61
943	Safeguarding West	1,026	-	1,026	1,026	1,026	1,026	1,026
4,831	Safeguarding East	4,966	-36	4,930	4,930	4,930	4,930	4,930
4,504	Early Help District Delivery Service - North	4,639	-19	4,620	4,620	4,620	4,620	4,620
4,572	Early Help District Delivery Service - South	5,022	-323	4,699	4,699	4,699	4,699	4,699
52,306	Subtotal Director of Children & Safeguarding	64,344	-10,226	54,118	54,823	55,139	55,589	56,076

Section 3 - A: People & Communities

Table 1: Revenue - Summary of Net Budget by Operational Division

Budget Period: 2022-23 to 2026-27

Net Revised Opening Budget 2021-22 £000	Policy Line	Gross Budget 2022-23 £000	Fees, Charges & Ring-fenced Grants 2022-23 £000	Net Budget 2022-23 £000	Net Budget 2023-24 £000	Net Budget 2024-25 £000	Net Budget 2025-26 £000	Net Budget 2026-27 £000
	Director of Education							
884	Strategic Management - Education	1,661	-751	910	910	910	910	910
2,330	Early Years Service	2,878	-504	2,374	2,374	2,374	2,374	2,374
1,002	School Improvement Service	1,776	-741	1,035	1,050	1,050	1,050	1,050
574	Schools Partnership Service	1,922	-1,373	549	549	549	549	549
-77	Outdoor Education (includes Grafham Water)	2,078	-2,155	-77	-77	-77	-77	-77
-	Cambridgeshire Music	1,625	-1,625	-	-	-	-	-
-200	ICT Service (Education)	1,886	-2,086	-200	-200	-200	-200	-200
3,728	Redundancy & Teachers Pensions	3,717	-	3,717	3,717	3,717	3,717	3,717
	<i>SEND Specialist Services (0 - 25 years)</i>							
10,846	SEND Specialist Services	11,594	-81	11,513	11,520	11,520	11,520	11,520
34,847	Funding to Special Schools and Units	34,846	-	34,846	34,846	34,846	34,846	34,846
28,846	High Needs Top Up Funding	28,846	-	28,846	28,846	28,846	28,846	28,846
13,846	SEN Placements	14,801	-955	13,846	13,846	13,846	13,846	13,846
3,834	Out of School Tuition	3,834	-	3,834	3,834	3,834	3,834	3,834
6,606	Alternative Provision and Inclusion	6,667	-60	6,607	6,607	6,607	6,607	6,607
-11,245	SEND Financing - DSG	-11,245	-	-11,245	-11,245	-11,245	-11,245	-11,245
	<i>0-19 Place Planning & Organisation Service</i>							
3,106	0-19 Organisation & Planning	4,066	-934	3,132	3,132	3,132	3,132	3,132
179	Education Capital	186	-5	181	181	181	181	181
14,868	Home to School Transport - Special	16,990	-114	16,876	18,642	20,957	23,986	27,431
1,589	Children in Care Transport	1,628	-	1,628	1,628	1,628	1,628	1,628
10,111	Home to School Transport - Mainstream	10,422	206	10,628	10,688	10,751	10,817	10,886
125,674	Subtotal Director of Education	140,178	-11,178	129,000	130,848	133,226	136,321	139,835
	Executive Director							
1,795	Executive Director	1,192	-271	921	1,944	2,676	2,676	2,676
1,266	P&C Lost Sales, Fees & Charges Compensation	-	179	179	-	-	-	-
20	Central Financing	20	-	20	20	20	20	20
3,081	Subtotal Executive Director	1,212	-92	1,120	1,964	2,696	2,696	2,696
-89,773	DSG Adjustment	-	-89,773	-89,773	-89,773	-89,773	-89,773	-89,773
	Future Years							
-	Inflation	-	-	-	4,952	10,901	16,912	22,987
-	Savings	-	-	-	-	-	-	-
297,081	P&C BUDGET TOTAL	539,698	-221,775	317,923	349,799	378,778	405,088	433,093

Section 3 - A: People & Communities

Table 2: Revenue - Net Budget Changes by Operational Division

Budget Period: 2022-23

Policy Line	Net Revised Opening Budget £000	Net Inflation £000	Demography & Demand £000	Pressures £000	Investments £000	Savings & Income Adjustments £000	Net Budget £000
Director of Adults and Safeguarding							
Strategic Management - Adults	-22,510	86	-	22	-	-20	-22,422
Transfers of Care	2,030	42	-	19	-	-	2,091
Prevention & Early Intervention	9,452	205	-	72	181	-10	9,900
Principal Social Worker, Practice and Safeguarding	1,601	25	-	82	-120	-	1,588
Autism and Adult Support	1,578	15	285	57	4	-4	1,935
Adults Finance Operations	1,749	35	-	6	-	-	1,790
<i>Learning Disability Partnership</i>							
Head of Service	8,629	106	2,722	399	-	-545	11,311
LD - City, South and East Localities	38,040	107	-	1,244	198	-	39,589
LD - Hunts and Fenland Localities	33,130	65	-	1,191	183	-	34,569
LD - Young Adults Team	9,530	33	-	357	51	-154	9,817
In House Provider Services	7,378	109	-	32	-	-	7,519
NHS Contribution to Pooled Budget	-21,628	-117	-	-	-	-1,824	-23,569
<i>Older People and Physical Disability Services</i>							
Physical Disabilities	15,106	51	722	463	78	-107	16,313
OP - City & South Locality	23,094	488	2,140	1,480	136	-520	26,818
OP - East Cambs Locality	7,118	155	748	515	67	-301	8,302
OP - Fenland Locality	12,617	283	1,116	883	103	-300	14,702
OP - Hunts Locality	14,700	296	1,458	973	100	-250	17,277
<i>Mental Health</i>							
Mental Health Central	1,846	37	-	4	-	-	1,887
Adult Mental Health Localities	6,059	21	220	119	28	-48	6,399
Older People Mental Health	6,500	162	592	454	39	-12	7,735
Subtotal Director of Adults and Safeguarding	156,019	2,204	10,003	8,372	1,048	-4,095	173,551
Director of Commissioning							
Strategic Management - Commissioning	362	-26	-	1	-	-	337
Access to Resource & Quality	1,289	25	-	10	-	-	1,324
Local Assistance Scheme	300	-	-	-	-	-	300
<i>Adults Commissioning</i>							
Central Commissioning - Adults	13,947	248	-	110	453	-2,164	12,594
Integrated Community Equipment Service	2,018	5	33	-	-	-276	1,779
Mental Health Commissioning	2,251	32	-	21	-	-	2,304
<i>Childrens Commissioning</i>							
Children in Care Placements	21,679	843	1,200	-	-	-600	23,122
Commissioning Services	323	-	-	496	-	-	819
Subtotal Director of Commissioning	42,169	1,127	1,233	638	453	-3,040	42,579

Section 3 - A: People & Communities

Table 2: Revenue - Net Budget Changes by Operational Division

Budget Period: 2022-23

Policy Line	Net Revised Opening Budget £000	Net Inflation £000	Demography & Demand £000	Pressures £000	Investments £000	Savings & Income Adjustments £000	Net Budget £000
Director of Communities and Partnerships							
Strategic Management - Communities and Partnerships	-21	4	-	-	-	-250	-267
Public Library Services	3,511	45	-	16	-	-	3,572
Cambridgeshire Skills	-	-	-	-	-	-	-
Archives	369	6	-	3	-	-	378
Cultural Services	109	2	-	1	-	-	112
Registration & Citizenship Services	-635	20	-	6	-	-200	-809
Coroners	1,808	11	57	10	-	-	1,886
Trading Standards	694	14	-	-	-	-	708
Domestic Abuse and Sexual Violence Service	918	8	-74	4	-	-	856
Think Communities	470	21	-	9	-	-	500
Youth and Community Services	382	7	-	3	-	-	392
Subtotal Director of Communities and Partnerships	7,605	138	-17	52	-	-450	7,328
Director of Children & Safeguarding							
Strategic Management - Children & Safeguarding	2,803	64	-	22	-	-	2,889
Safeguarding and Quality Assurance	2,507	40	-	18	-	-	2,565
Fostering and Supervised Contact Services	9,135	169	-	29	-	-35	9,298
Corporate Parenting	3,465	52	-	23	-	-350	3,190
Integrated Front Door	4,184	42	-	18	-	-	4,244
Children's Disability Service	6,783	55	154	583	-	-	7,575
Support to Parents	21	5	-	1	-	150	177
Adoption	5,588	75	159	10	-	-250	5,582
Legal Proceedings	2,050	41	-	-	-	-	2,091
Youth Offending Service	1,028	34	-	11	268	-	1,341
<i>District Delivery Service</i>							
Children's Centres Strategy	-108	-	-	-	-	-	-109
Safeguarding West	943	58	-	25	-	-	1,026
Safeguarding East	4,831	69	-	30	-	-	4,930
Early Help District Delivery Service - North	4,504	87	-	29	-	-	4,620
Early Help District Delivery Service - South	4,572	94	-	33	-	-	4,699
Subtotal Director of Children & Safeguarding	52,306	885	313	832	268	-485	54,118

Section 3 - A: People & Communities

Table 2: Revenue - Net Budget Changes by Operational Division

Budget Period: 2022-23

Policy Line	Net Revised Opening Budget £000	Net Inflation £000	Demography & Demand £000	Pressures £000	Investments £000	Savings & Income Adjustments £000	Net Budget £000
Director of Education							
Strategic Management - Education	884	19	-	7	-	-	910
Early Years Service	2,330	30	-	14	-	-	2,374
School Improvement Service	1,002	21	-	12	-	-	1,035
Schools Partnership Service	574	18	-	7	-	-50	549
Outdoor Education (includes Grafham Water)	-77	-	-	-	-	-	-77
Cambridgeshire Music	-	-	-	-	-	-	-
ICT Service (Education)	-200	-	-	-	-	-	-200
Redundancy & Teachers Pensions	3,728	-10	-	-	-	-	3,717
<i>SEND Specialist Services (0 - 25 years)</i>							
SEND Specialist Services	10,846	72	-	595	-	-	11,513
Funding to Special Schools and Units	34,847	-	-	-	-	-	34,846
High Needs Top Up Funding	28,846	-	-	-	-	-	28,846
SEN Placements	13,846	-	-	-	-	-	13,846
Out of School Tuition	3,834	-	-	-	-	-	3,834
Alternative Provision and Inclusion	6,606	1	-	-	-	-	6,607
SEND Financing - DSG	-11,245	-	-	-	-	-	-11,245
<i>0-19 Place Planning & Organisation Service</i>							
0-19 Organisation & Planning	3,106	17	-	9	-	-	3,132
Education Capital	179	1	-	1	-	-	181
Home to School Transport - Special	14,868	474	1,912	2	-	-380	16,876
Children in Care Transport	1,589	40	-	-1	-	-	1,628
Home to School Transport - Mainstream	10,111	320	-207	1	-	403	10,628
Subtotal Director of Education	125,674	1,003	1,705	647	-	-27	129,000
Executive Director							
Executive Director	1,795	15	-	-889	-	-	921
P&C Lost Sales, Fees & Charges Compensation	1,266	-	-	-	-	-1,087	179
Central Financing	20	-	-	-	-	-	20
Subtotal Executive Director	3,081	15	-	-889	-	-1,087	1,120
DSG Adjustment	-89,773	-	-	-	-	-	-89,773
Public Health Ring-fenced Grant and Fees & Charges							-
P&C BUDGET TOTAL	297,081	5,372	13,237	9,652	1,769	-9,184	317,923

Section 3 - A: People and Communities

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

		Detailed Plans	Outline Plans					
Ref	Title	2022-23 £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	Description	Committee
1	OPENING GROSS EXPENDITURE	507,957	539,696	573,259	603,720	630,518		
A/R.1.001	Permanent Virement - PVs	9,660	-	-	-	-	Permanent Virement - PVs	A&H
A/R.1.002	Budget prep adjustments ICT Service (Education) from CS to P&C	-200	-	-	-	-	Budget prep adjustments ICT Service (Education) from CS to P&C	A&H
A/R.1.003	Base Adjustment - Centrally Managed DSG	-751	-	-	-	-	Increase in High Needs Block Dedicated Schools Grant (DSG) baseline following increases in funding and transfers from Schools Block in 2020/21.	C&YP
A/R.1.020	Adults Rebaselining Demand	-5,750	-	-	-	-	We are seeing a net underspend on the Adults Social Care budget for 2021-22 as a result of the devastating impact of COVID-19 on the people we support. This is reflected by a reduction in the baseline budget.	A&H
A/R.1.021	Learning Disabilities Budget Rebaseline	2,500	-	-	-	-	Budget rebaseline to account for increased demand caused by a rising complexity in service user needs and latent demand linked to the Covid pandemic.	A&H
1.999	REVISED OPENING GROSS EXPENDITURE	513,416	539,696	573,259	603,720	630,518		
2	INFLATION							
A/R.2.001	Centrally funded inflation - Staff pay and employment costs	1,774	1,809	1,841	1,873	1,906	Forecast pressure from inflation relating to pay and employment costs. 2% pay inflation has been budgeted for years 1 and 2, with 1% for years 3-5.	CS&I, C&YP, A&H
A/R.2.002	Centrally funded inflation - Care Providers	1,866	1,984	2,918	2,918	2,918	Forecast pressure from general inflation relating to care providers, particularly on residential and nursing care for older people. Further pressure funding is provided below to enable the cost of the rising minimum wage to be factored into rates paid to providers.	A&H
A/R.2.003	Centrally funded inflation - Children in Care placements	1,034	742	760	777	795	Net inflation across the relevant Children in Care budgets is currently forecast at 3.2%.	C&YP
A/R.2.004	Centrally funded inflation - Transport	889	608	621	634	647	Forecast pressure for inflation relating to transport. This is estimated at 3.1%.	C&YP
A/R.2.005	Centrally funded inflation - Miscellaneous other budgets	279	285	291	297	303	Forecast pressure from inflation relating to miscellaneous other budgets, on average this is calculated at 0.1% increase.	CS&I, C&YP, A&H
2.999	Subtotal Inflation	5,842	5,428	6,431	6,499	6,569		

Section 3 - A: People and Communities

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

		Detailed Plans		Outline Plans			Description	Committee
Ref	Title	2022-23 £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000		
3	DEMOGRAPHY AND DEMAND							
A/R.3.002	Funding for additional Physical Disabilities demand	722	917	643	543	543	Additional funding to ensure we meet the increased demand for care for people with physical disabilities. The current pattern of activity and expenditure is modelled forward using population forecasts and activity data and we estimate that numbers will increase by 6.7% each year. Account is then taken of increasing complexity as a result of increasing need, in particular, more hours of domiciliary care are being provided per person. This work has supported the case for additional funding of £722k in 2022-23 to ensure we can continue to provide the care for people who need it.	A&H
A/R.3.003	Additional funding for Autism and Adult Support demand	285	257	264	272	280	Additional funding to ensure we meet the rising level of needs amongst people with autism and other vulnerable people. It is expected that 36 people will enter this service in 2022/23. £35k has been added to the demand amount for additional resource to support the increasing number of referrals the team is seeing.	A&H
A/R.3.004	Additional funding for Learning Disability Partnership (LDP) demand	2,722	3,244	3,338	3,434	3,533	Additional funding to ensure we meet the rising level of needs amongst people with learning disabilities - We need to invest an additional £1,241k in 2022/23 to provide care for a projected 41 new service users (primarily young people) who outnumber the number of people leaving services. We also need to invest £1,167k in the increasing needs of existing service users and the higher complexity we are seeing in adults over age 25. A further £314k is needed to cover the full year effect of new service users joining the LDP in 2021/22. We're therefore allocating a total of £2,722k as the council's share to this pooled budget to ensure we provide the right care for people with learning disabilities.	A&H
A/R.3.005	Funding for Adult Mental Health Demand	220	206	191	192	193	Additional funding to ensure we meet the increased demand for care amongst working age adults with mental health needs. The current pattern of activity and expenditure is modelled forward using population forecasts and data relating to the prevalence of mental health needs, and we estimate that numbers will increase by about 1.5% each year. Some account is taken of the recovery over time of clients in receipt of section 117 aftercare and the additional demand this is placing on social care funding streams. This work has supported the case for additional funding of £220k in 2022-23 to ensure we can continue to provide the care for people who need it.	A&H
A/R.3.006	Additional funding for Older People demand	5,462	6,420	6,527	6,259	6,299	Additional funding to ensure we meet the increased demand for care amongst older people, providing care at home as well as residential and nursing placements. Population growth in Cambridgeshire and the fact that people are living longer results in steeply increasing numbers of older people requiring care. We estimate that numbers will increase by around 5.6% each year. Account is then taken of increasing complexity of cases coming through the service. This work has supported the case for additional funding of £5,462k in 2022-23 to ensure we can continue to provide the care for people who need it.	A&H

Section 3 - A: People and Communities

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

		Detailed Plans		Outline Plans			Description	Committee
Ref	Title	2022-23 £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000		
A/R.3.007	Funding for Older People Mental Health Demand	592	461	401	372	384	Additional funding to ensure we meet the increased demand for care amongst older people with mental health needs, providing care at home as well as residential and nursing placements. The current pattern of activity and expenditure is modelled forward using population forecasts to estimate the additional budget requirement for each age group and type of care. We estimate that numbers will increase by about 3.3% each year. Some account is then taken of the recovery over time of clients in receipt of section 117 aftercare and the additional demand this is placing on social care funding streams. This work has supported the case for additional funding of £592k in 2022-23 to ensure we can continue to provide the care for people who need it.	A&H
A/R.3.008	Home to school transport mainstream	57	60	63	66	69	Additional funding required to provide home to school transport for pupils attending mainstream schools. This additional funding is required due to the anticipated 2.8% increase in the number of pupils attending Cambridgeshire's schools in 2021-22.	C&YP
A/R.3.010	Funding for Home to School Special Transport demand	2,051	2,336	2,660	3,029	3,445	Additional funding required to provide transport to education provision for children and young people with special educational needs (SEN). The additional funding is needed as there are increasing numbers of children with SEN and there is a trend towards increasingly complex needs, often requiring bespoke transport solutions.	C&YP
A/R.3.011	Funding for rising numbers and need of Children in Care	1,200	1,230	1,269	1,265	1,210	Additional budget required to provide care for children who become looked after. Whilst children in care numbers have begun to reduce in Cambridgeshire as a result of the implementation of the Family Safeguarding model, at the same time we are experiencing an increase in the complexity of need and therefore the cost of suitable placements. The additional investment will ensure we can fully deliver our responsibilities as corporate parents and fund suitable foster, residential or other supported accommodation placements for all children entering care.	C&YP
A/R.3.016	Funding for additional Special Guardianship Orders demand costs	159	220	240	261	285	Additional funding required to cover the cost of placing children with extended family and other suitable guardians. For children who come into the care system we need to invest in guardianship placements which provide stable, loving and permanent care for these children.	C&YP
A/R.3.017	Funding for additional demand for Community Equipment	33	34	34	35	35	Over the last five years, our social work strategy has been successful in supporting a higher proportion of older people and people with disabilities to live at home (rather than requiring residential care). Additional funding is required to maintain the proportion of service users supported to live independently, through the provision of community equipment and home adaptations. This requirement is important in the context of a rising population and the increasing complexity of the needs of the people in question.	A&H

Section 3 - A: People and Communities

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

		Detailed Plans	Outline Plans					
Ref	Title	2022-23 £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	Description	Committee
A/R.3.018	Coroner Service	57	61	66	71	76	Demand for Coroner Services is expected to continue to rise due to the increasing population size, and the ongoing impact of the Covid-19 pandemic.	CS&I
A/R.3.019	Children with Disabilities	154	165	176	189	202	Additional funding required for the increase in care packages provided for children and young people with disabilities under the age of 18 years.	C&YP
A/R.3.023	COVID Impact - Home to School Transport Mainstream demand	-264	-	-	-	-	Reversal of funding to support additional costs up to the end of the summer term 2021.	C&YP
A/R.3.024	COVID Impact - Home to School Transport Special demand	-139	-	-	-	-	Reversal of additional funding to support special schools to continue to travel in bubbles up to the end of the summer term 2021.	C&YP
A/R.3.025	COVID Impact - Domestic Abuse Service	-74	-	-	-	-	Reversal of funding to support an increased demand for Domestic Abuse services during 2021/22.	CS&I
3.999	Subtotal Demography and Demand	13,237	15,611	15,872	15,988	16,554		

Section 3 - A: People and Communities

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

		Detailed Plans	Outline Plans					
Ref	Title	2022-23 £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	Description	Committee
4	PRESSURES							
A/R.4.009	Impact of National Living Wage (NLW) on Adult Social Care Contracts	7,172	7,565	4,833	4,833	4,833	Based on projections by the Office for Budget Responsibility, the NLW will rise 59p (6.6%) in 2022/23. This will have an impact on the cost of purchasing care from external providers. Pressures in later years follow OBR estimates and assume a 6.7% increase in 2023/24, followed by increases closer to 4%.	A&H
A/R.4.014	Personal Protective Equipment	-900	-	-	-	-	- Temporary pressure funding was budgeted for in 2021/22 based on an expectation that the Council would need to pay for the large amount of personal protective equipment it was using to deliver front-line services. Government funded PPE throughout 2021/22, however, and so this funding was not used. If PPE continues to be required into 2022/23 we would expect the government funding scheme to continue.	A&H, C&YP
A/R.4.022	Dedicated Schools Grant Contribution to Combined Budgets	-	1,000	732	-	-	- Based on historic levels of spend, an element of the Dedicated Schools Grant (DSG) spend is retained centrally and contributes to the overall funding for the LA. Schools Forum is required to approve the spend on an annual basis and, following national changes, these historic commitments/arrangements will unwind over time. This pressure reflects the reduction in the contribution to combined budgets, which is subject to an annual decision by Schools Forum.	C&YP
A/R.4.023	Libraries to serve new developments	-	50	50	-	-	- Revenue costs of providing library services to new communities.	CS&I
A/R.4.036	Decapitalisation of Community Equipment	-	400	-	-	-	- Decapitalisation of Community Equipment	A&H
A/R.4.037	Occupational Therapy – Children's	496	-	-	-	-	- Revised Section 75 Occupational Therapy (OT) agreement with Cambridgeshire Community Services NHS Trust (CCS) to fund additional children's social care elements in respect of housing adaptations, disabled facilities grants and assessments.	C&YP
A/R.4.038	SEND Capacity	565	-	-	-	-	- Additional capacity required to meet statutory responsibilities due to increasing number of Education Health and Care Plans (EHCPs) and complexity of need.	C&YP
A/R.4.039	Children's Disability	400	-	-	-	-	- Cost pressures within the in-house residential short breaks service following the in-sourcing of provision.	C&YP
A/R.4.040	Increased staffing within the Young Adults Team	149	-	-	-	-	- To increase the existing staffing structure within the Young Adult's Team, in order to better manage demand verses capacity, and deliver a safe, cost-effective service.	A&H
A/R.4.041	Additional Resource – Quality and Practice Team	68	-	-	-	-	- Investment to fund three auditors for the Quality and Practice team in order to ensure we are meeting our statutory responsibilities in the new assurance framework, which will be overseen by the Care Quality Commission inspection.	A&H
A/R.4.042	Impact of the Health and Social Care Levy on care providers	1,000	-	-	-	-	- The new Health and Social Care Levy will come into effect in April 2022, initially as an increase in NI. The cost to employers will be a 1.25% increase on NI contributions and we expect the care market to pass the cost of this onto us in increased placement prices.	A&H
A/R.4.043	Increase in National Insurance - Council staff	698	-	-	-	-	- Impact on P&C of the £998k increase on National Insurance for council staff	A&H
4.999	Subtotal Pressures	9,648	9,015	5,615	4,833	4,833		

Section 3 - A: People and Communities

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

		Detailed Plans		Outline Plans			Description	Committee
Ref	Title	2022-23 £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000		
A/R.6.185	Additional block beds - inflation saving	-390	-263	-277	-291	-	- Through commissioning additional block beds, we can reduce the amount of inflation funding needed for residential and nursing care. Block contracts have set uplifts each year, rather than seeing inflationary increases each time new spot places are commissioned.	A&H
A/R.6.188	Micro-enterprises Support	-133	-	-	-	-	- Transformation funding has been agreed to enable us to develop a new approach to supporting the care market, focussing on developing "micro-enterprises" which are small local businesses who will be able to develop a more flexible and local approach to the provision of domiciliary care. As well as benefits to an increased local approach and competition, this work should result in a more locally responsive service, more consistent carers and a lower cost of care overall.	A&H
A/R.6.190	iBCF	-240	-	-	-	-	- Contribution from the Improved Better Care Fund to contribute to demand pressures in Adult Social Care.	A&H
A/R.6.191	Extra Care	-87	-	-	-	-	- A number of Older Peoples extra care schemes were retendered for 2021-22 and have delivered savings totalling £87k across four schemes. Savings were not identified in time to be incorporated into the 21/22 business planning cycle, but can now be accounted for.	A&H
A/R.6.192	LD outreach service expansion	-50	-	-	-	-	- Develop the outreach function of the Learning Disabilities Partnership (LDP) to offer a more flexible and responsive type of support which will also be a lower cost solution.	A&H
A/R.6.193	Savings from expansion of Enhanced Response Service	-210	-	-	-	-	- Extension of the Enhanced Response Service to deliver earlier intervention, preventing escalation of need and associated cost avoidance.	A&H
A/R.6.194	Interim and respite bed recommissioning	-412	70	-	-	-	- Savings generated from the redesign and recommissioning of interim and respite bed provision in care homes. This has created a more efficient model and therefore generated the Council cashable savings and potential for further cost avoidance. There is a reinvestment of £70k in 2023/24 to expand the new model, if evidence shows it delivers better outcomes.	A&H
A/R.6.195	Expanding support for Informal carers	-219	-	-	-	-	- Investment proposal A/R.5.010 seeks investment into a range of additional support to carers to maintain their caring role for longer delaying the need for individuals requiring higher cost and longer term adult social care.	A&H
A/R.6.197	Community Equipment Service contract retender	-121	-	-	-	-	- The contract for the community equipment service has been retendered, with the new contract beginning in April 2022. This is a pooled budget with the NHS. The retender will deliver £252k savings to the pool, the Council's share of which is 48.2%.	A&H
A/R.6.198	Decommissioning of domiciliary care block provision	-236	-	-	-	-	- As part of the Council's strategic plan for domiciliary care, a number of the under-utilised rapid discharge and transition cars funded by the local authority are being decommissioned, with demand being met in alternative ways.	A&H
A/R.6.199	Independent Living Service - Huntingdonshire	-	-	-	-478	-	- We are exploring alternative models of delivery for residential and nursing care provision, including a tenancy based model that should deliver savings to the council.	A&H

Section 3 - A: People and Communities

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

		Detailed Plans		Outline Plans				
Ref	Title	2022-23 £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	Description	Committee
	C&YP							
A/R.6.255	Children in Care Placements	-600	-	-	-	-	- Management of demand and fee negotiation	C&YP
A/R.6.256	Delivering Greater Impact for Troubled Families	150	-	-	-	-	- Reversal of previous saving made by increased 'payment by results' income following the end of the Troubled Families grant.	C&YP
A/R.6.257	Special Guardianship Orders	-250	-	-	-	-	- Following the 2019 implementation of Family Safeguarding, there has been a reduction in care proceedings resulting in an inherent budget underspend in relation to allowances for Special Guardianship Order arrangements. This offers the opportunity to offer a saving with no impact on users of the service.	C&YP
A/R.6.267	Children's Disability 0-25 Service	-	-100	-100	-	-	- The Children's Disability 0-25 service has been restructured into teams (from units) to align with the structure in the rest of children's social care. This has released a permanent saving on staffing budgets. In future years, ways to reduce expenditure on providing services to children will be explored in order to bring our costs down to a level closer to that of our statistical neighbours.	C&YP
A/R.6.268	Social Care and Education Transport	-380	-570	-345	-	-	- Deliver savings through a review and retendering of routes serving special schools, and an operational review the transport service.	C&YP
A/R.6.269	Virtual School	-50	-	-	-	-	- Maximising use of existing grants	C&YP
A/R.6.271	Maximising use of existing grants	-350	-	-	-	-	- Contribution towards Children's Social Care from existing grant allocations, allowable under conditions of grant	C&YP
	CS&I							
A/R.6.290	Registrars	-200	-	-	-	-	- Additional income through the diversification of some of the services provided by the Registration Service, and increasing existing ceremonial capacity.	CS&I
A/R.6.291	Communities and Partnerships Efficiencies	-250	-	-	-	-	- Savings across the service directorate through the identification of further efficiencies and process improvements.	CS&I
A/R.6.293	Coroners service - temporary staff for inquests	-	-60	-60	-	-	- Reversal of temporary funded posts required to clear backlog of cases	CS&I
6.999	Subtotal Savings	-4,216	-1,199	-1,076	-931	-		

Section 3 - A: People and Communities

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

		Detailed Plans	Outline Plans					
Ref	Title	2022-23 £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	Description	Committee
	TOTAL GROSS EXPENDITURE	539,696	573,259	603,720	630,518	659,017		
7	FEES, CHARGES & RING-FENCED GRANTS							
A/R.7.001	Previous year's fees, charges & ring-fenced grants	-205,427	-221,774	-223,461	-224,943	-225,431	Previous year's fees and charges for the provision of services and ring-fenced grant funding rolled forward.	0
A/R.7.002	Changes to Fees and Charges from previous year	-11,660	-	-	-	-	Adjustment for permanent changes to income expectation from decisions made in 2021-22.	0
A/R.7.002	Changes to fees and charges compared to 2021-22	-	-	-	-	-	Adjustment for changes to income expectation from decisions made during budget preparation period and permanent changes made during 2020-21.	A&H, C&YP
A/R.7.003	Fees and charges inflation	-470	-476	-482	-488	-494	Increase in external charges to reflect inflation pressures on the costs of services.	0
	Changes to fees & charges							
A/R.7.107	COVID Impact - Education income	-107	-	-	-	-	Reversal of funding to support the reduction in traded income streams across Education to the end of the summer term 2021.	C&YP
A/R.7.108	COVID Impact - Outdoor Centres	-766	-114	-	-	-	Reversal of funding to support a reduction of income to the end of the summer term 2021.	C&YP
A/R.7.109	COVID Impact - School Absence Penalty Notices	-150	-	-	-	-	Reversal of funding to support reduced income from Absence Penalty Notices in 2021-22.	C&YP
A/R.7.110	COVID Impact - Registration Service	-64	-65	-	-	-	Reversal of funding to support a reduced level of income in the early part of 2021-22.	CS&I
A/R.7.111	Client Contributions Policy Changes	-562	-325	-	-	-	The contributions policy for adult social care was revised by Adults Committee in 2020. This line reflects the additional income into 2022/23 as reassessments are carried out, including a projected re-pahsing needed due to the impact of Covid on the reassessment plan.	A&H
A/R.7.112	Community Equipment Pooled Budget	-155	-	-	-	-	The ICES community equipment budget is a pooled budget with the CCG. As part of the re-tendering process, the budget contributions were reviewed and the health contribution will be increasing for next financial year by £155k per annum.	A&H
A/R.7.113	Learning Disability Partnership Pooled Budget	-1,824	-1,000	-1,000	-	-	In Cambridgeshire most spend on care for people with learning disabilities is paid for from the Learning Disability Pooled Budget, to which both the Council and NHS contribute. In November 2019, Adults Committee agreed funding for a programme of work to review the relative health and social care needs of people with learning disabilities to establish if the Council and NHS contributions to the pool should be rebaselined. While this work has been delayed due to Covid and is now expected to be undertaken in 2021/22, early work on a sample of cases suggests a rebaselining will likely be in the Council's favour. This line is based on the outcomes for that sample being representative, with some dampening.	A&H

Section 3 - A: People and Communities

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

		Detailed Plans		Outline Plans			Description	Committee
Ref	Title	2022-23 £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000		
	Changes to ring-fenced grants							
A/R.7.201	Change in Public Health Grant	-	293	-	-	-	- Change in ring-fenced Public Health grant to reflect expected treatment as a corporate grant from 2023-24, due to removal of ring-fence.	0
A/R.7.202	Home to School Transport - grant funding	403	-	-	-	-	- Reversal of the additional DFE Home to School Transport Grant relating to Covid-19.	C&YP
A/R.7.203	Increase in Staying Put grant	-35	-	-	-	-	- Increase in Staying Put grant	C&YP
A/R.7.209	Centrally Managed DSG funding	751	-	-	-	-	- Revised High Needs Block Dedicated Schools Grant (DSG) baseline following increases in funding and transfers from Schools Block. To be updated on receipt of final DSG allocations.	C&YP
A/R.7.210	Uplift in Better Care Fund	-1,688	-	-	-	-	- The 2021/22 and anticipated 2022/23 Better Care Fund annual uplifts have not been fully allocated and this enables us to utilise these funds to offset the demand pressures in Adult Social Care in line with the national conditions of the grant.	A&H
A/R.7.211	Increase in Social Care in Prisons grant	-20	-	-	-	-	- The increase in the Social Care in Prisons grant for 2021/22 was announced too late to be reflected in the Business Planning tables for 2021/22.	A&H
7.999	Subtotal Fees, Charges & Ring-fenced Grants	-221,774	-223,461	-224,943	-225,431	-225,925		
	TOTAL NET EXPENDITURE	317,922	349,798	378,777	405,087	433,092		

Section 3 - A: People and Communities

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

		Detailed Plans	Outline Plans					
Ref	Title	2022-23 £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	Description	Committee
FUNDING SOURCES								
8	FUNDING OF GROSS EXPENDITURE							
A/R.8.001	Budget Allocation	-317,922	-349,798	-378,777	-405,087	-433,092	Net spend funded from general grants, business rates and Council Tax.	C&P, C&YP, Adults A&H, C&YP
A/R.8.002	Fees & Charges	-82,650	-84,630	-86,112	-86,600	-87,094	Fees and charges for the provision of services.	
A/R.8.003	Expected income from Cambridgeshire Maintained Schools	-7,783	-7,783	-7,783	-7,783	-7,783	Expected income from Cambridgeshire maintained schools.	C&YP
A/R.8.004	Dedicated Schools Grant (DSG)	-89,772	-89,772	-89,772	-89,772	-89,772	Elements of the DSG centrally managed by P&C to support High Needs and central services.	C&YP
A/R.8.005	Better Care Fund (BCF) Allocation for Social Care	-18,638	-18,638	-18,638	-18,638	-18,638	The NHS and County Council pool budgets through the Better Care Fund (BCF), promoting joint working. This line shows the revenue funding flowing from the BCF into Social Care.	A&H
A/R.8.007	Youth Justice Board Good Practice Grant	-500	-500	-500	-500	-500	Youth Justice Board Good Practice Grant.	C&YP
A/R.8.009	Social Care in Prisons Grant	-359	-359	-359	-359	-359	Care Act New Burdens funding.	A&H
A/R.8.011	Improved Better Care Fund	-14,725	-14,725	-14,725	-14,725	-14,725	Improved Better Care Fund grant.	A&H
A/R.8.012	Cambridgeshire and Peterborough Combined Authority / Education and Skills Funding Agency Grant	-2,080	-2,080	-2,080	-2,080	-2,080	Ring-fenced grant funding for the Adult Learning and Skills service.	CS&I
A/R.8.015	Staying Put Implementation Grant	-210	-210	-210	-210	-210	DfE funding to support young people to continue to live with their former foster carers once they turn 18	C&YP
A/R.8.016	Unaccompanied Asylum Seeking Children (UASC)	-3,400	-3,400	-3,400	-3,400	-3,400	Home Office funding to reimburse costs incurred in supporting and caring for unaccompanied asylum seeking children	C&YP
A/R.8.018	Pupil Premium Grant	-1,364	-1,364	-1,364	-1,364	-1,364	Deployment of Pupil Premium Grant to support the learning outcomes of care experienced children	C&YP
A/R.8.401	Public Health Funding	-293	-	-	-	-	Funding transferred to Service areas where the management of Public Health functions will be undertaken by other County Council officers, rather than directly by the Public Health Team.	CS&I, C&YP, A&H
8.999	TOTAL FUNDING OF GROSS EXPENDITURE	-539,696	-573,259	-603,720	-630,518	-659,017		

Section 3 - D: Public Health

Table 1: Revenue - Summary of Net Budget by Operational Division

Budget Period: 2022-23 to 2026-27

Net Revised Opening Budget 2021-22 £000	Policy Line	Gross Budget 2022-23 £000	Fees, Charges & Ring-fenced Grants 2022-23 £000	Net Budget 2022-23 £000	Net Budget 2023-24 £000	Net Budget 2024-25 £000	Net Budget 2025-26 £000	Net Budget 2026-27 £000
	Children Health							
7,271	Children 0-5 PH Programme	10,525	-3,254	7,271	7,271	7,271	7,271	7,271
1,705	Children 5-19 PH Programme - Non Prescribed	1,705	-	1,705	1,705	1,705	1,705	1,705
341	Children Mental Health	341	-	341	341	341	341	341
9,317	Subtotal Children Health	12,571	-3,254	9,317	9,317	9,317	9,317	9,317
	Drugs & Alcohol							
5,420	Drug & Alcohol Misuse	5,717	-300	5,417	5,417	5,417	5,417	5,417
5,420	Subtotal Drugs & Alcohol	5,717	-300	5,417	5,417	5,417	5,417	5,417
	Sexual Health & Contraception							
3,750	SH STI testing & treatment - Prescribed	3,685	-	3,685	3,685	3,685	3,685	3,685
1,096	SH Contraception - Prescribed	1,096	-	1,096	1,096	1,096	1,096	1,096
444	SH Services Advice Prevention/Promotion - Non-Prescribed	544	-103	441	441	441	441	441
5,290	Subtotal Sexual Health & Contraception	5,325	-103	5,222	5,222	5,222	5,222	5,222
	Behaviour Change / Preventing Long Term Conditions							
1,980	Integrated Lifestyle Services	2,654	-703	1,951	1,951	1,951	1,951	1,951
426	Other Health Improvement	589	-180	409	409	409	409	409
683	Smoking Cessation GP & Pharmacy	561	-	561	561	561	561	561
625	NHS Health Checks Programme - Prescribed	575	-	575	575	575	575	575
3,714	Subtotal Behaviour Change / Preventing Long Term Conditions	4,379	-883	3,496	3,496	3,496	3,496	3,496
	Falls Prevention							
87	Falls Prevention	87	-	87	87	87	87	87
87	Subtotal Falls Prevention	87	-	87	87	87	87	87
	General Prevention Activities							
12	General Prevention, Traveller Health	1	-	1	1	1	1	1
12	Subtotal General Prevention Activities	1	-	1	1	1	1	1
	Adult Mental Health & Community Safety							
256	Adult Mental Health & Community Safety	256	-	256	256	256	256	256
256	Subtotal Adult Mental Health & Community Safety	256	-	256	256	256	256	256

Section 3 - D: Public Health

Table 1: Revenue - Summary of Net Budget by Operational Division

Budget Period: 2022-23 to 2026-27

Net Revised Opening Budget 2021-22 £000	Policy Line	Gross Budget 2022-23 £000	Fees, Charges & Ring-fenced Grants 2022-23 £000	Net Budget 2022-23 £000	Net Budget 2023-24 £000	Net Budget 2024-25 £000	Net Budget 2025-26 £000	Net Budget 2026-27 £000
	Public Health Directorate							
	- Public Health Strategic Management	-	-	-	-	-	-	-
-24,096	Public Health Directorate Staffing and Running Costs	3,509	-27,305	-23,796	2,793	2,793	2,793	2,793
	- Test and Trace Support Grant	-	-	-	-	-	-	-
	- Enduring Transmission Grant	-	-	-	-	-	-	-
	- Contain Outbreak Management Fund	-	-	-	-	-	-	-
	- Community Testing Grant	-	-	-	-	-	-	-
-24,096	Subtotal Public Health Directorate	3,509	-27,305	-23,796	2,793	2,793	2,793	2,793
	Future Years							
	- Inflation	-	-	-	19	38	57	76
	- Savings	-	-	-				
	- PUBLIC HEALTH TOTAL	31,845	-31,845	-	26,608	26,627	26,646	26,665

Section 3 - D: Public Health

Table 2: Revenue - Net Budget Changes by Operational Division

Budget Period: 2021-22

Policy Line	Net Revised Opening Budget £000	Net Inflation £000	Demography & Demand £000	Pressures £000	Investments £000	Savings & Income Adjustments £000	Net Budget £000
Children Health							
Children 0-5 PH Programme	7,271	-	-	-	-	-	7,271
Children 5-19 PH Programme - Non Prescribed	1,705	-	-	-	-	-	1,705
Children Mental Health	341	-	-	-	-	-	341
Subtotal Children Health	9,317	-	-	-	-	-	9,317
Drugs & Alcohol							
Drug & Alcohol Misuse	5,420	-3	-	-	-	-	5,417
Subtotal Drugs & Alcohol	5,420	-3	-	-	-	-	5,417
Sexual Health & Contraception							
SH STI testing & treatment - Prescribed	3,750	-	-	-	-	-65	3,685
SH Contraception - Prescribed	1,096	-	-	-	-	-	1,096
SH Services Advice Prevention/Promotion - Non-Prescribed	444	-3	-	-	-	-	441
Subtotal Sexual Health & Contraception	5,290	-3	-	-	-	-65	5,222
Behaviour Change / Preventing Long Term Conditions							
Integrated Lifestyle Services	1,980	-21	-	-	-	-8	1,951
Other Health Improvement	426	-2	-	-	-	-15	409
Smoking Cessation GP & Pharmacy	683	-	-	-	-	-122	561
NHS Health Checks Programme - Prescribed	625	-	-	-	-	-50	575
Subtotal Behaviour Change / Preventing Long Term Conditions	3,714	-23	-	-	-	-195	3,496
Falls Prevention							
Falls Prevention	87	-	-	-	-	-	87
Subtotal Falls Prevention	87	-	-	-	-	-	87
General Prevention Activities							
General Prevention, Traveller Health	12	-	-	-	-	-11	1
Subtotal General Prevention Activities	12	-	-	-	-	-11	1

Section 3 - D: Public Health

Table 2: Revenue - Net Budget Changes by Operational Division

Budget Period: 2021-22

Policy Line	Net Revised Opening Budget £000	Net Inflation £000	Demography & Demand £000	Pressures £000	Investments £000	Savings & Income Adjustments £000	Net Budget £000
Adult Mental Health & Community Safety							
Adult Mental Health & Community Safety	256	-	-	-	-	-	256
Subtotal Adult Mental Health & Community Safety	256	-	-	-	-	-	256
Public Health Directorate							
Public Health Strategic Management	-	-	-	-	-	-	-
Public Health Directorate Staffing and Running Costs	-24,096	47	-	-	125	128	-23,796
Test and Trace Support Grant	-	-	-	-	-	-	-
Enduring Transmission Grant	-	-	-	-	-	-	-
Contain Outbreak Management Fund	-	-	-	-	-	-	-
Community Testing Grant	-	-	-	-	-	-	-
Subtotal Public Health Directorate	-24,096	47	-	-	125	128	-23,796
PUBLIC HEALTH TOTAL	-	18	-	-	125	-143	-

Section 3 - E: Public Health

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

		Detailed Plans		Outline Plans			Description	Committee
Ref	Title	2022-23 £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000		
1	OPENING GROSS EXPENDITURE	30,095	31,846	31,895	31,945	31,996		
E/R.1.002	Changes to opening budgets made in 2021/22	1,906	-	-	-	-	This line reflects permanent virements made in 2021-22 due to the Public Health grant and service income exceeding the budgeted amount for the year.	A&H
1.999	REVISED OPENING GROSS EXPENDITURE	32,001	31,846	31,895	31,945	31,996		
2 E/R.2.001	INFLATION Inflation	48	49	50	51	52	Inflation for the public health budgets, mainly for staffing.	A&H
2.999	Subtotal Inflation	48	49	50	51	52		
3	DEMOGRAPHY AND DEMAND							
3.999	Subtotal Demography and Demand	-	-	-	-	-		
4	PRESSURES							
4.999	Subtotal Pressures	-	-	-	-	-		
5 E/R.5.007	INVESTMENTS Health impact assessments	125	-	-	-	-	Health impact assessment is a systematic approach to identifying differential health impacts of proposed and implemented policies, programmes, and projects within a democratic, equitable, sustainable and ethical framework. It identifies both positive and negative health impacts so that the positive health effects can be maximised, and the negative impacts minimised within an affected community	A&H
5.999	Subtotal Investments	125	-	-	-	-		
6 E/R.6.034	SAVINGS A&H Reduction in demand led Public Health budgets	-328	-	-	-	-	Public Health business planning for 2022-23 pulls together outstanding underspends across several service areas. These will have minimal disruption as they are demand led services which are already underspending. In addition, savings are available from contingency and holding funds where the funding is no longer required.	A&H
6.999	Subtotal Savings	-328	-	-	-	-		
	TOTAL GROSS EXPENDITURE	31,846	31,895	31,945	31,996	32,048		

Section 3 - E: Public Health

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

Budget Period: 2022-23 to 2026-27

		Detailed Plans	Outline Plans					
Ref	Title	2022-23 £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	Description	Committee
7	FEES, CHARGES & RING-FENCED GRANTS							
E/R.7.001	Previous year's fees, charges, other income & ring-fenced grants	-30,095	-31,846	-5,287	-5,318	-5,350	Fees and charges expected to be received for services provided and Public Health ring-fenced grant from Government.	A&H
E/R.7.002	Changes to fees, charges & ring-fenced grants in 2021-22	-1,546	-	-	-	-	Permanent changes to income from fees, charges & ring-fenced grants as a result of decisions made in 2021-22.	0
E/R.7.003	Fees, Charges and Other Income Inflation	-30	-30	-31	-32	-33	Inflation on external income.	A&H
	Changes to fees & charges							
E/R.7.200	Previous year's Public Health Grant increase	-360	-	-	-	-	Due to late announcement of the Public Health Grant uplift, the 2021-26 business plan did not include a budget adjustment for it. This line corrects the starting point for 2022-23.	A&H
E/R.7.201	Change in Public Health Grant	-43	26,589	-	-	-	The Public Health grant total for 2022-23 has not yet been announced. It is assumed that the Public Health Grant will fund inflation within the Public Health services but no further grant increase is assumed at this stage. Further, it is assumed that the Public Health ring-fence will remain in place for 2022-23 but be removed thereafter.	A&H
E/R.7.203	Public Health Funding to support Health related spend across the Council	228	-	-	-	-	Includes increase in Memorandum of Understanding between Public Health and other parts of the Council for provision of Health focussed services.	A&H
	TOTAL NET EXPENDITURE	-	26,608	26,627	26,646	26,665		

Section 3 - E: Public Health

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

		Detailed Plans	Outline Plans					
Ref	Title	2022-23 £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	Description	Committee
FUNDING SOURCES								
8	FUNDING OF GROSS EXPENDITURE							
E/R.8.001	Budget Allocation	-	-26,608	-26,627	-26,646	-26,665	Net spend funded from general grants, business rates and Council Tax.	A&H
E/R.8.101	Public Health Grant	-26,589	-	-	-	-	Direct expenditure funded from Public Health grant. As the ring-fence is assumed to be removed in 2023-24, the grant will be treated corporately and replaced with budget allocation for Public Health services.	A&H
E/R.8.102	Fees, Charges and Other Income	-5,257	-5,287	-5,318	-5,350	-5,383	Income generation (various sources).	A&H
8.999	TOTAL FUNDING OF GROSS EXPENDITURE	-31,846	-31,895	-31,945	-31,996	-32,048		

Section 3 - A: People and Communities

Table 4: Capital Programme

Budget Period: 2022-23 to 2031-32

Summary of Schemes by Start Date	Total Cost £000	Previous Years £000	2022-23 £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	Later Years £000
Ongoing	37,034	15,057	-2,885	-8,460	1,618	3,655	5,663	22,386
Committed Schemes	382,325	120,998	89,180	115,856	34,905	14,871	5,742	773
2022-2023 Starts	53,613	1,360	14,287	7,671	13,218	13,372	3,490	215
2023-2024 Starts	15,280	-	200	10,100	4,600	380	-	-
2024-2025 Starts	40,148	-	-	-	3,161	15,597	14,955	6,435
2025-2026 Starts	20,150	-	750	12,850	6,300	250	-	-
TOTAL BUDGET	548,550	137,415	101,532	138,017	63,802	48,125	29,850	29,809

Summary of Schemes by Category	Total Cost £000	Previous Years £000	2022-23 £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	Later Years £000
Basic Need - Primary	183,111	32,268	24,474	55,500	35,647	26,257	8,435	530
Basic Need - Secondary	203,995	68,264	42,294	74,050	18,353	1,034	-	-
Basic Need - Early Years	7,419	7,118	301	-	-	-	-	-
Adaptations	9,169	1,821	6,200	1,118	30	-	-	-
Condition & Maintenance	26,447	5,947	3,250	3,250	3,250	3,250	2,500	5,000
Building Schools for the Future	-	-	-	-	-	-	-	-
Schools Managed Capital	8,276	2,036	780	780	780	780	780	2,340
Specialist Provision	38,195	5,841	19,895	7,900	3,599	930	30	-
Site Acquisition & Development	1,355	305	1,050	-	-	-	-	-
Temporary Accommodation	8,000	1,000	750	750	750	750	1,000	3,000
Children Support Services	5,875	675	650	650	650	650	650	1,950
Adult Social Care	99,243	6,600	14,186	10,115	7,860	20,296	19,654	20,532
Cultural & Community Services	6,806	5,540	457	793	9	7	-	-
Capital Programme Variation	-49,341	-	-12,755	-16,889	-7,126	-5,829	-3,199	-3,543
Corporate Services & Transformation	-	-	-	-	-	-	-	-
TOTAL BUDGET	548,550	137,415	101,532	138,017	63,802	48,125	29,850	29,809

Ref	Scheme	Description	Linked Revenue Proposal	Scheme Start	Total Cost £000	Previous Years £000	2022-23 £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	Later Years £000	Committee
A/C.01	Basic Need - Primary												
A/C.01.021	North West Cambridge (NIAB site) primary	New 2 form entry school with 52 Early Years provision: Basic Need requirement 420 places Early Years Basic Need 52 places Community facilities - Children's Centre		Committed	12,100	592	7,000	4,300	208	-	-	-	C&YP
A/C.01.029	Sawtry New Primary	Expansion of provision in Sawtry Primary Basic Need requirement 420 places in 2 phases Early Years Basic Need 26 places		Committed	12,370	270	100	5,300	2,700	2,300	1,600	100	C&YP

Section 3 - A: People and Communities

Table 4: Capital Programme

Budget Period: 2022-23 to 2031-32

Ref	Scheme	Description	Linked Revenue Proposal	Scheme Start	Total Cost £000	Previous Years £000	2022-23 £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	Later Years £000	
A/C.01.034	St Neots, Wintringham Park primary	New 3 form entry school with 78 Early Years provision: Basic Need requirement 630 places Early Years Basic Need 78 places		Committed	14,182	14,040	142	-	-	-	-	-	C&YP
A/C.01.040	Confidential Scheme	Confidential Scheme		Committed	3,350	56	1,800	1,400	94	-	-	-	C&YP
A/C.01.043	Confidential Scheme	Confidential Scheme		Committed	5,400	80	600	3,150	1,400	170	-	-	C&YP
A/C.01.044	Confidential Scheme	Confidential Scheme		Committed	13,065	100		50	400	9,000	3,300	215	C&YP
A/C.01.049	Confidential Scheme	Confidential Scheme		2023-24	15,280	-	200	10,100	4,600	380	-	-	C&YP
A/C.01.056	Confidential Scheme	Confidential Scheme		2022-23	13,065	-		150	400	9,000	3,300	215	C&YP
A/C.01.062	Waterbeach Primary School	Expansion of 1 form of entry due to in-catchment development: Basic Need requirement 120 places		Committed	6,612	6,430	182	-	-	-	-	-	C&YP
A/C.01.067	Marleigh Primary - Cambridge (WING)	New 2 form entry school with 52 Early Years provision and community facilities: Basic Need requirement 420 places Early Years Basic Need 52 places		Committed	10,848	8,521	2,200	127	-	-	-	-	C&YP
A/C.01.068	St Philips Primary School	Expansion of 0.5 form of entry: Basic Need requirement 60 places		Committed	1,719	126	1,550	43	-	-	-	-	C&YP
A/C.01.069	Confidential Scheme	Confidential Scheme		Committed	4,815	10	20	180	3,130	1,400	75	-	C&YP
A/C.01.070	St Ives, Eastfield / Westfield	Revised scheme to address condition		Committed	1,390	1,290	100	-	-	-	-	-	C&YP
A/C.01.071	Confidential Scheme	Confidential Scheme		Committed	7,303	68	300	4,200	2,650	85	-	-	C&YP
A/C.01.072	Confidential Scheme	Confidential Scheme		Committed	8,560	50	150	4,800	3,400	160	-	-	C&YP
A/C.01.073	Confidential Scheme	Confidential Scheme		Committed	5,170	20	200	2,900	1,900	150	-	-	C&YP
A/C.01.074	Confidential Scheme	Confidential Scheme		Committed	6,792	50	200	4,500	1,950	92	-	-	C&YP
A/C.01.075	Confidential Scheme	Confidential Scheme		Committed	5,160	20	200	3,000	1,890	50	-	-	C&YP
A/C.01.076	Confidential Scheme	Confidential Scheme		Committed	4,235	-	200	2,700	1,300	35	-	-	C&YP
A/C.01.077	Waterbeach New Town Primary	New 2 form entry school with 3 Form Entry Core and 52 place Early Years provision: Basic Need requirement 420 places Early Years Basic Need 52 places		Committed	12,875	400	8,300	4,000	175	-	-	-	C&YP
A/C.01.078	Confidential Scheme	Confidential Scheme		Committed	3,270	120	900	2,200	50	-	-	-	C&YP
A/C.01.079	Confidential Scheme	Confidential Scheme		2022-23	12,650	10	80	500	8,500	3,400	160	-	C&YP
A/C.01.080	Confidential Scheme	Confidential Scheme		2022-23	2,900	15	50	1,900	900	35	-	-	C&YP
	Total - Basic Need - Primary				183,111	32,268	24,474	55,500	35,647	26,257	8,435	530	
A/C.02	Basic Need - Secondary												
A/C.02.006	Northstowe secondary	New 4 form entry school (with 12 form entry core facilities) & 100 place SEN Provision: Basic Need requirement 600 places SEN requiremnt 100 places		Committed	48,950	48,366	584	-	-	-	-	-	C&YP
A/C.02.007	Confidential Scheme	Confidential Scheme		Committed	23,870	68	1,500	17,000	4,900	402	-	-	C&YP

Section 3 - A: People and Communities

Table 4: Capital Programme

Budget Period: 2022-23 to 2031-32

Ref	Scheme	Description	Linked Revenue Proposal	Scheme Start	Total Cost £000	Previous Years £000	2022-23 £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	Later Years £000	
A/C.02.009	Alconbury Weald secondary and Special	New 4 form entry school (with 8 form entry core facilities): Basic Need requirement 600 places SEN 150 places		Committed	55,517	2,035	15,700	30,700	6,700	382	-	-	C&YP
A/C.02.012	Cromwell Community College	Expansion to accomodate the development of an all-through school with a 2-19 age range. Basic Need Secondary requirement 150 places 7 to 8 form entry Basic Need Primary requirement 210 places		Committed	16,367	16,307	60	-	-	-	-	-	C&YP
A/C.02.014	Confidential Scheme	Confidential Scheme		2025-26	20,150	-	750	12,850	6,300	250	-	-	C&YP
A/C.02.015	Sir Harry Smith Community College	Expansion of 2 form entry: Basic Need requirement 300 places		Committed	9,991	264	4,500	5,100	127	-	-	-	C&YP
A/C.02.016	Cambourne Village College Phase 3b	New 2 form entry secondary places with new 350 place sixth form provision: Basic Need requirement 650 place		Committed	29,150	1,224	19,200	8,400	326	-	-	-	C&YP
	Total - Basic Need - Secondary				203,995	68,264	42,294	74,050	18,353	1,034	-	-	
A/C.03	Basic Need - Early Years												
A/C.03.003	LA Early Years Provision	Funding which enables the Council to increase the number of free Early Years funded places to ensure the Council meets its statutory obligation. This includes providing one-off payments to external providers to help meet demand as well as increasing capacity attached to Cambridgeshire primary schools.		Committed	6,610	6,610	-	-	-	-	-	-	C&YP
A/C.03.004	Cottenham Early Years	Full Day Nursery Provision - Cottenham		Committed	809	508	301	-	-	-	-	-	C&YP
	Total - Basic Need - Early Years				7,419	7,118	301	-	-	-	-	-	
A/C.04	Adaptations												
A/C.04.007	Confidential Scheme	Confidential Scheme		2022-23	352	2	35	300	15	-	-	-	C&YP
A/C.04.008	Duxford Community C of E Primary School Rebuild	Rebuild of Duxford Primary after fire left preschool, reception, year 1 and year 2 class bases and ancillary rooms including offices, toilets, stores, entrance lobby's either completely destroyed or deemed uninhabitable as a result of structural damage and contamination by asbestos debris, fire, water and smoke.		Committed	6,695	1,147	5,400	148	-	-	-	-	C&YP
A/C.04.009	Confidential Scheme	Confidential Scheme		Committed	637	637	-	-	-	-	-	-	C&YP
A/C.04.010	Confidential Scheme	Confidential Scheme		2022-23	1,365	20	665	665	15	-	-	-	C&YP
A/C.04.011	Confidential Scheme	Confidential Scheme		2022-23	120	15	100	5	-	-	-	-	C&YP
	Total - Adaptations				9,169	1,821	6,200	1,118	30	-	-	-	

Section 3 - A: People and Communities

Table 4: Capital Programme

Budget Period: 2022-23 to 2031-32

Ref	Scheme	Description	Linked Revenue Proposal	Scheme Start	Total Cost £000	Previous Years £000	2022-23 £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	Later Years £000	
A/C.05 A/C.05.001	Condition & Maintenance School Condition, Maintenance & Suitability	Funding that enables the Council to undertake work that addresses condition and suitability needs identified in schools' asset management plans, ensuring places are sustainable and safe.		Ongoing	26,447	5,947	3,250	3,250	3,250	3,250	2,500	5,000	C&YP
	Total - Condition & Maintenance				26,447	5,947	3,250	3,250	3,250	3,250	2,500	5,000	
A/C.07 A/C.07.001	Schools Managed Capital School Devolved Formula Capital	Funding is allocated directly to Cambridgeshire Maintained schools to enable them to undertake low level refurbishments and condition works.		Ongoing	8,276	2,036	780	780	780	780	780	2,340	C&YP
	Total - Schools Managed Capital				8,276	2,036	780	780	780	780	780	2,340	
A/C.08 A/C.08.003	Specialist Provision SEN Pupil Adaptations	This budget is to fund child specific adaptations to facilitate the placement of children with SEND in line with decisions taken by the County Resourcing Panel.		Ongoing	300	150	150	-	-	-	-	-	C&YP
A/C.08.004	Confidential Scheme	Confidential Scheme		2022-23	4,000	-	-	50	2,990	930	30	-	C&YP
A/C.08.005	Spring Common Special School	Replace mobile classrooms with permanent accommodation. Create specialist rooms to meet the needs of pupils with Special Education Needs, including therapy and hygiene rooms in accordance with government guidelines		Committed	3,068	2,893	175	-	-	-	-	-	C&YP
A/C.08.007	Samuel Pepys Special School	Expansion to 165 places		Committed	10,310	1,390	5,900	2,800	220	-	-	-	C&YP
A/C.08.009	Confidential Scheme	Confidential Scheme		Committed	130	10	120	-	-	-	-	-	C&YP
A/C.08.010	Confidential Scheme	Confidential Scheme		Committed	2,600	100	1,250	1,250	-	-	-	-	C&YP
A/C.08.011	New SEMH Provision Wisbech	SEMH provision: SEMH Provision 30 additional places		2022-23	17,787	1,298	12,300	3,800	389	-	-	-	C&YP
	Total - Specialist Provision				38,195	5,841	19,895	7,900	3,599	930	30	-	
A/C.09 A/C.09.001	Site Acquisition & Development Site Acquisition, Development, Analysis and Investigations	Funding which enables the Council to undertake investigations and feasibility studies into potential land acquisitions to determine their suitability for future school development sites.		Ongoing	300	150	150	-	-	-	-	-	C&YP
A/C.09.003	Confidential Scheme	Confidential Scheme		Committed	155	155	-	-	-	-	-	-	C&YP
A/C.09.004	Confidential Scheme	Confidential Scheme		2022-23	900	-	900	-	-	-	-	-	C&YP
	Total - Site Acquisition & Development				1,355	305	1,050	-	-	-	-	-	

Section 3 - A: People and Communities

Table 4: Capital Programme

Budget Period: 2022-23 to 2031-32

Ref	Scheme	Description	Linked Revenue Proposal	Scheme Start	Total Cost £000	Previous Years £000	2022-23 £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	Later Years £000	
A/C.10 A/C.10.001	Temporary Accommodation Temporary Accommodation	Funding which enables the Council to increase the number of school places provided through use of mobile accommodation. This scheme covers the cost of purchasing new mobiles and the transportation of provision across the county to meet demand.		Ongoing	8,000	1,000	750	750	750	750	1,000	3,000	C&YP
	Total - Temporary Accommodation				8,000	1,000	750	750	750	750	1,000	3,000	
A/C.11 A/C.11.001	Children Support Services Children's Minor Works and Adaptions	Funding which enables remedial and essential work to be undertaken, maintaining the Council's in-house LAC provision.		Ongoing	25	25	-	-	-	-	-	-	C&YP
A/C.11.003	P&C Buildings & Capital Team Capitalisation	Salaries for the Buildings and Capital Team are to be capitalised on an ongoing basis. These are budgeted as one line, but are eventually capitalised against individual schemes.		Ongoing	5,850	650	650	650	650	650	650	1,950	C&YP
	Total - Children Support Services				5,875	675	650	650	650	650	650	1,950	
A/C.12 A/C.12.004	Adult Social Care Disabled Facilities Grant	Funding provided through the Better Care Fund, in partnership with local housing authorities. Disabled Facilities Grant enables accommodation adaptations so that people with disabilities can continue to live in their own homes.		Ongoing	42,291	4,699	4,699	4,699	4,699	4,699	4,699	14,097	A&H
A/C.12.005	Integrated Community Equipment Service	Funding to continue annual capital investment in community equipment that helps people to sustain their independence. The Council contributes to a pooled budget purchasing community equipment for health and social care needs for people of all ages		Ongoing	800	400	400	-	-	-	-	-	A&H
A/C.12.007	Independent Living Service : East Cambridgeshire	Independent Living Service accommodation in Ely for 65 people and an additional 15 health beds	A/R.6.180, C/R.7.119	Committed	16,004	1,501	9,087	5,416	-	-	-	-	A&H
A/C.12.008	Independent Living Services	Independent Living Service accommodation in Fenland, Huntingdonshire and South Cambridgeshire, providing accommodation for 160 people in total across the three schemes.		2024-25	40,148	-	-	-	3,161	15,597	14,955	6,435	A&H
	Total - Adult Social Care				99,243	6,600	14,186	10,115	7,860	20,296	19,654	20,532	

Section 3 - A: People and Communities

Table 4: Capital Programme

Budget Period: 2022-23 to 2031-32

Ref	Scheme	Description	Linked Revenue Proposal	Scheme Start	Total Cost £000	Previous Years £000	2022-23 £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	Later Years £000	
A/C.13 A/C.13.004	Cultural & Community Services Community Fund	A £5m fund that will help to deliver a range of community based investments that support the Council's aspiration of "Making Cambridgeshire a great place to live".		Committed	5,000	5,000		-	-	-	-	-	CS&I
A/C.13.005	Histon Library Rebuild	New library provision to meet the community needs and emulates a welcoming central venue for the Histon community.		Committed	113	113		-	-	-	-	-	CS&I
A/C.13.006	Confidential Scheme	Confidential Scheme		Committed	1,172	380	300	492	-	-	-	-	CS&I
A/C.13.007	Cherry Hinton Hub - Library			Committed	47	47		-	-	-	-	-	CS&I
A/C.13.008	Confidential Scheme			2022-23	85	-	85	-	-	-	-	-	CS&I
A/C.13.009	Confidential Scheme			2022-23	389	-	72	301	9	7	-	-	CS&I
	Total - Cultural & Community Services				6,806	5,540	457	793	9	7	-	-	
A/C.14 A/C.14.001	Capital Programme Variation Variation Budget	The Council includes a service allowance for likely Capital Programme slippage, as it can sometimes be difficult to allocate this to individual schemes due to unforeseen circumstances. This budget is continuously under review, taking into account recent trends on slippage on a service by service basis.		Ongoing	-55,255	-	-13,714	-18,589	-8,511	-6,474	-3,966	-4,001	A&H, C&YP
A/C.14.002	Capitalisation of Interest Costs	The capitalisation of borrowing costs helps to better reflect the costs of undertaking a capital project. Although this budget is initially held on a service basis, the funding will ultimately be moved to the appropriate schemes once exact figures have been calculated each year.		Committed	5,914	-	959	1,700	1,385	645	767	458	A&H, C&YP
	Total - Capital Programme Variation				-49,341	-	-12,755	-16,889	-7,126	-5,829	-3,199	-3,543	
	TOTAL BUDGET				548,550	137,415	101,532	138,017	63,802	48,125	29,850	29,809	

Section 3 - A: People and Communities

Table 4: Capital Programme

Budget Period: 2022-23 to 2031-32

Funding	Total Funding £000	Previous Years £000	2022-23 £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	Later Years £000
Government Approved Funding								
Basic Need	44,289	21,111	14,679	3,778	2,517	2,204	-	-
Capital Maintenance	24,579	6,079	3,000	3,000	2,500	2,500	2,500	5,000
Devolved Formula Capital	8,276	2,036	780	780	780	780	780	2,340
Specific Grants	47,410	6,849	7,480	4,861	4,718	4,706	4,699	14,097
Total - Government Approved Funding	124,554	36,075	25,939	12,419	10,515	10,190	7,979	21,437
Locally Generated Funding								
Agreed Developer Contributions	122,312	27,065	19,511	41,951	16,483	11,839	5,308	155
Anticipated Developer Contributions	31,366	2,843	3,576	19,852	5,095	-	-	-
Prudential Borrowing	258,845	58,761	41,328	69,030	38,715	26,231	16,563	8,217
Prudential Borrowing (Repayable)	-556	1,842	9,978	-5,235	-7,006	-135	-	-
Other Contributions	12,029	10,829	1,200	-	-	-	-	-
Total - Locally Generated Funding	423,996	101,340	75,593	125,598	53,287	37,935	21,871	8,372
TOTAL FUNDING	548,550	137,415	101,532	138,017	63,802	48,125	29,850	29,809

Section 3 - A: People and Communities

Table 5: Capital Programme - Funding

Budget Period: 2022-23 to 2031-32

Summary of Schemes by Start Date	Total Funding £000	Grants £000	Develop. Contr. £000	Other Contr. £000	Capital Receipts £000	Prud. Borr. £000
Ongoing	37,034	75,127	-19,647	-	-	-18,446
Committed Schemes	382,325	47,302	139,391	12,029	-	183,603
2022-2023 Starts	53,613	1,375	12,104	-	-	40,134
2023-2024 Starts	15,280	-	12,714	-	-	2,566
2024-2025 Starts	40,148	-	-	-	-	40,148
2025-2026 Starts	20,150	750	9,116	-	-	10,284
TOTAL BUDGET	548,550	124,554	153,678	12,029	-	258,289

Ref	Scheme	Linked Revenue Proposal	Net Revenue Impact	Scheme Start	Total Funding £000	Grants £000	Develop. Contr. £000	Other Contr. £000	Capital Receipts £000	Prud. Borr. £000	Committee
A/C.01	Basic Need - Primary										
A/C.01.021	North West Cambridge (NIAB site) primary			- Committed	12,100	90	7,227	-	-	4,783	C&YP
A/C.01.029	Sawtry New Primary			- Committed	12,370	20	2,029	-	-	10,321	C&YP
A/C.01.034	St Neots, Wintringham Park primary			- Committed	14,182	2,603	8,796	-	-	2,783	C&YP
A/C.01.040	Confidential Scheme			- Committed	3,350	-	3,350	-	-	-	C&YP
A/C.01.043	Confidential Scheme			- Committed	5,400	30	519	-	-	4,851	C&YP
A/C.01.044	Confidential Scheme			- Committed	13,065	1,199	8,649	-	-	3,217	C&YP
A/C.01.049	Confidential Scheme			- 2023-24	15,280	-	12,714	-	-	2,566	C&YP
A/C.01.056	Confidential Scheme			- 2022-23	13,065	-	11,877	-	-	1,188	C&YP
A/C.01.062	Waterbeach Primary School			- Committed	6,612	922	381	-	-	5,309	C&YP
A/C.01.067	Marleigh Primary - Cambridge (WING)			- Committed	10,848	808	8,592	-	-	1,448	C&YP
A/C.01.068	St Philips Primary School			- Committed	1,719	7	1,495	-	-	217	C&YP
A/C.01.069	Confidential Scheme			- Committed	4,815	2,086	1,244	-	-	1,485	C&YP
A/C.01.070	St Ives, Eastfield / Westfield			- Committed	1,390	-	-	-	-	1,390	C&YP
A/C.01.071	Confidential Scheme			- Committed	7,303	-	4,090	-	-	3,213	C&YP
A/C.01.072	Confidential Scheme			- Committed	8,560	-	6,585	-	-	1,975	C&YP
A/C.01.073	Confidential Scheme			- Committed	5,170	-	427	-	-	4,743	C&YP
A/C.01.074	Confidential Scheme			- Committed	6,792	-	25	-	-	6,767	C&YP
A/C.01.075	Confidential Scheme			- Committed	5,160	-	1,469	-	-	3,691	C&YP
A/C.01.076	Confidential Scheme			- Committed	4,235	785	1,236	-	-	2,214	C&YP
A/C.01.077	Waterbeach New Town Primary			- Committed	12,875	2,011	10,456	-	-	408	C&YP
A/C.01.078	Confidential Scheme			- Committed	3,270	900	-	-	-	2,370	C&YP
A/C.01.079	Confidential Scheme			- 2022-23	12,650	1,000	13	-	-	11,637	C&YP
A/C.01.080	Confidential Scheme			- 2022-23	2,900	-	-	-	-	2,900	C&YP
	Total - Basic Need - Primary			-	183,111	12,461	91,174	-	-	79,476	
A/C.02	Basic Need - Secondary										
A/C.02.006	Northstowe secondary			- Committed	48,950	6,995	10,466	10,636	-	20,853	C&YP
A/C.02.007	Confidential Scheme			- Committed	23,870	-	19,650	-	-	4,220	C&YP
A/C.02.009	Alconbury Weald secondary and Special			- Committed	55,517	3,364	21,480	-	-	30,673	C&YP

Section 3 - A: People and Communities

Table 5: Capital Programme - Funding

Budget Period: 2022-23 to 2031-32

Ref	Scheme	Linked Revenue Proposal	Net Revenue Impact	Scheme Start	Total Funding £000	Grants £000	Develop. Contr. £000	Other Contr. £000	Capital Receipts £000	Prud. Borr. £000	
A/C.02.012	Cromwell Community College			- Committed	16,367	9,552	2,925	-	-	3,890	C&YP
A/C.02.014	Confidential Scheme			- 2025-26	20,150	750	9,116	-	-	10,284	C&YP
A/C.02.015	Sir Harry Smith Community College			- Committed	9,991	4,379	2,304	-	-	3,308	C&YP
A/C.02.016	Cambourne Village College Phase 3b			- Committed	29,150	9,401	14,810	-	-	4,939	C&YP
	Total - Basic Need - Secondary			-	203,995	34,441	80,751	10,636	-	78,167	
A/C.03	Basic Need - Early Years										
A/C.03.003	LA Early Years Provision			- Committed	6,610	1,600	346	168	-	4,496	C&YP
A/C.03.004	Cottenham Early Years			- Committed	809	-	809	-	-	-	C&YP
	Total - Basic Need - Early Years			-	7,419	1,600	1,155	168	-	4,496	
A/C.04	Adaptations										
A/C.04.007	Confidential Scheme			- 2022-23	352	-	-	-	-	352	C&YP
A/C.04.008	Duxford Community C of E Primary School Rebuild			- Committed	6,695	-	-	1,225	-	5,470	C&YP
A/C.04.009	Confidential Scheme			- Committed	637	-	-	-	-	637	C&YP
A/C.04.010	Confidential Scheme			2022-23	1,365	-	-	-	-	1,365	C&YP
A/C.04.011	Confidential Scheme			- 2022-23	120	-	-	-	-	120	C&YP
	Total - Adaptations			-	9,169	-	-	1,225	-	7,944	
A/C.05	Condition & Maintenance										
A/C.05.001	School Condition, Maintenance & Suitability			- Ongoing	26,447	24,447	-	-	-	2,000	C&YP
	Total - Condition & Maintenance			-	26,447	24,447	-	-	-	2,000	
A/C.07	Schools Managed Capital										
A/C.07.001	School Devolved Formula Capital			- Ongoing	8,276	8,276	-	-	-	-	C&YP
	Total - Schools Managed Capital			-	8,276	8,276	-	-	-	-	
A/C.08	Specialist Provision										
A/C.08.003	SEN Pupil Adaptations			- Ongoing	300	-	-	-	-	300	C&YP
A/C.08.004	Confidential Scheme			- 2022-23	4,000	-	-	-	-	4,000	C&YP
A/C.08.005	Spring Common Special School			- Committed	3,068	550	-	-	-	2,518	C&YP
A/C.08.007	Samuel Pepys Special School			- Committed	10,310	-	-	-	-	10,310	C&YP
A/C.08.009	Confidential Scheme			- Committed	130	-	-	-	-	130	C&YP
A/C.08.010	Confidential Scheme			- Committed	2,600	-	-	-	-	2,600	C&YP
A/C.08.011	New SEMH Provision Wisbech			- 2022-23	17,787	115	-	-	-	17,672	C&YP
	Total - Specialist Provision			-	38,195	665	-	-	-	37,530	

Section 3 - A: People and Communities

Table 5: Capital Programme - Funding

Budget Period: 2022-23 to 2031-32

Ref	Scheme	Linked Revenue Proposal	Net Revenue Impact	Scheme Start	Total Funding £000	Grants £000	Develop. Contr. £000	Other Contr. £000	Capital Receipts £000	Prud. Borr. £000	
A/C.09	Site Acquisition & Development										
A/C.09.001	Site Acquisition, Development, Analysis and Investigations			- Ongoing	300	-	-	-	-	300	C&YP
A/C.09.003	Confidential Scheme			- Committed	155	-	-	-	-	155	C&YP
A/C.09.004	Confidential Scheme			- 2022-23	900	-	-	-	-	900	C&YP
	Total - Site Acquisition & Development		-		1,355	-	-	-	-	1,355	
A/C.10	Temporary Accommodation										
A/C.10.001	Temporary Accommodation			- Ongoing	8,000	113	-	-	-	7,887	C&YP
	Total - Temporary Accommodation		-		8,000	113	-	-	-	7,887	
A/C.11	Children Support Services										
A/C.11.001	Children's Minor Works and Adaptions			- Ongoing	25	-	-	-	-	25	C&YP
A/C.11.003	P&C Buildings & Capital Team Capitalisation			- Ongoing	5,850	-	-	-	-	5,850	C&YP
	Total - Children Support Services		-		5,875	-	-	-	-	5,875	
A/C.12	Adult Social Care										
A/C.12.004	Disabled Facilities Grant			- Ongoing	42,291	42,291	-	-	-	-	A&H
A/C.12.005	Integrated Community Equipment Service			- Ongoing	800	-	-	-	-	800	A&H
A/C.12.007	Independent Living Service : East Cambridgeshire	A/R.6.180, C/R.7.119	-937	Committed	16,004	-	-	-	-	16,004	A&H
A/C.12.008	Independent Living Services			- 2024-25	40,148	-	-	-	-	40,148	A&H
	Total - Adult Social Care		-937		99,243	42,291	-	-	-	56,952	
A/C.13	Cultural & Community Services										
A/C.13.004	Community Fund			Committed	5,000	-	-	-	-	5,000	CS&I
A/C.13.005	Histon Library Rebuild			- Committed	113	-	-	-	-	113	CS&I
A/C.13.006	Confidential Scheme			- Committed	1,172	-	-	-	-	1,172	CS&I
A/C.13.007	Cherry Hinton Hub - Library			Committed	47	-	31	-	-	16	CS&I
A/C.13.008	Confidential Scheme			2022-23	85	-	85	-	-	-	CS&I
A/C.13.009	Confidential Scheme			2022-23	389	260	129	-	-	-	CS&I
	Total - Cultural & Community Services		-		6,806	260	245	-	-	6,301	
A/C.14	Capital Programme Variation										
A/C.14.001	Variation Budget			- Ongoing	-55,255	-	-19,647	-	-	-35,608	A&H, C&YP
A/C.14.002	Capitalisation of Interest Costs			- Committed	5,914	-	-	-	-	5,914	A&H, C&YP
	Total - Capital Programme Variation		-		-49,341	-	-19,647	-	-	-29,694	
	TOTAL BUDGET				548,550	124,554	153,678	12,029	-	258,289	

Appendix 2a Adults and Health

Savings Proposals

Block bed revised saving	Page 2
Extra Care	Page 11
Learning Disability Outreach	Page 14
Interim and Respite beds	Page 19
Community Equipment Service	Page 25
Domiciliary Care block provision	Page 29
Public Health Demand led savings	Page 34

Business Planning: Business Case - Savings update

Project Title: Reduction in forecasted savings from the 20/21 block bed tender

Committee: Adults & Health Committee

2022-23 Savings: £390,000 (Previously £583,000)

Total savings for each financial year are shown below:

Period	Revised Savings
2022/23	£390,000
2023/24	£263,000
2024/25	£277,000
2025/26	£291,000
Total	£1.221m

Brief Description of proposal:

Revised savings from the 20/21 block bed tender – through commissioning additional block beds, we can reduce the amount of inflation funding needed for residential and nursing care. Block contracts have set uplifts each year, rather than seeing inflationary increase each time new spot places are commissioned.

The original estimate of savings for 2022-23 was £583,000: That saving listed in the 2021/22 Business Plan was based on 810 block beds. However, the tender delivered 240 fewer beds, therefore the saving is reduced from previous figures estimated to the revised amounts above.

Date of version: 16 September 2021

BP Reference: A/R.6.185

Business Leads / Sponsors: Will Patten, Director, People & Communities

1. Please describe what the proposed outcomes are:

The block bed tender in 2020/21 sought to commission an increased number of Council residential and nursing care beds to ensure:

- i) the local care home market remains sustainable in the face of unprecedented pressure caused by the COVID-19 pandemic
- ii) people can continue to access affordable, quality, choice-based care in line with statutory responsibilities under the Care Act 2014
- iii) current shortfalls in Council bed provision are addressed in the long term

2. What evidence has been used to support this work, how does this link to any existing strategies/policies?

The commissioning approach behind the block bed tender was endorsed by the Joint Commissioning Board and approved by Adults Committee in 2020/21.

It aligns with the Council's Older People's Accommodation Strategy and its aim to obtain sufficient, affordable care home provision to meet the demands of the local community.

3. Has an options and feasibility study been undertaken? Please explain what options have been considered.

Options were considered as part of the approval of the tender process.

4. What are the next steps/ actions the Council should take to pursue it? Please include timescales.

High Level Timetable

Task	Start Date	End Date	Overall Responsibility
Continue to track and report savings	Oct 21	2025/26	Becky Bartram

5. Could this have any effects on people with Protected Characteristics including poverty and rural isolation? If so please provide as much detail as possible.

The programme is highly supporting to the protected characteristics of age, disability, poverty and rural isolation. It is not anticipated to have any adverse effects upon people with protected characteristics.

However, an Equality Impact Assessment (EqIA) will be developed to ensure this review is equitable in its aims and delivery and any potential adverse impacts on people with protected characteristics are mitigated against. This is to ensure CCC's decision-making is inclusive for staff and communities with protected characteristics in line with the Equality Act (2010) and Public Sector Equality Duty (section 149).

6. What financial and non-financial benefits are there and how will you measure the performance of these? Are there any dis-benefits? These MUST include how this will benefit the wider internal and external system.

Financial Benefits

The new block bed contracts awarded in 2020/21 delivered 570 care home beds (562 block + 8 respite beds) across all care types and districts. The block beds will deliver savings, as we normally pay lower rates for block beds than spot purchased beds. Additionally, there is a saving linked to avoided inflation on bed prices. The block bed contract caps annual uplifts at 3%, whereas it is predicted that average spot bed prices will increase at 6.7% per year over the timeframe covered by the business plan.

The saving in the 2021/22 Business Plan was based on 810 block beds. However, the tender delivered 240 fewer beds, therefore the saving is reduced from the figure estimated in the 2021/22 Business Plan.

The saving delivered per bed has also been adjusted, as the block bed contract uses a formula for its uplifts linked to National Living Wage and CPI. Whereas in the 2021/22 Business Plan it was assumed that the uplift paid on the block beds would be at its cap of 3%, the new modelled saving assumes an average 2.3% uplift for 2022/23 in line with formula set out in the contract.

The net impact of these factors is a reduction of £190k in the saving to be delivered in 2022/23.

The revised savings for subsequent years are shown below and equate to a reduction of £772k over the next four years.

Period	2020/21 Savings	Revised Savings
22/23	£583,000	£390,000
23/24	£456,000	£263,000
24/25	£470,000	£277,000
25/26	£484,000	£291,000
Total	£1.993m	£1.221m

Non-Financial Benefits

- Block contracting provides guaranteed income to care homes and so helps maintain market sustainability
- Enables the Council to offer people greater choice and to remain close to their families/community

7. Are there any identified risks which may impact on the potential delivery of this? What is the risk if we do not act?

Risk	Mitigation	RAG (should the risk occur)	Overall Responsibility
Savings figures are affected by the volume and phasing of block bed activations	Activate beds as demand requires.	Green	Leesa Murray
Savings may be affected by surges in demand from subsequent COVID-19 or Flu outbreaks	Track and monitor demand Ensure best utilisation of existing provision Explore other funding sources such as NHS Discharge to Assess monies	Green	Jo Melvin, Caroline Townsend

8. Scope: What is within scope? What is outside of scope?

In scope:

- Savings from the 2020/21 block bed tender

Out of scope:

- Savings from other bed types such as interim or respite provision

Business Planning: Business Case – Saving proposal

Project Title: Extra Care savings on retendering

Committee: Adults and Health

2022-23 Savings amount: £87k

Brief Description of proposal:

This is a saving on retendering which has already been secured without impact on service levels.

Date of version: Sept 21 BP Reference: A/R.6.191

Business Leads / Sponsors: Will Patten, Director of Commissioning

1. Please describe what the proposed outcomes are:

A number of Older Peoples extra care schemes were retendered for 2021-2022 and have delivered savings totalling £87k across four schemes:

Doddington (Fenland)	£49,000
Jubilee (Fenland)	£10,555
Nichols Court (City/South)	£16,138
Park View (Hunts)	£11,745

Savings were not identified in time to be incorporated into the 21/22 business planning cycle, but can now be banked.

There has been no adverse impact to delivery of services to Older Peoples clients.

2. What evidence has been used to support this work, how does this link to any existing strategies/policies?

N/A

3. Has an options and feasibility study been undertaken? Please explain what options have been considered.

N/A

4. What are the next steps/ actions the Council should take to pursue it? Please include timescales.

No further actions needed

5. Could this have any effects on people with Protected Characteristics including poverty and rural isolation? If so please provide as much detail as possible.

No negative effects are anticipated from the re-tendering, however, an Equality Impact Assessment (EqIA) will be developed. This is to ensure CCC's decision-making is inclusive for staff and communities with protected characteristics in line with the Equality Act (2010) and Public Sector Equality Duty (section 149).

6. What financial and non-financial benefits are there and how will you measure the performance of these? Are there any dis-benefits? These MUST include how this will benefit the wider internal and external system.

Financial Benefits

Savings of £87k pa

7. Are there any identified risks which may impact on the potential delivery of this? What is the risk if we do not act?

No

8. Scope: What is within scope? What is outside of scope?

This is only in relation to the four extra care schemes that were re-tendered, as listed in Section 1.

Business Planning: Business Case – Savings proposal

Project Title: Learning Disability Outreach service

Committee: Adults and Health Committee

2022-23 Savings amount: £50k

Brief Description of proposal:

To increase the Learning Disabilities Partnership (LDP) outreach capacity to offer a lower cost solution for targeted outreach care and support packages. Action is needed now, and stimulating development of new services in this way will generate the much-needed provision to meet population growth forecasts at a cost affordable to the local authority.

Date of version: 9 September 21 BP Reference: A/R.6.192

Business Leads / Sponsors:

Executive Director of Commissioning, People & Communities

1. Please describe what the proposed outcomes are:

This proposal aims to increase the outreach capacity of the service. Work carried out by the service delivers care and support at a lower hourly cost when compared to similar support delivered out outsourced organisations. Consequently, a larger service will deliver high quality service at a lower cost to Cambridgeshire County Council (CCC).

To achieve this, the service will require additional administrative support. This support will help coordinate the work of additional care workers.

This would involve the same approach to recruiting and supporting carers as has been applied to the Shared Lives service. This has been highly successful and will capitalise on the already fit for purpose staff terms of employment contract. LDP will promote across its locality team a pathway where an offer of first refusal is given to the outreach team for new support packages in the community.

The work to implement the expansion of in-house outreach provision and associated resource provision is being conducted in 2021/22 and funded from existing 2021/22 budgets. This means no new investment is required for this business case. This will ensure that the provision is fully operational for 2022/23, enabling delivery of cost avoidance savings.

This proposal aligns with the following corporate priority outcomes:

Communities at the heart of everything we do:

- The new service enables high dependency people to remain within a community setting. It also means care workers from the community can support people with LD to remain living independently.

A good quality of life for everyone:

- It will offer greater choice, control and care flexibility for those people no longer able to access the community without care and support.

2. What evidence has been used to support this work, how does this link to any existing strategies/policies?

The proposal supports CCC's Adult Social Care LDP strategy to help people live with greater levels of independence. The work will build on early consultation conducted with user groups and social care practitioners. Here current users found access to care workers to deliver small packages of care and support beneficial. Sometimes these packages were for a limited period. This provided them with choice and control. Others found the flexibility to change when and where care and support was delivered helped them towards increasing independence.

3. Has an options and feasibility study been undertaken? Please explain what options have been considered.

Two options were considered.

1. No change

In this option CCC will continue to pay market rates for outreach services. This means we will forgo the opportunity to increase choice at a lower cost.

2. Expanding Outreach Service to increasing capacity.

Financial modelling shows that with investment LDP's Outreach can supply 1,000 hours of care per month. This additional volume can be delivered at a lower cost when compared to the care market as it does not need to deliver profits and it carries lower overhead costs.

4. What are the next steps/ actions the Council should take to pursue it? Please include timescales.

Task	When	Who
Standardise work contracts	Q2, 2021/22	Outreach team, HR
Standardised offer to families available	Q3, 2021/22	Outreach team
Recruit co-ordinator and staff	Q4, 2021/22	Outreach team
Guidance information to social work teams	Q4, 2021/22	Project team
Package assessments complete and delivery commenced	Q1, 2022/23	Outreach and brokerage teams
Ramp-up volumes	Q2, 2022/23	Outreach and brokerage teams
Results and benefits audit	Q4, 2022/23	Finance team

5. Could this have any effects on people with Protected Characteristics including poverty and rural isolation? If so, please provide as much detail as possible.

This will affect people with disabilities and people with eligible social care needs receiving a funded care package. It will also provide a choice to older people without eligible social care needs (self-funders). People will be able to decide when and where care and support is delivered, and how it changes over time. We anticipate this means up to 100 Service Users receiving more care and support.

We expect some positive impacts anticipated from this proposal:

1. Increased market capacity where demand exceeds supply
2. Increased service user choice
3. Option to expand to provide a service to those with autism

There could be negative impacts anticipated from this proposal:

1. Perception of growth of in-house service as it is not subject to open market competition
2. Over stretches line management risking other parts of Shared Lives services

An Equality Impact Assessment (EqIA) will be developed to ensure this proposal is equitable in its aims and delivery and any potential adverse impacts on people with protected characteristics are mitigated against. This is to ensure CCC's decision-making is inclusive for staff and communities with protected characteristics in line with the Equality Act (2010) and Public Sector Equality Duty (section 149).

6. What financial and non-financial benefits are there and how will you measure the performance of these? Are there any dis-benefits? These **MUST** include how this will benefit the wider internal and external system.

Financial Benefits

The primary financial benefit is related to the annual social care budget for older people.

Key Benefit	Measure	Baseline	Target & Timescale
Cost avoidance	ASC Budget	£300k	£50k within the financial year

Non-Financial Benefits

Key Benefit	Measure	Baseline	Target & Timescale
Adds capacity to the county.	Number of care hours	NIL	+1,000 per month from month 6-8

Wider benefits include:

Benefits to Service Users

1. Service user choice and flexibility which will mean being able to make decisions without worrying how it will affect their care and support.
2. Improves support towards prevention of long-term care admissions.

Benefits to CCC

1. Potential to meet demand of those with Autism and no LD diagnosis.
2. Opportunity for more integration with day services through having a greater presence in the community.

7. Are there any identified risks which may impact on the potential delivery of this? What is the risk if we do not act?

Risk	Mitigation	RAG (should the risk occur)	Overall Responsibility
IF external providers challenge the essence of the change then the project will stop, and savings will be delayed.	The packages and method of selecting the in-house provider over external providers is exempt from Public Contracts Regulations 2015.	GREEN	Project team
If families insist on using external providers then scope of available packages reduces.	Parental choice is already part of the decision-making criteria.	GREEN	Social work team
IF external providers generate resistance with partial package awards then the project will slow, and savings will be delayed.	The packages and method of selecting the in-house provider over external providers is exempt from Public Contracts Regulations 2015.	AMBER	Brokerage team
If staff contracts are not fit for purpose (legal and tax) then the project will stop, and savings will be delayed.	Advice from legal has been sought and work is planned within the project.	GREEN	Project team
If people perceive in-house service growth as a retrospective step then CCC reputation will be damaged.	A proactive communications plan will be devised.	AMBER	Project team

8. Scope: What is within scope? What is outside of scope?

What is within scope?

1. Outreach service managed under Shared Lives / Cambridge outreach service
2. Possible to target Direct Payment clients
3. Explore license agreements for those in long term shared lives arrangements

What is outside of scope?

1. The rest of in-house services.
2. Residential services
3. Domiciliary care services

Business Planning: Business Case – Savings proposal

Project Title: Interim and Respite Bed Recommissioning

Committee: Adults & Health

2022-23 Savings: £412k

	2022-2023	2023-2024	2024-2025	2025-2026
Total savings	412,000	341,500	341,500	341,500

Brief Description of proposal:

Savings generated from the redesign and recommissioning of interim and respite bed provision in care homes. This has created a more efficient model and therefore generated the Council cashable savings and potential for further cost avoidance.

Date of version: 16 September 21

BP Reference: A/R.6.194

Business Leads / Sponsors: Will Patten, Director of Commissioning

1. Please describe what the proposed outcomes are:

The savings stem from a vision to design a new, integrated care pathway of hospital discharge using a mixture of short-stay beds, reablement, occupational therapy (OT) and domiciliary care packages to increase the number of older people returning home following a hospital admission (and to prevent further hospital admission).

The strategic outcomes sought include:

- Embedding a culture of rebuilding and promoting independence in our commissioned provision
- Reducing movement of people from hospital into long-term residential and nursing care
- Supporting rapid hospital discharge
- Contributing towards the management of demand for long term bed-based care
- Improving efficiency and value for money of commissioned provision

The individual outcomes sought include:

- Increasing individual choice and control by offering a wider choice of placement locations and types
- Personalised support to rebuild independence and make safe a return home is readily available
- Provides easier, flexible access to respite care, improving the council's support offer to informal carers

2. What evidence has been used to support this work, how does this link to any existing strategies/policies?

This proposal contributes to Joint Administration Priority 4: Support the move towards integrated health and social care, seeking a clear shift towards prevention and 'early help' vis-a-vis the provision of acute services; with an emphasis on Health and social care

It also aligns with key local strategies including the Council's Recovery & Resilience Framework, All Age Carers Strategy 2018-2022, the Adult Social Care Market Position Statement, and the Older Peoples Accommodation with Care update June 21

The commissioning strategy to transform the Council's Interim and Respite provision aligns with national best practice.

3. Has an options and feasibility study been undertaken? Please explain what options have been considered.

The commissioning strategy which led to the savings was developed by commissioners in collaboration with key stakeholders and approved by the Joint Commissioning Board prior to implementation. It has been shared with Health as part of the Discharge to Assess system meetings.

In-house delivery is not currently an option as the Council do not operate any care homes.

4. What are the next steps/ actions the Council should take to pursue it? Please include timescales.

A significant amount of work is already completed. New respite bed provision commenced on 1 April 2021 following a successful tender. Most interim beds have already been decommissioned with the final four scheduled to end by 26 November 2021.

High Level Timetable

Task	Start Date	End Date	Overall Responsibility
Develop data systems and model to track and forecast avoidance of spot respite placements	Oct 21	Jan 21	Becky Bartram, Sarah Croxford, BI
Decommission final Interim beds	Oct 21	Nov 21	Sarah Croxford
Monitor and appraise evidence of need to commission five additional step up/down beds in Cambridgeshire	Sept 21	Dec 21	Alison Bourne
Commission additional 5 step up/down beds (subject to above)	Jan 22	Aug 22	Alison Bourne
Appraise evidence for Occupational Therapist (OT) input into interim placements in block care homes and Extra Care schemes across Cambridgeshire	Oct 21	Dec 21	Alison Bourne, Diana McKay
Implementation of OT input (subject to above)	Jan 22	Mar 22	Diana McKay

5. Could this have any effects on people with Protected Characteristics including poverty and rural isolation? If so please provide as much detail as possible.

The redesign of interim and respite bed provision is designed to support older people to remain independent and return safely to their own home wherever possible.

The programme will therefore be highly supporting to the protected characteristics of age, disability, poverty and rural isolation. It is not anticipated to have any adverse effects upon people with protected characteristics, however, an Equality Impact Assessment (EqIA) will be developed to ensure this proposal is equitable in its aims and delivery and any potential adverse impacts on people with protected characteristics are mitigated against. This is to ensure CCC's decision-making is inclusive for staff and communities with protected characteristics in line with the Equality Act (2010) and Public Sector Equality Duty (section 149).

6. What financial and non-financial benefits are there and how will you measure the performance of these? Are there any dis-benefits? These MUST include how this will benefit the wider internal and external system.

Financial Benefits

Cashable Savings:

The decommissioning of existing Interim bed provision is forecast to deliver the following savings, net of reinvestment into a further five step-up/down beds and Occupational Therapy input.

	2022-2023	2023-2024	2024-2025	2025-2026
Decommission all Interim block beds by Nov 2021	-644,000	-644,000	-644,000	-644,000
Invest in 5 x Step Up/Down flats in Extra Care setting	142,000	212,500	212,500	212,500
Additional Occupational Therapy	245,000	245,000	245,000	245,000
Total	-257,000	-186,500	-186,500	-186,500

The reduction of respite beds from 14 to eight has resulted in the following cashable savings

	2022-2023	2023-2024	2024-2025	2025-2026
Decommission 8 x Respite block beds	-155,000	-155,000	-155,000	-155,000

	2022-2023	2023-2024	2024-2025	2025-2026
Total savings	412,000	341,500	341,500	341,500

Cost Avoidance

The use of the new, flexible block bed provision for unplanned respite is likely to result in a reduction of spot purchased respite provision. Early data suggests 205 days of respite bed provision has been met through the new block beds. Further work is needed to establish an accurate model to quantify and accurately forecast the cost avoidance value of this.

Non-Financial Benefits

Social value / Social return on investment:

- Effective interim bed provision enables rapid discharge from hospital and contributes to maintaining good flow in across the health and social care system. This improves hospital care and patient experience for all in the community.
- Occupational therapy input and step-up/down beds will help more people rebuild their independence to return home and avoid unnecessary admission into long term residential care. Accordingly, the health and resilience of frail older people is improved
- Individuals have greater choice and control in the location of their interim placement
- Creates job opportunities in the local care economy, supporting employment and economic growth
- The local supply chain of care homes and home care agencies are developed and grown

7. Are there any identified risks which may impact on the potential delivery of this? What is the risk if we do not act?

Risk	Mitigation	RAG (should the risk occur)	Overall Responsibility
Changes to the proposed commissioning approach or timescales will affect the level of cashable savings	This may be positive and result in further savings. Ensure changes are based on robust evidence of demand and efficacy	Amber	Jo Melvin
Surges in demand may require commissioning of additional provision and therefore affect cashable savings	Track and monitor demand Ensure best utilisation of existing provision Explore other funding sources such as NHS Discharge to Assess monies	Green	Jo Melvin, Caroline Townsend

Carer and Occupational Therapist workforce shortages impacts deliverability and/or increases cost	Engage with providers early to develop pipeline staffing Explore block or incentive arrangements Develop alternative options	Amber	Alison Bourne, Diana MacKay
---	--	-------	--------------------------------

8. Scope: What is within scope? What is outside of scope?

In Scope

- Interim and Respite bed provision for older people and adults with physical disabilities
- Proposed development of additional step-up/down beds in Cambridgeshire
- Proposed development of OT input to support hospital discharges back to Extra Care or into interim placement in care homes

Out of scope

- Cost avoidance forecast associated with new block bed provision as this is already built into business planning.

Business Planning: Business Case – Savings

Project Title: Integrated Community Equipment Service

Committee: Adults & Health

2022-23 Savings: £121,000

Brief Description of proposal:

Savings delivered from re-tendering the Integrated Community Equipment Contract.

Date of version: BP Reference: A/R.6.197

Business Leads / Sponsors: Will Patten

1. Please describe what the proposed outcomes are:

Anticipated savings will be delivered on the pooled budget which funds the Integrated Community Equipment Service (ICES). The ICES is commissioned via a Section 75 Partnership Agreement and pooled budget with the Cambridgeshire & Peterborough CCG (Clinical Commissioning Group) and the service contract is delivered by NRS Healthcare.

People will continue to receive health and social care equipment that meets their assessed need. The provision of community equipment enables people to remain as independent as possible in the home of their choice and is a cost-effective offer that supports both the prevention, and long-term care, agendas.

Savings on the pooled budget will be delivered as follows:

	Saving amount	Source of saving
2.	£251,000 (split £121,000 CCC (Cambridgeshire County Council), £130,000 CCG under the new pool shared funding arrangements)	Procurement project and submission of competitively priced bid by the incumbent provider.

These will contribute to the business planning targets for CCC, by delivering a financial recurrent saving of £121,000 in 22/23.

2. What evidence has been used to support this work, how does this link to any existing strategies/policies?

Following the outcome of the tender, and confirmation of award to NRS, CCC Finance have undertaken further modelling to identify potential savings, which are modelled on the equipment and activity demand and mix from previous years. Activity prices are set in the new contract, while equipment will be purchased at cost. Where equipment has increased in price above the values submitted in the tender, the higher price has been factored into the savings modelling.

Increased demand for 2022/23 has already been factored into the business plan with the community equipment demand bid of £33k for the council's share of demand. Estimated total increased demand for the pool is estimated at £69k at new contract values.

3. Has an options and feasibility study been undertaken? Please explain what options have been considered.

The re-tender of the contract attracted bids from the three market leaders with the incumbent, NRS Healthcare, submitting the most competitively priced bid. The prices

submitted for activity charges (deliveries, collections, repairs, and maintenance) were lower than they are currently.

4. What are the next steps/ actions the Council should take to pursue it? Please include timescales.

The re-tendering has been undertaken and contract awarded. The anticipated savings will be delivered for 2022-23 with the Section 75 Agreement, and new contract, due to start on 1/4/2022

5. Could this have any effects on people with Protected Characteristics including poverty and rural isolation? If so, please provide as much detail as possible.

It is not anticipated that this savings proposal will have any negative effects on people with Protected Characteristics. The service is available to all people with an assessed need. This includes all age ranges and service user groups.

However, an Equality Impact Assessment (EqIA) will be developed to ensure this proposal is equitable in its aims and delivery and any potential adverse impacts on people with protected characteristics are mitigated against. This is to ensure CCC's decision-making is inclusive for staff and communities with protected characteristics in line with the Equality Act (2010) and Public Sector Equality Duty (section 149).

6. What financial and non-financial benefits are there and how will you measure the performance of these? Are there any dis-benefits? These MUST include how this will benefit the wider internal and external system.

Financial Benefits

The project will deliver £121,000 of savings in 2022/23, because of the service being re-tendered and awarded to a competitively placed bid by the incumbent provider.

However, the following financial risks with delivering this saving should be noted:

- The savings estimate allows for equipment prices at the tendered price or the current contract price, whichever is higher. There is no provision for further cost increases. There is therefore an inflation risk to the value of this contract if there is inflation in equipment costs between now and date of purchase in 2022/23. We know that equipment prices are particularly high now due to shipping container shortages and the UK's withdrawal from the European Union. We have seen price increases affecting 30% of our equipment spend in 2021/22 with the average price increase being 10.8%. Any future increase, or decrease, in equipment prices would be passed to the Council under the

new contract and may create a future financial pressure. Were we to see similar increases again, the risk would be in the region of £88k for the pool (£42k of this being CCC's share).

7. Are there any identified risks which may impact on the potential delivery of this? What is the risk if we do not act?

Risk	Mitigation	RAG (should the risk occur)	Overall Responsibility
Market forces affecting the sector which may affect product prices – this may present a financial pressure to the Council if further inflation on prices is experienced	<p>Activity prices will not be affected.</p> <p>All products on the contract are reviewed closely by Commissioning and clinical advisors before they are accepted onto the contract</p> <p>Market pressures business case is in development which will factor in inflationary pressures and is due to be presented to RIT (Rapid Implementation Team) for inclusion in business planning. This may offset some of the financial risk.</p>	Amber	Commissioning
Increased demand. Service is demand-led and must respond to system wide pressures – e.g., hospital discharge, prevention of admission to care homes and hospital, lack of home care	Activity is monitored by Commissioning and Contracts and any anticipated pressures on the pooled budget are reported to senior managers	Amber	Commissioning

8. Scope: What is within scope? What is outside of scope?

Re-tendering of Integrated Community Equipment Service.

Business Planning: Business Case – Savings proposal

Project Title: Homecare Block Provision Savings Plan

Committee: Adults and Health

2022-23 Savings amount: £236k

	2022/23	2023/24	2024/25	2025/2026
Total savings	-£235,853	-£235,853	-£235,853	-£235,853

Brief Description of proposal:

Outline of savings from the local authority funded block homecare provision, RDT (Rapid Discharge and Transition) (Rapid Discharge and Transition) cars.

Date of version: 2.11.2021 BP Reference: A/R.6.198

Business Leads / Sponsors: Will Patten

1. Please describe what the proposed outcomes are:

This proposal outlines the decommissioning plans of the block homecare provision. 'Homecare' is considered any support service that a person might need in their own home. This may include shopping, meal preparation, support taking medication and meeting their personal care needs. Provision of good quality homecare not only enables the Council to meet its statutory duties under the Care Act 2014, but it is also key to the prevention agenda in that it enables people to remain living independently within their own home for longer.

The availability of homecare services able to respond quickly and in a person-centred way is really important when supporting people to return home to recover on discharge from hospital. This support is currently delivered through two block contracts of homecare hours which allow the Council to meet the needs of service users quickly and effectively. The contracts buy 'blocks' of time to deliver care, so we don't have to spot purchase when we need care urgently, as the capacity is guaranteed and always available for people and family carers who require support. The cars run 7am to 10pm, with two hours down time a day, totalling 91 hours a week, running 365 days a year.

The purchase of block homecare hours allows the Council to source care in the following circumstances:

- To return home from hospital as soon as possible once a person is medically fit.
- To step up care to prevent admission to hospital.
- To provide care for people who are in hard-to-reach areas or to fulfil hard to place packages of care.

However, block hours tend to be more expensive than purchasing individual packages of care as required as the Council must pay for block care hours even if they are not utilised.

As a result of monitoring utilisation data, the Council has identified the need to reduce its current provision by 3 single cars, from 19 single cars, to 16 within the local authority funded RDT (Rapid Discharge and Transition) contract. There are an additional 18 single cars within the IBCF grant funded contract. This is changing to six double up cars and 11 single handed cars from January 2022.

The Council's longer-term plan is to gradually decommission the local authority funded cars, instead meeting the demand through more cost-effective methods, such as:

- 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 (and in doing so reduce travel and therefore cost and carbon impact)
- Supporting the market in building capacity through recruitment and retention, as well as better rates of pay for care staff

The improvements outlined above will be included in the Council's new specification for domiciliary care in 2023/4 when the Council puts in place a new Dynamic Purchasing System for domiciliary care.

It is important to note several ongoing budgetary risks associated with this saving which are outlined in section 7.

Intended Outcomes:

A good quality of life for everyone – this service supports people to remain independent at home for longer. It also enables people to return home from hospital, should they wish to return home with care rather than residential settings.

Cambridgeshire: A well-connected, safe, clean, green environment – the block car provision is undertaking a green initiative project, including the providers and our own environment team, to begin converting the fleet of cars commissioned to electric vehicles.

Protecting and caring for those who need us – this provision cares for people in their own home and allows them to return home as soon as they are medically fit. Not only do people get reduced delay in going home but the hospital beds are then available for others who need them.

2. What evidence has been used to support this work, how does this link to any existing strategies/policies?

This project plan links to the Council's endeavours for efficiencies and better value for money. It also meets carbon impact goals in the green initiative project to convert the fleet of cars to electric vehicles.

3. Has an options and feasibility study been undertaken? Please explain what options have been considered.

The decommissioning of the RDT block cars is part of CCC's longer-term plan to improve homecare capacity. This has been endorsed by the Community Board within Adult Social Care Commissioning and will progress through Joint Commissioning Board and Adults Committee in the coming months.

The strategic plan was informed by extensive research with over 30 local authorities and engagement with local homecare providers.

4. What are the next steps/ actions the Council should take to pursue it? Please include timescales.

The decommissioning of several RDT block cars has already taken place. The timetable below summarises the next steps in implementing CCC's strategic homecare plan, but this will have no direct impact on the savings offered in this business case.

High Level Timetable

Task	Start Date	End Date	Overall Responsibility
Utilisation meetings	Jan 2021	Ongoing	Commissioning
CCC (Cambridgeshire County Council) Zoning Pilot	March 2023	September 2024	Commissioning
Pilot review analysis and learning	March 2024	July 2024	Commissioning
CCC new commissioning model	August 2024	October 2024	Commissioning

5. Could this have any effects on people with Protected Characteristics including poverty and rural isolation? If so, please provide as much detail as possible.

Equality, diversity, and inclusion (EDI) is considered in the tender process for all homecare contracts. Providers are required to develop and provide evidence of EDI policies and procedures.

The homecare block provision supports those living in rural isolation to access homecare support services.

An Equality Impact Assessment (EqIA) will be developed to ensure this proposal is equitable in its aims and delivery and any potential adverse impacts on people with protected characteristics are mitigated against. This is to ensure CCC's decision-making is inclusive for staff and communities with protected characteristics in line with the Equality Act (2010) and Public Sector Equality Duty (section 149).

6. What financial and non-financial benefits are there and how will you measure the performance of these? Are there any dis-benefits? These MUST include how this will benefit the wider internal and external system.

Financial Benefits

The decommissioning of 3 single cars will deliver a financial recurrent saving of £235,853 in 2022/23.

Non-Financial Benefits

The block homecare provision provides support to those being discharged from hospital to return home without delay and free capacity within the hospital. It also supports those living in rural areas.

7. Are there any identified risks which may impact on the potential delivery of this? What is the risk if we do not act?

Identifiable budgetary risks

- As a result of market pressures, additional inflationary uplifts have been made to existing block car provision. These costs are not factored into this business case. To mitigate the risk associated with this, a separate market pressures business case is being drafted which will include inflationary pressures within it.
- CCC has commissioned 1 year of additional capacity in response to capacity concerns, system discharge pressures and winter surge demand. NHS funding has been confirmed for the first 6 months of this provision. If NHS funding does not continue and CCC opt to fund the provision for the final 6 months, this will create a pressure to the budget in 22/23.
- The strategic plan for improving homecare capacity will see the introduction of a zoned model with enhanced rates for rural areas in the new CCC DPS. Savings from decommissioning RDT block cars are required to fund the enhanced rates zoned model in the new DPS from 23/24 onwards. Allocation of these as cashable savings in 23/24 onwards is likely to create a budget pressure when the new CCC DPS is introduced in 2024.

General risks

- Providers are seeing increasing workforce pressures which may lead to increasing costs of care to the local authority workforce issues.
- If the homecare model sliding scale of rates cannot address the demand and market gaps for rural and hard to reach areas, then the cars will continue to be necessary
- Demand growth resulting from an increasing older population may also affect the level of savings realisation

8. Scope: What is within scope? What is outside of scope?

This business case is in relation to the homecare block provision. The local authority funded (RDT) contract commissioned in June 2019, and the IBCF (Improved Better Care Fund) block provision going live from January 2022.

Business Planning: Business Case proposal

Project Title: Demand led Public Health budgets

Committee: Adult and Health Committee

2022-23 Savings: £328k

Brief Description of proposal:

This business case provides details of underspends and savings from contingency funds.

Date of version: October 2021

BP Reference: E/R.6.034

Business Leads / Sponsors:

Val Thomas

1. Please describe what the proposed outcomes are:

The Public Health ring fenced budget funds a wide range of public health interventions and services. These services have in recent years responded to savings requests through service efficiencies and offering streamlined services.

Public Health business planning for 2022/23 pulls together outstanding underspends across several service areas. These will have minimal disruption as they are demand led services.

In addition, savings are available from contingency and holding funds where the funding is no longer required.

Demand Led Savings:

Chlamydia Screening

Chlamydia screening is commissioned for those aged 15 to 24 as part of the national Chlamydia Screening Programme. Chlamydia is the most common bacterial sexually transmitted infection with sexually active young people being at highest risk. Chlamydia is often asymptomatic, and screening is for early detection to prevent the longer-term health consequences of Pelvic Inflammatory Disease (PID) and infertility. In Cambridgeshire Public Health commissions screening for young people from the Integrated Sexual and Reproductive Health Service, Prevention of Sexual Ill Health Service, GP practices and community pharmacies. Primary care activity (GP practices and community pharmacies) has decreased in recent years resulting in underspends on these budgets. This reflects more online screening services, popular with young people and the strengthening of screening offers through the new Prevention of Sexual Ill Health services. Both the Prevention of Sexual Health Service and Integrated Sexual and Reproductive Health Service have grown and developed their online offers. In addition, national guidance from the national Chlamydia Screening Programme released in June 2021 asked for the screening to focus upon reducing time to test results and treatment, strengthening partner notification and re-testing after treatment. This means that screening in primary care will only be offered proactively to young women. Men will only be offered a test if they have symptoms. Other sexual health services remain unchanged. This reflects the evidence that the harmful effects of chlamydia fall predominantly upon women leading to significant harm to reproductive health and that opportunistic screening of women can effectively reduce these harms.

It is proposed that the Chlamydia Screening Program going forward should:

- In line with national Guidance commissioning of chlamydia screening in primary care should only be for females as screening and early detection and treatment can prevent PID and in the longer-term infertility. Not commissioning screening for males will contribute to any savings.

- The popularity of online services with young people and the greater reach of the Prevention services into vulnerable young people should be the focus for the commissioning of Chlamydia Screening Services with the objective of increasing screening rates. These service options are in demand and are more cost effective than GP commissioned services.

There are national screening targets for the Chlamydia Screening Programme that Cambridgeshire has consistently not met. However, as Figure 1 indicates below that in the East of England all areas except for Peterborough fail to meet their targets.

Figure 1: Chlamydia Detection Rate per 100,000 (15-24 year)

Region	Chlamydia detection rate / 100,000 (aged 15-24)
England	1420
East of England	1339
Bedford	1853
Cambridgeshire	1100
Central Beds	1158
Essex	1100
Hertfordshire	1300
Luton	1643
Norfolk	1468
Peterborough	2459
Southend-on-Sea	1205
Suffolk	1584

The target is based on a certain level of infection in the community and the consistent failure across all areas is thought to be a reflection that infection rates are not high.

Health Checks

The Health Checks Programme is one of the mandatory local authority Public Health services. It is a cardio-vascular health risk assessment that is designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes, or dementia. The check identifies ways to lower the risk of these poor health outcomes. There is now substantial evidence for Health Checks reducing the risk of cardio-vascular disease in the population. Public Health commissions GP practices to provide Health Checks. It is essential to work closely with GP practices as they hold the information on those patients aged 40- 74 who are eligible for health check (those not already being treated for a condition) and will follow up with them to refer to lifestyle services or provide clinical interventions if necessary. The Public Health Lifestyle Service is also commissioned to provide outreach health checks which involves it working closely with practices.

Practices are set health check targets every year based on the number of eligible patients. Local GP practices have struggled to meet the targets for several years and the situation has been exacerbated by the COVID-19 pandemic. Public Health is currently discussing activity and alternative models of delivery. This will mean increased activity being channelled through the Lifestyle Service, which is a more cost-effective route, as it is a block contract and often more acceptable to some patients. Although some prefer to receive their health checks at their own practices. Given these factors and the consistent low levels of activity in GP practices savings have been identified from this service area without any risk to outcomes. Figure 2 describes Cambridgeshire's Health Check performance compared to other areas in the region and nationally. Please note because of COVID-19 more recent data is currently not available. It is not anticipated that the savings will affect performance and the current planned developments aim to increase the number of people at risk of cardio-vascular disease being identified early and offered an intervention.

Figure 2: Health Checks – Offered and Received

Region	Cumulative percentage of the population aged 40-74 offered an NHS Health Check who received and NHS Health Check
England	46.5
East of England region	47.9
Bedford	43.2
Cambridgeshire	51.4
Central Beds	49.8
Essex	48.5
Hertfordshire	45.9
Luton	45.5
Norfolk	48.4
Peterborough	51.4
Southend-on-Sea	45.0
Suffolk	46.4
Thurrock	51.8

Stop Smoking Services

Public Health commissions Stop Smoking services from GP practices and community pharmacies (Primary Care) along with the Lifestyle Services. In recent years activity in GP practices and especially community pharmacies have fallen, again exacerbated by the COVID-19 pandemic. During the pandemic the Lifestyle Service offered virtual support for stopping smoking. This had not previously been popular but during lockdown there was a demand for virtual support from smokers referred from Primary Care. This virtual offer along with the Lifestyle Service face to face services has been maintained. Virtual services also offer environmental benefits in reducing the need to travel. Early indications are that demand for the Lifestyle Service Stop Smoking Service

is being maintained whilst we are not seeing any increases in Primary Care activity, especially in community pharmacies. Lifestyle Services also work with vulnerable groups and focus in areas of deprivation where rates of smoking are higher. The Service's block contract along with virtual support for quitting are more cost-effective options.

Stopping smoking is a prevention intervention that has very clear evidence for improving health outcomes. Although there have been reductions in smoking prevalence, rates have remained high in manual occupations and associated with deprivation.

Smoking activity is monitored quarterly through returns to the Department of Health and Social Care as a priority public health area. Currently Cambridgeshire is benchmarked as having a similar smoking prevalence to England. Rates have historically been higher in Fenland, but district level data is currently not available. It should also be noted that because of COVID-19 data no recent data is available. Continuing to offer different more cost-effective options for stopping smoking aims to increase the number of quitters and prevent the associated poor health outcomes from smoking.

Figure 3: Smoking Prevalence in adults

Region	Prevalance of Smoking in Adults [18+] (2019)
England	13.9
East of England	13.7
Bedford	10.8
Cambridgeshire	13.2
Central Beds	13.7
Essex	13.2
Hertfordshire	11.0
Luton	16.8
Norfolk	14.5
Peterborough	18.8
Southend-on-Sea	13.2
Suffolk	16.1
Thurrock	17.5

Contingency Fund

The Contingency Fund was historically set up in anticipation of pressures on specific areas, obesity, stop smoking services, community projects and Traveller health. These issues have not arisen and any pressures going forward will be picked up by reserves, existing budgets or in the case of obesity the additional funding allocated to obesity from the increase in the Public Health Grant.

Holding Account

An excess of funds has been identified in the Public Health holding account that were for planned interventions which have now been superseded and are being funded within existing budgets.

None of these savings are associated with adverse impacts on those with protected characteristics, the environment or health and safety. The expected positive health outcomes are described in the above narrative.

The savings will not impact on service delivery but are part of the development of services that will continue to support the Local Authority's key outcomes of protecting and caring for those who need us, a good quality of life for everyone and communities at the heart of everything. In addition, Public Health services are increasingly responding to the demand for virtual services which support a safe, clean, green environment.

2. What evidence has been used to support this work, how does this link to any existing strategies/policies?

The savings and descriptions above support national policy in relation to chlamydia screening, health checks and stop smoking. All three areas are monitored nationally and included in the national Public Health Outcomes Framework, where key public health outcomes are reported.

The savings proposals here reflect the Local Authority's Commercial Strategy that is currently in development. In particular

- maximising value for money from contractual relationships.
- making robust decisions on a consistent basis with evidence and a sound business case
- collaborating with the market and with partners to develop alternative models for greater returns/cost efficiencies.
- maximising use of revenue and assets.

Improving the health and wellbeing of our local communities is central to Public Health services; the savings and the associated developments described above aim to improve outcomes for our communities. It supports the strategic objectives of Children and Young People (CYP) Services through lifestyle services for CYP and their parents and carers. For example, children and young people exposed to smoking in the home can have poorer health outcomes. Chlamydia screening improves the health of young women in the shorter but also longer term. Lifestyle services are key to helping those accessing Adults Social Care stay as healthy as they can be.

There is clear evidence that services for chlamydia screening, health checks and stop smoking, already described above, improve health outcomes. This academic evidence has been rigorously researched and informs national guidance for these programmes.

There had been discussion with practitioners and stakeholders about the services in relation to their development and their information and views are helping to shape service development. The commissioned providers are asked to consult with their service users about existing and any changes to services. This is currently in progress as part of identifying the impact of the COVID-19 pandemic. However, most savings reflect demand and existing service developments.

3. Has an options and feasibility study been undertaken? Please explain what options have been considered.

The three main areas where savings will be made are based on demand but there are other factors that have been considered and discussed with providers and stakeholders.

Chlamydia Screening

This has been influenced by national guidance and evidence that calls for less but more targeted activity in primary care to achieve the best outcomes for those most affected. Although activity in primary care has been decreasing over time.

These two factors have been considered and found to support the focus upon sexual health service clinics and virtual services where demand has increased, and the screening is more cost-effective for lower risk potential cases. Whilst ensuring that those at risk of poorer outcomes are targeted.

Health Checks

Some areas have adopted different models for the delivery of health checks that are a mixture of less reliance on GP service delivery or a more blended model with activity or aspects of the health check delivery shared to a greater degree with other providers.

We are piloting a local model this year that will aim to improve activity and quality of service delivery but not increase costs. The savings currently identified represent current low demand.

Stop Smoking

These savings reflect the learning from the pandemic and the acceptability of virtual services. In addition, the increased referrals from primary care to the Lifestyle Service demonstrate a willingness by primary care to shift activity to the Lifestyle Service.

Lifestyle services can offer more flexible services and focus on groups and areas where smoking rates are higher along with its virtual service.

4. What are the next steps/ actions the Council should take to pursue it? Please include timescales.

These savings have been discussed with finance leads for Public Health and the Director of Public Health.

The proposal does not involve any new projects but there are some elements of re-design of the current services that will support the ongoing delivery of the savings. This redesign of some aspects of primary care delivery have been discussed with the Local Medical Committee and Lifestyle Service provider. There are regular reviews and agreement of service development objectives with providers. Providers are required to ask service users on a regular basis for feedback on services.

High Level Timetable

Task	Start Date	End Date	Overall Responsibility
New budgets for Chlamydia Screening, Health Checks and Stop Smoking services that reflect savings	April 1 2022	ongoing	Val Thomas
Contingency Fund closed	April 1 2022	ongoing	Jyoti Atri
Holding Account closed	April 1 2022	ongoing	Jyoti Atri

5. Could this have any effects on people with Protected Characteristics including poverty and rural isolation? If so, please provide as much detail as possible.

The proposed savings will have limited effect on those with protected characteristics. They are demand led or were held back for contingency purposes or until needed. These needs have not materialised, and the funding is no longer required. However, there are some service developments that will have impacts on some groups:

Chlamydia Screening - Gender - pregnancy and maternity

The change to the chlamydia Screening Programme will have a positive effect upon the health of women. Those at higher risk of poor health outcomes and services will be targeted in Primary Care to identify infection and minimise risks to reproductive health.

Young People – aged 15-24 - Sexual health, pregnancy, and maternity

There is evidence that the health of young people has been affected by COVID-19. The Chlamydia Screening Programme targets those aged 15-24 years and service providers are being asked to identify any concerns, in particular any mental health issues, that might affect uptake of screening.

In addition, as we emerge from lockdown and its freedoms there are risks in terms of sexual behaviours that could lead to increases in sexually transmitted infections and unplanned pregnancy. The increased focus upon chlamydia screening provides the opportunity for service providers to work with young people to promote safe relationships and behaviours.

Health Checks – deprivation and race

Health Checks are targeted at those aged 40-70 irrespective of any protected characteristics.

However, the closure of GP practices and their limited capacity meant fewer health checks were undertaken during the COVID-19 pandemic. Although the savings arising from health checks should not affect the current service delivery, the pilot services being undertaken this year will aim to deliver more services next year in areas where there are higher cardio-vascular health risks that are linked to deprivation and race.

Stop Smoking Services – deprivation

Stop smoking services target all smokers and this is unaffected by the proposed savings.

There is no clear evidence currently that smoking rates have increased through the pandemic, however decreased access to services despite more virtual services suggest that this could have been the impact

However, the ongoing service developments will continue to target groups and areas, primarily linked to deprivation that are associated with higher rates of smoking.

An Equality Impact Assessment (EqIA) will be developed to ensure this proposal is equitable in its aims and delivery and any potential adverse impacts on people with protected characteristics are mitigated against. This is to ensure CCC's decision-making is inclusive for staff and communities with protected characteristics in line with the Equality Act (2010) and Public Sector Equality Duty (section 149).

6. What financial and non-financial benefits are there and how will you measure the performance of these? Are there any dis-benefits? These MUST include how this will benefit the wider internal and external system.

Financial Benefits

This business case will deliver savings of £328k:

These savings represent low demand and activity

Contingency funding that is no longer required as the interventions have been either re-designed or funded from another source.

Holding account fund that is no longer required as the interventions have been either re-designed or funded from another source.

Savings	Amount	Totals
Stop smoking service:		
GP services includes GP Payments and cost of medicines that are part of stop smoking interventions	£70,000	
Community pharmacy interventions: payments to pharmacists	£25,000	
Miscellaneous Stop Smoking interventions e.g campaigns	£10,000	
Chlamydia Screening:		
Pharmacy services: payments to pharmacists	£5000	
GP services: payments to GPs	£20,000	
Laboratory costs	£40,000	
Health Checks:		
Health Check services: payments to GPs	£50,000	
TOTAL Demand led services		£220,000
Contingency fund for payments to CCG:		
Contract Clinical Governance and Primary Care data processing support	£5000	£5000
Contingency Fund:		
General Childhood Obesity	£2,700	
Small Community Projects	£15,000	
Stop Smoking GP and Pharmacy Services	£17,000	
Traveller Health	£11,300	
TOTAL Contingency Fund		£46,000
Holding Fund Access		£57,000
TOTAL Savings		£328,000

Non-Financial benefits

Key Benefit	Measure	Baseline	Target & Timescale
Chlamydia Screening will target females who are at higher risk.	Number of females screened in GP practices	To be established in 2022/23	Increases over first three years

Long term impact on fertility and mental health services reduced.			
Health Checks targeted to groups and areas where there are higher rates of cardiovascular disease	Number of Health Checks in high-risk groups and areas	To be established at the end 2021/22	Target health checks met by March 31 2024
Stop Smoking Services increases number of quitters amongst targeted high-risk groups which includes pregnant smokers, manual and routine workers, and areas of deprivation	Number of smoking quitters from targeted groups that were treated by the Stop Smoking Services	Number of successful quitters from targeted groups at the end of 2021/22	Targets to be met by the March 31 2024

7. Are there any identified risks which may impact on the potential delivery of this? What is the risk if we do not act?

Risk	Mitigation	RAG (should the risk occur)	Overall Responsibility
Demand for health checks increases	Activity diverted to Lifestyle Service. Negotiate new value for block contract that accommodates increased activity in cost envelope	Amber	Val Thomas
Demand for chlamydia screening increases in GP practices.	Establish referral routes from GP practices for females to the sexual health services for screening and follow up.	Amber	Val Thomas
Demand for Stop Smoking Services increases	Divert activity to Lifestyle Services Negotiate new value for block contract that that accommodates increased activity in cost envelope	Amber	Val Thomas

8. Scope: What is within scope? What is outside of scope?

In Scope

- Chlamydia Screening Programme
- Health Checks Programme
- Stop Smoking Services
- Public Health Contingency fund
- Public Health Holding Fund

Out of scope

- All other Public Health Grant funding

Appendix 2b Adults and Health

Pressures / Investments

Increased staffing in Young Adults Team	Page 2
Additional Resource for Quality & Practice Team	Page 9
Care Home Support	Page 18
Extending the Enhanced Response service	Page 27
Expanding support for informal carers	Page 37
Implementation of the real living wage	Page 49
Health Impact Assessments	Page 60

Business Planning: Business Case - Pressure

Project Title: Increased staffing within the Young Adults Team

Committee: Adults and Health Committee

2022-23 Pressure amount: £148,834k

Brief Description of proposal:

To increase the existing staffing structure within the Young Adult's Team, to better manage demand verses capacity, and deliver a safe, cost-effective service.

Date of version: September 2021

BP reference: A/R.4.040

Business Leads / Sponsors: Sasha Long, Head of Service, Disability Social Care 0 – 25 Service

1. Please describe what the proposed outcomes are:

To deliver a safe and cost-effective service, be better placed to manage demand by increasing the existing capacity within the team and to improve outcomes for young people.

The current structure of the Young Adult's Team is as follows:

- 1 WTE Team Manager
- 2 WTE Senior Social Workers
- 6 WTE Social Workers
- 3 WTE Adult Support Coordinators.
- 1 WTE Business Support Assistant.

The proposed structure of the service moving forward:

- 1 WTE Team Manager
- 4 WTE Senior Social Workers
- 6 WTE Social Workers
- 4 WTE Adult Support Coordinators.
- 1 WTE Business Support Assistant.

Implementing the proposed staffing structure as above would enable cases to be allocated to workers at an appropriate level, and to eradicate the need for a 'waiting list.' This would result in the safer management and prompt allocation of new cases being referred through to the team.

The addition of two new Senior Social Workers would enable each to be 'linked' with an LDP (Learning Disabilities Partnership) Team, thus improving working together across the two service areas, streamlining transfer processes and enabling a richer multi-agency consideration of each case under discussion.

The additional Adult Support Coordinator post would provide some much-needed capacity to cover the lower-level cases, thus enabling the Social Workers and Senior Social Workers to dedicate their time and resources to the higher-level cases requiring urgent attention. High level tasks, such as CoP DoLS (Deprivation of Liberty Standards) applications, could be undertaken without delay and the Council would be at reduced risk of drawn-out, costly legal proceedings.

The additional team capacity would enable all team Key Performance Indicators to be consistently adhered to and would support the team in delivering results in line with the PFA (Preparing for Adult) model. It would also free-up the time of the senior members of the team to enable them to focus on staff development, training opportunities, and improving outcomes for the young people the team supports.

Current budget:

Description:	Budget:
Current YAT staffing budget:	£538,508
Required vacancy savings:	£30K
Current forecast for 2021/22 year end position:	Balanced budget.

Conclusion:	No surplus within the current budget and no identified vacancy savings to draw down on.
-------------	---

Additional Resource Required:

To expand the current team, the service would require funding for: 2 x <i>additional SSW's</i> : £109,926 1 x <i>additional ASCO</i> : £38,908	Total: £148,834
--	-----------------

2. What evidence has been used to support this work, how does this link to any existing strategies / policies?

Context and Rationale for the expansion of the Young Adult's Team.

The Young Adult's Team is part of the Disability Social Care 0-25 Service. This service is responsible for the statutory safeguarding of vulnerable children and young adults with disabilities across Cambridgeshire, as well as the transition of eligible young adults to adult social care, and it is therefore essential that the team have the capacity to do robust assessments, support planning, financial forecasting, and safeguarding investigations.

When the Young Adult's Team was first created, the intention was for the team to have the capacity to undertake early Preparation for Adulthood work with families open to the Children's Disability Teams. The YAT should be getting involved when the young person reaches the age of 16 years, to guide them through the adult assessment including completion of MCA assessments, CoP DoLs as appropriate and the support planning process before the young person was 17.5 years old. The intention was therefore that the family would have an agreed budget and support plan in place well in advance of the young person's 18th birthday, and know exactly what services would be provided, to ease the transition to adulthood, this includes ensuring CHC (Continuing Healthcare Care) and any joint funding has been explored and agreed.

However, due to the current staffing / capacity / demand issues across the Young Adult's Team, the reality is that the team are constantly managing crises for the highest level of cases, whilst the day-to-day tasks are being overlooked. As such, they are unable to get involved with families much before each young adult's 18th birthday. This results in the team being unable to undertake the Preparation for Adulthood work required and there is little opportunity for thoroughly reviewing care packages, 'changing the conversation' with families, or maximising the young adults' strengths / independence. These cases are then being presented to the LDP QA (Quality Assurance) Panel close to the young adult's 18th birthday, with the likelihood being that the care package in place throughout their time with children's services will have to continue for a period, which is costed higher than the adult provisions.

Current caseload pressures:

There are currently 257 cases allocated to the Young Adult's Team, with an additional 85 cases being held on a 'waiting list.' (In ideal circumstances the team would not have a waiting list and all incoming referrals would be allocated immediately, however the team do not currently have the

capacity to do this.) This equates to a total of 342 cases who require support from the service. In addition to this, there are 92 carers who are also open to the team and who receive an assessment and service, with an additional 3 carers on the 'waiting list'. This equates to a total of 95 carers who require support from the service.

Business Intelligence have confirmed that on average there are 9 new referrals to YAT per month, with an average of 7 cases being closed to the team each month. Therefore, the number of cases coming in, are steadily exceeding the number going out.

In addition to this, we have noticed a trend in EHCP's remaining in place for the maximum amount of time (until the young person reaches 25 years of age) due to the increasing number of SEND (Special Educational Needs and Disabilities) Tribunals. As such, cases which would previously have transitioned out of the Young Adult's Team when the young person was around 20 years old, are now remaining open for several additional years.

The Young Adult's Team are allocated a high number of DoLS cases by nature of the fact that many of the 18yr olds who transfer to their team have complex needs. Due to the staffing / capacity pressures within the team, there is currently a backlog of overdue DoLS reviews, and essential DoLS applications are being delayed. These cases cannot transfer to the LDP Locality Teams until this work has been completed, this is impacting on the throughput of cases within the Young Adult's Team, further reducing team capacity.

There are currently several high-risk cases within the team taking a disproportionate amount of time to actively manage and support, including those at those at risk of admission, carer breakdown, placement breakdown and complex legal action.

The Young Adult's Team regularly receive new referrals from the Children's Disability Teams, mainstream Children's Social Care Teams, and external agencies, where the young adult has not been known to Social Care in the past and therefore requires extensive assessment / support planning. With very few cases transferring out of the team, the team's capacity to turn these assessments around in quick timescales has been steadily reduced and these cases often stay on the 'waiting list' for several months as other, more urgent cases must be prioritised.

Most of the annual reviews for young adults being supported by the Young Adult's Team result in changes to care packages (due to their education packages reducing year by year) and re-assessments are therefore required, along with renewed applications to the LDP QA funding panel. The Young Adult's Team consistently present the highest number of cases to the funding panel, evidencing the throughput of the work and the frequently changing nature of their care packages. Therefore, even cases which have been with the team several years still generate a great deal of work on a regular basis. The intent moving forward once JASP (Joint Access and Support Panel) is embedded in CCC (Cambridgeshire County Council) (Cambridgeshire County Council) is that the YAT will only present cases at JASP where there will be robust oversight of all transition cases, however it is a higher number of cases will be deferred if PFA work has not been completed.

Current staffing pressures:

The team is currently comprised of a Team Manager (who should not hold any cases), two Senior Social Workers (who should have a reduced caseload in recognition of their supervisory roles), six Social Workers (including ASYE's who should hold a reduced caseload throughout their

assessment year) and three Adult Support Coordinators (who should have a caseload of less complex cases in recognition of the fact that they are alternatively qualified members of staff.)

However, considering the disproportionately high number of cases open to the team and sitting on the waiting list, the reality is that the TM must actively work several cases, both Senior Social Workers are holding excessively high caseloads, and the Social Worker (including the ASYE's) and ASCO's are all holding more cases than they should, including cases with increasing complexity.

This has resulted in a high turn-over of staff within the team and significant challenges around retainment, with several members of staff citing workload pressures and a lack of capacity as their reason for leaving the service. It has also resulted in the need to employ costly agency staff on a regular basis, to manage vacancies and to respond to gaps when staff leave and there is a delay in new staff joining the service.

As the Young Adult's Team is a frontline safeguarding social work team managing a high level of complexity and risk, it is reasonable to expect the average caseload per role within this team to be as follows:

- Senior Social Workers, up to 15 cases each, to enable them to have enough free time to support less experienced staff, carry out supervisions, provide case oversight.
- Social Workers, up to 20 cases each (so they have the time and capacity to manage complex case issues.)
- ASYE's, up to 18 cases each (so they have the capacity and space to continue their learning and developing their confidence / experience throughout their assessed year.)
- ASCOs, up to 30 less complex cases each (so they can provide a high-quality service to those cases with less complexity but still requiring active support, and oversight / actions as required on those cases which only need to be 'open to review'.)

Based on the current staffing structure, if we were to divide the number of cases allocated to the team (including those on the waiting list) between the current staff, the average caseload would by far exceed that which is considered optimal, manageable, or safe.

3. Has an options and feasibility study been undertaken? Please explain what options have been considered.

Disability Social Care 0-25 funding considerations:

The staffing budget for the Young Adult's Team sits within the LDP pooled budget. The Disability Social Care 0-25 Service currently contributes £45,678 towards the staffing budget for the Young Adult's Team, which funds 1 x SW post and 'tops up' the cost of a Senior Practitioner post to make this a full-time position. In exploring the potential expansion of the Young Adult's Team, we have reviewed our staffing budget across the Children's Disability Teams to identify if there are surplus funds / posts which could be transferred to the Young Adult's Team. However, we have concluded that further reductions to the staffing budget are not possible due to the workload held within the children's teams, as follows:

Within our Disability Social Care 0-18 teams, our average caseloads are currently as follows:
Senior Practitioners: 16 cases.

Social Workers: 18 cases.
 ASYE Social Workers: 16 cases.
 Child Practitioners: 14 cases.

In mainstream Children's Social Care teams, the recommended average caseloads are as follows:

Senior Practitioners: Up to 10 cases.
 Social Workers: Between 16-18 cases.
 ASYE Social Workers: Up to 10 cases.
 Child Practitioners: Up to 15 cases.

This indicates that the average caseloads held by the staff in our 0-18 Children's Disability Teams are in line with our mainstream colleagues. We already work flexibly across our service and we are currently using any spare capacity within our Children's Disability Teams to support the Young Adult's Team but the demand on our children's teams is and will continue to increase as restrictions begin to lift post the pandemic and the current support (albeit minimal) cannot be sustained.

4. What are the next steps/ actions the Council should take to pursue it? Please include timescales.

Task	Start Date	End Date	Overall Responsibility
Business Case to be reviewed and authorised.	9 December 2021		

5. Could this have any effects on people with Protected Characteristics including poverty and rural isolation? If so, please provide as much detail as possible.

If team capacity remains stretched, the prioritisation of resource relies on intelligence received. Statistically those from difficult to reach / historically excluded groups may not reach out or be advocated for as widely and this could result in inaccurate prioritisation.

An Equality Impact Assessment (EqIA) will be developed to ensure this proposal is equitable in its aims and delivery. This is to ensure CCC's decision-making is inclusive for staff and communities with protected characteristics in line with the Equality Act (2010) and Public Sector Equality Duty (section 149).

6. What financial and non-financial benefits are there and how will you measure the performance of these? Are there any dis-benefits? These MUST include how this will benefit the wider internal and external system.

Financial Benefits

Whilst we recognise the need for financial investment to make this proposal a reality, we believe this is justified considering the savings this will generate for the council, alongside the improvement to the current service delivery, and staff well-being.

Non-financial benefits

This business case sets out the proposal to request funding to enable the expansion of the Young Adults Team within the Disability Social Care 0-25 Service. This additional resource is required so that there is sufficient capacity across the service to manage the demand caused by the steadily increasing number of referrals / open cases, the extended period these cases remain open to the team, and the increased complex case activity (including essential DoLS work) across the team. The current level of demand cannot be safely managed with the current staffing structure in place, or within the current staffing budget. By expanding the Young Adult's Team:

- caseloads would be lower and therefore more manageable
- there would no longer be a need for a waiting list
- the team could undertake thorough Preparation for Adulthood work, achieving savings across the service whilst improving outcomes for the young people we support.

7. Are there any identified risks which may impact on the potential delivery of this? What is the risk if we do not act?

Risk	Mitigation	RAG (should the risk occur)	Overall Responsibility
Ability to Recruit to the additional positions.	Team to promote a Team specific recruitment campaign.	Red	Team Manager

8. Scope: What is within scope? What is outside of scope?

In scope is an increase of staff for the Young Adults Team.

Business Planning: Business Case proposal

Project Title: Additional Resource – Quality and Practice Team

Committee: Adults and Health

2022-23 Investment: £68k

Brief Description of proposal:

The request is for permanent investment of £113,042 per annum.

(Approx £68,000 of this from Cambridgeshire County Council and £45,000 being requested from Peterborough City Council) This would be to fund three auditors for the Quality and Practice team to ensure we are meeting our statutory responsibilities in the new assurance framework which will be overseen by the Care Quality Commission inspection.

Date of version: 8 September 21

BP Reference: A/R.4.041

Business Leads / Sponsors: Charlotte Black, Director of Adults and Safeguarding

1. Please describe what the proposed outcomes are:

With the 'Integration and innovation: working together to improve health and social care for all' White Paper, comes the proposal of a new assurance framework for adult social care to be overseen by the Care Quality Commission (CQC) inspection. This will result in increased regulation for adult social care (ASC), and we will need to ensure compliance. Our experience of Ofsted and Children's social care, tells us that non-compliance can lead to costly remedial action being required. The current capacity in the quality and practice team achieves two thematic audits a year. A thematic audit is an in-depth study on a particular area; used to assess the quality of practice and identify themes, risks and areas for learning. The current capacity does not cover auditing of all our statutory responsibilities, nor is it able to give full assurance of our statutory responsibilities.

CQC inspection of ASC will be from April 2022. In addition to this, COVID-19 has had increased demand on resources and pressures to Adult Social Care. Currently, it is even more important that we pay attention to quality and practice. We have a growing vacancy rate, which is compounded by increased demand with staff and managers trying to tackle back logs and deal with more complex cases. We need assurance that our quality is maintained in line with our statutory responsibilities.

As a result, there is a request to fund the cost of three auditors within the team, to assure ourselves we are fulfilling our statutory responsibilities, help prepare reports for CQC inspections and ensure we are proactive in addressing any practice issues/needs. This investment will mitigate the risk of future costs we may incur if remedial actions are needed to ensure CQC compliance following inspections.

This would be split across Peterborough City Council and Cambridgeshire County Council – the team currently is a shared services role and works across the whole service. Cost based on 40% PCC (Peterborough City Council), 60% CCC (Cambridgeshire County Council)

PCC Total cost £45,216.80 per annum

CCC total cost £67,825.20 per annum

To ensure that we can audit our statutory responsibilities and comply with the new assurance framework and CQC inspection requirement, there is a need to increase the number of thematic audits carried out across the service. For a thematic audit on our statutory assessments, to get a viable outcome we would need to complete three times the number of audits the teams are currently able to complete.

Benefits

- Carry out six thematic audits per year
- Increase of four audits to assure we audit our statutory responsibilities
- Free up the senior social workers to improve the timeliness of actions to the findings, implement systemic changes, and supporting operational teams.

The implications from the white paper on health and social care reform, Adult Social Care will come under greater scrutiny and include a new inspection regime from CQC. With increased capacity to carry out audits across all adult services in PCC and CCC we will be more prepared and assured for the inspections.

There is a significant risk if we do not invest and fail on an inspection, that this will incur a high cost to rectify this situation. In addition to this there is likely to be an increase in workload because of the new regulations. If there is increased workload that is related to social care practice, this will be able to be supported by the Quality and Practice Team with additional staffing in post. This will present a challenge to Adults services if there is no additional capacity, with the risk that staff will be diverted from delivering their statutory functions, to support auditing and CQC inspection preparations. We know from Children's inspections that a substantial amount of resource and work is required in relation to an inspection. If there are improvements to be made, such as planning and delivering improvements, setting up an improvement framework and then being reinspected to assure that the improvements have been made, this could result in significant costs to the local authority.

To take this approach an additional 3 x FTE (Full Time Equivalent) equivalent staff members at SO1/SO2 are required to carry out the additional audits.

There are reoccurring themes from thematic audit re: practice standards and legal compliance. This evidences that whilst we are collecting data, we are not able to do enough to change practice and ensure legal compliance year on year.

The new resource would increase the number of themes being audited, giving a more robust thematic audit programme throughout the year helping us to prepare for the new inspection regime.

Additional benefits are that it will increase the capacity of existing staff to work with those teams on development and improving the service. The existing practitioners are skilled social workers and if we release them from completing the audit, they could better use their time to analyse the data and implement the action plans.

2. What evidence has been used to support this work, how does this link to any existing strategies/policies?

Measure of benefits

We have in place a system for monitoring our development and improvement in practice. Through the Practice Governance Board smart actions for learning and improvement are agreed and monitored. The Practice Governance Board action plan holds all the learning from various sources and monitors the completion of actions. The managerial audit programme triangulates the evidence of improvement in practice. These established processes will monitor the impact of having the three adult support coordinators allowing the senior social workers to improve our service.

Further evidence of the need of these roles can be found in section one of this report.

3. Has an options and feasibility study been undertaken? Please explain what options have been considered.

As mentioned in section One, this is currently the only viable option to meet this need, and doing nothing would result in high levels of risk. There is not the capacity in other service areas to support this function and the team does not currently have the capacity to undertake this work.

This role and function sit within the current team. It is best placed, as it builds on current workload, skills, and capabilities of the service. The team are skilled in data collection, thematic audits, audit reports and supporting action plans because of audits. However, the additional regulations will create additional workload which we do not have the staff capacity to complete within the service as it is currently.

This needs to be an internal audit and support function, due to the nature of the work that will be required and any sensitivities around this. If we do not begin to plan, assure our work, and improve where required, it would be unlikely that PCC/CCC would meet the regulation standards, though we do not yet know what these are. Where we have completed thematic audits on our statutory functions, there are always areas for improvement, some of these are very simple to support to rectify with an action plan. However, there are some areas for improvement where we have significantly failed in fulfilling our statutory responsibilities and there has been a requirement for a large amount of work to support practice improvement. There is therefore a risk to the department's reputation and financial risk if we must undertake remedial action. There is no choice regarding the inspections and regulations as these are nationally mandated.

4. What are the next steps/ actions the Council should take to pursue it? Please include timescales.

The next steps would be to advertise the posts and recruit into them within 12 weeks. This would then enable us to draw up a more robust thematic audit programme which would cover all our statutory responsibilities and enable the department to have an action plan in place, where we fall below expected standards. This will be beneficial when we get to the CQC auditing processes.

5. Could this have any effects on people with Protected Characteristics including poverty and rural isolation? If so, please provide as much detail as possible.

No negative impacts have been identified, however doing nothing could result in some residents with protected characteristics being affected negatively.

An Equality Impact Assessment (EqIA) will be developed to ensure this proposal is equitable in its aims and delivery and any potential adverse impacts on people with protected characteristics are mitigated against. This is to ensure CCC's decision-making is inclusive for staff and communities with protected characteristics in line with the Equality Act (2010) and Public Sector Equality Duty (section 149).

6. What financial and non-financial benefits are there and how will you measure the performance of these? Are there any dis-benefits? These MUST include how this will benefit the wider internal and external system.

Financial Benefits

Without the increase in audit capacity, there are several financial risks facing the authority. By recruiting additional officers to the Quality and Practice Team, we are taking preventative measures to ensure that the authority does not have to incur unnecessary spending.

Risks

- Delay in understanding risk across the department
- Gathering the evidence without the capacity to action the learning and service improvement
- Organisational risk, - Human rights, poor practice, Safeguarding, Local Government Ombudsman. The cost from an LGO findings can be £100 to £1,000 unless it is an exceptional case. The highest payment made in the last year has been £1800. This does not include the cost of any loss of service which can be any amount. The highest to CCC has been £85k. Time wise on average 3 senior managers input per LGO complaint at 20 hours each.
- Financial – LGO, Legal challenge, over commissioning of services, increased crisis management – not picking up areas of concern early enough, resource from Q&P team being used in the wrong areas.
- There is a risk of damages being awarded where we have been in breach of our statutory responsibilities, however this is difficult to quantify. A case was brought to court in 2021 whereby Haringey had unlawfully deprived an individual of their liberty. They were required to pay £143,000 in damages. This covered an eight-year period which equates to £17,825 per year. They did not dispute the services provided or the placement the individual was in. This would usually be covered by insurance, however, is a significant claim.
- There is also a financial risk of remedial action. For instance, if we are found to be lacking in a specific area and this requires additional resources. It is again hard to quantify this as it could be that we would need five additional workers for a six-month period or less work force for a greater period etc.

However, the on-costs of one social worker for 12 months are £44,659 which rises significantly if we needed to recruit locum practitioners.

The implications from the white paper on health and social care reform mean that Adult Social Care will come under greater scrutiny and include a new inspection regime from CQC. With increased capacity to carry out audits across all adult services in PCC and CCC we will be more prepared and assured for the inspections.

There are reoccurring themes from thematic audit re: practice standards and legal compliance. This evidences that whilst we are collecting data, we are not able to do enough to change practice and ensure legal compliance year on year. There is a risk that we could face financial penalties from CQC if we are not fulfilling/able to evidence we are fulfilling our statutory responsibilities.

Non-Financial Benefits

Benefits

- Audit is a useful tool providing the evidence of areas of practice improvement
- Increased audit activity – we can review more areas across the service
- Increase re-audit capacity to measure the impact of actions taken to improve practice.
- Increased capacity for SSW to implement the learning
- Review previous audits to see patterns of change/improvement etc.

The increase in capacity x3 auditors will give

- Assured statistical viability to the evidence from the audits
- Capacity to increase the amounts of thematic audits completed in the year
- Increase the capacity to collate the data.

7. Are there any identified risks which may impact on the potential delivery of this? What is the risk if we do not act?

- Risks that the department does not fully understand the regulations and what will be audited.
- Risks of delayed recruitment if we cannot fulfil the posts
- Financial risk of remedial action if we do not act (as detailed above in financial benefits section)
- Risk of reputational damage if we do not act.

8. Scope: What is within scope? What is outside of scope?

The Policy and Practice Team – to increase the number of auditors by three.

With the 'Integration and innovation: working together to improve health and social care for all' White Paper comes the proposal for CQC inspection of adult social care which will give greater visibility of our statutory work. The current capacity in the quality and practice team achieves two thematic audits a year. The current capacity does not achieve statistical viability nor cover auditing all our statutory responsibilities. The current resource does not give full assurance of our statutory responsibilities.

As a result, there is a request to fund the cost of 3 auditors within the team, to assure ourselves we are fulfilling our statutory responsibilities, help prepare reports for CQC inspections and ensure we are proactive in addressing any practice issues/needs. This role and function sit within the current team. So, this is where best placed, as builds on current workload, skills, and capabilities in that service. They are well versed in data collection, thematic audits, audit reports and supporting action plans a result of audits.

Business Planning: Business Case – Investment proposal

Project Title: Care Home Support Team

Committee: Adults and Health

2022-23 Investment amount: N/A (already budgeted)

2023-24 Investment amount: £220k

Brief Description of proposal:

This proposal is to agree permanent funding for the Care Home Support Team which is currently funded for two years. Current end date April 2023.

The annual cost of the Care Home Support Team is £220k (74%) for CCC (Cambridgeshire County Council) and £77k (26%) for PCC (Peterborough City Council)

The cost is already budgeted into the MTFS (Medium Term Financial Strategy) for 2021/22 and 2022/23 as a temporary investment.

This business case is asking for permanent investment from 2023/24 onwards of

CCC: 220k per annum

PCC: 77k per annum

Whilst this service will not deliver a saving, it is mitigating a financial risk of up to £542k per annum to the Council.

Date of version: October 2021

BP Reference: A/R.5.006

Business Leads / Sponsors: Charlotte Black, Director of Adults and Safeguarding

1. Please describe what the proposed outcomes are:

This proposal links to the CCC outcomes “A good quality of life for everyone” and “Protecting and caring for those who need us.”

The Care Home Support Team (CHST) is currently funded for two years. This business case sets out the need for this team to be made permanent. The cost of this team is already budgeted for in financial years 2021/22 and 2022/2023, so annual investment needs to be factored in from 2023/24 onwards.

The team stemmed from experiences during the COVID-19 pandemic in which there were a small, but significant number of care homes, which required focussed input from both contract management and operational staff to address quality and practice issues. This presented several risks to both councils in terms of quality of care for care home residents, provider failure and potential reputational damage. The CHST is aimed at enhancing the support already provided by the contract monitoring team. It is an additional, flexible, and intensive support service where there are practice concerns. CHST have the in depth and practical knowledge required to build a partnership with care homes to improve standards in residential and nursing homes as well as learning disability supported living providers.

It is clear from the support already provided by CHST that there is a widespread need for providers to be supported to improve practice quality. Care providers tend to either be unaware of what improvement is required or lack the knowledge to drive that improvement forward.

The role of CHST

- Completing a period of observational visits in the care setting to best understand how it operates daily.
- Talking to residents, their family, and staff to gather their concerns and provide advice and reassurance
- Ensuring care and support documentation is up to date and meets the needs of all, including the self-funding residents and is proportionate to ensure agency staff and others can understand how to meet resident's needs.
- Supporting adherence to Mental Capacity Act and Deprivation of Liberty Safeguards statutory duties across the home
- Liaising with the safeguarding teams as appropriate and supporting the care home to understand their safeguarding duties and what documentation they should have.
- Identifying opportunities for use of technology to support practice throughout the home as opposed to a resident-by-resident basis (particularly applicable for larger homes)
- Work alongside home management to ensure they understand what is required and can take the changes forward positively, utilising systems theory, strengths-

based practice, social learning theory, crisis intervention theories and others as appropriate.

- Support homes to ensure meaningful activities are taking place for all residents
- Ensuring good risk assessments and that the home is taking a preventative approach
- Facilitating meaningful interactions with other professionals to aid in building a support network around the provider to improve quality of care
- Where required, working with key CCC/PCC internal teams and senior managers, to identify where improvements in our support and interaction with providers can be beneficial in contributing to improved outcomes for the residents.

Please see the attached report of CHST work to evidence the scale of input for homes so far.

The care settings supported by CHST so far have needed on average eight separate visits to support improvements. Team members tend to be in a home for most of the day either observing or supporting care homes in implementing changes. This input takes time as the manager and carers require the dedicated time of a social worker to support with changes to practice. Additionally, observations of the home require seeing the home at all times of the day so the home manager can be provided with an effective assessment and understand the practice areas which require development. Once practical support has been provided, CHST will review those settings at 3, 6, and 9 month intervals to ensure these changes have been maintained. Furthermore, additional input will be needed at the review periods to reinforce learning and to also notice any further areas requiring improvement. Again, the same method will be applied of providing the dedicated time to support change. To illustrate the time commitment through one example, the maximum visits for one care home so far have been 19 separate visits.

It is vital to have social workers providing the practice support to homes as an enhancement of the contract monitoring support they already receive. Social workers have the practical experience of completing the tasks that care providers are required to do and as such can role model the tasks to aid in supporting practical application of the knowledge that formal training provides them. Many providers only complete e-learning and this does not provide them enough knowledge to apply to practice. At a time when providers have limited resources, the practice knowledge, and skills that social workers can share is invaluable in driving improvement in quality. Social Workers are experienced in application of legislation to practice and supporting individuals who have complex needs. Social workers are used to working within theory, models and approaches of practice and can share that knowledge with providers. The different perspective that social workers will have allows for us to work alongside our contract monitoring colleagues to provide a complimentary and enriched support service for providers.

2. What evidence has been used to support this work, how does this link to any existing strategies/policies?

Out of the 28 Care Homes CHST have been working with in the first three months, CHST highlighted practice concerns in 17 of these where they had not been found by the contract monitoring team or CCG (Clinical Commissioning Group) quality support team. This is not a negative but evidences the importance of different teams to support care providers to ensure holistic support. We have provided practice support (in partnership with contracts who provided support for contractual concerns) to two providers in the first three months who were providers of concern. These providers would not have been able to improve practice standards without the team's support. The concern relating to these providers was not new and no progress or change had been seen previously. It is reasonable to assume therefore that, based on the level of poor practice prior to our support, these homes could have been considered unsafe to continue to place individuals and we would have needed to move current funded residents to new placements and led to provider failure. These two homes were part of small individual owned companies which did not have access to the same resources as the bigger national and regional companies. Therefore, to solely inform them of what is requiring development does not result in them being able to resource the support to drive change. The consequences of this could mean that the provider fails, and the local authority incurs the financial and non-financial impact of this (as described below). Therefore, the local authority having the CHST to provide the practice support reduces the risks and means increased likelihood of improved outcomes.

Provider failure:

An example of the financial and reputational risk to the councils is reflected in provider failure. If a care home fails due to quality or financial sustainability, placements must be suspended, and home closure is a risk. This did occur in 2019 when a care home had to be closed and residents supported to move to alternative placements. This specific care home had already had placements suspended and intensive input provided. A social worker from the operational team was re-deployed for 6 weeks to work with the home and there was intensive support from contract management as well as several senior management individuals. It provides a real example of the cost of this failure.

Cost to the council:

At the time of closure there were only 8 residents left who the council funded.

Key cost implications of this were:

£785.19 – weekly increase in funding in total for the 8 residents due to moving placement.

£10,000 – for a consultant, the local authority funded to support the home for 2 months for 2.5 days a week

£40, 942.05 – total annual cost to the council for this provider failure.

£122,826.15 – utilising the above figures this would be the approximate increase in spending over 3 years (average time a person spends in a care home)

There were only a small number of residents left in this home by the time it closed. If we consider the two homes who were provider of concern already this year, that CHST has been involved with to improve practice, we can consider the potential cost mitigated based on the above example.

The two homes we supported had an average of 40 residents. Both had a large proportion of local authority funded residents; an average of 25 local authority funded residents in each of these homes.

Therefore, the potential annual cost mitigated following the joint support from CHST and contract monitoring for these homes was: £255,887.81 per year.

We have bigger homes within Cambridgeshire and Peterborough, the most beds in one home are 158 and the average occupancy is 50. Therefore, cost avoidance can potentially be significant.

We are now approaching 6 months of the team being in place and we are currently working with 3 further providers that are on the cusp of becoming providers of concern. 2 are nursing homes and 1 is a supported living provider with multiple provisions. All have concerns relating to practice, so we are taking an intensive, preventative approach in collaboration with contracts, aiming to improve practice standards. All homes are ones considered as having historical ongoing issues.

If we take these figures, we can mitigate further potential cost. Collectively the three homes have a bed occupancy of 150. If we considered there could be a 62.5% occupancy rate (same percentage applied to the 2 other providers of concern) that results in a potential impact of moving 93 individuals. When applying the same weekly cost increase of finding new placements, as above, that is a potential cost of:

£9127.83 per week

£475,951.14 per annum

£1,427,853.41 over 3 years (it should be noted that learning disability providers cost far higher than residential or nursing homes for older people and those individuals tend to remain in those placements for a significant period of their life. We have used the figures based on older people providers so the proportion relevant to the supported living provider has the potential for far higher cost implication).

This, therefore, equates to 5 homes so far that realistically could result in provider failure in one year without intensive practice support.

This is a total potential cost mitigated of £731,838.95 annually across both Councils.

It is important to note that following COVID, costs of managing a home have increased so the likelihood of failure is much higher. With the costs going up it is reasonable to suggest that this will mean care providers, especially the smaller independent ones, will not be able to access as effective training. This is another reason the CHST will be

imperative in supporting homes to continue to operate and ensure quality of care at the same time.

The provider failure case study also evidences an additional non-financial impact.

- A social worker from the operational teams was supporting the home for 6 weeks which impacted capacity in those teams and meant less statutory tasks were being completed for individuals. Social workers have 20-25 individuals to support at any one time so to take a social worker from the team for a significant period has a detrimental impact on the operational team.
- There were key individuals from senior management involved in this provider failure so to have a dedicated team involved to support the homes relevant to practice also lessens the impact on their capacity
- Distress to residents was a significant impact.
- Reputational damage
- Loss of bed capacity in an already stretched market

Complaints

11% of formal complaints responded to by the local authority in 2020-2021 were primarily about the provision of care delivered by care homes. This is an increase compared to the 2019-2020 period. 65% of these were about expected standards of care not being met. This was a significant increase of 28% compared to the previous reporting year. While some of these complaints were relating specifically to COVID, this does not mean they were not indicative of practice as concerns around restrictions is relevant to practice. The service needs to ensure guidance is upheld but that individuals' human rights are still central to decision making as well as the individual's wellbeing is held as priority. In particular, this requires a robust understanding of the Mental Capacity Act 2005, which we know is a development need across providers.

Over the last 2 years, for Cambridgeshire, there have been 10 adult social care complaints investigated by the local government ombudsmen and 6 of these related to the standard of care provided by the care homes commissioned by the local authority. The recommendation was for the local authority to work with the providers to improve their practice in areas such as record keeping, safeguarding and staff practice knowledge.

The CHST is addressing the recommendations by the ombudsmen which is vital as to not address this recommendation leads to reputational damage and has financial implications for the local authority.

Current example of CHST input

Case study:

CHST got involved with a care home during their COVID outbreak and upon visiting it was clear that practice standards were poor. CHST and the contract monitoring team took a collaborative approach in supporting the home to improve standards of care.

CHST have supported this home for several months to improve their practice and have done this through a process of role modelling good practice and improving documentation. Had CHST not been in place this home would have been expected to make changes independently but without the knowledge and skill to do so. The probability is that this would have led to prolonged and increasing concern and consequently continued suspensions of much needed placements. This is additionally evidenced by the fact that the contract monitoring team had repeatedly had concerns about this home and sustained improvements had not been seen. Had this home failed we would have been looking at a significant financial impact for the council due to moving residents, lack of bed capacity and reputational damage as well as resident distress due to moving to new homes.

Feedback from providers so far

'I am glad that I asked for the care home support team to get involved with parts of our home, as I was at one point very insecure about what are we doing right, are we doing enough, are our support plans sufficient, are our MCA what they should be? The feedback I am getting is not only constructive but also accompanied by support of finding a solution if something does not work as well as we would like. Working with Lucy has also given me the encouragement to go through our support plans with a different point of view and applying the approaches we discussed. '

D also said she would like to pass her thanks on to whoever created the care home support team.

When asked if the manager would have seen improvement without CHST, response have been:

'Not around MCA's no Steffi was very helpful and knowledgeable and gave us the knowledge and confidence to do MCA's and record them right now'

K 'does not feel that the improved practice would have been achieved without the intervention'

'I believe Leigh's involvement has made us take a more person-centred approach. The work would have been done but not to such high standard.'

'100% useful - It's easy to get complacent and even though we always strive to be better, there is nothing like having fresh eyes with different experience to get new ideas and discuss different options and outcomes.

'I had no idea of some of the areas we needed to improve on, I didn't think about TEC to be less restrictive, we didn't think about amending our admission checklist and our care plans, MCAs and risk assessments have 100% improved, we wouldn't have done this without the support'

CHST can evidence the widespread need across Cambridgeshire and Peterborough for this team, as evidenced above.

The lack of retention of staff and managers in care homes, the regular changes to practice guidance, the pressures on care homes with less resources and the increasing population of people who require care settings, as well as the ever-present reality of COVID all indicate that support will continuously be needed. 2 years does not result in the local authority being able to sustain and have assurance of quality and practice across the provider market.

3. Has an options and feasibility study been undertaken? Please explain what options have been considered.

Previous options have been:

Operational teams

Social workers from operational teams have been asked to provide intensive support to care homes to improve practice. This has been in the context of crisis when there are critical concerns about the safety and wellbeing of residents. However, it is clear operational teams cannot provide the level of support that care homes and supported living require for practice improvement. The support to care homes needs to be available without compromising other statutory work. Historically, social workers have been utilised from operational teams to assist care homes who require intensive practice support, which then has an impact on capacity in operational teams where there is already demand and pressure. It also means that homes cannot get longer term support to promote sustained improvement as the social workers are only able to be re-deployed for short amounts of time.

All social care input to care homes from operational teams is on an individual resident basis. PCC and CCC have a statutory duty to review the needs and care arrangements of all residents on at least an annual basis, and this takes place more frequently where a resident has significantly changing needs. Meeting the statutory duty to undertake Care Act reviews is a challenge in Cambridgeshire and Peterborough as these scheduled planned reviews are deprioritised to respond to urgent unplanned changes in service user circumstances or in response to provider failure. As with all Councils we struggle to complete regular reviews within 12 months, with the average number of days a review is overdue being 90 (3 months). Reviews of care home residents although important are balanced against the need to ensure that people in their own homes can live safe and independent lives.

Given the pressures experienced in covering the requirements of the reviews in a timely way it is not possible for the current workforce to also provide additional support for care homes as set out in this business case.

Contract monitoring team:

The contract monitoring team previously have been monitoring aspects of practice and including practice issues within an action plan if they have noticed something missing or incomplete. However, they do not have the knowledge and experience, as social workers do, that would enable them to proactively support change and development in

a home. This has linked with the historic approach of calling upon the support of the operational teams in a crisis however this lacks a preventative approach and as outlined above is not sustainable for the operational teams. Additionally, the contract monitoring team do not have the resource within the team to provide the intensive support providers require. Therefore, this is not seen as a viable option.

4. What are the next steps/ actions the Council should take to pursue it? Please include timescales.

CHST have continued to develop the framework in which the support is delivered to care homes and continue to gain feedback as to its effectiveness. There will be ongoing reporting of what has been achieved by this team.

Demand is high for this level of support as the team now have a waiting list of homes that require support. As stated above, this team is funded until April 2023, but the business case is requesting permanent funding from that point onwards.

5. Could this have any effects on people with Protected Characteristics including poverty and rural isolation? If so, please provide as much detail as possible.

The CHST supports care providers in enhancing their practice during a time where the COVID-19 pandemic has had a significant impact on older people and people with a diagnosis of a learning disability. We work with care homes to ensure that individuals who live in these settings have their human rights protected and promote that their wellbeing needs to be considered alongside the infection control protocols that need to be in place. As a team we promote equality and diversity within care settings and ensure the settings consider how best to support individuals' intersectionality.

However, an Equality Impact Assessment (EqIA) will be developed to ensure this proposal is equitable in its aims and delivery and any potential adverse impacts on people with protected characteristics are mitigated against. This is to ensure CCC's decision-making is inclusive for staff and communities with protected characteristics in line with the Equality Act (2010) and Public Sector Equality Duty (section 149).

6. What financial and non-financial benefits are there and how will you measure the performance of these? Are there any dis-benefits? These MUST include how this will benefit the wider internal and external system.

Financial benefits are evidenced above.

Non-financial benefits to providers having support to improve practice:

- Increased wellbeing and quality of life for residents
- Increased application of Technology Enabled Care (TEC) to support delivery of care in care homes which can also aid in a reduction of 1:1 funding.
- Reduction in delayed transfers of care because care homes are more confident in managing risk and seeking support from specialist staff in the CCG, community health services and the Councils. This also provides assurances that care homes are more confident in supporting residents with more complex needs.
- Increase in care homes taking a preventative approach which can reduce incidents which can lead to increased needs e.g. falls.
- Better documentation which can support the CHC (Continuing Healthcare Care) process which can have a positive impact for the councils.
- Reduced risk of LGO finding fault and judicial review and reputational damage to the sector and the LAs (Local authorities) as commissioners
- Enhanced support that contract monitoring team already provides for providers at risk of failure due to their practice

A significant benefit of having a team of social workers supporting providers is the added knowledge to a multi-disciplinary, collaborative approach. Not only is this about the CHST and contract monitoring team working together but also for the service to work with public health colleagues. Working closely with the CCG quality support team as well as colleagues in the medication optimisation team has been invaluable in creating a robust and supportive system around the providers across Cambridgeshire and Peterborough. We additionally work to link providers with the relevant professionals across CPFT (Cambridgeshire and Peterborough NHS Foundation Trust) (Cambridgeshire and Peterborough NHS Foundation Trust) and primary health. We have linked with the CPFT Safeguarding nurse to look at effective ways to share intelligence about homes to ensure we are aware of concerns across the various organisations to aid in focusing our resources on the right homes and enabling us to effectively risk assess.

7. Are there any identified risks which may impact on the potential delivery of this? What is the risk if we do not act?

This approach relies on the cooperation of care homes and the ability to recruit the right staff. We are currently in a staffing crisis in social care and this will have an impact in terms of sustainability of the intervention. However, this also means an increased risk of practice standards declining and therefore increases the need for support to be available. A number of risks have been identified above detailing the risks associated with not acting.

8. Scope: What is within scope? What is outside of scope?

With the five social workers in this team, support can be provided to nursing, residential and supported living providers. A waiting list is currently in operation, so this team does need to prioritise intervention based on risk. The team needs to ensure the intensive support to providers is possible and not impact this detrimentally by taking on too much work at one time. With the current number of social workers in the team there is no scope to provide this support to domiciliary care, day centres or any other setting the council commissions to provide support to individuals across Cambridgeshire and Peterborough. If this were required, the team would require a larger resource.

Business Planning: Business Case – Investment / Savings

Project Title: Expansion of the Enhanced Response Service

Committee: Adults and Health

2022-23 Investment amount: £181k

Permanent annual investment of £180,509 and net saving of £29.3k
(Cambridgeshire County Council)

Cost avoidance saving - £209,798 per annum

Brief Description of proposal:

Extension of the Enhanced Response Service to deliver earlier intervention, preventing escalation of need and associated cost avoidance

Date of version: 23 November 2021 BP Reference: A/R.5.009

Business Leads / Sponsors: Charlotte Black, Director of Adults and Safeguarding

1. Please describe what the proposed outcomes are:

To extend the remit of the Enhanced Response Service (ERS) for Cambridgeshire to respond to additional Carelines and to provide a short term urgent social care package across 24/7 at the request of GPs and 111.

This proposal has been developed to assist the Council in meeting the requirement to provide urgent social care within a two-hour target time.

Strategic fit

- Supports health and social care recovery to a new business as usual after the pandemic
- Supports 'Think TEC (Technology Enabled Care) first' approach
- Investment in prevention and early intervention
- Think Community
- Linked to the Lifeline and telecare service provisions and business cases for the increasing referrals to Technology Enabled Care Services

2. What evidence has been used to support this work, how does this link to any existing strategies/policies?

The recent growth and investment of the Technology Enabled Care Services (TECS) needs to be matched with a growth in the Enhanced Response Service to ensure a comprehensive preventative offering. The provision of technology needs to be matched with a person response to meet the wide range of unpredictable needs that helps people to continue living at home safely and give informal carers peace of mind.

GPs have voiced the need for accessible urgent social care support available 24/7 particularly where GPs are involved in front of house admission avoidance and Herts Urgent Care who provide 111 services.

Cambridgeshire County Council currently funds £734K for the existing ERS since 2017 and intends to maintain this commitment. Additional investment of £180,509 per annum is required to expand the service provision.

Current Enhanced Response Service Provision in Cambridgeshire

The Enhanced Response Service (ERS) was established in Cambridgeshire during 2017 to provide a mobile person response for telecare activations where no informal carer was available. The service operates 24/7 with two vehicles within the boundaries of Cambridgeshire and is entirely funded by Cambridgeshire County Council. Prior to this service all calls from Alarm Receiving Centres were sent to Ambulance Service

when family are not able to respond. The existing service is already contributing to avoiding ambulance calls.

The typical types of calls that ERS responds to includes:

- Non injured falls: for assistance with moving and handling to get up from the floor
- One off personal care: diarrhoea, vomiting, anxiety, incontinence.
- Silent calls: activations where the Alarm Receiving Centre cannot speak with the alarm holder. A number of these are people who have fallen but are out of voice/hearing range of the Lifeline.

ERS is responding to on average 508 calls a month (range 383-625) and current provision is at capacity.

- 32% of calls are for falls
- 31% for silent calls
- 23% for personal care
- 6% for anxiety
- 8% other

ERS responds to calls from seven Alarm Receiving Centres that have the greatest number of alarm holders in Cambridgeshire

- Astraline (new) 8%
- Tunstall 14%
- North Herts Careline 14%
- Cross Keys Homes 40%
- Sanctuary 365 4%
- Centra Pulse/Doro 13%
- Appello 1%

ERS also takes calls from the Ambulance service if someone has dialled 999 but is not a medical emergency, and from the Council's Emergency Duty Team. Ambulance calls 4% average 19 calls a month.

ERS receives approximately 1-2 calls from the 111 helpline a month. ERS has a few individual arrangements to respond to the call centres for Housing Associations with small numbers of sheltered units in Cambridgeshire (8 Housing Associations with 820 units). ERS will attend for people in their own homes, sheltered accommodation and in the event of a fall will attend Extra Care Schemes.

ERS is regulated by CQC (Care Quality Commission) and is currently rated as good. ERS can escalate their calls to other services if they identify any concerns during their visit. ERS data shows that ERS called the following services:

- 5.5% Ambulance
- 0.6% Police – access to property, aggression
- 0.7% GP – medical review and medication review
- 0.8% to JET and Out of hours District Nursing – skin tears, wounds, urine test, catheter issues, pressure areas

The roles of ERS and Joint Emergency Team (JET) are distinct and different. ERS response is staff with social care skills and is relevant for people who continue to have recurrent falls despite all intrinsic and extrinsic risk factors being optimised. ERS will make onward referrals to other preventative and early intervention services relevant to that individual's circumstances. ERS does refer to JET and Out of Hours district nurses skin tears, wounds, urine test and pressure area concerns.

3. Has an options and feasibility study been undertaken? Please explain what options have been considered.

Extension of ERS provision

This proposal is to extend the remit of ERS to respond to urgent requests for adult social care from 111, Ambulance Service, GPs, District Nurses, EDT, acute hospital's turnaround services. Urgent social care would be for very short periods such as overnight, weekend or bank holiday provision and until a Reablement or Care Provider can pick up the care or the person can manage independently. There would need to be an exit arrangement in place prior to ERS accepting a referral for short term social care.

Referrals would be made by telephone only so that ERS can immediately inform the referrer whether they have the capacity to assist or not. The expectation is that the extended service could respond within an average of three hours of a referral. Referrals would be prioritised according to the presenting situation, so less urgent situations may wait longer than three hours.

This urgent social care service would be fully integrated with the existing ERS provisions of responding to telecare activations and assistance following a fall.

There are benefits for integrating the urgent social care and responding to alarm activations is that it gives maximum flexibility of responding in a timely manner, coverage of the whole geography and minimising down time for staff.

The extension of service provision included in this proposal is:

- To respond to additional Alarm Receiving Centres such as Lifeline 24 that has 1,300 customers and Age UK/PPP Taking Care that has around 900 customers
- Urgent short-term social care provision needed at request of GPs, District Nurses, Ambulance and 111 to prevent hospital admission where appropriate
- Urgent short-term social care provision to support rapid hospital discharges, prevent hospital admissions and prevent carer breakdown

The proposal is to increase current ERS provision by having one additional vehicle with two staff covering three shifts to operate across 24 hours a day.

Proposed Activity Levels

Estimation of call out rate based on population over 75 years (population stats for 2019)

	Cambridgeshire
Population over 75yrs	57,528
Calls per annum	6,079 (actual)
Calls per month	508 (actual)

Proposed increase in activity levels per month

Monthly activity split

	Cambridgeshire
Lifeline calls	85
Urgent social care	80
	165

4. What are the next steps/ actions the Council should take to pursue it? Please include timescales.

The proposal is to increase provision of having one additional vehicle with two staff covering three shifts to operate across 24 hours a day. The next steps would be to recruit the staff required for the additional vehicle operating 24/7. This service is operational now although not yet at full capacity. It has temporary funding for the extension agreed with CCG in September 2021. However, the temporary funding will end March 2022. The request is for continuation of the extended service from April onwards.

5. Could this have any effects on people with Protected Characteristics including poverty and rural isolation? If so, please provide as much detail as possible.

This will have a positive impact on all people with protected characteristics, with a greater level of service provision to respond to urgent social care needs.

However, an Equality Impact Assessment (EqIA) will be developed to ensure this proposal is equitable in its aims and delivery and any potential adverse impacts on people with protected characteristics are mitigated against. This is to ensure CCC's decision-making is inclusive for staff and communities with protected characteristics in line with the Equality Act (2010) and Public Sector Equality Duty (section 149).

6. What financial and non-financial benefits are there and how will you measure the performance of these? Are there any dis-benefits? These MUST include how this will benefit the wider internal and external system.

The Adults Positive Challenge Programme demonstrated cost savings for social care over the past two years in TECS and ERS. Although savings have been attributed to TECS a significant proportion is due to ERS in Cambridgeshire too. TECS received an investment of £327,414 for staffing and equipment over the two years. There was no corresponding investment in ERS although there has been an increase in ERS activity over these two years.

Cambridgeshire APC (Adults Positive Challenge) demonstrated £9.6 million savings over the last two years

	2019-20	2020-21
Cambridgeshire cost saving	£5,980,582	£3,663,863

Cost saving postponement of care

The modelling used in Cambridgeshire demonstrates that TECS and ERS can postpone the start of domiciliary care by 14.41 weeks and the start of a care home placement by 11.58 weeks. This is based on actual data accumulated over the past three years.

Cambridgeshire could cover their proportion of the costs by postponing 51 out of 1263 new individuals with domiciliary care packages and 23 out of 419 new care home placements. For Cambridgeshire to avoid double counting savings from the 2020-21 baseline ERS would have to take on responding to Lifeline 24 and PPP as new Alarm Receiving Centres. If stretch targets were agreed of 60 domiciliary care and 25 care home placements postponed this would deliver a net saving of £29.3K.

The rationale for the figures above considers:

- The increased activity in ERS year on year (except for the Covid year) shows that there is demand for the service. This is reinforced by the fact that there can be times when ERS cannot accept all the calls that come in at the same time.
- The robust calculator used for tracking savings in TECS and ERS established in the Adult's Positive Challenge (APC) programme
- The positive feedback on the difference that informal carers and alarm holders give on having ERS responding means that it has significantly reduced their anxiety and demand for domiciliary care. Similarly, where ERS makes multiple responses for some customers this is postponing the decision to move to a care home.
- Having ERS means that more people are agreeable to having a Lifeline – evidenced by the higher-than-expected recruitment rate for the Lifeline Service. More people with Lifelines and ERS increases the numbers of people postponing domiciliary care.
- Increased access to ERS urgent social care for up to 72 hours for GPs and primary care, 111, Transfers of Care, Reablement, Ambulance, Emergency Duty Team prevents a crisis in the community and escalation to a hospital admission. Most domiciliary care packages and care home placements commence after a hospital admission.

Benefits in quality-of-service provision

Although TECS and ERS cannot prevent people having falls, these services do prevent the complications of having a long lie. The complications of having a long lie after a fall are pressure sores, rhabdomyolysis, pneumonia, hypothermia, dehydration, shock and even death. Generally, ERS has a quicker response time than a low category Ambulance call for non-injury falls, minimising the complications of a long lie. A long lie can often lead to a hospital admission and discharge to a care home placement or large care package. This is supported by evidence from research¹.

¹ *Fleming J, Inability to get up after falling, subsequent time on floor and summoning help: prospective study in people over 90. BMJ 208, 337, a2227

Benefits for social care:

- Support for 111 option 3 to access an immediate adult social care response that operates 24/7
- Support for the Emergency Duty Team who can allocate calls to ERS especially out of hours
- Long term support for those who have a Lifeline with sensors and ERS. This is particularly relevant for those who live alone and have unstable conditions and need practical assistance on an unpredictable and irregular basis.
- Helping to maintain peoples' independence, wellbeing, and confidence to remain living at home, thus postponing the need for a move to sheltered, extra care or care placement.
- Helping to postpone the need for a regular care package by successfully meeting peoples' unpredictable needs.

Benefits for informal carers:

- Rapid access to personal care for the cared for person in an urgent short term or one-off situation giving the informal carer peace of mind if they are unable to continue their caring role. ERS can be part of the carer's 'What If' plan.
- Informal carers who may not be available to respond because they are at work or on holiday or unable to leave their home overnight to respond to a telecare activation, for example, if they are a single parent
- Informal carers who may be too frail themselves to assist with moving and handling for getting up from the floor.
- Provides peace of mind for family that live at a distance that their relative can easily summon help 24/7 and they will receive a skilled person response when it is needed.
- Some customers do not have any informal contacts they can nominate ERS to respond, and they would benefit from having a Lifeline and being able to summon help whenever it is needed. Having ERS enables more people to benefit from having a Lifeline and increases the uptake of this preventative offering.

There are also operational benefits for the extension to ERS:

- ERS already operates over 24 hours while most other care providers operate over extended daytime hours
- ERS has continued to operate throughout the Covid pandemic

*Tinetti ME, Lui W, Claus EB, Predictors, and prognosis of inability to get up after falls among elderly persons. JAMA, 1993,269(1), 65,70

- ERS has a culture of enablement and making onward referrals to other prevention and early intervention services.
- ERS has a single telephone number for taking calls that is accessible 24 hours a day
- ERS has access to any relevant social care history on Mosaic. This is especially useful when responding to silent calls or for access difficulties establishing that the person is at home and not on respite or admitted to hospital
- ERS has good processes in place to access Reablement and if needed an assessment for social care. Any history from the urgent ERS visits would be available on Mosaic to inform any statutory assessment, review, or period of Reablement.
- Greater flexibility, capacity, geographical coverage, and robustness for business continuity with the existing ERS provision rather than a stand-alone commissioned service.

The combination of having a Lifeline and the Enhanced Response Service can meet unpredictable and ad hoc needs for care and support is one of the main services that postpones the need for health and social care services. It enables people to continue living in their own home longer with confidence that help is available as and when they need it. These services provide reassurance and peace of mind to the person and their informal carers.

People with Lifelines reduce demand on both health and social care. Informal carers respond to around 85% of activations when alarm holders are needing assistance thus avoiding calls to both health and social care.

7. Are there any identified risks which may impact on the potential delivery of this? What is the risk if we do not act?

Risk	Mitigation	RAG	Overall responsibility
1. Difficulty recruiting staff with suitable experience in care, especially to cover night shifts	Plan an effective social media campaign to attract applicants. Plan a thorough induction and shadowing with experienced staff. Consider secondments from current teams to new team.	Green	ERS
2. Time needed to recruit the Alarm Receiving Centres into using ERS is likely to be 3-6 months to meet all the GDPR requirements	Support ARCs with prepared template Information Sharing Agreements and template letters to send to their existing Customers informing	Green	ERS

	them of the new mobile responding service. Prepared presentations to Call Operators of ARC to implement use of new service.		
3. Level of activity does not reach the numbers in the business case. No demand modelling data available to estimate the numbers of requests for urgent social care.	Demand modelling for Lifelines has been based on activity levels shown in the existing ERS and applied it proportionately by population size. Communication strategy for launch of service with internal staff groups and targeted external agencies. Manage expectations of managers that numbers will be slow to build up at start of service.	Green	ERS
4. Urgent social care is a new and distinct service offering that is different from responding to Lifeline activations. No systems currently in place to capture data	Implementation plan is inclusive of setting up recording systems in Mosaic for urgent social care and that Business Intelligence include these in the Inform reports. Lifeline activations captured in Mosaic	Green	ERS

8. Scope: What is within scope? What is outside of scope?

In scope is extending the remit of the Enhanced Response Service to extend the availability of the service and capacity.

Business Planning: Business Case proposal

Project Title: Expanding Support for Informal Carers

Committee: Adults and Health Committee

2022-23 Investment amount: £253k

(£273,420 would be recurrent costs required after the first year). There is the potential to re-invest £70k of savings already made against the Carers Direct Payment budget into this proposal. This would reduce the overall investment requirement to £253,420 in Year 1 and £203,420 thereafter.

Brief Description of proposal:

This proposal seeks investment into a range of areas which will provide a range of additional support to carers, over and above the current commissioned and operational support services. Some of these services are jointly funded alongside NHS Partners and enable carers to identify their support needs, better manage their own wellbeing and maintain their caring role for longer delaying the need for individuals requiring higher cost and longer-term adult social care.

Date of version: 23 November 2021

BP Reference: A/R.5.010

Business Leads / Sponsors: Will Patten, Director of Commissioning

1. Please describe what the proposed outcomes are:

The Care Act 2014 defines a carer as someone who helps another person, usually a relative or friend, in their day-to-day life. This is different from someone who provides care professionally or through a voluntary organisation.

Carers are valuable to our society but providing care can have an impact on carers in terms of their own health, education, ability to remain employed, relationships and social life. The Care Act 2014 requires local authorities to take a preventative approach in providing support to a wider group of carers. It also introduced the right of carers to have a statutory assessment to identify their need for support and where those needs meet the national eligibility criteria, to receive support to meet those needs from the local authority.

Estimates from the 2011 census data indicate there were over 60,000 carers in Cambridgeshire. Although most are adults, there are 4,208 carers in Cambridgeshire who are under the age of 25. Research tells us that the number of family and unpaid carers who provide care and regular support to another individual will increase over the next ten to fifteen years. This is largely because people are living longer, so we expect to see this number to have grown when the 2021 Census Data is released in March 2022.

This proposal seeks investment into a range of areas which will provide a range of additional support to carers, over and above the current commissioned and operational support services. Some of these services are jointly funded alongside NHS Partners and enable carers to identify their support needs, better manage their own wellbeing and maintain their caring role for longer delaying the need for individuals requiring higher cost and longer-term adult social care.

The areas of investment outlined below will deliver the following outcomes to support informal carers in the caring role:

- Short-term formal care can be provided in an emergency preventing the need for more costly interventions
- Carers are more resilient and can maintain their caring role
- Carers can take a break from their caring role to support their own wellbeing
- More Carers are identified and able to access sources of support

These outcomes will be achieved through investment in the following areas:

- a. Our commissioned carer support provider has reported an increase in activations of emergency support over and above their capacity to respond. This led to an increase in support provided by the council's Emergency Response Service. By increasing the capacity of the carers support provider, they will be able to provide urgent support to service users in an emergency as part of a preventative, contingency planning approach to meet rising demand.

- b. The Listening Ear Service provides counselling, wellbeing, and emotional resilience support to enable carers to maintain their caring role and prevent breakdown. There is currently a significant waiting list for this service indicating that demand is exceeding capacity. By increasing capacity of the Listening Ear Service, the waiting list will be reduced, and carers will receive the support they need which could avoid carer breakdown and a potential care and support package.
- c. To maintain their wellbeing, it is recognised that carers can take a break from their caring role and do something that they enjoy. This can help to prevent carer breakdown. A successful pilot saw volunteers providing company for the person being cared for to allow the carer to take a short break. To enable countywide roll-out of Short Breaks for Carers, support for the recruitment of volunteers is requested.
- d. Building on recommendations from a successful social media campaign earlier this year, a further, specific media campaign that targets hidden carers, promotes the support and resources available for carers is proposed. Analytics will identify the impact as well as the number of people reached. Data from our commissioned providers can be measured to monitor if hidden carers are seeking support.

All the above aligns to Council priorities; protecting and care for those who need us, ensuring a good quality of life for everyone and placing communities at the heart of everything we do. Through volunteer programmes and community-based offers such as the Short Breaks for Carers there will be increased social value through this proposal which will increase community cohesion through volunteer led services, links to community assets and support local economies.

The proposals which require on-going investment build on work that is currently being carried out through the Council's commissioned provider affording an opportunity to expand either capacity or geographical coverage. The structures are in place for these proposed activities to be quickly rolled out and link to the preventative support that is already offered through the providers contracted service and provide a better route to successful delivery of the proposed outcomes than delivery through the Council's own operational structures.

2. What evidence has been used to support this work, how does this link to any existing strategies/policies?

Strategy

The proposal directly links to the All-Age Carers Strategy 2018-2022, developed by Cambridgeshire and Peterborough Local Authorities and the Clinical Commissioning Group, and will meet the following key strategic intentions outlined in the strategy:

Strategic Intention 2: Early identification of all carers

Strategic Intention 3: Access to information, advice, and support

Strategic Intention 4: Carers work/training/education – life balance

Strategic Intention 6: Reduced breakdown of care at home

Consideration of In-House Provision

The Council also strengthened their approach to support for Carers and their statutory duties under the Care Act by establishing the Carers Support Team in 2008. In 2019 the responsibility to carry out Statutory Carer Assessments for Carers not known to Adult Social Care as well as providing support and signposting for this cohort of carers was brought back in-house. This had previously been carried out by commissioned providers but bringing this service in-house, linked with Adult Early Help and compliant delivery to the Care Act duties.

The preventative element of the service continues to be delivered as a commissioned services as this approach brings with it a level of flexibility and well-established links into a wide range of services and approaches within local communities. It also offers best value for money.

Performance and Impact

The work undertaken to improve support for carers has had a positive impact on both local and regional performance. Regionally, the approach Cambridgeshire has taken within this area has attracted positive attention and we regularly engage with other local authorities to share our experience and approach. This is evidenced from regional comparison information which indicates the number of carers assessed and/or reviewed within Cambridgeshire has increased from 180 to 556 between 2019/20 and 2020/21. We currently rank second highest in the region behind Essex.

Work was undertaken through the Adults Positive Challenge programme to focus on support for carers. The workstream looked at both operational and commissioned services and the programme of work supported progress towards achieving the following outcomes:

1. Carers can balance their caring roles and maintain their desired quality of life
2. Staff have the knowledge and ability to have the right conversations with carers, and direct carers towards the right level of support to meet their needs
3. Carers have access to the right tools and information to enable them to manage their health and wellbeing and support them to maintain their caring role
4. The right community-based support is available to carers across all client groups
5. All carer reviews are in date

In addition to this, we have reduced the level of spending on one-off Direct Payments through re-directing carers to alternative support to achieve better outcomes than a limited monetary sum. The carers' direct payment budget delivered an £80k saving on a £150k budget in 2020/21. Prior to 20/21 this budget had already made savings of £516k, with £466k of this being made permanent through budget reductions.

Feedback from carers themselves has also been positive and some key examples have been included below:

“I felt that I was the one that mattered as all other contact with other groups/agencies were focused solely on my husband whom I care for.”

“The advice and help I received... helped me to see that it wasn't wrong of me to want time for myself. Discussed ways of helping me cope with being full time carer to my wife and still manage to enjoy life whilst not having to feel depressed and alone but also be refreshed - ready for the challenges ahead”

Whilst Cambridgeshire have achieved significant outcomes through the work undertaken to improve support for carers, recent findings from national reports following the COVID-19 pandemic highlight there is still more work to do.

Firstly, work is needed to ensure carers are considered effectively as part of developing hospital discharge processes. A national survey undertaken by Carers UK in relation to Discharge to Assess Hospital processes indicated that over half of carers providing significant care were not involved in decisions about discharge, most carers were not assessed, and two thirds did not feel listened to about their willingness and ability to care.¹

In addition, COVID-19 has had a disproportionate impact with carers with surveys revealing that 81% of carers are providing more care than they had before lockdown, with 78% reporting the needs of the person they are caring for have increased. 58% of carers have also seen their physical health impacted by caring through the pandemic, while 64% said their mental health has worsened.²

This highlights the importance of continuing to improve and expand upon our Carers Support offer.

3. Has an options and feasibility study been undertaken?

Please explain what options have been considered.

The following papers by various support agencies provides evidence on what works for supporting carers:

- [Spotlight on a Carers Journey - National Development Team for Inclusion](#)
- [Assessing Carers Needs: A Guide – Skills for Care and The Carers Trust](#)
- [Supporting Young Carers and Their Families – The Children's Society](#)

Cambridgeshire recognises that a preventative approach is key to supporting carers and this forms a central part of our approach to adult social care. We recognise the important role carers play and have proactively established approaches which enable early identification of the needs of carers and how the council and commissioned services can maximise the physical and mental wellbeing of carers.

To date, we have focused on the following areas:

¹ [21 09 10 Carers Trust carers-experiences-of-hospital-discharge-report-2021.pdf](#)

² [Caring Behind Closed Doors - Carers UK](#)

- Ensuring carers are identified early, and that meaningful conversations are carried out, thereby preventing carers from reaching crisis point and breakdown.
- Ensuring carers have access to information, tools, and support to enable them to manage their health and wellbeing and support them to maintain their caring role
- Ensuring support is available in the wider community, from commissioned services and, where required, from the Council to enable carers to balance their caring roles and maintain their desired quality of life
- Identification of and engagement with 'hidden carers' who are people who undertake a caring role and do not necessarily relate to the label of 'carer' but nevertheless may require or benefit from some support.

A range of activities have been undertaken to make improvements in support for carer across these areas. These have been highlighted below:

- Strengthening conversation with carers - We have delivered a new approach where carers are supported flexibly with a variety of support opportunities. The use of strengths-based conversations has been key to this approach.
- Commissioning an All-Age Carers Support Service – The new service commenced in August 2020 and provides support to a range of carers of all ages across three providers. The new service improved consistency, with emphasis on local needs and ease of access for local carers. It provides a range of support activities which aim to increase the early identification of carers, provide support to help carers, including Young Carers, to maintain their caring role and to prevent carer breakdown. The service also provides support to carers, who are unable to carry out their caring role due to an emergency for up to 72 hours.
- Young Carers – The council, working with its commissioned provider, Centre 33, is focusing on several initiatives to support Young Carers. Centre 33 is working with mental health services around support for Young Carers who are supporting family members with eating disorders, a caring role which has significantly increased during the pandemic. Carer Champions are being rolled out within schools to improve recognition and support of Young Carers within the school environment. 16+ Transitions Assessment and Support has been developed to ensure a smooth transition from young to adult caring responsibilities and is being viewed as an example of best practice in other local authorities who are keen to implement similar systems
- Sharing Best Practice and Awareness Raising - A range of activities are undertaken within this area. Key examples include development of a Carers Brochure to highlight good practice to adult social care practitioners; active participation in Carers Week annually including radio announcements and other published materials. We recently ran a hidden carers campaign to seek to direct people towards available support, information, and advice.
- Think Communities - Carers are a key priority under the Think Communities programme. A short break for carers pilot is currently being delivered by Caring Together. Work is underway to achieve the Carers Employer tick for Cambridgeshire County Council indicating we are an employer of people with a caring responsibility. The Community Engagement Vehicle is in regular use

across all the districts and the team are refining their approach to feedback key themes and community support ideas in relation to carers.

4. What are the next steps/ actions the Council should take to pursue it? Please include timescales.

To achieve the elements contained within the proposal there are several actions which will need to be taken. There have already been discussions with the relevant internal teams and commissioned providers who would be responsible for the delivery of the outcomes. The stakeholders involved include:

- Caring Together – commissioned provider of Carer Services
- Think Communities
- Communications Team
- Adults Positive Challenge Carers Workstream – Operations, Contracts, Commissioning, Finance and Business Intelligence

There will also be opportunities to link with the work being carried out under the Happy at Home programme as well as health partners through Primary Care Networks within each of the localities seeking opportunities to pool funding and resources wherever possible. The current pilot for Short Breaks for Carers is jointly funded with the Primary Care Network (PCN) in East Cambridgeshire and further opportunities would be explored with PCNs in other localities to determine their priority areas and the potential for investment into this area of support thus reducing the Council's overall contribution.

To deliver against the proposal, the following activities will be undertaken:

Activity/Task	Responsible	Timescale
Recruitment and training of 3 FTE additional workers to support response to contingency plans	Caring Together	Within 4 months
Recruitment of 1FTE counsellor to increase capacity of Listening Ear Service	Caring Together	Within 4 months
Recruitment and training of Volunteer Co-ordinator for each Locality to support delivery of Short Breaks for Carers	Caring Together	Within 4 months
Campaign to recruit volunteers in each locality to deliver short breaks for carers	Caring Together/Think Communities	Within 6 months
Training and support of volunteers to deliver short breaks for carers	Caring Together	Within 8 months

Hidden Carers Media Campaign (potential to link to winter campaigns)	Comms Team	To start within 6-8 weeks
Awareness raising of support available	Comms Team/Caring Together/Think Communities/Operational Teams	Throughout
Analytics of media campaign success	Comms Team/Caring Together	Following Media Campaign

Commissioners will commission the services outlined directly from the current provider under a variation to existing arrangements. The Carers Workstream will oversee the delivery of the additional support/areas of investment. The actions required will be incorporated into the Carers Action Plan and will be monitored against indicators of success to ensure the activity meets the required outcomes.

5. Could this have any effects on people with Protected Characteristics including poverty and rural isolation? If so please provide as much detail as possible.

A carer is anyone, including both children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. Therefore, the expansion of the Carers Support could actively be supporting any of the following protected characteristics.

- Age
- Disability
- Pregnancy and maternity
- Poverty
- Rural Isolation
- Race
- Sexual orientation
- Gender-reassignment (including intersex, transgender and non-binary people)
- Religion
- Marriage and civil partnership

To ensure this proposal is equitable in its aims and delivery and that any potential adverse impacts on people with protected characteristics are mitigated against, an Equality Impact Assessment (EqIA) will be developed. This is to ensure CCC's decision-making is inclusive for staff and communities with protected characteristics.

6. What financial and non-financial benefits are there and how will you measure the performance of these? Are there any dis-

benefits? These **MUST** include how this will benefit the wider internal and external system.

The total investment required to carry out all the activities outlined in the proposal is £323,420 in year 1 and then £273,420 recurrently. The investment required for each of the individual elements is shown below:

Investment Opportunity	Year 1 Investment	Recurrent Investment
Additional 24/7 provider capacity (3 FTE rapid responders) to support contingency planning	£185,000	£150,000
Additional capacity (x1 FTE qualified counsellor) to support Listening Ear Service	£50,000	£50,000
Roll-out of Short Breaks for Carers	£73,420	£73,420
Media Campaign to target hidden carers	£15,000	-
Total Investment	£323,420	£273,420
Offset Amount	(£70,000)	(£70,000)
Investment Required	£253,420	£203,420

Of the investment identified above £273,420 would be recurrent costs required after the first year.

There is the potential to re-invest £70k of savings already made against the Carers Direct Payment budget into this proposal. This would reduce the overall investment requirement to £253,420 in Year 1 and £203,420 thereafter.

Financial Benefits

Financial benefits can be summarised under the following areas:

Economic Contribution of Informal Carers

Using Census data relating to the provision of unpaid care Carers UK and Leeds University estimated that, nationally, Carers make an economic contribution of £134 billion per year. They also estimated the value of Carers' contribution by local authority; looking at the number of Carers and estimating the cost of replacement care for the hours they provide. In Cambridgeshire and Peterborough, the value of Carers contribution in 2011 was estimated at £955 million.

Cost Avoidance

Analysis of care and support plans indicates that, with better support, carers can maintain their caring role. A snapshot capturing the impact of current practice in operational teams indicated cost avoidance of ~£2.4k per week for the interventions implemented during the snapshot period (1 month). Were we to assume that the snapshot month were typical of all months and that an intervention can prevent the need for escalation of someone's care needs for 3 months, we could say that current practice delivers preventative savings of ~£375k per year. In addition to this, our internal Carers Support Team supports carers caring for individuals not known to

adult social care and helps to prevent the requirement for statutory services. Our externally commissioned carer support providers also contribute to maintaining people within a caring role and avoided cost to the local authority.

Projected Cost Avoidance Savings	Cost Avoidance
Benefits of supporting carers to maintain their caring role through a preventative and are therefore not known to the Council	£210,000*
Benefits of increasing capacity to support carers in an emergency as part of an established contingency plan	£9143**
Total Projected Cost Avoidance:	~£219,143 per annum

*Caveat: Initial Estimate: Further work is required to verify this assumption using an agreed methodology and drawing on information from commissioned providers, Carers Support Team and Adult Social Care data to determine care packages resulting from carer breakdown.

**Caveat: Currently only 1 quarter of data available so cost avoidance analysis is based on limited information over a short period of time

Costs to ASC – Emergency Support

Increasing the capacity of the commissioned provider to deal with emergency situations and provide support for up to 72 hours as part of a carers contingency plan can also provide avoided cost to the Local Authority. Currently only two activations of contingency plans can be dealt with simultaneously. There are 3692 What If (contingency) plans registered with the provider, 120 new plans were registered in the first quarter of 21/22 and this provision continues to be seen as an important part of planning for emergencies with carers.

In Q1 of 21/22 44 emergency plans were activated and 50% of these plans did not have any nominated contacts (family/friends) who could support the cared for person as part of the response to the emergency. Eight (15%) plans could not be responded to within the quarter due to the lack of provider capacity.

Using verified proxies³ for the cost of formal interventions (e.g.respite or care packages required to support and safeguard should the informal carer not be available), there could be a potential £2285.82 in Q1 of avoided cost; annually this would amount to £9143.28. However, we currently have only had Quarter 1 of 21/22 data available which provides information across the summer months, and we can make a reasonable assumption that there is likely to be a higher incidence of emergency support required for carers over the coming winter period.

A further cost avoidance rationale can be applied through ensuring that better support for carers of individuals not yet known to Adult Social Care will delay the requirement for commissioned formal care. Using an average cost of care of £350 per week and an assumption that at least 60 carers will be able to maintain their

³ (source: Innovate and Cultivate Adult Social Care Costings)

caring role by 10 weeks, delaying the need for adult social care a cost avoidance figure of £210,000 can be applied. This is a small number of carers based on over 700 active carers seeking support from Caring Together, the commissioned provider, in Q1 of 21/22. Further work is required to verify this assumption using an agreed methodology and drawing on information from commissioned providers, Carers Support Team and Adult Social Care data to determine care packages resulting from carer breakdown.

Non-Financial Benefits

Further non-financial benefits can also be attributed to the proposal through the delivery of additional support to carers.

Opportunity	Benefits
Additional provider capacity to support contingency planning	<ul style="list-style-type: none"> • Meet increased demand • Maximise the use of contingency plans • Prevent carer breakdown • Reduce need for temporary care packages, hospital admission or reablement
Additional capacity to support Listening Ear Service	<ul style="list-style-type: none"> • Reduce waiting list for support • Prevent carer breakdown through earlier intervention • Prevent carer/cared for from requiring statutory intervention
Roll-out of Short Breaks for Carers	<ul style="list-style-type: none"> • Flexible option for carers to take a break from their caring role on a regular basis • Initial positive feedback from Carers accessing the pilot service in East Cambs
Media Campaign to target hidden carers	<ul style="list-style-type: none"> • Previous campaign successful in reaching a wide audience and increasing awareness • Can be targeted to increase awareness and support offered over acute period of winter pressures

7. Are there any identified risks which may impact on the potential delivery of this? What is the risk if we do not act?

Risk	Mitigation	RAG (should the risk occur)	Overall Responsibility
Additional provider capacity to support contingency planning - Demand does not increase and resource is not used	Flexible approach to recruitment and use of resources. Continue to promote the use of What If plans	Amber	Commissioning/Provider

Additional capacity to support Listening Ear Service - Only anecdotal evidence of impact available at this stage	Provider to gather further evidence of impact Continue to monitor the outcomes delivered as programme progresses	Amber	Commissioning/Provider
Roll-out of Short Breaks for Carers - Reliance on volunteers to meet demand	Engagement with local college/HE/communities to recruit volunteers Targeted campaigns in each Locality	Red	Think Communities/Provider
Roll-out of Short Breaks for Carers - Evidence of impact of pilot in East Cambs not yet available	Provider to gather further evidence of impact Continue to monitor the outcomes delivered as programme progresses	Amber	Commissioning/Provider
Media Campaign to target hidden carers - Final report from previous campaign not yet available	Midpoint Analytics from previous campaign available Ensure final report is circulated	Green	Communications Team
Media Campaign to target hidden carers - Clear analytics required to measure impact	Clear analytics and impact measurements to be defined at the outset of the campaign	Amber	Communications Team/Think Communities/Provider

8. Scope: What is within scope? What is outside of scope?

The following interventions are in scope for the proposed investment:

- Additional provider capacity to support ability to respond to contingency plans
- Additional capacity to support Listening Ear Service
- Roll out of short breaks for carers
- Media campaign to target hidden carers

Outside of scope are the following areas:

- Activities of the commissioned provider as defined by their service specification
- Actions identified under the Carers Action Plan as part of the Adults Positive Challenge Programme or Think Communities delivery
- Support for Carers through Carers Assessments and Carer Conversations

Business Planning: Business Case – Investment proposal

Project Title: Implementation of the Real Living Wage

Committee: Adults and Health Committee

2022-23 Investment amount: £1,187,000

Brief Description of proposal:

Implementation of the Real Living Wage to Adult Social Care staff which will include both internal council staff and third-party providers. This will commence in 2022/23 and will be phased in over a 2–3-year period. To ensure that we do this in an equitable way across the market, we are proposing to roll out incremental increases every six months to close the gap from the current rates to the Real Living Wage over a two-year period.

The total permanent investment required on a Business Planning basis is forecast as below:

2022/23	2023/24	2024/25	2025/26	2026/27
1,187k	4,408k	3,619k	409k	543k

Date of version: 23 November 21 BP Reference: A/R.5.011

Business Leads / Sponsors: Will Patten, Director of Commissioning

1. Please describe what the proposed outcomes are:

The Real Living Wage is a minimum income standard which is based on what people need to earn to maintain an acceptable standard of living within the UK. It is calculated on an annual basis by an independent body called the Living Wage Foundation which is made up of leading living wage employers, trade unions and academic partners amongst others. The current Real Living Wage Rate is £9.50 per hour.

Delivery of the Real Living Wage is expected to achieve the following outcomes against the Councils key priorities:

- **Protecting and caring for those who need us**
For some time now the adult social care workforce has struggled to increase capacity in line with the growth in demand for services. This impacts on the quality of services received the level of choice and control people can exercise in identifying services to meet their support needs and the cost of services to the Council. Recruitment and retention challenges are a major contributing factor to this due to comparatively low wages, high levels of competition from other sectors and lack of an established and formalised career pathway. Investing in the sector through ensuring the workforce is paid the Real Living Wage will help to tackle these issues and facilitate growth within the sector.
- **Ensuring a good quality of life for everyone through addressing a key cause of local social mobility challenges**
As a major local employer and purchaser of services, the Council can choose to play a significant role in addressing social mobility challenges experienced amongst the lowest paid workforce in helping to safeguard this workforce from in-work poverty and ensure they are able to live a healthy life, particularly important given the high cost of living within Cambridgeshire.
- **Communities at the heart of everything we do**
An increase in wages will inevitably lead to an increase in spending activity boosting the local economy and community. This will not only have economic advantages but will also have a positive impact on community cohesion and engagement with adult social care, linking to the placed based and think communities' approach.

2. What evidence has been used to support this work, how does this link to any existing strategies/policies?

Strategies and Policy

Introduction of the Real Living Wage forms a key priority of the new joint administration within Cambridgeshire who are seeking to drive up the quality and dignity of care work and services, integrating the Council's social value approach as well as improve training, career development, pay and conditions for frontline care workers. This includes a phased implementation of the Real Living Wage.

As an organisation, the Council are also actively exploring new and more sustainable approaches to meeting growing demand for adult social care services. This includes development of more localised, placed based approaches evident through Adult Social Care and Think Communities priorities. The aim is to improve the quality, efficiency and sustainability of adult social care provision whilst also giving people receiving support maximum choice and control over who and how it is delivered. This will ensure they are enabled to remain as independent as possible for longer. However, the impact of these approaches will be limited if workforce capacity to implement and deliver them is restricted. The Real Living Wage could help to address this challenge.

Alignment with Existing Projects

The Real Living Wage could also positively align and impact on several specific projects currently being progressed including development of a placed based home care model, roll out of the 'happy at home' pilot which is looking at different approaches to delivering support in local communities, as well as increasing direct payments and individual service funds which require an active personal assistant workforce to be available.

Evidence and Feedback

Skills for Care – Scope and Workforce

The latest Skills for Care workforce statistics indicate that there were an estimated 15,000 jobs in adult social care in Cambridgeshire, split between local authorities (7%), independent sector providers (87%) and jobs working for direct payment recipients (6%). Skills for Care estimate that 8,600 of these jobs are direct care workers, often in receipt of the lowest salaries. As of March 2020, this data indicated that Care Workers within the Eastern Region were paid an average rate of £8.73 per hour. This is 77p per hour lower than that Real Living Wage.

Skills for Care estimate that the staff turnover rate in Cambridgeshire was 36.6%, which was higher than the regional average of 32.9% and higher than England, at 31.9%. Pay differentials was identified as one of the main reasons for high turnover. Implementing the Real Living Wage could therefore have a positive impact on capacity as well as recruitment and retention.

The Real Living – Research on Impact

The Real Living Wage Foundation have undertaken a survey of all organisations currently accredited for roll out of the Real Living Wage:

- 93% of those surveyed reported they had gained as a business after becoming a Real Living Wage employer.
- 86% of respondents reported that Living Wage accreditation had enhanced their organisation's general reputation as an employer.
- 8% of large employers also reported that following accreditation staff motivation was increased.

Further evidence and statistics can be found here: [The Living Wage is Good for Business | Living Wage Foundation](#)

Feedback

Locally, the Council are aware from our interactions and engagement with providers that recruitment and retention challenges are increasing across the market. This often

results in increased use of agency staff and lack of continuity and consistency for those receiving services. The EU Exit and salaries offered within other sectors has a major impact on this.

Feedback from other Local Authorities who have implemented the Real Living Wage has been positive, advising it has:

- Helped to support the market during the COVID-19 pandemic to attract and retain staff within the sector, and to recognise the valuable work undertaken by the social care workforce during the pandemic.
- Improvement in the quality of services and motivation of the workforce
- Improvement in recruitment and retention within and across sectors, including better quality applicants being received by providers
- Improved supplier relations

3. Has an options and feasibility study been undertaken? Please explain what options have been considered.

Several options for implementing the Real Living Wage have been considered and outlined within the table below:

Option Description	Advantages	Disadvantages	Investment
1. Real Living Wage Accreditation	<ul style="list-style-type: none"> Positive reputational impact associated with accreditation and support from the Living Wage Foundation to roll out approach Full realisation of benefits outlined above The Council can undertake a light touch review of third-party contracts within the first 12 months to determine level of investment required and implement the changes with a voluntary scheme with providers. 	<ul style="list-style-type: none"> Significant investment in both services and capacity to implement required within 2-3 years. Neighbouring Councils and local health partners may not engage in the approach limiting impact. This could impact on the cost of care from self-funders. Providers will need to fund differential pay increases to retain staff who are on higher grades. 	<p>Estimated Initial Total: £8,501,000</p> <p>Estimated upfront investment of £8m spread over a 2–3-year period for adult social care. Further investment will be required to service future annual inflation against the real living wage*</p> <p>In addition to this a £501k investment in capacity over the 3- year period would be required to implement the approach. This includes on cost and inflation.</p>
2. Internal roll out of the Real Living Wage to Council employed staff and third-party providers over a 4–5-year period with Real Living Wage Accreditation being explored later	<ul style="list-style-type: none"> Benefits associated with the Real Living Wage will be immediately applied to direct employees of the Council Spreading the cost of implementing the Real Living Wage would have a positive impact on cashflow and the management of pressure. The Council can undertake a detailed review of third-party contracts within the first 12 months to determine level of investment required and link the investments to when contracts are naturally renewed. Work can be undertaken with neighbouring Councils and local health partner to seek engagement prior to accreditation 	<ul style="list-style-type: none"> No accreditation or support from the Living Wage Foundation to roll out approach within the first 2-3 years. Benefits will take longer to realise. Investment in additional capacity to implement will be required over a longer period. Providers will need to fund differential pay increases to retain staff who are on higher grades. 	<p>Estimated Initial Total: £8,568,000</p> <p>Estimated upfront investment of £8m spread over a 4-5year period for adult social care. Further investment will be required to service future annual inflation against the real living wage*</p> <p>In addition to this a £568k investment in capacity over the 5- year period would be required to implement the approach. This includes on cost and inflation.</p>

	<ul style="list-style-type: none"> Marketing of the approach being undertaken will still have a positive reputational impact even without immediate accreditation 		
3. Maintenance of the Real Living Wage to Council employed staff only - no Real Living Wage Accreditation	<ul style="list-style-type: none"> Benefits associated with the Real Living Wage will be immediately applied to direct employees of the Council by implementing supplement payments No additional investment required from Adult Social Care. Can be implemented within short timescales. 	<ul style="list-style-type: none"> Benefits outlined will not be fully realised Limited reputation impact as will only be applied internally No accreditation or support from the Living Wage Foundation This will not challenge or address the nationally agreed pay scale 	£25k investment has been ringfenced by the Council. Nil impact within Adult Social Care Budgets.
4. Maintenance of the Real Living Wage to Council employed staff and third-party contracts for Adult Social Care only - no Real Living Wage Accreditation	<ul style="list-style-type: none"> Benefits associated with the Real Living Wage will be immediately applied to direct employees of the Council Limit investment required from the Council as a whole Partial achievement of benefits outlined above, particularly in relation to recruitment and retention 	<ul style="list-style-type: none"> No accreditation or support from the Living Wage Foundation Significant investment from adult social care in both services and capacity to implement required within 2-3 years Neighbouring Councils and local health partners may not engage in the approach limiting impact. This could impact on the cost of care from self- funders. Providers will need to fund differential pay increases to retain staff who are on higher grades. Implementing the Real Living Wage within adult social care alone could create inequity across the range of sectors supported by the Council Benefits outlined will not be fully realised Limited reputational impact 	Same as Option 1 with no additional investment required from the outstanding areas of spend within the Council

*Over the past 10 years the gap between National Living Wage and Real Living Wage has narrowed, with NLW (National Living Wage) increasing by 4.1% per year on average and RLW increasing by 3.1% per year on average. If this move towards convergence continues then after the initial investment to implement the Real Living Wage, the subsequent additional investment each year to maintain RLW will be less than the annual increase in budget to maintain NLW rates.

It has been recommended that Option 4 is progressed, but with a phased implementation to manage the level of investment required commencing in 2022/23 and phasing this over a two-to-three-year period. To ensure that we do this in an equitable way across the market, we are proposing to roll out incremental increases every six months to close the gap from the current rates to the Real Living Wage. The level of investment proposed includes the additional commissioning/contract management resource to do this as highlighted within the table above.

Whilst this option will not provide the Council with immediate accreditation from the Real Living Wage Foundation, adult social care services make up 33% of total spend including schools and will still therefore have a significant impact on outcomes. This will also enable the Council to evaluate the impact of delivering the Real Living Wage, including consideration of social value to inform approaches taken across the remainder of the Council.

4. What are the next steps/ actions the Council should take to pursue it? Please include timescales.

To implement this approach a targeted Project Group will need to be established and attended by Contract Management, Commissioning, Finance, commissioners of health services and a Project Manager from the BID (Business Improvement & Development) Team. The project scope, plan and market engagement activities will need to be developed. This will ensure that there is a clear and costed action plan in place with associated governance, market engagement and risks/issues accounted for.

To enable this to take place, recruitment to additional capacity will need to be progressed as a priority.

High Level Timetable

Task	Start Date	End Date	Overall Responsibility
Recruit to additional posts	December 2021	April 2022	Commissioning/ Contract Management
Identify BID Project Management Capacity	December 2021	April 2022	Commissioning/ Contract Management
Establish Project Group and Confirm Membership	January 2022	April 2022	Project Manager
Complete Project Plan and Management Documentation	April 2022	May 2022	Project Group and Project Manager
Agree Social Value Portal Measures to be adopted	April 2022	May 2022	Project Group and Project Manager

Develop Market Engagement Plan	April 2022	June 2022	Project Group and Project Manager
--------------------------------	------------	-----------	-----------------------------------

A costed schedule for roll out of the Real Living Wage to all adult social care providers will need to be developed as part of the project plan by September 2022 for implementation.

5. Could this have any effects on people with Protected Characteristics including poverty and rural isolation? If so, please provide as much detail as possible.

This proposal will apply to all adult social care services which cover all protected characteristics. Implementation of the Real Living Wage will have a positive impact on the adult social care workforce currently earning below the current Real Living Wage standard of £9.50 per hour and in doing so could increase their social mobility, quality of living and ability to continue undertaking their role.

Improved retention rates of the adult social care workforce could in turn lead to a positive impact on those in receipt of care, with experienced staff and better continuity of care.

An Equality Impact Assessment (EqIA) will be developed to ensure this proposal is equitable in its aims and delivery and any potential adverse impacts on people with protected characteristics are mitigated against. This is to ensure CCC's decision-making is inclusive for staff and communities with protected characteristics in line with the Equality Act (2010) and Public Sector Equality Duty (section 149).

6. What financial and non-financial benefits are there and how will you measure the performance of these? Are there any dis-benefits? These MUST include how this will benefit the wider internal and external system.

Financial Benefits

The Council currently spend just over £193m on adult social care provision. A substantial proportion of this spend funds services which operate using a lower-than-average paid workforce who often receive the National Living Wage rather than Real Living Wage. Increasing the income for this cohort will increase their economic activity generally but this cannot be quantified at this stage and will not result in a direct return to the Council.

The project group will aim to work with procurement and the market to identify measures of social value that could potentially produce a social value return on investment as part of the process.

Non-Financial Benefits

However, there are significant non-financial benefits to both the Council and individuals who receive adult social care services:

- **Improved recruitment and retention**
Allowing providers to expand capacity to meet growing demand. It will enable the Council to work with health partners and adult social care providers to create a 'career in care' which is more attractive and creates longevity – less people waiting for domiciliary care, increase in the number of people supported by Personal Assistants through Direct Payments, reduction in the use of agency staff and staff turnover across care settings as well as the creation of employment opportunities.
- **Social Value**
As a major employer and commissioner of services, the Council can positively impact on in-work poverty and social mobility challenges often arising amongst the lowest paid segments of the adult social care workforce. This will not only improve the quality of their lives but will increase their spending levels in turn boosting local communities and economy. This is particularly important given the inflated cost of living within Cambridgeshire. The commitment to use the Real Living Wage will also stimulate the development of smaller, more local enterprises which will have a similar impact – local increase in microenterprises and small businesses, identified TOMS from the Social Value Portal.

Examples of this include:

- **Improved health and wellbeing:** Low income has been found to have a direct impact on the conditions into which we are born, grow, live, work and age – which result in unfair and unjust inequalities in length and quality of life. Addressing income levels so they reflect the cost of living rather than surviving has a positive impact on this. It enables people to become more active, to undertake and become more productive in employment, it enables parents to access more opportunities for their children thereby improving the quality of their life.
- **Wider economic value:** At a basic level, the Real Living Wage enables people to engage to wider communities and leisure activities like going out for dinner, joining community groups, classes and or support. It enables them the space to consider alternative training or business opportunities. Coupled with the right support, this could not only result in increased development of small business contributing to wider community outcomes and priorities but has economic benefits too. Research undertaken by an Independent Think Tank called the Smith Institute has identified that if 25% of low paid workers were moved to National Living Wage this would produce a return of £1.5bn to the local economy.¹

¹ [The Living Wage Dividend: maximising the local economic benefits of paying a living wage](#)

- **Quality Improvement**

Research has shown improved motivation and morale amongst employees ². This is critical when delivery adult social care services to people who are often at the most vulnerable stages of their lives – Reduction in quality concerns across various categories, improvement in local CQC (Care Quality Commission) Ratings.

- **Positive Reputational Impact**

Positive reputational impact through enabling the Council to promote our status as a Real Living Wage employer for adult social care services and encouraging wider changes through procurement of services. This is also likely to improve relations between the Council and the local employers.

7. Are there any identified risks which may impact on the potential delivery of this? What is the risk if we do not act?

Risk	Mitigation	RAG (should the risk occur)	Overall Responsibility
Recruitment to additional capacity required to implement the Real Living Wage delaying implementation	Commence recruitment process prior to the start of the financial year	Amber	Commissioning and Contract Management
Implementing the Real Living Wage could erode the pay differentials between staffing grades if the higher grades do not receive a proportionate increase. This could impact on financial projections and assumptions used	Early audit of ASC independent sector provider salaries and robust engagement with the market	Amber	Project Group
At present, more specialist services within areas such as Children's Social Care and Learning Disabilities attract staff through offering wages over and above the national living wage. Implementing the Real Living Wage across the sector could lead to staff leaving to work in other, less challenging areas	Close contract monitoring and communication with these services to monitor risk throughout the phased roll out	Amber	Project Group

² Henry E, Nash D and Hann D, The Living Wage Employer Experience, Cardiff: University of Cardiff (2017), <https://www.cardiff.ac.uk/news/view/722069-employer-experienceof-the-living-wage>

unless their wages increase accordingly			
May generate a counter response from other competing employers locally	Monitor closely to assess the risk	Amber	Project Group
Feedback from other Councils has indicated reluctance from some providers to engage due to the work they undertake with other Councils and NHS Partners not engaged in rolling out the Real Living Wage. This means we cannot mandate this in contracts.	Engage with health partners and the market to understand whether this is a risk from the outset,	Amber	Project Group

8. Scope: What is within scope? What is outside of scope?

This proposal covers the application of the Real Living Wage to all Adult Social Care Services delivered both through the Council and by third party contractors. Any other service delivered or commissioned by the Council falls outside the scope of this project.

Business Planning: Business Case – Investment proposal

Project Title: Health Impact Assessment Fund Proposal

Committee: Adults and Health Committee

2022-23 Investment request: £125,000
(Plus £45,000 non recurrent)

Brief Description of proposal:

The use of Health impact assessment (HIA) is a systematic approach to identifying differential health impacts of proposed and implemented policies, programmes, and projects within a democratic, equitable, sustainable and ethical framework. It identifies both positive and negative health impacts so that the positive health effects can be maximised, and the negative impacts minimised within an affected community.

It is proposed to set up a £125k annual fund for department directors to use to carry out Health Impact Assessments on specific policies or programmes, through external resource or training of existing staff to carry out the HIA.

It is anticipated that approximately five HIAs will be completed per year, depending on the type of HIA undertaken (rapid, intermediate or comprehensive).

A further £45k will be used to support training across the system on the determinants of health, the role that all can play in improving health outcomes and on health impact assessments.

Date of version: 21/09/2021

BP Reference: E/R.5.007

Business Leads / Sponsors: Jyoti Atri / Emmeline Watkins

1. Please describe what the proposed outcomes are:

Health impact assessment (HIA) is a systematic approach to identifying differential health impacts of proposed and implemented policies, programmes, and projects within a democratic, equitable, sustainable and ethical framework.

This allows the identification of both positive and negative health impacts of policies and programmes enabling that the positive health effects can be maximised, and the negative impacts minimised within an affected community.

The proposed fund will ensure that key policies and programmes address the corporate priorities of:

- A good quality of life for everyone
- Helping our children learn, develop and live life to the full
- Communities at the heart of everything we do
- Cambridgeshire: A well-connected, safe, clean, green environment

It uses a range of structured and evaluated sources of evidence that includes public and other stakeholders' perceptions and experiences as well as public health, epidemiological, toxicological, and medical knowledge (dependant on the level of Health Impact Assessment undertaken).

HIA's follow a standard approach using eight core steps:

- Screening (screening which projects, policies etc. would benefit from an HIA)
- Scoping (scoping out the areas to be addressed within the HIA)
- Baseline (setting a baseline of the current health profile of the population affected by the programme / policy)
- Community Involvement (key community and other stakeholders are engaged to feed in their experience of the project or policy)
- Evidence an analysis (a systematic review of the potential impacts including the significance of the impacts, the magnitude of the impacts and any differential impacts between groups and individuals)
- Mitigation (suggested measures for reducing negative impacts and enhancing positive impacts)
- Final report (a final report summarising the steps taken, the findings, and any mitigation measures, and future monitoring)
- Monitoring (monitoring the impacts post implementation)

HIAs help to deliver better and improved policy, programme, and project outcomes that enhances community and societal health and wellbeing.

They can either be used:

- as an analysis tool to forecast the potential negative and positive health impacts
- as a participation tool that can help residents, local community groups and other stakeholders be involved in the design of a programme / policy

- as a project management tool that can help to structure the development and implementation of policies, programmes, projects and services
- as an evaluation tool to monitor the achievement of stated objectives, outputs and outcomes or those policies, programmes, projects and services

Usually, a HIA will involve a combination of all four.

HIAs can be done on policies, programmes, and projects at the:

- beginning (i.e. during the development or pre-development stage of a programme / policy formation etc.), known as a prospective HIA;
- middle (i.e. during the implementation stage of a programme / policy), known as a concurrent HIA,
- end (i.e. at the operation or closure stage to look back and evaluate) known as a retrospective HIA.

HIAs vary in complexity and speed and are classed as rapid, intermediate or comprehensive HIAs.

Health impact assessments assess the potential impact of programmes on outcomes for those with protected characteristics as well as any environmental issues that may impact on health such as air quality.

2. What evidence has been used to support this work, how does this link to any existing strategies/policies?

The action plan for the Joint Administration Agreement section highlights a need to develop and implement “a clear action plan to deliver “health in all policies” including criteria for evaluating policies”.

This paper outlines the background to Health Impact Assessments (HIA) as a way of evaluating policies and proposals to deliver a range of HIA's and an approximation of the costs.

Health impact assessment is a globally recognised approach used to judge the potential health effects of a policy, programme or project on a population, particularly on vulnerable or disadvantaged groups.

Therefore, this approach will support both the Health and Wellbeing Strategy as well as the Integrated Care System Strategic framework in improving health and reducing inequalities.

3. Has an options and feasibility study been undertaken? Please explain what options have been considered.

It is proposed to set up “fund” for department directors to use to carry out Health Impact Assessments on specific policies or programmes. This fund could be used to either “buy in” an external resource to carry out HIAs or to train existing staff to carry out HIAs,

this is dependent on the capacity of the department to release staff both for training and subsequent HIA assessments. On average, HIAs take about two to three months to complete so the option to buy in external consultants to undertake HIAs may be preferable, but it may not be sustainable in the longer term if HIAs are to be used for all significant projects and / or policies, it may be more cost effective to “grow our own” resource inhouse.

Each department director will need to screen which policies / programmes would benefit from a HIA, and then decide the level of HIA needed (Rapid, Intermediate, or Comprehensive). Public Health could produce a framework and guidance for this.

It is anticipated that five HIAs will be completed per year, this will flex depending on the type of HIA undertaken i.e. if more comprehensive HIAs are undertaken fewer than five will be possible, if more rapid HIAs are undertaken more than five may be possible.

Costs to undertake Health Impact Assessments is hard to ascertain due to the varied nature and scope of HIAs, so approximate costs for consultants to produce Environmental Impact Assessments has been used as a proxy.

Generally costs vary from a day rate of £1,400.00 for high grade technical input, to a total project cost of £25,000.00 for an assessment which takes three months. Therefore, it is proposed that a budget of £125,000.00 is allocated for the fund which would enable a mix of a small number of comprehensive HIAs and several rapid HIAs.

As HIAs are underpinned by a comprehensive set of public health data there may be additional demands on the Public Health Intelligence and Business Intelligence teams to supply or signpost any consultants appointed to sources of data.

The recurrent budget of £125,000.00 is based on a number of assumptions:

- The costs of HIAs are comparable with Environmental Impact Assessment reviews.
- The Council will need to prioritise which programmes / policies need an HIA Undertaken and in which order (to manage the budget if HIA costs exceed the average cost of £25K).
- There is capacity within Public Health, Public Health Intelligence, Business intelligence to support the fund and any appointed consultants.

4. What are the next steps/ actions the Council should take to pursue it? Please include timescales.

The fund will be flexible as to approach and therefore resource could be to buy in external capacity or train existing staff. The process of a health impact assessment specifically includes community and stakeholder involvement through the process.

High Level Timetable

Task	Start Date	End Date	Overall Responsibility
HIA fund agreed	9 December 2021	8 February 2022	Jyoti Atri
PH to provide framework/guidance on selecting policies / programmes that would benefit from HIA and level	Q3 2021/22	Q4 2021/22	Emmeline Watkins
Work with Corporate directors to screen which policies / programmes	Q4 2021/22	Q4 2021/22	Emmeline Watkins
Prioritisation of programmes and decision as to internal / external resource	Q4 2021/22	Q1 2022/23	Jyoti Atri
Training to be commissioned	Q4 2021/22	Q4 2021/22	Iain Green
Training to be delivered	Q1 2022/23	Q4 2022/23	Iain Green

5. Could this have any effects on people with Protected Characteristics including poverty and rural isolation? If so please provide as much detail as possible.

Health impact assessment is a globally recognised approach used to judge the potential health effects of a policy, programme or project on a population, particularly on vulnerable or disadvantaged groups and therefore should improve health impacts and outcomes for individuals with protected characteristics, those living in poverty and in rural isolation.

6. What financial and non-financial benefits are there and how will you measure the performance of these? Are there any dis-benefits? These MUST include how this will benefit the wider internal and external system.

Financial Benefits

This HIA fund ensures that key policies / programmes maximise short and long-term health benefits for our population and don't unintentionally worsen health inequalities. Those benefits may not be seen specifically by the council or achieve any direct savings

Non-Financial Benefits

The project will contribute to identification of social value in programmes / projects where they can indirectly benefit health. Health impact assessments also assess the potential impact of programmes on environmental issues that may impact on health such as air quality and co-benefits to the environment can be significant enabling the potential to deliver on both health and environmental ambitions and improving value for money.

Success measures will need to be dependent on the projects / programmes identified.

7. Are there any identified risks which may impact on the potential delivery of this? What is the risk if we do not act?

Risk	Mitigation	RAG (should the risk occur)	Overall Responsibility
PH leadership capacity challenges due to COVID-19	Use of COMF funded staff to support COVID-19 response where possible with increased return to BAU planned for substantive staff	Amber	JA
System capacity challenges due to COVID-19 and lack of ability to carry out HIA internally	Option to use external resource to carry out HAI	Green	IG/Director for policy/programme

Non delivery of the project means that large policies / programmes could unintentionally worsen health outcomes and increase health inequalities and internal skill set around Health Impact Assessments is not developed

Assumptions: costs of HIA are comparable to environmental impact assessment reviews. If incorrect, fewer HIAs will be carried out

8. Scope: What is within scope? What is outside of scope?

Any policy programmes or projects can identified by the relevant director. However, it is anticipated that through this fund, approximately five HIAs will be completed per year, depending on the type of HIA undertaken (rapid, intermediate or comprehensive).

Public Health will provide framework/guidance on selecting policies / programmes that would benefit from HIA and level of HIA.

Appendix 2c Adults and Health

Temporary Funding Proposals

Independent Living Services	Page 2
Care Together	Page 9
Expansion of Direct Payments	Page 22

Business Planning: Business Case – Investment / Savings

Project Title: Independent Living Services - Rheola

Committee: Adults and Health

2022-23 Investment amount: 180k

The following one-off revenue investment amounts will be needed, it is proposed that these be funded from reserves. This business case does not require any capital investment.

	Capital and revenue flow in £000s						
	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	Total
Capital	0	0	0	0	0	0	0
Revenue	180	0	120	0	0	0	300

The proposal is scheduled for savings to flow from the year after the opening of the new services as shown below.

	Building volumes (in units) and savings flow (in £000s)						
	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	Total
Volume		48					48
Savings		478					478

Brief Description of proposal:

To commission and open 48 new tenancy-based flats within Cambridgeshire, thereby increasing residential and nursing care capacity for older people wishing to remain living independently. Specifically, this supports people being able to stay in their own tenancy for longer, given care can be stepped up as needs increase, unlike residential care where they may need to move to get increased care needs met. Stimulating development of new services in this way will generate the much-needed provision to meet population growth forecasts and do so at a cost affordable to the local authority.

Date of version: 09/09/21 BP Reference: A/R.6.199

Business Leads / Sponsors: Executive Director of Commissioning, People & Communities

1. Please describe what the proposed outcomes are:

To commission and open 48 new tenancy-based flats within Cambridgeshire, thereby increasing residential and nursing care capacity for older people wishing to remain living independently. Specifically, this supports people being able to stay in their own tenancy for longer, given care can be stepped up as needs increase, unlike residential care where they may need to move to get increased care needs met.

The proposals link to the following corporate outcomes:

Communities at the heart of everything we do:

- The new service enables high dependency older people to remain within a community setting. It also means care workers from the community can support older people to remain living independently.

A good quality of life for everyone:

- The new service will also offer greater choice, control, and care flexibility for those older people no longer able to remain living safely at home.
- The programme is expected to create new whole time equivalent jobs across Cambridgeshire. Detailed work is taking place to refine this estimate.

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

- The specification will reflect a very high level of renewable energy generated onsite compared to the alternative services in the care sector. Consequently, it will reduce carbon emissions. The proposal is expected to benefit public health by reducing future harms from climate change. Initial estimates predict the new service will prevent CO2e emissions.

2. What evidence has been used to support this work, how does this link to any existing strategies/policies?

The proposal supports CCC's Adult Social Care Older People strategy to help people live with greater levels of independence. The work will build on early consultation carried out with user groups, providers, and social care practitioners. The work also takes account of the growth in older people population and their expectation of more choice and control of services. The information collected was from industry recognised sources such as Laing and Buisson market reports used across health and social care. This adds to information and ideas collected from district councils, industry experts and Council Members.

The proposal also helps the care market embed CCC's Climate Change strategy into the accommodation-based services. The approach involves lowering energy demand, eliminating the use of fossil fuels, and generating electricity on the premises. We will learn from experiences of other projects that have already achieved this.

Adults in employment spend a large proportion of their time in work, our jobs and our workplaces can have a big impact on our health and wellbeing. Therefore, work and health-related worklessness are important public health issues, both at local and national level. Consequently, the proposal will pursue social value from the delivery of work to disadvantaged people.

3. Has an options and feasibility study been undertaken? Please explain what options have been considered.

There are two broad approaches to implementing a new ILS (Independent Living Service):

- the 'make model' option. Here CCC will have overall control and responsibility for funding, designing, and building an ILS. This level of control is common practice across the CCC in long-term capital programmes; and
- the 'buy-model' option. Here the private service providers would be commissioned to build ILS services in Cambridgeshire. We would contract flats within the ILS.

CCC's preferred approach is for it to finance and construct CCC's own service of this type. However, commissioning in services is also explored to assure CCC does not miss high quality and innovative services from private providers. This also benefits from sharing risk in the marketplace.

On selection of suitable sites, a feasibility study would be carried out on how the site could accommodate the new social care services. We would conduct the studies applying the HAPPI design principles. The HAPPI principles are based on 10 key design criteria used in social care housing design. Many are recognisable from good design generally - good light, ventilation, room to move around and good storage - but they have relevance to the spectrum of older persons' housing which needs to both offer an attractive alternative to the family home and be able to adapt over time to meet changing needs.

We will continue to monitor the factors which led to this mixed model approach. Factors include government policy to social care funding, older people's preferences, land and building costs. Should circumstances change CCC may look to change the mix.

4. What are the next steps/ actions the Council should take to pursue it? Please include timescales.

The work to deliver the ILS programme will be governed through the Older People's Accommodation Board. This will ensure it links in with other programmes looking at similar benefits. The programme team would expect continued support by a cross-Committee Members Reference Group who provide advice and guidance on a range of topics. The governance groups will hold the programme team accountable to deliver its benefits realisation strategy, stakeholder engagement plan and risk management. The

broader set of benefits expected from the ILS programme will be defined for the outline business case stage.

We will use a structured approach to programme management applying the Cabinet Office's recommended methodology for the delivery of projects and programmes. We shall also apply the construction industry standard RIBA Plan of Work to organise the process of briefing, designing, preparing, and submitting planning application, constructing, and operating building programmes.

This work will require dedicated resource and associated financial commitment to manage each programme. Expenditure would be required for an in-house multi-disciplinary project team covering commissioning, property, finance, legal and procurement. It would also be required for additional expertise in building design, and project management.

High Level Timetable

This work will be phased with each of the 1 scheme working to the same major tasks.

Task	Duration
Find suitable site	
Carry out feasibility study	3 months
Produce initial business case	1 month
Carry out design work	10 months
Submit planning application	5 months
Produce final business case	1 month
Acquire site & Construct service	12 months
Ramp up service user	4 months
ILS ready for full use	
Total estimated project duration	36 months

The proposal is scheduled for one new 'buy' service opening in 2024/25. The locations will depend upon the suitability of land and planning permission.

5. Could this have any effects on people with Protected Characteristics including poverty and rural isolation? If so, please provide as much detail as possible.

This will affect older people with eligible social care needs receiving a funded care package. It will also provide a choice to older people without eligible social care needs (self-funders).

The proposal is to meet people's care needs whilst maximising their independence. The care model focusses on building on people's existing strengths, their natural support networks, the use of technology and new care models to meet needs. The proposal does deliver new care services for older people to move into. It might therefore represent a small risk model to current living arrangements when needs increase.

Decisions about the best care setting for an individual will always be made in the best interests of service users with social workers acting to identify the most appropriate care plan and making judgements about the level of independence and support required.

The proposal also affects people involved in designing and building the ILS. Government acknowledges adults in employment spend a large proportion of their time in work and that our jobs and our workplaces can have a big impact of our health and wellbeing. Therefore, work and health-related worklessness are important public health issues, both at local and national level. Consequently, ILS's will pursue social value from the delivery of work to disadvantaged people as well as understanding that some tenants may also still work whilst residing in the ILS.

A more detailed Community (Equality) Impact Assessment is scheduled for the next stage of the business case.

6. What financial and non-financial benefits are there and how will you measure the performance of these? Are there any dis-benefits? These MUST include how this will benefit the wider internal and external system.

Financial Benefits

A financial model is being developed that will model factors in investments, income, costs, savings, and cost of risks. The primary financial benefit is related to the annual social care budget for older people through a delay in the unnecessary escalation of social care needs.

Key Benefit	Measure	Baseline	Target & Timescale
Cost avoidance (Buy projects)	ASC Budget	£3.1m pa	£0.5m pa phased over the programme period

Non-Financial Benefits

Success is achieved when more older people with higher levels of care and support are happy in their own independent living service. The proposal can support this by firstly delivering great accommodation which has been designed and built in an environmentally considerate manner. Secondly, the proposal can further help by delivering high quality care jobs instilling an enabling environment to help older people. Thirdly, the proposal can assist people who would ordinarily find it harder to obtain work in the construction and/or care sector to find meaningful employment.

Key Benefit	Measure	Baseline	Target & Timescale
Increase in people living independently	Number of older people	NIL	48 people phased over the programme period
Reduce environmental harm	Amount of CO2 or equivalent in emissions	NIL	40 tCO2e pa phased over the programme period
Increase care worker jobs	Care worker numbers	NIL	45 jobs phased over the programme period

7. Are there any identified risks which may impact on the potential delivery of this? What is the risk if we do not act?

The proposal has identified a range of risks. Some of them are areas the project team can work on to reduce the uncertainties of the risk impact. There are others which will require help from across the Adult Social Care directorate and the Council as a whole. The table below lists the key risks.

Risk	Mitigation	RAG (should the risk occur)	Overall Responsibility
IF Covid-19 restriction policies continue THEN there will be delays to the project.	Re-arrange work plans to continue making progress and return to Covid-19 affected work at a more suitable time.	GREEN	Programme Team
IF suitable land cannot be found THEN there will be delays to the project.	Review CCC's land stock and maintain engagement with district councils about potential land use.	AMBER	Programme Team
IF construction industry inflation rises rapidly THEN the project will cost more to deliver.	Explore ways to use different materials to offset the rises in prices	AMBER	Governance Board
IF the DWP (Department for Working and Pensions) change the criteria agreed for Housing Benefit payments for ILS THEN the programme benefits will be reduced.	Maintain engagement with district councils to remain aware of benefits regulations	GREEN	Corporate Management
IF the Cabinet Office change to Public Contracts Regulations 2015 THEN the	Contribute to government consultation about the new	GREEN	Corporate Management

programme benefits will be increased. But no benefits are expected in the near term.	laws. Maintain a watching brief.		
IF the DHSC (Department for Health and Social Care) change the Adult Social Care funding policy THEN the programme benefits will be increased. But no benefits are expected in the near term.	Maintain engagement with government alongside LGA (Local Government Association) and ADASS (Association of Directors of Adult Social Services)	AMBER	Corporate Management

8. Scope: What is within scope? What is outside of scope?

ILS will focus on those people with high needs (usually but not exclusively aged 65+) who want to retain their independence but can no longer live in their own home. Individuals below the age of 65, for example those with early onset of dementia, would also be supported within ILS. The proposal does not describe community-based service or specialist service such as mental health service.

Business Planning: Business Case – Investment Proposal

Project Title: Care Together programme expansion

Committee

Adults & Health Committee

2022-23 Investment amount:

£689k

The total investment amount for the four year period would be approx. £2.915m as detailed in the table below. This could be funded from one off reserves.

	2022/23	2023/24	2024/25	2025/26
Place-based Commissioning resource to implement Care Together across the County over 4 years (staffing)	£311,549	£317,779	£388,752	£396,528
Seed funding to commission place-based volunteer & community assets, mutual aid, and social enterprises	£150,000	£125,000	£100,000	£100,000
Introduction of holistic, outcome-based homecare for all new & existing homecare clients in East Cambridgeshire, prior to countywide roll out in new Homecare Dynamic Purchasing System (DPS) in 2024	£47,000	£47,000	£-	£-
Expansion of Community Catalysts to develop microenterprises across the county over 4 years	£180,000	£245,000	£250,000	£255,000
Total	£688,549	£734,779	£738,752	£751,528

Grand Total = £2,913,608

NB – Expansion of ISFs (Individual Service Funds) has been included in the Direct Payment business case

Brief Description of proposal:

Implementation of the Care Together programme across the County over a four year period. This will improve the range of care and support available to older people in the community to meet population growth forecasts and do so at a cost affordable to the local authority.

Date of version: 2/11/2021

BP Reference: N/A

Business Leads / Sponsors:

Will Pattern, Director, People & Communities

1. Please describe what the proposed outcomes are:

The Care Together programme will transform the way care and support is commissioned and delivered to older people living at home. Introducing a place-based approach to commissioning, it will improve homecare provision and develop a wider range of care and support in the local community to support more older people maintain their independence and live happily at home for longer.

East Cambridgeshire is the early adopter site, currently in the planning and design phase. Implementation is scheduled for March 2022 for 2 years with an accompanying independent evaluation.

The investment will enable a transition to place-based commissioning and thus implementation of Care Together across the whole county by providing additional commissioning capacity and seed funding to develop more volunteer and community-led support and micro-enterprise.

The investment request comprises of four elements which are summarised in the table:

Request	What will it do?	Impact	Enablers
Place-based Commissioning resource	Provide the staffing resource necessary to implement a place-based approach to commissioning, enabling the implementation of Care Together across the county and improve the range and accessibility of care and support for older people living in the community.	Successful implementation of Care Together, bringing together partners and communities to increase the range of care and support available for older people in the local community.	Growth of Think Communities and development of Integrated Neighbourhoods through the Integrated Care System will support the transition to place-based commissioning.
Seed funding to commission place-based volunteer & community assets, mutual aid, and social enterprises	It will be used by commissioners to <ul style="list-style-type: none"> fund the expansion of existing volunteer and community assets e.g., expand member only meal service to all older people in the community support the continuation of mutual aid groups create new voluntary and community support and social enterprise 	Existing community assets are sustained, and new ones developed. Innovative community-owned businesses are developed contributing to economic growth. Overall, community-based services are better placed to support the growing number of older people.	In return for funding to pay the Real Living Wage, care providers will be expected to provide social value by supporting the growth and development voluntary, community, and social enterprises in the community.
Introduction of holistic, outcome based	Pay council-funded home care providers to deliver a more personalised and outcome-based approach,	Council-funded homecare will move from 'time and task' model to a	Introduction of Independent Service Funds to the existing homecare market will

homecare for all new & existing homecare clients in East Cambridgeshire prior to countywide roll out in new Homecare DPS in 2024	ensuring service users are well connected into their local community, are no longer isolated or lonely and have the aids and equipment needed to maintain independence and wellbeing	personalised, comprehensive approach which considers a person's wellbeing. People's experience of council funded homecare will improve as will their quality of life as they remain connected within their community	support the transition to a more outcome-based model as they give people greater choice on how their funding is spent. The recommissioning of the Homecare DPS (the framework through which the council 'buys' homecare from local providers) in 2024 will introduce more localised care delivery through a zone-based model and make holistic, outcome focused homecare the standard for all council-funded service users.
Expansion of Community Catalysts to support and develop microenterprises across the county over 4 years	Fund business mentors known as Community Catalysts to work across each district, promoting microenterprises as a business or career and supporting individuals to set up and maintain their microenterprise over time.	People are supported to set up a care-based microenterprise who may not otherwise know how to do so. The number of microenterprises that provide care and support in the local community is increased and it is becomes easier to find the right support, whether privately or council funded.	Introduction of Independent Service Funds will offer a new, easier way for people to purchase their care from a much wider range of care providers and microenterprises.

The Care Together programme seeks to deliver 3 strategic outcomes:

(I) Introduction of place-based commissioning

The additional staffing resource will enable the Council to make the transition to a place-based approach to commissioning. This means future services will be designed and commissioned around the specific challenges and community resources of a given area rather than the traditional countywide 'one size fits all' approach. It will result in a greater focus on the development of local community provision and how the community can better support itself whilst ensuring the right services are in place to meet the specific needs of a community.

Older people, communities, professionals, and organisations will play an active role in place-based commissioning, designing, and shaping what future services will look and feel like in their local area based upon their current experiences. Working more closely with voluntary and community groups and partners in the Integrated Neighbourhoods, it

will also facilitate a more localised approach to delivery, with local teams working directly in the community. Integrated Neighbourhoods are emerging 'place-based' areas in which local GPs (Primary Care Networks) come together with local partners from social care, education, voluntary and community groups and local residents to work in partnership to develop local services based around local needs.

(ii) Improve the homecare offer available to local people

Existing Council funded homecare is based around short visits to deliver personal care (known as time and task model) and is limited in choice, flexibility, and personalisation. It can involve a lot of travel for carers and the lack of time to deliver personalised care and support contributes to the challenge of retaining good carers.

The investment will improve the homecare offer available to local people. It will enable the Council to work with providers over time to develop a more localised model of homecare in which carers live and work in their local community, travel less and are empowered to deliver a person-centred service focused on individual wishes, aspirations, and wellbeing needs. It will also create a wider range of homecare providers, supporting local people to establish their own micro enterprises offering care and support. It will also introduce new ways for people to choose their own care and support through an Individual Support Fund. Together, these innovations will improve the quality of experience of people receiving Council funded homecare and make care work a more attractive employment or business opportunity.

(iii) Develop a better range of care and support in the community to promote independence and delay demand for long term health and social care services

The Care Together programme has ambitions to join-up local health, social care, and community/voluntary services in the local area to make it much easier (and less stigmatising) to find early help and support. Better integration will also reduce duplication of services and make better use of resources.

Implementation of the Care Together programme will deliver the following specific outcomes in terms of service provision and service user experience. It will also include an independent evaluation to measure the social return on investment and the impact upon individuals, the Council and other partners

Outcomes for individuals/community:

Individuals will benefit from a more personalised homecare offer which reduces social isolation, improves wellbeing, and promotes maintenance of independence alongside personal care
The care workforce will benefit from new and improved ways of working; an ability to work locally, travel less and spend more time providing quality care and support
Creation of micro-enterprises will promote local economic growth through new employment opportunities and increase choice for those needing care
Introduction of Independent Service Funds will make it easier for older people to have a personal budget and choose how it is spent it

Local people will find it easier to access support through a 'local offer' which coordinates health, social care, and voluntary/community services. A strong preventative focus (e.g., assistive technology and falls prevention) will promote independence and early help, reaching out to older people in the community to proactively offer early help before a crisis or before things become too much.

Local people will benefit from a growth of community-based services which older people report they need to remain living independently (e.g., services or enterprises offering companionship, support with laundry, housework, garden and home maintenance and shopping)
--

2. What evidence has been used to support this work, how does this link to any existing strategies/policies?

An Evidence Review completed by Public Health concluded that frequent, multi-agency support for older people in the community and a range of support interventions for carers are the most effective ways to prevent admission into long term residential care.

The Neighbourhood Cares Evaluation demonstrated the value of place-based approaches in supporting people living in the community.

Experience of the Covid Hubs demonstrated the positive impact greater coordination between local communities, health and social care services can have in supporting older people living in the community.

The Oxford Brookes University Institute of Public Care report 'Reducing Older People's Need for Care: Exploring Risk Factors for Loss of Independence' has shaped thinking on key intervention points in which to deliver early intervention and prevention activities.

The Care Together programme also aligns with the following strategic priorities and plans:

Joint Administration priorities

- Move from delivering social care through an overly focused emphasis on commissioning of care agencies, towards one of empowering people and communities using new models based on delivery at neighbourhood level and through new models of governance, including more 'in-house' provision.
- Protect and enhance choice and control by service users, adopting a rights-based approach to service delivery and the concept of independent living, expanding opportunities for use of direct payments, individual budgets, and personal assistants.

Alignment with key strategies including the Council's Recovery & Resilience Framework, All Age Carers Strategy 2018 to 2022.

3. Has an options and feasibility study been undertaken? Please explain what options have been considered.

A business case for investment in the early adopter site in East Cambridgeshire was endorsed by Adults Committee and General Purposes Committee in late 2020/early 2021. In addition to delivering the outcomes for individuals and communities summarised in section 1 above, the initial business case outlined the potential return on investment for the Council in terms of preventing and delaying demand for long term adult social care and increasing the amount of affordable care and support available to the Council.

A feasibility and independent evaluation scheme are under way in East Cambridgeshire to provide an evidence base for this methodology moving forward.

Phase 1 Care Together programme is expected to deploy in March 2022 with the evaluation result expect in spring/summer 2024.

The option of in-house homecare provision was considered but excluded due to prohibitive costs. Initial market research suggested double the current level hourly rate paid by the Council. However, other models of homecare provision will be explored such as social enterprises and community interest companies/partnerships.

Other options considered by Adults & Health Committee include those shown in the table below:

Option	Description	Timescales	Risk/Benefit Summary
1. Continue in East Cambridgeshire only	Allow original approach to continue and evaluation on Care Together programme to be completed	Completion estimates: March 2024	<ul style="list-style-type: none"> No additional cost East Cambridgeshire benefits from service changes made but other districts do not Limits social and financial return on investment
2. Rollout County wide following evaluation	Care Together programme early adopter site runs as planned in East Cambridgeshire until 2024. Subject to favourable evaluation findings, roll out across remaining 4 districts over a minimum 2-year period	Evaluation Outcome– August 2024 Approvals for additional resource - Dec 2024 Recruitment – April 2025 Commence - May 2025 Complete - May 2027 (earliest)	<ul style="list-style-type: none"> Slower to implement but progresses based on robust evidence of impact and social return on investment Requires significant investment in project capacity Business case for investment will offer more accurate costings and timescales as it will be based on learning from the first site Avoids risk of additional investment into a programme which does not deliver value for money Allows time for health system to embed Integrated Care System
3. Rollout County wide subject to evaluation, plus improved integration of teams	Expand Care Together programme across all districts subject to favourable evaluation of early adopter site. Alongside this, further develop more integrated practices across health and social care teams through the Integrated Care System	Evaluation Outcome– August 2024 Approvals for additional resource - Dec 2024 Recruitment – April 2025 Commence - May 2025 Complete - May 2029 If this progressed without completion of the independent evaluation, the completion date reduces to 2026.	<ul style="list-style-type: none"> As Option 2 Capitalises on integration appetite and agenda to join up Adult Social Care, Adult Early Help, and primary care around a neighbourhood under the Integrated Care System Unclear if timescales will align to and pace of Integrated Care System and Integrated Neighbourhoods development Complex, large-scale transformation carrying with it increased risk of delivery within timescales set If progress prior to evaluation there is a risk of investment into an untested programme which may not deliver desired impact and value for money
4. Rollout County wide without waiting for evaluation plus Neighbourhood Cares social care staffing model	Expand Care Together programme across all districts without waiting for evaluation <u>and</u> transform operational social work teams and Adult Early Help into neighbourhood facing teams as per model in Neighbourhood Cares Pilot. Given scale of transformation 4 years is more realistic.	As outlined within Option 4	<ul style="list-style-type: none"> Implements roll out 3 years sooner than Option 2 Significant investment in project capacity required to deliver Significant risk of investment into an untested programme which may not deliver desired impact and value for money (Care Together programme) Benefits realisation associated with Neighbourhood Cares Model Highest cost of all options due to staffing: population ratios associated with Neighbourhood Cares Model - may not be affordable and staffing may not be available

4. What are the next steps/ actions the Council should take to pursue it? Please include timescales.

The next steps for the Council will be to expand roll out of the Care Together programme to the remaining 4 districts now without waiting for independent evaluation over four years

High Level Timetable

Task	Start Date	End Date	Dependency
Approval for additional resource	September 2021	March 2022	Approvals for spend and recruitment
Undertake expanded asset mapping for areas outside East Cams	March 2022	July 2022	
Expand Business Mentors (Community Catalyst) Support outside East Cams	March 2022	-	
Recruitment	March 2022	Aug/Sep 2022	
Commence Roll Out to other districts	August 2022	August 2026	Successful recruitment
Complete Programme	August 2026		

5. Could this have any effects on people with Protected Characteristics including poverty and rural isolation? If so, please provide as much detail as possible.

The Care Together programme methodology is designed to support older people to remain independent and supported within their own home.

The programme will therefore be highly supporting to people with the protected characteristics of age, disability, poverty and rural isolation. Furthermore, a more personalised approach to care will also bring benefits for members of BAME (Black and Minority Ethnic) communities.

An Equality Impact Assessment (EqIA) will be developed to ensure this proposal is equitable in its aims and delivery and any potential adverse impacts on people with protected characteristics are mitigated against. This is to ensure CCC's decision-

making is inclusive for staff and communities with protected characteristics in line with the Equality Act (2010) and Public Sector Equality Duty (section 149).

6. What financial and non-financial benefits are there and how will you measure the performance of these? Are there any dis-benefits? These MUST include how this will benefit the wider internal and external system.

Nationally, there is a lack of evidence which demonstrates return on investment of adult social care interventions. What limited evidence is available focuses on returns for the health system.

As per the original business case (September 2020), through the creation and development of an early adopter site, the programme seeks to generate sustainable, affordable commissioning and delivery models supported by clear evidence of cost avoidance and return on investment.

Independent evaluation of the early adopter site will confirm the financial and non-financial benefits of the programme and assess its success in meeting its strategic aims. Therefore, the potential or anticipated benefits of the Care Together programme are outlined below.

Financial Benefits

The programme is intended to deliver benefits in terms of demand management and reducing the level of demand budget that needs to be factored into the medium term financial plan, rather than cashable savings through cost reduction.

Care Together programme has strong potential to generate Return on Investment (ROI) for the council in several areas outlined below and the independent evaluation will provide evidence of this.

Principle areas of anticipated financial benefit:

1. Admission into long term residential care is delayed due to better integrated community support and enhanced homecare offer
2. Demand for long term health and social care is delayed due to easier access to early help and support
3. The council is able to meet more demand for the same expenditure as a result of growth in voluntary and community support for older people
4. Growth in micro-enterprises will diversify the homecare market and provide the council with affordable capacity to meet forecasted growth in demand
5. Evidence-based Council commissioned services will provide better value for money and demonstrate a clear impact or return on investment
6. Reduce duplication of provision commissioned by multiple partners (e.g. similar services commissioned by both health and social care)

Non-Financial Benefits

The Care Together programme has significant social return on investment potential which should be considered;

- Improvement in individual outcomes (reduced social isolation, improved wellbeing, fewer falls etc)
- Improvement in quality and service user experience of council funded homecare
- Progresses a place-based and integrated approach to commissioning and service delivery amongst health, social care, local communities, and the voluntary sector
- Supports and stimulates development of community organisations, social enterprise, and mutual aid
- A diverse range of care and support available in the community that is easier to navigate and offers greater flexibility and choice
- Contributes to improvements in care workforce opportunities and retention
- Economic growth and job creation because of creation of micro and social enterprises
- Rewards innovation and enterprise
- Supports the reduction in carbon emissions by maximising local support and reducing unnecessary travel
- Enables the contributions of local citizens in coproducing informal care and support
- Empowers local communities to be self-reliant and take on some responsibility for supporting its older citizens

7. Are there any identified risks which may impact on the potential delivery of this? What is the risk if we do not act?

Risk	Mitigation	RAG (should the risk occur)	Overall Responsibility
Risk of investment into an untested programme which may not deliver desired impact and value for money	To mitigate this, we would need to wait until our evidence has been assessed in 2024	Amber	Adults & Health Committee
Health system may not have resources to engage as they prioritise set up of Integrated Care System during this time	We would need to plan carefully with our health colleagues to reduce to impact of delays.	Amber	Service Director, People & Communities
Acceleration of the programme to all parts of the county will require significant additional	Ensure other Council departments have capacity to support	Red	Service Director, People & Communities

Council resources to deliver successfully	roll out and factor into programme planning		
Internal and democratic approval for additional resource requests (and subsequent recruitment) will add several months to all options.	Ensure high level milestones included approval timescales. Recruiting for resources would need to commence as soon as funding is made available or preferably in advance	Green	Service Director, People & Communities
Recruitment challenges may also cause delay in implementation	Recruiting for resources would need to commence as soon as funding is made available or preferably in advance	Red	Service Director, People & Communities
The impact of the programme will be reduced if there is limited engagement from health as it focuses on its transformation into an Integrated Care System	We would need to plan carefully with our health colleagues to reduce to impact of delays.	Amber	Service Director, People & Communities

8. Scope: What is within scope? What is outside of scope?

In scope:

Planning, design, and implementation of Care Together programme for older people in Huntingdonshire, Cambridge City, Fenland and South Cambridgeshire.

Forecasted investments required as part of the above including:

- Place-based commissioning resource (staffing)
- Seed funding to commission place-based volunteer/community infrastructure, mutual aid, and social enterprises in response to the needs and resources of that specific locality
- Introduction of Care Together programme Holistic Homecare
- Expansion of Community Catalysts to identify and support the setup and maintenance of micro-enterprises in each district
- Care Workforce Skills Development – to establish a Council led programme to support the development of a homecare workforce skilled in specialist and

complex care to better meet the future needs of an ageing population. This will include support for providers to branch out into specialist care and for voluntary and community organisations to progress into delivery of CQC (Care Quality Commission) regulated activities

Expansion of Individual Service Funds, although within scope of Care Together programme, has been included in the Direct Payments business case.

Out of scope:

Community based provision for adults with learning disabilities (this will be developed as part of the joint vision for the Learning Disability Partnership)

Business Planning: Business Case – Investment / savings

Project Title: Expansion of Direct Payments and Individual Service Funds

Committee: Adults & Health Committee

2022-23 Investment Request: £222k

Brief Description of proposal:

Direct Payments and Individual Service Funds (ISFs) are key to supporting people to live as independently as possible within their local communities. One off reserve funding would be required for 2022-23 and savings would be made from 2023/24

Date of version: 15 September 2021

BP Reference: N/A

Business Leads / Sponsors: Will Pattern, Director, People & Communities

1. Please describe what the proposed outcomes are:

As a result of the proposed investment, we will:

- Increase the proportion of people, with eligible care needs, who are on self-directed support, giving them greater choice and control.
- Co-produce personalised solutions that work for individuals.
- Strengthen local community support networks.
- Increase Social Value by improving long-term wellbeing and resilience of individuals and communities through personalisation of care and support planning and engagement with local communities.
- Work in an integrated manner with health under the Care Together programme.
- Generate a positive impact for individuals by supporting them to do the things they want to do in the place they want to do them, with the people/provider of their choice.

This will be achieved by:

- Increasing the local supply of Personal Assistants available in communities to meet the care and support needs of people with a Direct Payment without increasing carbon footprint from long travel times.
- Addressing any issues or delays within existing processes and practice guidance to support Social Care Teams in using Direct Payments and Individual Service Funds.
- Developing guidance hourly rates for Direct Payments to reduce current variation and ensure that rates calculated as part of the personal budget are reflective of local market rates for services.
- Developing Individual Service Funds for people who would like to exercise more choice and control in purchasing their support but would like support from another organisation to do this.

2. What evidence has been used to support this work, how does this link to any existing strategies/policies?

A snapshot taken at the first quarter of 2021/22 indicated that 901 adults within Cambridgeshire use a Direct Payment to purchase their care and support – 45% of direct payments are used to support adults with a Learning Disability and/or Autism, 32% for adults with a physical disability, 19% for older people and 4% falling under the category of 'other'.

The latest information enabling a national comparison was published in 2019/20 and this indicated that 23% of people with eligible social care needs in Cambridgeshire were in receipt of a Direct Payment against a national average of 28%. Regional data from 2020/21 suggests that the number of Direct Payments used within Cambridgeshire had

slightly decreased to 21.3% against a regional average of 27%, partly due to the pandemic.

Best practice suggests that the use of Individual Service Funds is a key part of a council's 'self-directed support' offer.

3. Has an options and feasibility study been undertaken? Please explain what options have been considered.

The direct payment and Individual service Funds schemes are operational in other areas and have proven benefits, including better outcomes for people and more cost-effective services for Local Authorities. Therefore, we have not carried out a feasibility study as evidence is available nationally and locally. See [Self directed support \(connecttosupport.org\)](https://connecttosupport.org/); [self-directed-support.pdf \(scie.org.uk\)](https://self-directed-support.pdf(scie.org.uk)) for papers on the benefits of self-directed services.

4. What are the next steps/ actions the Council should take to pursue it? Please include timescales.

High Level Timetable

Task	Start Date	End Date	Overall Responsibility
Define an action plan with strong oversight	March 22	July 22	Direct Payment Board
Gain engagement and buy in from across the system to prioritise self-directed support	August 21	Ongoing	Direct Payment Board
Recruitment of new capacity in Programme Management and Contract Management	Jan 2022	Apr/May 2022	Human Resources
Sourcing and Implementing new Personal Assistant resources to cover duration of Direct Payment set-up.	April 2022	Aug/Sept 2022	Human Resources
Monitor impact with ambitious Key Performance Indicators	April 2022	Ongoing	Commissioning
Reduce lead times between referral and receipt of the Direct Payment.	April 2022	July 2022	Adults Finance Team / Commissioning / People Plus
Improve flow from interim care and support into Direct Payments or Independent Service Funds.	April 2022	Ongoing	Operations
Access Business Intelligence data for evidence-based decision-making	April 2022	Ongoing	Commissioning

Engage in more co-production with people who receive self-directed support services to ensure the services they want are available locally	April 2022	Ongoing	Commissioning
Integrate with Health colleagues and the new Integrated Care Systems	August 2021	Ongoing	Commissioning
Encourage the development of community enterprise and mutual aid within the social care sector	August 2021	July 2023	Commissioning

5. Could this have any effects on people with Protected Characteristics including poverty and rural isolation? If so, please provide as much detail as possible.

The intention is to increase the uptake of direct payments or Independent Service Funds in all these protected characteristics groups and so this proposal is expected to have a positive impact on all groups. No adverse impact is anticipated.

Other programmes such as Care Together are working to increase the options for those living in rural areas. Increasing Direct payments and Individual Service Funds in these areas will therefore benefit both programmes.

An Equality Impact Assessment (EqIA) will be developed to ensure this proposal is equitable in its aims and delivery and any potential adverse impacts on people with protected characteristics are mitigated against. This is to ensure CCC's decision-making is inclusive for staff and communities with protected characteristics in line with the Equality Act (2010) and Public Sector Equality Duty (section 149).

6. What financial and non-financial benefits are there and how will you measure the performance of these? Are there any dis-benefits? These MUST include how this will benefit the wider internal and external system.

The following investment areas have been identified as key to support the expansion of this provision:

- programme management capacity to fully implement the strategy and vision
- care and support planning software
- set up an in-house personal assistant support service to deliver personalised bridging care immediately after referral, while a long-term personal assistant is recruited
- Contract management capacity to ensure robust oversight and monitoring of self-directed service contracts

Summary investment requested

	22/23 £000s	23/24 £000s	24/25 £000s	25/26 £000s
Programme Management Capacity	205	0	0	0
Care & Support Planning Tool	4.45	4.45	4.45	4.45
In-House Interim personal assistant service	150	150	150	150
Contract Management Capacity	97	97	97	97
TOTAL COST	456.45	251.45	251.45	251.45
Direct Payment Clawbacks	234.117	257.529	283.281	311.610
Investment Required	222.333	-6.079	-32.281	-60.160

Financial Benefits

Financial benefits derived from Direct payments are normally found in clawbacks of unused funds.

The table below shows our clawback analysis of the previous four years. The increased clawback seen for 2020-21 is due to the COVID-19 pandemic, therefore we are forecasting an 8% clawback from c. 50% of clients using the scheme.

Quarter						
Values	Year	Q1	Q2	Q3	Q4	Grand Total
	2017-18	358,442	451,925	461,680	315,600	1,587,646
	2018-19	377,815	451,178	371,315	342,062	1,542,371
	2019-20	283,905	283,905	316,820	437,243	1,483,243
	2020-21	505,666	564,885	665,929	604,694	2,341,173
No. Of Clawbacks	2017-18	118	165	153	126	562
	2018-19	130	134	114	137	515
	2019-20	80	110	125	147	462
	2020-21	127	146	159	128	560
Total Sum of Amount		1,525,827	1,784,808	1,936,167	1,707,631	6,954,433
Total Count of Id		455	555	551	538	2099

The aim of this business case is to increase direct payment activity by c. 10% per annum, so it is reasonable to assume that clawbacks would increase at 10% per annum in line with this. The clawbacks will be utilised to offset some of the cost of the investment required.

Non-Financial Benefits

- Accelerate progress and improvement through the Direct Payment Board
- Delivery of improved options and outcomes for people

- Compliance with The Care Act (2014) re. Offer of Individual Service Funds
- Ambassadorship / Championing of self-directed support options with capacity to become in-house expert who can provide training and mentoring.

7. Are there any identified risks which may impact on the potential delivery of this? What is the risk if we do not act?

Risk	Mitigation	RAG (should the risk occur)
Ability to recruit to these positions in a timely manner	Many of the individuals responsible for implementing actions above are already employed by the Council. However, extra resource dedicated to self-directed services would enable better and more timely results against targets.	Amber
Lead time between referral and first Direct Payment	Project will be working to significantly reduce waiting times between referral and first payment prior to expanding the payments scheme to ensure wait times are minimised.	Amber
Lack of support for interim-only care arrangements while Direct Payment is set up	Temporary care measure will be put in place with contracted providers to ensure support is always available	Red
Systems (Mosaic/Liquid Logic) make it difficult to communicate with specific cohorts e.g., Direct Payment clients with Personal Assistants.	We will work with IT and our supplier to see how we can actively improve communications and transition between systems	Amber
Personal assistant availability is time-sensitive, changing from one week to the next; Personal Assistant register has some gaps in specific geographical areas.	The Care Together project is working to increase availability in these areas through microenterprise initiatives.	Amber
Difficulty in unifying the way data is collected and stored makes comparisons across	Work is ongoing within these systems to unify how this data is stored and used.	Amber

both local authorities and across age groups difficult.		
There may be resistance from some teams to new ways of working e.g., Independent Service Funds.	A program of information and training has been initiated to mitigate any resistance to new ways of working.	Amber
Set up an in-house Personal Assistant support service to deliver care immediately after referral while a long-term Personal Assistant is recruited	Through Market Testing will be completed to assess the viability of this service prior to initiation.	Amber

8. Scope: What is within scope? What is outside of scope?

In scope:

All Council funded forms of Self-Directed Support (Direct Payments and Individual Service Funds) are in scope.

Out of scope:

Continuing Health Care (CHC) and Personal Health Budgets - responsibility for these is with the NHS.

Appendix 2d Adults and Health

Capital Investment Proposals

Independent Living Services (new builds) Page 2

Business Planning: Business Case – Investment / Savings

Project Title: Independent Living Services – Further Expansion - New Builds

Committee:

Adult and Health

2022-23 Revenue Investment amount: N/A

This is purely a capital investment ask, there are no revenue investment implications.

	2022/23 (£000)	2023/24 (£000)	2024/25 (£000)	2025/26 (£000)	2026/27 (£000)	2027/28 (£000)	Total (£000)
Capital Investment	0	0	3,161	15,597	14,955	6,435	40,148

The proposal is scheduled for savings to flow from the year after the opening of the new services as shown below (figures in £000).

	Build volumes (in units) and savings flow (in £000's)						
	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	Total
Volume				48	64	48	160
Savings				418	557	418	1393

(Shaded boxed indicate 'make'. Numbers indicate forecast savings.

Brief Description of proposal:

Independent Living Services (ILS) are a new model of residential and nursing care delivery that we are developing in partnership with local providers and communities. The model supports people being able to stay in their own tenancy longer, as care can be stepped up as needs increased, unlike residential care where they may need to move to get increased care needs met.

The proposal is to build and open 160 new tenancy-based flats across Cambridgeshire, thereby increasing residential and nursing care capacity for older people wishing to remain living independently. Stimulating development of new services in this way will generate the much-needed provision to meet population growth forecasts and do so at a cost affordable to the local authority.

Date of version: 09/09/21

BP Reference: N/A

Business Leads / Sponsors: Executive Director of Commissioning, People & Communities

1. Please describe what the proposed outcomes are:

Communities at the heart of everything we do:

- The new service enables high dependency older people to remain within a community setting. It also means care workers from the community can support older people to remain living independently.

A good quality of life for everyone:

- It will also offer greater choice, control and care flexibility for those older people no longer able to remain living safely at home.
- The programme is expected to create new whole time equivalent jobs across Cambridgeshire.

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

- The proposal is expected to benefit public health by reducing future harms from climate change. Initial estimates predict the new service will prevent CO2 emissions.
- The builds in development are low carbon and high energy efficiency

2. What evidence has been used to support this work, how does this link to any existing strategies/policies?

The proposal supports Cambridgeshire County Councils (CCC's) Adult Social Care Older People strategy to help people live with greater levels of independence. The work will build on the early consultation carried out with user groups, providers and social care practitioners. This adds to information and ideas collected from district councils, industry experts and Council Members.

The proposal also helps the care market embed CCC's Climate Change strategy into the accommodation-based services. The approach involves lowering energy demand, eliminating the use of fossil fuels, and generating electricity on the premises. We will learn from experiences of other projects that have already achieved this.

Adults in employment spend a large proportion of their time in work, our jobs and our workplaces can have a big impact on our health and wellbeing. Therefore, work and health-related worklessness are important public health issues, both at local and national level. Consequently, the proposal will pursue social value from the delivery of work to disadvantaged people.

3. Has an options and feasibility study been undertaken? Please explain what options have been considered.

There are two broad approaches to implementing new ILS's:

- the 'make model' option. Here CCC (Cambridgeshire County Council) will have overall control and responsibility for funding, designing, and building an ILS

(Independent Living Services). This level of control is frequent practice across the CCC in long-term capital programmes; and

- the 'buy-model' option. Here the private service providers would be commissioned to build ILS services in Cambridgeshire. We would contract flats within the ILS.

CCC's preferred approach is for it to finance and construct CCC's own service of this type. The lower costs of borrowing and the greater control of a programme were significant factors. This means CCC can use its experience to manage risk rather than pass it through to a third party for an extra fee. This option also has the greatest opportunity to deliver CCC's non-financial and wider societal benefits, particularly as the type of contract we propose means we can still have effective control of the whole service.

Commissioning in services is also explored to assure CCC does not miss out on high quality and innovative services from private providers.

On selection of suitable sites, a feasibility study would be carried out on how the site could accommodate the new social care services. We would conduct the studies applying the [Housing our Ageing Population Panel for Innovation \(HAPPI\) design principles](#). The HAPPI principles are based on 10 key design criteria used in social care housing design. Many are recognisable from good-design generally - good light, ventilation, room to move around and good storage - but they have particular relevance to the spectrum of older persons' housing, which needs to both offer an attractive alternative to the family home and be able to adapt over time to meet changing needs.

4. What are the next steps/ actions the Council should take to pursue it? Please include timescales.

The work to deliver this programme will be governed through the Older People's Accommodation Board. This will ensure it links in with other programmes looking at similar benefits. The programme team would expect continued support by a cross-Committee Members Reference Group who provide advice and guidance on a range of topics. The governance groups will hold the programme team accountable to deliver its benefits realisation strategy, stakeholder engagement plan and risk management.

We will use a structured approach to programme management, including application of the construction industry standard Royal Institute Of British Architects (RIBA) Plan of Work to organise the process of briefing, designing, preparing, and submitting planning application, constructing, and operating building programmes.

This work will require dedicated resource and associated financial commitment to manage each programme. Expenditure would be required for an in-house multi-disciplinary project team covering commissioning, property, finance, legal and procurement. It would also be required for additional expertise in building design, and project management.

High Level Timetable

This work will be phased with each of the 3 schemes working to the same major tasks.

Task	Duration
Find suitable site	
Carry out feasibility study	3 months
Produce initial business case	1 month
Carry out design work	10 months
Submit planning application	5 months
Produce final business case	1 month
Acquire site & Construct service	12 months
Ramp up service user	4 months
ILS ready for full use	
Total estimated project duration	36 months

The proposal is scheduled for three 'make' services opening in 2026/27, 2027/28 and 2028/29. Placements will be made gradually, allowing people time to settle in. The locations will depend upon the suitability of land.

5. Could this have any effects on people with Protected Characteristics including poverty and rural isolation? If so, please provide as much detail as possible.

This will affect older people with eligible social care needs receiving a funded care package. It will also provide a choice to older people without eligible social care needs (self-funders). We established this from carrying out the following work:

- benchmarking took place with a range of service providers who support older people in their own tenancies to help with scope;
- the Annual Care Home and Retirement Home market reports from Laing Buisson (well-known international experts in the Housing and Care market) were analysed for trends;
- provider consultation took place followed by one-to-one meetings to understand requirements; and
- care professionals e.g., social workers, commissioners, OT specialists, nurses and care workers were consulted for views on the range of older people to consider for this proposal.

The proposal is to meet people's care needs, whilst maximising their independence. The care model focusses on building on people's existing strengths, their natural support networks, the use of technology and new care models to meet needs.

The proposal does deliver new care services for older people to move into. It might therefore represent a small risk model to current living arrangements when needs increase. Decisions about the best care setting for an individual will always be made in the best interests of service users with social workers acting to identify the most

appropriate care plan and making judgements about the level of independence and support required.

The proposal also affects people involved in designing and building the ILS. Government acknowledges adults in employment spend a large proportion of their time in work and that our jobs and our workplaces can have a big impact of our health and wellbeing. Therefore, work and health-related worklessness are important public health issues, both at local and national level. Consequently, ILS's will pursue social value from the delivery of work to disadvantaged people as well as understanding that some tenants may also still work whilst residing in the ILS.

A more detailed Community (Equality) Impact Assessment is scheduled for the next stage of the business case.

6. What financial and non-financial benefits are there and how will you measure the performance of these? Are there any dis-benefits? These MUST include how this will benefit the wider internal and external system.

Financial Benefits

A financial model is being developed. It shall model factors in investments, income, costs, savings, and cost of risks. The primary financial benefit is related to the annual social care budget for older people, through the delay or prevention of unnecessary escalation of support needs.

Key Benefit	Measure	Baseline	Target & Timescale
Cost avoidance	ASC Budget	£8.7m pa	£1.4m pa phased over the programme period

Non-Financial Benefits

Success is achieved when more older people with higher levels of care and support are happy in their own independent living service. The proposal can support this by firstly delivering great accommodation which has been designed and built in an environmentally considerate manner. Secondly, proposal can further help by delivering high quality care jobs instilling an enabling environment to help older people. Thirdly, the proposal can assist people who would ordinarily find it harder to obtain work in the construction and/or care sector to find meaningful employment.

Key Benefit	Measure	Baseline	Target & Timescale
Increase in people living independently	Number of older people	NIL	160 people phased over the programme period

Reduce environmental harm	Amount of CO2 or equivalent in emissions	NIL	150 tCO2e per annum phased over the programme period
Increase care worker jobs	Care worker numbers	NIL	135 jobs phased over the programme period
Increase social value	Number of jobs for people with disability or previously long-term unemployed	NIL	10 people each for 2 years over the programme period

7. Are there any identified risks which may impact on the potential delivery of this? What is the risk if we do not act?

The proposal has identified a range of risks. The table below lists the key risks and mitigations.

Risk	Mitigation	RAG (should the risk occur)	Overall Responsibility
IF Covid-19 restriction policies continues THEN there will be delays to work.	Re-arrange work plans to continue making progress and return to Covid-19 affected work at a more suitable time.	GREEN	Programme Team
IF suitable land cannot be found THEN there will be delays to work.	Review CCC's land stock and maintain engagement with district councils about potential land use.	AMBER	Programme Team
IF construction industry inflation rises rapidly THEN the project will cost more to deliver.	Explore ways to use different materials to offset the rises in prices	AMBER	Governance Board
IF the DWP (Department for Working and Pensions) change the criteria agreed for Housing Benefit payments for ILS THEN the programme benefits will be reduced.	Maintain engagement with district councils to remain aware of benefits regulations	GREEN	Corporate Management
IF the Cabinet Office change to PCR15 THEN the programme benefits will be increased. But no benefits are expected in the near term.	Contribute to government consultation about the new laws. Maintain a watching brief.	GREEN	Corporate Management
IF the DHSC (Department for Health and Social Care) change to adult social care funding policy THEN the	Maintain engagement with government alongside LGA (Local Government Association) and ADASS	AMBER	Corporate Management

programme benefits will be increased. But no benefits are expected in the near term.			
--	--	--	--

8. Scope: What is within scope? What is outside of scope?

ILS will focus on those people with high needs (usually but not exclusively aged 65+) who want to retain their independence but can no longer live in their own home. People below the age of 65, for example those with early onset of dementia would also be supported within ILS.

People and Communities: Schedule of Fees & Charges 2022-23

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2021-22 Current charge (£)	2022-23 Proposed Charge (inflation is 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Adults & Safeguarding	Adult Social Care	Deferred payment set up / administration charge	Non-Statutory	£130 for setting up the agreement £25 for a change in the agreement £25 for closing	£130 for setting up the agreement £25 for a change in the agreement £25 for closing	Partial	
People & Communities	Adults & Safeguarding	Adult Social Care	Self funder arrangement fee	Non-Statutory	£400 Annually recurring charge.	£400 Annually recurring charge.		For those that have capital above the LA funding threshold (£23k) but would like their care arranged by CCC
People & Communities	Cambridgeshire Music							
Learning	School Organisation and Planning	Cambridgeshire Music	Arts therapies	Non-Statutory	£52 per session per service user (£40 targeted concession for transitions clients)	Rates to be reviewed in February 2022	Partial	Subsidised by Grants New prices start from 1 April
Learning	School Organisation and Planning	Cambridgeshire Music	Curriculum Music Lessons	Non-Statutory	£47 per one hour session per setting	Rates to be reviewed in February 2022	Partial	Subsidised by Music Education Hub grant New charges start from 1 April
Learning	School Organisation and Planning	Cambridgeshire Music	Instrumental and Vocal Studies	Non-Statutory	£37.50 per one hour lesson per service users (pro rata for shorter lessons); Concession for new starters 20% discount on first 10 lessons	Rates to be reviewed in February 2022	Partial	Subsidised by Music Education Hub grant No change from 2020/21-2021/22
Learning	School Organisation and Planning	Cambridgeshire Music	Instrumental Loan	Non-Statutory	£36 per instrument per term	Rates to be reviewed in February 2022	Partial	Subsidised by Music Education Hub grant No change from 2020/21-2021/23
Learning	School Organisation and Planning	Cambridgeshire Music	Stage and Screen	Non-Statutory	£37.50 per hour per setting	Rates to be reviewed in February 2022	Partial	Subsidised by Music Education Hub grant New prices start from 1 April
Learning	School Organisation and Planning	Cambridgeshire Music	Whole class ensemble tuition (Overture, Octave, Trio)	Non-Statutory	£37.50 per hour per setting (Targeted concession £18.75 per hour)	Rates to be reviewed in February 2022	Partial	Subsidised by Music Education Hub grant New prices start from 1 April
Learning	School Organisation and Planning	Cambridgeshire Music	Music Theory Workshops	Non-Statutory	£60 per course place per service user	Rates to be reviewed in February 2022	Partial	Subsidised by Music Education Hub grant New prices start from 1 April
Learning	School Organisation and Planning	Cambridgeshire Music	Exam centre	Non-Statutory	£200-400 per day per client (bespoke pricing)	Rates to be reviewed in February 2022	Full	New prices start from 1 April
Learning	School Organisation and Planning	Cambridgeshire Music	Room Hire	Non-Statutory	£18 per hour per room	Rates to be reviewed in February 2022	Full	New prices start from 1 April
People & Communities	0-19 Organisation & Planning	0-19 Place and Planning						

People and Communities: Schedule of Fees & Charges 2022-23

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2021-22 Current charge (£)	2022-23 Proposed Charge (inflation is 3%)	Full/Partial cost recovery?	Additional information
People & Communities	0-19 Organisation & Planning	0-19 Place and Planning organisation service	School Admissions Academy Service Level Agreement (SLA)	Non-Statutory	Service Package 1a Transitions Validation: £395.00 net/Academic Year (Primary) £1995.00 net/Academic Year (Secondary) Service Package 2a and 2b Appeals: no charge	Term time - rates to be reviewed prior to September 2022		Package 1a Prices from September tbc Service Packages 2a and 2b- there is no longer a charge for this service
People & Communities	0-19 Organisation & Planning	0-19 Place and Planning organisation service	School Admissions Voluntary Aided & Foundation School Service Level Agreement (SLA)	Non-Statutory	Service Package 1a Transitions Validation: £395.00 net/Academic Year (Primary) £1995.00 net/Academic Year (Secondary) Service Package 2a and 2b Appeals: no charge	Term time - rates to be reviewed prior to September 2022		Package 1a Prices from September tbc Service Packages 2a and 2b- there is no longer a charge for this service
People & Communities	Home to School Transport - Mainstream	Home to School Transport - Mainstream	Mainstream Transport	Statutory	Free	Free		Providing the student meets the Home to School/College Travel Assistance Policy criteria there is no charge to the family for their transport. For students not meeting the criteria please see Spare Seats
People & Communities	Home to School Transport - Mainstream	Home to School Transport - Mainstream	Mainstream Spare seats	Non-Statutory	£260 per term	Term time - rates to be reviewed prior to September 2022		Prices per academic year
People & Communities	Home to School Transport - Mainstream	Home to School Transport - Mainstream	Post 16 Transport - low income households	Non-Statutory	£130 per term	Term time - rates to be reviewed prior to September 2022		Prices per academic year
People & Communities	Home to School Transport - Special	Home to School Transport - Special	SEND Post 16 payers	Non-Statutory	£215 per term	Term time - rates to be reviewed prior to September 2022		Prices per academic year
People & Communities	0-19 Organisation & Planning	Education Welfare Benefits	Free Schools Meals for Primary and Secondary Academy schools	Non-Statutory	£9 per eligible child	Term time - rates to be reviewed prior to September 2022		Prices cover academic year

People and Communities: Schedule of Fees & Charges 2022-23

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2021-22 Current charge (£)	2022-23 Proposed Charge (inflation is 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Schools Improvement service	Primary Schools Adviser Support						
People & Communities	Schools Improvement service	Adviser Support	Primary Adviser	Non-Statutory	£100	£100		Per hour
People & Communities	Schools Improvement service	Adviser Support	Primary Adviser / Associate Support	Non-Statutory	£480	£480		Per day
People & Communities	Schools Improvement service	Adviser Support	Primary School Improvement Offer Service Level Agreement (SLA) Subscription LA Schools	Non-Statutory	£2070 - £3105	TBC - will be reviewed in the Spring term		Per Annum
People & Communities	Schools Improvement service	Adviser Support	Primary School Improvement Offer Service Level Agreement (SLA) Subscription Academies	Non-Statutory	£2270 - £3415	TBC - will be reviewed in the Spring term		Per Annum
People & Communities	Schools Improvement service	Adviser Support	Primary School Improvement Courses, conferences and Briefings	Non-Statutory	Multiple charging structure	Multiple charging structure		Per course/conference/briefing Prices from 1 September
Commercial & Investments	The ICT Service	The ICT Service						
Commercial & Investments	The ICT Service	The ICT Service	School ICT Consultancy and Training support	Non-Statutory	£530 £345 £150 247 £35 £50 £97 £185	£556 £362 157 £259 £37 £65 102 £194		Full Day Consultancy Half Day Consultancy One Hour Consultancy - remote or onsite Minimum 2 hours Consultancy onsite 1 1/4 Hours Training Session 1 1/4 - 2 Hours Training Session 2 - 4 Hours Training Session 4+ Hours Training Session
Commercial & Investments	The ICT Service	The ICT Service	ICT equipment installation support	Non-Statutory	£125 £89 £25 £69 £199 £399 £260 £485	£131 £93 £35 £72 £199 £399 £263 £485		Installations: Gold Installations: Silver Installations: Bronze 1st/2nd Line Remote Support per hour 1st/2nd Line Onsite Half Day 1st/2nd Line Onsite Full Day Senior Technician Fixed Fee Half Day Senior Technician Fixed Fee Full Day
People & Communities	Public Library Services	Libraries	Borrowing Charges					
People & Communities	Public Library Services	Libraries	Books	Statutory	Free	Free		
People & Communities	Public Library Services	Libraries	eBooks	Non-statutory	Free	Free		

People and Communities: Schedule of Fees & Charges 2022-23

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2021-22 Current charge (£)	2022-23 Proposed Charge (inflation is 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Public Library Services	Libraries	Magazines	Non-statutory	Free	Free		
People & Communities	Public Library Services	Libraries	eMagazines/eNewspapers	Non-statutory	Free	Free		
People & Communities	Public Library Services	Libraries	Audio book or language course- junior/ young adult	Non-statutory	Free	Free		
People & Communities	Public Library Services	Libraries	Audio book or language course - adult	Non-statutory	£1.00	£2.00		
People & Communities	Public Library Services	Libraries	eAudio book	Non-statutory	Free	Free		
People & Communities	Public Library Services	Libraries	DVD	Non-statutory	£1	£1		
People & Communities	Public Library Services	Libraries	Music CD	Non-statutory	£1.00	£1.00		
People & Communities	Public Library Services	Libraries	Overdue Charges					
People & Communities	Public Library Services	Libraries	Books and magazines- Junior	Non-statutory	5p per day (maximum £1.50)	Free		
People & Communities	Public Library Services	Libraries	Books and magazines- Adult	Non-statutory	25p per day (maximum £6.00)	25p per day (maximum charge £5.00)		
People & Communities	Public Library Services	Libraries	eBooks/eMagazines/eNews papers	Non-statutory	N/A	N/A		
People & Communities	Public Library Services	Libraries	Audio book or language course- Junior	Non-statutory	5p per day (maximum £1.50)	Free		
People & Communities	Public Library Services	Libraries	Audio book or language course- Adult	Non-statutory	50p (maximum £12.00)	25p per day (maximum fine £13)		
People & Communities	Public Library Services	Libraries	eAudio book	Non-statutory	N/A			
People & Communities	Public Library Services	Libraries	DVD	Non-statutory	50p per day (20p per short) (maximum £12 or £5 short)	25p per day (maximum fine £13)		
People & Communities	Public Library Services	Libraries	Music CD	Non-statutory	50p per day (Max £12)	25p per day (maximum fine £13)		
People & Communities	Public Library Services	Libraries	Membership					
People & Communities	Public Library Services	Libraries	Memership Card	Statutory	Free	Free		
People & Communities	Public Library Services	Libraries	Replacement card- adult/junior	Non-statutory	£2.50 / £1.50	£2.25/£1.25	Full	
People & Communities	Public Library Services	Libraries	Lost/damaged load items	Non-statutory	Variable rate dependent on item value. Full cost	Variable dependent on item value	Full	

People and Communities: Schedule of Fees & Charges 2022-23

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2021-22 Current charge (£)	2022-23 Proposed Charge (inflation is 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Public Library Services	Libraries	Reading Groups	Non-statutory	£35	£35	Partial	
People & Communities	Public Library Services	Libraries	Requests					
People & Communities	Public Library Services	Libraries	Vocal scores	Non-statutory	Under 25 copies £11 internal, £21 external	Under 25 copies £11 internal, £21 external		(no change - suspended throughout Covid)
People & Communities	Public Library Services	Libraries	Vocal scores	Non-statutory	25 - 50 copies £21 internal, £41 external	25-50 copies £21 internal, £41 external		(no change - suspended throughout Covid)
People & Communities	Public Library Services	Libraries	Vocal scores	Non-statutory	Over 50 copies £31 internal, £62 external	Over 50 copies £31 internal, £62 external		(no change - suspended throughout Covid)
People & Communities	Public Library Services	Libraries	Items not in Cambridgeshire stock	Non-statutory	£8.50	£8.50		
People & Communities	Public Library Services	Libraries	British Library Loan	Non-statutory	£18.00	£18.00	Full cost recovery	Added University requests that charge the same and include renewal charges
People & Communities	Public Library Services	Libraries	Reservation of Cambridgeshire adult stock	Non-statutory	£1.00	50p		
People & Communities	Public Library Services	Libraries	Reservation of SPINE stock	Non-statutory	£2.00	£2.00		
People & Communities	Public Library Services	Libraries	Printing and Copying					
People & Communities	Public Library Services	Libraries	A4 black and white	Non-statutory	20p	20p		
People & Communities	Public Library Services	Libraries	A4 colour	Non-statutory	75p	75p		
People & Communities	Public Library Services	Libraries	A3 black and white (copying only)	Non-statutory	40p	40p		
People & Communities	Public Library Services	Libraries	A3 colour (copying only)	Non-statutory	£1.25	£1.25		
People & Communities	Public Library Services	Libraries	A4/A3 microfilm	Non-statutory	75p/£1.25	75p/£1.25		
People & Communities	Public Library Services	Libraries	Fax					

People and Communities: Schedule of Fees & Charges 2022-23

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2021-22 Current charge (£)	2022-23 Proposed Charge (inflation is 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Public Library Services	Libraries	UK first page/ extra page	Non-statutory	£1.25/65p	£1.25/65p		
People & Communities	Public Library Services	Libraries	Europe first page/ extra page	Non-statutory	£2.25/£1.00	£2.25/£1.00		
People & Communities	Public Library Services	Libraries	World first page/ extra page	Non-statutory	£2.85/£1.10	£2.85/£1.10		
People & Communities	Public Library Services	Libraries	Receiving first page/ extra page	Non-statutory	60p/25p	60p/25p		
People & Communities	Public Library Services	Libraries	Internet and Email					
People & Communities	Public Library Services	Libraries	Online reference resources	Statutory	Free	Free		
People & Communities	Public Library Services	Libraries	Internet and email access	Non-statutory	Free	Free		
People & Communities	Public Library Services	Libraries	Wi-Fi access	Non-statutory	Free	Free		
People & Communities	Public Library Services	Libraries	Events					
People & Communities	Public Library Services	Libraries	Adult	Non-statutory	£0-£25	£0-£25		Dependant on event type
People & Communities	Public Library Services	Libraries	Children	Non-statutory	£0-£5	£0-£5		Dependent on event type
People & Communities	Public Library Services	Libraries	Central Library - Cambridge Room Hire					
People & Communities	Public Library Services	Libraries	Meeting room 1	Non-statutory	£26.50 ph (commercial) £15.00 ph (Council partner) £12.25 ph (community)	£26.50 ph (commercial) £15.00 ph (Council partner) £12.25 ph (community)		Due to uncertainty of room hire going forward we propose to freeze prices. Very limited hire has happened throughout the Covid crisis due to limited capacities in buildings and venue spaces.
People & Communities	Public Library Services	Libraries	Meeting room 2	Non-statutory	£26.50 ph (commercial) £15.00 ph (Council partner) £12.25 ph (community)	£26.50 ph (commercial) £15.00 ph (Council partner) £12.25 ph (community)		
People & Communities	Public Library Services	Libraries	Meeting room 3	Non-statutory	£44.50 ph (commercial) £24.00 ph (Council partner) £21.00 ph (community)	£44.50 ph (commercial) £24.00 ph (Council partner) £21.00 ph (community)		

People and Communities: Schedule of Fees & Charges 2022-23

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2021-22 Current charge (£)	2022-23 Proposed Charge (inflation is 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Public Library Services	Libraries	Conference room	Non-statutory	£50.50 ph (commercial) £30.00 ph (Council partner) £24.00 ph (community)	£50.50 ph (commercial) £30.00 ph (Council partner) £24.00 ph (community)		
	Public Library Services		Foyer Space	Non-statutory	£360.50 per week / £141.60 per day (commercial) £202.90 per week / £88.05 per day (council Partner) £173 per week / £58.70 per day (community)	£360.50 per week / £141.60 per day (commercial) £202.90 per week / £88.05 per day (council Partner) £173 per week / £58.70 per day (community)		
People & Communities	Public Library Services	Libraries	Exhibition space	Non-statutory	£200.00 pw (commercial) £120.00 pw (Council partner) £96.00 pw (community)	£200.00 pw (commercial) £120.00 pw (Council partner) £96.00 pw (community)		
People & Communities	Public Library Services	Libraries	Chatteris Library Room Hire Charges					
People & Communities	Public Library Services	Libraries	Meeting room 1	Non-statutory	£18.50 ph (commercial) £9.50 ph (Council partner) £6.50 ph (community)	£18.50 ph (commercial) £9.50 ph (Council partner) £6.50 ph (community)		
People & Communities	Public Library Services	Libraries	Cherry Hinton Library Room Hire Charges					
People & Communities	Public Library Services	Libraries	Community Space	Non-statutory	£5.75 ph (not for profit groups in the local community) £14.25 ph (all other bookings)	£5.75 ph (not for profit groups in the local community) £14.25 ph (all other bookings)		
People & Communities	Public Library Services	Libraries	Ely Library Room Hire Charges					
People & Communities	Public Library Services	Libraries	Meeting room 1	Non-statutory	£22.50 ph (commercial) £12.50 ph (Council partner) £7.50 ph (community)	£22.50 ph (commercial) £12.50 ph (Council partner) £7.50 ph (community)		
People & Communities	Public Library Services	Libraries	Interview room 1	Non-statutory	£15.00 ph (commercial) £7.50 ph (Council partner) £5.75 ph (community)	£15.00 ph (commercial) £7.50 ph (Council partner) £5.75 ph (community)		
People & Communities	Public Library Services	Libraries	Huntingdon Library Room Hire Charges					
People & Communities	Public Library Services	Libraries	Meeting room 1	Non-statutory	£18.50 ph (commercial) £9.50 ph (Council partner) £6.50 ph (community)	£18.50 ph (commercial) £9.50 ph (Council partner) £6.50 ph (community)		
People & Communities	Public Library Services	Libraries	Meeting room 2	Non-statutory	£22.50 ph (commercial) £12.50 ph (Council partner) £7.50 ph (community)	£22.50 ph (commercial) £12.50 ph (Council partner) £7.50 ph (community)		

People and Communities: Schedule of Fees & Charges 2022-23

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2021-22 Current charge (£)	2022-23 Proposed Charge (inflation is 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Public Library Services	Libraries	Meeting room 1 and 2	Non-statutory	£26.00 ph (commercial) £14.75 ph (Council partner) £8.50 ph (community)	£26.00 ph (commercial) £14.75 ph (Council partner) £8.50 ph (community)		
People & Communities	Public Library Services	Libraries	Interview Rooms & Pods	Non-statutory	£15.00 ph (commercial) £7.50 ph (Council partner) £6.00 ph (community)	£15.00 ph (commercial) £7.50 ph (Council partner) £6.00 ph (community)		
People & Communities	Public Library Services	Libraries	Exhibition space	Non-statutory	£60.00 pw (commercial) £47.50 pw (Council partner) £35.00 pw (community)	£60.00 pw (commercial) £47.50 pw (Council partner) £35.00 pw (community)		
People & Communities	Public Library Services	Libraries	March Library Room Hire Charges					
People & Communities	Public Library Services	Libraries	Meeting room 1	Non-statutory	£22.50 ph (commercial) £12.50 ph (Council partner) £7.50 ph (community)	£22.50 ph (commercial) £12.50 ph (Council partner) £7.50 ph (community)		
People & Communities	Public Library Services	Libraries	Interview room	Non-statutory	£15.00 ph (commercial) £7.50 ph (Council partner) £5.50 ph (community)	£15.00 ph (commercial) £7.50 ph (Council partner) £5.50 ph (community)		
People & Communities	Public Library Services	Libraries	Milton Road Library Room Hire Charges					
People & Communities	Public Library Services	Libraries	Meeting Room 1&2	Non-statutory	£30 ph (commercial) £15 ph (Council partner) £11 ph (community)	£30 ph (commercial) £15 ph (Council partner) £11 ph (community)		
People & Communities	Public Library Services	Libraries	Meeting Room 3	Non-statutory	£40 ph (commercial) £20 ph (Council partner) £15 ph (community)	£40 ph (commercial) £20 ph (Council partner) £15 ph (community)		
People & Communities	Public Library Services	Libraries	Kitchen	Non-statutory	£10 ph (commercial) £5 ph (Council partner) Free (community)	£10 ph (commercial) £5 ph (Council partner) Free (community)		
People & Communities	Public Library Services	Libraries	Whole Lib	Non-statutory	£50 ph (commercial) £25 ph (Council partner) £20 ph (community)	£50 ph (commercial) £25 ph (Council partner) £20 ph (community)		
People & Communities	Public Library Services	Libraries	Ramsey Library Room Hire Charges					
People & Communities	Public Library Services	Libraries	Meeting room 1	Non-statutory	£22.50 ph (commercial) £12.50 ph (Council partner) £7.50 ph (community)	£22.50 ph (commercial) £12.50 ph (Council partner) £7.50 ph (community)		
People & Communities	Public Library Services	Libraries	Interview room	Non-statutory	£15.00 ph (commercial) £7.50 ph (Council partner) £6.00 ph (community)	£15.00 ph (commercial) £7.50 ph (Council partner) £6.00 ph (community)		

People and Communities: Schedule of Fees & Charges 2022-23

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2021-22 Current charge (£)	2022-23 Proposed Charge (inflation is 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Public Library Services	Libraries	Rock Road Library Room Hire Charges					
People & Communities	Public Library Services	Libraries	Community Space	Non-statutory	£5.75 ph (not for profit groups in the local community) £14.40 ph (all other bookings)	£5.75 ph (not for profit groups in the local community) £14.40 ph (all other bookings)		
People & Communities	Public Library Services	Libraries	Soham Library Room Hire Charges					
People & Communities	Public Library Services	Libraries	Meeting room 1	Non-statutory	£18.50 ph (commercial) £9.50 ph (Council partner) £6.25 ph (community)	£18.50 ph (commercial) £9.50 ph (Council partner) £6.25 ph (community)		
People & Communities	Public Library Services	Libraries	St Ives Library Room Hire Charges					
People & Communities	Public Library Services	Libraries	Meeting room 1	Non-statutory	£22.50 ph (commercial) £12.50 ph (Council partner) £7.50 ph (community)	£22.50 ph (commercial) £12.50 ph (Council partner) £7.50 ph (community)		
People & Communities	Public Library Services	Libraries	Meeting room 2	Non-statutory	£18.50 ph (commercial) £9.50 ph (Council partner) £6.50 ph (community)	£18.50 ph (commercial) £9.50 ph (Council partner) £6.50 ph (community)		
People & Communities	Public Library Services	Libraries	Foyer Space	Non-statutory	£58.00 pw (commercial) £37.00 pw (Council partner) £25.00 pw (community)	£58.00 pw (commercial) £37.00 pw (Council partner) £25.00 pw (community)		
People & Communities	Public Library Services	Libraries	St Neots Library Room Hire Charges					
People & Communities	Public Library Services	Libraries	Meeting room 1	Non-statutory	£12.00 ph (commercial) £7.50 ph (Council partner) £6.00 ph (community)	£12.00 ph (commercial) £7.50 ph (Council partner) £6.00 ph (community)		
People & Communities	Public Library Services	Libraries	Meeting room 2	Non-statutory	£12.00 ph (commercial) £7.50 ph (Council partner) £6.00 ph (community)	£12.00 ph (commercial) £7.50 ph (Council partner) £6.00 ph (community)		
People & Communities	Public Library Services	Libraries	Community space 1	Non-statutory	£22.50 ph (commercial) £12.50 ph (Council partner) £7.50 ph (community)	£22.50 ph (commercial) £12.50 ph (Council partner) £7.50 ph (community)		
People & Communities	Public Library Services	Libraries	Community space 2	Non-statutory	£22.50 ph (commercial) £12.50 ph (Council partner) £7.50 ph (community)	£22.50 ph (commercial) £12.50 ph (Council partner) £7.50 ph (community)		
People & Communities	Public Library Services	Libraries	Exhibition space	Non-statutory	£58.00 pw (commercial) £37.00 pw (Council partner) £25.00 pw (community)	£58.00 pw (commercial) £37.00 pw (Council partner) £25.00 pw (community)		
People & Communities	Public Library Services	Libraries	Foyer space	Non-statutory	£58.00 pw (commercial) £37.00 pw (Council partner) £25.00 pw (community)	£58.00 pw (commercial) £37.00 pw (Council partner) £25.00 pw (community)		

People and Communities: Schedule of Fees & Charges 2022-23

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2021-22 Current charge (£)	2022-23 Proposed Charge (inflation is 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Public Library Services	Libraries	Whittlesey Library Room Hire Charges					
People & Communities	Public Library Services	Libraries	Meeting room 1	Non-statutory	£18.50 ph (commercial) £9.50 ph (Council partner) £6.50 ph (community)	£18.50 ph (commercial) £9.50 ph (Council partner) £6.50 ph (community)		
People & Communities	Public Library Services	Libraries	Wisbech Library Room Hire Charges					
People & Communities	Public Library Services	Libraries	Meeting room 1	non-statutory	£18.50 ph (commercial) £9.50 ph (Council partner) £6.50 ph (community)	£18.50 ph (commercial) £9.50 ph (Council partner) £6.50 ph (community)		
People & Communities	Public Library Services	Libraries	Meeting room 2	non-statutory	£18.50 ph (commercial) £9.50 ph (Council partner) £6.50 ph (community)	£18.50 ph (commercial) £9.50 ph (Council partner) £6.50 ph (community)		
People & Communities	Public Library Services	Libraries	Meeting room 1 and 2	non-statutory	£26.50 ph (commercial) £14.50 ph (Council partner) £8.50 ph (community)	£26.50 ph (commercial) £14.50 ph (Council partner) £8.50 ph (community)		
People & Communities	Public Library Services	Libraries	Interview room	non-statutory	£15.00 ph (commercial) £7.50 ph (Council partner) £5.75 ph (community)	£15.00 ph (commercial) £7.50 ph (Council partner) £5.75 ph (community)		
People & Communities	Public Library Services	Libraries	Yaxley Library Room hire charges					
People & Communities	Public Library Services	Libraries	Meeting room 1	non-statutory	£9.00 ph (not for profit groups in the local community) £7.35 ph (all other bookings)	£9.00 ph (not for profit groups in the local community) £7.35 ph (all other bookings)		
People & Communities	Public Library Services	Libraries	Local Studies Research Services charges					
People & Communities	Public Library Services	Libraries	30 mins	Non-statutory	Free	Free		
People & Communities	Public Library Services	Libraries	1 hour	Non-statutory	£32	£32	Full	
People & Communities	Public Library Services	Libraries	1.5 hours	Non-statutory	£48	£48		
People & Communities	Public Library Services	Libraries	2 hours	Non-statutory	£64	£64	Full	
People & Communities	Public Library Services	Libraries	Each Additional 30 min	Non-statutory	£16	£16		
People & Communities	Public Library Services	Libraries	Adopt a Book Scheme	Non-statutory	£25 per annum	£25 per annum		
People & Communities	Public Library Services	Libraries	Archives Services charges					

People and Communities: Schedule of Fees & Charges 2022-23

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2021-22 Current charge (£)	2022-23 Proposed Charge (inflation is 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Cultural & Community Services	Archives	1 hour	Non-statutory	£36	£36	Full	
People & Communities	Cultural & Community Services	Archives	2 hours	Non-statutory	£72	£72	Full	
People & Communities	Cultural & Community Services	Archives	Specialist research for business or professional clients	Non-statutory	£85	£85	Full	
People & Communities	Cultural & Community Services	Archives	Other checks of records or indexes up to 15 minutes	Non-statutory	£16	£16		
People & Communities	Cultural & Community Services	Archives	Vehicle registration, electoral register and magistrates' court register	Non-statutory	£22	£22		
People & Communities	Cultural & Community Services	Archives	Replacement of lost CARN ticket	Non-statutory	£5	£5	Full	
People & Communities	Cultural & Community Services	Archives	Reproduction Fees					
People & Communities	Cultural & Community Services	Archives	Local, limited distribution publications (1-10 pictures)	Non-statutory	£10 per image	£10 per image		Reproduction online: £20 for 1-5 images, £30 for 6-10 images. Negotiable over 10 images.
People & Communities	Cultural & Community Services	Archives	Other commercial publications	Non-statutory	£25 per image	£25 per image		Negotiable
People & Communities	Cultural & Community Services	Archives	TV, film: world wide use 5 year licence	Non-statutory	£250	£250		Negotiable
People & Communities	Cultural & Community Services	Archives	Outreach fees					
People & Communities	Cultural & Community Services	Archives	Group Visits to Archives	Non-statutory	£65	£65	Partial	
People & Communities	Cultural & Community Services	Archives	Talks to groups outside the office	Non-statutory	£80	£80	Partial	

People and Communities: Schedule of Fees & Charges 2022-23

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2021-22 Current charge (£)	2022-23 Proposed Charge (inflation is 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Cultural & Community Services	Archives	Archives and Local Studies: Digitisation					
People & Communities	Cultural & Community Services	Archives	Document up to A3	Non-statutory	£8.00	£8.00	Full	
People & Communities	Cultural & Community Services	Archives	Document between A3 and A1	Non-statutory	£13.00	£13.00	Full	
People & Communities	Cultural & Community Services	Archives	Document larger than A1	Non-statutory	£32.00	£32.00	Full	Requires two scans
People & Communities	Cultural & Community Services	Archives	35mm transparency	Non-statutory	£7.75	£7.75	Full	At a specific DPI
People & Communities	Cultural & Community Services	Archives	C19 lantern slide	Non-statutory	£7.75	£8.00	Full	At a specific DPI
People & Communities	Cultural & Community Services	Archives	C19 glass plate	Non-statutory	£10.00	£8.00	Full	At a specific DPI
People & Communities	Cultural & Community Services	Archives	Pre-digitised A4-A2	Non-statutory	£5.50	£5.50	Full	
People & Communities	Cultural & Community Services	Archives	Pre-digitised A1-A0	Non-statutory	£11.00	£11.00	Full	
People & Communities	Cultural & Community Services	Archives	Inclosure / tithe / estate maps	Non-statutory	£25.00	£25.00	Full	
People & Communities	Cultural & Community Services	Archives	Bulk scanning / large projects	Non-statutory	£25.00	£25.00	Full	Hourly rate
People & Communities	Cultural & Community Services	Archives	Image retouching	Non-statutory	£50.00	£50.00	Full	Per image
People & Communities	Cultural & Community Services	Archives	Local Studies: Non-digitised images (from negatives)					
People & Communities	Cultural & Community Services	Archives	6 x 4 BW	non-statutory	£5.00	£5.00		
People & Communities	Cultural & Community Services	Archives	7 x 5 BW	non-statutory	£6.00	£6.00		

People and Communities: Schedule of Fees & Charges 2022-23

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2021-22 Current charge (£)	2022-23 Proposed Charge (inflation is 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Cultural & Community Services	Archives	8 x 6 BW	non-statutory	£7.00	£7.00		
People & Communities	Cultural & Community Services	Archives	10 x 8 BW	non-statutory	£8.00	£8.00		
People & Communities	Cultural & Community Services	Archives	12 x 9 BW	non-statutory	£10.00	£10.00		
People & Communities	Cultural & Community Services	Archives	35 mm slides	non-statutory	£2	£2		
People & Communities	Cultural & Community Services	Archives	Negatives of privately owned images	non-statutory	£7	£7		
People & Communities	Cultural & Community Services	Archives	Conservation work	non-statutory	£35 per hour, plus materials	£35 per hour, plus materials	Full	
People & Communities	Cultural & Community Services	Archives	Photocopies and print outs in the search room					
People & Communities	Cultural & Community Services	Archives	A4 photocopy archive	Non-statutory	£1.00	£1.00		
People & Communities	Cultural & Community Services	Archives	A3 photocopy archive	Non-statutory	£1.50	£1.50		
People & Communities	Cultural & Community Services	Archives	A4 photocopy library item	Non-statutory	£0.50	£0.50		
People & Communities	Cultural & Community Services	Archives	A3 photocopy library item	Non-statutory	£0.75	£0.75		
People & Communities	Cultural & Community Services	Archives	A4 Microform print self service	Non-statutory	£0.80	£0.80		
People & Communities	Cultural & Community Services	Archives	A3 Microform print self service	Non-statutory	£1.25	£1.25		
People & Communities	Cultural & Community Services	Archives	IT printout black and white	Non-statutory	£0.25	£0.25		
People & Communities	Cultural & Community Services	Archives	IT printout colour	Non-statutory	£0.55	£0.55		

People and Communities: Schedule of Fees & Charges 2022-23

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2021-22 Current charge (£)	2022-23 Proposed Charge (inflation is 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Cultural & Community Services	Archives	Photocopies and print outs by post					
People & Communities	Cultural & Community Services	Archives	Photocopies or printouts	non-statutory	Minimum Charge of £7 (including postage) for up to 5 pages then £1 for each additional page	Minimum Charge of £7 (including postage) for up to 5 pages then £1 for each additional page		
People & Communities	Cultural & Community Services	Archives	Certified Copies	non-statutory	£25 including cost of copy and postage	£25 including cost of copy and postage	Full	
People & Communities	Cultural & Community Services	Archives	Photo permit - use of own camera in the search room	non-statutory	£10	£10		
People & Communities	Cultural & Community Services	Archives	Digital Photography by post					
People & Communities	Cultural & Community Services	Archives	A4 Colour print	non-statutory	£6.50	£6.50	Full	
People & Communities	Cultural & Community Services	Archives	A3 Colour print	non-statutory	£10.50	£10.50	Full	
People & Communities	Cultural & Community Services	Archives	Plus Handling Charge	non-statutory	UK: £3.50 Europe: £6.50 Rest of the world: £10.00 or actual postage if in excess	UK: £3.50 Europe: £6.50 Rest of the world: £10.00 or actual postage if in excess	Full	
People & Communities	Cultural & Community Services	Archives	Digital Photography by email					
People & Communities	Cultural & Community Services	Archives	Per Photograph	non-statutory	£6.00	£6.00		
People & Communities	Cultural & Community Services	Archives	Per email (max. 5jpegs per email)	non-statutory	£2.50	£2.50		
People & Communities	Cultural & Community Services	Archives	Specialist photography by FSB Scanning Bureau	non-statutory	Prices available on application	Prices available on application	Full	Prints larger than A3 have to be done by an external company and are quoted for on spec.
People & Communities	Registration & Citizenship Services	Registrations	Ceremonies					
People & Communities	Registration & Citizenship Services	Registrations	Room 1 (stat fee ceremonies)	Statutory	£46	£46	Partial	A statutory ceremony only
People & Communities	Registration & Citizenship Services	Registrations	Venue marriage or CP Mon-Sat	non-statutory	£580	£590	Full	

People and Communities: Schedule of Fees & Charges 2022-23

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2021-22 Current charge (£)	2022-23 Proposed Charge (inflation is 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Registration & Citizenship Services	Registrations	Venue marriage or CP Sun & current B/H	non-statutory	£675	£685	Full	
People & Communities	Registration & Citizenship Services	Registrations	Ceremonies-Marriage or CP #					
People & Communities	Registration & Citizenship Services	Registrations	Council Ceremony room Mon to Thurs all day	non-statutory	£245	£250	Full	
People & Communities	Registration & Citizenship Services	Registrations	Council Ceremony room Friday & Sat all day	non-statutory	£365	£370	Full	
People & Communities	Registration & Citizenship Services	Registrations	Council Ceremony room Sunday	non-statutory	TBC on introduction of service	not applicable	Full	Not currently possible due to planning restrictions on new Cambridge site
People & Communities	Registration & Citizenship Services	Registrations	Ceremonies- Naming/ Renewals					
People & Communities	Registration & Citizenship Services	Registrations	All Council Ceremony room fees as per marriage / cp	non-statutory	Usual Council Ceremony Room fees	Usual Council Ceremony Room fees	Full	
People & Communities	Registration & Citizenship Services	Registrations	Any venue Mon to Sat	non-statutory	Usual venue fees apply	Usual venue fees apply	Full	
People & Communities	Registration & Citizenship Services	Registrations	Any venue Sun or B/H	non-statutory	Usual venue fees apply	Usual venue fees apply	Full	
People & Communities	Registration & Citizenship Services	Registrations	Ceremonies-Private Citizenship					
People & Communities	Registration & Citizenship Services	Registrations	Then # applies	non-statutory	Usual Council Ceremony Room fees (No Sat Ceremonies)	Usual Council Ceremony Room fees (No Sat Ceremonies)	Full	
People & Communities	Registration & Citizenship Services	Registrations	Approved Premise Approvals					
People & Communities	Registration & Citizenship Services	Registrations	Approval fee	non-statutory	£1,750	£1,800	Full	for a three year approval but can be extended to five years at no extra charge if Terms & Conditions are met
People & Communities	Registration & Citizenship Services	Registrations	General Search					
People & Communities	Registration & Citizenship Services	Registrations	S.31(2)(a), B&D Regn Act 1953; S.64(2)(a), Mge Act 1949- A general search in	Statutory	£18	£18	Partial	Search in registration index books (free search available on-line via CAMDEX)

People and Communities: Schedule of Fees & Charges 2022-23

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2021-22 Current charge (£)	2022-23 Proposed Charge (inflation is 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Registration & Citizenship Services	Registrations	Certificates-Superintendent Registrar					
People & Communities	Registration & Citizenship Services	Registrations	S.31(2)(c), B&D Regn Act 1953; S.64(2)(c), Mge Act 1949- Issuing a standard	Statutory	£11	£11	Full	Certificate
People & Communities	Registration & Citizenship Services	Registrations	S.10, Savings Bank Act 1887, as amended; S.178(1), Factories Act	Statutory	£11	£11	Full	Certificate
People & Communities	Registration & Citizenship Services	Registrations	S.33(1), B&D Regn Act 1953- Issuing a short certificate of birth	Statutory	£11	£11	Full	Certificate
People & Communities	Registration & Citizenship Services	Registrations	Certificates- Registrar					
People & Communities	Registration & Citizenship Services	Registrations	S.32(c), B&D Regn Act 1953; S.63(1)(b), Mge Act 1949- Issuing a standard	Statutory	£11	£11	Full	Certificate
People & Communities	Registration & Citizenship Services	Registrations	S.32(c), B&D Regn Act 1953; S.63(1)(b), Mge Act 1949- Issuing a standard	Statutory	£11	£11	Full	Certificate
People & Communities	Registration & Citizenship Services	Registrations	S.10, Savings Bank Act 1887, as amended; S.178(1), Factories Act	Statutory	£11	£11	Full	Certificate
People & Communities	Registration & Citizenship Services	Registrations	S.10, Savings Bank Act 1887, as amended; S.178(1), Factories Act	Statutory	£11	£11	Full	Certificate
People & Communities	Registration & Citizenship Services	Registrations	S.33(1), B&D Regn Act 1953- Any other short certificate of birth at the	Statutory	£11	£11	Full	Certificate
People & Communities	Registration & Citizenship Services	Registrations	S.33(1), B&D Regn Act 1953- Any other short certificate of birth after the	Statutory	£11	£11	Full	Certificate
People & Communities	Registration & Citizenship Services	Registrations	Marriages-Superintendent Registrar					
People & Communities	Registration & Citizenship Services	Registrations	S.27(7), Mge Act 1949- Attending outside his/her office to be given notice of	Statutory	£47 (housebound) £68 detained	£47 (housebound) £68 detained	Partial	Attending to take notice away from office
People & Communities	Registration & Citizenship Services	Registrations	S.27(6), Mge Act 1949- Entering a notice of marriage in a marriage	Statutory	£35	£35	Partial	Giving legal notice. Additional £12 per person if not exempt
People & Communities	Registration & Citizenship Services	Registrations	S.17(2), Marriage (Registrar General's Licence) Act 1970- Entering a notice of	Statutory	£3	£3	Partial	Giving legal notice.

People and Communities: Schedule of Fees & Charges 2022-23

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2021-22 Current charge (£)	2022-23 Proposed Charge (inflation is 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Registration & Citizenship Services	Registrations	S.51(2), Mge Act 1949- Attending a marriage at the residence of a house-bound	Statutory	£84 housebound, £94 detained	£84 housebound, £94 detained	Partial	Attending to take notice away from office
People & Communities	Registration & Citizenship Services	Registrations	S.17(2), Marriage (Registrar General's Licence) Act 1970- Attending a marriage	Statutory	£3	£3	Partial	Exceptional circumstances marriage (one person with very limited life expectancy)
People & Communities	Registration & Citizenship Services	Registrations	S.51(1A)(b), Mge Act 1949; Reg 12(6), The Marriages and Civil Partnerships	Statutory	As set by the local authority	As set by the local authority	Full	See non stat fees
People & Communities	Registration & Citizenship Services	Registrations	Marriages- Registrar					
People & Communities	Registration & Citizenship Services	Registrations	S.51(1), Mge Act 1949- Attending a marriage at the register office	Statutory	£46	£46	Partial	Marriage registration - statutory ceremony
People & Communities	Registration & Citizenship Services	Registrations	S.51(1), Mge Act 1949- Attending a marriage at a registered building or the	Statutory	£88 (Detained person) £81 Housebound	£88 (Detained person) £81 Housebound	Partial	Marriage registration - church / chapel / housebound / detained (prison / secure health unit)
People & Communities	Registration & Citizenship Services	Registrations	S.17(2), Marriage (Registrar General's Licence) Act 1970- Attending a marriage	Statutory	£2	£2	Partial	Exceptional circumstances marriage (one person with very limited life expectancy)
People & Communities	Registration & Citizenship Services	Registrations	Certification for Worship and Registration for Marriage-Superintendent Registrar					
People & Communities	Registration & Citizenship Services	Registrations	S.5, Place of Worship Registration Act 1855- Certification of a place of	Statutory	£29	£29	Partial	Legal notification of a church / chapel being registered for worship
People & Communities	Registration & Citizenship Services	Registrations	S.41(6), Mge Act 1949- Registration of a building for the solemnization of	Statutory	£123	£123	Partial	Legal notification of a church / chapel being registered for such ceremonies
People & Communities	Registration & Citizenship Services	Registrations	S.43D Mge Act 1949- Registration of a building for the solemnization of	Statutory	£64	£64	Partial	Legal notification of a church / chapel being registered for such ceremonies
People & Communities	Registration & Citizenship Services	Registrations	S.43D Mge Act 1949- Registration of a building for the solemnization of	Statutory	£123	£123	Partial	Legal notification of a church / chapel being registered for such ceremonies
People & Communities	Registration & Citizenship Services	Registrations	S.43D Mge Act 1949- Registration of a building for the solemnization of	Statutory	£64	£64	Partial	Legal notification of a church / chapel being registered for such ceremonies
People & Communities	Registration & Citizenship Services	Registrations	S.43D Mge Act 1949- Joint application for the registration of a building for	Statutory	£123	£123	Partial	Legal notification of a church / chapel being registered for such ceremonies

People and Communities: Schedule of Fees & Charges 2022-23

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2021-22 Current charge (£)	2022-23 Proposed Charge (inflation is 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Registration & Citizenship Services	Registrations	Certificates					
People & Communities	Registration & Citizenship Services	Registrations	Civil Partnership Act 2004c.33, Pt 2 c.1s. 34(1) & 36(4)- For a certified copy	Statutory	£11	£11	Full	Certificate
People & Communities	Registration & Citizenship Services	Registrations	Civil Partnership Act 2004c.33, Pt 2 c.1s. 34(1) & 36(4)- For a certified copy	Statutory	£11	£11	Full	Certificate
People & Communities	Registration & Citizenship Services	Registrations	Civil Partnership Act 2004c.33, Pt 2 c.1s. 34(1) & 36(4)- For a certified extract	Statutory	£11	£11	Full	Certificate
People & Communities	Registration & Citizenship Services	Registrations	Civil Partnership Act 2004c.33, Pt 2 c.1s. 34(1) & 36(4)- For a certified extract	Statutory	£11	£11	Full	Certificate
People & Communities	Registration & Citizenship Services	Registrations	Civil Partnership Act 2004c.33, Pt 2 c.1s. 34(1) & 36(4)- For a certified copy	Statutory	£11	£11	Full	Certificate
People & Communities	Registration & Citizenship Services	Registrations	Notices					
People & Communities	Registration & Citizenship Services	Registrations	Civil Partnership Act 2004c.33, Pt 2 c.1s. 34(1) & 36(4)- Attestation by an	Statutory	£35	£35	Partial	Giving legal notice. Additional £12 per person if not exempt
People & Communities	Registration & Citizenship Services	Registrations	Civil Partnership Act 2004c.33, Pt 2 c.1s. 34(1) & 36(4)- Attendance of an	Statutory	£47 (housebound) £68 detained	£47 (housebound) £68 detained	Partial	Attending to take notice away from office
People & Communities	Registration & Citizenship Services	Registrations	Civil Partnership Act 2004c.33, Pt 2 c.1s. 34(1) & 36(4)- Attestation by an	Statutory	£3	£3	Partial	Additional process
People & Communities	Registration & Citizenship Services	Registrations	Civil Partnership Act 2004c.33, Pt 2 c.1s. 34(1) & 36(4)- Application to	Statutory	£60	£60	Full	Application to reduce the normal 28 day period - exceptional reasons only
People & Communities	Registration & Citizenship Services	Registrations	Civil Partnership Act 2004c.33, Pt 2 c.1s. 34(1) & 36(4)- Issue of Registrar-	Statutory	£15	£15	Partial	Exceptional circumstances marriage (one person with very limited life expectancy)
People & Communities	Registration & Citizenship Services	Registrations	Civil Partnership Act 2004c.33, Pt 2 c.1s. 34(1) & 36(4)- On giving notice to a	Statutory	£35	£35	Partial	Giving legal notice. Additional £12 per person if not exempt
People & Communities	Registration & Citizenship Services	Registrations	Registration					
People & Communities	Registration & Citizenship Services	Registrations	Civil Partnership Act 2004c.33, Pt 2 c.1s. 34(1) & 36(4)- Signing by the civil	Statutory	£46	£46	Partial	Statutory minimum required

People and Communities: Schedule of Fees & Charges 2022-23

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2021-22 Current charge (£)	2022-23 Proposed Charge (inflation is 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Registration & Citizenship Services	Registrations	Civil Partnership Act 2004c.33, Pt 2 c.1s. 34(1) & 36(4)- Attendance of the	Statutory	£81 housebound, £88 detained	£81 housebound, £88 detained	Partial	Attendance at church / chapel / housebound / detained (prison / secure health unit)
People & Communities	Registration & Citizenship Services	Registrations	Civil Partnership Act 2004c.33, Pt 2 c.1s. 34(1) & 36(4)- Attendance of the	Statutory	£2	£2	Partial	Exceptional circumstances marriage (one person with very limited life expectancy)
People & Communities	Registration & Citizenship Services	Registrations	Consideration by a Superintendent Registrar of a divorce/civil partnership	Statutory	£50	£50	full	All decree absolutes in this category require checking process
People & Communities	Registration & Citizenship Services	Registrations	Consideration by the Registrar General of a divorce/civil partnership	Statutory	£75	£75	full	All decree absolutes in this category require checking process
People & Communities	Registration & Citizenship Services	Registrations	Forename added within 12 months of birth registration (Space 17)	Statutory	£40	£40	full	Where a child's name is changed via "Space 17" amendment
People & Communities	Registration & Citizenship Services	Registrations	Consideration by Registrar / Superintendent Registrar of a correction application	Statutory	£75	£75	full	All formal corrections in this category require additional process
People & Communities	Registration & Citizenship Services	Registrations	Consideration by the Registrar General of a correction application	Statutory	£90	£90	full	All formal corrections in this category require additional process
People & Communities	Registration & Citizenship Services	Registrations	Waiver per individual notice	Statutory	£60 each	£60 each	full	Application to reduce the normal 28 day period - exceptional reasons only
People & Communities	Registration & Citizenship Services	Registrations	Letter provided by the Registrar General confirming that, on the	Statutory	£50	£50	full	
People & Communities	Registration & Citizenship Services	Registrations	Other Fees (inc. VAT where applicable)					
People & Communities	Registration & Citizenship Services	Registrations	Premium appointment	non-statutory	£40 TBC on introduction of service	£40 TBC on introduction of service	Full	Not yet in use (Not introduced due to pandemic - will review and revise pre introduction)
People & Communities	Registration & Citizenship Services	Registrations	Post & handling (standard)	non-statutory	£5.00	£5.50	Full	

People and Communities: Schedule of Fees & Charges 2022-23

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2021-22 Current charge (£)	2022-23 Proposed Charge (inflation is 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Registration & Citizenship Services	Registrations	Signed for post & handling (UK)	non-statutory	£5.50	£5.75	Full	
People & Communities	Registration & Citizenship Services	Registrations	Signed for post & handling (Non-UK)	non-statutory	£11.50	£12.00	Full	
People & Communities	Registration & Citizenship Services	Registrations	Express	statutory	£35.00	£35.00		New statutory fee Feb 2019 - no longer able to offer any option other than express or standard
People & Communities	Registration & Citizenship Services	Registrations	Media use of ceremony room	non-statutory	£140	£140	Full	
People & Communities	Registration & Citizenship Services	Registrations	Ceremony amendment fee	non-statutory	£40	£40	Full	
People & Communities	Registration & Citizenship Services	Registrations	Ceremony cancellation fee - More than six months before the ceremony date	non-statutory	You will receive a full refund of the fees paid (subject to the inclusion of an administration fee).	You will receive a full refund of the fees paid (subject to the inclusion of an administration fee).	N/A	
People & Communities	Registration & Citizenship Services	Registrations	Ceremony cancellation fee - Between six months and 3 months before the ceremony date	non-statutory	You will receive a 75% refund of the fees paid (subject to the inclusion of an administration fee).	You will receive a 75% refund of the fees paid (subject to the inclusion of an administration fee).	N/A	

People and Communities: Schedule of Fees & Charges 2022-23

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2021-22 Current charge (£)	2022-23 Proposed Charge (inflation is 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Registration & Citizenship Services	Registrations	Ceremony cancellation fee - Between three months and 30 day before the ceremony date	non-statutory	You will receive a 50% refund of the fees paid (subject to the inclusion of an administration fee).	You will receive a 50% refund of the fees paid (subject to the inclusion of an administration fee).	N/A	
People & Communities	Registration & Citizenship Services	Registrations	Ceremony cancellation fee - Less than 30 days before the ceremony or failure to cancel in writing before the ceremony date	non-statutory	no refund will be made on any fees paid.	no refund will be made on any fees paid.	N/A	
People & Communities	Registration & Citizenship Services	Registrations	Notice admin fee (applies only if T & Cs not met), per notice	non-statutory	£35	£35	full	Will be revised as and when statutory notice fee is updated.
People & Communities	Registration & Citizenship Services	Registrations	Ceremony discussion (30 mins) A - Normal weekday opening hours (in an RO, not with person conducting)	non-statutory	£60	see notes	full	Not introduced due to pandemic - will review and revise pre introduction
People & Communities	Registration & Citizenship Services	Registrations	Ceremony discussion (30 mins) B - Saturday (in an RO, not with person conducting)	non-statutory	£85	see notes	Full	Not introduced due to pandemic - will review and revise pre introduction
People & Communities	Registration & Citizenship Services	Registrations	Request from Approved Premise to review / amend numbers / rooms (inc VAT)	non-statutory	£140	£145	Full	
People & Communities	Registration & Citizenship Services	Registrations	Request from Approved Premise to issue duplicate documentation (inc VAT)	non-statutory	£40	£45	Full	Plus postage & handling if by post instead of e-mail
People & Communities	Registration & Citizenship Services	Registrations	Passport PD2 form	non-statutory	£37	£40	Full	
People & Communities	Registration & Citizenship Services	Registrations	Additional fee for an "anywhere" non-statutory ceremony	non-statutory	£105 TBC on introduction of service	see notes	Full	This is for a new service, not yet available. Not introduced due to pandemic - will review and revise pre introduction
People & Communities	Registration & Citizenship Services	Registrations	Notice amendment admin fee, per notice	non-statutory	£40	£45	Full	This is a new fee from 1st Jan 2019, for when a customer has to attend for such an amendment
People & Communities	Registration & Citizenship Services	Registrations	Duplicate authority, per authority	non-statutory	£40	£45	Full	This is a new fee in 18-19. Plus postage & handling
People & Communities	Registration & Citizenship Services	Registrations	Name change deed (inc 1 certificate)	non-statutory	£70 TBC on introduction of service	see notes	Full	This is for a new service Not introduced due to pandemic - will review and revise pre introduction
People & Communities	Registration & Citizenship Services	Registrations	Additional name change deed certificates	non-statutory	£11 TBC on introduction of service	see notes	Full	This is for a new service Not introduced due to pandemic - will review and revise pre introduction

People and Communities: Schedule of Fees & Charges 2022-23

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2021-22 Current charge (£)	2022-23 Proposed Charge (inflation is 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Coroners	Coroners	Document disclosed by a coroner by email to an interested person	Statutory	Free	Free		Fees set by national legislation. We are not currently aware of any planned increases.
People & Communities	Coroners	Coroners	Recording of Inquest provided to PIP on CD	Statutory	£5	£5		Fees set by national legislation. We are not currently aware of any planned increases.
People and Communities	Trading Standards	Trading Standards	Primary Authority Fees					
People and Communities	Trading Standards	Trading Standards	Annual fee of 4 hours; to include 3 hours of bespoke business advice, with the balance contributing to the overall management of the scheme.	Non - Statutory	£280.00	£288.00	Full	VAT is not applicable
People and Communities	Trading Standards	Trading Standards	Work undertaken under the formal Primary Authority Agreement	Non - Statutory	£70 p/h	£72p/h	Full	VAT is not applicable
People and Communities	Trading Standards	Trading Standards	Out of county mileage to be charged on Primary Authority-related journeys	Non - Statutory	45p per mile	45p per mile	Full	
People and Communities	Trading Standards	Trading Standards	Business Advice Fees					
People & Communities	Trading Standards	Trading Standards	Business advice provided outside of a Primary Authority agreement	Non - Statutory	£70 p/h plus VAT charged at 15 minute intervals	£72 p/h plus VAT charged at 15 minute intervals	Full	
People & Communities	Trading Standards	Trading Standards	Testing & Verification Fees					
People & Communities	Trading Standards	Trading Standards	All equipment and other weights and measures services, including Public Weighbridge Operators	Statutory	£70 p/h (minimum charge £35)	£72 p/h (minimum charge £36)	Full	
People & Communities	Trading Standards	Trading Standards	If site visit required	Statutory	Additional charge of £70	Additional charge of £72	Full	
People & Communities	Trading Standards	Trading Standards	Certificate of accuracy when requested following routine testing	Statutory	£35.00	£36.00	Full	
People & Communities	Trading Standards	Trading Standards	Licensing Fees - Explosives					
People & Communities	Trading Standards	Trading Standards	New application where a minimum separation distance is prescribed (1 year duration)	Statutory	£189	£189	Fees set by legislation	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021

People and Communities: Schedule of Fees & Charges 2022-23

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2021-22 Current charge (£)	2022-23 Proposed Charge (inflation is 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Trading Standards	Trading Standards	New application where a minimum separation distance is prescribed (2 year duration)	Statutory	£248	£248	Fees set by legislation	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	New application where a minimum separation distance is prescribed (3 year duration)	Statutory	£311	£311	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	New application where a minimum separation distance is prescribed (4 year duration)	Statutory	£382	£382	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	New application where a minimum separation distance is prescribed (5 year duration)	Statutory	£432	£432	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	New application where NO minimum separation distance is prescribed (1 year duration)	Statutory	£111	£111	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	New application where NO minimum separation distance is prescribed (2 year duration)	Statutory	£144	£144	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	New application where NO minimum separation distance is prescribed (3 year duration)	Statutory	£177	£177	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	New application where NO minimum separation distance is prescribed (4 year duration)	Statutory	£211	£211	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	New application where NO minimum separation distance is prescribed (5 year duration)	Statutory	£243	£243	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	Renewal of licence where a minimum separation distance is prescribed (1 year duration)	Statutory	£88	£88	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	Renewal of licence where a minimum separation distance is prescribed (2 year duration)	Statutory	£150	£150	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021

People and Communities: Schedule of Fees & Charges 2022-23

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2021-22 Current charge (£)	2022-23 Proposed Charge (inflation is 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Trading Standards	Trading Standards	Renewal of licence where a minimum separation distance is prescribed (3 year duration)	Statutory	£211	£211	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	Renewal of licence where a minimum separation distance is prescribed (4 year duration)	Statutory	£272	£272	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	Renewal of licence where a minimum separation distance is prescribed (5 year duration)	Statutory	£333	£333	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	Renewal of licence where NO minimum separation distance is prescribed (1 year duration)	Statutory	£55	£55	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	Renewal of licence where NO minimum separation distance is prescribed (2 year duration)	Statutory	£88	£88	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	Renewal of licence where NO minimum separation distance is prescribed (3 year duration)	Statutory	£123	£123	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	Renewal of licence where NO minimum separation distance is prescribed (4 year duration)	Statutory	£155	£155	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	Renewal of licence where NO minimum separation distance is prescribed (5 year duration)	Statutory	£189	£189	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	Varying name of licensee or address of site	Statutory	£37	£37	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	Any other kind of variation	Statutory	Charged at a reasonable cost to the authority of having the work carried out	Charged at a reasonable cost to the authority of having the work carried out	Full	

People and Communities: Schedule of Fees & Charges 2022-23

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2021-22 Current charge (£)	2022-23 Proposed Charge (inflation is 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Trading Standards	Trading Standards	Transfer of licence or registration	Statutory	£37	£37	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	Replacement of licence or registration referred to above if lost	Statutory	£37	£37	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	Extended Fireworks Licence - Annual licence to sell fireworks outside the permitted periods as stated	Statutory	£500	£500	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	Annual Fee - Certificate to store Petroleum					
People & Communities	Trading Standards	Trading Standards	Annual fee to keep petroleum spirit of a quantity not exceeding 2,500 litres (1 year duration)	Statutory	£45	£45	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	Annual fee to keep petroleum spirit of a quantity not exceeding 2,500 litres (2 year duration)	Statutory	£90	£90	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	Annual fee to keep petroleum spirit of a quantity not exceeding 2,500 litres (3 year duration)	Statutory	£135	£135	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	Annual fee to keep petroleum spirit of a quantity not exceeding 2,500 litres (4 year duration)	Statutory	£180	£180	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	Annual fee to keep petroleum spirit of a quantity not exceeding 2,500 litres (5 year duration)	Statutory	£225	£225	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	Annual fee to keep petroleum spirit of a quantity not exceeding 2,500 litres (6 year duration)	Statutory	£270	£270	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021

People and Communities: Schedule of Fees & Charges 2022-23

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2021-22 Current charge (£)	2022-23 Proposed Charge (inflation is 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Trading Standards	Trading Standards	Annual fee to keep petroleum spirit of a quantity not exceeding 2,500 litres (7 year duration)	Statutory	£315	£315	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	Annual fee to keep petroleum spirit of a quantity not exceeding 2,500 litres (8 year duration)	Statutory	£360	£360	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	Annual fee to keep petroleum spirit of a quantity not exceeding 2,500 litres (9 year duration)	Statutory	£405	£405	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	Annual fee to keep petroleum spirit of a quantity not exceeding 2,500 litres (10 year duration)	Statutory	£450	£450	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	Annual fee to keep petroleum spirit of a quantity exceeding 2,500 litres but not exceeding 50,000 litres (1 year duration)	Statutory	£61	£61	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	Annual fee to keep petroleum spirit of a quantity exceeding 2,500 litres but not exceeding 50,000 litres (2 year duration)	Statutory	£122	£122	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	Annual fee to keep petroleum spirit of a quantity exceeding 2,500 litres but not exceeding 50,000 litres (3 year duration)	Statutory	£183	£183	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	Annual fee to keep petroleum spirit of a quantity exceeding 2,500 litres but not exceeding 50,000 litres (4 year duration)	Statutory	£244	£244	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	Annual fee to keep petroleum spirit of a quantity exceeding 2,500 litres but not exceeding 50,000 litres (5 year duration)	Statutory	£305	£305	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021

People and Communities: Schedule of Fees & Charges 2022-23

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2021-22 Current charge (£)	2022-23 Proposed Charge (inflation is 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Trading Standards	Trading Standards	Annual fee to keep petroleum spirit of a quantity exceeding 2,500 litres but not exceeding 50,000 litres (6 year duration)	Statutory	£366	£366	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	Annual fee to keep petroleum spirit of a quantity exceeding 2,500 litres but not exceeding 50,000 litres (7 year duration)	Statutory	£427	£427	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	Annual fee to keep petroleum spirit of a quantity exceeding 2,500 litres but not exceeding 50,000 litres (8 year duration)	Statutory	£488	£488	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	Annual fee to keep petroleum spirit of a quantity exceeding 2,500 litres but not exceeding 50,000 litres (9 year duration)	Statutory	£549	£549	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	Annual fee to keep petroleum spirit of a quantity exceeding 2,500 litres but not exceeding 50,000 litres (10 year duration)	Statutory	£610	£610	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	Annual fee to keep petroleum spirit of a quantity exceeding 50,000 litres (1 year duration)	Statutory	£128	£128	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	Annual fee to keep petroleum spirit of a quantity exceeding 50,000 litres (2 year duration)	Statutory	£256	£256	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	Annual fee to keep petroleum spirit of a quantity exceeding 50,000 litres (3 year duration)	Statutory	£384	£384	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	Annual fee to keep petroleum spirit of a quantity exceeding 50,000 litres (4 year duration)	Statutory	£512	£512	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021

People and Communities: Schedule of Fees & Charges 2022-23

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2021-22 Current charge (£)	2022-23 Proposed Charge (inflation is 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Trading Standards	Trading Standards	Annual fee to keep petroleum spirit of a quantity exceeding 50,000 litres (5 year duration)	Statutory	£640	£640	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	Annual fee to keep petroleum spirit of a quantity exceeding 50,000 litres (6 year duration)	Statutory	£768	£768	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	Annual fee to keep petroleum spirit of a quantity exceeding 50,000 litres (7 year duration)	Statutory	£896	£896	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	Annual fee to keep petroleum spirit of a quantity exceeding 50,000 litres (8 year duration)	Statutory	£1,024	£1,024	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	Annual fee to keep petroleum spirit of a quantity exceeding 50,000 litres (9 year duration)	Statutory	£1,152	£1,152	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	Annual fee to keep petroleum spirit of a quantity exceeding 50,000 litres (10 year duration)	Statutory	£1,280	£1,280	Fees set by legislation.	Fees set by The Health and Safety and Nuclear (Fees) Regulations 2021
People & Communities	Trading Standards	Trading Standards	Environmental Searches					
People & Communities	Trading Standards	Trading Standards	Fees charged in respect of environmental searches carried out on request will include for up to two hours officer time	Statutory	£70 p/h (minimum charge £35)	£72 p/h (minimum charge £36)	Full	
People & Communities	Trading Standards	Trading Standards	Where environmental search requests are made that incur officer's time in excess of two hours, an additional charge of £33 per hour per officer, or part there of will be charged	Statutory	£35 p/h	£36p/h		
People & Communities	Trading Standards	Trading Standards	Fees Payable for Approval					

People and Communities: Schedule of Fees & Charges 2022-23

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2021-22 Current charge (£)	2022-23 Proposed Charge (inflation is 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Trading Standards	Trading Standards	Manufacture only, or manufacture and placing on the market, of feed additives referred to in Article 10(1)(a) of Regulation 183/2005 other than those specified in Regulation 2(3), or of premixtures of such additives (Approvals)	Statutory	£451 one off	£451 one off	Fees set by legislation.	
People & Communities	Trading Standards	Trading Standards	Placing on the market of feed additives referred to in Article 10(1)(a) of Regulation 183/2005 other than those specified in Regulation 2(3), or of premixtures of such (Approvals).	Statutory	£226 one off	£226 one off	Fees set by legislation.	
People & Communities	Trading Standards	Trading Standards	Investigation fees					
People & Communities	Trading Standards	Trading Standards	Hourly rate chargeable for Trading Standards Officer	Statutory	£70 per officer per hour, rounded up to the nearest hour	£72 p/h per hour, rounded to the nearest hour	Full	
People & Communities	Trading Standards	Trading Standards	Hourly rate chargeable for Administrative Officer	Statutory	£41 per officer per hour, rounded up the the nearest hour	£42p/h per hour, rounded to the nearest hour	Full	
People & Communities	Trading Standards	Trading Standards	Hourly rate chargeable for Accredited Financial Investigator	Statutory	£70 per officer per hour, rounded up to the nearest hour	£72 per officer per hour, rounded to the nearest hour	Full	
Burwell House								
People & Communities	Cambridgeshire Outdoors	Burwell House	Primary School 2 night residential - seasonal zone A	non-statutory	£133 - £174	£143-£186		Prices in a range dependent on size of group. Seasonal Zone A
People & Communities	Cambridgeshire Outdoors	Burwell House	Primary School 2 night residential - seasonal zone B	non-statutory	£120 - £161	£130-£173		Prices in a range dependent on size of group. Seasonal Zone B
People & Communities	Cambridgeshire Outdoors	Burwell House	Primary School 2 night residential- seasonal zone C	non-statutory	£111 - £151	£120-£162		Prices in a range dependent on size of group. Seasonal Zone C
People & Communities	Cambridgeshire Outdoors	Burwell House	Primary School 2 night residential- seasonal zone D	non-statutory	£100 - £130	£109-£140		Prices in a range dependent on size of group. Seasonal Zone D
People & Communities	Cambridgeshire Outdoors	Burwell House	Youth group catered weekend residential visit	non-statutory	£85 - £113 + VAT	£89-£118		Prices in a range dependent on size of group (Pricing in academic years)

People and Communities: Schedule of Fees & Charges 2022-23

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2021-22 Current charge (£)	2022-23 Proposed Charge (inflation is 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Cambridgeshire Outdoors	Burwell House	Adult group catered weekend residential visit	non-statutory	£125 - £135 + VAT	£131-£141		Prices in a range dependent on size of group (Pricing in academic years)
People & Communities	Cambridgeshire Outdoors	Burwell House	Self-catered course (groups of 39 or less)	non-statutory	£1650 + VAT	1730 + VAT		(Pricing in academic years)
People & Communities	Cambridgeshire Outdoors	Burwell House	Self-catered course (groups of 40 or more)	non-statutory	£1850 + VAT	1940 + VAT		(Pricing in academic years)
Grafham Water								
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Residential visit - 3 day, 2 night	non-statutory	£225.00	£231.00	Full	April
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Residential visit - 3 day, 2 night	non-statutory	£239.00	£246.00	Full	May
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Residential visit - 3 day, 2 night	non-statutory	£239.00	£246.00	Full	June
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Residential visit - 3 day, 2 night	non-statutory	£239.00	£246.00	Full	July
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Residential visit - 3 day, 2 night	non-statutory	£224.00	£230.00	Full	Aug
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Residential visit - 3 day, 2 night	non-statutory	£196.00	£201.00	Full	Sept
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Residential visit - 3 day, 2 night	non-statutory	£201.00	£207.00	Full	October
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Residential visit - 3 day, 2 night	non-statutory	£160.00	£165.00	Full	November
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Residential visit - 3 day, 2 night	non-statutory	£112.00	£115.00	Full	December
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Residential visit - 3 day, 2 night	non-statutory	£112.00	£115.00	Full	January
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Residential visit - 3 day, 2 night	non-statutory	£170.00	£175.00	Full	February
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Residential visit - 3 day, 2 night	non-statutory	£203.00	£209.00	Full	March
Grafham Water Residential: 5 days								
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Residential visit - 5 day, 4 night	non-statutory	£387.00	£399.00	Full	April
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Residential visit - 5 day, 4 night	non-statutory	£404.00	£416.00	Full	May
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Residential visit - 5 day, 4 night	non-statutory	£404.00	£416.00	Full	June
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Residential visit - 5 day, 4 night	non-statutory	£404.00	£416.00	Full	July
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Residential visit - 5 day, 4 night	non-statutory	£385.00	£396.00	Full	August
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Residential visit - 5 day, 4 night	non-statutory	£316.00	£325.00	Full	September

People and Communities: Schedule of Fees & Charges 2022-23

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2021-22 Current charge (£)	2022-23 Proposed Charge (inflation is 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Residential visit - 5 day, 4 night	non-statutory	£309.00	£318.00	Full	October
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Residential visit - 5 day, 4 night	non-statutory	£273.00	£281.00	Full	November
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Residential visit - 5 day, 4 night	non-statutory	£225.00	£232.00	Full	December
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Residential visit - 5 day, 4 night	non-statutory	£225.00	£232.00	Full	January
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Residential visit - 5 day, 4 night	non-statutory	£260.00	£268.00	Full	February
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Residential visit - 5 day, 4 night	non-statutory	£310.00	£320.00	Full	March
Grafham Water Residential: 2 days								
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Residential visit - 2 day, 1 night	non-statutory	£139.00	£143.00	Full	April
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Residential visit - 2 day, 1 night	non-statutory	£149.00	£154.00	Full	May
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Residential visit - 2 day, 1 night	non-statutory	£149.00	£154.00	Full	June
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Residential visit - 2 day, 1 night	non-statutory	£149.00	£154.00	Full	July
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Residential visit - 2 day, 1 night	non-statutory	£139.00	£143.00	Full	August
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Residential visit - 2 day, 1 night	non-statutory	£122.00	£126.00	Full	September
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Residential visit - 2 day, 1 night	non-statutory	£125.00	£129.00	Full	October
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Residential visit - 2 day, 1 night	non-statutory	£99.00	£102.00	Full	November
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Residential visit - 2 day, 1 night	non-statutory	£69.00	£71.00	Full	December
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Residential visit - 2 day, 1 night	non-statutory	£69.00	£71.00	Full	January
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Residential visit - 2 day, 1 night	non-statutory	£105.00	£108.00	Full	February
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Residential visit - 2 day, 1 night	non-statutory	£126.00	£130.00	Full	March
Grafham Water Day visits								
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Day visit - full day High Season (March to October)	non-statutory	£50.00	£55.00	Full	6 hours
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Day visit - half day High Season (March to October)	non-statutory	£30.00	£32.00	Full	3 hours
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Day visit - school day High Season (March to October)	non-statutory	£40.00	£42.00	Full	4.5 hours

People and Communities: Schedule of Fees & Charges 2022-23

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2021-22 Current charge (£)	2022-23 Proposed Charge (inflation is 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Day visit - full day Low Season (November to February)	non-statutory	£37.50	£40.00	Full	6 hours
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Day visit - half day Low Season (November to February)	non-statutory	£22.50	£24.00	Full	3 hours
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Day visit - school day Low Season (November to February)	non-statutory	£30.00	£32.00	Full	4.5 hours
Grafham Water Conferences								
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Day Delegate rate - from	non-statutory	£25.75	£25.75		Per head
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	24 hr Delegate rate - from	non-statutory	£67.00	£67.00		Per head
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Refreshments - from	non-statutory	£1.60	£1.60		Per head
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Catering - from	non-statutory	£6.20	£9.00		Per head
People & Communities	Cambridgeshire Outdoors	Grafham Water Centre	Room hire - from	non-statutory	£64.00	£50.00	Full	half day
Stibbington Centre								
People & Communities	Cambridgeshire Outdoors	Stibbington Centre - CEES	Residential visit 3 day/2 night - seasonal Band A	non-statutory	£99 - £109 per pupil Mid Nov 2021 - end of Jan 2022	£104 - £115 per pupil Mid Nov 2022 - end of Jan 2023		Prices in a range dependent on size of group: 20-24 pupils £115, 25-29 £109, 30+ pupils £104.
People & Communities	Cambridgeshire Outdoors	Stibbington Centre - CEES	Residential visit 3 day/2 night - seasonal Band B	non-statutory	£127 - £137 per pupil Sep - mid Nov 2021 / all of Feb 2022 / 11 – 22 July 2022	£133 - £144 per pupil Sep - mid Nov 2022 / all of Feb 2023 / 11 – 22 July 2023		Prices in a range dependent on size of group. 20-24 pupils £144, 25-29 £138, 30+ pupils £133.
People & Communities	Cambridgeshire Outdoors	Stibbington Centre - CEES	Residential visit 3 day/2 night - seasonal Band C	non-statutory	£151 - £163 per pupil March 2022 - mid July 2022	£158 - £171 per pupil March 2023 - mid July 2023		Prices in a range dependent on size of group. 20-24 pupils £158, 25-29 £165, 30+ pupils £171.
Stibbington Centre								
People & Communities	Cambridgeshire Outdoors	Stibbington Centre - CEES	Day visits Cambs LA primary schools	non-statutory	£380 per class from September 2021	£399 per class from September 2022		Prices set by academic year: Additional charge for Y5/6 river studies: £1 per pupil
People & Communities	Cambridgeshire Outdoors	Stibbington Centre - CEES	Day visits other primary schools	non-statutory	£380 per class from September 2021	£399 per class from September 2022		Prices set by academic year: Additional charge for Y5/6 river studies: £1 per pupil
People & Communities	Cambridgeshire Outdoors	Stibbington Centre - CEES	Additional day visit charge for period lunch	non-statutory	£2.35 per pupil from September 2021	£2.50 per pupil from September 2022		Optional Prices set by academic year
People & Communities	Cambridgeshire Outdoors	Stibbington Centre - CEES	Day visits KS3, 4 and A Level	non-statutory	£400 per class from September 2021	£420 per class from September 2022		Prices set by academic year
Other CEES								
People & Communities	Cambridgeshire Outdoors	Stibbington Centre - CEES	Consultancy and training service	non-statutory	£494	£494		Prices set by academic year

People and Communities: Schedule of Fees & Charges 2022-23

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2021-22 Current charge (£)	2022-23 Proposed Charge (inflation is 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Cambridgeshire Outdoors	Stibbington Centre - CEES	Consultancy and training service	non-statutory	£129	£129		Prices set by academic year
People & Communities	Cambridgeshire Outdoors	Stibbington Centre - CEES	School based pupil workshops	non-statutory	£443	£443		Prices set by academic year
People & Communities	Cambridgeshire Outdoors	Stibbington Centre - CEES	School based pupil workshops	non-statutory	£288	£288		Prices set by academic year
People & Communities	Cambridgeshire Outdoors	Stibbington Centre - CEES	School based pupil workshops	non-statutory	£201	£201		Prices set by academic year
People & Communities	Cambridgeshire Outdoors	Stibbington Centre - CEES	School based pupil workshops	non-statutory	£118	£118		Prices set by academic year
People & Communities	Cambridgeshire Outdoors	Stibbington Centre - CEES	Professional development courses	non-statutory	£160	£160		Prices set by academic year
People & Communities	Cambridgeshire Outdoors	Stibbington Centre - CEES	Professional development courses	non-statutory	£82	£82		Prices set by academic year
People & Communities	Cambridgeshire Outdoors	Stibbington Centre - CEES	Professional development courses	non-statutory	£57	£57		Prices set by academic year
People & Communities	Cambridgeshire Outdoors	Stibbington Centre - CEES	Hire of Stibbington Residential Centre	non-statutory	£410 + VAT	£430 +VAT		Prices set by academic year
People & Communities	Cambridgeshire Outdoors	Stibbington Centre - CEES	Hire of Stibbington Residential Centre - youth	non-statutory	£380	£380		Prices set by academic year

Adult Social Care and Public Health Performance Key Performance Indicators

To: Adults and Health Committee

Meeting Date: 9 December 2021

From: Director of Adult Social Services and
Director of Public Health

Electoral division(s): All

Key decision: No

Forward Plan ref: N/A

Outcome: A workshop and set of Key Performance Indicators for Adults and Health Committee, which will be reported to the committee quarterly.

Recommendation: Adults and Health Committee is asked to:

review and agree the proposed approach to developing a set of Key Performance Indicators for Adult Social Care and Public Health.

Officer contact:

Name: Tom Barden
Post: Head of Business Intelligence
Email: tom.barden@cambridgeshire.gov.uk
Tel: 07824 626540

Member contacts:

Names: Councillor R Howitt/Cllr S van de Ven
Post: Chair/Vice-Chair
Email: Richard.howitt@cambridgeshire.gov.uk
Susanvanden5@gmail.com
Tel: 01223 706398

1. Main Issues

- 1.1.1 The Committee wishes to receive a report setting out options for Key Performance Indicators (KPIs) for Adult Social Care and Public Health. This report sets out the current position in relation to national measures for adult social care and public health outcomes and proposes an approach to take in identifying a set of KPIs to be reported quarterly to the committee.
- 1.1.2 The Adults and Health Committee's closest predecessors had separate performance reports previously. The new Committee has an opportunity to adopt a new set of indicators aligned with the responsibilities and strategy of the Committee.
- 1.1.3 Good practice in performance reporting ensures that metrics and indicators are linked to strategy and planning, so that the indicators chosen can be used to show progress against the goals the committee has set.
- 1.1.4 It is very useful to be able to benchmark performance indicators to make comparisons to national averages and statistical neighbours. Indicators that we report nationally are also well defined and have better data quality, so they are more reliable. It is therefore important to make use of nationally defined indicators wherever possible.
- 1.1.5 Therefore, this report sets out some considerations for the committee on the different performance frameworks which already apply to the delivery of adult social care and public health outcomes. It recommends that following an initial discussion, a workshop is held for Committee members to agree a set of KPIs in light of corporate strategy, primarily based on nationally defined indicators.

1.2 Alignment with Council-wide Corporate Strategy and Performance

- 1.2.1 The Strategy and Resources Committee is due to consider a revised corporate strategy in January 2022. This strategy will guide the work and objectives of service committees. Alongside the new strategy, a new performance framework will be discussed.
- 1.2.2 The new framework will respond to the recommendations of Internal Audit and the recent Corporate Peer Challenge. A report of an internal audit of Cambridgeshire County Council's corporate Key Performance Indicators (KPIs) was issued in March 2021. The report rated the adequacy of the system as 'Satisfactory'. It noted that some reporting of KPIs to Joint Management Team and committees had been suspended due to the pandemic.
- 1.2.3 The Corporate Peer Challenge Feedback Report looked at whether the Council has a culture of challenge and scrutiny. Actions relating to performance management in the Peer Challenge Action Plan are to develop a Member/officer strategic forum to consider the overarching picture of progress and outcomes across the organisation, and review the effectiveness of the new Committee system arrangements.

- 1.2.4 The approach in the previous framework was that service committees set indicators, and exceptional indicators (defined as significantly better or worse than targeted performance) were reported to General Purposes Committee. However, the recommendations from the audit and the Corporate Peer Challenge suggest that a stronger role for a central, over-arching forum is necessary, so service committee indicators will link more closely to the central strategy overseen by the Chairs / Vice Chairs / SMT forum.
- 1.2.5 In order to deliver this work, the Business Improvement and Development directorate has started work to develop a new Performance Management Framework, to be agreed by Strategy and Resources in January 2022, alongside the new corporate strategy. It is proposed this will result in a new set of 'strategic' KPIs for use by Strategy and Resources in monitoring performance against corporate strategy, and which is a basis for Service Committees to start from in terms of their own performance monitoring arrangements.

1.3 Good practice in performance management

- 1.3.1 Good practice in performance management follows a Plan / Do / Monitor / Review cycle. The Plan stage is important because it is where the intended impact, aims, objectives and activities are defined. These guide the selection of indicators, so they provide a meaningful picture of how well the Committee is doing at reaching its goals and objectives.
- 1.3.2 Once these aims and objectives have been defined, nationally defined indicators with well understood definitions, established collection routines and a time series of history should be considered first to see if they assist in monitoring progress against the plan. Such indicators can be benchmarked against other areas as results are usually published nationally. A good starting place would be the Public Health Outcomes Framework (PHOF) and Adult Social Care Outcomes Framework (ASCOF), from which a subset could be picked, and aligning them with national developments as they change.
- 1.3.3 Details of relevant local and national frameworks are set out in the Appendix.
- 1.3.4 The Committee may wish to consider how to use 'leading' and 'lagging' indicators. Indicators from PHOF and ASCOF are typically updated once a year, mainly because they are at a strategic level and it takes time for the outcomes to occur and be measured. Some may be able to be monitored more frequently than that using local data, but other important indicators (such as healthy life expectancy) are only calculated annually. They are 'lagging' because they measure outcomes and take some time to produce. 'Leading' indicators measure outputs rather than outcomes. If targets are aligned with objectives, then leading indicators can show whether the intervention we are delivering is on target. For example, if our overall aim is to reduce smoking rates, this is only measured annually, but we could measure the number of anti-smoking packs issued, which gives us an idea of whether we are reaching enough people to change the rates. However, there are many such indicators given the breadth of services overseen by the Committee, and they give only a partial view of effectiveness. In the anti-smoking example, we also need to know the effectiveness rate of the anti-smoking pack in helping smokers to stop, to know whether we have issued enough to change the rates. Using leading indicators at strategic level can also incentivise

the wrong behaviour, e.g. by rewarding the issuing of a lot of packs rather than the achievement of lower rates of smoking.

1.4 Recommendations

- 1.4.1 The complexity of the performance monitoring regimes in health and social care (set out in the Appendix) represents a particular challenge for this Committee in identifying a clear set of accessible and relevant performance indicators which are meaningful to the public.
- 1.4.2 There are several developments underway at national level, particularly around adult social care indicators, which are key for planning our work to produce KPIs and for being able to benchmark between authorities.
- 1.4.3 There are also local developments too, including corporate strategy, Committee strategy, and alignment with performance management arrangements across the whole Council. It is therefore recommended that the Committee hold a workshop to discuss the selection of a set of indicators in February 2022, once the corporate strategy has been agreed by Strategy and Resources, and in anticipation of further information from Government being available about national frameworks.

2. Alignment with corporate priorities

2.1 Communities at the heart of everything we do

There are many indicators in the national outcome frameworks which, if chosen, will help the Council to evidence progress in supporting people to remain a part of their community as far as possible. The proposed workshop will consider these indicators.

2.2 A good quality of life for everyone

The ability to maintain control and independence for as long as possible is known to support quality of life. Catching care and support needs early or preventing them from emerging are key to maintaining quality of life. There are indicators in the national set which help to monitor this, and these will be covered in the workshop.

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

There are no significant implications for this priority

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

There are no significant implications for this priority

2.5 Protecting and caring for those who need us

All performance frameworks outlined in this report support us in evidencing how we might deliver care and support for those who need it in the way that is most appropriate their level of need and wishes.

3. Source documents

3.1 Source documents

None

Appendix – Details of national and local frameworks

This appendix sets out important governance and performance frameworks which the Committee may wish to consider as part of developing KPIs.

1 Constitutional role of Adults and Health committee in relation to performance

1.1 The constitution highlights the committee's responsibilities in several areas:

...the delivery, by or on behalf of the County Council, of social care services to eligible adults within Cambridgeshire.

- *Services for people with physical disability*
- *Services for people with learning disability*
- *Mental health services*
- *Preventative services*
- *Residential care*
- *Older people*
- *Carer support*
- *Safeguarding*

This Committee also has delegated authority to exercise the Council's functions in respect of the following:

The County Council's public health duty, including:

- *Health improvement*
- *Individual and community wellbeing,*
- *Reduction of health inequalities*

The new committee also has scrutiny responsibilities which are outside the scope of this paper, but which may involve the Committee in reviewing KPIs regarding health services management locally.

1.2 Central government policy setting and the law

1.2.1 The delivery of adult social care and public health functions are overseen by central government. The Department for Health and Social Care oversees the legal frameworks which govern the delivery of adult social care and the public health duty. Key legislation includes the Health and Social Care Act 2012 and Care Act 2014. A proposed Health and Care Bill is currently at committee stage in the House of Commons, with a green paper on social care funding reform published in September 2021. The agencies responsible for public health nationally have also recently changed, Public Health England has been replaced at the beginning of October by the UK Health Security Agency and the Office for Health Improvement and Disparities.

- 1.2.2 Particularly important new policy developments nationally which are being implemented locally include integration between NHS agencies and local authorities under the Integrated Care System agenda, the proposed reforms to social care funding, and the implementation of an assurance framework for local authority delivery of social care by the Care Quality Commission (due to begin in April 2022).

1.3 National performance frameworks

- 1.3.1 To monitor and manage the performance of local areas in the delivery of adult social care and public health, and to inform commissioning and improvement activities, Government collects statutory return data from local authorities and local health organisations. These are processed into the following performance / data frameworks which are most relevant to the Committee's functions:

1.4 Public Health Outcomes Framework

- 1.4.1 This includes 161 indicators which cover a wide range of aspects of health and wellbeing in an area. Many of these indicators are available at upper tier (county) level and lower tier (district) level. Most are updated annually. They are grouped into 5 areas

Overarching indicators			
Wider Determinants	Health Improvement	Health Protection	Healthcare and Premature Mortality

Overarching indicators are focused on life expectancy, both overall and for healthy life. The nature of public health is such that marked improvements in these outcomes will take years – sometimes even decades.



1.4.2 The other groups represent a set of supporting indicators (grouped into four domains) that help focus our understanding of how well we are doing. Indicators have been included that cover the full spectrum of public health to be, and what can be realistically measured.

1.4.3 Information about Cambridgeshire is located here:
https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/area-search-results/E10000003?place_name=Cambridgeshire&search_type=parent-area

1.4.4 The Public Health Outcomes Framework is one of several frameworks which process data from health organisations and local authorities into indicator sets. More detail here
<https://fingertips.phe.org.uk/>.

1.5 Adult Social Care Outcomes Framework

1.5.1 The national Adult Social Care Outcomes Framework (ASCOF) has been in place for a number of years and predates the Care Act 2014. It is compiled from statutory returns and surveys undertaken by local authorities, including the Short and Long Term services return (SALT). A list of the indicators included in it are below

Ref	ASCOF - Indicator
-----	-------------------

1A	Social care related quality of life (Score)
1B	Service users with control over their daily life (Percentage)
1C1A	People receiving self-directed support (Percentage)
1C2A	People receiving direct payments (Percentage)
1C1B	Carers receiving self-directed support (Percentage)
1C2B	Carers receiving direct payments (Percentage)
1D	Carer-reported quality of life (Score)
1E	Adults with learning disabilities in employment (Percentage)
1G	Adults with learning disabilities living in own home / with family (Percentage)
1I	Service users with as much social contact as they would like (Percentage)
1I	Carers with as much social contact as they would like (Percentage)
2A1	Permanent admissions to care homes: people aged 18 to 64 (Per 100,000)
2A2	Permanent admissions to care homes: people aged 65 and over (Per 100,000)
2B1	Older people at home 91 days after leaving hospital into reablement (Percentage)
2B2	Older people receiving reablement services after leaving hospital (Percentage)
2C1	Delayed transfers of care (Per 100,000)
2C2	Delayed transfers of care attributable to social services (Per 100,000)
2C3	Delayed transfer of care attributable to both (per 100,000)
2D	The outcome of short-term services: sequel to service no care needs (Percentage)
3A	Client satisfaction with care and support (Percentage)
3B	Carer satisfaction with social services (Percentage)
3C	Carers included or consulted in decisions (Percentage)
3D	Service users who find it easy to get information (Percentage)
3D	Carers who find it easy to get information (Percentage)
4A	People who use services and feel safe (Percentage)
4B	People who say the services they use make them feel safe and secure

- 1.5.2 The most recent update published by the Government covers the period up to the end of March 2021. Data is available at <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-outcomes-framework-ascof/england-2020-21>.
- 1.5.3 A tool which combines indicators from many different statutory returns is also available from that link, including financial and safeguarding comparisons.
- 1.5.4 Some key indicators come from surveys of service users and carers, which are delivered locally and reported to Committee.

1.6 Creating a new outcome framework for adult social care

- 1.6.1 The Department of Health and Social Care, partnering with the Association of Directors of Adult Social Services (ADASS) and the Institute for Public Care (IPC), have been consulting on a revised performance framework for Adult Social Care, which better reflects the current delivery. The consultation document is here

<https://ipc.brookes.ac.uk/docs/Proposed%20Adult%20Social%20Care%20Performance%20Framework%20for%20consultation%20Nov%202020.pdf>

- 1.6.2 The proposal is to link this to the Making It Real themes which have been co-produced with service users nationally as part of the work of Think Local Act Personal (TLAP). In “Making it Real”, each of these themes has several statements that describe what good, citizen focussed, personalised care and support looks like from the point of view of people with lived experience of the services. The proposed national framework links performance indicators to the following “I” statements, intended to reflect those within Making It Real. The indicators attached to each ‘I’ statement will help to assess performance in that area.

Experience of arrangements
I am helped to look at my overall wellbeing
I am given all the information and advice I need
I am helped to reduce or delay my need for permanent care
I experienced the health and care support I received as a single unified system
I am offered a choice of service that respects my personal circumstances
I received the assessment that I needed
I understood the way in which the assessment entitled me to care and support
I was offered the right housing
I am protected from risk and abuse
I am being helped to get the right services from childhood into adulthood
I am being offered the right services after a treatment for poor mental ill health
My details are properly recorded and protected by the Council
The care and support available to me operates in a stable care market

- 1.6.3 Overall there are proposed to be 81 indicators in the new framework under these headings.

1.7 New national assurance framework for adult social care

- 1.7.1 The Association of Directors of Adult Social Services (ADASS) and the Care Quality Commission (CQC) are developing a new assurance and inspection regime for adult social care. ADASS is currently consulting with members on key performance indicators which might be used in a quarterly return to CQC as a baseline for assurance work. Several of the proposed indicators are new and would require development of recording, extraction and calculation.

Proposed Measure	Already Reported
------------------	------------------

% of all people funded by ASC who are supported in their own homes	
% of total ASC budget used to fund people living in their own homes as opposed to res/nursing care	
Rate of new permanent admissions to care homes	SALT
Proportion of adults with LD who live in their own homes or with family	SALT
Proportion of adults in contact with secondary mental health services who live independently with or without support	SALT
Adults aged 18 and over receiving direct payments	SALT
Ethnicity of people in receipt of ASC funded by council - by care setting	
Rate of emergency admissions into hospital	NHS
% of all people leaving hospital who return to their usual place of residence	New BCF
% of all people supported by ASC leaving hospital who go into residential care (inc. ST)	New BCF
% of ST residential placements which have exceeded 6 weeks	
People detained under MHA split by protected characteristics	
People with LDA in treatment & assessment centres	
Readmission rates (within 24/48/72 hrs)	NHS
% of all people referred to ASC who are signposted into early help services or receive AIG	SALT
% of people over 65 leaving hospital who go into reablement	SALT
% of people in receipt of reablement who are still at home 91 days later	SALT
Of concluded S42 enquiries, % risk reduced and removed	SAC
% of people fully or partially achieving their expressed outcomes	SAC
2 hour crisis community response	NHS
Overall satisfaction of users with their care and support	ASCS
Number of overdue reviews	
% of overdue reviews less than 1 month overdue, 1-3 months, more than 3 months	
Number of people waiting for an assessment	
Number of people waiting for a package of care	
Number of complaints expressed as a % of total number of people supported by ASC	
Number of compliments received expressed as a % of total number of people supported by ASC	
Number of Local Govt Ombudsman's findings of fault with a council	LGO
% of registered providers rated as good or outstanding	
% of contracts handed back by providers in previous 3 months	
% of providers with warning/closure notice from CQC	
Average hourly rate for dom care - and weekly average cost	
Average weekly cost of DP	
Average weekly cost for bedded care	
% of total budget spent on bedded care	
% of total budget spent on supporting people in their own homes	
Weekly per capita spend by care setting, specialism and ethnicity	
Projected budget position at end of Q1, Q2, Q3, Q4	
% of CQC registered service users without a RM in post	
Vacancy rates across registered CQC services	NESCU
SW vacancy rates expressed as a % of all SW posts	
Average days lost because of sickness in the last 3 months	
% of ASC staff by protected characteristics	

% eligible staff across ASC who have attended the mandatory adult safeguarding training	
Average Length of Stay in hospital	NHS
People with LDA with completed annual health check	
Difference in life expectancy between richest and poorest SOAs within a council (by protected characteristic)	

1.8 Better Care Fund metrics

1.8.1 The Better Care Fund (BCF) is one of the government's national approaches to improving health and social care integration. It requires clinical commissioning groups (CCGs) and local government to agree a joint plan, owned by the Health and Wellbeing Board (HWB). These are joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006). In 2021-22, the BCF priorities will be to continue to focus on improving how and when people are discharged from hospital. The metrics required by Government for oversight of the funding are proposed as follows:

- reducing length of stay in hospital, measured through the percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days
- improving the proportion of people discharged home using data on discharge to their usual place of residence
- avoidable admissions to hospital
- admissions to residential and care homes
- effectiveness of reablement

Both the Public Health Outcomes Framework and the Adult Social Care Outcomes Framework (and its replacement) will be used by national Government and other stakeholders to understand performance of Public Health and Adult Social Care services in Cambridgeshire, independently of whether a separate set of indicators is developed by the Committee. The local authority will be required to collect and provide data to populate these performance frameworks.

1.9 Local Strategies

1.9.1 The Joint Strategic Needs Assessment process develops information and insight about the population health needs locally, to inform the Health and Wellbeing Strategy. The current strategy covers the period 2020-24 and contains 4 priorities, with specific outcomes for each priority, which may imply specific performance metrics for measurement of how many people achieve these outcomes. As the Health and Wellbeing Strategy covers all ages, some of the priorities or indicators may be considered by the Children and Young People's Committee.

1.9.2 Adult social care performance is also supported regionally by ADASS, including supporting performance benchmarking, self-assessment and peer challenge. There is a regional scorecard, to which all local authorities in the region submit KPI scores.

- 1.9.3 The Directorate Management Teams and the managers within the Adults and Safeguarding, Commissioning and Public Health directorates also review performance information, often at a granular 'output' level, generated from our case management systems or performance and activity reports submitted by providers as part of day-to-day contract management.
- 1.9.4 The Committee has already identified a set of action plan priorities, which are being tracked.
- 1.9.5 The Committee may also wish to consider how a local set of KPIs aligns with the plans for the Integrated Care System locally.

Adults and Health Policy and Service Committee Agenda Plan

Published on 1 December 2021

Notes

The definition of a key decision is set out in the Council's Constitution in Part 2, Article 12.

* indicates items expected to be recommended for determination by full Council.

+ indicates items expected to be confidential, which would exclude the press and public.

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

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

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
09/12/21	Adults Self-assessment	C Black / T Hornsby	Not applicable	26/11/21	01/12/21
	Day Opportunities for Older People and Physical Disabilities	S Bye	2021/052		
	Accommodation Based Supported Living Service for People with Moderate to Severe Mental Health Needs in Cambridgeshire - Exemption Request	G Fairbairn	2021/053		
	Adult Social Care Transport Tendering	G Singh	2021/070		
	Additional Homecare Block Provision for Winter Pressures	R Miller	2021/071		
	Covid 19 – Enhanced Response Area Status	J Atri	Not applicable		
	Finance Monitoring Report	J Hartley	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
	Business Planning	W Ogle Welbourn	Not applicable		
	Performance Monitoring Report	T Barden	Not applicable		
	Scrutiny Items				
	East of England Ambulance Trust – Performance update and organisational changes	M Bailey			
	Occupational Therapy Services waiting lists	D Smith and D MacKay			
	Primary Care Pressures – GP service provision	S Smith, J Bawden and G Howsam			
	Scrutiny Work Programme 2021-22	K Parker			
13/01/22	Integrated Care System (ICS) Scrutiny	J Thomas and J O'Brian	Not applicable	04/05/22	05/01/22
17/03/22	Mental Health Employment Service	S Bye	2022/001	04/03/22	09/03/22
	Procurement of Older People's Visiting Support Service	L Sparks	2022/006		
	Individual Service Fund Tender	G Hodgson	2022/008		
	Procurement of Countywide Floating Support service	L Sparks	2022/007		
	Provision of Healthwatch Service	S Bye	2022/005		
	Care Together	J Melvin	Not applicable		
	Finance Monitoring Report	J Hartley	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
	Performance Monitoring Report	T Barden	Not applicable		
	CPFT S75 Mental Health annual report	S Torrance	Not applicable		
	Annual Service User's survey	C Black	Not applicable		
	Adults Safeguarding annual report	C Black / J Procter	Not applicable		
	Risk Register	D Revens	Not applicable		
	Scrutiny Items				
	Delegated authority to respond to NHS Trust Quality Accounts	K Parker			
	Hinchingbrooke Hospital Site Development Proposals	NWAFT TBC			
21/04/22 Reserve date				08/04/22	13/04/22
14/07/22	Place Based Homecare Model in East Cambridgeshire (Care Together)	R Miller	2022/016	01/07/22	06/07/22
15/09/22 Reserve Date				02/09/22	07/09/22
05/10/22				23/09/22	27/09/22

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
15/12/22				02/12/22	07/12/22
12/01/23 Reserve Date				TBC	04/01/23
09/03/23				24/02/21	01/03/23
27/04/23 Reserve Date				14/04/23	19/04/23

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

To be scheduled: Healthy Weight Update, Decentralisation report.

Adults and Health Committee Training Plan 2021/22

Below is an outline of topics for potential training committee sessions and visits for discussion with the new Adults and Health Committee.

The Adults & Health Committee induction recording can be sent to Members by contacting democraticservices@cambridgeshire.gov.uk

Suggested dates	Timings	Topic	Presenter	Location	Notes
Thursday 28 October 10:00 - 11:00 Virtual Teams meeting	1 hour	Public Health and the COVID-19 pandemic – roles and responsibilities Local Outbreak Management Plan	Deputy Director of Public Health (CCC) and consultant leads Cell leads / Surveillance	This will be an interactive session in relation to Outbreak Management In addition, in this session you have the opportunity to talk to staff involved in outbreak control including the contact centre staff who provide support to those self-isolating	PH session: Hold in PH & Members' Diary Minimum attendance of 4 members
Friday 29 October 15:00 - 16:00 Virtual Teams meeting	1 hour	Introduction to Children and Young People's Public Health Commissioning	Public Health Consultant lead – Children and Young People – Raj Lakshman	Virtual	PH session: Hold in PH & Members' Diary Children's Committee to be invited
Thursday 11 November 10:00 - 12:00	2 hours	Introduction to Health Improvement and Public Health Commissioning	Deputy Director of Public Health (CCC) Public Health Joint Commissioning Unit (JCU) PH Commissioning Team Leads	Virtual introduction into public health commissioning	PH session: Hold in PH & Members' Diary

Suggested dates	Timings	Topic	Presenter	Location	Notes
Virtual Teams meeting					Maximum attendance of 3 Members, can be arranged on request
Thursday 11 November 9.00 – 10.00 Virtual Teams meeting	1 hour	Overview of Transfers of Care, the role of the Transfers of Care Team and an overview of Brokerage: - What is 'discharge to assess'? - How the service works - how many people we support and some case examples?	Head of Transfers of Care, Head of Brokerage, Contracts & Quality Improvement	Virtual	ASC Session: Minimum attendance of 4 Members
Wednesday 17 November 13:00 to 14:00	1 hour	Overview of Public Mental Health and Mental Health Services and the role of Social Care including an overview of commissioning related to Mental Health. Some examples of the current people we support	Trust Professional Lead for Social Work, CPFT Senior Commissioner: Prevention, Early Intervention and Mental Health Public Health Consultant lead for Mental Health	Virtual	PH Session: Minimum attendance of 4 members
Thursday 18 November 10:00 to 11:00	1 hour	Introduction of Public Health Intelligence (PHI) – information for Public Health and Public Health Inequalities	Deputy Director of Public Health (PCC) PHI lead and Team	Virtual Interactive	Holds in the PH and Members' Diary

Suggested dates	Timings	Topic	Presenter	Location	Notes
Thursday 18 November 11.00 – 12.00	1 hour	An overview of Adult Social Care Finance to include Charging policy and Direct Payments	Strategic Finance Manager, Head of Adults Operational Finance, Public Health	Virtual	Finance Session Minimum attendance of 4 Members
Monday 22 November Amundsen House 9.30 – 12.00 Scott House 13.00 – 16.00 Thursday 25 November Amundsen House 9.30 – 12.00 Scott House 1pm – 4.30pm	1 day or 2 half days	Overview of the Adult Social Care Customer Journey including Prevention & Early Intervention Services and Long-Term Complex Services. At this session you will start the day at Amundsen House and be introduced to our Prevention & Early Intervention services, where many of our customers start their journey. You will have the opportunity to listen into live calls and get to know more about Adult Early Help, Reablement and Technology. In the afternoon, you will visit our Social Work Teams for Older People and the Learning Disability partnership in Scott House	Head of Prevention & Early intervention, Head of Assessment & Care Management, Social Work Teams	Amundsen House & Scott House	ASC Session: Maximum attendance of 4 Members & can be arranged on request

Suggested dates	Timings	Topic	Presenter	Location	Notes
New date Tuesday 15 February Virtual 2.00pm – 4.00pm		and have the opportunity to experience case work.		Virtual	
Thursday 25 November 10:00 - 11:00	1 hour	Introduction Public Health and Prevention Primary Prevention Healthy Aging and Falls Prevention Mental Health	Deputy Director of Public Health (CCC) Public Health Consultant leads Adults & Social Care, Mental Health. Team Manager (Health in All Policies) Senior Public Health Manager Partnerships	Virtual	PH Session: Hold in PH & Members' Diary
Thursday 25 November 14.30 – 16.00 Cancelled	1 ½ hours	Introduction to Health Protection and Emergency Planning	Deputy Director of Public Health (PCC) Public Health Consultant lead TBC Senior Public Health Manager (Emergency Planning and Health Protection)	Virtual Interactive	PH session: Emmeline Watkins With Tiya Balaji Minimum attendance of 4 members
Tuesday 30 November	1 hour	Introduction to Integrated Care Systems	Jan Thomas (CCG appointed to CEO ICS)	Virtual	PH session:

Suggested dates	Timings	Topic	Presenter	Location	Notes
On request November	2 hours	Introduction to Health Improvement and Public Health Commissioning	Deputy Director of Public Health (CCC) Public Health Joint Commissioning Unit (JCU) PH Commissioning Team Leads	In this session, you will start at Scott House prior to visiting the Drug and Alcohol Service or Lifestyle services	PH Session: Maximum of 4 members to be arranged on request
November Date to be confirmed External session	TBC	Introduction to Scrutiny	Director of Public Health Head of Public Health Business Programmes	Virtual	Dem services Minimum attendance of 4 members
November Date to be confirmed External Session	TBC	Introduction to the Integrated Care System	Partners from the ICS /NHS will be leading this session for members of scrutiny committees across Cambridgeshire & Peterborough	Virtual	Externally Lead Minimum attendance of 4 members
On request	1 hour + visit	Adult Safeguarding and Making Safeguarding Personal. An overview of how Safeguarding works and the role of the Multi Agency Safeguarding Hub (MASH)	Assistant Director of Safeguarding, Quality & Practice	Virtual or Stanton House and could include a visit to the MASH in God-Manchester	ASC Session: Maximum attendance of 4 Members, to be arranged on request

Suggested dates	Timings	Topic	Presenter	Location	Notes
<p>On request</p> <p>Monday 1 November</p> <p>11.00 – 13.00</p>	90 mins	<p>Overview of the Learning Disability Partnership (LDP) including an overview of commissioning related to Learning Disability including:</p> <ul style="list-style-type: none"> - Adults & Autism - 0-25 Young Adults Team - Preparation for Adulthood - Housing and Accommodation - Day Opportunities- in house provision and external - Carers <p>Direct Payments and Personal Health Budgets</p>	Head of Learning Disability Partnership, Head of Commissioning Adults Social Care, Mental Health and Learning Disabilities, Senior Commissioner LDP	Scott House or Virtual, this could also include a visit to one of our In-House Provider settings	<p>ASC Session:</p> <p>Maximum attendance of 4 Members, to be arranged on request</p>

GLOSSARY OF TERMS / TEAMS ACROSS ADULTS & COMMISSIONING

More information on these services can be found on the Cambridgeshire County Council Website:

<https://www.cambridgeshire.gov.uk/residents/adults/>

ABBREVIATION/TERM	NAME	DESCRIPTION
COMMON TERMS USED IN ADULTS SERVICES		
Care Plan	Care and Support Plan	A Care and Support plans are agreements that are made between service users, their family, carers and the health professionals that are responsible for the service user's care.
Care Package	Care Package	A care package is a combination of services put together to meet a service user's assessed needs as part of a care plan arising from a single assessment or a review.
DTOC	Delayed Transfer of Care	These are when service users have a delay with transferring them into their most appropriate care (ie; this could be from hospital back home with a care plan or to a care home perhaps)
KEY TEAMS		
AEH	Adults Early Help Services	This service triages requests for help for vulnerable adults to determine the most appropriate support which may be required
TEC	Technology Enabled Care	TEC team help service users to use technology to assist them with living as independently as possible
OT	Occupational Therapy	
ASC	Adults Social Care	This service assesses the needs for the most vulnerable adults and provides the necessary services required
Commissioning	Commissioning Services	This service provides a framework to procure, contract and monitor services the Council contract with to provide services such as care homes etc.
TOCT	Transfer of Care Team (sometimes Discharge Planning)	This team works with hospital staff to help determine the best care package / care plan for individuals being discharged from hospital back home or an appropriate placement elsewhere
LDP	Learning Disability Partnership	The LDP supports adults with learning disabilities to live as independently as possible
MASH	Multi-agency Safeguarding Hub	This is a team of multi-agency professionals (i.e. health, Social Care, Police etc) who work together to assess the safeguarding concerns which have been reported

ABBREVIATION/TERM	NAME	DESCRIPTION
MCA DOLs Team	Mental Capacity Act Deprivation of Liberty Safeguards (DOLS)	When people are unable to make decisions for themselves, due to their mental capacity, they may be seen as being 'deprived of their liberty'. In these situations, the person deprived of their liberty must have their human rights safeguarded like anyone else in society. This is when the DOLS team gets involved to run some independent checks to provide protection for vulnerable people who are accommodated in hospitals or care homes who are unable to no longer consent to their care or treatment.
PD	Physical Disabilities	PD team helps to support adults with physical disabilities to live as independently as possible
OP	Older People	OP team helps to support older adults to live as independently as possible
Provider Services	Provider Services	Provider Services are key providers of care which might include residential homes, care homes, day services etc
Reablement	Reablement	The reablement team works together with service-users, usually after a health set-back and over a short-period of time (6 weeks) to help with everyday activities and encourages service users to develop the confidence and skills to carry out these activities themselves and to continue to live at home
Sensory Services	Sensory Services	Sensory Services provides services to service users who are visually impaired, deaf, hard of hearing and those who have combined hearing and sight loss
FAT	Financial Assessment Team	The Financial Assessment Team undertakes assessments to determine a person's personal contribution towards a personal budget/care
AFT	Adult Finance Team	The Adult Finance Team are responsible for loading services and managing invoices and payments
D2A	Discharge to Assess	This is the current COVID guidance to support the transfer of people out of hospital.
Carers Triage	Carers Triage	A carers discussion to capture views and determine outcomes and interventions such as progress to a carers assessment, what if plan, information, and/or changes to cared for support
DP	Direct Payment	An alternative way of providing a person's personal budget
DPMO	Direct Payment Monitoring Officer	An Officer who audits and monitors Direct Payments
Community Navigators	Community Navigators	Volunteers who provide community-based advice and solutions

GLOSSARY OF TERMS / TEAMS ACROSS PUBLIC HEALTH

ABBREVIATION/TERM	DESCRIPTION
Common Terms Used in Public Health	
Accreditation	The development of a set of standards, a process to measure health department performance against those standards, and some form of reward or recognition for those agencies meeting the standards.
Assessment	One of public health's three core functions. The regular collection, analysis and sharing of information about health conditions, risks, and resources in a community. Assessment is needed to identify health problems and priorities and the resources available to address the priorities.
Assurance	One of the three core functions in public health. Making sure that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services. The services are assured by encouraging actions by others, by collaboration with other organisations, by requiring action through regulation, or by direct provision of services.
Bioterrorism	The intentional use of any microorganism, virus, infectious substance, or biological product that may be engineered as a result of biotechnology, or any naturally occurring or bio-engineered component of any such microorganism, virus, infectious substance, or biological product, to cause death disease, or other biological malfunction in a human, an animal, a plant, or another living organism in order to influence the conduct of government or to intimidate or coerce a civilian population
Capacity	The ability to perform the core public health functions of assessment, policy development and assurance on a continuous, consistent basis, made possible by maintenance of the basic infrastructure of the public health system, including human, capital and technology resources.
Chronic Disease	A disease that has one or more of the following characteristics: it is permanent, leaves residual disability, is caused by a non-reversible pathological alteration, requires special training of the patient for rehabilitation, or may be expected to require a long period of supervision, observation or care.
Clinical Services/Medical Services/Personal Medical Services	Care administered to an individual to treat an illness or injury.

ABBREVIATION/TERM	DESCRIPTION
Determinants of health	The range of personal, social, economic and environmental factors that determine the health status of individuals or populations
Disease	A state of dysfunction of organs or organ systems that can result in diminished quality of life. Disease is largely socially defined and may be attributed to a multitude of factors. Thus, drug dependence is presently seen by some as a disease, when it previous was considered to be a moral or legal problem.
Disease management	To assist an individual to reach his or her optimum level of wellness and functional capability as a way to improve quality of health care and lower health care costs.
Endemic	Prevalent in or peculiar to a particular locality or people.
Entomologist	An expert on insects
Epidemic	A group of cases of a specific disease or illness clearly in excess of what one would normally expect in a particular geographic area. There is no absolute criterion for using the term epidemic; as standards and expectations change, so might the definition of an epidemic, such as an epidemic of violence.
Epidemiology	The study of the distribution and determinants of diseases and injuries in human populations. Epidemiology is concerned with the frequencies and types of illnesses and injuries in groups of people and with the factors that influence their distribution.
Foodborne Illness	Illness caused by the transfer of disease organisms or toxins from food to humans.
Health	The state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity. Health has many dimensions-anatomical, physiological and mental-and is largely culturally defined. Most attempts at measurement have been assessed in terms of morbidity and mortality
Health disparities	Differences in morbidity and mortality due to various causes experience by specific sub-populations.
Health education	Any combination of learning opportunities designed to facilitate voluntary adaptations of behaviour (in individuals, groups, or communities) conducive to health.
Health promotion	Any combination of health education and related organizational, political and economic interventions designed to facilitate behavioural and environmental adaptations that will improve or protect health.
Health status indicators	Measurements of the state of health of a specific individual, group or population.
Incidence	The number of cases of disease that have their onset during a prescribed period of time. It is often expressed as a rate. Incidence is a measure of morbidity or other events that occur within a specified period of time. See related prevalence
Infant Mortality Rate	The number of live-born infants who die before their first birthday per 1,000 live births.

ABBREVIATION/TERM	DESCRIPTION
Infectious	Capable of causing infection or disease by entrance of organisms (e.g., bacteria, viruses, protozoan, fungi) into the body, which then grow and multiply. Often used synonymously with “communicable
Intervention	A term used in public health to describe a program or policy designed to have an effect on a health problem. Health interventions include health promotion, specific protection, early case finding and prompt treatment, disability limitation and rehabilitation.
Infrastructure	The human, organizational, information and fiscal resources of the public health system that provide the capacity for the system to carry out its functions.
Isolation	The separation, or the period of communicability, of known infected people in such places and under such condition as to prevent or limit the transmission of the infectious agent.
Morbidity	A measure of disease incidence or prevalence in a given population, location or other grouping of interest
Mortality	A measure of deaths in a given population, location or other grouping of interest
Non-infectious	Not spread by infectious agents. Often used synonymously with “non-communicable”.
Outcomes	Sometimes referred to as results of the health system. These are indicators of health status, risk reduction and quality of life enhancement.
Outcome standards	Long-term objectives that define optimal, measurable future levels of health status; maximum acceptable levels of disease, injury or dysfunction; or prevalence of risk factors.
Pathogen	Any agent that causes disease, especially a microorganism such as bacterium or fungus.
Police Power	A basic power of government that allows restriction of individual rights in order to protect the safety and interests of the entire population
Population-based	Pertaining to the entire population in a particular area. Population-based public health services extend beyond medical treatment by targeting underlying risks, such as tobacco, drug and alcohol use; diet and sedentary lifestyles; and environmental factors.
Prevalence	The number of cases of a disease, infected people or people with some other attribute present during a particular interval of time. It often is expressed as a rate.
Prevention	Actions taken to reduce susceptibility or exposure to health problems (primary prevention), detect and treat disease in early stages (secondary prevention), or alleviate the effects of disease and injury (tertiary prevention).

ABBREVIATION/TERM	DESCRIPTION
Primary Medical Care	Clinical preventive services, first contact treatment services and ongoing care for commonly encountered medical conditions.
Protection	Elimination or reduction of exposure to injuries and occupational or environmental hazards.
Protective factor	An aspect of life that reduces the likelihood of negative outcomes, either directly or by reducing the effects of risk factors.
Public Health	Activities that society does collectively to assure the conditions in which people can be healthy. This includes organized community efforts to prevent, identify, pre-empt and counter threats to the public's health.
Public Health Department	Local (county, combined city-county or multi-county) health agency, operated by local government, with oversight and direction from a local board of health, which provides public health services throughout a defined geographic area.
Public Health Practice	Organisational practices or processes that are necessary and sufficient to assure that the core functions of public health are being carried out effectively.
Quality assurance	Monitoring and maintaining the quality of public health services through licensing and discipline of health professionals, licensing of health facilities and the enforcement of standards and regulations.
Quarantine	The restriction of the activities of healthy people who have been exposed to a communicable disease, during its period of communicability, to prevent disease transmission during the incubation period should infection occur.
Rate	A measure of the intensity of the occurrence of an event. For example, the mortality rate equals the number who die in one year divided by the number at risk of dying. Rates usually are expressed using a standard denominator such 1,000 or 100,000 people.
Risk Assessment	Identifying and measuring the presence of direct causes and risk factors that, based on scientific evidence or theory, are thought to directly influence the level of a specific health problem.
Risk Factor	Personal qualities or societal conditions that lead to the increased probability of a problem or problems developing.
Screening	The use of technology and procedures to differentiate those individuals with signs or symptoms of disease from those less likely to have the disease.
Social Marketing	A process for influencing human behaviour on a large scale, using marketing principles for the purpose of societal benefit rather than for commercial profit.
Social Norm	Expectations about behaviour, thoughts or feelings that are appropriate and sanctioned within a particular society. Social norms can play a powerful role in the health status of individuals.

ABBREVIATION/TERM	DESCRIPTION
Standards	Accepted measure of comparison that have quantitative or qualitative value.
State Health Agency	The unit of state government that has leading responsibility for identifying and meeting the health needs of the state's citizens. State health agencies can be free standing or units of multipurpose health and human service agencies.
Surveillance	Systematic monitoring of the health status of a population.
Threshold Standards	Rate or level of illness or injury in a community or population that, if exceeded, call for closer attention and may signal the need for renewed or redoubled action.
Years of Potential Life lost	A measure of the effects of disease or injury in a population that calculates years of life lost before a specific age (often ages 64 or 75). This approach places additional value on deaths that occur at earlier ages.
Health and Care Organisations in Cambridgeshire & Peterborough	
CAMHS	Community Child and Adolescent Mental Health Services https://www.mind.org.uk/information-support/for-children-and-young-people/understanding-camhs/?gclid=EAlaIqobChMlr_P53PKW8QIV_4FQBh1GmgBYEAAAYASAAEgl2Q_D_BwE
CAPCCG	Cambridgeshire and Peterborough Clinical Commissioning Group https://www.cambridgeshireandpeterboroughccg.nhs.uk
CCC	Cambridgeshire County Council https://www.cambridgeshire.gov.uk
CCS	Cambridgeshire Community Services NHS Trust http://www.cambscommunityservices.nhs.uk/
CHUMS	Mental Health & Emotional Wellbeing Service for Children and Young People http://chums.uk.com/
CPFT	Cambridgeshire and Peterborough NHS Foundation Trust (Mental health, learning disability, adult community services and older people's services) http://www.cpft.nhs.uk/
CQC	Care Quality Commission (The independent regulator of health and social care in England) http://www.cqc.org.uk/
CUH	Cambridge University Hospitals NHS Foundation Trust (Addenbrooke's and the Rosie) https://www.cuh.nhs.uk
EEAST	East of England Ambulance Service NHS Trust http://www.eastamb.nhs.uk

ABBREVIATION/TERM	DESCRIPTION
HH	Hinchingbrooke Hospital (Provided by North West Anglia NHS Foundation Trust – NWAFT) https://www.nwangliaft.nhs.uk
HUC	Herts Urgent Care (provide NHS 111 and Out of Hours) https://hucweb.co.uk/
ICS	Integrated Care Systems
Helpful NHS Terminology Links	
https://www.nhsconfed.org/acronym-buster	The NHS uses a number of acronyms when describing services this acronym buster may be of some help.
https://www.kingsfund.org.uk/audio-video/how-does-nhs-in-england-work	The Kings Fund have produced a good video explaining how the NHS in England works. The Kings Fund website in general contains many resources which you may find helpful.
https://www.england.nhs.uk/learning-disabilities/	NHS terms used in the field of disabilities
https://www.thinklocalactpersonal.org.uk/Browse/Informationandadvice/CareandSupportJargonBuster/	Think Local Act Personal jargon buster search engine for health and social care.

Healthwatch primary care intelligence

To: Cambridgeshire Adults & Health Scrutiny

Meeting Date: 9 December 2021

From: Chief Executive Officer, Healthwatch Cambridgeshire and Peterborough

Electoral division(s): Countywide.

Key decision: No

Forward Plan ref: None

Outcome: The Committee is being asked to consider the intelligence provided by Healthwatch.

Recommendation: The Adults and Health Committee is being asked to note the contents of the report.

Officer contact

Name: Sandie Smith

Post: CEO, Healthwatch Cambridgeshire and Peterborough

Email: sandie.smith@healthwatchcambspboro.co.uk

Tel: 0330 355 1285

Member contacts:

Names: Cllr Richard Howitt / Cllr Susan van de Ven

Post: Chair/Vice-Chair

Email: Richard.howitt@cambridgeshire.gov.uk
Susanvandeven5@gmail.com

Tel: 01223 706398

1. Background

- 1.1 Healthwatch Cambridgeshire and Peterborough are an independent, not for profit Community Interest Company established by the Health and Social Care Act 2012. We are the independent champion for people who use health and social care services in Cambridgeshire and Peterborough. We deliver the contract for Healthwatch Cambridgeshire and Healthwatch Peterborough as commissioned by the upper tier authorities.
- 1.2 Our core role is to make sure that those that run local health and social care services understand and act on what really matters to people. We listen to what people say about services, and what could be improved. We encourage services to involve people in decisions that affect them. We also help people find the information they need about services in their area.

2. Main Issues

- 2.1 Access to primary care services is a strategic priority for our Healthwatch. The activity we are undertaking currently falls into five key areas:
 - a) Gathering feedback from local people
 - b) Presenting this intelligence to decision making and planning groups
 - c) Auditing GP websites for quality, content and accessibility
 - d) Escalating concerns, particularly access to NHS dentistry and GPs
 - e) Contributing to improvement project planning.
- 2.2 Since the start of April 2021, over 150 people have told Healthwatch Cambridgeshire about their experience of accessing and using GP services. Most people have told us about negative experiences, whilst a smaller number have reported experiences with elements of good and less good care ('mixed') and a smaller number reported positive experiences.
- 2.3 It is clear people across in the area are experiencing issues in getting appointments, medication, referrals and effective treatment. However, we are also hearing about practices where problems seem to be less acute.
- 2.4 Access to accurate information for patients is very important in managing demand. Some websites do not have very clear information about appointments leaving patients confused. Some practices only offer telephone access. Other practices offer some triage appointments that could be booked online. More could be done to explain and promote '111 First'.
- 2.5 There has not been sufficient communications around the shift to telephone triaging. People are not aware that GP practices have been directed to undertake telephone triage to assess a condition, then use online or face to face consultations to follow where indicated.

2.6 Communication between different parts of primary care, and primary and secondary care have not always been good. This leaves patients 'in the middle'. However, people also told us about some good examples of services working together.

2.7 Paragraphs 3 to 7 below give more detail about people's experiences, the problems we have helped resolve and the project work we have undertaken. Paragraph 8 sets out some suggested action for improvements, some of which are already being progressed.

3. Appointments

3.1 Most people told us about their experiences of appointments. People have struggled to get through by telephone, with long waits in a queue, and sometimes being cut off.

'I have been unable to access health care from my local Dr surgery - you sit on hold for up to 2:30 hours and then the phone cuts you off I have tried for 6 days now and even emailed them. I know I am not alone in this.'

3.2 Those who did get through were often told there were no remaining appointments and to try again the following day. Some people reported more positive experiences, using communication methods set-up for the pandemic. Other people have struggled with the type of appointment offered.

3.3 Some people said they could not follow the different options, nor dial the option fast enough. Others worry about missing a call back from a GP, especially where they were told it could be any time during working hours.

3.4 However, some people have had a good experience of care:

'I used my GP service's new email contact system, implemented early in the pandemic. I received a response from a GP the same day, and it was followed up in a very thorough way. It was advised that I have a blood test at my local surgery. Getting an appointment was easy and it was very well managed and felt "covid safe". My test results were released quickly and followed up promptly.'

3.5 Some people have found telephone appointments difficult due to hearing loss, cognitive issues or language barriers. Others find it hard to explain their symptoms in a phone call.

4. Website information

4.1 'Giving GP websites a check-up' was published in September 2020. This report described how our volunteers reviewed all of the GP websites in Cambridgeshire and Peterborough and assessed from a good practice perspective. The report clearly showed that there was much improvement required. We produced a checklist to help practices with making improvements.

4.2 We have undertaken a follow up audit in 2021. Our volunteers have looked again at a sample of 23 websites covering 44 practices. Whilst there have been some improvements,

there is still a lot of missing information and poor accessibility. The key findings of this audit are:

- Less than two thirds had the latest Covid information.
- 96% said it was easy to find how to make a phone appointment; however, not as easy to find out about face-to-face appointments.
- Accessibility — 14 volunteers said no good examples were found. Seven volunteers said they found good examples of accessibility.
- Complaints — nearly three in four people (74%) could find how to complain; however, this is sometimes buried within other pages.
- Half the websites had information about Patient Participation Groups; however, most were out of date and did not explain to people what PPGs do.

4. Tests and test results

- 4.1 People have also had problems in getting regular tests and/or test results. Even when a GP has said the patient needs to make an appointment to speak to them, this has not always been easy, citing problems getting through on the telephone, as above.

5. Medication and prescriptions

- 5.1 Some patients reported issues with obtaining medication. Others had communication issues between their GP practice and the pharmacy with the patient in the middle. Some changes have disadvantaged people without online access.

6. Registration issues

- 6.1 Despite guidance from the British Medical Association, Cambridgeshire Local Medical Committee (LMC) and NHS England and NHS Improvement, some patients have not been able to register with a GP. The LMC have helpfully reminded practices of the correct registration process. Our Healthwatch has distributed cards to organisations working with people who may be experiencing this issue, so people can remind GP practices of their right to be registered.

7. Referrals

- 7.1 Some people feel they are being sent round in circles trying to get referrals and are getting caught between the GP practice and the hospital:

'Discrepancy between GP and hospital about the referral process. Patient is awaiting an appointment at the hospital. When the telephone the department to check where they are on the list, they are told to contact the GP. The GP says that it is not their job to chase up referrals once they are made. Patient feels like a ping pong ball in the middle. In the meantime, their condition is deteriorating.'

8. Actions for improvement

8.1 Whilst it is clear that all practices in Cambridgeshire are experiencing huge demand and pressures, some practices are more able to cope with these than others. We are therefore pleased that the CCG is targeting support to the least resilient practices. We have robust intelligence sharing arrangements in place with the CCG to help with this.

8.2 Some actions that we believe would help all practices are:

- a) Better information for people about their referrals to hospital and for tests. Healthwatch is pleased that the CCG has sought funding to establish a helpline for these enquiries.
- b) Extensive promotion of '111 First'.
- c) Greater awareness of, and compliance with, the NHS Accessible Information Standard.
- d) Websites need to be significantly upgraded. Our Healthwatch has contacted NHS X (digital improvements) to suggest that a national standard web template would improve the quality of website information across the country. We are pleased that our CCG is seeking funding to design a standard local template.
- e) Range of information to help people manage their conditions and make their own referrals.
- f) More help for people, both patients and GPs, to develop the skills they need to use online channels.
- g) Improved connectivity and programmes to support those people on lower incomes to access technology.

9. Source documents

[Making GP websites clearer for patients | Healthwatch Cambridgeshire](#)

[Improving GP websites – our reports spark action | Healthwatch Cambridgeshire](#)

[Registering with your GP: understanding your rights | Healthwatch Cambridgeshire](#)

Primary Care Access

To: Cambridgeshire Adults & Health Scrutiny

Meeting Date: 9 December 2021

From: Jessica Bawden, Director of Primary Care, Medicines Optimisation & Out of Hospital Urgent & Emergency Care Collaborative
Cambridgeshire & Peterborough Clinical Commissioning Group

Electoral division(s):

Key decision: N/A

Forward Plan ref: N/A

Outcome: Information for the purposes of scrutiny.

Recommendation: The Adults and Health Committee is asked to:

note the contents of this report and the actions taken by Cambridgeshire & Peterborough Clinical Commissioning group to improve access to GP Services across Cambridgeshire and to support Primary Care to manage the demands on their services over the winter period.

Officer contact:

Name: Jessica Bawden

Post: Director of Primary Care, Medicines Optimisation & Out of Hospital Urgent & Emergency Care Collaborative Cambridgeshire & Peterborough Clinical Commissioning Group

Email: jessica.bawden@nhs.net

Tel:

Member contacts:

Names: Cllr Richard Howitt / Cllr Susan van de Ven

Post: Chair/Vice-Chair

Email: Richard.howitt@cambridgeshire.gov.uk
Susanvandeven5@gmail.com

Tel: 01223 706398

1. Background

- 1.1 General Practice remains under significant pressure as it continues to respond to the demands and pressures relating to winter and the ongoing impact of the pandemic. Whilst Primary Care has been able to remain open and operational throughout the Pandemic, largely due to implementing new ways of working supported by additional national and local financial investment, the unprecedented demands and the National constraints imposed on practices in adhering to COVID restrictions, has undoubtedly impacted on Practices ability to deliver and patients ability to access services in the traditional way.
- 1.2 Like all business' Practices' have been hit hard by the effects of the Pandemic, their workforce are exhausted, and their ability to catch up on the backlog of routine work from the Pandemic, whilst returning to some form of business as usual is proving increasingly challenging, which is compounded by their involvement in delivering the Seasonal Flu Vaccination programme and Phase 3 of the COVID Booster Vaccination Programme, alongside the usual challenges of winter.
- 1.3 The pressures on the Health System and patients' inability to see their GP have been widely publicized over recent months. There is a public perception that GP Practices are no longer offering face to face appointments, which is not the case. Practices continue to assess patients' needs to ensure their needs are met by the most appropriate healthcare professional which may not always be the GP, and face to face appointments are offered if deemed to be clinically appropriate.
- 1.4 In response to, and in recognition of, the additional workload and challenges facing General Practice, NHS England have recently announced details of a Winter Support Package that comes with additional investment. This investment is intended to support CCGs to develop local plans to increase capacity and improve access to General practice services for our registered population and to support Primary Care to survive the winter challenges ahead

2. Main Issues

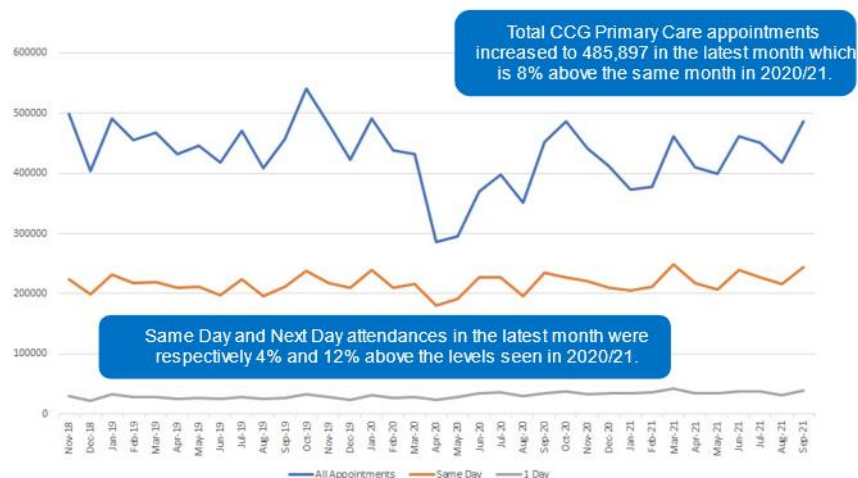
- 2.1 Across Cambridgeshire & Peterborough there has been an 8% increase in the total number of Primary Care Appointments compared to the same period last year.

The level of same day and next day attendances in the latest month were respectively 4% and 12% above the levels seen in 2020/21. This is demonstrated in the table 1 below:

Table 1



PRIMARY CARE APPOINTMENTS SAME DAY & NEXT DAY APPOINTMENTS



Source: NHS Digital

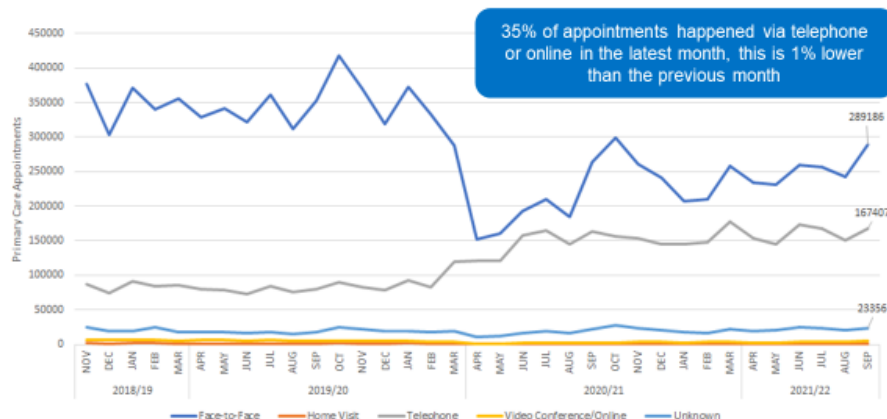
Appointments data will be impacted by 100% telephone triage which has meant less face to face or remote consultation appointments were required i.e. the doctor was able to give self-care advice on triage call which are not counted as appointments in most practices.

Table 2 demonstrates that 35% of appointments happened via telephone or online in the latest month. This is 1% lower in the latest month

Table 2



PRIMARY CARE APPOINTMENTS TYPES OF APPOINTMENT



NHS Digital Data Note: The publication includes important information, however it does not show the totality of GP activity/workload. The data presented only contains information which was captured on the GP practice systems. This limits the activity reported on and does not represent all work happening within a primary care setting or assess the complexity of activity.

The outbreak of Coronavirus (COVID-19) has led to unprecedented changes in the business processes within General Practices and subsequently the GP appointments data within this publication. The variation in approach to appointment management between practices is likely to be greater than usual during the Coronavirus outbreak and as a result data quality will be impacted. These changes in clinical practice and use of GP appointment recording systems impact upon what can be inferred from this data and as such they should continue to be considered as experimental statistics.

Source: NHS Digital

Appointments data will be impacted by 100% telephone triage which has meant less face to face or remote consultation appointments were required i.e. the doctor was able to give self-care advice on triage call which are not counted as appointments in most practices.

Some of the CCGs member practices are also reporting a 20% increase in patient demand for appointments and this is matched by figures of demand on 111 services

2.2 The outbreak of Coronavirus (COVID-19) has led to unprecedented changes in the business processes within General Practices and subsequently the GP appointments data within this publication. The variation in approach to appointment management between practices is likely to be greater than usual during the Coronavirus outbreak and as a result data quality will be impacted. These changes in clinical practice and use of GP appointment recording systems impact upon on what can be inferred from this data and as such they should continue to be considered as experimental statistics

2.3 Supporting the Management of Demand on Primary Care

Workforce remains a key priority with retention and recruitment being central to this. Many practices continue with offering their patients a telephone or online triage appointment in the first instance, which if clinically appropriate or requested by the patient will be converted to a face-to-face appointment as necessary.

As the data shown previously demonstrates, demand for General Practice appointments remains exceptionally high and reflects patients' needs and demand across the health and care system. Operating triage first remote appointments has allowed healthcare practitioners who have been 'pinged' to self-isolate to continue working and serving their patients from the quarantine of their home. In addition, it has helped the patient get to the right clinician for their presenting problem.

NHSEI has recently announced the release of £250m of Winter Access Support Funding that has been set aside to support Systems to manage demands on Primary care and the wider system over the winter period. The Cambridgeshire and Peterborough share of this allocation equates to 3.9m which must be utilised by 31 March 2022.

CCGs were required to submit local plans against the key objectives outlined in the guidance documents to NHSEI for consideration and approval to release the funds.

A summary of the CCGs local plans to deliver additional capacity across the Cambridgeshire & Peterborough System using this the NHSEI allocation from the Winter Access Support Funding is detailed below:

REF	WHAT
SA1	System Helpdesk: Patient enquiries
SA2	Improving PC - Hospital interface Project
SA3	Communications Campaign
SA4	Enhanced 2 hour Urgent Community Response
SA5	Increased Minor Injury Unit capacity
SA6	Extension of PC Surge Hub capacity
SA7	VOIP telephony support
SA8	Maximising Lantum Digital Bank for staff (Pilot)
SA9	Capacity fund for PCNs / practices outside 20%
SA10	Increased electronic repeat dispensing and structured medication reviews

SA1 - System Help Desk

A dedicated call centre employing additional staff to help patients with queries about hospital appointments/waiting lists/ COVID vaccine queries which are currently going to GP Practices - this will free up practice capacity to see more patients

SA2 - Improving Primary Care and Hospital interface

Specific project to help improve the flow of communication between primary care and acute trusts to improve patient journey and experience e.g., Fit Notes, discharge medications, electronic prescribing

SA3- Communications Campaign

Funding will support campaigns for (1) self-care including distribution of self-care booklets (2) Be Kind Campaign supporting practice staff (3) Explaining additional roles (4) Bespoke local outreach campaigns targeting specific local populations with information on services and how to use them

SA4 - Enhanced 2hr Community Response

Boost JET team Resource which delivers 2-hour urgent community response to improve ability to respond rapidly to primary care referrals, helping practices manage their most complex patients

SA5 - Increased Minor Injury Unit Capacity

Increase MIU staffing at peak times: MIUs support primary care by seeing minor illness and injury patients locally

SA6- Extension of Primary Care Surge Hub Capacity

Investment in additional appointments for patients who require on the day urgent consultation through the CCGs investment in Surge Hub capacity.

Since December 2020, the GP Federations across Cambridge and Peterborough have been running Surge Hub Capacity to provide additional support for General Practice where it is struggling to cope with on the day demand. Hubs operate Monday to Friday from 1400 to 1900, giving practices benefit of additional capacity in the afternoons to deal with on the day demand accumulated each morning. This service was designed to alleviate some of the pressures on the emergency departments of our Acute Trusts too, by offering appointments beyond General Practices' core hour, with Friday afternoons being open for bookable appointments of Saturday.

As part of the CCGs local plan to improve access and to support General Practice over the Winter Period the CCG has extended the Surge Hub facility until the 31 March 2022, creating additional on the day urgent appointments

The Table below provides a summary of activity and utilisation rates across these hubs between December 2020 and September 2021

KPI Description	Greater Peterborough Network	West Cambs Federation	Cambridge GP Network
Clinical hours provided	4,244	2,229	4,220
Same day appointments provided (total)	16,501	7,377	12,268
Face to Face Appointments provided (total/%)	7,989 (48%)	627 (8%)	4,883 (39%)
Virtual Appointments (online/video/telephone) provided (total/%)	8,513 (52%)	6,750 (92%)	7,385 (61%)
GP Clinical Time Utilisation (%)	97.7%	99.2%	98.6%
Average service utilisation rate including DNAs (Jul 21 average)	89.4%	100.0%	87.9%
Average service utilisation rate excluding DNAs (Jul 21 average)	93.2%	99.1%	89.9%
Utilisation of ring-fenced slots (Face to Face slots saved for telephone follow-ups)	35.2%	33.0%	36.3%

SA7 - VOIP Telephony Support

Provision for support with VOIP (web based) telephony for practices with inadequate current telephone infrastructure/systems to increase capacity to support increase in call volumes and reduce call waiting times for patients.

SA8 - Maximising Lantum Digital Bank for staff (Pilot)

Hosted by the C&P CCG Training Hub. Lantum is a digital solution to sourcing bank staff for practices and supports them to source staff without using agencies. Lantum is focused on maximising the benefits, ensuring shifts are populated and stakeholders are engaged and using the system effectively. Lantum includes an administration pool that can also be deployed

SA9 – Additional Capacity Fund for PCNs/Practices

Additional support for our most Vulnerable practices that are struggling with managing demand to provide additional capacity from internal or external sources to improve access. Alongside the Implementation of a Local Commissioning Agreement for all practices to fund resource to support additional appointment capacity during core hours, evenings, and weekends.

SA10 - Increased electronic repeat dispensing and structured medication reviews

Funding will be used to utilise agency staff to support practices (low face-2-face appointments) to start implementing electronic repeat dispensing (eRD). Agency Pharmacists will support PCN/GP pharmacy workforce to undertake structured medication reviews on priority patients especially those requiring the most frequent access to healthcare. Undertake SMRs to reduce overprescribing, increase adherence, deprescribe, reduce the incidence of adverse drug reactions and inappropriate GP consultations and hospital admissions.

2.4 Additional Local Access Improvement Initiatives

2.4.1 Extended Access

In addition to in core hours' appointments, the GP Federations covering Cambridge City & South, Huntingdon & Fenland have continued to deliver Extended Access appointments

offering pre-bookable and same day appointments 365 days a year in evenings and weekends. During Covid-19 the primary care model changed in line with National guidance scheduling most GP appointments to telephone and video appointments for clinical triage and converting to face to face appointments at their Hub sites where clinically appropriate, ensuring patient access remains a priority and good patient service is delivered whilst maintaining safe practice. Nurse and Health Care Assistant appointments remained face-to face, following screening

The CCG plan to increase the utilisation of Extended Access for evening and weekend appointments by better patient communication and contractually reviewing the Federations KPIs.

2.4.2 Cambridgeshire & Peterborough Training Hub

Greater Peterborough Network (GPN) Federation (in agreement with Cambridge GPN (CGPN) and West Cambs Federation (WCF) holds the contract for the for the provision of primary care development, retention, and training via the Training Hub for the primary care workforce across our STP footprint. Significant investment has been allocated to several initiatives to ease workload and workforce pressures:

- GP Flexible Staff Pool, a 'Bank' of locum GPs that can be booked for individual practices as and when required.
- The recruitment of specialist trainers for increasing places for medical/nursing and other allied health professionals to receive training places in General Practice.
- Retaining newly qualified GPs and GPNs by offering them Fellowships, which includes mentoring, group supervision. This initiative helps attract newly qualified GPs stay within Cambridgeshire & Peterborough.
- GP retainer scheme.
- International GP recruitment and Tier 2 visa sponsorship.

2.4.3 Interpreting and Translation Services

Further investment has been made available to procure further Interpreting and Translation Services for both spoken and non-spoken. This reduces the inequalities that our deaf patients experience with accessing General Practice.

2.4.4 Longer Term APMS Contracts

In order to sustain better quality General Practice, the CCG has implemented a local APMS Procurement Framework that allows the procurement of longer term (7 + 3 year) APMS contracts, this will enable successful contractors to invest over the longer term, creating better capacity, larger workforce, and higher quality services.

2.4.5 Support for early diagnosis of long-term conditions (LTCs)

Primary care continues to support early diagnosis of long-term conditions (LTCs) and/ or other life-threatening conditions, so early diagnosis is not missed, and patients are supported with managing their LTCs.

Investment has been made by NHSEI to support patients who are experiencing Post COVID symptoms that can be managed in General Practice or referred to more specialist support in secondary care.

One significant contributory factor with patients living with Long Term Conditions is obesity. Therefore, additional resources have been made to practices helping target appropriate patients to weight management groups.

All practices in Cambridge and surrounding PCNs have been offered the opportunity to sign up to deliver both enhanced services

2.5 **Primary Care Networks - Workforce**

Increasing the workforce within General Practice has also been prioritised by Government, and significant financial support has been given to Primary Care Networks to recruit and employ many additional clinical roles, not traditionally seen in General Practice under the Additional Roles Reimbursement Scheme (ARRS).

The update to the GP Contract Agreement 2020/21-2023/4 brings enhancements to the Additional Roles Reimbursement Scheme (ARRS). Additional workforce will be introduced and funded through the Network. Extra Government investment is funding a further 6000 staff through the scheme at 100% reimbursement, bringing the total to 26,000 rather than previously stated 20,000 staff.

From 2019, each network was able to employ one clinical pharmacist and one social prescriber. PCNs can now also choose to recruit from the following additional roles from within their allocated budget:

- First Contact Physio
- Physicians Associate
- Advanced Practitioners (Paramedic)
- Pharmacy Technician
- Health Coach
- Dietician
- Podiatrist
- Occupational Therapist
- Nursing Associates
- Trainee Nurse Associate
- Mental Health Practitioner

The PCNs covering Cambridgeshire have recruited or in the planning stage to recruit to the following:

Role	Actual WTE	Planned WTE
Clinical Pharmacists	51.7	26.6
Social Prescribing Link Workers	35.3	20.9
First Contact Physiotherapists	24.9	11.8
Care Coordinators	23	58
Physician Associates	4	2.5
Advanced Practitioners (Paramedic)	1	2
Pharmacy Technician	5.7	19.3
Health & Wellbeing Coaches	18	17
Dieticians	0	0
Podiatrists	0	0
Occupational Therapists	0	1.5
Nursing Associates	0	2
Trainee Nursing Associates	0	10.5
Adult Mental Health Practitioner	0	7
Advanced Practitioners Clinical Pharmacist	2	3
Paramedic	3	12
Child & YP Mental Health Practitioner	0	1
Total:	168.6	195.1

The CCG will also be investing in Diagnostics Hubs to focus on getting patients the screening and scanning often so crucial in early detection of life limiting illness and LTCs. The plans include both static centres and a mobile diagnostic truck, that can travel between practices/PCNs and hook up to purpose build 'Access Pads'. This service will allow for better population coverage and services closer to patients' homes.

- 2.5.1 The CCG is committed to supporting Practices to manage the impact on their services as a result workforce self-isolation and sickness, whether due to COVID-19, other illness, stress, and anxiety.

From 1st July 2021 a new Enhanced Primary Care Occupational Health (OH) Pilot, funded by NHS England, was launched in Cambridgeshire & Peterborough aimed at addressing the significant variance in provision and quality of access to commissioned OH services across Primary Care. The service, provided by Optima Health, has been offered to all General Practices, 3 GP Federations and 65 Independent/ small Community Pharmacies across the system (approximately 3,800 staff). Supporting the workforce throughout their employment journey the OH service provides Pre-employment screening and Immunisations where required, to those entering Primary Care to ensure fitness for the role. Once in post, guidance can be sought by referring managers to support staff, including those with mental health issues, remain or return to the workplace. For those that have

suffered the anxiety of a needlestick injury, OH also provides a Sharps telephone line to give guidance and support to staff and managers using their Blood Borne Viruses procedure.

Providing a self-referral element, an Employee Assistance Programme (EAP) and Wellbeing app both accessible 24/7, is available within the pilot. The EAP allows access to a team of trained wellbeing and counselling practitioners offering confidential independent information and guidance on a range of issues. Following an initial telephone assessment, a number of 1:1 counselling session can be arranged to support staff on a wide range of issues including stress and anxiety. The Wellbeing app, Optimise, is an intuitive online system with a collection of mental, physical, and financial health checks and provides a variety of resources to support staff look after their mental and physical health.

The enhancement to the pilot project includes a Human Resources helpline for Practice Managers and Community Pharmacy leads. The launch of the HR service will commence upon the recruitment of a HR Business Partner and will provide guidance and best practice on employment related matters to reflect the NHS commitment to the workforce within the People Plan.

Embedded in the wider Cambridgeshire & Peterborough system offer to enhance wellbeing of staff, the pilot links with the Health, Safety, Wellbeing Group, and works collaboratively with the Staff Support Hub sharing resources and funding. The Staff Support Hub complements the comprehensive health and wellbeing support already offered by the OH Pilot and links with psychological and mental health services in the system to support fast access.

2.6 Staff Mental Health and Wellbeing Hubs

In response to the pandemic, mental health and wellbeing hubs have been set up to provide staff rapid access to evidence-based mental health support where needed. The hub offer is confidential and is free for all health and social care staff in England to access.

The hubs can offer a clinical assessment and referral to local services, such as talking therapy or counselling. You can self-refer or refer a colleague (with their consent).

For further details go to

[the NHS.UK Mental Health and Wellbeing Hubs webpage.](#)

Doctors, dentists, and senior leaders can also

[self-refer to the Practitioner Health service.](#)

2.7 Ongoing financial pressures

Since the start of the COVID 19 pandemic, the NHS has been under a different funding framework which meant that Cambridge and Peterborough ICS will deliver a breakeven position in 21/22. The financial regime for 22/23 will change and systems will be expected to deliver increased efficiencies, reduce non recurrent costs associated with the covid pandemic. Given the system deficit pre pandemic, a medium-term financial plan and

recovery trajectory is being developed and the system is in regular discussions with the NHS National Team to reach agreement on these plans early next year.

3. Source documents guidance

3.1 None

CPFT Occupational Therapy Service Waiting Lists

To: Adults and Health Scrutiny

Meeting Date: 9 December 2021

From: Debbie Smith - Director of Operations and System Partnerships, CPFT

Electoral division(s): All

Key decision: No

Forward Plan ref: N/A

Outcome: Review and understanding of the Health and Social Care Occupational Therapy Waiting List

Recommendation: Adults and Health Committee is being asked to review the report.
.

Officer contact:

Name: Debbie Smith
Post: Director of Operations and System Partnerships, CPFT
Email: Debbie.smith2@cpft.nhs.uk
Tel:

Member contacts:

Names: Cllr Richard Howitt / Cllr Susan van de Ven
Post: Chair/Vice-Chair
Email: Richard.howitt@cambridgeshire.gov.uk
Susanvanden5@gmail.com
Tel: 01223 706398

1. Background

- 1.1 The Occupational Therapy Service hosted by Cambridgeshire and Peterborough NHS Foundation Trust has been requested to provide a report explaining the current waiting list position for the service.
- 1.2 The report will inform the committee of the background to the situation, give a clear report on current waiting lists and make the committee aware of the actions being taken to improve waiting times.

2. Main Issues

2.1 Background and context:

The community Occupational Therapy Service for Cambridgeshire residents has been provided as an integrated health and social care service since 2004. The delivery of the social care element of the service is governed by a Section 75 Agreement

The role of an Occupational Therapist is to work with people of all ages to assess their level of function in their own environment, develop a therapy plan and support the person to be rehabilitated to reach their maximum level of function. This may involve prescribing the use of different pieces of equipment or having adaptations in their home to improve their independence.

The Occupational Therapists (OTs) provide a full service from assessment through to rehabilitation, provision of daily living equipment and recommendations for minor or major housing adaptations to facilitate as much independence as possible for people in their own homes. This ensures that one practitioner can support the person through their recovery journey.

The Occupational Therapy Service is delivered in the community as an integral part of the CPFT Neighbourhood teams. The OT staff work alongside Physiotherapists, Community Nurses and Older People Mental Health staff. The delivery of the service includes the use of Therapy Assistants who are integrated across OT and Physiotherapy enabling a truly multidisciplinary and integrated approach to rehabilitation and care delivery. For the social care elements of the service, they work closely with the social workers in the County Council's Adults teams

The OT service works closely with stakeholders from across the health and social care system, and the housing sector. As part of their social care remit, OT's work particularly closely with colleagues in the District Councils and their associated Home Improvement Agencies (HIA's) in relation to major housing adaptations where people may be eligible for a Disabled Facilities Grant (DFG). The grant is administered by each District Council and provides funding towards adaptations such as a level access wet room for a permanent wheelchair user, a stair lift, a through floor lift, or a ground floor extension to a person's property to facilitate level access living area.

There are three HIAs operating across Cambridgeshire :

- East Cambs Home Improvement Agency (covering East Cambridgeshire District Council)
- Cambs HIA (covering South Cambs DC, Cambridge City Council and Hunts DC)
- West Norfolk Care and Repair (covering Fenland District Council)

The grant is means tested and held by Grants Officers in each of the five district councils. The DFG has a maximum limit of £30,000. HIA's are increasingly reporting that this amount often falls short when it comes to funding larger adaptations such as extensions to property. This can lead to delays whilst people try to secure top-up funding to pay for the adaptation. HIA's are also reporting issues with building contractors who are struggling with post-pandemic demand, supply chain issues with raw materials, and recruitment difficulties. These issues are out of the control of the OT service, but obviously affect the time that people have to wait for their needs to be fully met.

2.2 Global pandemic timeline:

When the global pandemic started in March 2020, all services received a directive to redeploy staff to maximise available hospital beds in the wider system and were asked to limit the risk and spread of Covid infection by only completing urgent work. This directive led to the majority of the CPFT OT workforce being redeployed to support the Discharge to Assess (D2A) service, facilitating timely hospital discharges into the community. Throughout this period, CPFT maintained an OT service for urgent referrals only, focussed on the prevention of hospital admission, and to meet end of life needs.

Our services and staff returned to their substantive posts from August 2020 engaging with all new referrals as normal, although still delivering care services virtually, and only seeing patients when necessary, to minimise Covid infection risk for residents and staff alike, during this pre-vaccination period.

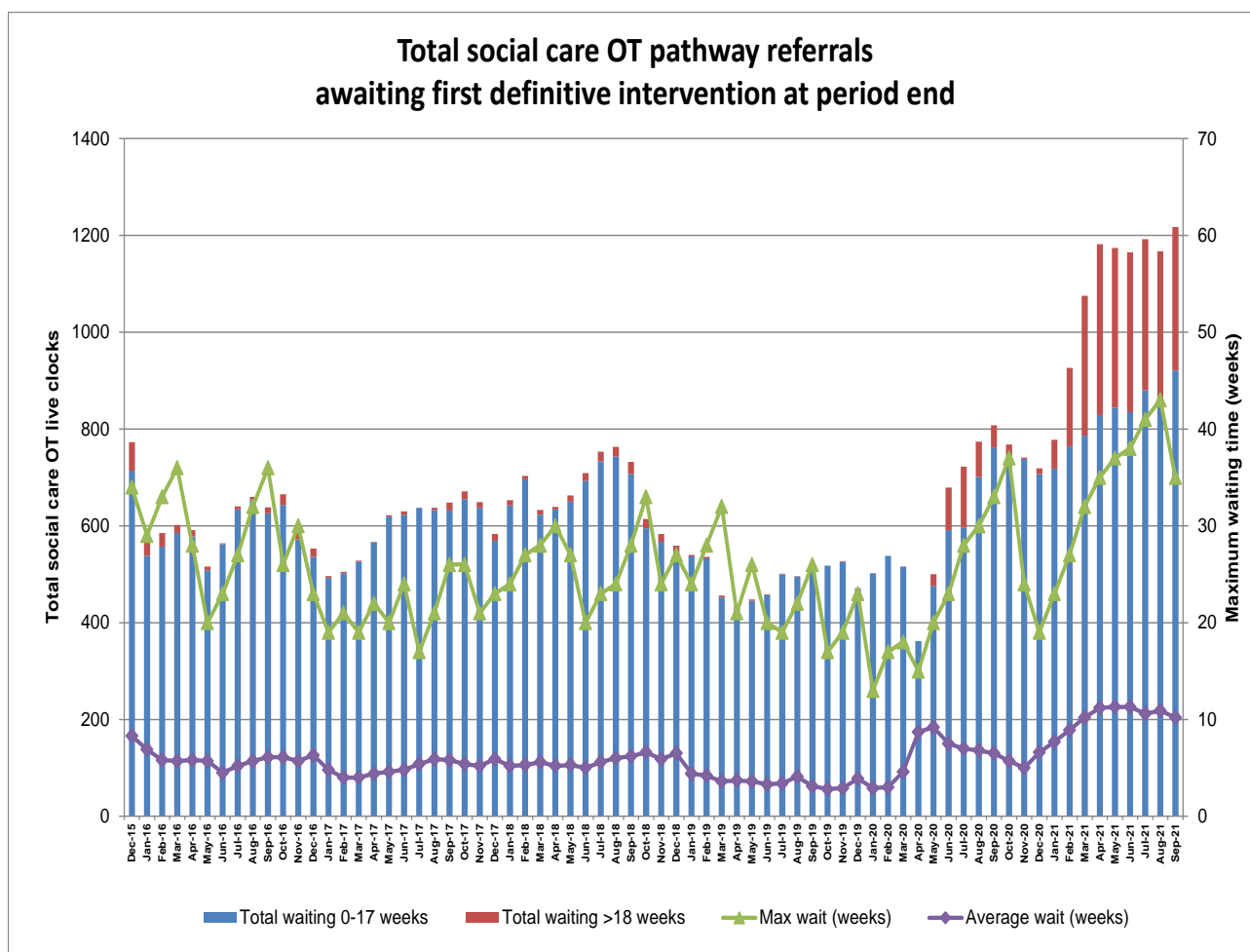
From December 2020 a second wave of the pandemic affected all services once again, with a second spell of re-deployment of staff until March 2021, maximising available hospital beds in the wider system. During this period there were no restrictions placed on new referrals into the OT service.

Our services and staff returned to their substantive posts once again from April 2021 although to the present day are still delivering some care services virtually utilising Attend Anywhere, and only seeing patients in person when appropriate and with consent. This is to sustain management of the Covid infection risk for residents and staff alike, as vaccinations programmes are progressed nationwide, and the virus remains present. The proportion of OT care now delivered virtually has reduced, but this remains an active method to engage with clients when appropriate.

2.3 Current Status Update:

Waiting list data to the end of September 2021, confirms the impact on the total waiting for OT intervention, and the average length of this wait, because of the pandemic.

Chart 1 – Long Term waiting list trend Dec 2016 to Sept 2021



The above trend confirms that the 4 year pre-pandemic period reported relative stability in totals waiting, and average length of wait, with few cases waiting ever exceeding the NHS standard of 18 weeks before intervention.

However the trend confirms since Feb 2020, the following impact is reported:

- Total waiting has increased from 538 to 1217 cases (+126%)
- Total waiting over 18 weeks has increased from 0 to 296 cases. All cases are robustly triaged and have any immediate health needs met and are on the Priority 3 waiting list for major adaptations.
- Average waiting time has increased from 3.0 weeks to 10.2 weeks
- The longest waiter (single case) was reported at 35 weeks at end Sept 2021

Currently, the whole health and social care system remains under extreme pressure with the capacity in all services being stretched. It is particularly difficult to recruit to Occupational

Therapy vacancies and this is a system wide pressure which impacts demand for our service provision.

We are working very closely with system partners to mitigate the risks wherever possible.

2.4 Service Specific Actions and Mitigations:

Throughout the pandemic, the service has been providing an enhanced triage for all referrals, enabling the effective prioritisation of referrals according to need and identification of any immediate risks. Urgent referrals are prioritised for intervention within 72 hours whilst routine referrals are placed on a waiting list.

Where possible and appropriate, some initial need will be met immediately eg by providing small pieces of equipment, before placing the referral back on the waiting list for further, less urgent intervention.

All service users who are put on a waiting list, will receive a letter explaining the current situation with signposting information to other services that may be of benefit, should this be required. The letters also stipulate that if their situation changes, they can contact the service again and they will be re-triaged and priority amended if necessary.

The therapy managers have worked extensively with their teams to identify any new initiatives that might release further clinical time. Several staff members are working extra hours on the bank to assist with clearing backlogs and we continue to attempt to source more staff from agencies, however this has been challenging as a result of the national shortage. Managing staff wellbeing and fatigue remains an ongoing priority and challenge.

The OTs and support staff have all received training on the content of the Section 75 agreement, Strength based conversation training and Technology enabled care training to ensure that we are meeting the required standards of delivery and aligned with the County Council's adult social care offer. Engagement and close working with the Adult Social Care teams is an essential part of the service. Weekly countywide allocation meetings are held to ensure that waiting lists are addressed in an equitable way across the county and monthly operations meetings are held to maintain close working with the County Council operational staff and commissioner.

Extra administrative staff are being sourced to enable clinicians to have more clinical intervention time.

A proposal for outsourcing 250 cases on the waiting list to an external company has been submitted and is undergoing scrutiny within CPFT and by the CCC Commissioners before a decision is reached.

A project model of utilising trusted assessors in the Home Improvement Agencies to pick up routine referrals, has commenced and will be evaluated. However, this does not fully mitigate the point made at earlier in the report regarding the challenges faced by the HIAs.

3. Source documents guidance

3.1 Source documents

- CPFT performance monitoring reports.
- Section 75 Deep Dive
- Section 75 Contract agreement

3.2 Location

Performance Monitoring reports and the Section 75 Deep Dive report are held in teams files with in CPFT.

Section 75 Contract Agreement is held with commissioners in Cambridgeshire County Council and contracts team in CPFT.

East of England Ambulance Service Report

To: Cambridgeshire Adults & Health Scrutiny

Meeting Date: 9 December 2021

From: Marcus Bailey – Chief Operating Officer – East of England Ambulance Service

Electoral division(s): All

Key decision: No

Forward Plan ref: N/A

Outcome: Information for the purposes of scrutiny.

Recommendation: The Adults and Health Committee is asked to note and comment on the report.

Officer contact:

Name: Marcus Bailey
Post: Chief Operating Officer – East of England Ambulance Service
Email:
Tel:

Member contacts:

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

1. Background

- 1.1 EEAST has been making good progress on meeting the actions identified in the CQC report and our Executive team continue to work with our organisational coach and improvement directors to develop a plan for continued and sustained improvement through a transformation framework that will move the Trust out of special measures status as soon as possible.

The Trust recognises that improvement will take time and will be built on key foundations of:

- Culture
- Workforce
- Capacity and capability
- System working
- Measuring impact and performance

- 1.2 Tom Abell (formerly Deputy Chief Executive at Mid and South Essex NHS Foundation Trust) is now in post as our new permanent chief executive. This is an important step in building a stable and successful executive team.
- 1.3 We have worked with Health Education England to source an alternative education provider for our apprentices since our funding was withdrawn following an inspection by Ofsted.
- 1.4 We have recently signed a contract with MediPro and are working closely with them to ensure minimal disruption to learners.

2. Main Issues

2.1 Improvement programme

- 2.1.1 In September 2020, the Care Quality Commission (CQC) published an Inspection report into our Trust. Part of that report highlighted the concerns many staff had raised with the CQC about experiencing sexual harassment, bullying and other inappropriate behaviour during their working day.
- 2.1.2 The Trust continues to make good progress with the actions identified by the CQC report. This progress is checked and challenged by regional NHS England with the CQC and other stakeholders including NHS partners, Healthwatch, union, education and professional bodies.

Of the 178 actions of the CQC report, 69% are complete, with a further 18% rated green or green-amber in terms of confidence in delivery.

Areas of lower confidence (amber rating) are few and relate to delivering to the timescale rather than concerns on the ability to deliver the actions per se.

As we move forward, we will focus on measuring success by the confidence we have in the sustainability of the changes we have put in place.

Tom Abell has taken up his post as our new permanent chief executive. This is an important step in building a stable and successful executive team.

2.2.1 Special Measures

The Executive team continue to work with our organisational coach and improvement directors. Together, we are delivering a plan for continued improvement through a transformation framework to move out of special measures status as soon as possible.

Dedicated funding is being negotiated to support and strengthen key areas such as Freedom To Speak Up and communications. Over 200 staff have spoken to our Freedom to Speak Up Guardian. There have been more than 700 sessions with advice and support provided to managers and staff. Behind this, a huge number of other actions have taken place, but we know there is more to be done to embed and sustain change.

2.3 Equality and Human Rights Commission (EHRC)

The Trust has finalised an action plan with the EHRC with agreement on the actions and measures required. Importantly, the actions have been underway whilst our agreement with the EHRC under Section 23 of the Equality Act 2006 has been finalised.

The actions are included and monitored through our Quality Improvement Plan. There are clear monitoring points with the Commission to provide them with assurance on our progress.

2.4 Ofsted

An Ofsted team visited EEAST in June to inspect our apprenticeship education and training programmes. The focus of this monitoring visit was on safeguarding.

Whilst Ofsted recognised we have made improvements in addressing concerns raised by the Care Quality Commission in 2020, they identified an ongoing risk to our apprenticeship students being exposed to poor behaviour and feeling less able to raise concerns. The outcome of the review was 'Insufficient Progress'.

As a result of this inspection the Education and Skills Funding Agency (ESFA) terminated our education provider contract.

We worked closely with Health Education England to source an alternative provider and recently signed a contract with the education provider MediPro.

We are working closely with MediPro to ensure minimal disruption to learners and we have a specific performance team who lead on workforce planning that will take steps to mitigate any risks caused by the outcome of this.

To address the issues raised by the CQC, the Trust has invested in a culture programme and campaign to tackle poor behaviour and encourage all learners and staff to raise any concerns. We have also provided additional support for managers to ask about – and challenge – behaviour in the workplace

Additionally, the Trust has taken a number of actions to address the specific concerns of Ofsted, including:

- Reviewing and strengthening processes for mandatory safeguarding training to ensure learner and staff knowledge of safeguarding is recorded, updated and monitored.
- Putting checks in place to make sure all relevant staff and students in the future complete safeguarding training.
- Using data more effectively and intelligently to identify if different staff groups are having a different experience at work, rather than relying on general survey data
- Reviewing and learning from issues around how education and training at the Trust is managed and delivered, including working with Health Education England.

2.5 Region-wide performance overview

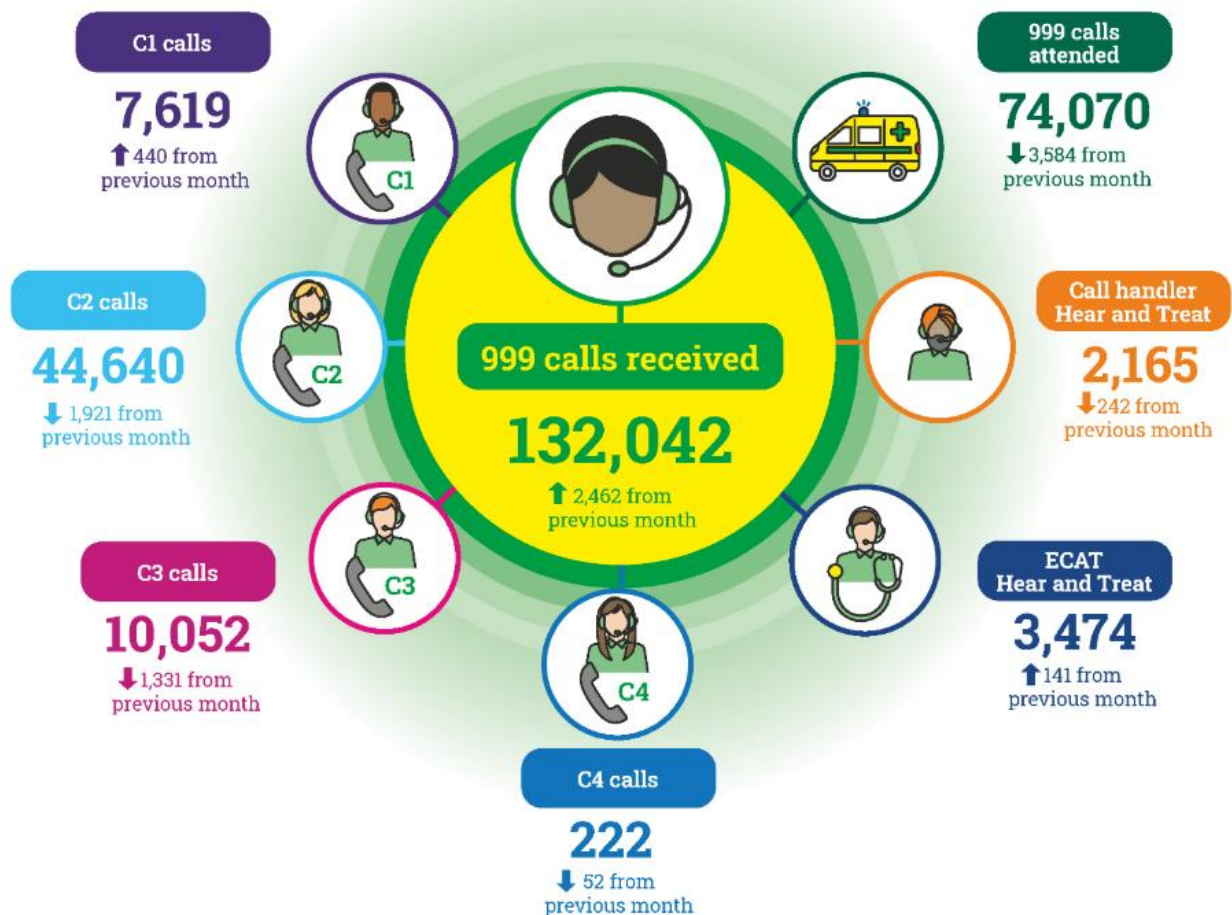
Monthly Performance Dashboard

NHS
East of England
Ambulance Service
NHS Trust



October 2021

Data for 1-30 September 2021



KEY:

999 calls received: Total number of 999 calls received in our three control rooms (AOCs) in Bedford, Chelmsford and Norwich.

C1 calls: Total number of calls requiring an immediate response to a potentially life-threatening illness or injury.

C2 calls: Total number of calls classed as an emergency for a potentially serious condition.

C3 calls: Total number of calls classed as urgent where some patients may be treated in their own home.

C4 calls: Total number of calls classed as less urgent where some patients may receive advice over the phone or be referred to another service such as a GP or pharmacist.

999 calls attended: Total number of 999 calls that received a response from a clinician either by phone or face to face.

Call handler Hear and Treat: Total number of calls triaged by call handlers as not requiring an ambulance response.

ECAT Hear and Treat: Total number of calls managed by emergency clinical advice and triage (ECAT) clinicians not requiring an ambulance response face to face.

www.eastamb.nhs.uk

#WeAreEEAST

2.6 Local Performance

Performance summary Cambridgeshire Sept 2021



The steady increase in demand experienced over the summer months is now converging with winter pressures and at times we have experienced unprecedented levels of calls. However, patients in Cambridgeshire continue to experience better performance than other sectors of the East of England, though we continue to be challenged at peak times and in certain areas.

Activity

Number of contacts received **17,205** - a slight decrease from August's figures (17,213)

Face-to-face incidents attended **9,539** (decrease from 9,936 in August)

Response times (previous month in brackets)

C1 Mean **09.36** [08.46]

C2 Mean **38.11** [34.53]

C3 Mean **1.47.42** [1.38.10]

C4 Mean **2.43.32** [2.13.02]

Overall Trust for September

Number of contacts received **132,042**

Face-to-face incidents attended **66,732**

Hear and Treat call **7,338** (9.91%)

C1 Mean **09.54**

C2 Mean **48.33**

C3 Mean **2.30.36**

C4 Mean **3.17.37**

Other issues:

Hospital handovers

Hospital delays are significantly impacting upon EEAST's ability to provide a sufficient response.

EEAST continues to work closely with CCG and acute hospital colleagues at all levels to reduce the impact of these delays.

2.6.1 Despite unprecedented demand for our ambulances we have worked hard to ensure that we are able to respond to calls in order of need, prioritising Category One calls (immediately life threatening) first. The response times of our teams serving Cambridgeshire are broadly in line with the rest of the trust.

2.6.2 In line with activity in Urgent and Emergency Care across the NHS, there has been a significant increase in demand for services since the end of the national COVID-19 lockdown and the easing of social restrictions.

2.6.3 The Trust is now operating at REAP 4 (Resource Escalation Action Plan 4).

The national REAP framework is designed to maintain effective and safe operational and clinical response for patients. REAP 4 is the highest escalation alert for ambulance trusts, and is currently the status of a number of ambulance Trusts across the country.

2.6.4 Throughout the COVID-19 pandemic, and particularly during periods of lockdown, there was reduced access to healthcare services. Fewer people were calling ambulances and fewer patients were being admitted to hospital for elective care. We experienced lower call volumes and fewer delays at hospitals.

2.6.5 We have noted that patients are now calling us again but later than has traditionally been the case. This means that our crews are arriving to more complex care needs which increases time spent assessing patients and their condition.

We are working across the trust to ensure that we support patients with the most appropriate pathway, which includes using the 'Hear and Treat' teams within our control rooms to offer advice and guidance to other services for those callers that are triaged as not requiring an immediate response.

This allows those non-urgent patients to get the help they need quickly, while maximising our community response capabilities by avoiding crews being delayed at calls that did not require an ambulance.

Another action we have taken to combat our challenged C1 call volumes and response times has been to adapt our operating model to focus resources on maximising the number of double-staffed (traditional) ambulances to ensure that our fleet flexibility for any type of call is maximised.

2.6.6 The impact of increased demand is also being felt at acute trusts where we have seen a corresponding increase in ambulance turnaround times.

We continue to work with partners across the system to try to minimise the turnaround times at hospitals. This includes Hospital Admissions Liaison Officers at each of the acute trusts to facilitate handovers and ensuring that patients receive care in the most appropriate setting for them without being taken to hospital unnecessarily.

2.7 Other Projects and Progress

2.7.1 Body worn cameras

As part of a national pilot to reduce violent assaults and threats of violence against ambulance staff, East of England Ambulance Service is introducing body worn cameras. The 12-month pilot started initially at Waveney Ambulance Station in June and is being rolled out to 18 other sites across the region. EEAST will share data from the use of the cameras with NHS E/I to analyse in real time the effectiveness of the pilot in reducing assaults on staff.

2.7.2 The system has been evaluated for use by a Caldicott Guardian – the designated senior person responsible for protecting the confidentiality of people’s health and care information. London Ambulance Service, North East Ambulance Service and South Western Ambulance Service are trusts that have already rolled out the cameras. Discussions are in place to extend the pilot beyond the initial 12-month period.

2.7.3 Co-response

Within EEAST, we have several community-based resources, this ranges from members of the public responding within their local area, to the co-responder role. We currently have 800 Community First Responders split into 250 schemes trust-wide.

2.7.4 Late finish programme

Late finishes have a big impact on staff’s homelife and wellbeing and we have been trialling a new programme to reduce late finishes (<https://ntk.eastamb.nhs.uk/news/trial-aims-to-reduce-late-finishes-for-dsa-and-rrvs.htm>).

The trial started (Phase 1) in early August in two dispatch groups: West Norfolk and West Hertfordshire.

The main expected benefit is a reduction in the frequency and length of late finishes.

Other anticipated benefits include:

- Improvement in road staff well-being due to reduced impact on personal lives.
- Reduced fatigue and, consequently, improved staff safety.
- Reduction in late starts and thus better resource availability at shift start due to: oncoming crews less likely to have to wait for a returning vehicle.
- Fewer crews coming in late for their following shift.
- Time available for off-going crews to ensure vehicle is ready for the next shift.
- Reduced frequency of oncoming crews needing to go Out of Service to restock/refuel or deal with vehicle maintenance issues.
- Associated cost savings in reduced incidental overtime.
- Improved ‘Handover to Clear’ times.

Following the success of Phase 1 above, the trial has now been extended to include the remaining areas of the Trust (from 8th November 2021).

2.8 COVID-19

We have continued to adapt to the latest phase of the COVID pandemic.

2.8.1 Having completed the course of two doses of vaccine for more than 90% of our staff, putting us in the top 20 of trusts for staff vaccination rates, we are now commencing offering staff a booster dose.

2.8.2 As restrictions on the general public have been eased, we have retained procedures to keep our frontline workforce COVID secure.

We are now aiming to ensure our support services teams can return safely to offices or adopt a hybrid approach in line with the Government's roadmap.

2.8.3 As expected, we are seeing an increase in call volume in line with the easing of COVID restrictions. The Trust is using dynamic resourcing and planning to ensure it meets the additional demand expected as lockdown measures continue to be lifted.

2.8.4 Operational teams are working with national colleagues to prepare for any future potential spikes in cases. We continue to monitor and mitigate the COVID risks to our staff and patients - and we are actively reminding all staff of the importance of following the latest COVID protocols at all times.

2.9 Preparing for Winter

EEAST, along with the rest of the NHS, are anticipating further activity this winter. As the COVID-19 pandemic continues, we work with regional colleagues to prepare for an increase in patients

2.9.1 As we plan for increased demand across the winter months, we are:

- Recruiting extra people to work within our Ambulance Operation Centres to take 999 calls or support the dispatch of emergency ambulances.
- Increasing overtime levels for existing and experienced staff.
- Setting contingency plans in place to draw on support from partners within the military and fire and rescue services to assist with our emergency and non-emergency services if required.
- Wherever appropriate, not sending ambulances to non-urgent patients and directing them to more appropriate services. Currently we manage around 10% of our patients through Hear and Treat where self-care advice is given over the phone, and we also direct around 1,500 patients per week to other sources of help. Nationally this is around 11.5% of calls.

- Increasing the use of private ambulance services who work with us.
- Using social media and our other channels to encourage people to use other services where they can, such as 111 and 111 Online, pharmacies and their GPs.

2.10 Conclusion

The additional guidance and support we are receiving as a consequence of the CQC Report and being in Special Measures, are enabling EEAST to address the serious cultural issues across the organisation, and work is now moving at pace.

We are making good progress towards our improvement targets and being taken out of Special Measures.

2.10.1 On performance, the picture remains complex across the whole of EEAST, and, despite the large number of initiatives and changes implemented regionally enabling us to meet national standards across the region, we continue to experience challenges with ambulance performance at some locations and during extreme peaks of demand.

Hospital handover delays are a system-issue and we have resourced this with HALO officers to work closely with the CCGs and colleagues in Acute Hospitals to identify and resolve these issues collaboratively.

2.10.2 To get the latest information about EEAST, including an update from the Chief Executive, please subscribe to our newsletter for stakeholders: InTouch EEAST
www.eastamb.nhs.uk/intoucheeast.htm

3. Source Documents

<https://www.eastamb.nhs.uk/about-us/papers-2021/Public%20Board%20Reports%20-%2010.11.2021.pdf>