

Finance Monitoring Report – May 2022/23

To: Adults and Health Committee

Meeting Date: 14 July 2022

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

Electoral division(s): All

Key decision: Yes

Forward Plan ref: 2022/081

Outcome: The committee should have considered the financial position of services within its remit as at the end of May 2022 and the use of unallocated Public Health reserves

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 May 2022; and
- ii. approve the use of £2.55m from Public Health reserves as set out in section 2.7.

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1. Background

- 1.1 Finance Monitoring Reports (FMR) are produced monthly, except for April, by all services. They report on a range of financial information to enable a view of each service's financial position to be taken.
- 1.2 Budgets for services are agreed by Full Council in the business plan in February of each year and can be amended by budget virements. In particular, the FMR provides a revenue budget forecast showing the current projection of whether services will be over- or under-spent for the year against those budgets.
- 1.3 The presentation of the FMR enables members to review and comment on the financial position of services within the committee's remit.
- 1.4 Generally, the FMR forecasts explain the overall financial position of each service and the key drivers of any budget variance, rather than explaining changes in forecast month-by-month.
- 1.5 The contents page of the FMR shows the key sections of the report. In reviewing the financial position of services, members of this committee may wish to focus on these sections:
 - Section 1 – providing a summary table for services that are the responsibility of this committee and setting out the significant financial issues (replicated below).
 - Section 5 – the key activity data for Adult Services provides information about service-user numbers and unit costs, which are principle drivers of the financial position
 - 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 May, both Adults and Safeguarding (including Adults Commissioning), and Public Health, are forecasting balanced budgets for 2022-23:

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

Directorate	Budget 2021/22 £000	Actual May 22 £000	Forecast Outturn Variance £000
Adults & Safeguarding	188,604	25,094	0
Adults Commissioning (including Local Assistance Scheme)	20,094	1,031	0
Public Health (excl. Children's Health)	27,883	-1,293	0
Total Expenditure	236,581	24,832	0
Grant Funding (including Improved Better Care Fund, Public Health Grant etc.)	-45,642	-17,133	0
Total	190,939	7,698	0

- 2.2 As the impact of the pandemic continues, there remains uncertainty around the forecast position as we commence the 2022/23 financial year. It is particularly unclear if, and at what point, demand-led budgets will return to expected levels of growth in spend. We will continue to keep activity and spend levels under review to determine if demand growth is returning to pre-pandemic levels or increasing faster or more slowly.
- 2.3 The budgets set as part of the Business Plan for 2022-23 have been revisited to reflect changes in demand seen up to 31 March 2022 and known pressures. Budget adjustments were approved by Strategy and Resources Committee at its June meeting. The budgets for Adults & Safeguarding have been reset with the following adjustments:

Budget change for 2022/23 – Adults & Safeguarding	Amount £
Rebaselining of Adult Social Care budgets, including demand projections, use of IBCF grant and allocation of market sustainability grant	-3,525,000
	-3,525,000

- 2.4 For Public Health, the PH grant increase for 2022/23 is £776k. This has been allocated for spend within the PH Directorate as follows:

Budget change for 2022/23 – Public Health	Amount £
Child weight management services	350,000
Public Health inflation	275,578
Inflationary and provider uplifts	150,000
	775,578

- 2.5 For ease, the main summary sections of the FMR are replicated below in section 2.6.

- 2.6 Taken from sections 1.4 and 1.5 of the May FMR:

Adults

- 2.6.1 Like councils nationally, Adult Services in Cambridgeshire has faced rising costs for several years. This has been due to increasing numbers of people being supported, and 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).

- 2.6.2 The pandemic shifted the cost trends we have been seeing, particularly impacting demand for home care provision for Older People which has not been growing at pre pandemic rates. However, the cost of provision has continued to rise and the pandemic, followed by the current cost of living crisis, have placed further cost pressures on to providers and the Council.
- 2.6.3 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.
- 2.6.4 Workforce difficulties are widespread in the care sector and the Council provided additional funding through the budget for 2022/23 to help to go some way to address these issues with care providers. However, the recruitment and retention issues in the care sector are a long term national issue to be addressed nationwide. The government's social care reforms are due to take effect in October 2023. These will require additional social care and financial assessments staff within the Council to deal with the increased number of assessments the reforms will generate. Recruitment to these posts will be challenging against a backdrop of the current high level of vacant posts, current recruitment difficulties and a national shortage of staff experienced in these roles.
- 2.6.5 Care providers are continuing to report cost pressures related to both workforce issues and the current cost of living rises. These are putting pressure on uplift budgets across all care types. In addition, the position of the care market, particularly related to workforce issues, is making some placements more difficult to source particularly at the more complex end of provision. This puts further pressure on costs.
- 2.6.6 In line with the government's social care reform agenda the Council is currently undertaking "fair cost of care" exercises with both homecare and care home providers. It is anticipated that the outcomes of these exercises nationwide will be a gap for some Councils between what is currently paid and the newly assessed "fair cost of care". Whilst we have some funding from government for 2022/23 to start to close this gap, there may well be a pressure to be addressed over the coming years to reach a point where care providers are paid the "fair cost of care".
- 2.6.7 Hospital Discharge systems continue to be pressured and NHS funding for discharge pathways ended in March 2022. The medium-term recovery of clients assessed as having primary health needs upon hospital discharge return to social care funding streams and this will increase our costs from 2021/22.
- 2.6.8 Work has started to understand future demand, cost pressures and the financial implications of the social care reforms. This work will feed into business planning for 2023-24 and beyond.

Public Health

2.6.9 The Public Health Directorate is funded wholly by ringfenced grants, mainly the Public Health Grant. The work of the Directorate was severely impacted by the pandemic, as capacity was re-directed to outbreak management, testing, and infection control work. However, the majority of the pandemic work has now come to an end and the Directorate is focussed on returning business as usual public health activity to full capacity as soon as possible and addressing issues arising from the pandemic which have impacted on the health of the County's population.

2.6.10 At the end of May, the Public Health Directorate is forecasting a balanced budget. However, there are continuing risks to this position:

- i) much of the Directorate's spend is contracts with, or payments to, the NHS for specific work. The NHS re-focus on the pandemic response and vaccination reduced activity-driven costs to the PH budget throughout 2020/21 and 2021/22 and it may take some time for activity levels to return to pre pandemic levels;
- ii) the unprecedented demand for Public Health staff across the country has meant recruitment has been very difficult through the pandemic resulting in underspends on staffing budgets. This position may continue into 2022/23.
- iii) The recruitment challenges are reflected in our provider services which has affected their ability to deliver consistently.

2.6.11 Detailed financial information for Public Health is contained in Appendix 2, with Appendix 3 providing a narrative from those services with a significant variance against budget.

2.7 Request for use of Public Health reserves

2.7.1 At the end of 2021/22 the Public Health Directorate had an underspend of £4m which was transferred to Public Health reserves. As a result, the Public Health reserve balance at the start of the current financial year stood at £8.5m, of which £5.75m was committed to specific projects, and £2.75m was uncommitted. Two further amounts totalling £156k of reserve funding have been committed since that time with the approval of the Chief Finance Officer under approval rules allowed in the Constitution. These relate to:

- i) Training Programme Manager for eating disorders - £78k for spend over 2 years; and
- ii) Public Health Children's Manager - £78k for spend over 2 years.

2.7.2 This leaves a balance of uncommitted reserves of £2.6m. Details of current committed and uncommitted reserves are summarised in the table below:

Public Health Earmarked Reserve Schedule May 2022

Budget Heading	Opening Balance 2022/23 £'000	Movements 2022/23 £'000	Current Balance £'000	Reserve Description
Children's PH	196	0	196	Including Better Start in Life
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	804	0	804	Anticipated spend over 3 years to 2024/25
NHS Healthchecks Programme	407	0	407	Funding to increase the number of health checks that can be undertaken in 2022-23 to catch up with some of the missed checks during the pandemic.
Covid Recovery Survey	368	0	368	Annual survey for 3 years to assess long term covid impact
Support to families of children who self-harm	102	0	102	Anticipated spend over 2 years to 2023/24
Gypsy Roma and Travelers Education Liaison officer	48	0	48	Anticipated spend over 2 years to 2023/24
Psychosexual counselling service	69	0	69	Anticipated spend over 2 years to 2023/24
Primary Care LARC training programme	60	0	60	Long-Acting Reversible Contraception (LARC) training programme for GPs and Practice Nurses
Tier 3 Weight Management Services post covid	1,465	0	1,465	To increase capacity of weight management services over 3 years
Smoking in pregnancy	220	0	220	To fund work to decrease smoking in pregnancy
Public Mental Health Manager	105	0	105	Anticipated spend over 2 years to 2023/24
Effects of planning policy on health inequalities	170	0	170	Anticipated spend in 2022/23
Strategic Health Improvement Manager	165	0	165	Anticipated spend over 2 years to 2023/24
Public Health Manager – Learning Disability	105	0	105	Anticipated spend over 2 years to 2023/24
Training for Health Impact Assessments	45	0	45	Agreed as part of 2022/23 Business Plan
Training programme manager – eating disorders	0	78	78	Anticipated spend over 2 years to 2023/24
Public Health Children's Manager	0	78	78	Anticipated spend over 2 years to 2023/24
Health related spend elsewhere in the Council	1,000	0	1,000	Agreed as part of 2022/23 Business Plan to be spent over 3 years to 2024/25
Public Health – Grant	2,751	-156	2,595	Uncommitted PH reserves
TOTAL EARMARKED RESERVES	8,503	0	8,503	

- 2.7.3 The Council's Public Health team have been reviewing the potential usage of the uncommitted reserves balance that has arisen as a result of the underspend in 2021/22, and have put forward proposals for work to reduce health inequalities and help the pandemic recovery. Proposals totalling £2.55m of spend over the next 3 years from the current £2.6m of uncommitted reserves are set out below for consideration. This would leave an uncommitted PH reserve balance of just £45k.
- 2.7.4 The approval of spend from reserves is usually a decision for Strategy and Resources Committee. However, S&R committee have delegated approval of the use of the current £2.6m uncommitted Public Health reserve balance to Adults and Health committee. This committee is recommended to approve the following proposals for use of the uncommitted Public Health reserves. Further details of the proposals are set out below.

Ref	Proposal	Total Cost	Timeline
2.7.5	Tier 2 Adult Weight Management Services	£220,000	2 years
2.7.6	Income maximisation	£300,000	1 year
2.7.7	Stay Well/Winter Warmth	£100,000	1 year
2.7.8	Sexual and Reproductive Health Needs Assessment	£50,000	1.5 years
2.7.9	Social Marketing Research and Campaigns	£500,000	2 years
2.7.10	Voluntary Sector Support for the Health and Well Being Strategy	£50,000	1 year
2.7.11	Support for Primary Care Prevention	£800,000	2 years
2.7.12	Support for Prisoners Rehabilitation into the Community	£50,000	1 year
2.7.13	Improving residents' health literacy skills to improve health outcomes	£450,000	3 years
2.7.14	Traveller Health	£30,000	3 years
TOTAL		£2,550,000	Non-recurring

2.7.5 Tier 2 Adult Weight Management Services

The COVID-19 pandemic has increased obesity prevalence across all ages. This proposal is for funding to address the increased demand for Tier 2 weight management services. These are for people who are overweight or obese and support is offered in groups either from the commissioned Lifestyle Service or Slimming World along with a digital offer. NHS England is currently funding GPs for every referral they make to weight management services which has contributed to the increased demand. NHS England has also provided funding for additional capacity for Tier 2 weight management services which will end in July 2022. The funding request is to maintain the capacity afforded by the NHS England funding which has enabled around an additional 800 people to access the service in one year.

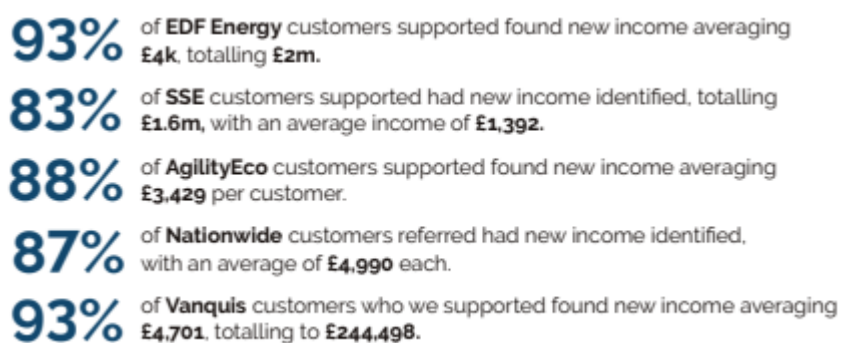
Requested funding: £120,000 pa for 2 years. Total: £220,000

2.7.6 Income Maximisation

This proposal is in response to the growing cost of living crisis, particularly in respect of substantially raised fuel bills and other inflation. In response, financial support has been (and continues to be) made available through the government-funded Household Support Fund. However, this scheme is widely recognised as a short-term, 'sticking plaster' approach and does address the chronic poverty and low incomes that are experienced by increasing numbers.

To attempt to address this, the Council identified £1million in its 2022/23 budget for a local version of the Household Support Fund. This fund has been co-designed with partners in district councils and the voluntary and community sector and informed by feedback from beneficiaries of the HSF 21/22. Free from the constraints of the national fund, our local approach intends to ensure those in need are aware of and utilising the full range of benefits and services available to them. As such our 'co-ordination hub' will make those in need aware of (and facilitate applications to), services such as free school meals, Healthy Start, free childcare offers, warm home discounts, Council Tax reduction schemes and more. At the core of this will be access to income maximisation support services (including benefits entitlement).

Although the outcomes vary depending on the client group, Income Maximisation services report significant uplifts in client incomes. While these amounts often include 'back-pay', these amounts also represent significant uplifts in income on an ongoing basis. For example, the income maximisation service supporting a range of energy providers and banks reports the following:



The scale of the cost-of-living crisis and the number of those in debt far exceeds the income maximisation capacity available, either through our own investment through the hub or available through bodies such as Citizens Advice Bureau. To give an idea of demand, the HSF 21/22 supported over 15,000 people across the County. Additional funding could utilize a mixed provider model to greatly increase the capacity for income maximisation. For example, one provider charges £150 per client supported through income maximisation which means £300,000 could support an additional 2000 people. This number is well below the numbers in need but could be targeted to those most in need and represents a significant number of households to support.

Funding request: £300,000 for 2022/23

2.7.7 Stay Well/Winter Warmth

Closely related to income maximisation is grant funding to help with heating. This would build on the existing fund that Public Health allocates to support at risk vulnerable groups during the winter months. During 2021/22 demand for this fund doubled and it is anticipated to increase again during the coming winter in the context of increased heating costs. Funding is requested to augment this fund for the winter of 2022/23.

Funding request: £100,000 for 2022/23

2.7.8 Sexual and Reproductive Health (SRH) Needs Assessment

In Cambridgeshire there has not been a comprehensive SRH needs assessment since Public Health moved to the Local Authority. There have been many changes during the intervening years, with new technology and innovation, which were especially driven by the COVID-19 pandemic.

In this context it is important to understand the SRH level of need and to ensure that our services are fit for purpose, reflect new evidence-based quality assured interventions, and offer value for money. We are proposing to undertake a SRH needs assessment that will include consultation with service users and communities. This will require dedicated capacity that the Public Health Intelligence Team and the SRH leads currently do not have and therefore this funding would enable the work to be commissioned.

Requested Funding: £50,000 for 2022/23-2023/24

2.7.9 Social Marketing Research and Campaigns

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

In Cambridgeshire we still have large numbers of adults and children who are obese, inactive, have poor diets, smoke, and consume unhealthy levels of alcohol. These behaviours have been exacerbated by the COVID-19 pandemic and there is a need to understand the behaviour motivators of individuals and communities. Behavioural science which underpins social marketing is now very well developed and we are proposing to commission large scale social marketing research across all the main health behaviours and alongside this the development of a comprehensive prevention campaigns.

Funding request: £500,000 for 2022/23-2023/24.

2.7.10 Voluntary Sector Support for the Health and Well Being Strategy

This request is for funding for voluntary sector contributions to support the development of the Health and Well Being Strategy.

Funding request: £50,000 for 2022/24

2.7.11 Development of an Integrated Place Based Behaviour Change Service

This proposal aims to address the prevention and mitigate risks associated with Cardiovascular Disease (CVD) and other conditions linked to the core health related behaviours: smoking, diet, physical activity (obesity) and alcohol. Public Health promotes the adoption of healthy behaviours to prevent poor health outcomes through commissioning services such as stop smoking. In addition, Public Health commissions NHS Health Checks which is a CVD risk assessment intervention which includes identification of behavioural and clinical risks. Studies indicate that the reduction in the risk of CVD along with Body Mass Index (BMI), smoking prevalence and cholesterol levels is a consequence of both improved clinical management and lifestyle behaviour interventions.

There is an issue that people at risk of CVD and other poor health outcomes are not identified early enough to prevent or make an early intervention. This proposal focuses upon early identification through NHS Health Checks but also making better use of data that collected by GP practices.

This proposal is to fund GPs to identify patients at risk through routine weight, blood glucose and BP measuring along with regular review of patients on practice systems and to refer them to behaviour change services.

These developments would create a demand for behavioural change support. It is proposed to establish system wide behavioural support service that is place based and maximises the use of existing resources

The integration of the early identification of at-risk patients and the creation of a comprehensive behaviour change service would bring added value and capacity. There are examples where similar models have been implemented and have had impact and improved outcomes. However, a dedicated resource is required to scope and set up a co-ordinated system and to establish a data management system. This proposal includes funding for two years for a co-ordination and development post(s) and a data post working across the Primary Care Networks and linking where appropriate with Behavioural Change Services commissioned by Public Health, primary and secondary care, and district authorities. The funding request therefore includes the posts and GP incentives to identify and refer to behavioural change services.

Funding request: £800,000 for October 2022 - September 2024.

2.7.12 Support for Prisoner Rehabilitation into the Community

This proposal is for the provision of support for prisoners when they are released back into their communities. It will provide advice and facilitate access to support.

Funding request: £50,000 for 2022-23.

2.7.13 Investment into improving residents' literacy skills to improve health outcomes

Literacy is a key determinant of health outcomes. Literacy is the ability to read, write, speak and listen to a level that enables a person to communicate effectively, understand written information and participate fully in society. In the UK, 43% of adults have literacy skills lower than Level 2 and 15% have skills equivalent to Entry Level 3 or below, which indicates a poor mastery of basic skills. Adults with skills below Entry Level 3 may not be able to understand labels on pre-packaged food or pay household bills.

Health literacy is people having the skills (language, literacy and numeracy), knowledge, understanding and confidence to access, understand, evaluate, use and navigate health and social care information and services. Levels of health literacy are also influenced by the provision of clear and accessible health and social care services and information for all (service responsiveness). In England, 42% of working-age adults (aged 16-65 years) are unable to understand or make use of everyday health information, rising to 61% when numeracy skills are also required for comprehension.

Limited (functional) health literacy predicts poor diet, smoking and a lack of physical activity, independent of risk factors including age, education, gender, ethnicity and income, and is associated with an increased risk of morbidity and premature death in older adults independent of age, socioeconomic position, cognitive ability and pre-existing illness. People with long-term conditions including depression, diabetes, stroke, and heart, kidney and musculoskeletal disease are also more likely to have limited health literacy.

Cambridgeshire Skills (CS) working with College Peterborough (CCP) are the County Council's adult education services, funded through the Cambridgeshire and Peterborough Combined Authority (CPCA) and the Department for Education (DfE). They are responsible for the provision of adult learning and training that is aligned to the Council priorities, Cambridgeshire and Peterborough Combined Authority's (CPCA) Skills Strategy and the Post-Covid Local Economic Recovery Strategy (LERS).

Their client group are those who are furthest from the labour market, have multiple barriers to progress both socially and economically, live in urban and rural disadvantaged and deprived areas, are challenged by health issues and are generally Level 1 (pre-GCSE) and below in terms of prior academic attainment.

Both skills services are meeting the priorities for adult skills through supporting residents in a number of areas:

- Development of skills to gain a job
- Retraining / reskilling to change employment
- Improving their health and wellbeing, community cohesion and integration
- Upskilling those in work, particularly those in low skill, low paid work
- Reducing social isolation
- Providing formal and informal education and training opportunities to those who are furthest away from learning and work
- More recently, providing support for post-Covid social and economic recovery

The target geography is based on targeting provision in the areas of greatest need in Cambridgeshire, that is Fenland, East Cambridgeshire and North-East Cambridge City. Therefore, the services have approached this by providing a hub and spoke model with three bases in the targeted areas.

- March Community Centre hub or local College that services Fenland and Huntingdonshire
- Library Learning Centre space has been redeveloped to become the East Cambridgeshire hub that provides learning to East Cambridgeshire
- Cambridge Central Library to deliver learning in Cambridge City.

Courses offered range from accredited and non-accredited Basic Skills programmes – namely English, Maths, IT and ESOL. They have also developed a range of accredited and non-accredited vocational programmes to meet local needs. Examples of this include: Retail, Customer Service, Volunteering, Teaching Assistant, Green Skills, etc.

To further enable place-based delivery across the priority areas set out above, the services deliver from 96 “spoke” delivery sites and have an exclusivity agreement to work with the Cambridgeshire Library Service. In addition to Libraries, they work with a combination of subcontracted partners, Community Centres, Children’s centres, local schools, stakeholder and employer venues and any building conducive to deliver a positive and nurturing adult learning experience.

This project would fund an additional programme of literacy classes for adults in Cambridgeshire. The Programme would be focussed on adults with literacy skills below entry level 3, over a period of 3 years to offer the opportunity to embed programmes and allow the chance to look for funding to ensure sustainability of longer term funding. Classes would be delivered through existing providers, utilising the network of local delivery venues. The programme would expect to reach around 756 places over 3 years and costs will include marketing, delivery and project management/administrative support.

Funding request: £450,000 for 3 years

2.7.14 Support for Traveller Health

This proposal is for the development of a Trusted Professional programme for the Gypsy Roma and Traveller community to increase access to services, support and advice.

Funding request: £30,000 for 3 years

2.6.15 Agreement to use of these reserves will leave a balance of Public Health reserves that are uncommitted of just £45k.

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 and the resource proposals in this report contribute further funding to this priority.

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

The overall financial position of the P&C and Public Health directorates underpins this objective and the resource proposals in this report contribute further funding to this priority.

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

There are no implications for this priority.

3.5 Protecting and caring for those who need us

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

4. Significant Implications

4.1 Resource Implications

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

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category.

4.3 Statutory, Legal and Risk Implications

There are no significant implications within this category.

4.4 Equality and Diversity Implications

There are no significant implications within this category.

4.5 Engagement and Communications Implications

There are no significant implications within this category.

4.6 Localism and Local Member Involvement

There are no significant implications within this category.

4.7 Public Health Implications

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

4.8 Environment and Climate Change Implications on Priority Areas

4.8.1 Implication 1: Energy efficient, low carbon buildings.

Neutral

4.8.2 Implication 2: Low carbon transport.

Neutral

- 4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats and land management.
Neutral
- 4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
Neutral
- 4.8.5 Implication 5: Water use, availability and management:
Neutral
- 4.8.6 Implication 6: Air Pollution.
Neutral
- 4.8.7 Implication 7: Resilience of our services and infrastructure, and supporting vulnerable people to cope with climate change.
Neutral

5. Source documents guidance

5.1 Source documents

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

5.2 Location

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

Appendix 1: People and Communities and Public Health Finance Monitoring Report May 2022

See separate document

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

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

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

3 Commissioning Directorate (FMR appendix 1):

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

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

5 Public Health Directorate (FMR appendix 2):

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