ADULTS AND HEALTH

Cambridgeshire County Council

Wednesday, 22 September 2021

Democratic and Members' Services
Fiona McMillan
Monitoring Officer

10:00

Shire Hall
Castle Hill
Cambridge
CB3 0AP

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 Committee Minutes - 24 June 2021**	**5 - 22**
2a.	**Adult and Health Committee - Action Log**	**23 - 26**
3.	**Petitions and Public Questions**	

STRATEGIC ISSUES

4.	**Mandatory Vaccinations in Care Homes Update**	**27 - 36**
5.	**Use of Assistive Technology and Technology Enabled Care in Adult Social Care**	**37 - 54**
6.	**Social Care Reform**	**55 - 60**

18. The provision of NHS Dental Services in Cambridgeshire **301 - 310**

Date of Next Meeting

14 October 2021

The Adults and Health comprises the following members:

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

This meeting will be streamed live on the Council's website, if you wish to attend the meeting you must contact

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Adults and Health Committee Minutes

Date: Thursday 24 June 2021

Time: 10:00am – 15:00pm

Venue: The Cambridge Corn Exchange, Wheeler Street, Cambridge, CB2 3QE

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

1. Notification of the appointment of the Chair and Vice-Chair

Having been appointed at Full Council on 18 May 2021, it was noted that Councillor Howitt had been appointed as Chair, and Councillor van de Ven appointed as Vice-Chair for Adults and Health Committee for the municipal years 2021-2025.

The Committee were also introduced to the new Director of Public Health, Jyoti Atri.

2. Apologies for Absence and Declarations of Interest

Apologies were received from Councillor Reynolds and District Councillor Healy. No declarations of interest were received.

3. Co-option of District Members

The following co-opted members were appointed onto the Committee to represent their district councils:

South Cambridgeshire - Councillor Corinne Garvie

East Cambridgeshire - Councillor Lis Every

Cambridge City - Councillor Mairead Healy

Fenland - Councillor Sam Clark

Huntingdonshire - Councillor Sarah Wilson

4. Minutes – Adults Committee 18 March 2021, Health Committee 11 March 2021, and Action Log

The minutes of the Adults Committee meeting held on 18 March 2021 and the Health Committee meeting held on 11 March 2021 were agreed as a correct record. The action log was noted.

5. Petitions and Public Questions

No petitions or public questions were received.

6. Impact of Covid-19 on Residents and Communities

The Committee received a report detailing the Council's response to the coronavirus pandemic, including the second wave and lockdown, and provided the Adults and Health Committee with an overview of the significant impact it has had on residents and communities across Cambridgeshire and the County Council. The report also noted partner responses.

In particular, the reporting officers highlighted:

- That surges had occurred in autumn and winter. Numbers had fallen following the introduction of the vaccine and then had increased with the easing of restrictions particularly in Cambridge City.

- Major long-term impacts of Covid-19 on residents and communities: The exacerbation of health inequalities in areas of deprivation and in black and ethnic minority groups; and the increase of unemployment, especially in the younger generation.

- That services had adapted to the pandemic using technology and alternative response solutions.

- That work was ongoing to provide care, support and secure employment for those vulnerable or most at risk, including traveller communities, vendors, and those self-isolating.

- Vaccination statistics reported on the day of meeting:

  Cambridgeshire: First dose, 72.4%, Second dose 58.1%

  England: First dose, 81.6%, Second dose 59.9%

- The disparity between Cambridgeshire and England vaccination numbers. This was explained by the pre-existing pressures on primary care networks. To resolve this, the Clinical Commissioning Group (CCG) aimed to increase the number vaccinated to 90% by mid-July by various means including a vaccination 'super weekend' 11th-

12th July. Vaccination workforce support would be provided by the Royal Papworth Hospital.

- Individuals were reminded of the importance of taking both vaccination doses and self-isolating if tested positive or lived with someone who has tested positive.

Member's suggested:

- Using venues hosting the England football game during the 'super weekend' to increase vaccination uptake.

Three amendments to the report recommendations were proposed:

Amendment One, proposed by Councillor Hay and seconded by Councillor Boden.

- The Committee resolves to ask the Director of Public Health to give urgent consideration to initiating a targeted Cambridgeshire campaign to promote COVID vaccination (including second vaccinations) and to ask that appropriate information be made available to all County Councillors so that they may promote the take up of vaccinations in their own division.

In putting the amendment to the vote, the amendment was passed unanimously.

Amendment Two, proposed by Councillor Goldsack and seconded by Councillor Boden

- Following a five-week consultation, the Government recently announced its intention that all care home staff should be vaccinated against COVID-19. The Committee requests that a report be presented to its scheduled meeting advising how this requirement is expected to affect care homes in Cambridgeshire. Action.

In response to the amendment, Members:

- Expressed that this was the responsibility of NHS England, not Cambridgeshire County Council.

In putting the amendment to the vote, the amendment was passed unanimously.

Amendment Three, proposed by Councillor Boden and seconded by Councillor Goldsack.

- The Committee regards the worsening of health inequalities in Cambridgeshire, as detailed in the report, to be a serious and unwelcome development, although it is fully accepted that this is far from unique to Cambridgeshire but is reflected nationwide.

- Health inequalities within Cambridgeshire were already stark and of great concern before the pandemic. The position is now worse.

- The Committee requests that a report be presented by the next scheduled meeting detailing key health inequalities within the County, explaining the varied timing for, and sources of, published data relating to health inequalities, and proposing how a matrix of key indicators may be established and maintained which eventually, through calculation of an overall single-figure index, health inequalities may inform and empower the Committee through understanding of our direction of travel towards, or away from, a reduction in the level of health inequalities in the County. Action.

In particular, the proposing Member raised:

- The health inequalities based on area, including the enduring high levels of diabetes in Wisbech. It was noted that the 2.9, Figure 11 location shows a 100% difference in all deaths.

- Stated that the data had different origins and was often old and that resolving this problem may help track health inequalities.

Member's noted that:

- The combined health and social care in Health and Adults Committee should aid data amalgamation.

- The Health and Wellbeing Board would also contribute to this work.

- Proposed an alteration to the amendment to remove the wording 'by the next scheduled meeting'.

on being put to the vote the alteration was carried:

In favour: 7 Against: 6 Abstentions: 0

In response to Members' questions on the report, officers:

- Reassured Members that data polls had been initiated to discover individuals with mental health problems exacerbated by the pandemic.

- Showed concern with high rates amongst 18-24 year olds in Cambridge City and stated that this might be exacerbated by movement from South Cambridgeshire into the City following the re-opening of venues.

- Noted enduring transmission rates in Fenland and the Government's response to this which can be found in the Health Committee Minutes, 11 March 2021, Minute 370. A bid of £2.6 million over three months had been granted to reduce enduring transmission rates in Fenland, Peterborough and South Holland. This fund would be used primarily to provide lower paid workers with income security through the pandemic.

- That vaccination provision for traveller communities was occurring through mobile vaccination centres and bulk testing.

In putting the amendment to the vote, the amendment was passed by a majority.

It was resolved unanimously to:

a) Note and comment on the strategy and approach to date in responding to the impact of Coronavirus on Cambridgeshire's residents and communities:

b) Ask the Director of Public Health to give urgent consideration to initiating a targeted Cambridgeshire campaign to promote COVID vaccination (including second vaccinations) and to ask that appropriate information be made available to all County Councillors so that they may promote the take up of vaccinations in their own division.

c) Request that a report be presented to the Committee's next scheduled meeting advising how this requirement is expected to affect care homes in Cambridgeshire.

d) Request that a report be presented detailing key health inequalities within the County, explaining the varied timing for, and sources of, published data relating to health inequalities, and proposing how a matrix of key indicators may be established and maintained which eventually, through calculation of an overall single-figure index, health inequalities may inform and empower the Committee through understanding of our direction of travel towards, or away from, a reduction in the level of health inequalities in the County.

7. Realising the potential of the Integration of Health and Social Care

The Committee received a report providing an overview of opportunities that would further integrate service delivery and create a more joined up services to residents close to where they live. It considered how the development of an Integrated Care System would support these opportunities and drive focus on prevention and early intervention. The desired outcome for which was reported to be increased opportunities for prevention and early intervention and a more seamless approach to meeting the needs of people supported by health and social care.

In particular, the reporting officers highlighted:

- Current Integrated arrangements - That the NHS remained a commissioning body and would still provide a range of health and social care services including occupational therapy and learning disabilities; and that many pre-existing joint services would not require a legal change.

- Next steps and opportunities ahead – That the integration would be influenced by the previous integration trial in 2012 and build upon pilot programmes and forward learning disability arrangements; the integration of the health and care record; public health arrangements; the removal of health inequalities.

Members raised:

- Concerns regarding the success of integration based on the size of the health system and the history of integrating the service.

- The need to rebalance acute and primary care resources in order to prevent the escalation of manageable health problems and high costs associated with that.

- Councillors' ability to identify underequipped locations where the Neighbourhood Care System could be utilised in collaboration with pre-existing services.

In response to Members' questions, officers clarified:

- That Think Communities was designed as an approach and set of principles for both adult and children's services.

- That co-ordinated public sector resources would be needed in order to spread Neighbourhood Cares Project countywide.

- Children's Health would belong in the People and Communities directorate.

- That funding of the Integrated Care Providers (ICPs) was still under development but the current understanding was that a budget allocation would be provided with the expectation that the ICPs would deliver agreed outcomes.

It was resolved to:

a) Note and support the further integration of services.

b) Note the national and local context and the opportunities presented by the establishment of an Integrated Care System (ICS).

c) Support the proposed focus on developing a neighbourhood-based approach and to explore the opportunities in more detail going forward as a Committee and with ICS partners

8. Renewing Homecare Support for Hospital Discharge

The Committee received a report detailing the requirement of recommissioning a £10 million block homecare provision on a five-year basis. This would be used to fulfil the Council's statutory duty to support people to return home and regain independence in a timely manner upon discharge from hospital as a result of immediately available homecare capacity.

In particular, the reporting officers highlighted:

- That improvements to the previous service were required to reduce the number of individuals waiting beyond six weeks to leave hospital; and increased provision for those requiring two carers.

- That environmental aims could be met by investing in hybrid or electric cars and ensuring neighbourhood-based care. However, the officer stated that this was a new approach to the market and additional investment may be required depending on the response from the market to the tender.

- This sat as part of the overall strategy to move towards a more placed based approach to delivering homecare across the County

Individual Members raised:

- Concerns about the reliance on volunteering and what was being done to monitor this.

In response to Members comments, officers:

- Stated that, as a result of coronavirus, more individuals were discharged from hospital with higher needs and requiring increased care. Given the level of need, this service was not reliant on volunteers.

- Clarified that the underspend in 2.13 had been budgeted for incentivising providers to achieve improved outcomes for people

It was resolved to:

a) Approve the recommissioning of the block homecare provision to support hospital discharge on a 2+1+1+1 year basis at a value of £10,120,280 over 5 years.

b) Delegate approval of award and extension periods to the Executive Director of People and Communities.

9. Independent Living, Princess of Wales Development – Outline Business Case

The Committee received a report detailing actions of the Committee required in order to proceed to a full business case next year which would enable further preparations and detailed design work for constructing the Council's own independent living service for older people who require care and support.

In particular, the reporting officers highlighted:

- That consultation had shown that service users desired self-contained, digitally enabled homes for life, for those with high levels of need.

- That there were 700 tenants using similar services in Kent; and that the NHS was seeking similar approval for hospital development work.

Members commented:

- That work would need to be done with the Combined Authority to secure transport links in addition to the work planned within the project.

- That there was concern over the financial risks of rent and service provision.

In response to Members' questions, officers:

- Noted that information regarding the sensitivity analysis would be brought to Strategy and Resources Committee, but that in future financial material could be added in appendices. Action.

- That local consultation work would take place building on work done by the NHS. In due course, this would support a planning application submission to the local district council.

It was resolved to:

a) Give approval to:

- The proposed design principles employed for independent living services as set out in paragraph 2.2.3;

- Put in place a formal agreement between NHS, CCC and a housing management provider about ways of working;

- The benefits case at this outline business case stage which affects Adult Social Care operating budgets;

- The general procurement approach for a contract value of £72.6m, and to procure and sign agreement with a housing management provider and a care provider; and

- Delegate the award of the new contract to the Executive Director of People and Communities.

b) Note and comment on:

- The plan to invite the Strategy and Resources Committee to approve:

    - Recommended option as set out in paragraph 2.5.6 and its financial and social justification;

    - The overall capital investment case and in particular elements which affects land and property and the monies required for the next stage;

    - An addition capital provision into the 2021/22 Business Plan as set out in paragraph 1.8

    - Delegate approval and sign-off of the inter-authority agreement and the non-binding Heads of Terms to the Chief Finance Officer and Commissioning Service Director; and

    - Prepare and submit Planning Application for the construction works.

- The final financial investment forecast including the initial land valuation and plan to refresh both;

- Revised timetable; and

- Preparations on concept and detailed design, and co-production and consequently move towards full business case.

10. Procurement of Housing Related Support Services

The Committee received a report detailing the approach taken to procure future Housing Related Support Services for homeless adults with support needs; information on the timescales for the planned procurement; and which sought approval from Committee to proceed with the proposed procurement approach.

In particular, the reporting officers highlighted:

- That the housing being created responded to a 2018 review of housing related support services, and was in collaboration with a member reference group, providers, partners and clients.

- The new hub and spokes model would include mixed accommodation of differing sizes for individuals, individuals with reducing needs, and community groups.

- That priority would continue to be for those who are multi-disadvantaged and struggle in a hostel-housing setting.

- That procurement would be for City and South, and Fenland. Noted an error in 2.16 the report: Funding from Cambridge City Council would go to Lot 2, rather than Lot 1.

Members' noted:

- That moving from hostel accommodation to person-centred accommodation should reduce rough sleepers by meeting individual's needs.

In response to Members' questions, officers stated:

- That the seven-year contract would be broken into (3+2+2) to allow for evaluation and evolution.

- That Fenland District Council was not contributing financially as it does not have existing funding provision.

- 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**.** Action.

- Funding : That the Young People tender had partnership bids from existing local providers; the Countywide service provision, P3, would continue to support adults at risk of homelessness and settle into new properties; and the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) was and would continue to be commissioned for the dual diagnosis street partnership.

It was resolved to:

a) Agree the proposed Procurement Approach.

b) Approve the recommissioning of Housing Related Support services for homeless adults with support needs for a contract period of 7 years and total value of £11,069,695.

c) Agree to delegate the responsibility to award the contract to the Executive Director of People and Communities.

11. Healthy Weight

The Committee received a report which described the impact of obesity and the need to engage organisations from across the system to support the strategic framework for a healthy weight. The Healthy Weight Strategic Framework was previously supported by the Health Committee.

In particular, the reporting officers highlighted:

- That over 60% of the Cambridgeshire population have an unhealthy weight, with a larger proportion found in areas of deprivation.

- That a multifaceted system-wide approach was required to prevent and manage Healthy Weight. The integrated care system would help to encourage collaboration in future.

Members raised:

- Concerns that other weight problems such as anorexia and the need to look at these in future. Action.

- Suggested opening discussions with District Councils over approaching Healthy Weight in schools and prohibiting fast food joints nearby.

- Suggested exercise be given more space in the whole-system approach chart.

- The work of commercial practitioners and virtual offers in promoting healthy weight.

- The need to be able to measure success.

In response to Members comments, officers stated:

- That public health used evidence judiciously to determine commissioning and work going forwards.

It was resolved to:

a) Endorse the outline Strategic Framework for Healthy Weight.

b) Endorse a time-limited review of the barriers and enablers for addressing Healthy Weight locally.

c) Support engaging system leaders in adopting the Healthy Weight framework and the learning from the review.

d) Support the delivery of an immediate programme of awareness and campaign targeting those most at risk of the poor outcomes from COVID-19 that are associated with obesity.

12. Additional Grant Funding for Drug and Alcohol Treatment Services

The Committee received a report detailing the benefits that high value drug and alcohol service funding will bring to service users and establishing the need to commence the additional services as quickly as possible. Specifically, the report referenced two short-term grants: The MHCLG/PHE Rough Sleeping Drug and Alcohol Treatment Grant (Cambridge City only), and the PHE Drug Treatment Crime and Harm Reduction Funding (Countywide).

In particular, the reporting officers explained that a Chief Executive decision was required as, once the grant value was clarified, funders required the Council to move quickly.

Members:

- Raised concerns regarding the governance for the urgent decision.

Officers stated:

- That the break clause could be used, but the officer expressed confidence in the provider, Change Grow Live.

It was resolved to note the decision made under emergency powers by the Chief Executive of Cambridgeshire County Council.

13. Infection Control Funding

The Committee received a report summarising the allocation of the Infection Control and Rapid Testing Grants from central government which aimed to support adult social care providers to reduce the rate of COVID-19 transmission in and between care homes, support wider workforce resilience and the roll out of lateral flow testing

In particular, the reporting officers highlighted:

- Grounds for urgent decision: That there were mandatory requirements for the money to be distributed to providers by 30th June, before the meeting.

It was resolved to note the decision made under emergency powers by the Chief Executive of Cambridgeshire County Council to allocate the discretionary elements of the Infection Control and Rapid Testing Funds provided by central Government.

The Chair used his discretion to defer the Finance Monitoring Report until after the Agenda and Training Plan were noted.

14. Appointments to Outside Bodies and Internal Advisory Groups and Panels

Proposed by Chair and seconded by Vice Chair, the Committee resolved to

a) review and agree the appointments to outside bodies as detailed below:

Cambridge University Hospitals NHS Foundation Trust Council of Governors - Councillor Gerri Bird

Cambridgeshire and Peterborough NHS Foundation Trust – Councillor Claire Daunton

Cambridgeshire and Peterborough Sustainability and Transformation Partnership Board - Deferred

North West Anglia NHS Foundation Trust Council of Governors – Councillor Tom Sanderson

Royal Papworth Hospital NHS Foundation Trust Council of Governors – Councillor Philippa Slatter

b) review and agree the appointments to Internal Advisory Groups and Panels, as detailed below:

Adults Safeguarding Board – Councillor Richard Howitt

Care Suites Member Reference Group – Deferred with a request for more information. Action.

C) delegate, on a permanent basis between meetings, the appointment of representatives to any vacancies on outside bodies, groups and panels, within the remit of the Adults and Health Committee, to the Chief Executive in consultation with the Chair of Adults and Health Committee.

15. Adults and Health Committee Agenda Plan and Training Plan 2021

It was resolved to note the report and send any comments to the reporting officers.

16. Finance Monitoring Report – May 2021/22

The Committee received a standard report explaining the overall financial position of each service and the key drivers of any budget variance. In the last financial year (2020/21), Adults overspent by £6m due to the impact of Covid-19 on savings delivery and the need to provide support to care providers. This was partly offset by an underspend on Older People's services as expenditure on residential and nursing care did not grow in line with the budget provision for growth. In 2020/21, Public Health underspent by £1.7m due to reduced activity in some Public Health services because of the pandemic, as well as the pandemic interrupting spending plans for Public Health Grant increases.

In particular, the reporting officers highlighted the end-May forecast an underspend of £518,000 across the Committee services: £220,000 in Adult services and £290,000 in Public Health services.

Members noted that the report covered only two months and that they looked forward to more substantial budget variances that would occur after more time.

It was resolved to review and comment on the report.

The Chair announced that the Committee would adjourn and reconvene following a thirty-minute lunch break.

17. Overview of Health Scrutiny 2020-21

The Committee received a report detailing previous Health Scrutiny activity (impacted largely by the pandemic); the scheduled quarterly liaison meetings; and information to aid development of the Adult and Health Committee's scrutiny work programme.

In particular, the reporting officers explained that:

- NHS quality scrutiny was a statutory responsibility of the Committee and occurred formally through the Adults and Health Committee and informally through quarterly liaison meetings.
- Scrutiny work with the NHS had been halted in early 2020 as a result of the pandemic but had restarted.
- That reports had been requested from Addenbrookes Hospital, the Children's Hospital and the Cancer Research Hospital; and that dental services had been invited to attend the September meeting of the Adults and Health Committee.

In response to the list of appointments, Members requested contact numbers be distributed to appointed Members following the meeting. Action.

In response to Members comments, officers:

- Explained that it was a statutory requirement for the NHS to consult the Adults and Health Committee regarding NHS developments. That recommendations made by the Committee required a written response from the service and that the Committee was also able to refer recommendations to the secretary of state.
- Stated that past Health Committee papers were available on the Council website and that a link to this would be circulated after the meeting. The link to the reports can be found here.
- Recommended scheduling an integrated care system development session**.** Action.

It was resolved to:

a) Note the scrutiny activity during 2020/21.

b) Appoint four members to each of the quarterly liaison meetings for 2021/22 (See Appendix B):

Cambridge University Hospital NHS Foundation Trust (Addenbrooke's Hospital) Liaison Group –

Councillor Gerri Bird

Councillor Susan van de Ven

Councillor Richard Howitt

Councillor Philippa Slatter

Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) Liaison Group –

Councillor Susan van de Ven

Councillor Claire Daunton

Two vacancies

Cambridgeshire Community Services (CCS) –

Councillor Susan van de Ven

District Councillor Garvie

Three vacancies (suggested filling with Children and Young People Committee Members)

Clinical Commissioning Group and Cambridgeshire Healthwatch Liaison Group –

Councillor Richard Howitt

Councillor Susan van de Ven

Two vacancies

Royal Papworth Hospital Trust Liaison Group –

Councillor Richard Howitt

Three vacancies

North West Anglia NHS Foundation Trust (Hinchingbrooke Hospital) Liaison Group –

Councillor Tom Sanderson

Councillor Philippa Slatter

Councillor Susan van de Ven

c) Appoint two members to participate as liaison councillors in the Cambridge Cancer Research Hospital engagement board. (See Appendix B):

Cambridge Cancer Research Hospital Engagement Board –

Councillor Lorna Dupre

Councillor Susan van de Ven

17. The Work of Healthwatch Cambridgeshire

The Committee received a report summarising the online work of the local Healthwatch to gather community views on health and care services. Projects have included: Your care during Covid-19; giving GP websites a check-up; and leaving hospital during Covid-19.

The presentation slides are available here.

In particular, the reporting officers highlighted:

- That coronavirus had resulted in the successful increase of virtual services, with a negative impact on the digitally excluded. However, this offer increased face-to-face appointment capacity.

- That coronavirus had negatively impacted the service: creating appointment delays, delayed demand, additional stress and an inconsistency of appointment availability county-wide. However, communities had understood that those with the greatest needs would be prioritised.

- That themes found in a Cambridgeshire-wide survey done in-between waves showed health inequalities had exacerbated for the digitally isolated, marginalised and rural communities.

- That the pandemic had had had a largely negative effect on the mental health of others including those with disabilities and children. A report developing health and care experience profiles for young people had been published as a pilot for NHS

England. This raised concerns regarding the unmet needs of those with Eating Disorders.

- That Healthwatch and Clinical Commissioning Groups had provided services to reduce confusion over which services had stopped, shielding and vaccinations.

- That countywide research had been conducted on GP websites to help remove place-based inequalities in the GP service. A review of the resulting work would take place in the autumn.

- Qualitative interviews with hospital leavers, backed by quantitative research from Healthwatch England, evidenced a need for transportation, community equipment and increased information provision for leavers. This was being followed up by the Local Transformation Programme and resulted in an exit-leaflet campaign by Cambridgeshire County Council.

- That the social care premises patient experience programme had been put on hold as a result of the pandemic, but that it would likely be restarting in autumn in line with government guidelines.

- That areas for scrutiny in future would be: using the integrated care system to reduce the fragmentation of services (especially for hospital leavers); NHS dentistry especially in Fenland and Wisbech.

- Encouraged Members' to refer individuals to the service.

- Encouraged Members to sign up to the Healthwatch news bulletin here.

In response to Members comments, officers:

- Stated that vaccination services were targeting individuals with English as a foreign language with translated services, and homeless or housebound individuals with pop-up clinics.

- That dentistry privatisation was a national issue and huge challenge, especially as they were able to offer competitive salaries to qualified East England employees. Cambridgeshire could reduce the problems found in Dental services by bringing innovation in the south of the county to the north.

- That the increased delay in leaving hospital was an enduring problem resulting from a mismatch between demand and commission. This was increased by re-patriation required because of specialist provision in Cambridgeshire resulting in cross-county admissions.

  A contract with the Clinical Commissioning Group (CCG) had been extended targeting this area; but councillors could also help reduce the leavers' backlog by setting up community transport services in their villages.

- That NICE guidelines on shared decision making could be used to increase self-management of long-term health conditions.

- That GP practice and Local Authority boundaries were not co-terminus, resulting in cross-service referrals being lost. More effective CCG collaboration could help resolve this problem.

- That Integrated Care System collaboration should increase focus on patient experience and encourage transparent conversations.

It was resolved to note the report.

17. Health Scrutiny Training Programme 2021-22

The Committee resolved unanimously to note its Agenda Plan.

Chair

Agenda Item: 2a.

ADULTS AND HEALTH COMMITTEE MINUTES-ACTION LOG

This is the updated action log as at 24 June 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

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Meeting 24 June 2021						
Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
6	Impact of Covid-19 on Residents and Communities	Charlotte Black/Will Patten	Following a five-week consultation, the Government recently announced its intention that all care home staff should be vaccinated against COVID-19. The Committee requests that a report be presented to its scheduled meeting advising how this requirement is expected to affect care homes in Cambridgeshire**.**	Report scheduled for September Meeting	will be completed by Sept Committee	

Meeting 24 June 2021						
Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
6	Impact of Covid-19 on Residents and Communities	Jyoti Atri	The Committee requests that a report be presented by the next scheduled meeting detailing key health inequalities within the County, explaining the varied timing for, and sources of, published data relating to health inequalities, and proposing how a matrix of key indicators may be established and maintained which eventually, through calculation of an overall single-figure index, health inequalities may inform and empower the Committee through understanding of our direction of travel towards, or away from, a reduction in the level of health inequalities in the County.	Report scheduled for September Meeting	Will be completed by September Committee	
9	Independent Living, Princess of Wales Development – Outline Business Case	Gurdev Singh	Noted that information regarding the sensitivity analysis would be brought to Strategy and Resources Committee, but that in future financial material could be added in appendices.	For this specific project, the action will be implemented at the Full Business Case stage expected in 2022/23.	Closed	N/A

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.	In progress	End Sept 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 to a future meeting when an update is provided.	In progress	TBC
14	Appointments to Outside Bodies and Internal Advisory Groups and Panels	Will Patten	Independent Living Facilities Member Reference Group – Deferred with a request for more information	Requirement for a members group under review.	In progress	End Sept 21
17	Overview of Health Scrutiny 2020-21	K Parker	In response to the list of appointments, Members requested contact numbers be distributed to appointed Members following the meeting.	Members appointed to Liaison meetings were provided with email contact details of both officers and councillors attending each liaison meeting.	Completed	
17	Overview of Health Scrutiny 2020-21	K Parker	Recommended scheduling an integrated care system development session.	Provisional Date being suggested Sept 2021. Now looking at officer availability to set up meeting.	Will be completed by September Commitee	

Mandatory Vaccinations in Care Homes Update

To:	Adults and Health Committee
Meeting Date:	22 September 2021
From:	Charlotte Black, Director of Adults and Safeguarding Will Patten, Director of Commissioning Jyoti Atri, Director of Public Health
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	N/A
Outcome:	The Government's new legislation on mandatory vaccination of care home staff will have significant impacts on the outcomes for residents in residential and nursing care settings and the staff who provide that care and their employers.
Recommendation:	The Adults and Health Committee is asked to confirm the following recommendations: 1. The Council will continue to work closely with all the Adult Social Care providers to monitor the uptake of vaccines and target support to these settings where vaccination uptake is lowest. 2. The Council will continue to work with Cambridgeshire and Peterborough CCG to ensure that access to vaccines is available for all staff who have yet to take up the vaccine. 3. The Council will continue to work with the CCG to promote access to and uptake of the vaccine booster and flu jab. 4. Officers to keep the Adults and Health Committee informed about the impact of mandatory vaccines on staffing levels and the impact on capacity.

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1. Background

1.1 On the 4th August the Department of Health and Social Care (DHSC) issued guidance on the 'Vaccination of people working or deployed in care homes: operational guidance'. The full guidance can be found here: https://www.gov.uk/government/publications/vaccination-of-people-working-or-deployed-in-care-homes-operational-guidance

1.2 The purpose of this paper is to provide an update to committee on the mandatory vaccination legislation and the potential impact on providers, staff and residents.

2. Main Issues

2.1 **Legislation**

2.1.1 Following an extensive public consultation (over 13,500 responses were received), DHSC published guidance on the 'Vaccination of people working or deployed in care homes: operational guidance' on the 4th August 2021. This legally requires that from 11th November 2021, that anyone working or volunteering in a care home will need to be fully vaccinated against covid-19, unless exempt.

2.1.2 The timeline for implementation of the regulations is outlined below:

2.1.3 The guidance applies to all CQC-regulated care homes which provide accommodation for persons who require nursing and personal care.

2.1.4 It will apply to all workers employed directly by the care home, those employed by agency and deployed by the care home, and volunteers deployed in the care home.

2.1.5 Those coming into care homes to do other work, for example healthcare workers, social workers, tradespeople, hairdressers and beauticians, and CQC inspectors will also have to follow the new regulations, unless they have a medical exemption.

2.1.6 It only applies to those who go inside a care setting, so those entering the building. It does not apply to surrounding grounds.

2.1.7 The registered manager is responsible for ensuring that everyone who enters their care home in these roles is either vaccinated or exempt.

2.1.8 The requirement does not apply to:

- Someone who is resident or being admitted as a residents and their accompanying friend or relative.
- Someone who is entering the care home for emergency assistance purposes (e.g. members of the public responding to a fire or flood, social workers responding to immediate safeguarding concerns)
- Emergency services staff, e.g. fire and rescue, emergency health and police.
- Visits from friends, family and essential care givers

2.1.9 Acceptable proof of vaccination using the NHS COVID Pass service via the following three routes:

- The NHS App
- NHS website – nhs.uk
- NHS COVID Pass letter

Further guidance is due to be published in relation to those who received a vaccination outside the UK.

2.1.10 Medical exemptions are in line with the Green Book on Immunisation against infectious disease, chapter 14a and clinical advice from the Joint Committee of Vaccination and Immunisation (JCVI). An individual risk assessment should be undertaken for those who are exempt from vaccination, which may include a change to their duties where such a change is appropriate.

2.1.11 Booster doses are not currently included in the regulations, but managers are strongly advised to encourage workers to take up booster vaccinations if eligible, and a provision for booster vaccinations may be added to the regulations in the future. The County Council is currently working with the CCG to plan the roll out of boosters and flu jabs to Adult Social Care staff.

2.1.12 There is an expectation that all those entering care homes, continue to follow infection, prevention and control measures, including the correct use of Personal Protective Equipment (PPE) to reduce the risk of transmission. The Government Every Action Counts campaign has been developed to support this.

2.1.13 The government has indicated that it plans to launch a further public consultation on whether to make COVID-19 and flu vaccination a condition of deployment across wider health and care settings. This is as a result of significant support for this identified from the initial consultation.

2.2 Data and Evidence

2.2.1 Data on vaccine effectiveness from Public Health England (PHE) indicates that the covid vaccination programme has so far prevented 14,000 deaths and around 42,000 hospitalisations of older people in England (up to 30th May 2021).

2.2.2 The Social Care Working Group of the Scientific Advisory Group for Emergencies (SAGE) advises that an uptake rate for one dose of 80% in staff and 90% in residents in each individual care home setting is needed to provide a minimum level of protection against outbreaks of covid, recognising that current or emergent variants may require even higher levels of coverage and/or new vaccines to sustain levels of protection.

2.2.3 Residents in care homes are particularly vulnerable to severe illness and death from covid-19. Based on Office for National Statistics (ONS) data, around a third (31%) of registered deaths from covid-19 in England were care home residents, as of 2 April 2021.

2.2.4 Across Cambridgeshire, there are 129 CQC registered care homes, with approximately 5,500 staff and 3,660 residents. Based on nationally monitored tracker that is completed by care home providers, current uptake is shown below (as of 28th July 2021):

	1st Dose	2nd Dose
Staff	89.4%	77.9%
Residents	96.4%	94.7%

2.2.5 Nationally reported data is not always accurate as there can be a time lag. Based on locally collected data related to first dose, 85% of care homes in Cambridgeshire have reached the 80% threshold for staff receiving the first dose of covid-19 vaccine and 93% of care homes in Cambridgeshire have reached the 90% threshold for residents receiving the first dose. Currently the national data reported in the above table provides the most accurate position in relation to second dose covid-19 vaccine uptake.

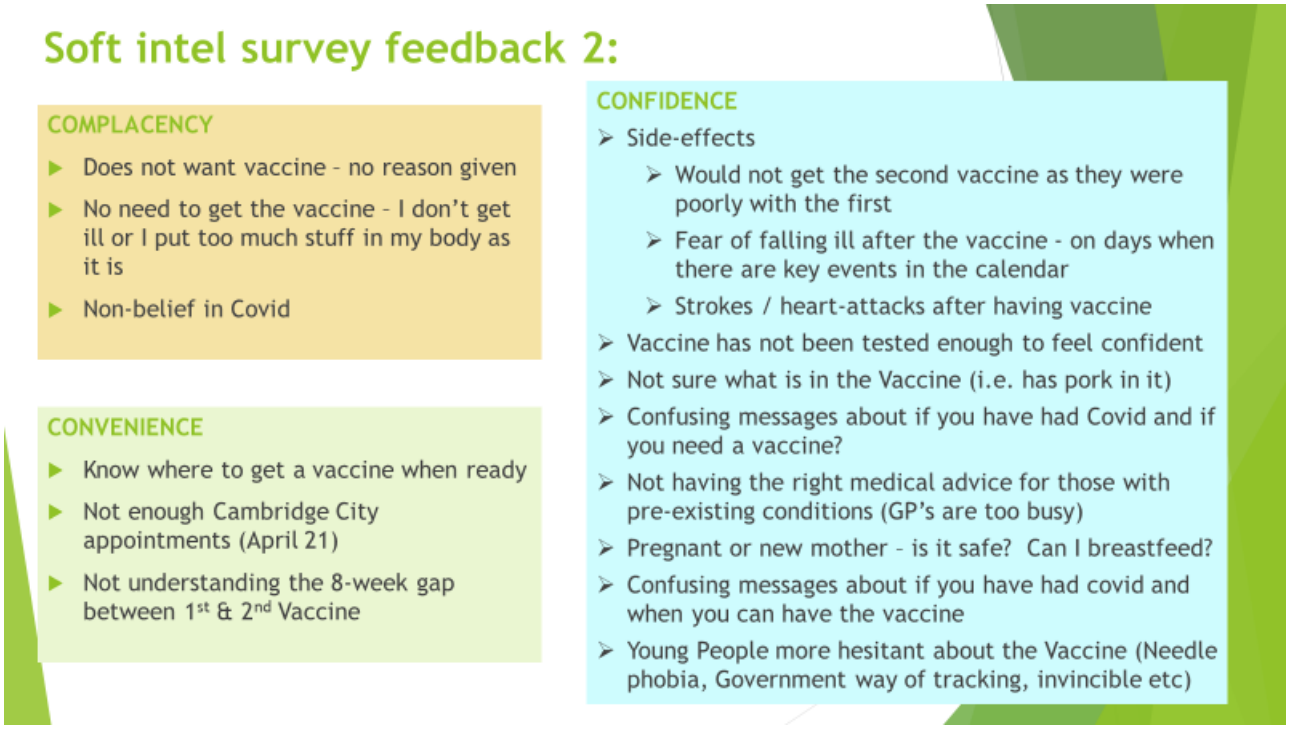
2.3 Barriers to Vaccination

2.3.1 The Council and CCG have worked proactively with providers over the course of the pandemic to understand what some of the barriers to vaccine uptake are. Anecdotal feedback from care homes, has identified the following as some of the key barriers:

- Concerns around impact on fertility
- Concerns around pregnancy and breastfeeding
- Concerns around side effects of the vaccine
- Concerns around vaccine safety
- Previously had COVID-19, therefore no need to vaccinate
- Allergies / severe reactions
- Contra-indications

2.3.2 A system wide Vaccine Confidence Steering Group has been established to ensure there is a cohesive and targeted response to support vaccine confidence across Cambridgeshire. Whilst the focus of this work is not specific to care homes, the community focused approach is targeted at communities which care workers are part of. Following a soft intelligence

survey, the feedback identified three key barriers to vaccination: complacency – convenience – confidence.



2.3.3 This has informed the programme of work over the coming weeks and months. In terms of confidence, several vaccine factsheets and videos have been issued and in different languages to various community groups, workplaces and communities to ensure the right messages and facts are being known. This has involved different communication and community engagement models such as leafleting, street engagement, door-to-door engagement, engaging with people at vaccination walk-in's and talking them through the process and any concerns they may have. Adult Social Care staff in a variety of settings have received the 'making every contact count' vaccine confidence training and this is now being rolled out to community groups and local businesses. In addition daily walk-in clinics have been established as well as a number of one-off pop-up walk-in clinics for people close to them within their community and workplaces. This has included the Mosque, Community Centres, Arbury Court Precinct, Kings College and the Guildhall. A bus has been commissioned and is another way to help deliver vaccinations where they are needed the most. All vaccination clinics for Cambridgeshire and Peterborough are being advertised on social media platforms and include a central website www.thevaccinators.co.uk.

2.3.4 Locally, significant support to care homes related to vaccination for both staff and residents has been provided by Cambridgeshire and Peterborough CCG and CCC's Public Health Team, Commissioning and Care Home Support Teams. A strategy to increase vaccine uptake was developed in March and implemented over the spring/summer period. Support has been offered to all care homes in Cambridgeshire where uptake is below 80% amongst staff or below 90% amongst residents by both the CCG and the local authority. Support offered is bespoke to each home, and has included practical help with booking appointments, coaching support to care home managers to help them have vaccine confidence conversations with their staff, signposting to reliable information and resources and webinars for staff to enable them to discuss

concerns and ask questions. This support will continue into the autumn to support uptake of the booster covid vaccine and flu jab.

2.4 Impact on Providers, Staff and Residents

2.4.1 We sought feedback from all CQC registered care home providers across Cambridgeshire on the implications of mandatory vaccination for their staff through an online survey. We received 45 responses, a 31% response rate representing 2,524 beds and 3,350 staff across Cambridgeshire. 42% of responses were from small providers (less than 50 beds).

The results from the survey responses are outlined below:

- 67% had responded to the government consultation. For those who didn't respond the reasons for not responding (in order of highest number of responses): were not aware of the consultation (73%), no reason given (20%), waste of time responding (7%).
- 73% thought mandatory vaccinations were a good thing, 18% were undecided and 9% thought it was a bad thing.
- 55% thought it would have a significant impact on their business. The following, in order of highest impact: Loss of workforce, monitoring and policing the workforce, morale of workforce.
- Two providers indicated that they had already implemented compulsory vaccinations for staff and most staff being happy to receive the vaccine.
- The survey identified the following key areas of support that providers felt they would need to respond to this mandated legislation (in order of most responses):
    - No support required
    - Recruitment Support
    - Government increasing staff wages
    - Accessible local vaccination provision
    - More webinars and information on vaccinations to support staff education
    - Information on the legislation roll out and clarity on requirements and timelines

2.4.2 Feedback from the Cambridgeshire Care Providers Alliance indicated that they were not supportive of the mandatory vaccination of care home staff. They are a voluntary membership organisation for providers, who reflect the views of their membership. They raised concerns over the potential reduction in workforce numbers at a time when the demand for provision is rising and the impact on the management and staff relationships. However, they also recognised in practical terms there was a high rate of vaccination uptake across the workforce, so the practical impact would be minimal. This is as a result of the continued hard work and effort of providers to support and encourage their workforce to be vaccinated. Concerns were also raised about the need for 'parity of esteem' and for the mandatory vaccine requirement to be applied equally across the health and care sector. We recognise that this feedback does conflict with the survey results outlined in 2.4.1.

2.4.3 Healthwatch responded to the government consultation raising concerns over the implementation of mandatory vaccination, preferring staff vaccination to be strongly encouraged and supported by employers, rather than a required change to their contract of employment. They also flagged that any policy position for staff vaccination should be applied across all health and social care sectors equally to ensure equitability.

2.4.4 One of our largest providers, a national care home operator Barchester Healthcare has voluntarily implemented mandatory vaccinations for their own staff since April 2021. Barchester have been active partners with Central Government in testing out the impact of mandated vaccinations as a pilot.

2.5 Support to Providers from the County Council

2.5.1 Throughout the pandemic, we continue to work closely with providers to support uptake of covid vaccinations for their staff. This includes a range of support as outlined below.

- Regular communication with providers, via multiple channels, including existing provider forums, email, social media, website and provider newsletters.
- Review and development of targeted communications, e.g. FAQs and webinars. Regular sharing of good quality, reliable resources.
- Vaccination conversations part of contract management conversations with providers and part of the Care Home Support Team and infection and prevention control (IPC) conversations. Utilising every conversation as an opportunity to reinforce vaccination key messages and talk through areas of issue/concerns.
- Coaching support for managers to equip them with the skills to discuss vaccine hesitancy with staff.
- Webinars for staff on covid vaccination
- Practical help with navigating the booking process or facilitating reasonable adjustments
- Facilitating opportunities for staff to have conversations with healthcare professionals from their own communities
- Primary Care Networks (PCNs) supported the initial phase of vaccination roll out, going into care homes to vaccinate residents and staff who had not been able to access alternative vaccination sites.
- Monitoring of care home completed capacity tracker data to inform system planning and specific follow up actions with identified homes, e.g. public health phone calls to home with low uptake, working with care homes to improve data quality on the capacity tracker.
- Linking care homes into the wider work in the community, such as promoting pop-up vaccine sites and walk-in clinics
- As a result of national workforce grant funding, we ran a targeted social care recruitment campaign earlier in the year to support private providers with recruitment. We continue to explore opportunities for continued recruitment support with providers.

2.5.2 We are working in conjunction with the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) to plan for third dose covid-19 booster vaccinations for staff, the roll out of which is due to commence in September 2021. A similar programme of support will continue to be offered.

3. Alignment with corporate priorities

Report authors should evaluate the proposal(s) in light of their alignment with the following four 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
Ensuring a good quality of life for residents in care homes, supporting safe and effective provision.

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.

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

4. Source documents guidance

4.1 Source documents

None

Use of Assistive Technology and Technology Enabled Care in Adult Social Care

To:	Adults and Health Committee
Meeting Date:	22 September 2021
From:	Charlotte Black, Director of Adult Social Care
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	N/A
Outcome:	To present the current and possible future role of Technology Enabled Care by Cambridgeshire County Council.
Recommendation:	The Adults and Health Committee is recommended: a. To note the findings of this report. b. To consider the opportunities to expand and develop the TEC Service and ask for further work to be taken forward within the Business Planning context.

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Member contacts:
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Susanvandeven5@gmail.com
Tel: 01223 706398

1. Background

1.1 The Technology Enabled Care Services (TECS) Team is part of Prevention and Early Intervention of Cambridgeshire County Council (CCC) and sits alongside, Reablement, Enhanced Response, Adult Early Help, Specialist Sensory Services and Occupational Therapy. The main aims of these services are to promote the well-being of citizens by preventing, delaying, or reducing the need for formal community or hospital care and supporting family/informal carers.

1.2 TECS support anyone to look at how technology can improve their life. TEC refers to all types of care technology that can support someone to remain living independently. This includes assistive technology, telecare, telehealth, telemonitoring and daily living equipment, more details in Appendix 1. TEC is a less restrictive option than having a formal care package and can facilitate new or existing skills.

1.3 A March 2021 joint report by the TEC Service Association (TSA) and Association of Directors of Adult Social Services (ADASS) found that 76% of social care providers say using technology leads to better outcomes for individuals with 66% reporting that it frees up staff time to offer more meaningful support to people. They provided 4 key recommendations to health and social care which can be found in Appendix 2.

1.4 Cambridgeshire work on a TEC first approach looking at what technology can be used to help meet people's outcomes. TECS provide a wide range of electronic and technological devices to support people and their carers. Alongside this the team also offer advice, education and guidance to partners and service users around what technology is most appropriate and how it can support them.

1.5 In October 2020 TECS launched as a lifeline service, providing 24-hour support through a lifeline button, to work towards being more proactive in preventing escalation of needs in the community. Cambridgeshire County Council provide a funded trial for 6 weeks of the service then the person can carry the cost on. This is a great way to support people to remain independent and introduce TEC into their lives.

2. The Current Arrangements

2.1 **Current Service Structure**

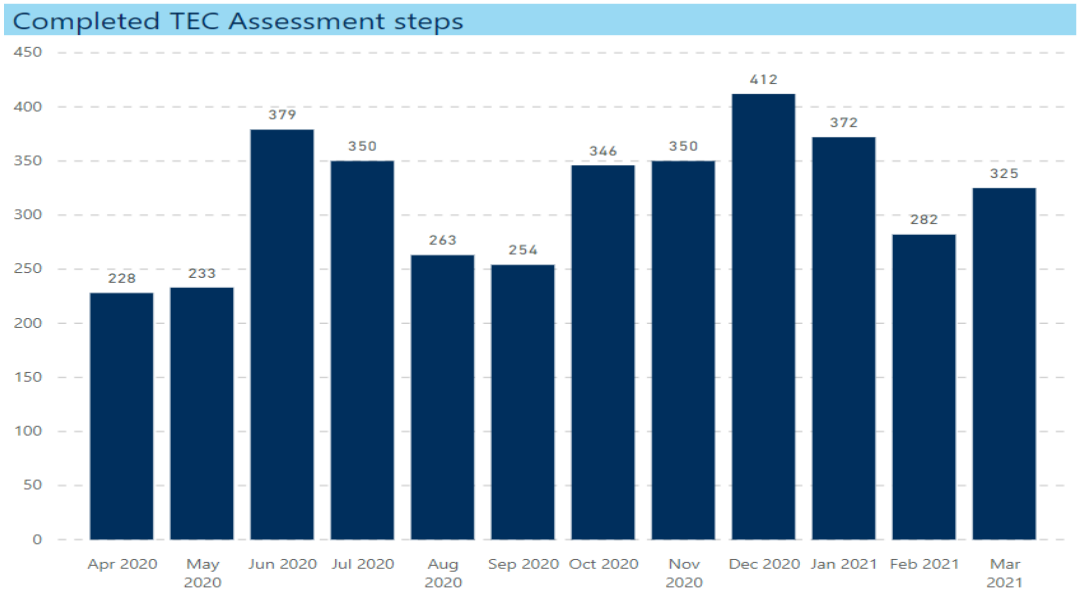
2.1.1 TECS is commissioned via a Section 75 Agreement with the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG). It is a wholly integrated service responsible for delivering both health and social care outcomes. The budget for 2021-2022 is £1.180m which consists of £936K from the County Council and £244K from the CCG. The budget covers both staffing and equipment costs.

2.1.2 An additional £77.9K is contributed to the service annually by NHS England, via the CCG, to fund Environmental Control Systems (ECS) – see Appendix 1.The Lifeline service is funded from £112k Transformation Fund funding + £73k expected income generation to fund budgeted costs of £185k.

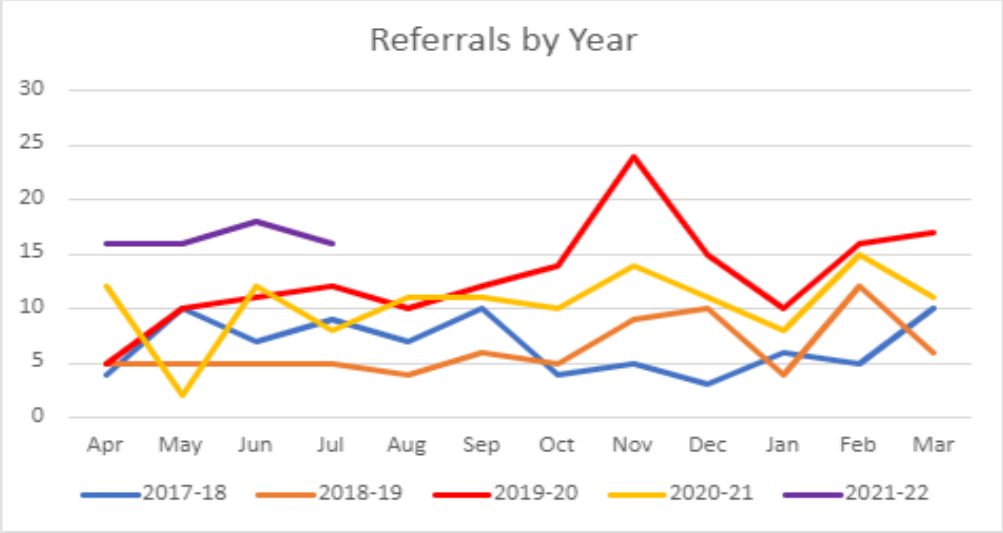
2.1.3 The Team consists of:
Team Manager
2 Senior Practitioners
8.06 Full Time Equivalent (FTE) Technologists – 0.5 fixed term and an additional 1FTE fixed term out to recruitment
1 Senior Technician
4 Technicians – 1 fixed term
Appendix 1 provides more details.

Alongside this there is 5.61 FTE Business Support funded through TECS and the business support structure.

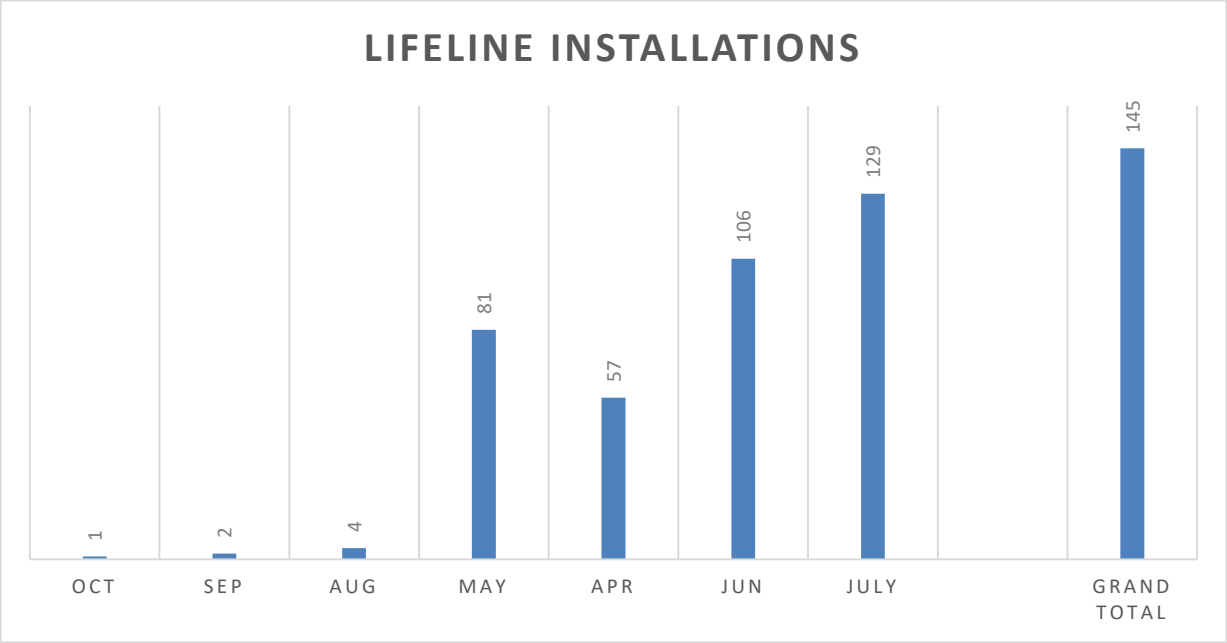
2.1.4 2020/21 TECS completed 3794 assessments with equipment being provided in 91% of cases.



2.1.5 TECS also provide support to children's services and a business case is progressing to identify funding to increase TEC within services for children with a disability to bring about independence. Referral rates have been steadily increasing:



2.1.6 Since TECS launched as a lifeline provider in mid-October it has been more successful than planned managing to install above targeted number of lifelines every full month since implementation. Target installation were 72 per month, in reality the average has been 93. Target retention rate was 76% and the team are operating at 92% This has been without any active promotion of the service. Urgent Hospital Discharges take priority and are always scheduled for same/ next day where possible, with general referrals being prioritised and fitted into installer's schedules where possible.



2.2 Current TEC Offer

2.2 TECS provide information free of charge to individuals on a loan basis delivered through our equipment provider NRS Healthcare. The Team have close links within the TEC industry and trial new equipment when it hits the market to see if this works to meet needs and they hold a variety of different stock from different providers. The team work closely with both their call centre Astraline, and different technology companies to find the products that are simple to use and provide the functionality they require. They have just completed a period of trialling and testing with Chiptech and are now happy to have a digital offer ready for the digital switchover in 2025.

2.2.2 *TSA Membership –* The TSA is the industry and advisory body for technology enabled care in the UK. The TSA provide events and give expert guidance to enable organisations to keep up in the changing world of technology. CCC is one of the 56 local authorities (LA) that appears on the TSA search for TEC providers (TSA, 2021) and in 2019 the Government reported there to be 343 LA's in the UK (GOV.UK, 2019) so under 17% have chosen to become providers.

2.2.3 *Huddles –* Weekly TECS Huddles have been introduced within the Council for social care staff to gain information and advice. These huddles are open to staff both within Cambridgeshire County Council as well as CPFT Staff. Since they started in August 2020, 449 staff have attended the huddles.

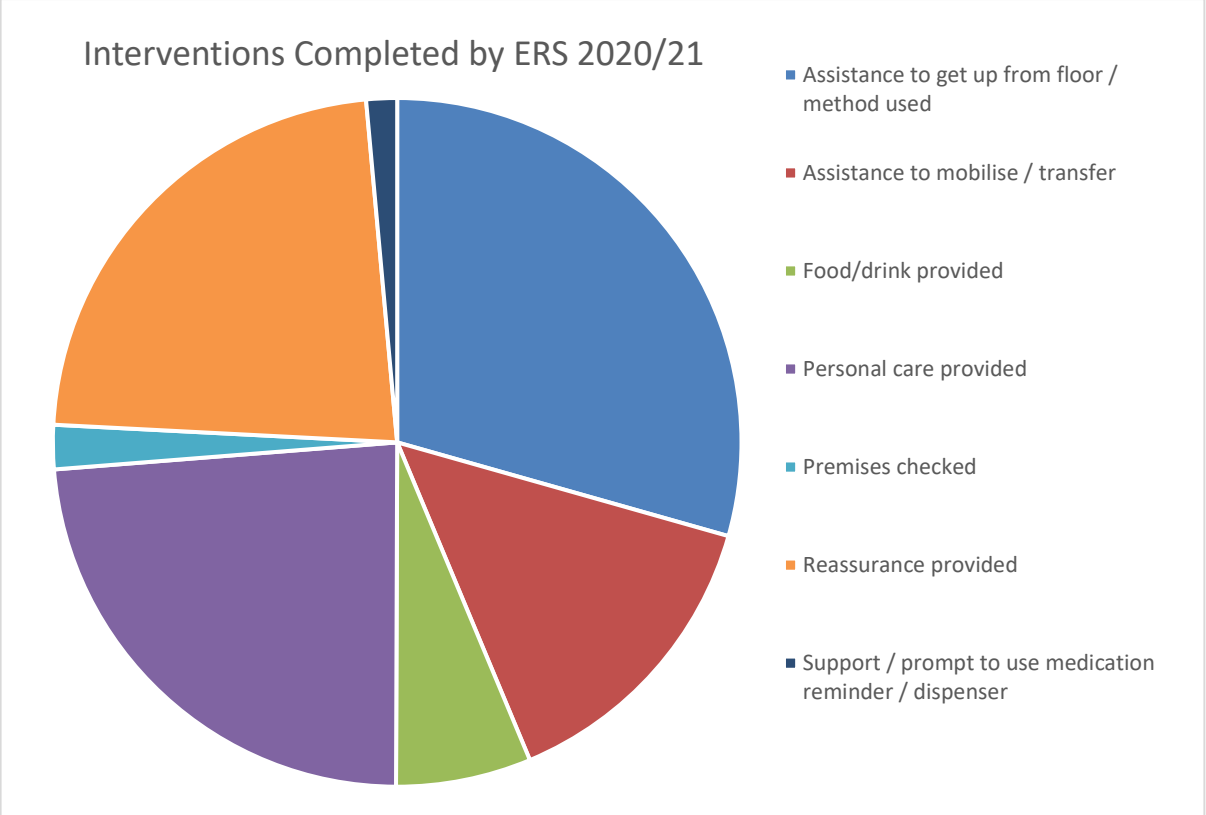
2.2.4 *Recent Projects -*

- Social Care Digital Innovation programme - The LGA in collaboration with NHS Digital grant funded digital innovation in social care. In 2019-21, 12 councils were selected for the third wave of funding, with six progressing to implementation. TECS was a part of this project developing TECHKNOW, an online resource supporting adults with learning disabilities and carers find technology to help them be more independent.
- Social Care Digital Innovation Accelerator (SCDIA) Councils co-funded and co-developed three Social Care Digital Innovation Accelerator (SCDIA) projects in 2020/21. Cambridgeshire County Council were part of a Virtual support project – AutonoMe. This collaborative project set out to help people with learning disabilities live more independently, particularly after the Covid pandemic. This was done by developing and implementing virtual support through a provider that guides people through information and learning materials to develop their employability and better manage their mental health and wellbeing.

2.2.5 *Recent Media coverage –* The CCC TECS team are often approached by media or other leaders within the market to provide information or advice some recent examples are below:

- LGA Awards – TECS have been shortlisted as finalists in the category Best use of technology. ‘’The LGC Awards are about recognising the most exceptional local government talent’’ (Editor Nick Golding)
- Government Events Conference – TECS have been approached to be a guest speaker at the Government Events’ upcoming ‘The Digital Inclusion Conference 2021: Making Digital Services Accessible for All’. Alongside this they have been asked to publish some literature for their learning portal
- Healthwatch – A recent presentation was given at the Annual General Meeting for Healthwatch Cambridgeshire and Peterborough about the use of TEC and how it can support individuals and their carers, this is now available for future use on their YouTube page.

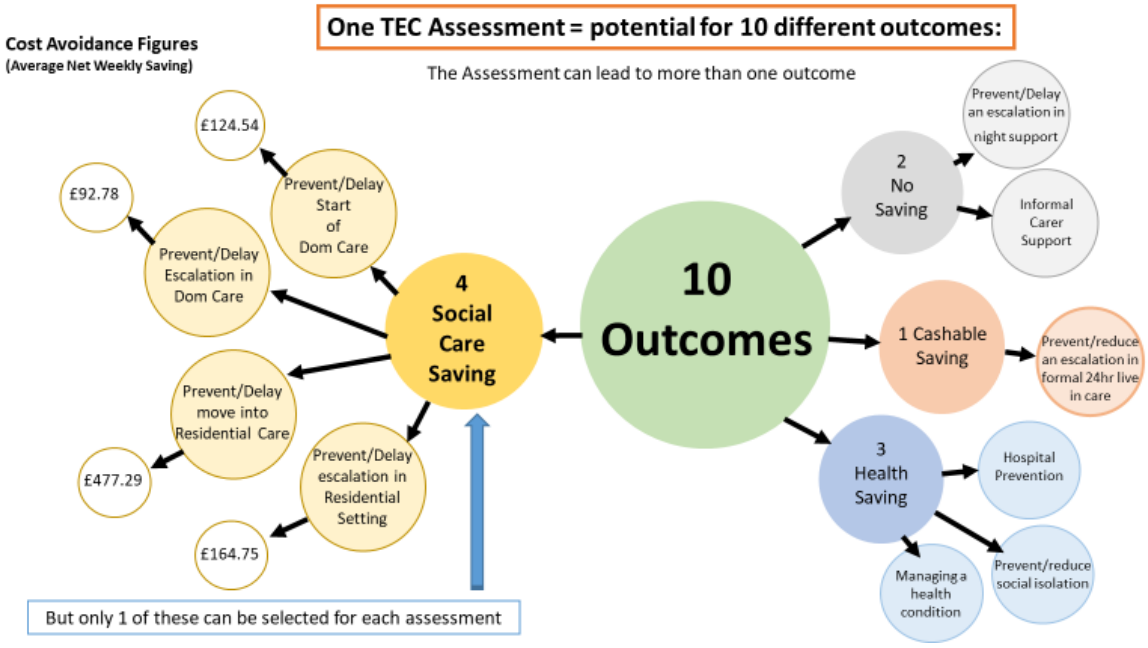
2.2.6 *Enhanced Response Service (ERS)* The TEC service links with the Enhanced Response Service (ERS) who sit alongside our Reablement Service, both Care Quality Commission (CQC) registered. In 2020/21 ERS avoided ambulance call out in 3,295 cases, supported informal carers in 132 cases and prevented need for a package of care or placement in 120 cases, enabling people to remain at home. The support from ERS is more than just support following a fall, as can be seen here.



2.2.7 The Enhanced Response service can refer on to our reablement team for short term care support to help the individual get back to independence, or raise any concerns about escalation in need with family, medical staff or providers. This means by having the TEC link the individual is getting the right support when they need it without having to re refer to services.

2.3 Current Performance Outcomes

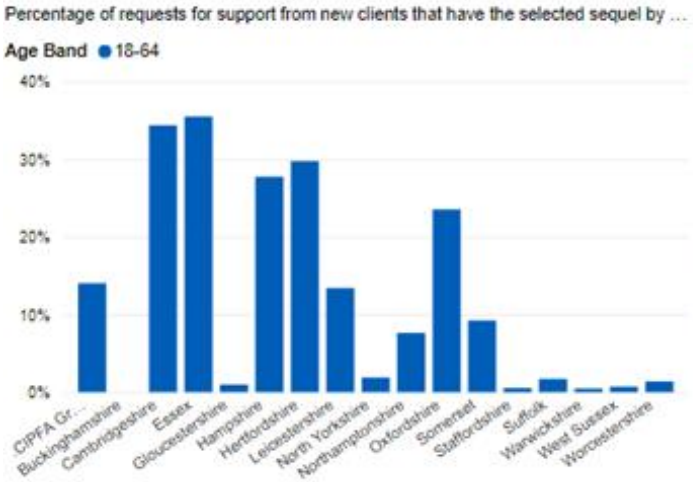
2.3.1 Every TEC Assessment looks at what the individual would like to achieve as an outcome and works to match equipment to this outcome. At the end of the assessment process the technologist will make a decision about what outcome has been achieved. There are 10 possible outcomes in total, 4 of these outcomes provide a cost avoidance, the other 6 provide system savings but these are not currently costed. Savings are calculated by using a formula that assumes; Net Weekly cost of care prevented x average number of weeks where cost remains same x (100-12%). The 12% is to account for the number of people receiving a TEC intervention that would not be financially eligible for a council funded care package.



2.3.2 In 2020/21 it was calculated £3.66 million of avoided costs attributable to TEC. There were 1,996 outcomes resulting in hospital prevention and 1,053 supporting informal carers. This shows that TEC is not just supporting adult social care but the system in general.

2.3.3 The 2018 UTOPIA study of local authority usage of care technology concluded that whilst basic technology had been considered most local authorities had not taken this far enough. It stated that the focus was often on the type of technology not on outcomes of service users and the CCC TEC Service has worked hard to increase the focus on positive outcomes and enhancing people's quality of life. At the time of the report Cambridgeshire was found to be one of only 7 local authorities that had a dedicated TEC strategy. Further Information can be found in Appendix 3.

2.3.4 2019/20 benchmarking on percentage of new client contacts that result in low level support (which is where Cambridgeshire count TEC) and where Cambridgeshire has high rates for both younger and older people compared to CIPFA (most similar) Councils



Age Band	18-64		65 and over	
CASSR Name	COUNT	PERCENTAGE	COUNT	PERCENTAGE
.CIPFA Group	13,390	14%	45,055	14%
Buckinghamshire	0	0%	10	0%
Cambridgeshire	1,685	34%	6,920	40%
Essex	2,355	36%	6,190	23%
Gloucestershire	30	1%	390	2%
Hampshire	4,950	28%	21,260	38%
Hertfordshire	1,815	30%	1,720	9%
Leicestershire	820	13%	3,125	14%
North Yorkshire	160	2%	370	2%
Northamptonshire	195	8%	1,120	11%
Oxfordshire	850	24%	2,575	21%
Somerset	210	9%	555	6%
Staffordshire	35	1%	45	0%
Suffolk	130	2%	230	1%
Warwickshire	10	0%	115	1%
West Sussex	65	1%	105	0%
Worcestershire	85	1%	315	1%

3. Future Development

3.1 The following are possible areas for future development. These have not yet been fully costed but have been included to give an indication of opportunities going forward should the Council decide to increase its investment in TEC.

3.2 TEC is a rapidly growing and developing service and it is important to ensure the service remains up to date with market demands. The experience of the pandemic has increased the focus on prevention and integrating digital solutions into both health and social care. Alongside the trialling and testing of new equipment the team are currently focusing future development around 4 key themes

- Increase in communication and education
- Increasing support at earlier stages
- Promotion and expansion of the service to meet demand
- Increasing carers support through TEC.

3.3 Below are current plans to meet these themes:

3.3.1 **Increase in communication and education**
Update of Smart Flat and open usage to public – TECS currently have a smart flat which they equip and set up for staff to see different equipment being used within a home for teaching purposes. Since the COVID pandemic began, the flat has not been in use and some equipment is now out of date. The Service plans to revamp the flat with new and future technology and widen the scope to allow members of the public to book and attend training events.

3.3.2 **Increasing support at earlier stages**
Outbound calling in D2A - TECS are currently looking to start a trial of outbound calling within the prevention and early intervention services. Outbound calling is the option of providing calls to people as automated messages, reminders, wellbeing calls or check calls. The TECS offer will provide a more advanced service allowing for our call centre to follow up on automated calls when there is an inappropriate or no response. If support is required the call centre can alert family, the Enhanced Response Service or emergency services. Outbound calling can be used to support those at early stages or as an alternative to tradition care and support packages.

3.3.3 Other local authorities have been able to use similar services in the following circumstances:

- Calls to customers at risk of loneliness e.g. on Birthday or Christmas, provide information on local befriending services, encourage attendance at local events and promote social engagement. This is usually a chargeable service
- Automated messaging of universal public health messages e.g. keeping warm in winter, coping in hot weather, uptake of flu vaccinations, falls prevention advice

3.3.4 Costs for the Automated Service are currently at:

- £25.00 + Vat one-off set-up per customer.
- Automated call £0.41 + Vat each
- Alarm call £0.77 + Vat each

3.3.5 *Children's Services –* Children's services have made TEC a priority for this year to look at how they can increase the use of technology in the support of children. TECS are currently working with children's service to scope the level of demand and resource required to meet demand as well as potential outcomes for children. This also includes the integration of TECS onto Children's case recording system to improve transparency.

3.4 Promotion and Expansion of the service to meet demand

3.4.1 *Promotion of lifeline service –* As previously discussed the lifeline service has surpassed expectations with regards to uptake and retention rates. This has been achieved without any outside promotion. Future development would include promotion to outside agencies through media and presentations. We have already been approached by local radio and health colleagues with regards to promotional opportunities but have currently not taken these up due to capacity limitations within the service.

3.4.2 *TSA Accreditation -* TECS are currently a member of the TSA. It is possible for lifeline services to become TSA accredited; Accreditation sets out KPIs for lifeline providers. This would be of benefit to the organisation as we can ensure the governance of the service through control activities, develop our risk response through risk management as well as transparency and accountability to our customers of our performance against KPI's. Currently the TECS reportable KPIs are with regards to the connections and retention rates not service delivery. TECS are hoping to move towards accreditation in 2022. Current cost of Accreditation is £2,460 p/a. Further details can be found in Appendix 4.

3.4.3 *Service Expansion -* With ever increasing demand on the service this is resulting in capacity concerns with regards to staffing and equipment usage. As the demand for the service continues to grow and develop, the structure around this will be needing to be increased. Future considerations need also to be given to the management structure, use of enhanced response services as well as project management, equipment testing and business intelligence to help identify growth opportunities for service.

3.4.4 Alongside this there is potential to grow the lifeline service, we know the TECS Lifeline service provides additional features to other services and a more rounded service to its users, such as use of the enhanced response service, limiting need for emergency response, and more proactive prevention through earlier identification of increasing need. It is therefore important to consider how the lifeline service expands further can support other providers locally.

3.5 Increasing carers support through TEC

Carers Joint Delivery Plan – Currently the carers delivery plan has a task to develop a range of Digital and Technology enabled care and support for Carers and review the Digital Resilience for Carers e.g. access and affordability. TECS are set to review the current offer provided to carers and how this can be strengthened in 2021/22.

4 Evaluation and Feedback on the Service

4.1 Overall feedback on the service is extremely positive and included below is a variety of feedback and case studies highlighting this. There are times however when TEC is not appropriate as an option. This can sometimes apply to people with advanced dementia

who are likely to turn off any electrical devices and for those who often leave their home and have no one to attend. This is why having a dedicated TEC service allows for in-depth assessment of what is suitable.

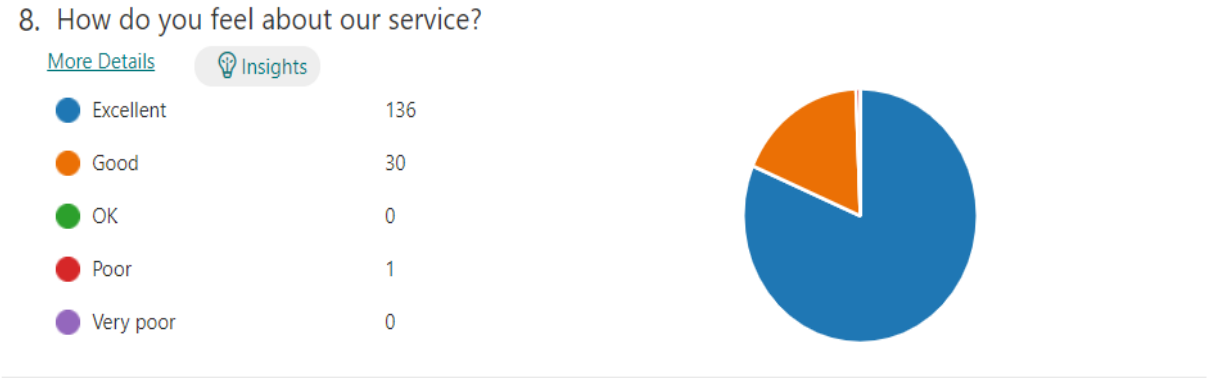
4.2 **Case Studies**:

4.2.1 Using Alexa for an individual following a Deafblind Specialist Assessment
A Rehabilitation Worker who is part of Cambridgeshire's Sensory Services Team, highlighted that a service user was slowly becoming more withdrawn due to significant hearing and sight loss despite living with her very attentive and caring daughter. Julie said: "The simple addition of a personal listener, a device used to enhance sound and reduce background noise, improved the situation immediately. The team carried out a home audiology visit and arranged for new hearing aids.

4.2.2 Use of Robotic Cat for someone with Dementia
Mrs D was a lady with advancing dementia, her family had been unable to see her as much due to the pandemic. They had noticed she was becoming withdrawn and not interacting with her carers, she would spend the day staring out the window. She was also becoming more reliant on her right arm and using her left arm less and less. The TECS team provided her with a robotic cat. Mrs D has become attached the cat, naming it and showing it off to visitors. She interacts with the cat stroking it with both arms and carrying it around her home. Family report 'it's like seeing my mum back'.

4.2.3 Use of GPS Tracker to support someone to remain at home
Mr F was a gentleman with advancing Alzheimer's who had taken to leaving the property and getting lost, family had placed him into emergency 24hour care as they were unsure how to support him going further. TECS supplied him with door sensors so family would be alerted when he was leaving the property, he was then provided with a GPS tracker so family could monitor him out walking and track his location if he did not return within the usual time. Mr F was able to remain at home as family carers felt supported and his was supported to keep his independence with daily walks.

4.3 **Recent Customer Feedback**:



''She also said that she is very pleased with the whole experience of having the lifeline and says it gives her peace of mind and makes her feel safer.''

''You, Ben and your organisation are a beacon of light to people like me in times of worry and concern for our loved ones.''

5. Alignment with corporate priorities

5.1 Communities at the heart of everything we do:

5.2 A good quality of life for everyone
There are no significant implications for this priority.

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

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

5.5 Protecting and caring for those who need us

6. Significant Implications

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

6.2 Procurement/Contractual/Council Contract Procedure Rules Implications
There are no significant implications within this category

6.3 Statutory, Legal and Risk Implications
There are no significant implications within this category

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

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

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

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

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

6.8.1 Implication 1: Energy efficient, low carbon buildings.
There are no significant implications within this category

6.8.2 Implication 2: Low carbon transport.
There are no significant implications within this category

6.8.3 Implication 3: Green spaces, peatland, afforestation, habitats and land management.
There are no significant implications within this category

6.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
There are no significant implications within this category

6.8.5 Implication 5: Water use, availability and management:
There are no significant implications within this category

6.8.6 Implication 6: Air Pollution.
There are no significant implications within this category

6.8.7 Implication 7: Resilience of our services and infrastructure and supporting vulnerable people to cope with climate change.
There are no significant implications within this category

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

7. Source documents guidance

7.1 None

Appendix 1

GLOSSARY

Assistive technology – technology products or devices that support a person to perform/ maintain functions

Telecare – a monitoring service, often called a lifeline, to support people living at home using an alarm unit, pendant and 24/7 monitoring support

Telehealth – delivery of heath relate services include medical care, support, information and education through digital communications

Telemonitoring – remote monitoring of people's needs through use of devices transmitted to a health or care provider

Environmental Control Systems (ECS)- are devices which assist people who have severe physical impairments enabling them to control their surroundings – for example, controlling heating, remotely answering a door intercom / releasing a door to allow carers in, opening and closing curtains, switching lights on and off. The devices can be controlled by switches that respond to even the slightest movement – eg an eye blink might be used by someone who might be, in all other respects, completely paralysed. Funding for these systems has been controlled centrally for many years – first through Health Authorities and now via NHS England. Cambridgeshire are keen to align their ECS offer with the rest of the service but the baseline funding for ECS is extremely small (only £77K per year to cover new installations and ongoing maintenance) so this has to be carefully managed.

Technologist – Practitioners completing assessments for TECS

Technician – Installs specialist equipment and lifelines for TECS

Appendix 2:

ADASS and TSA report March 2021. Key recommendations:

Full report can be found at:
adass_tsa_commission_report_integrating_technology_into_social_care_final_pages.pdf (tsa-voice.org.uk)

Appendix 3:

Inform Report. Care technology landscape Review by Soctim can be found below:

Care-Technology-Landscape-Review-Socitm-June-2019-Report-for-Essex-CC.pdf (telecareaware.com)

Appendix 4:

Below are the TSA standards for Accreditation:

TSA standards for Assessment and installation

Referral

- 5 out of 10 referrals completed within 2 working days – remaining referrals processed within 5 working days

Installation of Telecare

- 9 out of 10 URGENT installations completed within 2 working days of initial referral - remaining installations completed within 5 working days of initial referral
- 9 out of 10 NON-URGENT installations completed within 15 working days of initial referral - remaining installations completed within 20 working days of initial referral
- 9 out of 10 COMPLEX installations completed within 15 working days of initial referral – remaining installations completed within 20 working days of initial referral

Installation of Telehealth

- EVERY installation to be completed by the end of the next working day on receipt of a completed Telehealth plan

Repairs

- 9 out of 10 CRITICAL faults (i.e. where user safety is compromised), repaired or equipment replaced within 24 hours of the fault being reported – remaining critical faults within 48 hours of the fault being reported
- 9 out of 10 NON-CRITICAL faults repaired or equipment replaced within 5 working days of the fault being reported - remaining noncritical faults within 10 working days of the fault being

Social Care Reform

To:	Adults and Health Committee
Meeting Date:	22 September 2021
From:	Will Patten, Director of Commissioning
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	N/A
Outcome:	To provide an initial interpretation to the Adults and Health Committee on the implications of the Government's new proposals for Social Care Reform, "Build Back Better: Our plan for health and social care"
Recommendation:	The Adults and Health Committee is asked note and comment on the potential implications.

Officer contact:
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Post: Director of Commissioning
Email: will.patten@cambridgeshire.gov.uk
Tel: 07919 365883

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 On the 7th Septembers 2021, Government announced their proposals for social care reform in their white paper, "Build Back Better: Our plan for health and social care". This paper provides an overview of some of the potential financial impacts to Adult Social Care as a result of these proposals being implemented.

2. Main Issues

2.1 Overview

2.1.1 The Government White Paper "Build Back Better: Our plan for health and social care" sets out a number of proposed reforms to social care. The Government also announced £36bn of investment in the health and care system over the next three years to tackle the Covid backlogs, adult social care reform, and bring the health and social care system together on a long-term sustainable footing. This funding will be raised through a 1.25% increase in National Insurance Contributions (NICs). Over the next 3 years, social care will receive £5.4bn of this funding to implement the social care reforms set out in the White Paper.

2.1.2 The reform proposals will potentially introduce additional financial costs and risk to the Local Authority. We await detailed funding proposals before we are able to determine the full implications. However, this paper sets out, as we understand them, the key areas of risk. A more detailed analysis will follow once detailed proposals have been published by Government.

2.2 Social Care Reform – Key Changes outlined in the White Paper

2.2.1 The white paper outlines the following commitments to reform social care, which we believe may have financial implications to the local authority:

- **Introduce a cap on personal care costs:** a lifetime cap on care costs of £86,000 will be introduced from October 2023. The White Paper states that this "will apply regardless of where someone lives, how old they are, what their condition is, or how much they earn".
- **Provide financial assistance to those without substantial assets:** the state will cover all care costs for anyone with assets under £20,000. Anyone with assets between £20,000 and £100,000 will be expected to contribute to the cost of their care on a means tested sliding scale basis.
- **Harmonisation of care costs:** The White Paper states that "we will ensure that self-funders are able to ask their Local Authority to arrange their care for them so that they can find better value care".

2.3 Financial Risks for the Local Authority

2.3.1 Our initial interpretation is that there will be financial risks for the local authority, as outlined below. The Government has not yet published either detailed costings or how it intends to fund the additional financial pressures on local government. Whilst government has stated it plans to cover the costs of implementing these changes from the £5.3bn set aside for social care. We don't yet know what funding formulas will be applied in terms of our allocation and if there will be a gap.

2.3.2 *Funding for ongoing Pressures and Demand for Social Care*

The announcement doesn't directly sight additional funding to help us deal with social care pressures and increased levels of need. Nor does it appear to address unmet need. An analysis undertaken by Age UK highlighted the high levels of older people who need care who don't currently get it.

2.3.3 The white paper seems to indicate that local authorities will have to fund their "demographic and unit cost pressures" from a combination of "council tax, social care precept and long-term efficiencies". The white paper then goes on to say, effectively, that social care funding "will be determined in the round at the Spending Review in the normal way". Usually, the spending review negotiations will focus on how much of the increase in resources will be funded from council tax and how much by the Treasury. We would expect the same in the 2021 spending review and we will have to wait until budget in October 2021 and the Local Government Finance Settlement in December to understand the full implications.

2.3.4 There is also an additional risk for local government in that the additional funding for the NHS will increase their activity levels in the short term and place more pressure on social care, without the additional resources to cope.

2.3.5 **Changes to care cost cap and financial assessment limits**

In reality, the number of older people breaching the cap is likely to be relatively small. It is more likely to impact on working age adults with long-term care costs due to the lifetime of those care costs being longer and self-funders who typically pay more for their care.

2.3.6 Changes to the financial assessment limits will result in the new £100,000 limit being over 4 times higher than the current limit of £23,250, this potentially means that more people will be eligible for support than under the current system.

2.3.7 The local authority will potentially have a financial liability to fund more packages of care, as a result of both of these changes. The £86k cap applies to care costs and not accommodation costs, but we are not clear how this will be applied in practice. Currently costs for residential and nursing care are paid for as a single fee, inclusive of all accommodation, food and care costs.

2.3.8 In addition we also need to think about the impact on demand and associated resource implications, as we may see an increase for social care assessments once the cap comes

in from October 2023. The changes to the financial assessment process will also have staffing implications for Adults Finance Operations, who will need to respond to and implement the changes and respond to increases in workload. It is also worth noting that this will impact on IT systems, such as Mosaic, which will also need to be updated to be compliant with the new requirements. We will also need to review our Contributions Policy.

2.3.8 **Increased Costs of Care - Market Impact**

2.3.9 *Introduction of the 1.25% Health and Social Care Levy*

There will be a requirement for employers to contribute towards the new levy, representing an increase to employer based NICs. Providers may seek to offset this pressure, passing it through to the local authority via the inflation of care costs. Early estimates, based on the limited information we have available to us, indicate that this could present a pressure of up to c. £1m per annum for Cambridgeshire County Council.

2.3.10 If the Government makes any changes to the National Living Wage (NLW) to offset the increased tax burden for low paid employees, then this would increase the financial risk further.

2.3.11 The White Paper indicates that public sector employer costs will be covered by government, however it is unclear whether this will extend to covering the impact of wider independent provider costs.

2.3.12 *Market Equalisation of Care Costs*

The White Paper states that “we will ensure that self-funders are able to ask their Local Authority to arrange their care for them so that they can find better value care”. Self-funders typically pay higher rates than the local authority and so any equalisation of market rates will potentially result in increased rates for local authorities.

2.3.13 In a report commissioned by the County Councils Network, and updated in 2017, care experts Laing and Buisson estimated that the additional cost from harmonisation of rates would be £670m per year for county authorities alone, as weekly fees paid by self-funders are much higher than those paid by local authorities.

3. Alignment with corporate priorities

Report authors should evaluate the proposal(s) in light of their alignment with the following four 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
Ensuring a good quality of life for people.

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
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
There are no significant implications within this category.

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

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

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

Have any Public Health implications been cleared by Public Health?
Yes or No
Name of Officer:

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

5. Source documents guidance

5.1 Source documents

"Build Back Better: Our plan for health and social care"
County Councils Network

Key indicators for Health Inequalities in Cambridgeshire

To:	Adults and Health Committee
Meeting Date:	22 September 2021
From:	Jyoti Atri, Director of Public Health
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	N/A
Outcome:	Information on methods of measuring health inequalities in Cambridgeshire and their advantages disadvantages
Recommendation:	The Adults and Health Committee is recommended:

a) to consider ways of measuring health inequalities in Cambridgeshire and timeliness of the measures available and agree:

i. An ambition to improve the time that people live in good health in Cambridgeshire and to reduce inequalities in health outcomes.
ii. To monitor under 75 mortality from causes considered preventable as a lead indicator for inequalities, acknowledging the lag in timeliness of data.
iii. To continue to use the more detailed and timely data in the Joint Strategic Needs Assessments/Covid impact assessments to inform the Health and Wellbeing Strategy and key areas of focus for action.

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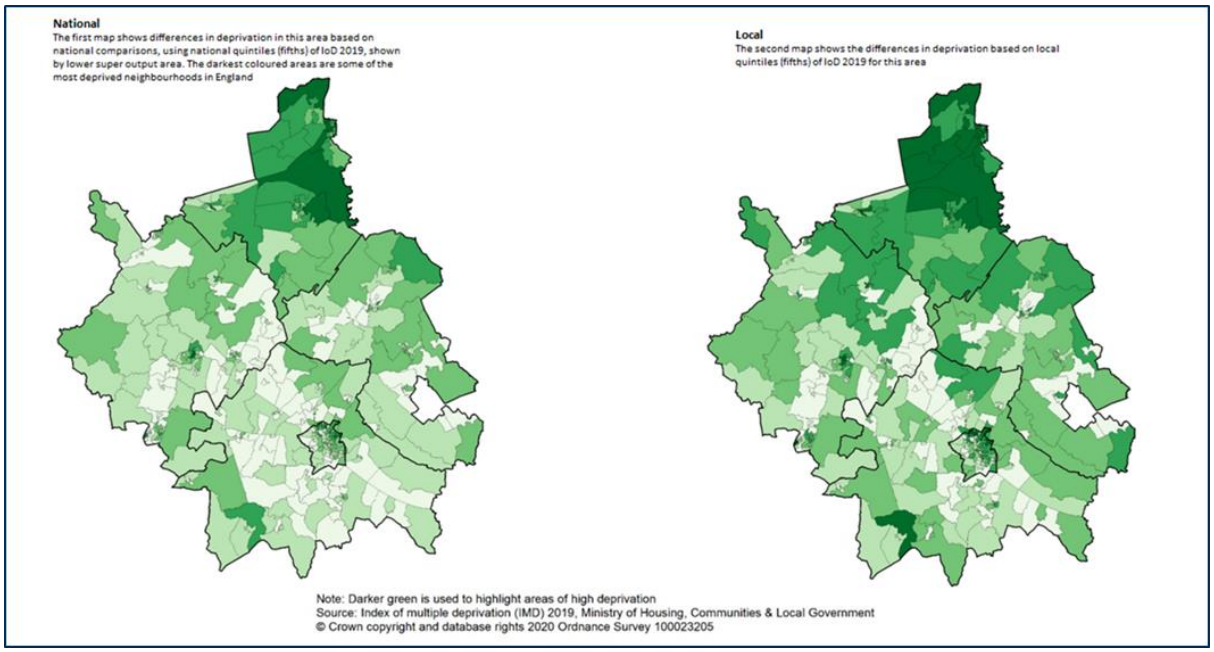
Susanvandeven5@gmail.com
Tel: 01223 706398

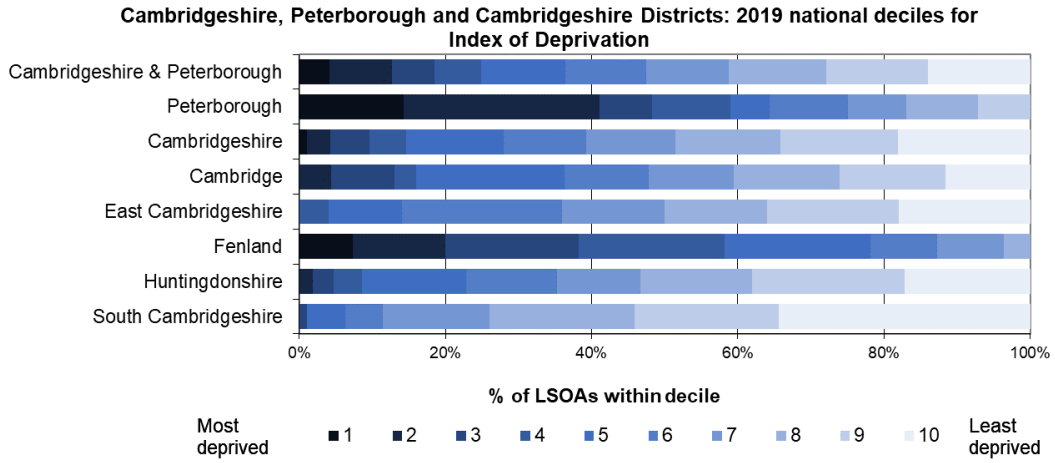
1. Background

1.1 Cambridgeshire has a growing resident (and GP registered population) population due to a mixture of natural change and migration.

1.2 There is a mixture socioeconomic deprivation across Cambridgeshire, with some of the areas in Cambridge and in the north of Cambridgeshire having higher levels of deprivation both when compared nationally and locally.



1.3 Nearly all districts in Cambridgeshire have areas of more deprivation as seen in the map, though Fenland and Cambridge have a higher proportion of areas in the most deprived deciles



1.4 Inequalities in health outcomes are associated with deprivation, ethnicity, gender, disability and sexual orientation. There are multiple causes of this including variations in genetic, and behavioural risk factors as well as inequalities in access to healthcare. However, there is a large body of evidence that demonstrates that, education, good work, housing and our

surroundings have the biggest impact on health outcomes and health inequalities. This paper will focus on inequalities in health outcomes related to deprivation.

1.5 The pre-pandemic position regarding health, health inequalities and the social, economic and environmental factors that impact health have been summarised in the Cambridgeshire and Peterborough Joint Strategic Needs Assessment Core Dataset which was updated in July 2020. In addition there have been specific Primary Care Network profiles created for each Primary Care Network in Cambridgeshire. These PCN profiles provide in-depth population health analytics regarding demography, population characteristics, selected lifestyle behaviours, prevalence and mortality from principal diseases as well as use of social care and secondary care services.

2. Main Issues

2.1 Individual measures of socio-economic status, such as occupation or educational status, are not routinely collected by the health service. Instead proxy measures based on post code and Indices of Deprivation (IoD) are used. IoD measures are slow to change and not updated frequently, with the last update in 2019.

2.2 Many health measures are associated with deprivation inequalities and there are some overarching measures of health and health outcomes. Key examples are given below and the most recent data for these are given in **Appendix A.** The Slope Index of Inequality (SII) is a measure of inequality in itself. Some of the other measures can be plotted against deprivation at smaller geographies, such middle super output areas (areas with an average of 7200 individuals), wards or districts, to examine inequalities.

Examples of overarching health outcomes

- **Life Expectancy (at birth)** is the average number of years a person living in a particular area would expect to live based on modern mortality rates in that area.
- **Life Expectancy gap** is the difference in the life expectancy figures comparing gender (difference between male or female) and different areas (difference between wards or local authorities).
- **The Slope Index of Inequality (SII)** is a measure of the social gradient in life expectancy, i.e. how much life expectancy varies with deprivation. It takes account of health inequalities across the whole range of deprivation within an area and summarises this in a single number. This number represents the range in years of life expectancy across the social gradient from most to least deprived.
- **Healthy Life Expectancy (at birth)** is the average number of years a person would expect to live in good health in a particular area based on modern mortality rates in that area and prevalence of self-reported good health.
- **Premature mortality rates** are mortality rates for deaths under age 75 for all causes combined and leading causes of death including preventable causes of death

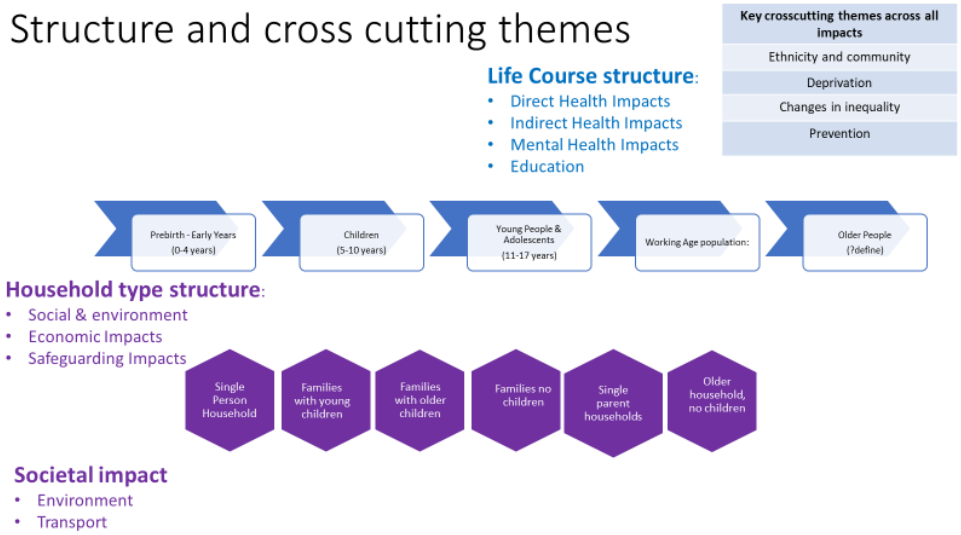
2.3 The specific advantages and disadvantages of these overall measures are provided in **Appendix B.** In the main, although these can act as a lead indicator of health status and health inequalities they are slow to change and timeliness of reporting is relatively lagged with current data availability being for the period 2017-2019. This leads to the need of combining any lead indicator of health and health inequalities with more detailed and timely information.

2.5 Improving Healthy Life Expectancy in Cambridgeshire is a core ambition as this is the years that a person would expect to live in good health. However, it is not a good measure for understanding inequalities across the county as it is not available at smaller geographies. Two measures do allow this: life expectancy which doesn't include an individual's health status and premature mortality (deaths under 75). Deaths under the age of 75 from causes considered preventable is one of the overarching measures most associated with deprivation (see graph in Appendix A) with the advantage being able to rapidly understand the health conditions contributing to this premature mortality. It is also available at smaller geographies such as ward and MSOA (geographies of approximately 7200 individuals).

2.6 The impact of Covid-19 on broader health conditions, wellbeing and inequalities is likely to be large but is still unclear. Understanding this will be made more complex by the fact that individuals will have used services such as primary care and secondary care services differently during the Covid-19 pandemic partly due to changes in the services (supply) as well as changes in ability/willingness to attend services (demand). The pandemic is also likely to have increased need and health inequalities.

2.7 There is ongoing collaborative intelligence work between the council Public Health Intelligence, Business Intelligence teams and Clinical Commissioning Group intelligence teams to gather the evidence of impacts of Covid-19 and the emerging needs in Cambridgeshire.

2.8 This will include the direct health impacts, the indirect health impacts and the wider impacts of Covid-19 and changes in inequalities.



2.8 This collaborative programme of intelligence work will generate a live suite of evidence over Summer- Autumn 2021. Some nationally released data sets, such as key health data sets have release dates in autumn and this live suite of evidence approach allows the release of findings as they become available. It will be key to have system input into the findings to assess if changes are due to differences in need, demand, supply and the impact on health inequalities.

2.9 This Covid-19 Impact Assessment/JSNA will inform the development of the Health and Wellbeing Strategy and also inform the selection of more detailed health and wider determinant indicators to monitor the impact of this strategy on health and wellbeing outcomes in Cambridgeshire.

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 paragraph 2.1

3.2 A good quality of life for everyone
The report above sets out the implications for this priority in paragraph 2.1

3.3 Helping our children learn, develop and live life to the full
The report above sets out the implications for this priority in paragraph 2.1
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3.4 Cambridgeshire: a well-connected, safe, clean, green environment
The report above sets out the implications for this priority in paragraph 2.1

3.5 Protecting and caring for those who need us
The report above sets out the implications for this priority in paragraph 2.1

4. Significant Implications

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

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications
Not applicable

4.3 Statutory, Legal and Risk Implications
There are no significant implications within this category.

4.4 Equality and Diversity Implications
This report is to assess the measures for inequalities in health outcomes.

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
See report

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

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? **Yes**
Name of Financial Officer: **Justine Hartley** (8/9/21)

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the Head of Procurement? **Yes**
Name of Officer: **Henry Swan** (8/9/21)

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: **Amy Brown** (10/9/21)
Head of Legal and Governance & Deputy Monitoring Officer

Have the equality and diversity implications been cleared by your Service Contact?
Yes
Name of Officer: **Jyoti Atri** (10/9/21)

Have any engagement and communication implications been cleared by Communications?
Yes
Name of Officer: **Matthew Hall** (9/9/21)

Have any localism and Local Member involvement issues been cleared by your Service Contact? **Yes**
Name of Officer: **Jyoti Atri** (10/9/21)

Have any Public Health implications been cleared by Public Health?
Yes
Name of Officer: **Jyoti Atri** (10/9/21)

If a Key decision, have any Environment and Climate Change implications been cleared by the Climate Change Officer?
Not applicable

Name of Officer:

5. Source documents guidance

5.1 Source documents

- Local Joint Strategic Needs Assessments and Core datasets can be found here Cambridgeshire Insight – Joint Strategic Needs Assessment (JSNA)
- Primary care network profiles can be found here Cambridgeshire Insight – Health and Wellbeing – Healthcare Public Health
- Health Foundation What makes us Healthy infographic Infographic: What makes us healthy? | The Health Foundation

Appendix A: Table of Key Health Outcome Measures

Area	Life expectancy at birth (Male), 2017-19 (1)	Life expectancy at birth (Female), 2017-19 (1)	Inequality in life expectancy at birth (Male), 2017-19 (2)	Inequality in life expectancy at birth (Female), 2017-19 (2)	Healthy life expectancy at birth (Male), 2017-19 (3)	Healthy life expectancy at birth (Female), 2017-19 (3)	Under 75 mortality rate from causes considered preventable, 2017-19 (4)	Under 75 mortality rate from all cardiovascular diseases, 2017-19 (4)	Under 75 mortality rate from cancer, 2017-19 (4)	Under 75 mortality rate from liver disease, 2017-19 (4)	Under 75 mortality rate from respiratory disease, 2017-19 (5)
Cambridge	80.9	84.3	10.9	11.4	-	-	128.3	62.0	103.2	16.8	28.0
East Cambridgeshire	81.1	85.1	7.6	4.2	-	-	113.3	61.3	111.5	14.3	22.4
Fenland	78.7	82.1	7.6	2.4	-	-	157.1	84.0	138.1	14.9	39.8
Huntingdonshire	81.4	84.4	8.8	7.0	-	-	108.3	48.8	111.7	12.7	28.2
South Cambridgeshire	82.9	85.8	1.9	3.5	-	-	90.1	44.7	107.5	7.0	18.6
Cambridgeshire	81.2	84.4	8.1	7.2	64.3	66.2	115.00	57.6	114.1	12.4	27.0
East of England	80.5	83.9	7.9	6.2	64.4	64.2	124.3	62.9	122.6	15.2	29.1
England	79.8	83.4	9.4	7.6	63.2	63.5	142.2	70.4	129.2	18.5	34.2

Key		
Statistically significantly better than England	Statistically similar to England	Statistically significantly worse than England

1. Life Expectancy = The average number of years a person would expect to live based on contemporary mortality rates.
2. Inequality in life expectancy at birth = The calculated difference in life expectancy at birth between the most and least deprived deciles of the population, expressed as the ‘Slope Index of Inequality’ (SII). This measure reflects the social gradient in life expectancy, i.e. how much life expectancy varies with deprivation. It takes account of health inequalities across the whole range of deprivation within an area and summarises this in a single number. This number represents the range in years of life expectancy across the social gradient from most to least deprived.
3. Healthy Life Expectancy = The average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health (derived from responses to survey questions on general health).
4. Directly Age-Standardised Rates of Under 75 Mortality per 100,000 = Direct Age-Standardisation controls for the potentially confounding effect of differing age proportions between populations (i.e. that fewer deaths would be expected in areas with younger populations). Age-specific mortality rates are calculated which are then multiplied by the European Standard Population for each age group and aggregated across all age groups to give age-adjusted rates of deaths between areas.Appendix B: Advantages and disadvantages of measures

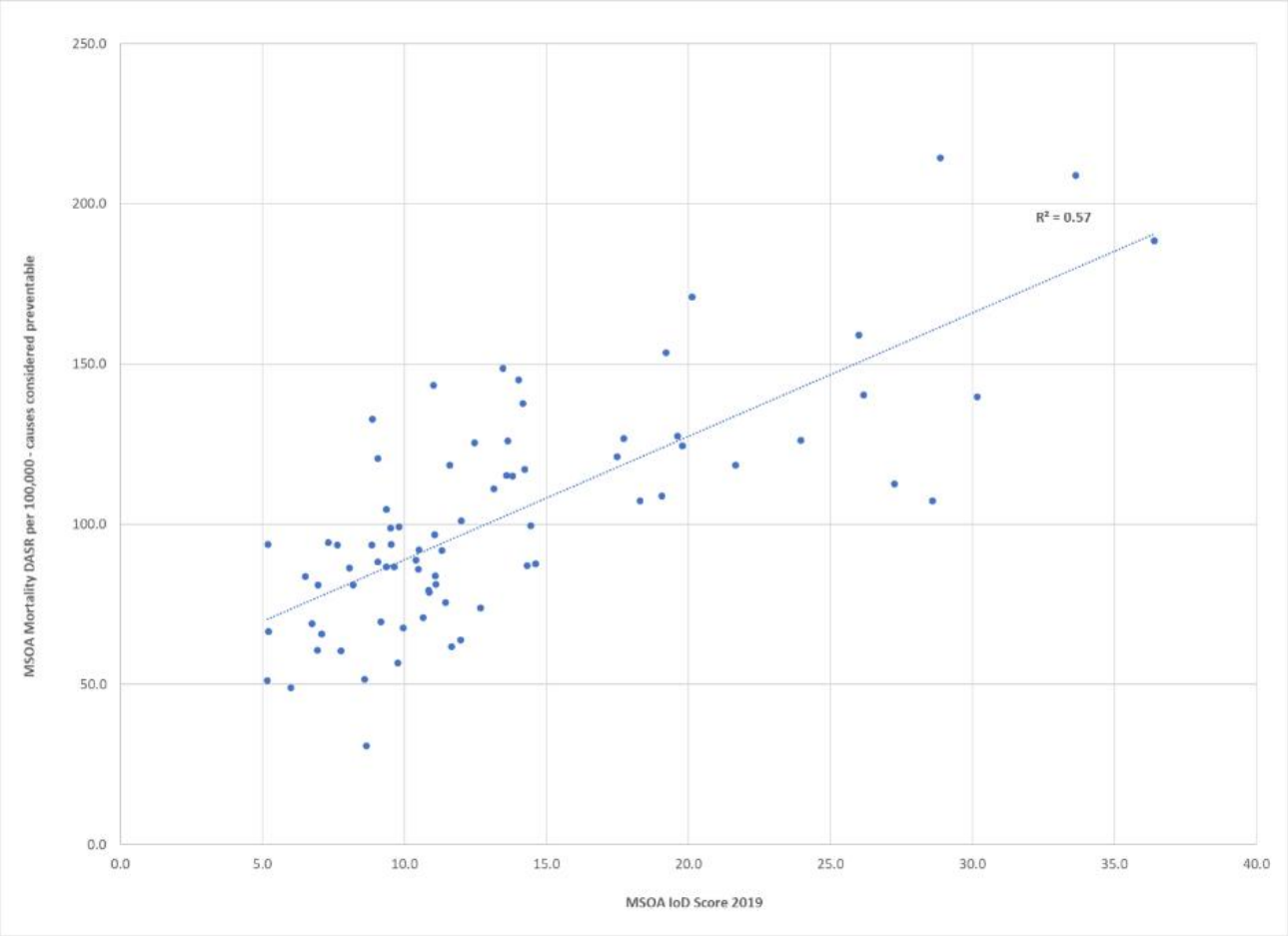
Appendix B: Advantages and disadvantages of key overarching health measures

Overarching Health outcome	Latest data available	Geographical specificity	Advantages	Disadvantages
Life expectancy	2017-2019. Updated December 2020	District, Ward, MSOA	• Easy to understand, widely used and reported and consistent, allowing for comparison over time and between areas/countries. • Calculation methods are well defined and non-controversial.	• Does not include health status during life. Life expectancy has increased more than healthy life expectancy in the last decade showing the number of years in poor health has increased • Therefore measure could theoretically improve going forward through increasing number of years lived in poor health
Slope index of Inequality	2017-2019	District	• Widely researched, with a substantial body of literature to underpin validity. • Easy to understand and can illustrate substantial inequalities/inequities between populations with a District.	• Sensitive to local population characteristics (i.e. location of care homes, accuracy of local population data for small areas). In some cases, this can lead to inconclusive results. • Summary data relate to differences within Districts, therefore Districts with relatively consistent levels of low life expectancy will score 'lower' in terms of observed inequality than areas with high levels of inequality.
Healthy Life expectancy	2017-2019	Cambridgeshire	• Healthy life expectancy provides a measure of the years a person would expect to live in good health	• Only available at Upper Tier Local Authority level. • Measure of years spent in 'good' or poor' health is self-reported and doesn't adjusted for the severity of ill health or the types of conditions that may be present. • Methodology has changed so difficult to track historically

Premature mortality	2017-2019	District, Ward, MSOA	• Premature mortality relates to mortality rates for deaths under 75; this can be reviewed for all-cause mortality, preventable mortality and for leading causes of death such as cardiovascular disease, cancer, liver disease and respiratory disease. • Highly reflective of inequalities, with premature mortality much more prevalent in more socio-economically deprived areas. • Data are directly-age standardised and therefore not susceptible to bias/confounding as a result of differences between populations.	• At smaller geographies, smaller numbers for some indicators may lead to a degree of random variation between years (this is partially mitigated this by using pooled 2017-19 periods within this analysis).

Appendix C: Correlation between directly age-standardised rates for mortality under75 for causes considered preventable and Indices of Deprivation 2019 scores by Middle Super Output Area, 2017-19

C&P CCG Patients Resident in Cambridgeshire Mortality under 75 DASR per 100,000, 2017 - 2019, Causes considered preventable correlated with IoD Score 2019 by MSOA



Expansion of the in-house Lifeline Service

To:	Adults & Health Committee
Meeting Date:	22 September 2021
From:	Will Patten, Service Director, Commissioning, People & Communities
Electoral division(s):	All
Key decision:	Yes
Forward Plan ref:	2021/041
Outcome:	Adults and Health Committee is being asked to approve: The expansion of the County Council's in house Lifeline Service thereby enabling the Council to provide services to other authorities and/or partner organisations. The expansion of the service would enable more people to be supported to live in the home of their choice with the support of assistive technology. Income generated from the expansion of the service would be reinvested in the local service thereby benefitting people across Cambridgeshire.
Recommendation:	The Adults and Health Committee is recommended to: a) Approve the expansion of the County Council's Lifeline Service thereby enabling the Council to provide services to other authorities and/or partner organisations. b) Note that the expansion of the service will enable more people to be supported to live in the home of their choice through the provision of assistive technology. c) Comment on the approach of expanding the service to reinvest in local technology enabled care provision with any surplus used to test emerging digital technologies that will benefit people across Cambridgeshire.

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1. Background – Technology Enabled Care (TEC)

1.1 Technology Enabled Care (TEC) services refers to the use of a range of technology devices that are an essential tool in enabling people to remain living independently and safely within the home of their choice and continue to contribute to, and benefit from, their local community. Practical and emotional support is available when it is needed 24/7 at the press of a button and the provision of appropriate technology can reduce and delay people's need to move into sheltered accommodation, and can avoid the need for long term care and support.

1.2 There are different types of TEC, all of which are available through Cambridgeshire's service:

- **Connected Telecare** equipment includes wired and wireless sensors and detectors that are programmed through a base unit and will alert a call receiving centre who can then make contact with a nominated responder – e.g. family member or neighbour. Lifelines, are an example of "connected telecare" and are sometimes known as community alarms, or pendant alarms. People who have a Lifeline installed in their home will wear a red button pendant or wrist band which they can press if they need assistance. Sensors and detectors can also be paired to these systems so that automatic alerts can be raised to the call centre, for example a falls detector that sends an alert automatically if the wearer suddenly drops to the floor, or a smoke detector sending an alert where there may be a fire in a person's property (see case example 4. in annex A)

- **Standalone Telecare** sensors and detectors are not connected to an alarm receiving centre but are programmed to link to pagers or mobile phones carried by a carer – often a family member. Such equipment includes bed and chair leaving alarms, fall detectors, door monitors and epilepsy monitors

- **Standalone technology** consists of individual pieces of electronic equipment that enhance a service user's independence by prompting or reminding them. Alerts are not sent to either a carer or alarm receiving centre. Such items include medication reminders, task prompt devices and smart phone apps

1.3 In Cambridgeshire County Council, we have a nationally respected and well established in-house TEC and Sensory Services Team that sits within Adults Early Intervention and Prevention services. The TEC element of the service covers the provision of a range of technology to meet people's diverse needs, including services detailed above at 1.2. The Sensory Services part of the team specifically works with adults who have sight or hearing impairment, or dual sensory loss.
The TEC service has seen year on year increase in referrals with the provision of interventions that ensure people are well supported with the optimum technology at the right time. Annex A offers an insight into the specific outcomes that can be achieved with positive responses from service users and carers. The TEC Team is a member of the Telecare Services Association (TSA) which is a national umbrella body that drives good practice across TEC services. The TEC Team are also an active member of the TSA Special Interest Group working on prevention and proactive technologies.

1.4 The TEC team receive referrals from a number of different sources including health and social care practitioners and are responsible for undertaking assessment of individuals, and for providing people with loan equipment that meets their assessed needs, and our statutory duty, under The Care Act 2014.

1.5 Cambridgeshire County Council's TEC team is an integrated service. The CCG contributes funding to the service so that it can provide interventions on behalf of the CCG. The integrated service is governed by a Section 75 Agreement between Cambridgeshire County Council and Cambridgeshire and Peterborough Clinical Commissioning Group (CCG). Section 75 Agreements were legally provided by the NHS Act 2006 and allow budgets to be integrated between health and social care. This facilitates integrated commissioning with the CCG and also promotes joint working with provider organisations including Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and the acute hospital trusts.

1.6 In October 2020, the Cambridgeshire TEC Team became a Lifeline provider. This development was key following a soft market test exercise which highlighted that a similar service could not be matched by the private sector. The soft market test resulted in only two responses from the open market and neither were able to offer the end-to-end service that is provided by the TEC Team.

1.7 Prior to October 2020, people who needed a Lifeline, and connected Telecare equipment, ended up on two separate pathways. They would first need to be referred to one of a variety of different Lifeline providers operating across Cambridgeshire, and then a secondary referral to the TEC team for any sensors and detectors that needed to be linked to the Lifeline. This meant there was an extremely fragmented service which was confusing to the people using it and led to delays in people receiving services. With the TEC team now able to provide both the Lifeline and the connected telecare, the service is able to operate as a 'one stop shop' with a single point of referral. This also means there is a single assessment process to identify needs, and a single installation service for the Lifeline units, and connected equipment.

1.8 People are provided with a Lifeline on a free of charge six-week trial basis in order to encourage take-up. After six weeks people in receipt of a Cambs TEC Lifeline pay £5 per week to cover the costs associated with the alarm receiving centre which is available 24/7/365 and provided through a contract with *Astraline*. Charging for this element of the service is common practice across the Country as there is no statutory duty to provide Lifelines free of charge. A national benchmarking exercise was undertaken to determine the £5 per week charge that is levied in Cambridgeshire and, through consultation with the TSA, this was deemed to be both appropriate and affordable. For people who have a Lifeline, and are also being assessed for social care support, the £5 Lifeline charge is considered as Disability Related Expenditure (DRE) and therefore has the effect of an offset against a person's client contribution. The peripheral sensors and detectors (that link to the Lifeline) are provided, on loan, free of charge and in line with Care Act eligibility – this applies to both funded and self-funded users. If, after the six-week trial, the individual prefers not to continue to have a Lifeline, the equipment is removed and recycled for re-use. The Lifeline units themselves are digital which means they are fully compatible with the *BT Openreach* Digital Switchover due to be completed by 2023.

1.9 This report seeks acknowledgment of the success of the service so far, and approval to begin to actively promote the service across Cambridgeshire, and beyond, so as to enhance the customer base, generate additional income to reinvest in the service, and to provide an aligned service across the local authority area that is fit for the 21st century.

2. Main Issues

2.1 The Cambs TEC Lifeline service has, so far, primarily relied on referrals from the County Council's internal Adult Social Care teams as there has been no external marketing of the service. The business case projected 448 new service users in the first eight months, but has actually achieved 638 and generated income of £24,000. The service has a take-up rate of 95%, i.e. only 5% of people refuse to continue with the Lifeline after the first six weeks and therefore pick up the ongoing costs.

2.2 A key benefit of the in-house service is that the Cambs TEC team have control over the activation history data that is captured by the alarm receiving centre operated by *Astraline.* This means that the service can be truly preventative and use the data to understand the best response in terms of early intervention and avoid unnecessary interventions – e.g. reducing ambulance call-outs and admissions to residential care. The case studies at Annex A demonstrate how this works in practice and also includes some scenarios that show how the service, as a whole, delivers savings and avoided costs for both health and social care in addition to great outcomes for people. The TEC team work hard to ensure that individual solutions are matched to people's needs and feedback from service users enables a co-production ethos within the team.

2.3 When CCC opted to provide its own Lifeline service, it recognised the fragmented and out-dated local services that were currently on offer, the impact of the impending *Open Reach* Digital Switchover and the opportunity presented by providing its own service. The Digital Switchover will have significant implications for users of analogue phone lines as the analogue Lifeline systems will be incompatible with the new digital communications within people's homes. This presents a risk that people may be left vulnerable if their existing Lifeline units are not digitally ready. The Cambs TEC Lifeline Service has embraced this situation and commenced operating with digital-ready technology that also provides high quality data in terms of early intervention and prevention.

2.4 It was an early intention that the Cambs TEC Lifeline service could be offered out to other local authorities to generate income and exploit the gap being created by the private sector. Across Cambridgeshire and Peterborough there are a number of areas of opportunity to grow the Cambs Lifeline service, particularly with current district and city council services so as to develop stronger partnerships across the County.

2.5 It is the TEC Team's view that marketing the Cambs TEC Lifeline service to external partners presents an exciting opportunity for CCC to expand its service offer of a cost effective service delivery model. As part of any agreement with other local authorities there would be a comprehensive service specification detailing the provision, finance schedule and reporting requirements.

2.6 In order to deliver the service expansion as outlined above, the TEC team will invest £102K per annum to cover the fixed costs of the service. These costs, in additional to variable unit

costs directly related to the roll-out of additional lifelines, are expected to be fully recoverable as part of the proposed financial model.

2.7 Based on the modelled expansion of the service, this will deliver a regular income which is expected to increase over five years to an estimated £282k per annum. It would be the intention of the TEC Team to invest any surplus in the trialling of new digital technologies. This will be kept under review and where there are opportunities to grow the service further, another paper could be brought back to Committee.

	Year 1	Year 2	Year 3	Year 4	Year 5
Fixed Costs	102,000	102,000	102,000	102,000	102,000
Variable Costs	82,000	105,000	127,000	147,000	150,000
Total Cost	**184,000**	**207,000**	**229,000**	**249,000**	**252,000**
Modelled Income	-208,000	-232,000	-257,000	-279,000	-282,000
Net Benefit	**-24,000**	**-25,000**	**-28,000**	**-30,000**	**-30,000**

3. Alignment with corporate priorities

3.1 Communities at the heart of everything we do

There are no significant implications for this priority.
or

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

The report above sets out the implications for this priority in paragraphs 1 & 2

3.2 A good quality of life for everyone

The report above sets out the implications for this priority in paragraphs 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 paragraphs 1 & 2

3.5 Protecting and caring for those who need us
The following bullet points set out details of implications identified:
Technology Enabled Care enables the delivery of outcomes for people:

- Promotion and maintenance of independence, well-being and quality of life for customers in their own home
- Manage and minimise risk for people living at home

- Reduce social isolation
- Detect deterioration and enable more early intervention for people with long term conditions
- Enhance people's sense of dignity and increased confidence
- Reassurance and breaks for informal carers
- Prevent, reduce, delay escalation of needs and hospital / care home admissions
- Supporting safe hospital discharge
- Supporting the prevention, reduction and delay in people needing formal packages of care and support
- Embrace the use of new technology, as it becomes available

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 paragraph 2.2

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications
There are no significant implications within this category.

4.3 **Statutory, Legal and Risk Implications**
The report above sets out details of significant implications in paragraphs 1 & 2

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
There are no significant implications within this category.

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.
Neutral
Explanation: n/a

4.8.2 Implication 2: Low carbon transport.
Positive:

Explanation: The TEC Service will lease vans that have low emissions and are fuel efficient for the Technicians who undertake the installation of the Lifeline and sensors. Travel is minimised by zoning the area covered by each Technician each day and they carry stock in their vans for several days reducing the need to return to the store for re-stocking. Assessments and reviews are completed by telephone whenever appropriate again reducing travel by the Technologists. Many TEC devices support reduction of unnecessary travel for Service Users and their families to stay in touch with each other, receive 'I'm OK notifications' and avoid check visits. The provision and installation of some technology can mean reduced or prevented packages of care meaning less vehicles on the road

4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats and land management.
neutral
Explanation: n/a

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
Positive :
Explanation: Equipment can be recycled for re-use

4.8.5 Implication 5: Water use, availability and management:
neutral Status:
Explanation: n/a

4.8.6 Implication 6: Air Pollution.
neutral Status:
Explanation:

4.8.7 Implication 7: Resilience of our services and infrastructure, and supporting vulnerable people to cope with climate change.
Positive Status:
Explanation: Devices can support people in ensuring their living environment is a safe as possible and at the optimum temperature for their needs – ie can alert to excessive heat or cold

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 LGSS 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: 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: 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 Source documents

None

Case examples detailing the early intervention and prevention benefits of provision of technology enabled care. These are based on real case examples from Cambridgeshire TEC Team. Names have been changed in all cases

1. Suzie made a referral to the TEC team as she was having difficulty supporting her parents, Jim and Anne. She was receiving numerous calls from them every day. Jim had dementia and was being aggressive towards his wife and displaying challenging behaviour. Anne was physically frail and becoming afraid of Jim, so was isolating herself upstairs. Suzie was working full time which often involved trips abroad. A lifeline was installed, with local services and neighbours set up as responders. Suzie is really pleased with how the Lifeline has supported her and her parents. She now has more peace of mind when she is abroad. Anne is able to summon assistance whenever she feels afraid, and she is reassured by the Astraline Call Operators and the local responders. Jim and Anne continue to live independently with no social care package, just a privately funded cleaner and a meal delivery service.

2. Alan made a referral to TEC for his mother, Sarah, due to her history of falls. Sarah had dementia but was still living in her own home with a social care package and had support with shopping, cleaning and meal preparation. However, she was unable to summon help if needed. A Lifeline was installed by TECS with a bed and chair sensor to monitor and detect if any falls had occurred. Alan is pleased with the Lifeline because it has saved the need to make repeated visits, especially overnight and the family are less anxious about the frequency of Sarah's falls.

3. Amanda made a referral to TECS for her mother, Jackie, who lives alone. The main risks identified were falls, wandering outdoors and over medication. TECS installed a Lifeline with smoke detector, door sensors and pivotell medication reminder. Two months after initial installation movement detectors were added to the system to enhance the detection of falls. Daughter likes the lifeline because she can be easily summoned in an emergency.

4. John was referred to the TEC team as he was not independently mobile but was keen to remain living in his own home. A Lifeline and linked smoke detector were installed. Three days after the installation, the smoke detector triggered a call to the alarm receiving centre who immediately called the Fire & Rescue Service. John was safely rescued but his property was severely damaged by fire.

The TEC Team utilises an approach that calculates preventative savings through an outcomes based model. The following bullets summarise some of the outcomes that TEC can help achieve and the associated costs avoided:

- **Desired outcome**: **Residential care prevention - intervention will potentially delay or eliminate need for this type of care.**
- **Social care avoided**: average cost of high level care package – might be care home or 24 hour live-in care
- **Cost**: £750 x18 p/wk (average length of time for which an escalation in care has been delayed because of a TEC intervention is 18 weeks.)

- **Desired outcome: Reduce or eliminate care package – intervention will reduce, delay or eliminate formal care required eg waking night care**
- **Social care avoided**: Difference between average cost medium level care package: three to four calls a day £232.26 and average cost of a high level care package might be care home or 24-hour live-in care £750
- **Cost**: £517.74 x18 p/wk (average length of time for which an escalation in care has been delayed because of a TEC intervention is 18 weeks.)

- **Desired outcome: Falls prevention plan – intervention will prevent a fall/hospital admission associated with a fall specifically**
- **Social care avoided**: Hospital Discharge – Average cost of one hour of Reablement £34 Average length of package x 21 hrs
- **Cost**: £714 on off

Integrated Community Equipment Service Pooled Budget

To:	Adults and Health Committee
Meeting Date:	22 September 2021
From:	Executive Director, People & Communities
Electoral division(s):	Countywide
Key decision:	Yes
Forward Plan ref:	2021/027
Outcome:	The continuation of an integrated approach to the provision of a community equipment service in Cambridgeshire.
Recommendation:	The Adults and Health Committee is recommended: a) To approve that the County Council enters into a renewed Section 75 Agreement and pooled budget with Cambridgeshire & Peterborough Clinical Commissioning Group. b) To note the risk share contributions of partners as part of the pooled budget arrangement.

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Member contacts:
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Susanvandeven5@gmail.com
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1. Background

1.1 The Integrated Community Equipment Service (ICES) contract has been in place since 2014, operated by *NRS Healthcare* who are one of the market leaders in this sector. It was extended under the contract terms in 2019 for a further two years, and again in 2020 for a further year due to Covid19 following required governance procedures. .The current contract will therefore terminate on 31/3/2022. A request for permission to go out to tender for a new contract was approved by Adults Committee in March 2021. That procurement project is currently underway with contract award delegated to the Executive Director of People & Communities.

1.2 The ICES is jointly commissioned by an integrated arrangement and pooled budget with the CCG. This is governed by a Section 75 Agreement. Section 75 Agreements were legally provided by the NHS Act 2006 to enable budgets to be integrated and pooled between local health and social care organisations and authorities. The current ICES Section 75 Agreement will terminate at the same time as the contract on 31/3/2022.

1.3 The contracted service is responsible for the purchasing, delivery, installation, collection, recycling, repair and maintenance of a large range of health and social care equipment which helps people to remain as independent as possible in the community and in the home of their choice. The service also provides minor housing adaptations (small ramps, rails etc). The provision of equipment to people with assessed need is part of our statutory duty under The Care Act 2014 and is a critical service in terms of keeping people as independent as possible, avoiding admissions to hospital or care homes, reducing the amount of formal home care packages, supporting discharges from hospital and end of life care. The service is well respected within the local health and social care system. The provision, and installation, of appropriate equipment to people at home can prevent, avoid and delay their need for more costly forms of health and social care support. The service provides equipment to all service user groups including children.

1.4 Annex A provides some specific data in terms of the performance and outcomes of the current contract. In summary:

- The service processes an average of 5,500 orders per month with a similar number of people receiving community equipment each month
- The main KPI for the contract measures the speed at which deliveries are completed within 5 working days. The target for this is 98% and the provider's current performance is 98.7%
- The current recycling performance is 87% of items returned to the depot are 'returned to shelf'. This, in turn, brings credit to the pooled budget through the 'buy back' model
- Feedback on a small sample shows that 81% of people report that the equipment they receive helps them to remain as independent as possible at home, with 71% saying the equipment helps them to reduce the amount of help they need from others

1.5 Annex B offers two case studies to demonstrate how this service delivers qualitative outcomes for people whilst delivering efficiencies in terms of reduced packages of long term care and support, and avoided cost / demand management savings.

2. Main Issues

2.1 An analysis has been undertaken by CCC Finance and Commissioning to determine whether the Section 75 pooled budget risk share contributions from partners remain appropriate. The analysis looked at the type of equipment being prescribed and whether these prescriptions were for primarily health or social care need and how this aligned with the current pool arrangements.

2.2 The analysis concluded that, particularly in recent years, there had been a greater call on the service for people with complex health needs. This reflects the national and strategic intentions to support more people with complex long term conditions to live as independently as possible in the community. An evidenced proposal was therefore presented to the CCG who approved the change to the percentage risk share contributions, as detailed in the table at 2.3.

2.3

	CCC contribution	**CCG contribution**	**Total annual pooled budget**
Pooled budget 2021-22	£2,464,627 (51.4%)	£2,327,843 (48.6%)	£4,792,470
Indicative Pooled budget from April 2022	£2,309,971 (48.2%)	£2,482,499 (51.8%)	£4,792,470

2.4 Cost pressures and underspends will be managed in line with the risk share agreement based on the agreed percentage contributions as per the table at 2.3. Inflation and demography uplifts will be reviewed as part of annual Business Planning processes but will also be considered in line with the contractual requirement of the ICES contract to apply an annual uplift based on the Consumer Prices Index (CPI).

2.5 The ICES Section 75 Agreement and pooled budget is one of the County Council's long standing agreements and is a positive example of CCC and CCG partnership working. The pooled budget position is reported to the ICES Commissioning Group on a quarterly basis and continues to fund an established and well respected integrated service. The pool has performed well in recent years with budget pressures kept to a minimum through a number of robust gatekeeping and authorisation processes so as to control demand wherever possible. However, it should be acknowledged that the service is entirely 'demand led' and therefore has to respond to spikes in demand for community equipment. Examples of key areas which could impact on this include supporting hospital discharges, the discharge to assess pathway, the response to Covid and many other system wide initiatives where the

provision of the right equipment at the right time is essential.

3. Alignment with corporate priorities

3.1 Communities at the heart of everything we do

There are no significant implications for this priority.
or

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

The report above sets out the implications for this priority in [ref paragraph]

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 2

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
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:
Explanation: n/a

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: Stephen Howarth

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS 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 or LGSS Law? Yes
Name of Legal Officer: Fiona McMillan

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

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

Name of Officer: 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: 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

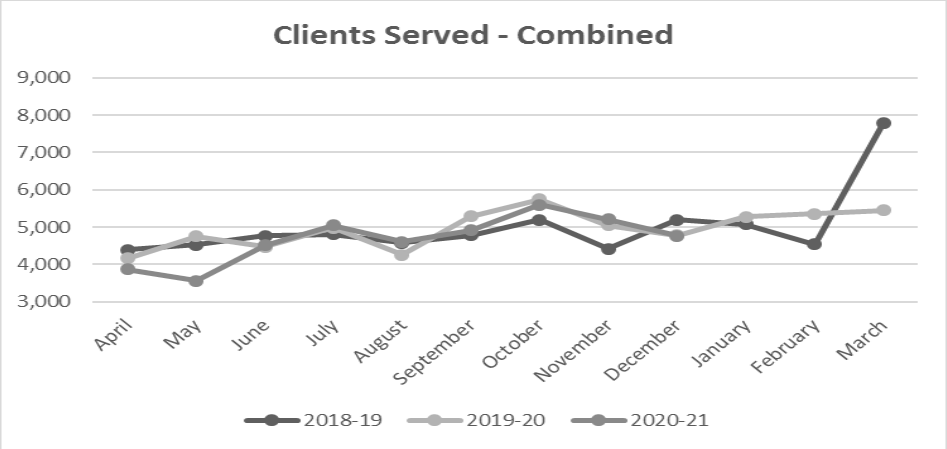
5. Source documents guidance

5.1 Source documents

None

Annex A

Number of people in the community receiving a service per month

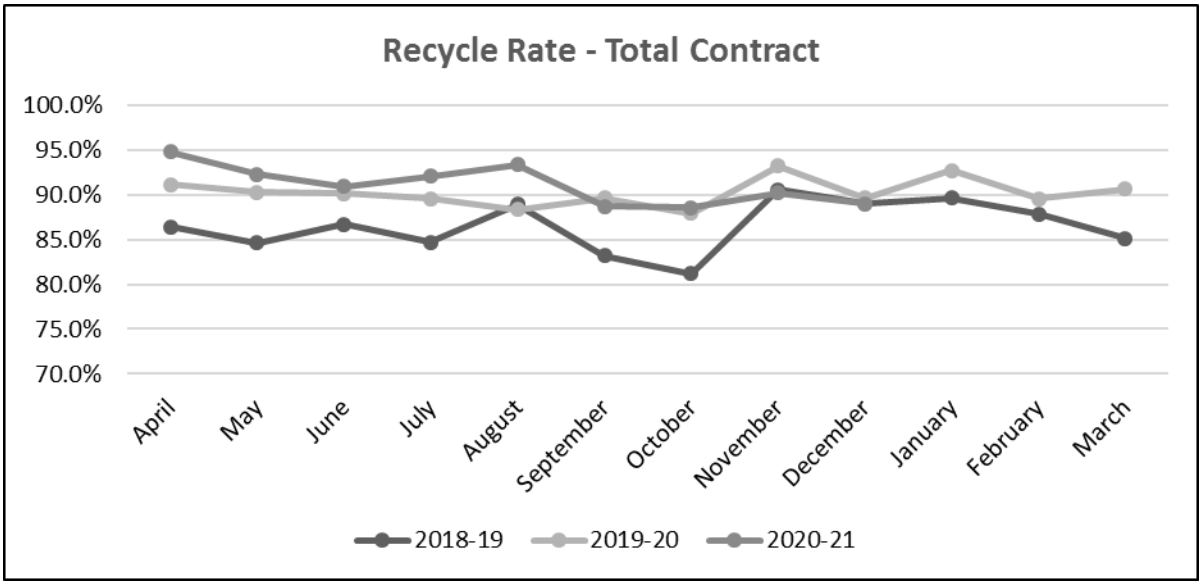


In-time performance showing performance of the contract against KPIs:

- **98% of deliveries completed within 5 working days of receipt of requisition**
- **99% of collections completed within 5 working days of receipt of requisition**

Financial Year	Cambridgeshire	
	Delivery	Collection
2018-19	96.3%	99.6%
2019-20	95.1%	99.3%
2020-21	94.0%	94.7%

Recycling performance - ie the percentage of collected items returned to shelf and available for reissue



Service user survey results December 2020. Self reported

outcomes for people in receipt of community equipment N=60

	COMPLETELY	A GREAT DEAL	A MODERATE AMOUNT	A LITTLE	NOT AT ALL	N/A
Being able to remain as independent as possible in your home	14%	37%	23%	7%	4%	15%
Making day to day living easier	23%	35%	27%	4%	4%	7%
Reducing the amount of help you need from others	16%	31%	16%	8%	15%	14%

Annex B

CASE STUDIES

Helen

Case study demonstrating how the provision of equipment can avoid the need for double-up care, deliver demand management savings and maintain the well-being of the service user…

- *80 year old lady with multiple long term conditions*
- *Lived alone in own bungalow & keen to remain so*
- *Supportive family but felt she might need more care, or care home*
- *Care package = 3 times per day to assist with personal care and transfers*
- *Care agency reporting difficulty managing to transfer Helen with only one carer and requested approval to increase care and support to two carers per visit*
- *Occupational Therapy assessment recommended some changes to the home environment and provision of better moving & handling equipment*
- *Equipment delivered and installed by ICES*
- *Daughter said: "now I can help mum in a safe way without feeling that I am doing something wrong…"*
- *Care package maintained at 3 calls per day with one carer*
- *Equipment costs: £1880*
- *Estimated cost avoidance for one year : £12,000*

Peter

Case study showing how the provision of the right equipment can reduce a package of care, deliver cashable savings and improve the quality of life and well-being of the service user

- *72yr old gentleman with Multiple Sclerosis. Full time wheelchair user*
- *Often spent the day in bed as couldn't face the "hassle" of being transferred into his wheelchair. Consequently became very depressed*
- *Lives with his wife in fully adapted and accessible bungalow*
- *Double-up care package in place comprising three calls per day to assist with personal care and transfers*
- *Assessed by Occupational Therapist who recommended alternative transfer aid and gantry hoist (more comfortable than a mobile hoist)*
- *Equipment delivered and installed by ICES and successfully used by the carers*
- *Care package reduced to single-handed care, saving 14 care hours per week and delivering £12,800 cashable savings over 12 months*
- *Total cost of the equipment provided to Peter was £2,000*
- *Peter and his wife said he had been "given his life back". Peter said "the carer talks to me now, rather than the two of them talking to each other"*
- *Two subsequent annual reviews confirmed that the equipment and single handed care were still working well, so saving had been maintained*

Molift raiser, profiling bed and gantry hoist

Examples of ICES equipment that can help facilitate single handed care

Agenda Item No: 10

Finance Monitoring Report – July 2021/22

To:	Adults and Health Committee
Meeting Date:	22 September 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 July 2021/22
Recommendation:	The Adults and Health Committee is asked to review and comment on the report

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

Member contacts:
Names: Cllr Richard Howitt / Cllr Susan van de Ven
Post: Chair/Vice-Chair
Email:
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 No decision is required by committee, but 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 budget headings in the FMR that are within the remit of this committee are set out below in section 2.5, 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 July, Adults are forecasting an underspend of 0.5% of budget (£1,051k), and Public Health are reporting an underspend of 2% of budget (£1,027k):

Directorate	Budget 2021/22 £000	Actual July 21 £000	Forecast Outturn Variance £000
Adults & Safeguarding	174,603	42,533	-1,095
Adults Commissioning (including Local Assistance Scheme)	18,512	5,041	44
Public Health (excl. Children's Health)	39,039	4,801	-1,027
Total Expenditure	**232,153**	**52,376**	**-2,078**
Grant Funding (including Improved Better Care Fund, Public Health Grant etc.)	-54,415	-40,558	0
Total	**177,738**	**11,818**	**-2,078**

2.2 This forecast position remains very uncertain at this point in the year. 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 July 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 July, Adults are forecasting an underspend of £1,051k (0.5%), with pressures in some disability and mental health services more than offset by an underspend forecast in Older People's 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, disrupted savings delivery, and rising needs of people receiving care. 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 services 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 into 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 where the pandemic has resulted in deaths occurring before they would normally be expected. As a result, 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 likely to be an increase in need for care services as Covid restrictions ease, and as NHS discharge funding ends in the middle of the year, as well as evidence of a rising complexity of need which will increase costs. Care provider support may also be required if government funding is not aligned to how long infection control requirements last. The forecast underspend assumes a lot of growth in cost from this month to the end of the year.

2.4.6 We will review in detail on a quarterly basis the activity information and other cost drivers to validate this forecast position, and so this remains subject to variation as circumstances change. In particular, a budget rebaselining exercise will be undertaken at the mid year point to assess the full impact of Covid on the numbers of older people being supported.

2.4.7 Learning Disabilities (LD) and Mental Health services have got 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 needs, requiring large amounts of care that cost much more than we budget for an average new care service. LD services in Cambridgeshire work in a pooled budget with the NHS, so any increase in cost in-year is shared.

2.4.8 Public Health

2.4.9 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.

2.4.10 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 is continuing into the first part of 2021/22 with indications that spend is currently below budgeted levels, and a risk of remaining so through the current financial year. In addition, with the unprecedented demand for public health 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 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.

2.5.1 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	

2.5.2 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.

2.5.3 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.

2.5.4 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.

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?

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

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

Subject: Finance Monitoring Report – July 2021

Date: 13th August 2021

Key Indicators

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

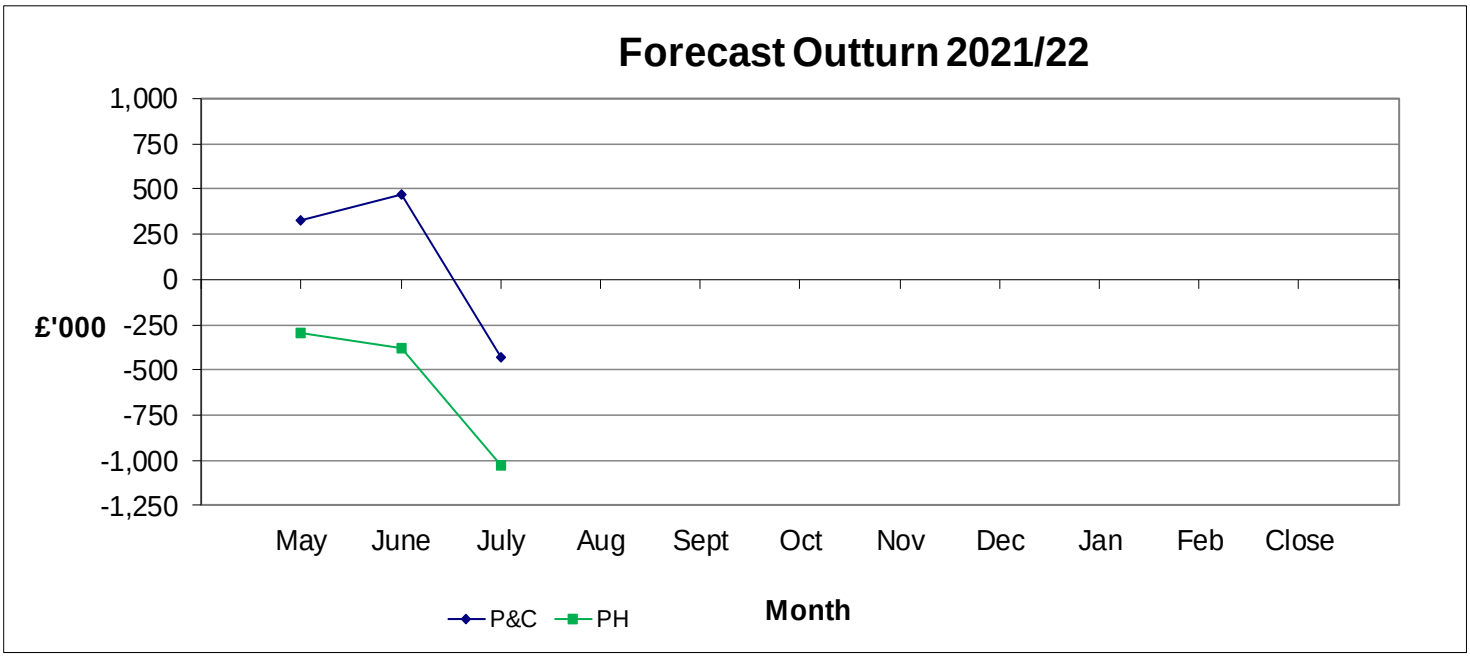
Contents

1. Revenue Executive Summary

1.1 Overall Position

People and Communities reported an underspend of -£426k at the end of July.

Public Health reported an underspend of -£1,027k at the end of July.



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 %
-191	Adults & Safeguarding	174,603	42,533	-1,095	-0.6%
-53	Commissioning	41,560	10,924	1,294	3.1%
561	Communities & Partnerships	11,577	2,532	487	4.2%
-0	Children & Safeguarding	59,375	13,035	-1,259	-2.1%
796	Education - non DSG	38,953	11,562	791	2.0%
11,244	Education - DSG	89,528	26,622	11,244	12.6%
-644	Executive Director	3,079	277	-644	-20.9%
11,714	**Total Expenditure**	**418,675**	**107,486**	**10,819**	**2.6%**
-11,244	Grant Funding	-118,599	-38,020	-11,244	9.5%
469	**Total**	**300,076**	**69,465**	**-426**	**-0.1%**

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	2,267	0	0.0%
0	Drugs & Alcohol	5,918	1,342	0	0.0%
-10	Sexual Health & Contraception	5,290	519	-212	-4.0%
-10	Behaviour Change / Preventing Long Term Conditions	3,714	607	-378	-10.2%
-27	Falls Prevention	87	0	-27	-31.7%
0	General Prevention Activities	13	-1	0	0.0%
0	Adult Mental Health & Community Safety	257	16	0	0.0%
-332	Public Health Directorate	23,761	2,318	-410	-1.7%
-380	**Total Expenditure**	**48,356**	**7,068**	**-1,027**	**-2.1%**

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 July 21 £000	Forecast Outturn Variance £000
-191	Adults & Safeguarding	174,603	42,533	-1,095
-53	Adults Commissioning (including Local Assistance Scheme)	18,512	5,041	44
-380	Public Health (excl. Children's Health)	39,039	4,801	-1,027
-624	**Total Expenditure**	**232,153**	**52,376**	**-2,078**
0	Grant Funding (including Improved Better Care Fund, Public Health Grant etc.)	-54,415	-40,558	0
-624	**Total**	**177,738**	**11,818**	**-2,078**

1.3.2 Children and Young People Committee

Forecast Outturn Variance (Previous) £000	Directorate	Budget 2021/22 £000	Actual July 21 £000	Forecast Outturn Variance £000
-0	Children's Commissioning	22,414	5,668	1,250
0	Communities & Safety - Central Integrated Youth Support Services	382	-25	0
-0	Children & Safeguarding	59,375	13,035	-1,259
796	Education – non DSG	37,953	10,563	791
0	Public Health - Children's Health	9,317	2,267	0
796	**Total Expenditure**	**129,441**	**31,507**	**782**
0	Grant Funding (excluding Dedicated Schools Grant etc.)	-17,777	-3,923	0
796	**Total Non-DSG**	**111,664**	**27,584**	**782**
0	Commissioning – DSG	245	0	0
11,244	Education – DSG (incl. contribution to combined budgets)	90,528	27,622	11,244
11,244	**Total DSG (Ringfenced Grant)**	**90,773**	**27,622**	**11,244**

1.3.3 Communities, Social Mobility and Inclusion Committee

Forecast Outturn Variance (Previous) £000	Directorate	Budget 2021/22 £000	Actual July 21 £000	Forecast Outturn Variance £000
561	Communities and Partnerships	11,195	2,557	487
561	**Total Expenditure**	**11,195**	**2,557**	**487**
0	Grant Funding (including Adult Education Budget etc.)	-3,989	-2,552	0
561	**Total**	**7,206**	**5**	**487**

1.3.4 Cross Cutting P&C Policy Lines

Forecast Variance Outturn (Previous) £000	Directorate	Budget 2021/22 £000	Actual July 21 £000	Forecast Outturn Variance £000
-0	Strategic Management – Commissioning	389	215	0
-644	Executive Director	3,079	277	-644
-644	**Total Expenditure**	**3,468**	**492**	**-644**
0	Grant Funding	0	0	0
-644	**Total**	**3,468**	**492**	**-644**

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 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 it is likely that the same will happen over at least the first part of 2021/22

At July 2021, the forecast P&C outturn is an underspend of -£426k; around 0.1% 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 July, Adults are forecasting an underspend of £1,051k (0.5%), with pressures in some disability and mental health services more than offset by an underspend forecast in Older People's 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, disrupted savings delivery, and rising needs of people receiving care. 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 services 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 into 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 where the pandemic has resulted in deaths occurring before they would normally be expected. As a result, 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 likely to be an increase in need for care services as Covid restrictions ease, and as NHS discharge funding ends in the middle of the year, as well as evidence of a rising complexity of need which will increase costs. Care provider support may also be required if government funding is not aligned to how long infection control requirements last. The forecast underspend assumes a lot of growth in cost from this month to the end of the year.

We will review in detail on a quarterly basis the activity information and other cost drivers to validate this forecast position, and so this remains subject to variation as circumstances change. In particular, a budget rebaselining exercise will be undertaken at the mid-year point to assess the full impact of Covid on the numbers of older people being supported.

Learning Disabilities (LD) and Mental Health services have got 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 needs, requiring large amounts of care that cost much more than we budget for an average new care service. LD services in Cambridgeshire work in a pooled budget with the NHS, so any increase in cost in-year is shared.

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 now resulting in significant increased costs 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; 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 an in-year forecast pressure of £1.25m. Since April we have seen a rise of 7 young people in residential homes, representing a 20% increase in numbers, and a 33% increase in overall financial commitment. Weekly cost for this type of provision is significantly higher than foster care, so any shift towards residential will have significant impact on the budgetary position. Higher cost placements are reviewed regularly to ensure they are the correct level and step downs can be initiated appropriately; however, we are continuing to see an increase in demand for this placement type. We are also seeing the impact of Tier 4 step-downs which can lead to high placement costs, and demand for this placement type is also expected to rise.

- Despite further pressures within the Children's Disability Service (£400k), 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 (-£884k), Corporate Parenting (-£400k) and Adoption Allowances (-£375k).

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 is currently forecasting 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.

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. The viability of outdoor education provision will need to be an area for discussion.

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 Education, Health and Care Plan (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 there is an underlying forecast pressure of £11.2m relating to High Needs.

This is a ring-fenced grant and, as such, overspends do not currently affect the Council's bottom line. We are working 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 £175k mainly as a result of additional costs related to Covid-19.

Public Library Services are reporting an increased 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 £644k, due to a large provision for spend on Personal Protective Equipment (PPE) for service delivery expected to partly not be required as central government has extended its cost-neutral PPE scheme for councils into 2021/22 aligning it with the current phasing of restrictions easing.

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 is continuing into the first part of 2021/22 with indications that spend is currently below budgeted levels, and a risk of remaining so through the current financial year. In addition, with the unprecedented demand for public health 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 July 2021, the capital programme forecast underspend continues to be zero. The level of slippage and underspend in 2021/22 is currently anticipated to be £3,492k and as such has not yet exceeded the revised Capital Variation Budget of £5,805k. A forecast outturn will not be reported unless this happens.

Funding

The following changes in funding since June 2021 have occurred:

- Prudential borrowing increased by £152k as a result of changes in the capital variation budget.

Cost Changes

Capital Variation: £152k reduction in scheme provision to take into account revisions to the capital plan since the Business Plan was agreed, this subsequently resulted in an overall increase to prudential borrowing requirement.
Details of the currently forecasted capital variances can be found in appendix 4.

3. Savings Tracker Summary

The savings tracker is produced quarterly to monitor delivery of savings against agreed plans. The first savings tracker of 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 July 21 for Children in Care Placements is shown below:

	BUDGET				ACTUAL (July 21)				VARIANCE		
Service Type	*No of placements Budgeted*	*Annual Budget*	*No. of weeks funded*	*Average weekly cost per head*	*Snapshot of No. of placements July 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	8	6.27	£1,092k	3,190.23	-0.73	-£112k	-117.39
Residential - secure accommodation	1	£365k	52	7,019.23	0	0.00	£k	0.00	-1.00	-£365k	-7,019.23
Residential schools	10	£1,044k	52	2,006.99	7	6.90	£535k	1,735.45	-3.10	-£508k	-271.54
Residential homes	35	£6,028k	52	3,311.90	42	39.68	£8,263k	4,187.55	4.68	£2,235k	875.65
Independent Fostering	230	£10,107k	52	845.04	221	218.44	£9,805k	872.67	-11.56	-£302k	27.63
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	22	18.07	£1,666k	1,495.66	-1.93	-£89k	-192.26
16+	8	£200k	52	480.41	4	2.32	£41k	270.68	-5.68	-£159k	-209.73
Supported Living	3	£376k	52	2,411.58	4	2.49	£399k	2,954.62	-0.51	£23k	543.04
Growth/Replacement	0	£k	0	0.00	0	0.00	£396k	0.00	-	£396k	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			309	295.00	£22,328k		-18.49	£1,250K	
In-house Fostering	240	£5,103k	56	382.14	217	212.29	£4,394k	364.04	-27.71	-£708k	-18.10
In-house fostering - Reg 24	12	£121k	56	179.09	3	4.92	£50k	203.33	-7.08	-£71k	24.24
Staying Put	36	£210k	52	111.78	42	42.29	£227k	114.49	6.29	£17k	2.71
Supported Lodgings	9	£80k	52	171.01	7	6.50	£53k	176.87	-2.5	-£27k	5.86
TOTAL	240	£5,103k			259	254.58	£4,725k		-21.42	-£788k	
Adoption Allowances	97	£1,063k	52	210.16	90	88.33	£1,099k	223.19	-8.67	£36k	13.03
Special Guardianship Orders	322	£2,541k	52	151.32	282	285.05	£2,174k	144.54	-36.95	-£366k	-6.78
Child Arrangement Orders	55	£462k	52	160.96	54	52.97	£425k	155.33	-2.03	-£36k	-5.63
Concurrent Adoption	3	£33k	52	210.00	1	1.00	£11k	210.00	-2	-£22k	0.00
TOTAL	477	£4,098k			427	427.35	£3,710k		-8.67	-£388k	
OVERALL TOTAL	1,031	£30,279k			995	976.93	£30,763k		-48.58	£73k	

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 July 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 (July 21)					FORECAST	
	No. pupils	Expected in-year growth	Average annual cost per pupil (£)	Budget (£000) (excluding academy recoupment)	No. Pupils as of July 21 Actual	No. Pupils as of July 21 Variance	% growth used	Average annual cost per pupils as of July 2021 Actual (£)	Average annual cost per pupils as of July 2021 Variance (£)	Forecast spend (£)	Variance (£)
Mainstream top up *	1,913	174	8,130	16,155	2,292	379	318%	7,073	-1,057	16,155	0
Special School **	1,326	121	10,755	20,904	1,497	171	242%	9,656	-1,099	20,904	0
HN Unit **	202	n/a	13,765	3,182	217	15	n/a	13,291	-474	3,182	0
Out of School Tuition ****	84	n/a	45,600	3,834	179	95	n/a	40,771	-4,829	3,834	0
SEN Placement (all) ***	243	n/a	53,464	13,012	263	20	n/a	49,475	-3,989	13,012	0
Total	**3,768**	**294**	**-**	**57,087**	**4,448**	**680**	**330.83%**	**-**	**-**	**57,087**	**0**

* LA cost only

** Excluding place funding

*** Education contribution only

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.

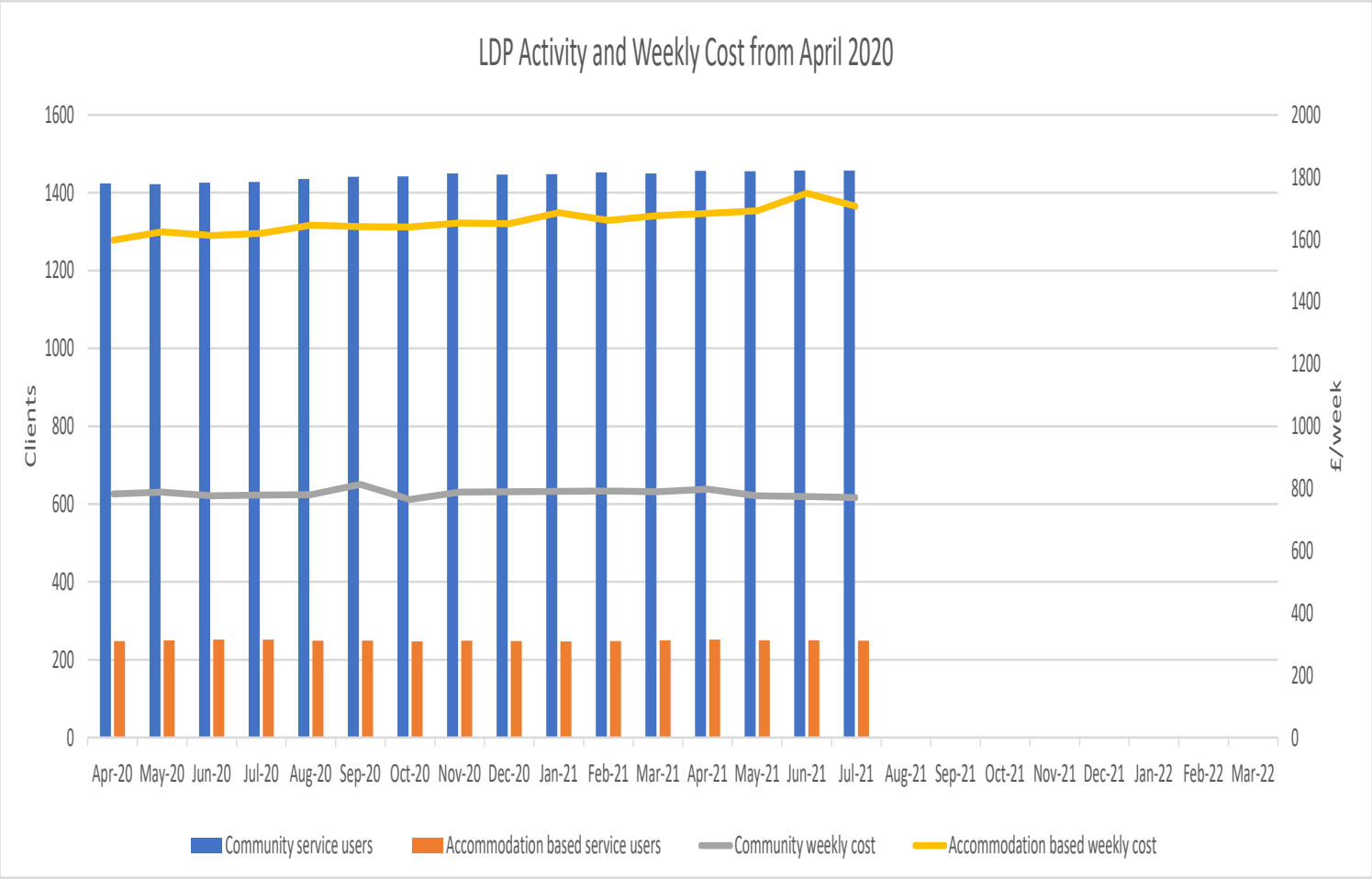
The direction of travel (DoT) compares the current month's figure with the previous month.

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 July 21 for Learning Disability Partnership is shown below:

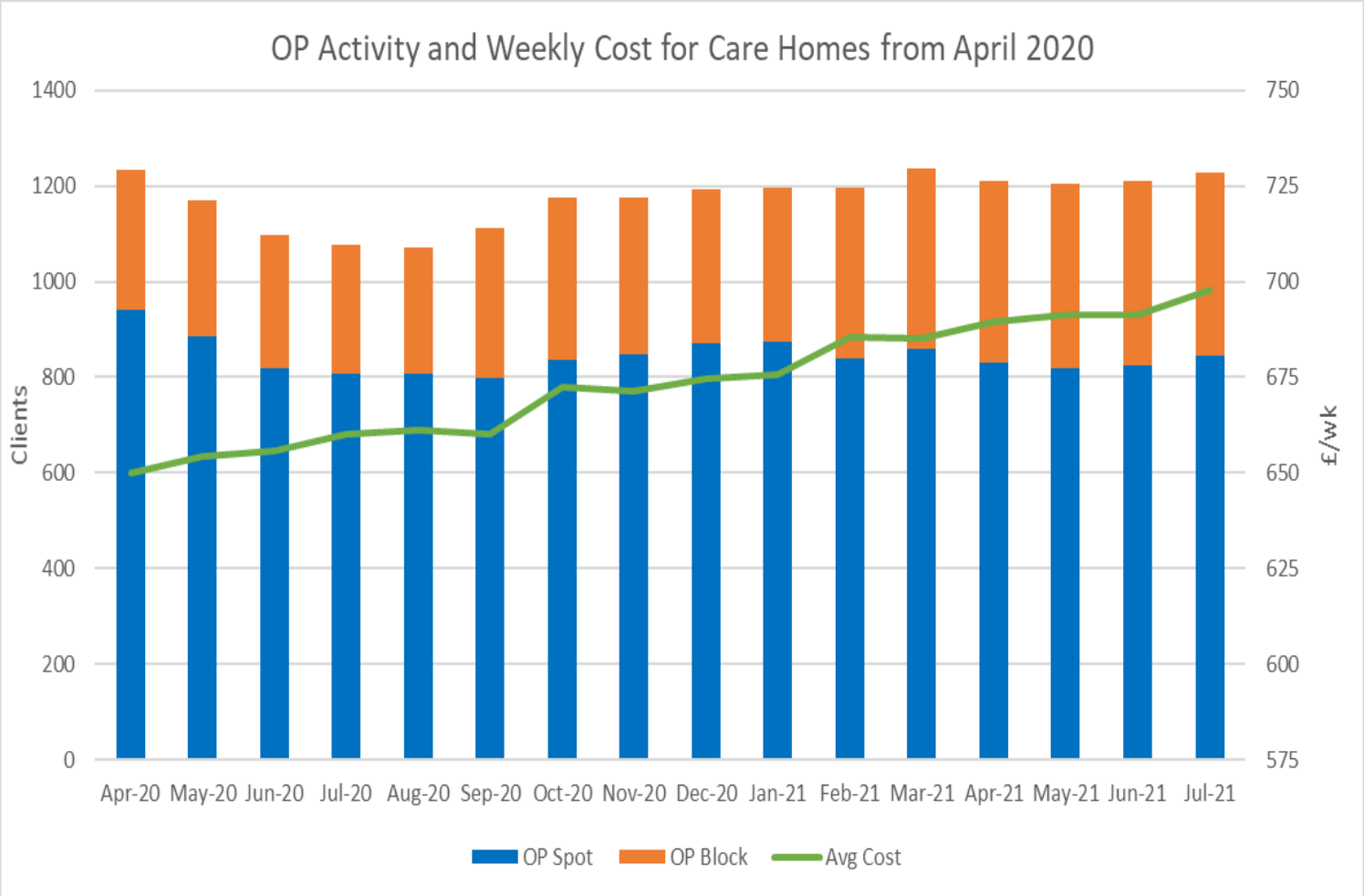
Learning Disability Partnership	BUDGET			ACTUAL (July 2021/22)				Forecast		
Service Type	*Expected No. of Care Packages 2021/22*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*D o T*	*Current Average Unit Cost (per week)*	*D o T*	*Total spend/ income*	*D o T*	*Variance*
Accommodation based										
~Residential	251	£1,759	£24,664k	241	↓	£1,851	↑	£25,476k	↑	£811k
~Nursing	6	£2,385	£813k	6	↔	£2,385	↔	£807k	↓	-£6k
~Respite	154	£855	£382k	5	↓	£761	↓	£393k	↑	£10k
Accommodation based subtotal	**411**	**£1,109**	**£25,860k**	**252**		**£1,827**		**£26,676k**		**£816k**
Community based										
~Supported Living	456	£1,338	£35,160k	427	↓	£1,363	↑	£35,639k	↑	£479k
~Homecare	386	£380	£6,342k	341	↓	£395	↑	£6,432k	↑	£90k
~Direct payments	403	£446	£8,874k	356	↓	£434	↓	£8,867k	↓	-£7k
~Live In Care	15	£2,033	£1,709k	14	↓	£1,948	↓	£1,552k	↓	-£157k
~Day Care	437	£175	£4,146k	376	↓	£183	↑	£4,260k	↑	£114k
~Other Care	57	£86	£856k	52	↓	£100	↑	£849k	↓	-£7k
Community based subtotal	**1,754**	**£598**	**£57,087k**	**1,566**		**£621**		**£57,599k**		**£512k**
Total for expenditure	**2,165**	**£695**	**£108,806k**	**1,818**		**£788**		**£84,274k**	↓	**£1,328k**
Care Contributions			-£4,396k					-£4,735k	↑	-£339k

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 July 21 for Older People's (OP) Services is shown below:

Older People	BUDGET			ACTUAL (July 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	£14,554k	370	↑	£642	↑	£14,437k	↑	-£117k
~Residential Dementia	517	£657	£17,722k	439	↓	£666	↑	£17,759k	↓	£37k
~Nursing	290	£808	£12,639k	263	↑	£741	↑	£12,962k	↓	£322k
~Nursing Dementia	203	£809	£8,541k	155	↑	£850	↑	£8,759k	↑	£218k
~Respite	41	£679	£1,584k	41				£1,305k	↓	-£278k
Accommodation based subtotal	**1,461**	**£694**	**£55,041k**	**1,268**		**£675**		**£55,223k**		**£182k**
Community based										
~Supported Living	320	£368	£5,603k	355	↑	£151	↑	£5,603k	↓	£k
~Homecare	1,510	£230	£18,320k	1,263	↑	£243	↑	£18,669k	↑	£348k
~Direct payments	160	£320	£2,465k	148	↓	£355	↑	£2,580k	↓	£114k
~Live In Care	30	£822	£1,250k	28	↑	£878	↑	£1,315k	↑	£65k
~Day Care	267	£54	£763k	73	↑	£69	↓	£756k	↑	-£7k
~Other Care			£163k					£403k	↑	£240k
Community based subtotal	**2,287**	**£243**	**£28,564k**	**1,867**		**£237**		**£29,326k**		**£761k**
Total for expenditure	**3,748**	**£419**	**£83,605k**	**3,135**		**£414**		**£84,548k**	↑	**£944k**
Care Contributions			-£23,528k					-£24,747k		-£1,219k



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

Physical Disabilities	BUDGET			ACTUAL (July 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	37	↑	£938	↑	£1,519k	↑	-£92k
~Residential Dementia	4	£935	£195k	8	↔	£651	↓	£177k	↑	-£18k
~Nursing	38	£1,149	£2,438k	47	↓	£943	↑	£2,264k	↓	-£175k
~Nursing Dementia	3	£1,192	£192k	4	↓	£973	↑	£160k	↑	-£33k
~Respite	2	£685	£114k	9		£204		£75k	↓	-£39k
Accommodation based subtotal	**80**	**£1,010**	**£4,550k**	**105**		**£839**		**£4,195k**		**-£356k**
Community based										
~Supported Living	7	£843	£551k	40	↑	£333	↓	£559k	↑	£9k
~Homecare	389	£257	£5,326k	440	↑	£247	↓	£5,487k	↑	£160k
~Direct payments	285	£398	£5,279k	272	↓	£394	↑	£5,094k	↓	-£185k
~Live In Care	35	£862	£1,627k	39	↑	£861	↑	£1,752k	↑	£124k
~Day Care	21	£85	£94k	23	↓	£90	↑	£103k	↔	£8k
~Other Care			£4k	1	↔	£60	↔	£3k	↑	-£1k
Community based subtotal	**737**	**£341**	**£12,882k**	**815**		**£325**		**£12,998k**		**£116k**
Total for expenditure	**817**	**£406**	**£17,432k**	**920**		**£383**		**£17,192k**	↓	**-£240k**
Care Contributions			-£2,154k					-£2,409k		-£255k

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

Older People Mental Health	BUDGET			ACTUAL (July 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	35	↑	£687	↑	£1,085k	↑	£75k
~Residential Dementia	28	£755	£860k	32	↑	£712	↑	£992k	↑	£132k
~Nursing	23	£826	£943k	24	↑	£784	↓	£1,015k	↑	£72k
~Nursing Dementia	69	£865	£2,788k	66	↓	£833	↑	£2,791k	↓	£3k
~Respite	3	£708	£42k	0	↓	£0	↓	£40k	↓	-£2k
Accommodation based subtotal	**155**	**£792**	**£5,643k**	**157**		**£768**		**£5,922k**		**£279k**
Community based										
~Supported Living	9	£340	£111k	12	↑	£279	↓	£111k	↑	£k
~Homecare	68	£221	£693k	77	↑	£208	↓	£789k	↓	£96k
~Direct payments	9	£273	£116k	10	↑	£307	↑	£153k	↑	£37k
~Live In Care	8	£1,079	£455k	9	↑	£1,058	↓	£484k	↑	£29k
~Day Care	4	£47	£k	3	↓	£41	↓	£k	↔	£k
~Other Care	2	£6	£1k	3	↑	£61	↑	£3k	↑	£2k
Community based subtotal	**100**	**£293**	**£1,376k**	**114**		**£283**		**£1,540k**		**£164k**
Total for expenditure	**255**	**£596**	**£12,662k**	**271**		**£564**		**£13,384k**	↑	**£722k**
Care Contributions			-£958k					-£965k		-£6k

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

Adult Mental Health	BUDGET			ACTUAL (July 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	58	£794	£2,369k	59	↑	£798	↑	£2,471k	↑	£102k
~Residential Dementia	6	£841	£267k	3	↓	£619	↓	£126k	↓	-£142k
~Nursing	10	£788	£427k	13	↑	£851	↑	£556k	↑	£129k
~Nursing Dementia	3	£686	£112k	2	↓	£755	↑	£86k	↓	-£26k
~Respite	1	£20	£k	1	↔	£20	↔	£k	↔	£k
Accommodation based subtotal	**78**	**£783**	**£3,176k**	**78**		**£789**		**£3,239k**		**£63k**
Community based										
~Supported Living	113	£181	£1,812k	109	↑	£246	↑	£2,189k	↑	£376k
~Homecare	135	£113	£1,333k	136	↑	£100	↑	£1,248k	↓	-£85k
~Direct payments	14	£364	£263k	13	↓	£385	↓	£256k	↑	-£7k
~Live In Care	2	£1,030	£109k	2	↔	£117	↓	£124k	↑	£15k
~Day Care	4	£66	£42k	4	↑	£66	↑	£41k	↓	£k
~Other Care	0	£0	£10k	2	↑	£16	↑	£17k	↑	£7k
Community based subtotal	**268**	**£161**	**£3,569k**	**266**		**£173**		**£3,876k**		**£307k**
Total for expenditure	**346**	**£301**	**£9,920k**	**344**		**£313**		**£10,353k**	↑	**£433k**
Care Contributions			-£393k					-£250k		£143k

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

Autism	BUDGET			ACTUAL (July 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	↔	£90k	↓	-£7k
~Residential Dementia										
Accommodation based subtotal			**£98k**	1		£1,424		**£90k**		**-£7k**
Community based										
~Supported Living	18	£469	£429k	12	↑	£901	↑	£613k	↑	£184k
~Homecare	19	£151	£149k	19	↑	£149	↓	£83k	↓	-£67k
~Direct payments	19	£299	£297k	19	↑	£274	↓	£318k	↑	£20k
~Live In Care			£142k	0	↔	£0	↔	£k	↔	-£142k
~Day Care	18	£65	£62k	15	↔	£66	↑	£56k	↓	-£6k
~Other Care	2	£29	£3k	2	↔	£60	↓	£7k	↑	£4k
Community based subtotal	**77**	**£262**	**£1,083k**	**67**		**£298**		**£1,076k**		**-£7k**
Total for expenditure	**78**	**£278**	**£1,181k**	**68**		**£314**		**£1,257k**	↑	**-£22k**
Care Contributions			-£54k					-£32k		£22k

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 July 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
		Adults & Safeguarding Directorate				
-52	1	Strategic Management - Adults	-6,243	-9,111	-471	-8%
0		Transfers of Care	2,007	729	0	0%
0		Prevention & Early Intervention	9,437	3,827	0	0%
0		Principal Social Worker, Practice and Safeguarding	1,592	571	-21	-1%
0		Autism and Adult Support	1,575	699	-0	0%
0		Adults Finance Operations	1,778	542	-97	-5%
		Learning Disabilities				
0	2	Head of Service	5,458	1,262	-143	-3%
-310	2	LD - City, South and East Localities	38,040	11,876	24	0%
233	2	LD - Hunts & Fenland Localities	33,130	10,289	1,416	4%
614	2	LD - Young Adults	9,530	3,448	107	1%
0	2	In House Provider Services	7,378	2,441	-196	-3%
-125	2	NHS Contribution to Pooled Budget	-21,717	-10,859	-280	-1%
412		**Learning Disabilities Total**	**71,819**	**18,456**	**927**	**1%**
		Older People and Physical Disability Services				
0	3	Physical Disabilities	16,321	4,994	-300	-2%
-50	4	OP - City & South Locality	24,159	7,573	-81	0%
-400	4	OP - East Cambs Locality	8,591	2,088	-498	-6%
-150	4	OP - Fenland Locality	13,233	3,491	-498	-4%
-400	4	OP - Hunts Locality	15,933	4,035	-924	-6%
-1,000		**Older People and Physical Disability Total**	**78,237**	**22,182**	**-2,300**	**-3%**
		Mental Health				
-60	5	Mental Health Central	1,846	421	-60	-3%
163	5	Adult Mental Health Localities	6,055	1,993	490	8%
345	5	Older People Mental Health	6,500	2,226	437	7%
449		**Mental Health Total**	**14,401**	**4,639**	**867**	**6%**
-191		**Adults & Safeguarding Directorate Total**	**174,603**	**42,533**	**-1,095**	**-1%**
		Commissioning Directorate				
0		Strategic Management –Commissioning	389	215	0	0%
0		Access to Resource & Quality	1,257	409	-0	0%
0		Local Assistance Scheme	300	-27	0	0%
		Adults Commissioning				
-53		Central Commissioning - Adults	13,943	4,136	-5	0%
0		Integrated Community Equipment Service	2,018	44	93	5%
0		Mental Health Commissioning	2,251	888	-44	-2%
-53		**Adults Commissioning Total**	**18,212**	**5,068**	**44**	**0%**

Forecast Outturn Variance (Previous) £'000	Ref	Service	Budget 2021/22 £'000	Actual July 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
		Children's Commissioning				
0	6	Children in Care Placements	21,078	5,259	1,250	6%
0		Commissioning Services	323	0	0	0%
0		**Children's Commissioning Total**	**21,401**	**5,259**	**1,250**	**6%**
-53		**Commissioning Directorate Total**	**41,560**	**10,924**	**1,294**	**3%**
		Communities & Partnerships Directorate				
0		Strategic Management - Communities & Partnerships	199	-64	-21	-11%
250	7	Public Library Services	3,741	1,275	333	9%
0		Cambridgeshire Skills	2,178	441	0	0%
0		Archives	369	112	0	0%
0		Cultural Services	314	63	0	0%
0		Registration & Citizenship Services	-641	-275	0	0%
311	8	Coroners	1,808	621	175	10%
0		Trading Standards	694	0	0	0%
0		Domestic Abuse and Sexual Violence Service	2,057	498	0	0%
0		Think Communities	476	-113	0	0%
0		Youth and Community Services	382	-25	0	0%
561		**Communities & Partnerships Directorate Total**	**11,577**	**2,532**	**487**	**4%**
		Children & Safeguarding Directorate				
0		Strategic Management - Children & Safeguarding	2,755	951	0	0%
0		Safeguarding and Quality Assurance	2,516	570	0	0%
0	9	Fostering and Supervised Contact Services	10,000	2,792	-884	-9%
0	10	Corporate Parenting	7,794	1,821	-400	-5%
0		Integrated Front Door	4,146	1,121	0	0%
0	11	Children´s Disability Service	6,775	2,765	400	6%
0		Support to Parents	1,101	-376	0	0%
0	12	Adoption	5,588	1,063	-375	-7%
0		Legal Proceedings	2,050	520	0	0%
0		Youth Offending Service	1,769	314	-0	0%
		District Delivery Service				
0		Children´s Centres Strategy	55	0	0	0%
0		Safeguarding West	1,029	472	0	0%
0		Safeguarding East	4,741	-1,743	0	0%
0		Early Help District Delivery Service –North	4,491	1,296	0	0%
0		Early Help District Delivery Service – South	4,566	1,469	0	0%
0		**District Delivery Service Total**	**14,881**	**1,495**	**0**	**0%**
0		**Children & Safeguarding Directorate Total**	**59,375**	**13,035**	**-1,259**	**-2%**

Forecast Outturn Variance (Previous) £'000	Ref	Service	Budget 2021/22 £'000	Actual July 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
		Education Directorate				
0		Strategic Management - Education	1,630	585	-0	0%
32		Early Years' Service	3,634	920	31	1%
29		School Improvement Service	999	432	29	3%
0		Schools Partnership service	642	573	-0	0%
684	13	Outdoor Education (includes Grafham Water)	-77	309	681	883%
0		Cambridgeshire Music	0	-148	0	-%
0		ICT Service (Education)	-200	-713	0	-%
0		Redundancy & Teachers Pensions	3,727	524	-0	0%
		SEND Specialist Services (0-25 years)				
0		SEND Specialist Services	10,845	3,317	0	0%
0		Funding for Special Schools and Units	34,846	8,129	0	0%
0		High Needs Top Up Funding	28,846	7,196	0	0%
0		Special Educational Needs Placements	13,846	4,816	0	0%
0		Out of School Tuition	3,834	1,122	0	0%
0		Alternative Provision and Inclusion	7,317	2,478	0	0%
11,244	14	SEND Financing – DSG	-11,244	0	11,244	100%
11,245		**SEND Specialist Services (0 - 25 years) Total**	**88,290**	**27,059**	**11,244**	**13%**
		Infrastructure				
50		0-19 Organisation & Planning	3,097	764	50	2%
0		Education Capital	178	-14	0	0%
0		Home to School Transport – Special	14,864	4,359	0	0%
0		Children in Care Transport	1,587	389	0	0%
0		Home to School Transport – Mainstream	10,111	3,144	0	0%
50		**0-19 Place Planning & Organisation Service Total**	**29,836**	**8,644**	**50**	**0%**
12,040		**Education Directorate Total**	**128,482**	**38,185**	**12,036**	**9%**
		Executive Director				
-644	15	Executive Director	1,793	277	-644	-36%
0		Lost Sales, Fees & Charges Compensation	1,266	0	0	0%
0		Central Financing	21	0	0	0%
-644		**Executive Director Total**	**3,079**	**277**	**-644**	**-21%**
11,714		**Total**	**418,675**	**107,486**	**10,819**	**3%**
		Grant Funding				
-11,244	16	Financing DSG	-90,773	-26,441	-11,244	-12%
0		Non Baselined Grants	-27,826	-11,579	0	0%
-11,244		**Grant Funding Total**	**-118,599**	**-38,020**	**-11,244**	**9%**
469		**Net Total**	**300,076**	**69,465**	**-426**	**0%**

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

Forecast Outturn Variance (Previous) £'000	Ref	Service	Budget 2021/22 £'000	Actual July 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	583	0	0%
0		Schools Partnership service	150	0	0	0%
0		Redundancy & Teachers Pensions	0	0	0	0%
		SEND Specialist Services (0-25 years)				
0		SEND Specialist Services	7,280	2,054	0	0%
0		Funding for Special Schools and Units	34,846	8,129	0	0%
0		High Needs Top Up Funding	28,846	7,196	0	0%
0		Special Educational Needs Placements	13,846	4,816	0	0%
0		Out of School Tuition	3,834	1,122	0	0%
0		Alternative Provision and Inclusion	7,242	2,373	0	0%
11,244	14	SEND Financing – DSG	-11,244	0	11,244	100%
11,244		**SEND Specialist Services (0 - 25 years) Total**	**84,649**	**25,690**	**11,244**	**13%**
		Infrastructure				
-0		0-19 Organisation & Planning	2,561	350	0	0%
0		Home to School Transport – Special	400	0	0	0%
-0		**0-19 Place Planning & Organisation Service Total**	**2,961**	**350**	**-0**	**0%**
11,244		**Education Directorate Total**	**89,528**	**26,622**	**11,244**	**13%**
11,244		**Total**	**89,773**	**26,622**	**11,244**	**13%**
0		**Contribution to Combined Budgets**	**1,000**	**1,000**	**0**	**0%**
		Schools				
0		Primary and Secondary Schools	402,484	41,387	0	0%
0		Nursery Schools and PVI	36,692	14,546	0	0%
0		Schools Financing	-529,949	-86,622	0	0%
0		Pools and Contingencies	0	-219	0	0%
0		**Schools Total**	**-90,773**	**-30,907**	**0**	**0%**
11,244		**Overall Net Total**	**0**	**-3,284**	**11,244**	**-%**

Appendix 2 – Public Health Summary FMR

Forecast Outturn Variance (Previous) £'000	Ref	Service	Budget 2021/22 £'000	Actual July 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
		Children Health				
0		Children 0-5 PH Programme	7,271	1,818	0	0%
0		Children 5-19 PH Programme - Non Prescribed	1,705	449	0	0%
0		Children Mental Health	341	0	0	0%
0		**Children Health Total**	**9,317**	**2,267**	**0**	**0%**
		Drugs & Alcohol				
0		Drug & Alcohol Misuse	5,918	1,342	0	0%
0		**Drug & Alcohol Misuse Total**	**5,918**	**1,342**	**0**	**0%**
		Sexual Health & Contraception				
0		SH STI testing & treatment - Prescribed	3,750	357	0	0%
-10	17	SH Contraception - Prescribed	1,096	154	-212	-19%
0		SH Services Advice Prevention/Promotion - Non-Prescribed	444	8	0	0%
-10		**Sexual Health & Contraception Total**	**5,290**	**519**	**-212**	**-4%**
		Behaviour Change / Preventing Long Term Conditions				
0		Integrated Lifestyle Services	1,980	418	0	0%
0		Other Health Improvement	426	161	-0	0%
-10	18	Smoking Cessation GP & Pharmacy	683	19	-180	-26%
0	19	NHS Health Checks Programme - Prescribed	625	10	-198	-32%
-10		**Behaviour Change / Preventing Long Term Conditions Total**	**3,714**	**607**	**-378**	**-10%**
		Falls Prevention				
-27		Falls Prevention	87	0	-27	-32%
-27		**Falls Prevention Total**	**87**	**0**	**-27**	**-32%**
		General Prevention Activities				
0		General Prevention, Traveller Health	13	-1	0	0%
0		**General Prevention Activities Total**	**13**	**-1**	**0**	**0%**
		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				
-294	20	Public Health Strategic Management	457	0	-294	-64%
-38	21	Public Health Directorate Staffing & Running Costs	2,234	770	-116	-5%
0		Test and Trace Support Grant	1,064	331	0	0%
0		Enduring Transmission Grant	2,606	19	0	0%
0		Contain Outbreak Management Fund	15,590	188	0	0%
0		Lateral Flow Testing Grant	1,811	1,009	0	0%
-332		**Public Health Directorate Total**	**23,761**	**2,318**	**-410**	**-2%**
-380		**Total Expenditure before Carry-forward**	**48,356**	**7,068**	**-1,027**	**-2%**
		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%**
-380		**Overall Net Total**	**0**	**-28,386**	**-1,027**	**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 July 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
-6,243	-9,111	-471	-8%

Funding from government grants for Adult Social Care is held centrally and is offsetting increased pressures in Learning Disabilities which have emerged this month.

2) Learning Disabilities

Budget 2021/22 £'000	Actual July 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
71,819	18,456	927	1%

The Learning Disability Partnership (LDP) budget is forecasting an overspend of £1,207k at the end of July. The Council's share of the overspend per the pooled arrangement with the NHS is £927k. This is an increase of £670k (£515k for the Council's share) on the position reported in June.

The overspend is largely due to the price of care packages for service users with very complex needs increasing well above the prices we have seen in previous years. We have had two people transition into Young Adults services with very complex health needs, requiring care packages costing significantly more than we have previously paid for similar packages. Additionally, 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 latter pressure has caused the majority of the increase in forecast outturn since June.

Previously we were reporting that the majority of the overspend was in Young Adults. However, in July there were a number of transfers from the Young Adults service to the other LDP teams, as well as an out of area case transferred to their host local authority. This has not affected the overall LDP forecast but means the overspend has shifted into the LDP locality budgets this month, although the cost of transitions from children's services could still cause us a pressure in this service if the trend for more costly placements for complex cases continues.

A Transitions Panel has recently been set up to discuss complex cases transferring from children's services, so all involved parties will be able 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.

Adults Commissioning are also 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 less cost pressure in this area.

3) Physical Disabilities

Budget 2021/22 £'000	Actual July 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
16,321	4,994	-300	-2%

Physical Disabilities are forecasting an underspend of -£300k for July.

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. A peak in demand for bed-based care in the last quarter of 2020/21 has now reversed, resulting in the reported underspend, in conjunction with an increase in income due from clients contributing towards the cost of their care.

4) Older People

Budget 2021/22 £'000	Actual July 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
61,916	17,188	-2,000	-3%

Older People's Services are forecasting an underspend of -£2.0m at the end of July. 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, and this short-term impact has carried forward into forecasting for 2021/22.

There is 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 services 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. CCG's are working through backlogs in continuing health care, the impacts of this are not yet fully in our system. As restrictions are ending, we are seeing a significant increase in the referrals reported by the Long-Term care teams, since the start of the year, and this is beginning to be reflected in reported commitments. 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.

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.

The reported financial position includes allowance for the above factors. 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 £'000	Actual July 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
14,401	4,639	867	6%

Mental Health Services are reporting an overspend of £867k for July.

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 is continuing into 2021/22 with current placement numbers close to pre-pandemic levels. 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 increase in placements 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 AMHP 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.

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) Children in Care Placements

Budget 2021/22 £'000	Actual July 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
21,078	5,259	1,250	6%

External Placements Client Group	Budgeted Packages	31 July 2021 Packages	Variance from Budget
Residential Disability – Children	7	8	+1
Child Homes – Secure Accommodation	1	0	-1
Child Homes – Educational	10	7	-3
Child Homes – General	35	42	+7
Independent Fostering	230	221	-9
Tier 4 Step down	0	1	+1
Supported Living	3	4	+1
Supported Accommodation	20	22	+2
16+	8	4	-4
TOTAL	**314**	**309**	**-5**

External Placements is currently forecasting an overall pressure of £1.25m. Despite a relatively stable position in the number of CiC, we are seeing increasing cost pressures due to changes in complexity of need, and continuing cost inflation within the sector. Since April we have seen a rise of 7 young people in residential homes, representing a 20% increase in numbers, and a 33% increase in overall financial

commitment. Weekly cost for this type of provision is significantly higher than foster care, so any shift towards residential will have significant impact on the budgetary position. Higher cost placements are reviewed regularly to ensure they are the correct level and step downs can be initiated appropriately; however, we are continuing to see an increase in demand for this placement type. We are also seeing the impact of Tier 4 step-downs which can lead to high placement costs, and demand for this placement type is also expected to rise.

7) Public Library Services

Budget 2021/22 £'000	Actual July 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
3,741	1,275	333	9%

The Public Library service is forecasting an overall £333k overspend. This is a £83k increase on last month and represents the change in advice in relation to Covid and venue use.

The remaining restrictions likely until December mean we are unlikely to see the return to anywhere near pe-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 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. So further mitigation would require a review of service provision.

8) Coroners

Budget 2021/22 £'000	Actual July 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
1,808	621	175	10%

The Coroners Service is forecasting a pressure of £175k 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 postmortems owing to additional Personal Protective Equipment (PPE) and more staff required to reflect the high risk nature of potential Covid-19 related deaths.

This is an improvement on the previous month due to additional budget being agreed to address the underlying pressures in the service caused by the increasing complexity of cases referred to the Coroner in the jurisdiction, leading to longer investigation and inquest durations.

9) Fostering and Supervised Contact Services

Budget 2021/22 £'000	Actual July 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
10,000	2,792	-884	-9%

The Fostering and Supervised Contact service is forecasting an underspend of -£884k

The foster carer budget is under spending by £802k, this is due to the budget being built for a higher number of placements (236) than the service currently holds (208) and also a lower average cost than budgeted. Associated Foster carer mileage claims are also down mainly impacted by Covid. There is a further £82k underspend across the Link carers, Supported Lodgings and Staying Put budget lines.

10) Corporate Parenting

Budget 2021/22 £'000	Actual July 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
7,794	1,821	-400	-5%

Corporate Parenting are forecasting an underspend of -£400k

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 has contributed to an improved budget position.

11) Children´s Disability Service

Budget 2021/22 £'000	Actual July 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
6,775	2,765	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 CCC Terms and Conditions, causing additional budget pressures. Furthermore, under CCC 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.

12) Adoption

Budget 2021/22 £'000	Actual July 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
5,588	1,063	-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 in the court process 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.

13) Outdoor Education (includes Grafham Water)

Budget 2021/22 £'000	Actual July 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
-77	309	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 still being furloughed.

14) SEND Financing DSG

Budget 2021/22 £'000	Actual July 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
-11,244	0	11,244	100%

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

15) Executive Director

Budget 2021/22 £'000	Actual July 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
1,793	277	-644	-36%

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) that is 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 over the first quarter of the year PPE spend by the Council will be minimal. As infection control measures are expected to decrease over the rest of the year, we expect to underspend by at least this much on PPE.

16) Financing DSG

Budget 2021/22 £'000	Actual July 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
-90,773	-26,441	-11,244	-12%

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.

17) SH Contraception - Prescribed

Budget 2021/22 £'000	Actual July 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
1,096	154	-212	-19%

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.

18) Smoking Cessation GP & Pharmacy

Budget 2021/22 £'000	Actual July 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
683	19	-180	-26%

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.

19) NHS Health Checks Programme - Prescribed

Budget 2021/22 £'000	Actual July 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
625	10	-198	-32%

GP Health Checks are commissioned from GPs and as with other GP commissioned services payment is based on unit cost and activity. Planned activity has not been achieved due to the ongoing impact of the pandemic and the GP involvement in the Vaccination Programme activity.

20) Public Health Strategic Management

Budget 2021/22 £'000	Actual July 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
457	0	-294	-64%

The budget for this service line consists of parts of the increase in Public Health Grant in both 2020/21 and 2021/22 where these have not yet been allocated to specific services (either because it remains unallocated or because the service has not yet started). The forecast underspend reflects the fact that the first part of the year has continued to be disrupted by Covid and therefore plans to spend this funding have been delayed. It also provides for a more general likelihood that there will be some underspend across Public Health over the remainder of the year even if services are not reporting that yet.

21) Public Health Directorate Staffing and Running Costs

Budget 2021/22 £'000	Actual July 21 £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
2,234	770	-116	-5%

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 (July 21) £'000	Outturn Variance (July 21) £'000	Total Scheme Revised Budget £'000	Total Scheme Variance £'000
	Schools					
12,351	Basic Need - Primary	11,719	1,742	**-649**	199,036	-435
11,080	Basic Need - Secondary	5,822	427	**-1,722**	236,548	219
665	Basic Need - Early Years	1,578	2	**-980**	7,273	-300
1,475	Adaptations	1,141	137	**-1**	6,988	0
3,000	Conditions Maintenance	5,947	462	**0**	24,215	0
813	Devolved Formula Capital	2,036	0	**0**	7,286	0
2,894	Specialist Provision	3,367	720	**-210**	24,661	-134
305	Site Acquisition and Development	305	39	**0**	455	0
1,000	Temporary Accommodation	1,000	23	**0**	12,500	0
675	Children Support Services	675	0	**0**	5,925	0
12,029	Adult Social Care	10,719	7	**0**	51,511	0
3,353	Cultural and Community Services	4,064	756	**70**	6,285	0
-5,957	Capital Variation	-5,805	0	**3,492**	-52,416	0
905	Capitalised Interest	905	0	**0**	4,699	0
44,588	**Total P&C Capital Spending**	**43,473**	**4,316**	**0**	**534,966**	**-651**

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 (July 21) £'000	Outturn Variance (July 21) £'000	Variance Last Month (June 21) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
537	250	-287	-287	0		-287

Slippage due to 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 (July 21) £'000	Outturn Variance (July 21) £'000	Variance Last Month (June 21) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
1,984	600	-1,384	-1,384	0		-1,384

Slippage in the project after significant delays in the announcement by the Department for Education of the outcome of Wave 14 free school applications. Design work expected in 2021/22 with building work starting on site late March 22.

LA Early Years Provision

Revised Budget for 2021/22 £'000	Outturn (July 21) £'000	Outturn Variance (July 21) £'000	Variance Last Month (June 21) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
1,365	100	-1,265	0	-1,265	-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 (July 21) £'000	Outturn Variance (July 21) £'000	Variance Last Month (June 21) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
15	300	285	0	285	0	285

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

Other changes across all schemes (<250k)

Revised Budget for 2021/22 £'000	Outturn (July 21) £'000	Outturn Variance (July 21) £'000	Variance Last Month (June 21) £'000	Movement £'000	Breakdown of Variance: Underspend/ Overspend £'000	Breakdown of Variance: Reprogramming / Slippage £'000
		-839	-949	110	-281	-558

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 (July 21) £000	Capital Programme Variations Budget Used £000	Capital Programme Variations Budget Used %	Revised Outturn Variance (July 21) £000
P&C	-5,805	-5,805	3,492	60.2%	0
Total Spending	**-5,805**	**-5,805**	**3,492**	**60.2%**	**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 (July 21) £'000	Funding Variance – Outturn (July 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	15,844	2,639
-2,621	Prudential Borrowing (Repayable)	-2,621	-2,621	0
44,588	**Total Funding**	**43,473**	**43,473**	**0**

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 care still deliverable and so have been retained.

Savings Tracker 2021-22

Quarter 1

		Forecast Savings 2021-22 £000					
-7,837	-1,070	-1,642	-1,657	-1,663	-6,031	1,806	

RAG	Reference	Title	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	Adults & Health	-250	0	-62	-62	-126	-250	0	0.00	↔	On track
Red	A/R.6.176	Adults Positive Challenge Programme - demand management	Adults & Health	-2,339	-125	-585	-585	-585	-1,879	460	19.67	↓	The pandemic continues to impact on the delivery of this demand management saving, particularly in the Reablement workstream as that service continues to support the NHS
Green	A/R.6.179	Mental Health Commissioning	Adults & Health	-24	-6	-6	-6	-6	-24	0	0.00	↔	On track.
Green	A/R.6.185	Additional block beds - inflation saving	Adults & Health	-606	-152	-151	-152	-151	-606	0	0.00	↔	On track
Green	A/R.6.186	Adult Social Care Transport	Adults & Health	-250	0	-100	-100	-50	-250	0	0.00	↔	On track
Green	A/R.6.187	Additional vacancy factor	Adults & Health	-150	-40	-40	-40	-30	-150	0	0.00	↔	On track.
Green	A/R.6.188	Micro-enterprises Support	Adults & Health	-30	0	0	-15	-15	-30	0	0.00	↔	On track
Green	A/R.6.210	Unaccompanied Asylum Seeking Young People: Support Costs	C&YP	-300	-75	-75	-75	-75	-300	0	0.00	↔	On track
Green	A/R.6.211	Adoption and Special Guardianship Order Allowances	C&YP	-500	-125	-125	-125	-125	-500	0	0.00	↔	On track
Green	A/R.6.212	Clinical Services; Children and young people	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	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.
Black	A/R.6.266	Children in Care Stretch Target - Demand Management	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
Green	A/R.6.267	Children's Disability: Reduce overprescribing	C&YP	-50	-50	0	0	0	-50	0	0.00	↑	On track
Green	A/R.6.268	Transport - Children in Care	C&YP	-300	-75	-75	-75	-75	-300	0	0.00	↔	On track
Amber	A/R.6.269	Communities and Partnership Review	CSMI	-200	-25	-25	-25	-25	-100	100	50.00	↓	Under review
Green	A/R.7.105	Income from utilisation of vacant block care provision by self-funders	Adults & Health	-150	-37	-38	-37	-38	-150	0	0.00	↔	On track
Green	A/R.7.106	Client Contributions Policy Change	Adults & Health	-1,192	-298	-298	-298	-298	-1,192	0	0.00	↔	On track

Quarter 1

		Forecast Savings 2021-22 £000					
	-7,837	-1,070	-1,642	-1,657	-1,663	-6,031	1,806

RAG	Reference	Title	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	E/R.6.033	Drug & Alcohol service - funding reduction built in to new service contract	Adults & Health	-63	-16	-16	-16	-16	-63	0	0.00	↔	On track
Green	E/R.6.043	Joint re-procurement of Integrated Lifestyle Services	Adults & Health	-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

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

To:	Adults and Health Committee
Meeting Date:	22 September 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 Adults and Health Committee is asked to consider: • The current business and budgetary planning position and estimates for 2022-27 • 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:	The Adults and Health Committee is asked to: a) Note the overview and context provided for the 2022-23 to 26-27 Business Plan. b) Comment on the list of proposals (set out in sections 4 and 5) and endorse their development.

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1. Overview

1.1 The Council's Business Plan sets out how we will spend our resources to achieve our vision and priorities for Cambridgeshire, and the key outcomes we want for the county and its people. The business plan contains a five-year financial plan including estimates of investments, pressures and savings over the whole period. The business plan now under development is for 2022-27. It is a statutory requirement for local authorities to set a balanced budget ahead of each new financial year.

1.2 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

1.3 Since the 2021-26 business plan was produced, the Council has had a change of political leadership. Following Council elections in May 2021, a Joint Administration of the Liberal Democrat, Labour, and Independent groups was formed, with a Joint Agreement setting out the policy ambitions of the new administration. 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 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.

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

1.5 During 2020-21, the Council received time-limited significant additional funding and compensation from government and the NHS in order to effectively respond to the pandemic. Whilst the financial settlement for the response to date has been sufficient, predicting and preparing for the on-going implications and financial consequences of COVID-19 remains challenging, particularly in terms of the impact on demand for council services. The 2021-26 budget includes estimates for these pressures in 2021/22 and experience of 2021/22 so far suggests these estimates were reasonable as the Council is not forecasting a significant variance against its budget in the current year. These will remain under review as new data is available. Significant pressures are expected in future

years beyond 2021/22 and details of how each service's specific demand pressure estimates for 2022-27 have been made are within section 4. It is especially important this year that we keep these estimates under review as circumstances are so changeable over the course of this year.

1.6 All service committees will consider their relevant revenue business planning proposals in December, at which point they will be asked to endorse proposals to January Strategy and Resources Committee as part of the consideration for the overall Business Plan. These proposals are currently being developed and will each have a robust implementation plan in place and allow as much mitigation as possible against the impact of current financial challenges. Where proposals reflect joint initiatives between different directorate areas and joined up thinking these will go before multiple Committees to ensure appropriate oversight from all perspectives.

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

- Economic recovery – Although we know that the UK economy is now rebounding from the impact of the pandemic, and overall Cambridgeshire is well placed to support growth and economic resilience we also know that there have been severe financial consequences for some sectors and individuals. There have been impacts on employment and household income levels for many across Cambridgeshire. The stress and anxiety caused by financial hardship, or not having enough money to maintain the right housing or buy basic necessities or afford basic utilities, is an important factor that affects demand for many of our services. Economic recovery is therefore at the heart of improving outcomes for people and managing demand for Council services.

- Prevention and Early Intervention – We need to support people to remain as healthy and as independent as possible as well as reduce the health inequalities that have been exposed and exacerbated by the pandemic. This is all the more important in anticipation of latent demand generated by or delayed by the impacts of the pandemic. It is about working with people and communities to help them help themselves or the person they care for or their community e.g. access to advice and information about local support, asset building in communities and access to assistive technology. We saw communities rise to the challenges of the pandemic and support networks appearing to gather around those who needed it. We must continue to build on this and look at how we further support these networks and groups to continue, and where public services are needed. This is about ensuring support is made available early so that people's needs do not escalate.

- Decentralisation – In support of the need to manage demand and enable people to remain living in their own homes in their local communities and delay the need for more specialist services, investment in our Think Communities approach is paramount. Harnessing the capacity within our local district and parish councils, the voluntary, community and faith sectors, volunteers and local place-based health, County Council and blue light services will enable us to build place-based support services wrapped around our vulnerable people and communities; which will reduce or delay the need for more specialist expensive services and build resilient and sustainable communities where people feel proud to live.

- Environment - Putting climate change and biodiversity at the heart of the council's work. As a council, we will aim to move forward the net zero target for Cambridgeshire County Council towards 2030, developing clear actions for delivery of our Climate Change and Environment Strategy and enabling service and investment decisions to be made in this context.

- Social Value - With a strong focus on outcomes and impact for our communities, we will be working with our public, private, voluntary and community partners to achieve our joint ambitions. We will seek to invest using social value criterion and reflect outcomes, including health, living wage and employment, and local, circular economies within our procurement, spending and organisational activities.

1.8 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 lack of 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.

1.9 Coinciding with the election of the new administration, during July and August the Council participated in a corporate peer challenge, facilitated by the Local Government Association, whereby experienced officer and member peers from elsewhere in the sector considered the Council's current position in order to recommend improvements. The peer challenge had a focus on the Council's financial planning and resilience and the emerging indications are that the peer challenge will support the planned approach to business planning which includes addressing:

- Devise a strategic approach to business planning for Cambridgeshire as a place
- Ensure budget planning addresses the medium- term budget gap and incorporates contingency planning
- Ensure that budget plans contain a multi-year strategy for Council tax
- Review This Land (property company)
- The capital strategy needs a stronger focus with a more robust prioritisation process for scheme approval, scheme delivery confidence and financing plans
- Develop the plan to address the annual overspend and cumulative deficit within the high needs block of the dedicated schools grant

2. Building the Revenue Budget

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

2.2 We then work to close the budget gap through savings and efficiency initiatives, identification of additional income and revision of pressure estimates, presenting these further changes to committees later in the year. Ultimately, a balanced budget needs to be set by 1 March.

2.3 The Council needs to draw on a range of approaches in order to arrive at a balanced budget, produce an overall sustainable financial strategy and meet the Joint Administration's policy objectives. This will include considering benchmarking and external information in order to identify opportunities for Cambridgeshire and using a zero-based or outcomes focused outlook where appropriate in order that resources can be aligned to priorities.

2.4 The Council remains subject to significant financial constraints and uncertainties heightened by the pressures arising from the pandemic. We cannot rely on an uplift in core funding from government or a continuation of pandemic related support and therefore difficult choices will continue prioritising efficiencies, productivity improvements, investment in prevention and generation of income ahead of reducing service levels or short-term financing solutions.

The following sections detail specific changes to budget estimates made so far.

2.5 In June 2021, Strategy & Resources Committee agreed some changes to 2021/22 budgets, including holding £1.7m to offset the budget gap in 2022/23.

2.6 Inflation - Inflation can be broadly split into pay, which accounts for inflationary costs applied to employee salary budgets, and non-pay, which covers a range of budgets such as energy, transport, insurance and waste, with regard to relevant national inflation indices. This covers all of the material effects of inflation on Council expenditure.

2.7 Total Net inflation, including staffing and non-staffing, are as follows:

Service Block	2022-23 £'000	2023-24 £'000	2024-25 £'000	2025-26 £'000	2026-27 £'000
People & Communities (P&C)	5,011	4,651	5,383	5,439	5,497
Place & Economy (P&E)	1,765	1,818	1,884	1,926	1,994
Corporate & Managed Services	922	725	748	780	822

2.8 The inflationary pressures in the above table and all figures set out in the subsequent sections of this report are provided on an incremental basis. Positive figures indicate an increase on the budget required in the previous year or a reduction in income. Negative figures indicate a reduction on the budget required in the previous year or an increase in income. The figures show the impacts of each proposal on the budget gaps for the relevant financial years.

2.9 Demand - It is recognised that service costs are driven by the number of service users, levels of need, as well as cost and method of delivery of the support. Where appropriate this will be outlined in greater detail below. This table summarises the demand funding estimates for 2022-27:

Service	2022-23	2023-24	2024-25	2025-26	2026-27
People & Communities (P&C) - Adults	10,109	11,567	11,427	11,137	11,137
P&C – Children's	3,144	2,781	3,138	3,545	
P&C – Communities	57	61	66	71	76
Place & Economy (P&E) – Waste	266	308	272	245	238

For 2022-23, this is £1.2m more than was in the 2021-26 business plan.

These demand projections include:

- The number of older people receiving council funded services increasing by 5%
- The average cost of a care package for a person with learning disabilities increasing by 2.5% more than inflation due to rising needs, and that 41 new service-users will receive care as they transition from children's services
- The number of children requiring council-funded transport to special schools will increase by 7.8% in line with the unprecedented rise in the number of Education Health and Care Plans
- The cost of children in care placements which, although numbers remain reasonably static, continues to increase due to the increased complexity of need and a shortage of available places as care numbers rise nationally
- The county's rising population will result in a 2% increase in waste sent to landfill

2.10 Other Pressures - The Council is facing several cost pressures that cannot be absorbed within the base funding of services. Some of the pressures relate to costs that are associated with responses to the pandemic, the introduction of new legislation and others as a direct result of changes to contractual commitments. New pressures are set out below, and those relevant to each committee are detailed in section 4 below.

2.11 Some changes to funding estimates have been made where appropriate given the latest information available.

2.12 Overall, these revisions to budget estimates have resulted in a current budget gap for 2022-23 of £23.4m, a £2.9m increase in the gap since the 2021-26 business plan. The changes that have been applied to reach that revised gap are:

£000	2022-23	2023-24
Gap per February 2021 Full Council	**22,175**	**14,700**
Pressures funded at Strategy & Resources Committee in July	956	
Downward budget adjustments at S&R in July	-2,651	
Revised gap after S&R rebaselining	**20,480**	**14,700**
Demand and Inflation		
Adults demand refresh	1,581	3,108
CYP demand refresh	222	-877
CSMI demand refresh	-3	-3
Waste disposal COVID demand funding not required	-638	
Inflation refresh	-852	

Adults care uplifts strategy refresh	182	1,445
Pressures		
Occupational Therapy – Children's (delivered with NHS partners)	490	
Property Team - Resourcing	209	
Information Management– Children's Social Work Police Requests	54	
Guided Busway defects (pending litigation)	1,300	-650
SEND teams capacity requirement (current demand)	565	
Waste and odour permit conditions	2,684	-1,600
Expansion of Emergency Response Service (Adults)	185	
Additional capacity in Learning Disability Young Adults Team	150	
Children's Disability	400	
Funding		
Capital receipts flexibility to continue until 2024-25	-1,982	
Uplift in Better Care Fund to meet Adults pressures	-750	
P&E Income – faster return to pre-COVID levels	-866	
Revised gap after updates at September Committee	**23,411**	**16,123**
Change	**2,931**	**1,423**

Scrutiny and review of all of the above items will be repeated prior to submission to the December committee cycle in order to ensure estimates remain current and necessary.

2.13 It is important to bear in mind that the 2021-26 business plan included some savings for future years. These are already budgeted in and therefore form part of the budget gap calculation. The feasibility of these savings is being reviewed, and any changes will affect the budget gap. The level of savings already in the business plan are:

Ref.	Saving	2022-23	2023-24	2024-25	2025-26
A/R.6.176	Adults Positive Challenge Programme	-100	-100		
A/R.6.177	Cambridgeshire Lifeline Project	-10	-122	-50	
A/R.6.179	Mental Health Commissioning	-24			
A/R.6.180	Review of commissioning approaches for accommodation based care	-350	-375		
A/R.6.185	Additional block beds - inflation saving	-583	-456	-470	-484
A/R.6.188	Micro-enterprises Support	-133			
A/R.6.189	Learning Disability Partnership Pooled Budget Rebaselining	-2,574			
A/R.6.267	Children's Disability: Reduce overprescribing	-100	-100		

3. Budget Setting Considerations

3.1 To balance the budget in light of these pressures set out in the previous section and uncertain Government funding, savings, additional income or other sources amounting to **at least** £23.4m are required for 2022-23, and a total of around £75m across the full five years of the Business Plan.

3.2 The actions currently being undertaken to close the gap include:

- Reviewing all existing business plan proposals, and in particular pressures and investments to ensure these are accurate, up-to-date and appropriately mitigated.

- Reviewing all income generation opportunities and deployment of grant funding

- Identifying any areas across the organisation we could potentially look to find additional efficiencies or productivity whilst ensuring outcomes are maintained.

- Costing areas which we wish to invest in- for example areas identified as part of the Joint Agreement action plan, prioritising those that will improve outcomes and prevent escalating demands or costs facing Council budgets.

Chairs and Vice-Chairs are leading engagement with Services to identify initiatives to be recognised in the business plan and receiving detailed budget briefing. This will enable identification of areas of the budget subject to the most risk and sensitivity and where there is opportunity for collaboration and new approaches to lead to improved or more cost-effective outcomes.

3.3 Additionally, the Council has worked closely with local MPs in campaigning for a fairer funding deal for Cambridgeshire and this will be renewed following a motion passed at the July meeting of Full Council. We argued that given how much the Cambridgeshire economy was supporting the Treasury that a new approach to business rates that enabled councils to retain a greater element of the local tax take would help to underwrite the costs of supporting that growth. The implementation of both the multi-year CSR and the localization of business rates have been deferred on several occasions. With the pandemic and the uncertainty over the national position we cannot expect this position to change in the short term. However, it is important to recognise that the Government have used one off interventions of additional finance in Adult Social Care and Highways to negate some of the growing pressure on Councils.

3.4 There are also a small number of financing options that may be available to the Council to contribute towards closing the gap for 2022-2023:

- Additional central Government funding *may* be forthcoming in response to the pandemic and previously announced funding (such as Roads Fund and support for Social Care) rolled forwards. The peer challenge has rightly cautioned the Council about assuming any such funding will be realised.

- Funds could be re-allocated on a one-off basis from reserves. Whilst this would contribute to reducing the pressure for the 2022-2023 financial year, the pressure would be delayed until the next financial year as the option to use this funding could not be used again. The Chief Finance Officer's professional view is that the General Fund balance should not be reduced from its current level in view of the risks the Council is currently facing. Members are also reminded that the Council is currently carrying a deficit of £26m in the high needs block of DSG, as it stands the ringfence for this item will lapse in 2023, meaning that the Council may need to fund this locally from its own reserve. This primarily leaves the amounts currently earmarked as:
    - Transformation Fund (currently £24m unallocated)

- Pandemic-related carry forward (currently £21m)
- Additionally, there are smaller service specific levels of reserve held in Public Health and Adult Social Care.

Any use of the reserves listed above is only a temporary solution which would reduce the Council's ability to respond to any future national or local challenges and compound the savings ask in future years. We know that there will be long-range impacts of the pandemic where deployment of grant funds received to date could be carefully planned. The Joint Administration will want to consider its approach to reserves as part of a refreshed budget strategy.

- There is an option to increase the planned levels of council tax (see paragraph 3.6)

3.5 There are a number of additional risks and assumptions with potential impacts on the numbers above. These will be monitored closely and updated as the Business Plan is developed to ensure that any financial impacts are accurately reflected in Council budgets:

- The National Joint Council pay scales have not been confirmed for 2022-23 onwards and it is possible that the agreed uplifts will be greater than those modelled.
- Movement in future year pressures. We are putting monitoring measures in place so we can put in place mitigations before trigger points are met. This is particularly relevant to demand led budgets such as children in care or adult social care provision.
- IT pressures – work is underway to quantify a potential impact on the IT & Digital Service, predominantly related to hardware and software costs and the costs of data facilitating remote working.

3.6 The level of savings required is based on a 2% increase in the Adult Social Care precept and a 0% increase in Council Tax. This potential to increase ASC precept has been carried forward from 2021-22. It is likely, therefore, that the Council will be presented with the option to increase general Council Tax by not less than a *further* 1.99% in 2022-23, on top of the 2% ASC precept carried forward. The value of a 1.99% increase in the Council Tax equates to additional revenue of £6.1m. With general inflation higher than in recent years, it is possible that the government may permit a higher general council tax increase, or announce an Adult Social Care precept potential for a further year. In those scenarios the Council tax potential would increase further.

4. Business Planning context for Adults and Health committee

4.1 COVID-19 has had a significant impact on adults and health services, including a devastating impact on the lives of older people and those with mental health and learning needs. We are still living with the impacts of COVID-19, alongside changing public behaviours, increasing demand for health and social care services as people start to access services again and continuing workforce pressures for the wider market. This makes future planning challenging, with uncertainties over the long-term impact. The impact on service demand and pressures is still emerging and no firm trends have been established yet, but the direction does appear to be a growth in demand and complexity both in the community and referrals from hospitals. Current data across Adults services highlights the following key areas:

- Higher numbers of safeguarding enquiries, mental health act assessments and referrals for placements of care, whilst hospital referrals have been reduced.
- Increased numbers of contacts from sources other than hospital, e.g. an increase in referrals via Adult Early Help. In the first four months of this financial year, we have seen a steep rise of 42% in the number of new assessments, which is evidence of latent demand and higher acuity/greater complexity of cases coming through.
- Whilst we have seen decreases in bed-based care, it is probable that this is due to the devastating impact of COVID-19 on older people, NHS paying for free care on hospital discharge as part of the Discharge to Assess programme and people choosing to stay away from social care services due to COVID-19 concerns.
- Increased pressures on independent sector providers with difficulties with maintaining required staffing levels and increased need for infection control, leading to increased costs of care.

4.2 Given the current context, we have identified a number of priority areas of focus for adults and health:

- Addressing health inequalities based on population health management.
- Support the move towards integrated health and social care, seeking a clear shift towards prevention and early help, with an emphasis on improved quality of life for people.
- 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 where this is evidences to deliver improvements in effectiveness and efficiency and supports added social value.
- 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 direct payments, individual budgets and personal assistants.
- Driving up the quality and dignity of care work and services, with opportunities for career progression and integrating the Council’s social value approach.

4.3 In support of these priorities, the below outlines the current opportunities to deliver these which will require additional investment. The list below includes 2022-23 business planning ideas that are currently being considered. It is important for the Committee to note that the proposal list and any figures referenced are draft at this stage and that work on the business cases are ongoing. Proposal documents for new ideas will be presented to Committee in December at which point business cases and the associated impact assessments will be final for the Committee to consider and endorse before they are considered by Strategy and Resources Committee in January 2022 and full Council in February 2022.

4.4 ***Priority 1: 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.***

We will ensure that a 'health in all policies' is embedded across the Council, which we propose to do in the following ways:

- Health impact assessments (HIAs) are 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 "fund" for department directors to use to carry out HIAs 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. Longer term we will explore opportunities to "grow our own" resource in-house which may be a more cost-effective option.
- Designated public health officers facing into wider council teams, to support embedding of health principles and outcomes.
- Development and implementation of training to increase awareness of health principles and outcomes across wider council teams.
- Review the Memorandum of Understanding in place between Public Health and other areas of the Council to explore opportunities to embed Public Health outcomes across council delivery through a financial leverage.

We will deliver targeted approaches to tackling health inequalities, including:

- Working in conjunction with the Communities and Social Mobility (CSMI) committee, we will develop an anti-poverty strategy that supports health outcomes.
- Smoking cessation in pregnancy, through the development of a business case for an incentivisation scheme. Smoking in pregnancy rates are particularly reflective of social inequalities and are in turn associated with poor maternal and infant health outcomes. There is a growing body of evidence that incentives to support pregnant smokers to quit are effective. A Cochrane systematic review concluded that incentives were highly cost effective at reducing smoking in pregnancy. Studies included in the review used incentives including cash, vouchers and entry into a prize draw. There is an opportunity to leverage our investment to secure health match funding for this, including via links to the Integrated Care System Tobacco Dependency Programme.
- Implementation of a range of options for addressing healthy weight and obesity, including:
    - Increasing the number of schools who implement the Daily Mile.
    - Development of a scheme to promote and incentivise active travel to school.
    - Deliver 'Glow in the Dark' sessions within secondary schools and local community venues to encourage young girls to be more active.
    - Explore opportunities to increase the number of children who can ride a bike and swim 25m by the end of primary school.
    - Re-launching the local 'Healthier Options' award scheme to support small and medium sized food outlets to make healthy changes to their menu and food preparation.
    - Increase knowledge and practical skills around healthy eating and cooking through healthy cooking classes and supermarket choices.

- Embed opportunities to support health outcomes through Think Communities and Integrated Neighbourhoods, focusing on outdoor physical activity and community social networks.
- Training ethnically diverse instructors cooking and shopping instructors who have strong local relationships and are in trusted positions to run classes/sessions.
- Recruitment of a dedicated nutritionist/physical activity specialist to support CCC to be a role model organisation for healthier lifestyles.
- Online Able2Be to support those on the Department of Work and Pensions 'Work and Health Programme' who have a long-term health condition.
- Tackling the COVID-19 backlog associated with weight management services.
- All Council services, in house and commissioned, should support and provide opportunities for healthy weight which will be assessed through a specific Health Impact Assessment.

4.5 ***Priority 2: 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.***

It should be recognised that the Integrated Care System (ICS) provides a step-change in joint working with our health partners. This has the potential to deliver significant improvements to services for people by providing a more joined up approach to health and social care; moving away from the medical model to a more socially focused model of delivery close to where people live. However, given the financial constraints on the NHS, uncertainties around the impact of new institutional arrangements and the impact of rising demand on all our services, there will have to be careful management of budgetary resources by the County Council. The assumption on the Business Plan is that this will be managed within existing budgets, but we will continue to review this as plans develop. Our priority is to use the leverage of our resources to make a major shift towards prevention in the system, improving social and health outcomes using a population health management approach and contributing to further potential savings as demand continues to rise in future years.

4.6 ***Priority 3: 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.***

- Happy at Home is a new programme building on previous work to transform the way care and support is commissioned and delivered to older people living at home. It is focused on older people living at home who either receive Council funded homecare or may benefit from early help. The aim is to enable more older people to remain living happily at home for longer.

  A number of options are being explored to extend the delivery of the planned East Cambridgeshire model and build on the learning from the Neighbourhood Care pilots, with a view to accelerate the roll out of the programme in a phased way across the county over a four-year period, commencing in 2022-23.

- Carers Support: A number of additional opportunities to expand the offer and support to carers are being explored, including:

- Increase capacity of the Carers Support Service to provide urgent support to service users in an emergency as part of a preventative, contingency planning approach to meet rising demand.
- Increase capacity of Listening Ear Service to provide counselling, wellbeing and emotional resilience support to enable Carers to maintain their caring role and prevent breakdown.
- Roll-out the Short Breaks for Carers pilot countywide to support the recruitment of volunteers to provide company for a person being cared for so that carers can take a break.
- Specific media campaign to reach hidden carers, promote the support and resources available for carers and provide analytics to identify impact as well as numbers of people reached.

4.7 ***Priority 4: 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.***

- Direct Payments: A number of opportunities have been identified to either address current challenges associated with Direct Payments, improve development, or accelerate progress, including:

  - Additional capacity to accelerate improvement in the uptake of Direct Payments through the work the Board is undertaking.
  - Investment in an additional system able to maintain robust and user-friendly oversight of the Individual Service Funds.
  - Development of a short term Personal Assistant Support Service able to bridge the gap between the need for immediate care and support and the recruitment of personal assistant able to meet the needs of the person in the long term.
  - 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. This is important as the Council will often not hold a contract directly with the provider.

- Independent Living Services: We aim to achieve this by supporting people to remain living independently through community-based care, working collaboratively with the voluntary sector and unpaid carers who play a vital role in maintaining independence. Alongside this, we are seeking to 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 Services (ILSs), as an alternative. Specifically, this 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.

  Stimulating the development of this type of innovation means we can offer additional services to meet population growth forecasts in what was otherwise a still market. It also means we can offer greater choice, control, and care flexibility for those people no longer able to remain living safely at home whilst also generating small scale savings for the Council over the longer term.

We are proposing progressing the development of three additional Independent Living Services, in addition to the existing planned sites. We will continue to explore opportunities to both build our own (make option) and the buy option. Each new Independent Living Service would take three years to build from the time land is acquired.

4.8 ***Priority 5: 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.***

We aim to roll out of the Real Living Wage to Adult Social Care staff, both internal council staff and third-party providers in a phased way 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. We will work with providers to ensure their commitment to the Real Living Wage and will also explore opportunities for social value return.

We will also work with providers to support workforce development, supporting greater focus on values-based recruitment and opportunities to promote care as a 'career'. This will include exploring opportunities to support recruitment, retention, and progression, including through potential apprenticeship and trainee opportunities.

5. Overview of Adults and Health Committee's draft revenue programme

5.1 As set out at para 2.9 the demand increase for Adults is estimated at £10.1m for 2022-23. Demand proposals for all Adult Services have been refreshed and there continue to be two strands to demand: baseline and scenario / COVID-19 impact. In general terms, baseline demand proposals have been refreshed on the same basis as last year, i.e., using pre-COVID-19 trends because it's too early to determine if there has been an underlying shift in long-term demand patterns post-COVID-19. Scenario / COVID-19 impact on demand has been assessed at a high-level in conjunction with operational services and commissioning managers. The refreshed demand bids reflect an increase of £1.58m when compared to the amounts assumed in the current Business Plan. There are also increases in all subsequent years of the Business Plan.

Demand forecasts	2022-23 £'000	2023-24 £'000	2024-25 £'000	2025-26 £'000
21/22 Business Plan amounts	8,528	8,459	9,328	9,166
22/23 refresh	10,109	11,567	11,427	11,137
Changes	1,581	3,108	2,099	1,971

5.2 Within the existing plan, Adults and health have £4.3m of savings budgeted for 2022/23 as outlined in section 2.13.

5.3 We are exploring a number of opportunities to deliver further savings or generate income, including:

- Identify grant opportunities available to the authority to maximise income opportunities.
- Identify key areas of prevention and early intervention work which can lead to quantifiable reductions in demand and maximise people's ability to live independently in their communities, for example investment in the obesity pathway, Technology Enabled Care (TEC) and independent living services.
- Working with our local health partners through the Integrated Care System (ICS) to merge local Health and Wellbeing priorities, shifting towards prevention in the system and leveraging opportunities for external investment.
- Cutting costs of travel and duplication in existing arrangements with care agencies, by developing local models beyond the existing pilot in East Cambridgeshire, including supporting the development of local micro-enterprises.
- Reassess demand and the viability of delivering some services in the light of continuing concerns in relation to the COVID-19 pandemic, including opportunities to deliver services more efficiently.

5.4 Specific opportunities for savings or further income generation that are being considered include:

- Improved Better Care Fund – unallocated monies to be used to contribute to demand pressures in Adults.
- Better Care Fund – anticipated inflation on the Better Care Fund used to contribute towards demand pressures in Adults.
- Prisons Grant underspend
- Extra Care retendering
- ICES Community Equipment Pooled Budget
- Increased contribution from Public Health grant to health-related activities in adult social care.
- Opportunities for savings and income from Technology Enabled Care and community equipment.
- Commissioned model of interim beds
- Prevention and early intervention opportunities
- Pharmacy contracts
- Contractual efficiencies
- Opportunities to sustain forecast budgetary underspends.

6. Next Steps

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

November / December	Business cases go to committees for consideration
January	Strategy and Resources Committee will review the whole draft Business Plan for recommendation to Full Council
February	Full Council will consider the draft Business Plan

7. Alignment with corporate priorities

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

7.1 Communities at the heart of everything we do

7.2 A good quality of life for everyone

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

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

7.5 Protecting and caring for those who need us

8. Significant Implications

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

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

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

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

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

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

8.7 Public Health Implications
We are working closely with Public Health colleagues as part of the operating model to ensure our emerging Business Planning proposals are aligned.

8.8 Environment and Climate Change Implications on Priority Areas
The climate and environment implications will vary depending on the detail of each of the proposals which will be coming to committee later for individual approvals (currently scheduled for November / December committees). The implications will be completed accordingly at that stage.

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: Amy Brown

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

Update on the completed procurement of additional nursing and residential bed capacity in care homes

To:	Adults and Health Committee
Meeting Date:	22 September 2021
From:	Executive Director, People & Communities
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	N/A
Outcome:	Commission an increased number of Council C residential and nursing care beds to ensure: i) Investment in the local care home market remains sustainable in the face of unprecedented pressure caused by the 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.
Recommendation:	Adults and Health Committee is asked to note the update provided

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Susanvandeven5@gmail.com
Tel: 01223 706398

1. Background

1.1 This paper presents the results of the recent procurement exercise which has increased the number of residential and nursing care beds commissioned by the Council on a 'block' basis. Given the value of these contracts and the investment that this represents to the care market it is important that the committee have sight of the associated benefits.

1.2 The procurement exercise was part of a number of actions designed to deliver against the Older Persons Accommodation Strategy which is seeking to secure a sufficient level of affordable, quality residential and nursing care provision to meet the needs of the local community within Cambridgeshire through:

- Reducing the Council's reliance on spot purchasing of care home beds which was driving up cost.
- Significantly increased the amount of good quality care home provision available to people requiring this support within Cambridgeshire enabling them to exercise choice and control over where they reside
- Creating additional capacity to enable the Council to meet its statutory duty under the Care Act in the face of increasing demand through expanding the use of extra care and development of independent living schemes
- Reduce and delay demand for residential and nursing care beds through addressing the effectiveness of interim and respite provision and ensuring community capacity is accessed wherever possible.

1.3 Prior to development of this approach the Council had significant shortfalls in capacity across the County limiting choice of provision for people who required a care home placement. The Council were also managing significant increases in the costs of care home placements year on year.

1.4 In addition to this, the procurement exercise was also able to support the local care home market in the wake of the COVID-19 pandemic. Pressures from high levels of vacancies and rising costs increased the risk of care home closures. Clearly, this would have a negative impact on the individuals affected and the local economy. It would also mean less care home provision locally, reducing choice and potentially driving up prices of remaining care homes. The long term guaranteed income from a Council block bed contract will help care homes to remain sustainable and, in doing so, ensure local people can continue to access their choice of local, affordable, high quality care whether privately or council funded.

1.5 A care home bed purchased on a block basis is allocated to the Council for the duration of the contract. Block beds offer mutual benefits to the provider and the Council. A provider gets guaranteed income for the contract duration and the Council gets guaranteed bed capacity at a more competitive rate. Block beds also offer the Council some protection against increases in bed prices due to inflation and other market forces. Although block beds become available at the start of the contract, the Council does not begin to pay for them until they are 'activated' by a first admission. This is to enable Providers to offer more beds than they currently have available whilst minimising financial risk to the Council.

1.6 Beds purchased on a 'spot' basis are temporary, typically purchased on an individual basis and last only as long as the individual remains in the placement. Whilst spot purchasing has its advantages, it does not offer guaranteed income to providers and it can work out more

expensive, particularly if prices rise as they have historically done so in Cambridgeshire. In recent years spot purchased bed prices have increased by around 10% per year placing significant pressured on adult social care budgets.

1.7 The tender and delegated authority to award contracts to the Executive Director of People & Communities was approved by Adults Committee in June (Forward Plan ref: 2020/21). It sought up to 810 residential and nursing care home block beds and up to 12 planned respite beds across Cambridgeshire at a maximum value of £553.6 million over 15 years. This investment is projected to secure savings of c.£21.5m by 2025, raising to c.£62m by 2030.

2. Main Issues

2.1 Tender Overview

The tender sought a varied number of beds within each district and across four different care types – Residential, Residential Dementia, Nursing and Nursing Dementia. The numbers used reflected differences in supply and demand across the county and the ratio of block to spot beds that we currently have in each district. Whilst a variety of beds were required to ensure, wherever possible, people have a home for life as their needs increase, emphasis was placed on increasing nursing and nursing dementia provision as demand for these services continues to rise. The proportion of residential beds sought was deliberately lower as we forecast increasing trends towards domiciliary care and away from residential care.

The tender also set a variety of ceiling prices for beds by care type and district. The rates used were developed through working with Finance to review current spot placement rates by district and recently commissioned block bed rates. In proposing these ceiling rates, consideration was given to the need to balance affordability against the need to ensure rates were commercially attractive to the market. An overview of the ceiling rates used can be viewed in Table 1 below:

Care Home Block Beds				
	East Cambridgeshire	**Fenland**	**Huntingdonshire**	**City & South Cambridgeshire**
Residential	£628	£585	£620	£662
Residential Dementia	£655	£600	£640	£683
Nursing	£790	£700	£700	£800
Nursing Dementia	£820	£720	£724	£830

Table 1: Tender ceiling rates by care type and district

2.2. Bids received: An extensive level of engagement and consultation took place with the local market and other stakeholders as part of this tender. As a result, the tender received an unprecedented positive response from the market with 820 beds being offered across 51 homes. Unfortunately, 255 of these beds were above the ceiling price or located out of county and so were declined. Providers were given the opportunity to review their prices as part of stage two of the tender evaluation process and this secured a further 21 beds.

2.2 **Tender Result:** In total, the tender secured 565 block beds (557 block + 8 respite beds)

across 15 providers and 33 homes, many of which had never been successful in securing block bed contracts with the Council previously. All 565 are located within Cambridgeshire, passed the quality threshold, and fell within the price ceilings stipulated within the tender. All beds can be accessed from August 2021.

2.3 **Outcomes of the Tender**

2.3.1 **Increased the number of beds across a wider range of care homes, promoting better choice for service users from a range of good quality provision**

The beds secured through the tender are distributed across Cambridgeshire, with a particularly good mix in City & South, Hunts and Fenland. The tender secured the Council's first block beds in East Cambridgeshire (for Residential and Residential Dementia needs). The continued shortfall in LA block contracted Nursing and Nursing Dementia care home beds is being mitigated by the LA's development of a 65-bed independent living scheme in the area which will offer nursing and nursing dementia care.

2.3.2 **Increased proportion of block contracted beds will strengthen Council control over care costs**

One aim of the tender was to increase the proportion of block contracted beds to spot purchased beds, thereby securing better value for money for the Council in the long term. The aspiration was to achieve a ratio of 60% block beds to 40% spot purchased beds. The tender has moved us much closer to this, with our ratio currently standing at 55% block to 45% spot. This gives the council more protection against inflationary price increases over the next 10 -15 years as the block contracts contain a fixed inflation of no more than 3% per year. In contrast, in recent years spot purchased bed prices have increased by around 10% per year.

2.3.3 **Increased the number of Providers under block contract therefore reducing Council reliance on a small number of Providers**

Prior to the tender going live, commissioners carried out robust market engagement with all care homes which resulted in the largest number of bids that we have seen from the care home market. As a result, the tender saw 8 new block bed providers across 11 homes offering block beds for the first time, enabling the Council to offer a wider choice of high-quality affordable provision within the local communities. It also helps to increase the Council's influence on the market, making it easier to drive through emerging priorities over time with the right investment model and approach (for example driving forward the Council's environmental commitments and social value agenda).

2.3.4 **Ensured market sustainability in the face of unprecedented pressure**

As noted earlier, the number of deaths and reluctance of families to place individuals in a care home setting have resulted in a higher number of empty beds in the local care home market. The tender has offered providers a degree of financial stability to help weather this storm until the care home market recovers. Feedback from the market has been extremely positive about the support offered and the tender process.

2.3.5 **The introduction of a flexibility clause will ensure the Council gets maximum value for money from its block bed provision**

The new block bed contracts introduced a 'flexibility of use clause'. This means the Council can place people into its empty block beds on a short term (sometimes emergency basis).

In turn, this has allowed the Council to reduce the number of block beds it has historically purchased for short term stays and reduce the number of emergency spot purchased placements. The revised contracts also opens the block beds to all adults with needs that can be met by the provider, regardless of age.

2.4 **Projected cost-avoidance of £66m over the contract term**

2.4.1 The tender will have a significant cost avoidance effect. During the first six years, the cost avoidance forecast is £7.6m. *(This assumes the equivalent spot purchased bed price would have increased by 6.5% in the period, that all block beds are activated within 1 year of the contract start date and occupied 95% of the time (known as a 5% void rate). It also incorporates costs of converting old block contract beds and spot purchased placements to the new block contract rate).*

2.4.2 Over the contract term, the forecasted cost avoidance ranges from £50m to £110m with the exact figure dependent on the future price increases in spot purchased placements. The highest savings of £110.5million would be delivered if spot bed rates continued to increase at 6.5%, as projected for 2022-2026. However, it is likely the spot bed rate of inflation will sit at around 4% over the next 10-15 years so on that basis the likely total projected savings would be **£66.6million** over the life of the contract.

2.5 **Improved KPIs will enhance the monitoring of quality and utilisation of block beds**

The updated contracts and Key Performance Indicators introduced through this tender will enable Contracts and Commissioning Officers to monitor quality, utilisation and impact of these beds in a more detailed and purposeful manner. The key improvements relate to enhanced monitoring of a range of utilisation including the providers response times from referrals particularly from acute hospital settings. The contract allows for us to clawback payment for activated block beds if we have not been able to access them within the specified timescale and in compliance conditions set. In the last 6 months, £78,000 has been clawed back as a result of contract monitoring and management. This has benefited the local Authority financially, but more importantly has improved performance and response times meaning people who need this care can access it in a timely manner.

In addition, empty block beds which are not being used by the Council can be used by agreement for self-funders. A termination clause of 6 months has also been incorporated to ensure we are responsive to changing demand, enabling decommissioning of under-utilised provision and/or shift to alternative model of delivery if opportunities arise.

2.6 **Next steps**

As part of routine commissioning practices, the utilisation and activation of the block beds and the quantity and cost of spot placements being made will be closely and regularly monitored. This information will inform the development of future commissioning intentions for the Older People's Accommodation Strategy work and as part of this the service will explore more joined up commissioning approaches with health partners.

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:

- Local affordable care home provision will help to sustain the care home market in the wake of Covid and protect jobs in the local community. It will also enable the Council to provide

individuals with more choice and control over arrangements to meet their long-term ongoing care needs within high quality settings.

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

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

- Recommissioned local affordable high-quality care home provision which will enable the Council to provide individuals with more choice and control over arrangements to meet their long-term ongoing care needs.

4. Source documents

- None

Customer Care Annual Report 1 April 2020 – 31 March 2021

To:	Adults and Health Committee
Meeting Date:	22 September 2021
From:	Charlotte Black, Director of Adult Social Care
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	N/A
Outcome:	To present the Adult Social Care Customer Care Annual Report 2020-2021 providing information about the complaints, compliments, representations and MP enquiries received for adult social care and the learning from this feedback and actions taken to improve services.
Recommendation:	The Adults and Health Committee is recommended to: a) Note and comment on the information in the Annual Adults Social Care Customer Care Report 2020-2021. b) Agree to the publication of Annual Adults Social Care Customer Care Report 2020-2021 on the Council's website.

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Member contacts:
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Susanvandeven5@gmail.com
Tel: 01223 706398

1. Background

1.1 The ‘Local Authority Social Services National Health Service Complaints (England) Regulations 2009’ state that each Council has responsibility to publish an Annual Report containing information about the number of complaints received and the number of complaints upheld.

1.2 Cambridgeshire County Council collects and collates information on the compliments, comments, representations, MP enquiries and complaints received for Adult Social Care services annually. This information is provided in the Adult Social Care Customer Care Report 2020– 2021, attached as Appendix 1.

1.3 The Adult Social Care Customer Care Report 2020 – 2021 identifies themes to inform learning from complaints and sets out the actions taken to address these issues and improve practice.

2. Customer Care Annual Report

2.1 The Annual Adult Social Care Customer Care Report 2020 - 2021 (Appendix 1) brings together the information on complaints, representations, MP enquiries and compliments received by the Council in respect of Adult Social Care services. This allows learning from complaints across all service areas to be identified and actions agreed to make improvements in services. The report also provides a comparison with previous financial years so that any changes in patterns can be highlighted and any actions to be taken considered.

2.2 The annual report includes an Executive Summary that provides an overview of the content of the full report. Information on complaints from the summary has been used in the section below.

2.3 Emphasis is placed on learning from complaints. The response to a complaint will identify the actions to be taken to prevent a similar situation occurring again and any areas where the service provided could be improved. The Annual Report (Section 21) details learning from complaints received during the last year.

2.4 The learning from each complaint is collated and where there are similar issues raised in a number of other complaints, a theme is identified. Section 20 of the annual report provides details.

2.5 The ways in which the learning from complaints and the themes is shared by the Customer Care team includes:

- Attendance at directorate management team meetings
- Attendance at Practice Governance Board
- Meetings with Heads of Service and Principal Social Worker
- Sharing feedback about commissioned services with the Commissioning Team
- Emails to Heads of Service for cascading to their teams
- The learning gained from specific complaints is shared at complaint training sessions for Adult Social Care Managers and staff

Specific case studies which include learning from complaints investigated by the LGSCO are considered at practice learning sessions run by the Principal Social Worker.

2.6 53 MP enquiries were received in 2020-2021. This is a 27% (11) increase from the last reporting year. The number of MP enquiries received yearly varies considerably, for example in 2018-2019 there were 80 MP enquiries, therefore it is difficult to establish a trend.

2.7 In 2020-2021, there were 97 informal complaints received. This compares to 106 received in the previous reporting year, an 8% (9) decrease. Informal complaints relate to concerns which are raised which can be and are resolved quickly and without the need to go through the full complaints process.

2.8 252 compliments were received in 2020-2021. Compliments continue to account for the highest proportion of feedback (37%) received across adult social care services year on year.

2.9 210 formal complaints were received in 2020-2021. This is a 2% increase in comparison to 2019-2020 when 206 formal complaints were received. The overall percentage of people receiving services who complained over the last three reporting years remains the same at 3%.

2.10 The three most common reasons for complaining were categorised as: support from a social care team; communication and standard of care received from independent providers.

2.11 Lack of support from social care teams accounted for 32 (17%) complaints. This is a very broad category and the themes within this category are: communication with other organisations; family involvement; delays; amount or type of support; care planning and access to social care. Specific examples are where the wishes of the family differ to those of the service user's or family members who are dissatisfied that they have not been included in decision making.

2.12 Although the category accounts for the highest volume of complaints, there has been a significant decrease of 36% (17) in this category in comparison to last reporting year. Learning from complaints that fall under the category of lack of support have led to bespoke practice workshops being run and practitioner factsheets providing specific guidance being produced or reviewed.

2.13 Communication issues accounted for 25 (12%) complaints. This is slightly less than last reporting year where 29 were received. Communication issues ranged from delays in social care teams responding to correspondence, to complaints about lack of or inaccurate information relating to social.

2.14 Learning from complaints relating to communications are dealt with on a case by case basis with the individual staff member or team involved to ensure improvement with future communication for example by providing training in this area. Where there is a more general theme or issue highlighted with communication, learning has been shared on a wider platform at the Adults Leadership Forum or in Practitioner Workshops run by the Principal Social Worker. Such feedback has also led to the

improvement of the Council's website and amendments made to letter templates and system process improvements.

2.15 Finance issues accounted for 28 (13%) complaints. Finance complaints fall under three different service areas: Adults Finance Team (14) the Income Recovery Team (5) and the Financial Assessments Team (19). The Financial Assessment Team accounted for the highest number of complaints in this category and the main theme related to delays. The Financial Assessment Team are increasing the resource within the team to address this issue.

2.16 Feedback relating to financial matters has also led to improvements in the invoicing process, the layout and content of invoices and to software system developments to improve the service individuals receive.

2.17 23 (11%) of complaints referred primarily to the provision of care by Council commissioned care providers or were connected to safeguarding issues where the Council was the responsible local authority required to investigate the concerns. These complaints are shared with Contracts and Commissioning Team who monitor the standards of provision.

2.18 Of the 210 formal complaints received in 2020-2021 there were 11 (5%) that were reviewed by a Senior Manager as the complainants were dissatisfied with the first response. This is a 15% decrease when compared to 2018 – 2019.

2.19 During 2020-2021 there were 4 final decision statements issued by the Local Government Social Care Ombudsman (LGSCO) for the Council following full investigations. This is 2 less (33%) than issued in 2019-2020 when 6 final decisions were issued. The number of LGSCO final decisions issued within a reporting year can fluctuate considerably.

3. Alignment with corporate priorities

3.1 Communities at the heart of everything we do:
The effective management of complaints identifies learning, promotes service improvements which supports people to live healthy and independent lives.

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
The effective management of complaints identifies learning, promotes service improvements which supports people to live as independently and safely as possible.

4. Significant Implications

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

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications
Complaints that raises concerns about independent providers are shared with the Contracts and Commissioning team.

4.3 Statutory, Legal and Risk Implications
The investigation of complaints can help to recognise areas where there has been poor practice and provides opportunities to improve the services provided by Adult Social Care.

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

4.5 Engagement and Communications Implications
All feedback is welcomed and offers opportunities for learning and action to be taken that can contribute towards service improvements and is seen as an important part of engagement with Service Users and their families/representatives.

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.
There are no significant implications within this category

4.8.2 Implication 2: Low carbon transport.
There are no significant implications within this category

4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats and land management.
There are no significant implications within this category

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
There are no significant implications within this category

4.8.5 Implication 5: Water use, availability and management:
There are no significant implications within this category

4.8.6 Implication 6: Air Pollution.
There are no significant implications within this category

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

There are no significant implications within this category

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 LGO Cambridgeshire County Council Annual Review letter 2020
Councils' performance - Local Government and Social Care Ombudsman

5.2 LGO Data Sheet – Councils 2019-2020
Adult social care complaint reviews - Local Government and Social Care Ombudsman

Cambridgeshire County Council

Adult Social Care Customer Care Annual Report

01 April 2020 to 31 March 2021

Report Purpose

To provide information about compliments, comments, representations, MP Enquiries, informal and formal complaints, and to comply with the Department of Health's 'Regulations on Health and Adult Social Care Complaints, 2009'. To identify trends and learning from complaints received during the reporting period

Content

1.0 Context

1.1 This report provides information about compliments, comments, representations, MP enquiries and complaints made between 01 April 2020 and 31 March 2021 under the Adult Social Care Complaints Policy and 2009 Department of Health Regulations on Adult Social Care Complaints. Cambridgeshire County Council has an open learning culture and a positive attitude to complaints, viewing them as opportunities for learning and for improved service delivery.

1.2 The scope of this report includes adult social care services provided through Cambridgeshire County Council and those provided through an NHS Partner organisation, Cambridgeshire and Peterborough Foundation Trust (CPFT).

2.0 Executive Summary

- 252 compliments were received in 2020-2021. This accounts for the highest proportion of feedback (37%) received across adult social care services.

- 210 formal complaints were received in 2020-2021. This is a 2% increase in comparison to 2019-2020 when 206 formal complaints were received. The overall percentage of people receiving services who complained over the last three reporting years remains the same at 3%

- 53 MP enquiries were received in 2020-2021. This is a 27% (11) increase from the last reporting year.

- In 2020-2021, there were 97 informal complaints received. This compares to 106 received in the previous reporting year, an 8% (9) decrease.

- The most common reasons for complaining were categorised as: support from a social care team, communication and standard of care received by independent care providers.

- 23 formal complaints were about the care provided by Council commissioned care providers. This is a 21% increase from last reporting year where 19 were received.

- 67 (32%) complaints were partially upheld, while 37 (18%) were not upheld and 35 (16%) were upheld, this follows the trend of complaint outcomes over the last 2 reporting years.

- There were 19 Senior Manager Reviews completed during 2020-2021. This is an increase of 8 (73%) in comparison to 2019-2020 when there were 11 Senior Manager Reviews completed. The number of reviews completed over the last 4 reporting years has fluctuated, suggesting an increase or decrease either way is not necessarily indicative of a trend.

- There were 4 final views issued by the Local Government Social Care Ombudsman (LGSCO) this reporting year. This is a 33% (2) decrease in comparison to 2019-2020 where 6 were received. 2 complaints were upheld and 2 were not upheld by the LGSCO.

3.0 Definitions

3.1 The terms: compliments, comments, representations, and complaints are defined in Appendix 1 and an explanation of acronyms is provided in Appendix 2

4.0 The complaints process and feedback

4.1 Information on how to provide feedback is available on the Council's website and in an adult social care feedback leaflet which is provided to all services users. The public can also provide feedback to the Council via an online feedback form, by phone, email or in person to any member of staff and through the Council's social media channels.

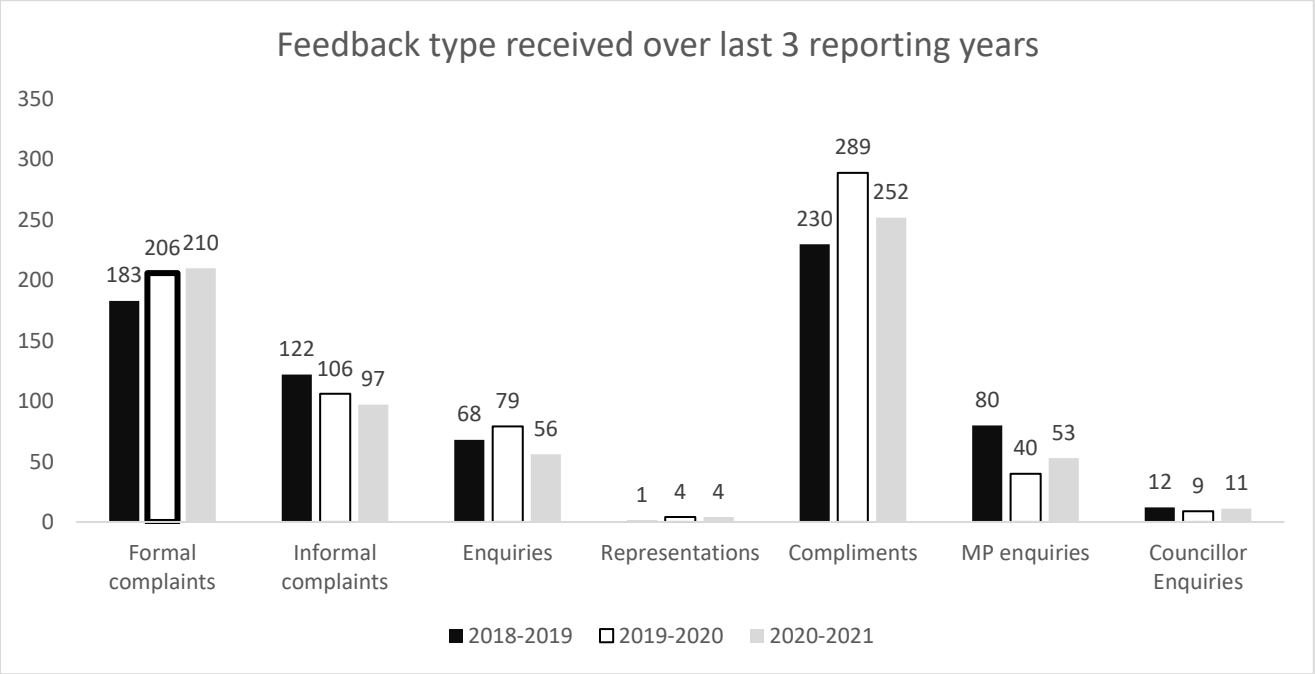
4.2 The complaints process has an emphasis on de-escalation and early resolution of complaints.

4.3 The Adults Social Care Complaints Policy is accessible on the Council's website or on request from any member of Council staff. The policy outlines the complaints process and timescales.

5.0 Summary of overall feedback received

5.1 The total amount of feedback received this reporting year is 683. The breakdown is shown in Figure 1 below, with comparison to the previous three reporting years is shown in Figure 1. More details on each type of feedback is given in the appropriate sections in the report.

5.2 Figure 1:



6.0 Learning from complaints

6.1 Whether a complaint is upheld or not, formal or informal, or whether there is a reason the Council determine not to respond to a complaint, for example if no consent is received or if the issues are historical and fall outside of the complaints timescale, the relevant service will still consider each concern, investigate where appropriate and learning is taken wherever possible to ensure the opportunity for service improvement is not missed.

6.2 The Council are keen that learning from complaints is shared across services. This is achieved in a variety of ways to include regular complaints meeting with Head of Services' across adult social care, Director level oversight of all LGSCO complaints and the dissemination of learning through a variety of methods led by the Practice Standards and Quality Team and the Principal Social Worker for adult social care. These can be relating to a specific case or regarding wider themes that have been identified.

6.3 The top three actions taken following learning from complaints were: explanations given, arranging for staff training or guidance and changes or reviewing of process and policies. Below are some specific examples of learning taken from complaints during 2020-2021.

6.4 When the Council made the decision to place debt recovery reminders on hold at the start of the pandemic, it was the first time the Debt Recovery Team put a blanket hold on all outstanding invoices at short notice. The Council acknowledges on review that clearer communication with service users and their representatives before releasing the hold would have alleviated some of the confusion this process resulted in. The Debt Recovery Team have now put in place processes to improve the restart of recovery should this need to be implemented again. There are also closer ongoing links between the debt recovery service and the social work teams to consider individuals current circumstances before taking debt recovery actions forward.

6.5 Due to several complaints being from repeat complainants the Customer Care Manager and Team Managers have been meeting to discuss if there are alternative approaches that could be implemented to support the service user or complainant to manage their concerns such as having regular meetings to discuss their concerns and if they are unable to be addressed informally then they have the opportunity to escalate these to formal complaints.

6.6 There have been a number of complaints that have started off being handled by the Council's legal services and the complainant has decided to raise a complaint or vice versa. It was identified that the Adult Social Care Complaints Policy did not offer clear guidance on one process needing to be followed to prevent duplication. As such the Customer Care Team will be amending the complaints policy to ensure this is covered.

6.7 The outcome of one complaint relating to safeguarding, upheld concerns regarding delays and poor communication with a service users' daughter while there was a safeguarding investigation taking place. As a result of this learning, a practitioner's factsheet was produced and there was a change in practice to ensure practitioners are aware of the importance of good communication with families to ensure safeguarding is made personal.

6.8 Practice and system changes were implemented across social care teams to ensure better management oversight of active safeguarding investigations. These changes were introduced to reduce the number of safeguarding enquiries that remained open unnecessarily and resulted in delays in families (or other relevant persons) being notified of the outcome of the enquiry in a timely manner.

6.9 It was identified from one complaint that a care and support plan had been issued without a social care assessment or review being issued to the service user in error. It is not usual practice for this to occur as it is the assessment which provides the supporting evidence to form the care and support plan. This resulted in Business Support Manager and the Team Manager introducing a two-stage process to ensure stand-alone documentation is not issued going forward.

6.10 Where the outcome of a complaint identified that a commissioned care provider's service had fallen below expected standards this was shared with the council's contract and commissioning team who carried out monitoring and review work with the respective providers to ensure the failings that had been identified were being addressed by the providers for example improving record keeping.

6.11 A new Care Home Support Team sitting within Adult Social Care was established in January 2021 and this team is working alongside Care Home Managers, empowering the Home Managers to find solutions to complex issues and coach them through change management.

6.12 A complaint about a delay in contact being made after a referral to adult social care, resulted in a change in the Duty Team's process on receiving referrals to ensure a senior social worker is working alongside the duty workers to monitor and triage referrals to ensure conversations occur in a timely manner.

6.13 Following a complaint about a delay in information about charging being provided it identified this was a result of miscommunication between the council's Continuing Health Care Team and the Cambridgeshire and Peterborough Clinical Commissioning Group (CAPCCG) and the forms that had been used. The council and CAPCCG reviewed their processes and implemented changes to ensure this error does not occur in future.

6.14 As outlined in section 18.3, although there has been a significant decrease in the number of complaints responded to outside of timescale, it has been agreed by Senior Management Team that the length of time to complete a Senior Manager Review is excessive. Amendments will be made to the Adult Social Care Complaints Policy and process to reduce this timescale.

6.15 Complaints regarding social care assessments have led to work with managers around the need to check for clear evidence of decision making within the assessments and the importance of clearly setting out key information. . To help teams learning, training to include 'case recording', 'report writing' and 'defensible decision making' has been planned. The Principal Social Worker will also be running workshops which will share the key learning from complaints about these issues to highlight areas where practice improvements are required.

6.16 Complaints relating to concluded safeguarding enquiries identified that there had been avoidable delays in the completion of some enquiries. Steps have been taken to support managers to keep better oversight of progress of actions following on from initial safeguarding strategy discussions. There is also tighter oversight of timelines of safeguarding enquiries to avoid delays in final completion. The social care teams have regular case discussions and take the opportunity to gain the perspectives of other workers and share ideas and learning.

6.17 Learning from complaints that fall under the category of lack of support have led to bespoke practice workshops being run and practitioner factsheets which provide specific guidance being produced or reviewed.

6.18 Learning from complaints can be combined with feedback from other sources, such as user surveys and the Partnership Boards. Complaints around accessibility and clarity of information and advice, have been linked to issues raised in the national service user survey and have led to focussed work being started with the Adult Social care Forum and Partnership Boards. The corporate communications team have designed a survey to be undertaken with support of partner organisations to understand better what information people are looking for and where they go to find this. The findings of this will help to better target our advice and information offer and to ensure we are providing the information that is important to people.

7.0 Compliments

7.1 A compliment is an expression of praise, commendation, thanks, congratulations, or other positive comments provided to a member of staff or to the services provided by adult social care. Compliments provided by members of Council staff are excluded from this process.

7.2 252 compliments were received in 2020-2021. Compliments accounted for the highest volume of feedback received by the Customer Care Team for adult social care over the last three reporting years. Compliments accounted for a third (37%) of all feedback received in 2021-2021.

7.3 Examples of compliments received are below:

Learning Disability Partnership: We would like to express our gratitude for the works of Consultant Psychiatrist of LDP with our son. She has been working for four years with our son who is autistic with severe learning disability. During that time working with our family we always found her approachable and helpful. Her knowledge on autism is very deep and practical. Lots of time when we were helpless (Psychiatrist) showed us the right direction such as referring us to music therapy, Speech and language therapy and physiotherapy and sensory assessment. All these helped our day to day living and managed his behaviour greatly. We feel reassured that help is available from her at any time of difficulty.

Older People's Services: 'I am very pleased and happy with the care I have received and all the people involved with me have been very kind and understanding. I am happy with the outcome'.

Physical Disabilities Team: 'I want to say a very big thank you for all your efforts during these difficult times. It is very much appreciated'.

Transfer of Care: 'As a family can I thank you again. Often Social Workers receive poor press for the work that they do, but I would like to uphold the work you have done for our family as an example of what you and so many Social Workers go into the profession for, putting people and their best interests at the heart of your work'.

Technology Enabled Care: 'Sincere thanks to you and 'the team' for all your help – the equipment has now on two occasions alerted (representative) to (service user) in distress and (representative) was able to assist her quickly. (service user) is so very grateful to us'.

Sensory Services: 'Absolutely fantastic service. Professional and supportive. Very efficient. Also helped to reprogram our key box. Thank you!'.

Reablement: 'Would just like to say a big thank you to all the carers that came out from Reablement Service North Fenland Team, who helped me with all my needs. The good work they do is very much appreciated'.

7.4 Themes in compliments relate to gratitude of staff being empathetic towards a service user, and or their families situation, the courteous and polite manner of staff and the appreciation of the service and support provided by adult social care which has helped improve the service users lifestyle.

7.5 Compliments about the Transfer of Care Team relate primarily to the support and information given during the transition from hospital to either going home with a new care package in place or alternatively when entering a residential care home setting for the first time and the support that has been provided to the service user and their family/representatives during that period.

7.6 Compliments that fall under the older people's services, not only include compliments for council staff but also include compliments for care staff and residential settings commissioned by the council

7.7 A high proportion of compliments relate to the Technology Enabled Care and Sensory Services where service users and their families are thanking staff for the informative information provided on resources that can offer

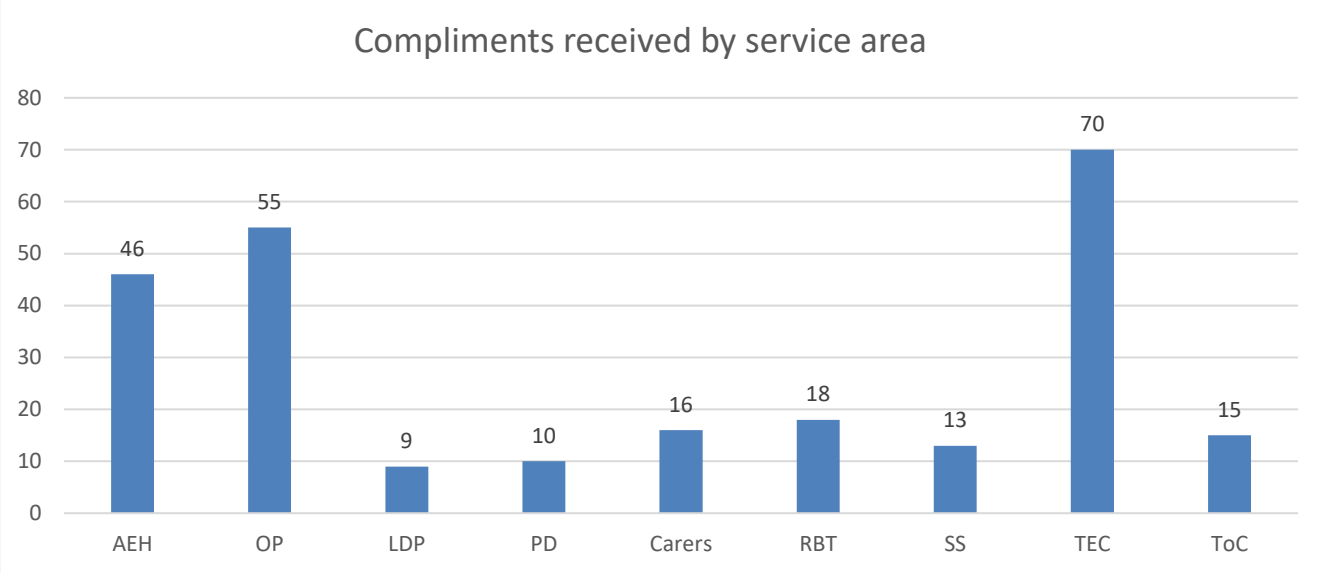
them assistance that they had not previously been aware of, for example a lifeline (personal alarm service in time of need) which offers them peace of mind.

7.8 Compliments which show that the work of an individual staff member has been exceptional are personally acknowledged by the Director of Adult Social Care and are included in the monthly communications email from the Executive Director, People and Communities to all staff.

Compliments account for the highest proportion of feedback (37%) received across adult social care.

7.9 The Customer Care Team remind staff of the importance of sharing positive feedback with the team.

7.10 Figure 2 below gives the number of compliments received by service area:



Acronyms:
AEH – Adult Early Help
OP – Older People's
LDP – Learning Disability Partnership
TEC – Technology Enabled Care
PD – Physical Disabilities
RBT – Reablement Services
SS – Sensory Services
ToC – Transfer of Care

8.0 Enquiries

8.1 56 enquiries were received in 2020-2021. This is a 29% decrease on the 79 comments and enquiries received in the previous reporting year.

8.2 The comments and enquiries covered several issues, including:

- Requests for social care assessments
- Clarifying invoices
- Clarifying financial assessments
- Raising data protection concerns
- Enquiries about other local authorities
- Enquiries about related services, including the NHS, Cambridgeshire and Peterborough Foundation Trust (CPFT), Clinical Commissioning Group (CCG) and the City Council.
- Concerns regarding other Council departments, including Childrens services and transport

- Reporting safeguarding concerns
- Raising concerns about privately funded care
- Requests for information relating to other Council services such as information services

8.3 53 of the enquiries were dealt with by the Customer Care Team or redirected on to the relevant team within the Council for consideration; 3 comments and enquiries were passed onto external organisations to respond to.

9.0 Representations

9.1 A representation is a comment or complaint about Council policy or procedure (rather than how we have applied a policy or procedure). A representation can also be made about allocation of resources or the nature or availability of services.

9.2 The Director responsible for the relevant service area will review the representation and if the Director feels that the policy, legislation, or funding decision should be changed, they can take it forward for further consideration. It is the Council's elected members who have the final decision on whether it is changed. If the Director feels that the policy, legislation, or funding decision is appropriate and should not be changed, the customer will be advised of the reason for the decision. If there are a significant number of similar representations, and it is within the Council's power and responsibilities, they will consider re-investigating the concerns again.

9.3 4 representations were received in 2020-2021. This is the same number that were received in 2019-2020. They related to:

- Council's Reablement staff being unable to administer medication
- Provision of Personal Protective Equipment (PPE) for care staff
- The use of social media
- Content of invoices

9.4 One outcome related to a review of the income recovery payment references in acknowledgement that some banks have restrictions on the number of digits that can be entered as a payment reference. In other instances the feedback was reviewed, however, it was determined that services changes were not required and the reason for these decisions were explained to the complainants for example, it being out of the Council's remit to change how social media is used.

10.0 MP Enquiries

10.1 An MP enquiry can be related to a request for information, the clarification of circumstances or further information for a particular situation or constituent, or the notification of dissatisfaction with a service.

10.2 The Customer Care Team facilitates responses to MP enquiries. These are not counted as complaints, however, in some cases, a complaint may already have been received and in some cases, a complaint may be subsequently made. Every care is taken with these responses which are written in the expectation that they will be shared with the MP's constituent.

10.3 53 MP enquiries were received in 2020-2021. This is a 36% (13) increase from the number of MP enquiries received in the previous reporting year, where 40 were received. The number of MP enquiries received yearly varies considerably, for example in 2018-2019 there were 80 MP enquiries, therefore it is difficult to establish a trend.

10.4 The number of MP enquiries received per quarter fluctuated over the reporting year as can be seen in table 1 below:

2020-2021	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4
Number received:	9	17	10	17

10.5 Although the COVID-19 Pandemic and the public's focus during the periods of 'lockdown' could account for this pattern, it is not possible with the information available to draw a conclusion as to what has caused such fluctuation between quarters.

10.6 0.7% (53) of people receiving adult long term services raised concerns via their MP. This is similar to the last reporting year where 0.6% (40) of people receiving long term services raised concerns with their MP.

10.7 43 MP enquiries related to long term adult social care services, 2 related to prevention and early intervention services; 2 related to CPFT, and 8 MP enquiries related to services outside of adult social care as follows: 3 related to adult safeguarding enquiries unconnected to cases open to adult social care; 2 related to Children's Social Care; 3 related to residential care homes.

10.8 13 of 53 (25%) MP enquiries received in 2020-2021 were responded to outside of the 10-working day timescale. Delays were related to the complexity of the concerns that were being responded to or the need to await the outcome of a meeting that had been scheduled outside of the 10-working day response time. The number of MP enquiries delayed this reporting year is 5% (5) more than last year.

11.0 Councillor Enquiries

11.1 As members of the Council, Councillors can contact adult social care raising concerns on a service user (or their representatives) behalf. Councillors may be responded to directly by the respective service manager or in some more complex cases the Customer Care Team will co-ordinate an investigation and respond to the Councillor. On occasion, a complaint may already be in progress and on other occasions, a complaint may be raised as a result of the enquiry to obtain more information and enable sufficient time for a thorough investigation to be carried out.

11.2 In this reporting year, the Customer Care Team dealt with 11 Councillor enquiries.

11.3 9 of the Councillor enquiries related to long term services; 1 related to a case not known to adult services and 1 was in connection to prevention and early intervention services.

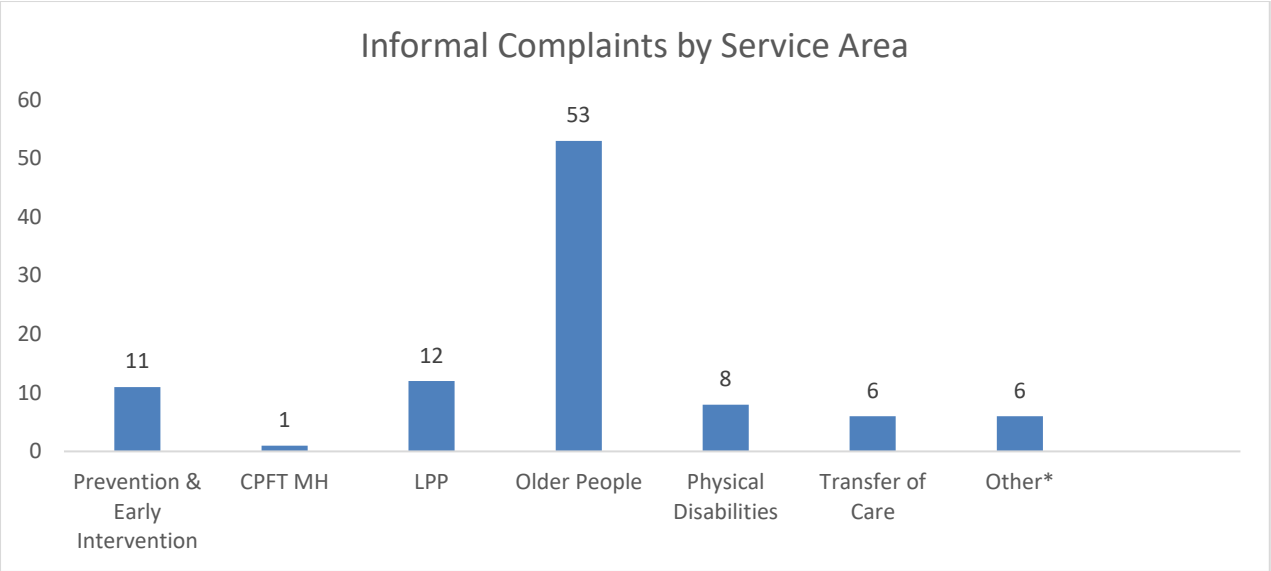
12.0 Informal Complaints

12.1 During the course of the year the number of formal and informal complaints varies slightly. This can be a result of a complaint initially being dealt with informally and then the complainant states that they wish for the complaint to be escalated and dealt with formally. Similarly, some complainants wish their complaint to be dealt with formally and when the initial remedial actions have been completed, they state that they wish to withdraw their complaint. In cases where the type of complaints changes, the complaint records are amended accordingly.

12.2 In 2020-2021 there were 97 informal complaints received. This compares with 106 informal complaints received in 2019-2020, a decrease of 8% (9).

12.3 When comparing the percentage of people receiving long term services who complained informally in 2020-2021 this remained the same as the number who complained informally in the last reporting period where 1.7% of people receiving services informally complained.

12.4 Figure 3 shows the number of informal complaints in relation to the major service areas:



12.5 The service areas with the highest number of informal complaints this reporting year were Older People's services with 53 informal complaints (1.9% of service users) and Learning Disability Partnership with 12 (0.9% of service users) informal complaints.

12.6 The service areas with the highest number of informal complaints are the two largest service areas within adult social care, therefore it is expected that these areas would account for the largest volume of informal complaints.

12.7 The feedback included in the "other" category related to concerns about services that were unconnected to a service user. For example, concerns relating to services the Council commissions.

13.0 Formal Complaints

13.1 A complaint is an expression of dissatisfaction, whether justified or not, about the standard or the delivery of a service, the actions or lack of by the Council or its staff which affects an individual service user, their representative or a group of users.

13.2 In providing these statistics, it should be noted that the volume of complaints does not in itself indicate the quality of the Council's performance. High volumes of complaints can be a sign of an open, learning organisation, as well as sometimes being an early warning of wider problems enabling the opportunity for preventative measures to be implemented. Conversely, low complaint volumes can be a worrying sign that an organisation is not receptive to service user feedback, rather than being an indicator that all is well.

13.3 Therefore, emphasis is placed on ensuring that people wishing to make a complaint or provide feedback of any kind, can do so with ease in a variety of ways. Guidance regarding how to provide feedback of any kind is provided on Cambridgeshire County Council's website.

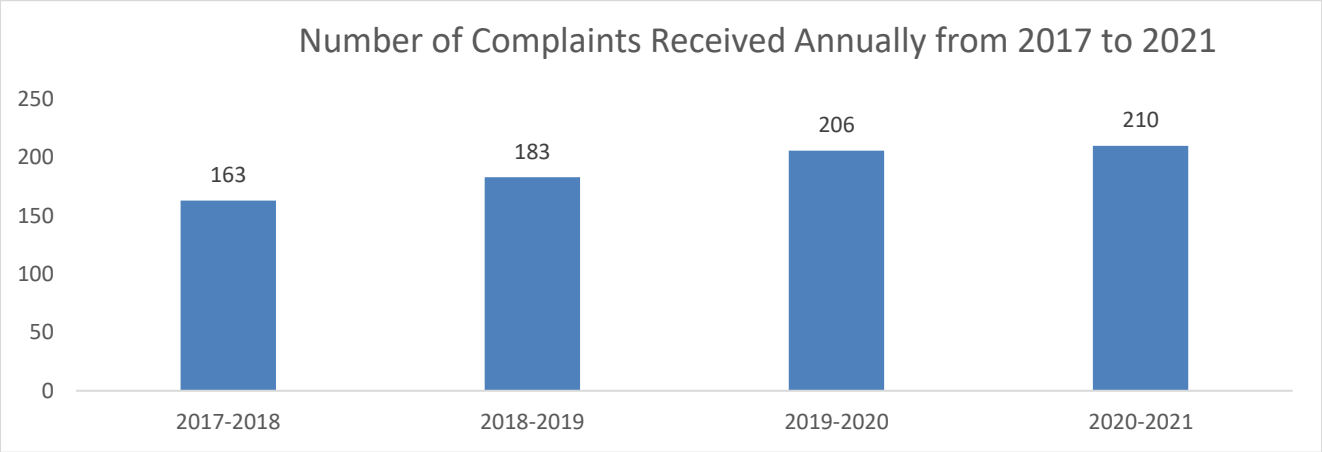
13.4 In addition to the website, information on how to make a complaint or provide feedback is explained by staff during the assessment process and the service user is given a factsheet that outlines the process and provides details on how to provide feedback. There are several facilities available for complaints to be made in different ways: by email, in writing, in person or by telephone.

13.5 The Customer Care Team are now recording how feedback is being provided for 2021-2022 to be able to obtain a summary of statistical data about the age, gender, disability, sexual orientation, and ethnicity of complainants. This will assist us with learning and service improvement, to ensure feedback services are accessible and to review if there are any adjustments we can make to improve on accessibility.

13.6 There were 210 formal complaints received in 2020-2021. This is a 2% increase in comparison to 2019-2020 where 206 formal complaints were received.

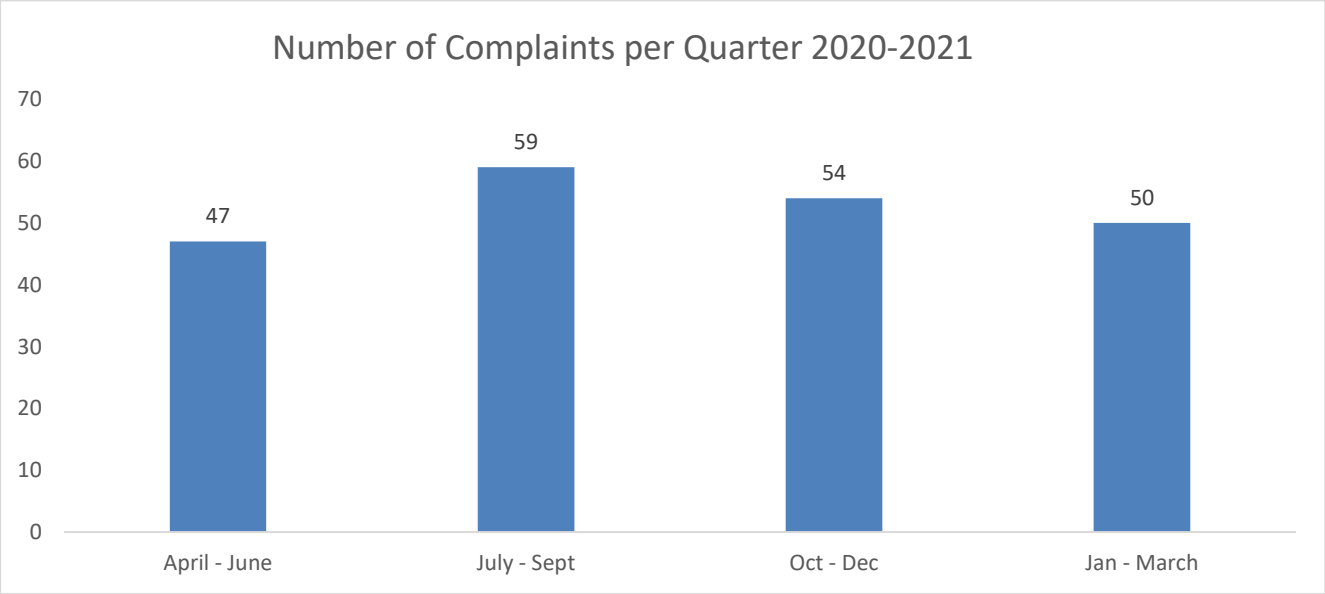
13.7 Although there is a rise in the number of complaints received, the overall percentage of people receiving services who complained over the previous three reporting years remains the same at 3%, suggesting the annual growth rate has remained consistent for 4 years.

13.8 Figure 4 gives details of the number of formal complaints received over the last 4 reporting years:



13.9 The average number of formal complaints received per quarter during 2020-2021 was 52.5 in comparison to an average of 49 in 2019-2020.

13.10 Figure 5 shows the number of complaints received per quarter during the reporting year:



13.11 The graph in figure 5 shows there was an increase of 25% (12) in the number of complaints received between the first and second quarter of 2020. Although there is no firm way of identifying what caused this peak, it is assumed the lower number of complaints in the first quarter can be attributed to the impact of COVID-19 that commenced at the start of the first quarter.

14.0 Service Area Complaints

14.1 To provide some perspective; table 2 below shows the number of complaints in relation to the major service areas and the total number of people receiving services. Please note that the table does not account for all complaints, only those which come under the service areas listed.

14.2 Table 2:

Service Area	No of People Receiving Services	Number of Complaints	Percentage of Complaints by Population Receiving Services.
Older People	2859	95	3.3%
Physical Disabilities	833	21	2.5%
Learning Disability Partnership	1562	49	3.1%
Mental Health	555	4	0.7%
Occupational Therapy	625	3	0.5%
Prevention and Early Intervention	2759	14	0.5%
Transfer of Care	702	5	0.7%

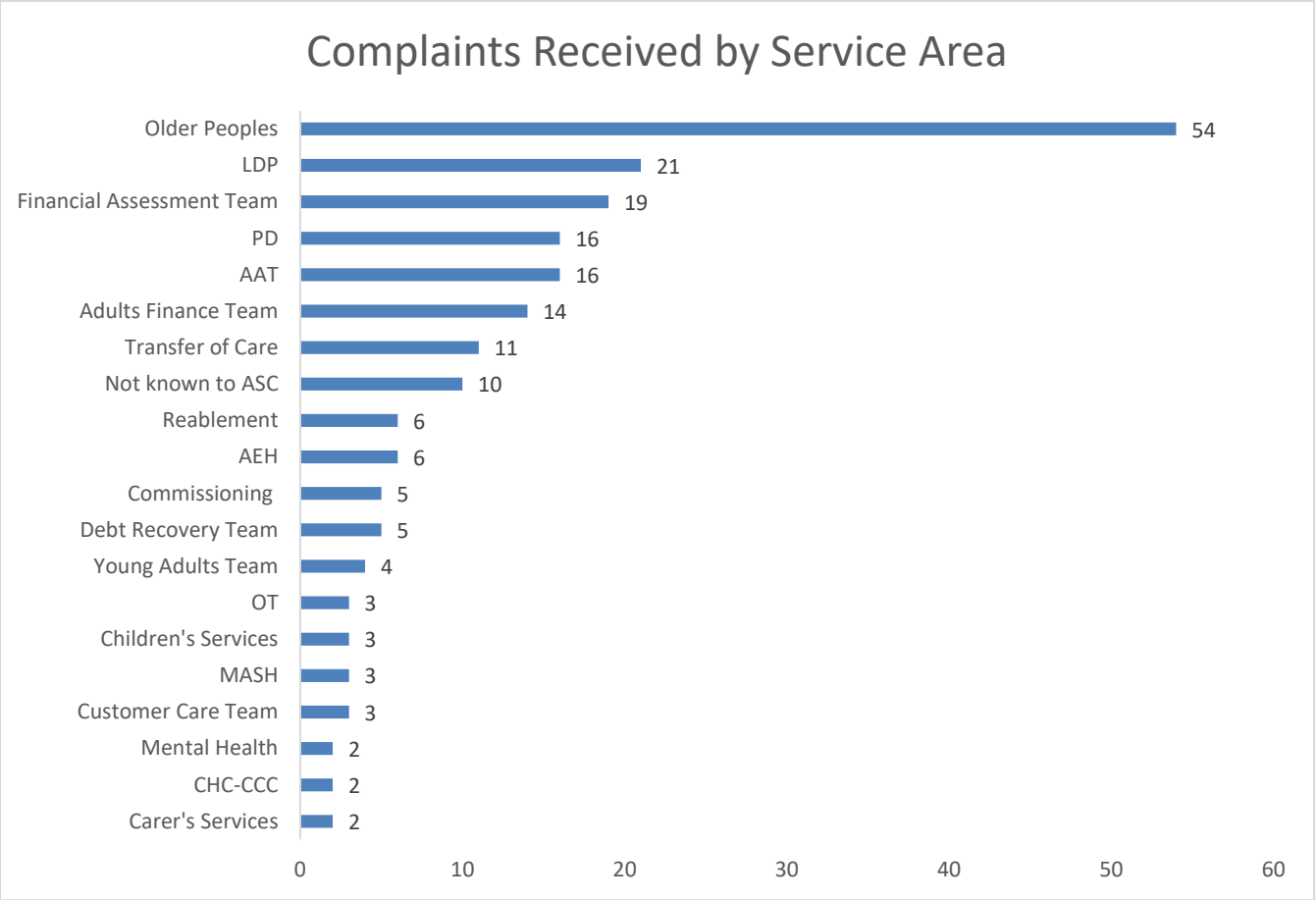
14.3 The major service areas reported by, have different services that sit within them and this reporting year there have been changes to the way the major service areas are grouped. For example, this reporting year Prevention and Early Intervention now covers most short-term adult social care services to include: Adult Early Help (AEH), Technology Enabled Care (TEC), Reablement (Rbt) and Carers Services. Transfer of Care (ToC) is now reported on as its own service area. The Adults and Autism Team (AAT) and Young Adults Team (YAT) all sit within the Learning Disability Partnership (LDP) service category. The feedback received by all service areas is provided in more detail next.

14.4 The complexities of complaints have increased and often complaints will cover more than one service area. In these instances, the Customer Care Team will assign the manager of one of the involved services to act as lead on the complaint investigation. It will be their role to co-ordinate with the other related service areas to provide one response that addresses all the concerns raised.

14.5 A complaint will be categorised under the service area that the service user is allocated to or in some circumstances under the service area where the majority of their concerns mostly relate to. Therefore, a complaint may be categorised under the major service of Older People's but investigated by Transfer of Care Team and vice versa.

14.6 Figure 6 on the next page shows the number of complaints investigated by service areas within adult social care.

14.7 Figure 6:



*To make the above graph easier to read it only shows services where more than one complaint was received.

14.8 As shown in table 2 section 13.1, Older People services and the Learning Disability Partnership are the two largest service areas and they received the highest volume of complaints. This follows the same pattern as previous reporting years when these two service areas received the highest volume of complaints.

14.9 The Financial Assessment Team received the next largest volume of complaints at 19 (9%) which is a slight increase from 2019-2020 when there were 12 complaints about this service.

14.10 The Physical Disabilities Team received 16 (8%) complaints in 2020-2021 which is a 27% decrease from the last reporting year where they received 22 complaints. The decrease brings the complaints for this service back in line with the numbers received in 2018-2019, suggesting that last year was a spike and this year the figures are commensurate with previous reporting figures for this service.

14.11 The Adults and Autism Team (AAT) also received 16 (8% of) complaints, which accounts for the service with the highest increase in complaints when compared to 2019-2020 when AAT received 6, an increase of nearly two thirds. This increase could be accounted for by one complainant who raised 6 complaints during this reporting year.

14.12 In 2019-2020 there were 14 complaints recorded under the category of Older People short term services. This year there are no complaints in this category due to a change in how services are categorised as described in section 13.3 above. The category most similar to this is now 'Prevention and Early Intervention', which accounts for 14 of the complaints received in 2020-2021, suggesting the categorisation of complaints have remained very similar albeit with different service names.

14.13 There was a significant decrease of 23% (16) in the number of complaints about Older People services this reporting year in comparison to 2019-2020. However, the re-categorisation of services will also account for this fall with complaints that would have previously been assigned to this category being moved to another, for example the 11 complaints in the new Transfer of Care category would previously have been likely to have been assigned to Older People services.

14.14 A process for managing complaints that are commissioned by adult social care and provided by mental health or occupational therapy (OT) are managed in line with the Section 75 agreement between the respective organisations. The number of complaints recorded by the Customer Care Team can differ slightly from the number reported by Cambridgeshire and Peterborough Foundation Trust (CPFT) and these variations are due to the different ways in which complaints are categorised by the respective organisations. There was a total of 7 complaints that related to service users receiving services provided by CPFT under the Section 75 agreement.

14.15 There was a 22% (6) decrease in the number of complaints for Learning Disability Partnership this year.

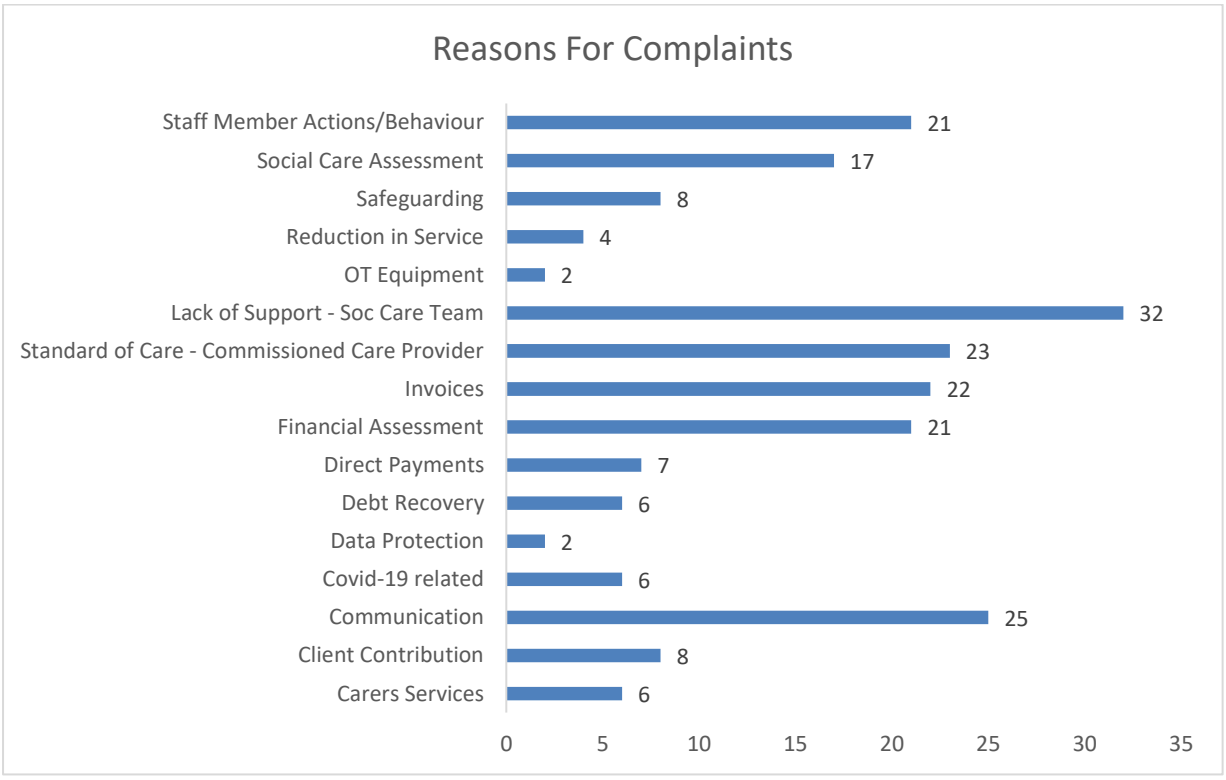
14.16 There was a 3% (8) increase this reporting year in the number of complaints that were finance related when compared with 2019-2020. There may be a correlation between the increase in financial complaints and the impact of contingency arrangements that were implemented amidst the start of the COVID-19 Pandemic.. Although, it is not possible to fully conclude if this is the cause and therefore the Customer Care Team will continue to monitor finance related complaints to establish if these continue to increase in 2021-2022.

14.17 There were 14 complaints about services provided by the Adults Finance Team (AFT), which is similar to 2019-2020 when 15 were received.

15.0 Reasons for Complaints

15.1 Complaints very often contain more than one issue and for reporting purposes complaints are categorised using the primary issue in the complaint. Figure 7 on the next page shows the categories used to record the reasons why people complain and the number of formal complaints in each category.

15.2 Figure 7:

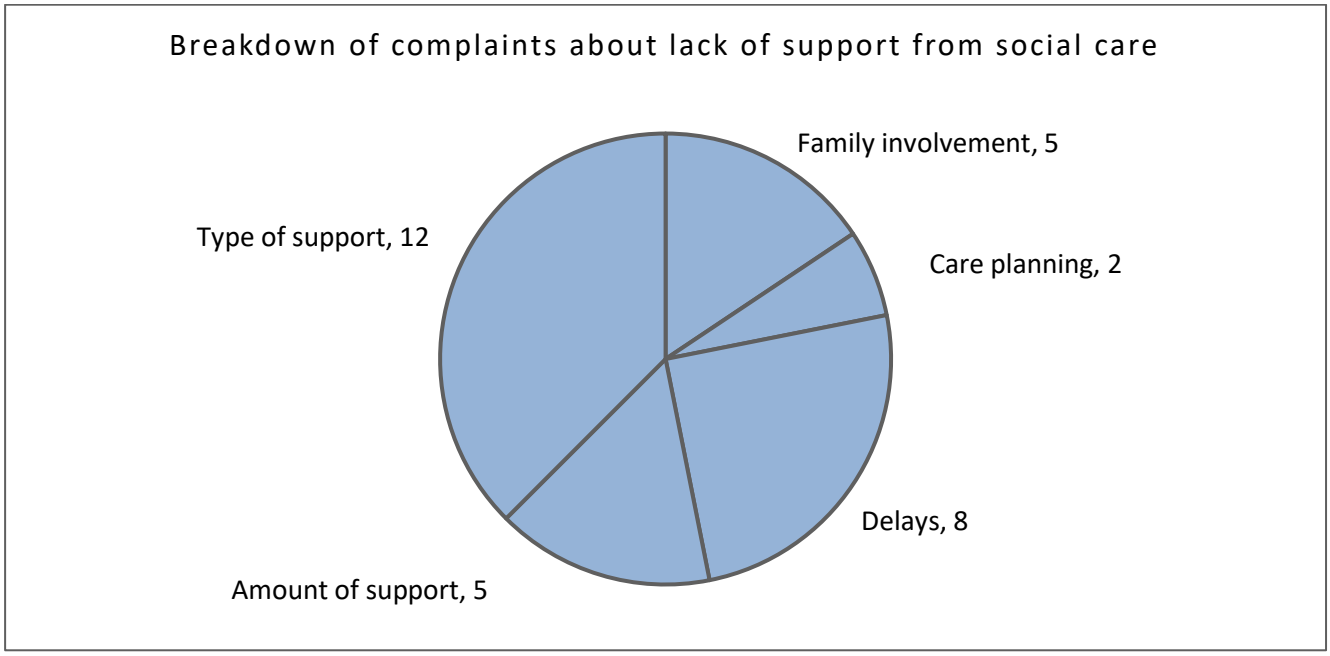


15.3 As the graph above shows, the reason for most complaints (32 / 17%) is about Lack of Support from the Social Care Team. This category has accounted for the highest volume of complaints since 2015 (when the Customer Care Team started producing annual reports specially for adult social care) and covers a range of reasons as detailed further in figure 8 on the next page.

15.4 Although lack of support from the social care team accounts for the highest volume of complaints at 32, there has been a significant decrease of 36% (17) in this category in comparison to last reporting year when there 49 complaints. This follows the trend of a decrease in the previous reporting year.

There has been a 36% decrease in the number of complaints that related to support from social care teams.

15.5 Figure 8:



15.6 Within the category of complaints about support provided by social care teams, the most common reason for complaining was in relation to the type of support offered which accounted for 38% (12) of the complaints. Examples within this category are where the service user or their family feel that residential care is needed when they have been assessed as needing domiciliary care and support.

15.7 The second most common overall reason for complaining was about communication, where there were 25 (12%) complaints attributed to this category. This is slightly less than last reporting year where 29 were received. Communication issues ranged from delays in social care teams responding to correspondence, to complaints about lack of or inaccurate information relating to social care. Learning has been taken from these areas as shared earlier in the report.

15.8 11% (23) of complaints were about the standard of care provided by a care provider that has been commissioned by the Council. This compares to 19 complaints about this issue last reporting year, a 21% increase. The Customer Care Team will continue to monitor the number of complaints in this category to observe if this spike is related to the unprecedented pressures COVID-19 pandemic has placed on this service area and to observe any trends.

16.0 Complaints about Independent Providers

16.1 The Council has responsibility for the services it commissions. A complainant can address a complaint about an independent service provider commissioned by the Council either by complaining to the provider directly or by complaining to the Council. In cases where the complainant has complained to both parties, the Council will investigate and respond. There should also be a separate investigation carried out by the independent provider.

16.2 Complaints and the response to complaints involving independent care providers are copied as a matter of routine to the appropriate commissioning and contracts manager(s) within the Council.

16.3 23 (11%) of complaints referred primarily to the provision of care by Council commissioned care providers. This is the slightly more than 2019-2020 when 19 (9%) complaints were received.

16.4 The majority of complaints within this category (15, 65%) were about expected standards not being met. This is a significant increase in comparison to the 7 (37%) reported in this category the previous reporting year. It appears that the rise may be not be indicative of a trend as over half of the complaints related specifically to issues that were a result of COVID-19 for example restricted visitation amidst localised lockdowns, the COVID-19 testing of staff and patients and issues with Personal Protective Equipment (PPE).

16.5 The Council's Contracting and Commissioning Team, work with care providers and carry out monitoring visits and where necessary will implement Home Improvement Plans (HIP) and work alongside the CCG to review quality and compliance with care providers.

17.0 Comparative Data

17.1 Each year, in June/July, the Local Government and Social Care Ombudsman (LGSCO) issues an annual review to each Council. In his letter he sets out the number of complaints about the Council that his officers have dealt with and offers a summary of statistics to accompany this.

17.2 The annual review statistics are publicly available, allowing Councils to compare their performance on complaints against their peers; copies of the annual review letter, as well as any published Ombudsman complaints, are issued to the leader of the Council and Democratic Services (the Ombudsman's link person within the Council) to encourage more democratic scrutiny of local complaint handling and local accountability of public services.

17.3 The most recent public data available from the LGSCO is for 2019-2020 and provides the number of complaints and enquiries they received for all local authorities within England (152) with a responsibility for adult social care. The data in the review shows that the level of complaints received by the LGSCO for Cambridgeshire County Council is low for the size of population in comparison to statistical neighbours, as shown in figure below.

17.4 Figure 9:

17.5 As the graph above shows, Cambridgeshire and Worcestershire County Council accounted for the local authorities with smallest number (11) of complaints that were received by the LGSCO during 2019-2020 in a group of 14 statistical neighbouring authorities. The highest volume of complaints dealt with by the LGSCO within this group was 79 which was for Essex County Council. It is important to note when looking at data in such reports that it is very difficult to compare like for like as there is not a consistent approach in what is covered, the structures and the taxonomy adopted by different authorities varies considerably between Councils as well as the LGSCO. As an example, the LGSCO will include blue badge and disabled facility grant complaints within their complaints reports data for adult social care, whereas Cambridgeshire and many other local authorities do not include this within their data for adult social care complaints.

17.6 The LGSCO reported that in 2019-2020, the Council had provided a satisfactory remedy before the complaint reached them in 8% of cases. It is acknowledged that this is a low percentage, however, to put this into perspective it compares to an average of 9% in comparator authorities. The Council continue to take learning from the outcomes of LGSCO investigations to support improvement which includes effective complaint management in order to increase the number of satisfactory remedies the LGSCO find the Council have provided.

17.7 It is difficult to gauge how the LGSCO calculate this figure as there are some cases they do not take to full investigation as their Assessment Team determined that the Council have offered a satisfactory remedy and their own investigation would not add to this, however, the LGSCO do not always notify the Council of such a decision. There are also cases that the LGSCO Investigation Team will take to full investigation and conclude that a satisfactory remedy had already been provided by the Council. The data LGSCO reported that during 2019-2020 they closed 11 cases after initial enquiries for the Council.

17.8 The LGSCO report on two complaint outcomes: upheld or not upheld. The approach taken by most local authorities, including Cambridgeshire differs as complaint outcomes are reported in one of three categories: upheld, not upheld and partially upheld. The LGSCO may find the Council not at fault for 9 out 10 complaint

points, however, as 1 point was upheld the overall complaint is categorised as upheld whereas the Council would report the same complaint as partially upheld. Complaint responses are discussed further in 18.5.

18.0 Complaint responses

18.1 The Council is committed to acknowledging any complaints received within 3 working days and to provide the customer with a response within 25 working days. If there are mitigating circumstances for exceeding these time frames then a written explanation is sent to the complainant to advise them of the delay.

18.2 The Customer Care Team strive to ensure complaints are responded to within timescale and following feedback from the Adults Social Care Committee a concerted effort has been made by managers across adult social care to support continuous improvement in this area. As a result, this reporting year 33% (70) of formal complaints required extensions, leading to the response taking longer than 25 working days, this is a 26% decrease (25) from last year where 95 (46%) required extensions.

There was a 26% decrease in the number of complaints that required extensions this reporting year.

18.3 It is appreciated that any delay in providing a complaint response will add further frustration and dissatisfaction to a complainant and this is something the Council want to mitigate. The Care Customer Care Team and Adult Social Care Management Team will continue to support improvement in response timescales and will be implementing some changes in the administrative practices to promote more timelier responses.

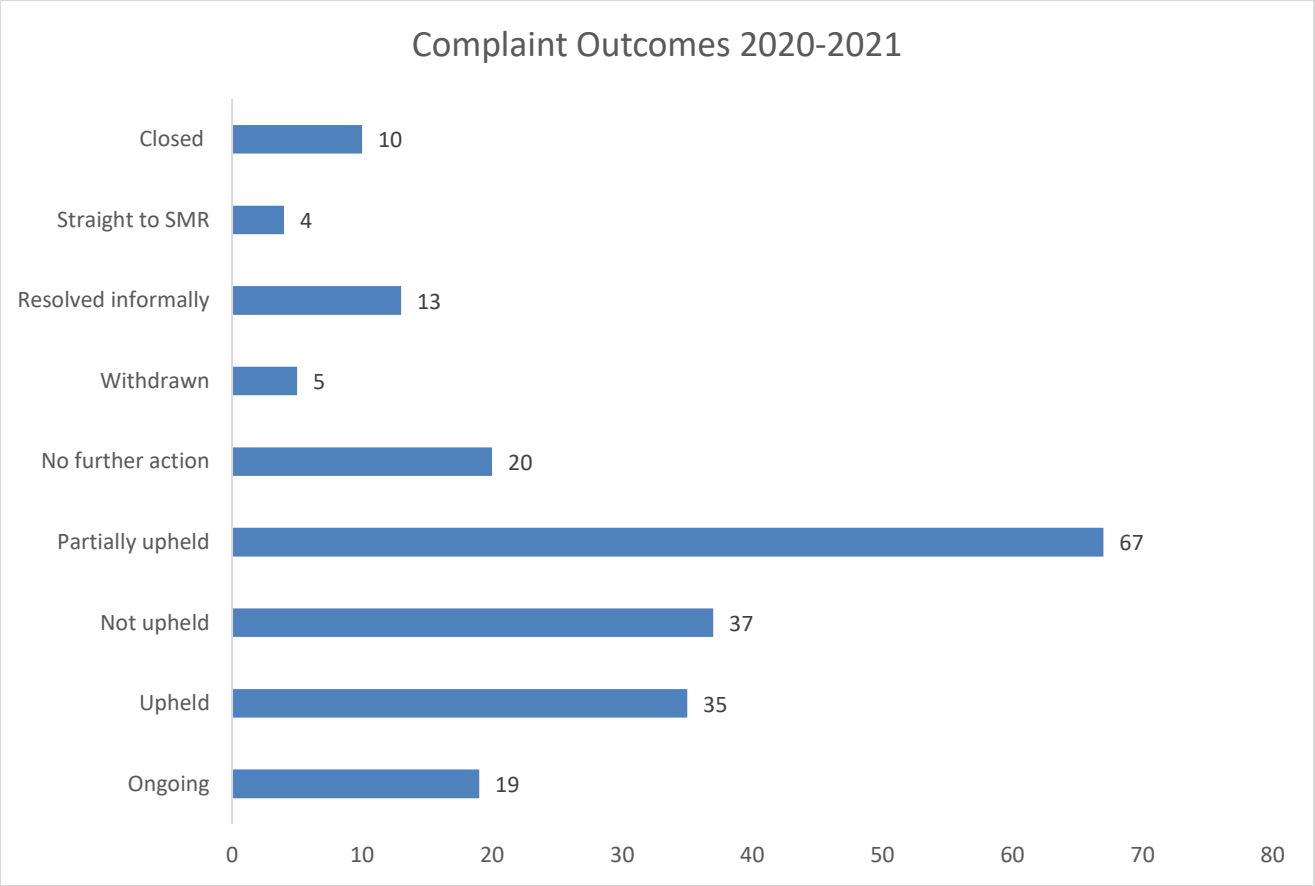
18.4 Extensions were agreed for a number of reasons:

- Complex cases involving multiple complainants
- Related to ongoing legal issues
- Related to active safeguarding investigations
- Complex cases involving other organisations, or multiple teams within the Council
- Awaiting consent from the service user or for a Mental Capacity Assessment to be completed
- Time needed to include a meeting with the complainant or service user during the investigation
- Change in investigator during the course of the investigation
- Impact of redeployment of staff amidst COVID-19 pandemic
- Awaiting the completion of a workflow before the complaint can be concluded, for example a social care assessment or a financial assessment

18.5 There are several complaint decision categories, the three outcome categories are recorded using the following definitions;

- Upheld – all issues raised in the complaint required remedial action to rectify the situation and prevent similar issues arising in the future
- Partially upheld – at least one issue in the complaint was upheld and required remedial action
- Not upheld – none of the issues raised required remedial action17.6

18.6 Figure 10 below gives details of the number of complaints upheld, partially upheld, and not upheld this reporting year.



18.7 Partially upheld complaints accounted for the highest proportion of outcomes with 67 (32%) complaints being partially upheld in 2020-2021. This is 7% (5) less than last reporting year where 72 (35%) of complaints were partially upheld.

18.8 37 (18%) complaints were not upheld which is in line with the previous two reporting years where 20% (42) and 19% (35) respectively were not upheld.

18.9 35 (16%) complaints were upheld in 2020-2021. This is a 3% decrease in comparison to 2019-2020 where 19% (39) were upheld.

18.10 The three major complaint outcome categories (upheld, not upheld and partially upheld) continue to follow the trend of previous years where there has been little change in the percentages of each respective category.

18.11 In 2019-2020, 37 (18%) complaint outcomes were categorised as no further action being required which followed the trend of previous reporting years. However, as this category accounted for a significant proportion of complaints yet provided little detail it was decided to create subcategories to glean more information and gain themes where possible. Therefore, there is a significant decrease of 46% (17) this reporting year as some complaints that would have previously fallen into this category have been placed in one of the following three new categories; resolved informally, straight to Senior Manager Review (SMR) and closed.

18.12 As above, there were three new categories added to complaint outcomes this reporting year and these accounted for 27 complaints overall. 13 began as formal complaints but were resolved informally, 10 were closed which means that the concerns being raised related to complaints that had previously been concluded by the Council's complaint process and were closed. Therefore, complaints raised about historical complaints were not reinvestigated. 4 complaints went straight to the second and concluding part of the adult social care

complaints process where they were reviewed by a Senior Manager. A decision to skip the first stage of the complaints process will be taken where it is apparent that the complaint is complex and will likely take some time to investigate.

19.0 Senior Manager Review

19.1 Where complainants are not satisfied with the first response to their complaint a number of options may be pursued such as offering a meeting, providing further information or a Senior Manager carrying out a review of the complaint.

19.2 For consistency, the Customer Care Team report on completed Senior Manager Reviews rather than those requested or those that are ongoing within a reporting year.

19.3 In 2020-2021 there were 19 Senior Manager Reviews completed. This is an increase of 73% (8) in comparison to 2019-2020 where 11 Senior Manager Reviews were completed.

19.4 The number of Senior Manager Reviews over the last 4 reporting years has fluctuated, suggesting an increase this reporting year is not necessarily indicative of a trend. The mean number of Senior Manager Reviews since 2016 to present is 15.

19.5 The Senior Manager Review process offers the complainant reassurance that the complaint has been scrutinised by another officer with the authority to changes things where deemed necessary. Therefore, any increase in the number of Senior Manager Reviews is not necessarily a cause for concern, what would be more of a concern would be a significant increase in the number of upheld reviews. In addition, this process can prevent the escalation to the LGSCO, or where they have been escalated to the LGSCO a higher proportion that the LGO have found the complaint to have been remedied effectively by the Council in the first instance (see details in 17.6)

19.6 Of the 19 Senior Manager Reviews completed this reporting year; 7 were not upheld, 4 were upheld and 8 were partially upheld.

19.7 Of the 8 partially upheld Senior Manager Reviews, 1 related to a safeguarding issue and subsequent records that were kept on the service users social care files. A Solicitor complained on behalf of the family that this information should be removed from the service users records and for numerous other alleged failings in practice to be acknowledged. Although the Council felt that this was not appropriate to remove information from the social care records and the majority of the solicitors complaint was not upheld, it was acknowledged that there was a failing in the lack of involvement of the service user when their social care assessment had been updated. An apology was offered for this failing. This complaint was subsequently escalated to the LGSCO who carried out initial investigations and determined they would not investigate further as they found it unlikely that they could add to the Council's own investigation.

19.8 A second partially upheld Senior Manager Review was also related to a concluded safeguarding enquiry and although the Council did not find fault in the way the safeguarding was conducted the Council apologised that the complainant felt that they had not been included significantly enough in the safeguarding investigation. The Council agreed to meet with the complainant to discuss this further to gain learning about how they felt the Council could improve in this area and to take any possible learning that could lead to service improvements. This complainant also escalated their concerns to the LGSCO who carried out an initial investigation and concluded there was no fault in how the Council managed the investigation. More information on LGSCO investigations is provided in section 19.0 below.

19.9 Of the 4 upheld Senior Manager Reviews: 1 related to delays in support being arranged as well as delays with the completion of a financial assessment; 1 related to failings in the standard of care provided by a Council commissioned care provider and 2 related to delays with invoicing.

19.10 9 (47%) Senior Manager Reviews were completed within timescale. Last reporting year, 64% (7) of Senior Manager reviews were completed within the three-month allotted timeframe.

19.11 The impact of exceptional operational challenges that Councils and care providers faced as a result of the COVID-19 pandemic, accounted for some of the delays in completing Senior Manager Reviews. The decision was taken to place a pause on these investigations to enable senior managers to fully focus on the provision of care and the delivery of crucial services in unprecedented times. This decision was taken in line with LGSCO guidance to local authorities issued at the start of the pandemic and discussed further in section 20.5 below.

19.12 The length of time taken to complete a review is of concern to the Senior Management Team, as a result of this, the Customer Care Manager and Senior Management Team are working towards shortening the timescale for completion of reviews to be in line with the first complaint response timescales i.e. 25 working days. The Senior Management Team are working with managers investigating complaints across adult social care to ensure there is sufficient resource to prioritise complaint investigations being completed within timescales. The Council hope to make the relevant changes to the Adult Social Care Complaints Policy by the first quarter of the new reporting year to reflect the new timescales and for this to implemented.

20.0 Local Government Social Care Ombudsman complaints and enquiries

20.1 For adult social care, the LGSCO are the one-stop shop for complaints about publicly and privately funded services, and they see the issues that have not been resolved locally; the real-life experiences of people who use services and the challenges faced by Councils and care providers.

20.2 Although the Council always strive hard to resolve a complaint, there are cases where a customer is unhappy with the responses received about their complaint from the Council and they can exercise their right to involve the LGSCO. The Ombudsman will investigate cases where a customer has exhausted the Council's own complaints process and feel that their case has not been appropriately heard or resolved.

20.3 Complaints that include health as well as social care issues are investigated by the joint Parliamentary Health Services Ombudsman (PHSO) and the LGSCO investigation team. In this reporting year there were no joint investigations.

20.4 As discussed in section 17 above, each year, in June/July, the Local Government and Social Care Ombudsman (LGSCO) issue an annual review to each Council. In his letter he sets out the number of complaints about the Council that his officers have dealt with and offers a summary of statistics to accompany this. The annual review statistics are publicly available here.

20.5 It may be helpful to explain that when reviewing the performance statistics published by the LGSCO for Cambridgeshire County Council there may appear to be discrepancies between the LGSCO figures and the figures mentioned in this report. There are several explanations that account for these variances, for example the LGSCO report on the total number of 'upheld' decisions for all of the Council's services, which will include complaints that fall outside Adult Social Care, for example Highway's complaints. The LGSCO also group service areas within their 'Adult Services' categories that this report does not, for example Blue Badge complaints.

20.6 In addition to the above variances with complaint outcomes, the LGSCO report on two complaint outcomes: upheld or not upheld. The approach taken by local authorities, including Cambridgeshire, differs as complaint outcomes are typically reported in one of three categories: upheld, not upheld and partially upheld. By way of

example, the LGSCO may find the Council not at fault for 9 out of 10 complaint points, however, as 1 point was upheld the overall complaint is categorised as upheld. However, the Council would report the same complaint as partially upheld. Complaint responses are discussed further in 18.5.

20.7 The LGSCO do not proceed to what they refer to as a 'detailed' investigation with all complaints they receive and will occasionally carry out initial assessments with a local authority and complainant in the first instance in order to determine if they will proceed with a full and detailed investigation. This will usually involve the LGSCO's Assessment Team requesting the Council's views, copies of the Council's complaints correspondence and social care records. The LGSCO Assessment Team carry out the initial investigations, which from the Council's perspective, are usually similar in style and process to a full investigation. In this report we will cover both detailed LGSCO investigation decisions as well as initial LGSCO assessment decisions.

20.8 LGSCO complaint investigations can span more than one reporting period. To provide consistency, the Customer Care Team report on completed detailed investigations only and not those that have been referred or are still in progress.

20.9 During 2020-2021 there were 4 final decision statements issued by the LGSCO for the Council following detailed LGSCO investigations. This is 2 less (33%) than issued in 2019-2020 when 6 final decisions were issued. The number of LGSCO final decisions issued within a reporting year can fluctuate considerably. At the start of this reporting year, the LGSCO had just paused their services in response to the exceptional operational challenges Councils and care providers faced as a result of the COVID-19 pandemic and only resumed their services in July 2020. This could account towards the decrease and is likely to lead to an increase in complaints they investigate next reporting year, due to the backlog of complaints that have accrued. However, at this stage it is not possible to establish the impact or any trend as this has never occurred before.

20.10 Of the 4 final decisions issued, the LGSCO upheld 2 (50%) of the complaint investigations and did not uphold the other 2 (50%) this reporting year.

20.11 One of the upheld complaints was in relation to the Council wrongly advising a service user's son, that funding his mother's care would cease as she had capital over the financial threshold. The complainant says that this statement, which the Council accepts was incorrect, prompted him to give up his job to care for his mother. The complainant was requesting compensation for loss of earnings, which concluded following a thorough investigation, with the Council advising that it was not an outcome that could be achieved through the complaints process and therefore signposted the complainant to the Council's insurances services. The LGSCO agreed with the Council's complaint investigation and findings that there was fault in providing misinformation which they re-affirmed was not able to be confirmed as correct until a financial assessment had been completed and that the complaints route was not the appropriate route to consider a compensation claim. However, the LGSCO found the Council at fault for not offering the complainant a financial remedy for the distress caused by the misinformation given that morning as an alternative to compensation. The Council accepted the LGSCO's decision and recommendations.

20.12 The second upheld LGSCO complaint found the Council was not at fault for the information it gave a service user about potential social care charges before she moved into a care home. They also found the Council not at fault for discussing the charges with the service user without her daughter present as the service user had capacity to make decisions about her own care. The LGSCO found the Council was at fault for a delay in completing the service user's financial assessment. As the Council had already accepted and apologised for this delay no further action or remedy was required by the LGSCO.

20.13 As outlined above, where fault had been found the LGSCO were satisfied that the Council had fully complied with their recommendations.

20.14 The LGSCO share the issues and themes they see in their investigations on their website and with other Councils to help all Councils learn and to avoid the same mistakes occurring again. They do this through reports and other resources they publish. The Council adopts a positive attitude towards complaints and works constructively with the LGSCO to remedy injustices and implement the learning from other adult social care cases they have investigated. Learning from other local authority cases is also shared at Senior Manager Team meetings and on a wider scale by workshops run by the Principal Social Worker and the Quality and Practice Standards Team in order to improve services.

20.15 During this reporting year the LGSCO Assessment Team reviewed 6 Adult Social Care complaints to determine if they should go onto a full and detailed investigation. 2 examples of these complaints are discussed in sections 19.7 and 19.8 above where the LGSCO determined there was nothing they could add to the Council's own investigation and outcomes, 2 were premature enquiries that came back to the Council to complete our complaints process and two decisions are yet to be determined at the time of writing this report . This is 3 more complaints than the Customer Care Team noted that the LGSCO assessment team considered in 2019-2020.

20.16 Again, it is worthwhile pointing out that the LGSCO figures on assessment stage decisions can differ from the figures mentioned in this report. This is most likely to be down to LGSCO figures reporting on all Council services rather than just those covered in this report. In addition to this, there are some cases which the LGSCO Assessment Team have considered and 'closed after initial enquiries' but not necessarily had to contact the Council directly about the complaints, as they have already been provided with sufficient information from the complainant to conclude that the council have provided a satisfactory remedy. In such instances the Customer Care Team are not always notified.

21.0 Complaint Themes

21.1 Lack of support from the social care team remains the most common reason for complaining. This is a relatively broad category and a breakdown of this category shows that the type of support on offer was the most commonly complained about area. Examples within this category are where the service user or their family feel that residential care is needed when they have been assessed as needing domiciliary care and support.

21.2 Complaints about the conduct of a member of staff were dealt with in line with the Council's corporate (standard) complaint process. The adult social care complaints policy does not cover issues specifically relating to a member of staff's conduct and these would be dealt with in line with Human Resources (HR) regulations and guidance as appropriate. Examples of these complaint issues might be the manner in which they spoke or the way in which they delivered a message.

21.3 Complaints regarding financial issues mainly relate to delays with financial assessments, lack of detail or incorrect information within invoices and income recovery notices.

21.4 Although not the primary issue for complaining, communication continues to be a theme in complaints. These issues include: not returning calls in a timely manner; failing to provide information on progress at regular intervals; not providing sufficient, timely or clear information; and concerns about the lack of communication between services both within the Council and with organisations outside of the Council. The importance of following the Council's communication charter is shared as a reminder to all social care staff.

21.5 Standard of care provision by a commissioned care provider remains a theme in complaints. The types of complaints that fall within this category include complaints about the timeliness of care calls, concerns around the way in which tasks in the care plan are, or are not, being carried out for example the type of meal prepared and insufficient time allocated for tasks to be completed within. In addition to these themes, there were new issues that fell into this category as a result of the impact of Covid-19 which included concerns around the use of Personal Protective Equipment (PPE) and visiting restrictions which are also discussed in sections 16.0. Each

complaint about adult social care commissioned services is shared with the Head of Service for Contracts as well as with the care provider directly, in order that they are both aware of the concerns and where appropriate take action to address the concerns in a timely manner.

21.6 As discussed in section 15 there were several complaints raised about social care assessments. The majority of these related to the content within the assessment, which was felt to be insufficient, inaccurate or not completed in a timely manner. Learning has been taken from this as discussed below.

22.0 Themes resulting from the impact of Covid-19

22.1 The next set of themes to be discussed relate specifically to feedback received as a result of the impact that Covid-19 pandemic had on services during 2020 - 2021.

22.2 In order to conform with government guidance at the time, it was not always possible to carry out social care assessments and reviews face to face during the height of the Covid-19 pandemic. Several dissatisfactions were raised about this approach as it was felt that telephone assessments were not sufficient to gain a full oversight of the person's physical wellbeing. Dependent on the service users' access to technology, wherever possible the council carried out virtual assessments. Once the government guidance eased restrictions on social distancing, face to face assessments resumed, where the service user and their representatives agreed to meeting in person. Positive feedback was also received in relation to telephone reviews as some service users and their families found it easier to arrange convenient times to undertake the assessments remotely.

22.3 During the course of the pandemic the government introduced new legalisation to facilitate the timelier discharge of people who were medically fit for discharge from hospital and did not require an acute hospital bed but may still require care services. Those people were provided with short term, government funded support to be discharged by the hospital discharge planning team to their own home (where appropriate) or another community setting. Assessment for longer-term care and support needs were then undertaken post discharge in the most appropriate setting and at the right time for the person by adult social care. This process is referred to as Discharge to Assess (D2A) and further information about this can be found here. The change in hospital discharge process led to concerns being raised in relation to the period of government funded care; the timeliness of social care assessments being completed once discharged; the lack of involvement of choice for the service users as to when and where the hospital were discharging the service user to; and subsequently difficulties which entailed as a result of some settings becoming longer term due to unforeseen circumstances, for example covid-19 outbreaks and the impact this had on availability of residential care settings.

22.4 As discussed in section 14.5, there was an increase in the number of complaints about finance this year. One reason that accounts for this increase is the impact of contingency arrangements put in place during the COVID-19 pandemic. For example, in order to alleviate some pressures around finances for people at a time of great uncertainty, the Debt Recovery Team suspended recovery of all adult social care invoices in early 2020 at short notice, this hold was in place until August 2020. Once the debt recovery process was reinstated, the Council's database system automatically sent out reminder letters for all outstanding invoices. This contingency arrangement triggered feedback due to confusion around the notices of outstanding charges being unexpected and learning has been taken.

22.5 Information about the 6-week government funded Discharge to Assess (D2A) pathway, led to an increase in complaints and enquiries about invoicing due to a lack of clarity being issued by the government about how long this period was for and what circumstances constituted for extended periods of funding.

22.6 To conform with Government guidance on social distancing, the Financial Assessment Team began working from home at the start of the pandemic. The telephone system they had in place was not equipped for accepting external calls while home working, which resulted in calls not being able to be taken while remote working. As a

temporary measure calls to this team were received by the council's contact centre and transferred via internal telephone systems to the Financial Assessment Teams triaged from Help Desk.

22.7 The closure of Council offices and re-direction of post resulted in some essential documentation being received late resulting in delays in the completion of some financial and social care assessments. The redirection of mail was worked upon as a matter of priority by the council to ensure all service areas could access mail while offices remained closed and restriction on travel remained in place. Each service area introduced their own charter to ensure mail was collected and processed in a timely way.

22.8 A further impact of Covid-19 resulted in all day services being cancelled to comply with the Government's guidance on social distancing in place at that time. As a result of this, the Adult's Finance Team had to cancel charges for days services with differing timescales by providers which resulted in some invoicing errors and confusion in how the invoices had shown the credits and debits on some accounts.

23.0 Conclusions

23.1 More compliments were received that any other type of feedback this reporting year

23.2 There has been a 27% increase in MP enquiries this reporting year

23.3 There has been a 2% increase in the number of formal complaints

23.4 The most common reason for complaining was support from a social care team, communication and standard of care received by independent care providers.

23.5 There was a 26% decrease in the number of complaints that required extensions this reporting year.

24.0 Recommendations

24.1 Adult Committee to approve this report for publication on the external website in line with the 2009 Department of Health (DOH) regulations.

24.2 Customer Care Team to continue to work towards ensuring that the number of upheld or partially upheld LGSCO investigations remains low.

24.3 For the Adult Social Care Policy to be reviewed and amended in light of the feedback received during the reporting year.

Please contact the Customer Care Team CustomerCare@Cambridgeshire.gov.uk or telephone: 01223 703535 if you require this information in a different format.

Appendix 1

The definitions for compliments, comments, representations and complaints are set out below.

Compliment: A formal expression of satisfaction about service delivery by a Service User or their representative.

Enquiry: Any suggestion or remark made formally by a Service User, their representative or a member of the public.

Representation: A comment or complaint about County Council or Government resources or the nature and availability of services.

Complaint: A concern or complaint is 'any expression of dissatisfaction that requires a response'. It is how the person raising a concern/complaint would like it addressed that helps define whether the expression of dissatisfaction requires an 'informal' or 'formal response. It is therefore not always the complexity of severity of a concern/complaint that defines its formality or informality.

Informal Complaint: It is how the person making the complaint/concern would like it addressed that helps to define whether the expression of dissatisfaction requires an ‘informal’ or ‘formal’ response. It is therefore not always the complexity or severity of the complaint/concern that defines its formality or informality.

Formal Complaint: any formal expression of dissatisfaction or disquiet about service delivery by a Service User or their representative.

Corporate Complaints: Corporate complaints are outside the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and refer solely to the behaviour of a named County Council employee. A corporate complaint is investigated and responded to by the line manager of the person who is being complained about.

Appendix 2

Explanation of Acronyms

AAT	Adult and Autism Team
AEH	Adult Early Help
AFT	Adults Finance Team
ASCMT	Adult Social Care Management Team
CCT	Customer Care Team
CPFT	Cambridgeshire and Peterborough Foundation Trust
DOH	Department of Health
EDT	Emergency Duty Team
FAT	Financial Assessment Team
PHSCO	Parliamentary & Health Services Ombudsman
LDP	Learning Disability Partnership
LGSCO	Local Government Social Care Ombudsman
MASH	Multi Agency Safeguarding Hub
MCA	Mental Capacity Assessment
MP	Member of Parliament
NFA	No Further Action
OP	Older People's Services
OT	Occupational Therapy
PD	Physical Disabilities Team
RBT	Reablement Services
SS	Sensory Services
TEC	Technology Enabled Care
ToC	Transfer of Care

Adults and Health Policy and Service Committee Agenda Plan

Published on 1 September 2021
Updated 14 September 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
22/09/21	Mandatory vaccination in care homes - update	C Black W Patten/	Not applicable	10/09/21	14/09/21
	Key indicators for health inequalities	J Atri	Not applicable		
	Use of Assistive Technology and Technology Enabled Care in Adult Social Care	C Black	Not applicable		
	New Adult Social Care Funding Announcement	W Patten	Not applicable		
	Expansion of the in-house Lifeline Service	Diana Mackay	2021/041		
	Integrated Community Equipment Service Pooled Budget	Diana Mackay	2021/027		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
	Business Planning Proposals for 2022-27 – opening update and overview	W Ogle Welbourn	Not applicable		
	Finance Monitoring Report	J Hartley	Not applicable		
	Update on the completed procurement of additional nursing and residential bed capacity in care homes	M Foster	Not applicable		
	Customer Care Annual Report	C Black	Not applicable		
	Scrutiny				
	The provision of NHS Dental Services in Cambridgeshire	J Bendon	Not applicable		
	Royal Papworth Hospital NHS Foundation Trust response to the COVID Pandemic	S Posey and S Webb	Not applicable		
	All Age Autism Strategy Consultation Report	G Lane	Not applicable		
	Covid 19 Vaccination Programme and Lessons Learnt	J Coulson and A Chapman	Not applicable		
14/10/21 Reserve date	Business Planning	W Ogle Welbourn	Not applicable		
09/12/21	Day Services for Older People	Sarah Bye	2021/052	26/11/21	01/12/21
	Mental Health Supported Accommodation Pathway	Sarah Bye	2021/053		
	Recommissioning Drug & Alcohol Services	V Thomas	Yes (Ref TBC)		
	Business Planning	W Ogle Welbourn	Not applicable		
	Finance Monitoring Report	J Hartley	Not applicable		
	Performance Monitoring Report	T Barden	Not applicable		
	Adults Safeguarding annual report	C Black / J Procter	Not applicable		

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

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

Adults and Health Committee Training Plan 2021/22 **Agenda Item 14b**

Below is an outline of topics for potential training committee sessions and visits for discussion with the new Adults and Health Committee.

The Adults & Health Committee induction recording can be sent to Members by contacting democraticservices@cambridgeshire.gov.uk

GREEN training is suggested to be priority

BLUE training is suggested options to be selected by Members

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

Suggested dates	Timings	Topic	Presenter	Location	Notes
September / October	1 hour	Public Health and the COVID-19 pandemic – roles and responsibilities Local Outbreak Management Plan	Deputy Director of Public Health (CCC) and consultant leads	This will be an interactive session in relation to Outbreak Management In addition, in this session you have the opportunity to talk to staff involved in outbreak control including the contact centre staff who provide support to those self-isolating.	
On request	2 hours	Introduction to Health Improvement and Public Health Commissioning	Deputy Director of Public Health (CCC) Public Health Joint Commissioning Unit (JCU) PH Commissioning Team Leads	In this session, you will start at Scott House Lifestyle Services. You will have the opportunity to talk to staff and if possible, talk to service users about their experiences.	To be arranged on request with a maximum of three Members at a time
On request	2 hours	Introduction to Health Improvement and Public Health Commissioning	Deputy Director of Public Health (CCC) Public Health Joint Commissioning Unit (JCU) PH Commissioning Team Leads	In this session, you will start at Scott House prior to visiting the Drug and Alcohol Service.	To be arranged on request with a maximum of three Members at a time

	1 hour	Introduction to Children and Young People's Public Health Commissioning	Public Health Consultant lead – Children and Young People	Virtual	Children's Committee to be invited
TBC	1 hour	Introduction Public Health and Prevention Primary Prevention Healthy Aging and Falls Prevention Mental Health	Deputy Director of Public Health (CCC) Public Health Consultant leads Adults & Social Care, Mental Health. Team Manager (Health in All Policies) Senior Public Health Manager Partnerships	Virtual	
TBC	1 hour	Introduction to Health Protection and Emergency Planning	Deputy Director of Public Health (PCC) Public Health Consultant lead TBC Senior Public Health Manager (Emergency Planning and Health Protection)	Virtual Interactive	
August / September	1 hour	Introduction to Scrutiny	Director of Public Health Head of Public Health Business Programmes	Virtual	
TBC	1 hour	Overview of Public Mental Health and Mental Health Services and the role of Social Care including an overview of commissioning related to Mental Health. Some examples of the current people we support	Trust Professional Lead for Social Work, CPFT Senior Commissioner: Prevention, Early Intervention and Mental Health Public Health Consultant lead for Mental Health	Virtual	

On request	90 mins	Overview of the Learning Disability Partnership (LDP) including an overview of commissioning related to Learning Disability including: - Adults & Autism - 0-25 Young Adults Team - Preparation for Adulthood - Housing and Accommodation - Day Opportunities- in house provision and external - Carers - Direct Payments and Personal Health Budgets	Head of Learning Disability Partnership, Head of Commissioning Adults Social Care, Mental Health and Learning Disabilities, Senior Commissioner LDP	Scott House or Virtual, this could also include a visit to one of our In-House Provider settings	To be arranged on request – maximum of three Members at a time
On request	1 hour + visit	Adult Safeguarding and Making Safeguarding Personal. An overview of how Safeguarding works and the role of the Multi Agency Safeguarding Hub (MASH)	Assistant Director of Safeguarding, Quality & Practice	Virtual or Stanton House and could include a visit to the MASH in God-Manchester	To be arranged on request – maximum of three Members at a time. 1st session will be virtual in August.
Thursday 11 November 9.00am – 10.00am	1 hour	Overview of Transfers of Care, the role of the Transfers of Care Team and an overview of Brokerage: - What is 'discharge to assess'? - How the service works - how many people we support and some case examples?	Head of Transfers of Care, Head of Brokerage, Contracts & Quality Improvement	Virtual or Stanton House	1 session in September
Tuesday 12 October 11.30am – 12.30pm	1 hour	An overview of Adult Social Care Finance to include Charging policy and Direct Payments	Strategic Finance Manager, Head of Adults Operational Finance	Virtual	1 session in September

GLOSSARY OF TERMS / TEAMS ACROSS ADULTS & COMMISSIONING

More information on these services can be found on the Cambridgeshire County Council Website:
https://www.cambridgeshire.gov.uk/residents/adults/

ABBERVIATION/TERM	NAME	DESCRIPTION
COMMON TERMS USED IN ADULTS SERVICES		
Care Plan	Care and Support Plan	A Care and Support plan are agreements that are made between service users, their family, carers and the health professionals that are responsible for the service user's care.
Care Package	Care Package	A care package is a combination of services put together to meet a service user's assessed needs as part of a care plan arising from a single assessment or a review.
DTOC	Delayed Transfer of Care	These are when service users have a delay with transferring them into their most appropriate care (I,e, this could be from hospital back home with a care plan or to a care home perhaps)
KEY TEAMS		
AEH	Adults Early Help Services	This service triages requests for help for vulnerable adults to determine the most appropriate support which may be required
TEC	Technology Enabled Care	TEC team help service users to use technology to assist them with living as independently as possible
OT	Occupational Therapy	
ASC	Adults Social Care	This service assesses the needs for the most vulnerable adults and provides the necessary services required
Commissioning	Commissioning Services	This service provides a framework to procure, contract and monitor services the Council contract with to provide services such as care homes etc.
TOCT	Transfer of Care Team (sometimes Discharge Planning)	This team works with Hospital staff to help determine the best care package / care plan for individuals being discharged from hospital back home or an appropriate placement elsewhere
LDP	Learning Disability Partnership	The LDP supports adults with learning disabilities to live as independently as possible
MASH	Multi-agency Safeguarding Hub	This is a team of multi-agency professionals (i.e. health, Social Care, Police etc) who work together to assess the safeguarding concerns which have been reported

ABBERVIATION/TERM	NAME	DESCRIPTION
MCA DOLs Team	Mental Capacity Act Deprivation of Liberty Safeguards (DOLS)	When people are unable to make decisions for themselves, due to their mental capacity, they may be seen as being 'deprived of their liberty'. In these situations, the person deprived of their liberty must have their human rights safeguarded like anyone else in society. This is when the DOLS team gets involved to run some independent checks to provide protection for vulnerable people who are accommodated in hospitals or care homes who are unable to no longer consent to their care or treatment.
PD	Physical Disabilities	PD team helps to support adults with physical disabilities to live as independently as possible
OP	Older People	OP team helps to support older Adults to live as independently as possible
Provider Services	Provider Services	Provider Services are key providers of care which might include residential homes, care homes, day services etc
Reablement	Reablement	The reablement team works together with service-users, usually after a health set-back and over a short-period of time (6 weeks) to help with everyday activities and encourages service users to develop the confidence and skills to carry out these activities themselves and to continue to live at home
Sensory Services	Sensory Services	Sensory Services provides services to service users who are visually impaired, deaf, hard of hearing and those who have combined hearing and sight loss
FAT	Financial Assessment Team	The Financial Assessment Team undertakes assessments to determine a person's personal contribution towards a personal budget/care
AFT	Adult Finance Team	The Adult Finance Team are responsible for loading services and managing invoices and payments
D2A	Discharge to Assess	This is the current COVID guidance to support the transfer of people out of hospital.
Carers Triage	Carers Triage	A carers discussion to capture views and determine outcomes and interventions such as progress to a carers assessment, what if plan, information, and/or changes to cared for support
DP	Direct Payment	An alternative way of providing a person's personal budget
DPMO	Direct Payment Monitoring Officer	An Officer who audits and monitors Direct Payments
Community Navigators	Community Navigators	Volunteers who provide community-based advice and solutions

GLOSSARY OF TERMS / TEAMS ACROSS PUBLIC HEALTH

ABBERVIATION/TERM	DESCRIPTION
Common Terms Used in Public Health	
Accreditation	The development of a set of standards, a process to measure health department performance against those standards, and some form of reward or recognition for those agencies meeting the standards
Assessment	One of public health's three core functions. The regular collection, analysis and sharing of information about health conditions, risks, and resources in a community. Assessment is needed to identify health problems and priorities and the resources available to address the priorities
Assurance	One of the three core functions in public health. Making sure that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services. The services are assured by encouraging actions by others, by collaboration with other organizations, by requiring action through regulation, or by direct provision of services
Bioterrorism	The intentional use of any microorganism, virus, infectious substance, or biological product that may be engineered as a result of biotechnology, or any naturally occurring or bio-engineered component of any such microorganism, virus, infectious substance, or biological product, to cause death disease, or other biological malfunction in a human, an animal, a plant, or another living organism in order to influence the conduct of government or to intimidate or coerce a civilian population
Capacity	The ability to perform the core public health functions of assessment, policy development and assurance on a continuous, consistent basis, made possible by maintenance of the basic infrastructure of the public health system, including human, capital and technology resources.
Chronic Disease	A disease that has one or more of the following characteristics: it is permanent, leaves residual disability, is caused by a non-reversible pathological alteration, requires special training of the patient for rehabilitation, or may be expected to require a long period of supervision, observation or care.
Clinical Services/Medical Services/Personal Medical Services	Care administered to an individual to treat an illness or injury.

ABBERVIATION/TERM	DESCRIPTION
Determinants of health	The range of personal, social, economic and environmental factors that determine the health status of individuals or populations
Disease	A state of dysfunction of organs or organ systems that can result in diminished quality of life. Disease is largely socially defined and may be attributed to a multitude of factors. Thus, drug dependence is presently seen by some as a disease, when it previous was considered to be a moral or legal problem.
Disease management	To assist an individual to reach his or her optimum level of wellness and functional capability as a way to improve quality of health care and lower health care costs.
Endemic	Prevalent in or peculiar to a particular locality or people.
Entomologist	An expert on insects
Epidemic	A group of cases of a specific disease or illness clearly in excess of what one would normally expect in a particular geographic area. There is no absolute criterion for using the term epidemic; as standards and expectations change, so might the definition of an epidemic, such as an epidemic of violence.
Epidemiology	The study of the distribution and determinants of diseases and injuries in human populations. Epidemiology is concerned with the frequencies and types of illnesses and injuries in groups of people and with the factors that influence their distribution.
Foodborne Illness	Illness caused by the transfer of disease organisms or toxins from food to humans.
Health	The state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity. Health has many dimensions-anatomical, physiological and mental-and is largely culturally defined. Most attempts at measurement have been assessed in terms of morbidity and mortality
Health disparities	Differences in morbidity and mortality due to various causes experience by specific sub-populations.
Health education	Any combination of learning opportunities designed to facilitate voluntary adaptations of behaviour (in individuals, groups, or communities) conducive to health.
Health promotion	Any combination of health education and related organizational, political and economic interventions designed to facilitate behavioural and environmental adaptations that will improve or protect health.
Health status indicators	Measurements of the state of health of a specific individual, group or population.

ABBERVIATION/TERM	DESCRIPTION
Incidence	The number of cases of disease that have their onset during a prescribed period of time. It is often expressed as a rate. Incidence is a measure of morbidity or other events that occur within a specified period of time. See related prevalence
Infant Mortality Rate	The number of live-born infants who die before their first birthday per 1,000 live births.
Infectious	Capable of causing infection or disease by entrance of organisms (e.g., bacteria, viruses, protozoan, fungi) into the body, which then grow and multiply. Often used synonymously with “communicable
Intervention	A term used in public health to describe a program or policy designed to have an effect on a health problem. Health interventions include health promotion, specific protection, early case finding and prompt treatment, disability limitation and rehabilitation.
Infrastructure	The human, organizational, information and fiscal resources of the public health system that provide the capacity for the system to carry out its functions.
Isolation	The separation, or the period of communicability, of known infected people in such places and under such condition as to prevent or limit the transmission of the infectious agent.
Morbidity	A measure of disease incidence or prevalence in a given population, location or other grouping of interest
Mortality	A measure of deaths in a given population, location or other grouping of interest
Non-infectious	Not spread by infectious agents. Often used synonymously with “non-communicable”.
Outcomes	Sometimes referred to as results of the health system. These are indicators of health status, risk reduction and quality of life enhancement.
Outcome standards	Long-term objectives that define optimal, measurable future levels of health status; maximum acceptable levels of disease, injury or dysfunction; or prevalence of risk factors.
Pathogen	Any agent that causes disease, especially a microorganism such as bacterium or fungus.
Police Power	A basic power of government that allows restriction of individual rights in order to protect the safety and interests of the entire population
Population-based	Pertaining to the entire population in a particular area. Population-based public health services extend beyond medical treatment by targeting underlying risks, such as tobacco, drug and alcohol use; diet and sedentary lifestyles; and environmental factors.

ABBERVIATION/TERM	DESCRIPTION
Prevalence	The number of cases of a disease, infected people or peoplewith some other attribute present during a particular interval of time. It often is expressed as a rate.
Prevention	Actions taken to reduce susceptibility or exposure to health problems (primary prevention), detect and treat disease in early stages (secondary prevention), or alleviate the effects of disease and injury (tertiary prevention).
Primary Medical Care	Clinical preventive services, first contact treatment services and ongoing care for commonly encountered medical conditions.
Protection	Elimination or reduction of exposure to injuries and occupational or environmental hazards.
Protective factor	An aspect of life that reduces the likelihood of negative outcomes, either directly or by reducing the effects of risk factors.
Public Health	Activities that society does collectively to assure the conditions in which people can be healthy. This includes organized community efforts to prevent, identify, preempt and counter threats to the public's health
Public Health Department	Local (county, combined city-county or multi- county) healthy agency, operated by local government, with oversight and direction from a local board of health, which provides public health services throughout a defined geographic area.
Public Health Practice	Organizational practices or processes that are necessary and sufficient to assure that the core functions of public health are being carried out effectively.
Quality assurance	Monitoring and maintaining the quality of public health services through licensing and discipline of health professionals, licensing of health facilities and the enforcement of standards and regulations
Quarantine	The restriction of the activities of healthy people who have been exposed to a communicable disease, during its period of communicability, to prevent disease transmission during the incubation period should infection occur.
Rate	A measure of the intensity of the occurrence of an event. For example, the mortality rate equals the number who die in one year divided by the number at risk of dying. Rates usually are expressed using a standard denominator such 1,000 or 100,000 people.
Risk Assessment	Identifying and measuring the presence of direct causes and risk factors that, based on scientific evidence or theory, are thought to directly influence the level of a specific health problem.
Risk Factor	Personal qualities or societal conditions that lead to the increased probability of a problem or problems developing.

ABBERVIATION/TERM	DESCRIPTION
Screening	The use of technology and procedures to differentiate those individuals with signs or symptoms of disease from those less likely to have the disease.
Social Marketing	A process for influencing human behavior on a large scale, using marketing principles for the purpose of societal benefit rather than for commercial profit.
Social Norm	Expectations about behaviour, thoughts or feelings that are appropriate and sanctioned within a particular society. Social norms can play a powerful role in the health status of individuals.
Standards	Accepted measure of comparison that have quantitative or qualitative value.
State Health Agency	The unit of state government that has leading responsibility for identifying and meeting the health needs of the state's citizens. State health agencies can be free standing or units of multipurpose health and human service agencies.
Surveillance	Systematic monitoring of the health status of a population.
Threshold Standards	Rate or level of illness or injury in a community or population that, if exceeded, call for closer attention and may signal the need for renewed or redoubled action.
Years of Potential Life lost	A measure of the effects of disease or injury in a population that calculates years of life lost before a specific age (often ages 64 or 75). This approach places additional value on deaths that occur at earlier ages.
Health and Care Organisations in Cambridgeshire & Peterborough	
CAMHS	Community Child and Adolescent Mental Health Services https://www.mind.org.uk/information-support/for-children-and-young-people/understanding-camhs/?gclid=EAIaIQobChMIr_P53PKW8QIV_4FQBh1GmgBYEAAYASAAEgI2Q_D_BwE
CAPCCG	Cambridgeshire and Peterborough Clinical Commissioning Group https://www.cambridgeshireandpeterboroughccg.nhs.uk
CCC	Cambridgeshire County Council https://www.cambridgeshire.gov.uk
CCS	Cambridgeshire Community Services NHS Trust http://www.cambscommunityservices.nhs.uk/
CHUMS	Mental Health & Emotional Wellbeing Service for Children and Young People http://chums.uk.com/

ABBERVIATION/TERM	DESCRIPTION
CPFT	Cambridgeshire and Peterborough NHS Foundation Trust (Mental health, learning disability, adult community services and older people's services) http://www.cpft.nhs.uk/
CQC	Care Quality Commission (The independent regulator of health and social care in England) http://www.cqc.org.uk/
CUH	Cambridge University Hospitals NHS Foundation Trust (Addenbrooke's and the Rosie) https://www.cuh.nhs.uk
EEAST	East of England Ambulance Service NHS Trust http://www.eastamb.nhs.uk
HH	Hinchingbrooke Hospital (Provided by North West Anglia NHS Foundation Trust – NWAFT) https://www.nwangliaft.nhs.uk
HUC	Herts Urgent Care (provide NHS 111 and Out of Hours) https://hucweb.co.uk/
ICS	Integrated Care Systems
Helpful NHS Terminology Links	
https://www.nhsconfed.org/acronym-buster	The NHS uses a number of acronyms when describing services this acronym buster may be of some help.
https://www.kingsfund.org.uk/audio-video/how-does-nhs-in-england-work	The Kings Fund have produced a good video explaining how the NHS in England works. The Kings Fund website in general contains many resources which you may find helpful.
https://www.england.nhs.uk/learning-disabilities/	NHS terms used in the field of disabilities
https://www.thinklocalactpersonal.org.uk/Browse/Informationandadvice/CareandSupportJargonBuster/	Think Local Act Personal jargon buster search engine for health and social care.

Covid-19 Vaccination Programme and Lessons Learnt

To:	Adults and Health Committee
Meeting Date:	22 September 2021
From:	Jan Thomas Chief Executive Officer, Cambridgeshire and Peterborough Clinical Commissioning Group
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	N/A
Outcome:	The Committee is asked to note and comment on this report on the COVID-19 vaccination programme.
Recommendation:	The Adults and Health Committee is asked to note and comment on this report on the COVID-19 vaccination programme.

Officer contact:
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1. Background

1.1 The COVID-19 Mass Vaccination Programme went live in Cambridgeshire and Peterborough on 8 December 2020.

As at 29/08/21, the total vaccinations administered across Cambridgeshire and Peterborough is 1,255,896 and these have been delivered to Cohorts 1-12 with a mixed model of hospital hubs (HH), Primary Care Networks (PCNs), local vaccination sites (LVS), Vaccinate Centres (VCs) and community pharmacies (CP).

2. Main Issues

2.1 The Cohorts are the groups within the phases which dictated the order groups were being vaccinated in, such as people over 80 being one of the first cohorts that were vaccinated.

. **Phase 1** included all adults aged 50 years and over, and younger adults with underlying health conditions that put them at specific risk from COVID-19. **Phase 2** of the programme included vaccinated everyone age over 18. **Phase 3**is the COVID-19 booster programme. Phase 2 and phase 3 will overlap.

The opportunity to take up the vaccine will be an **'Evergreen offer'**. This means that people can take up the offer of the vaccine at any point, no-one has missed the chance to have their vaccine.

The vaccination programme has been highly successful in reducing the link between COVID-19 cases, severe COVID and hospital admissions. This has allowed removal of national restrictions without the risk of overwhelming the health service with COVID-19 cases that was seen in spring 2020 and autumn 2020.

This programme continues to evolve. The Joint Committee on Vaccination and Immunisation (JCVI) guidance on the vaccination of children was issued on 4 August 2021. All 16 to 17 year olds should be offered a first dose of Pfizer, this is in addition to the existing offer of 2 doses of vaccine to 16-17 year olds who are in at risk groups. Additionally, the JCVI's interim advice is that any potential COVID-19 booster programme should be offered in two stages from September, starting with those at most risk from serious disease. This includes care home residents, people age over 70, frontline health and social care workers, clinically extremely vulnerable adults and those who are immunosuppressed.

Children and young people aged 12 to 15 years with specific underlying health conditions and those who are household contact of immunosuppressed should be offered two doses of Pfizer with an eight-week interval.

2.2 OPERATIONAL DELIVERY

2.2.1 Primary Care Networks (PCN)/ Local Vaccination Sites

Vaccination commenced in Hospital Hubs. Those most at risk from COVID-19 were invited for vaccination first. PCNs began vaccinating in December 2020, joining the programme at

different waves up until mid-January 2021. By end of January 2021 all 21 PCNs were vaccinating their most vulnerable patients and health and social care staff from 23 designated sites.

The response from primary care for Phase 1 was strong. The national programme started PCNs in waves, which meant some of our PCN sites started a few weeks later than others which introduced a lag to our progression through the cohorts. As all cohorts are now open this lag is currently not causing delays compared to other areas.

This was Phase 1 of the programme and we had 21 PCNs vaccinating across 23 sites up until end of April 2021. At this point PCNs were given the option to opt-out of Phase 2, which involved delivering 1st and 2nd doses to patients under 50 years of age. Due to the increased demand on primary care (up 30% compared to the pre-pandemic period) 10 PCNs opted out of Phase 2, with many citing workforce issues as their reasoning for not being able to continue. It is worth noting that PCNs had vaccinated around 350,000 patients by this time.

The 11 remaining PCNs continued to vaccinate patients through Cohorts 10-12 (49-18 years) and by this time had been joined in the vaccination effort by Cambridgeshire Community Services (CCS) large-scale vaccination sites and Community Pharmacies to maintain good geographical and population coverage and a variety of options for people to book via the National Booking System (NBS).

All PCNs have contributed to vaccinating their own registered patients by invitation, care home residents and health and social care workers throughout the programme. All GPs have followed up, using several modes of contact, those who have not come forwards for vaccination. In addition, nationally produced letters have been sent to those who have not been vaccinated.

Processes are in place for those who are not registered with a GP to be vaccinated: patients can still access CCS sites via booked slots or walk-ins even if they aren't registered with a GP, they are also welcomed to attend any outreach clinics.

Initial uptake for the older population and those at greatest risk from COVID-19 was higher than anticipated. We have seen decreasing uptake of the COVID-19 vaccination for 1st doses as we have moved down the cohorts. Many PCNs in Phase 2 have held walk-ins, both at their own practices and in other venues, to make vaccination more convenient for those who have previously not come forward. This work included support from across the CCG, GP Federations, CCS, local authorities, community groups and other acute provider colleagues who have carried out joint communications with the CCG, door knocking and leafleting. Venues have also supported the promotion of events, including Peterborough United Football Club.

As of August 2021, all PCNs have been given the opportunity to join Phase 3 of the programme, which involves delivering a 3rd (booster) vaccination to eligible patients. Fifteen PCNs have opted-in to Phase 3 and are awaiting more information from NHSE on several key issues before being able to make an informed decision about whether they have the capacity to proceed.

2.2.2 Hospital Hubs

Hospital Hubs (HHs) consisted of Peterborough City Hospital (PCH), Hinchingbrooke Hospital (HH), Cambridge University Hospital Foundation Trust (CUHFT) and Royal Papworth Hospital (RPH). They all continued to support the vaccination programme from January 2021, predominantly with vaccinating the cohort of frontline Health and Social Care Workers (HSCW).

There was exceptionally close working between the CCG, local authorities and Hospital Hubs at the start of the programme to identify, invite and transport elderly patients to hospital vaccine centres and to enable access to the HHs for care home staff requiring a vaccination. Royal Papworth Hospital have supported the community vaccination clinics.

2.2.3 Vaccinating Centres (VCs)

Vaccinating Centres, previously known as Mass Vaccination Centres, were opened to provide significant extra capacity across our area. We continue with this model of delivery through a lead provider, Cambridgeshire Community Services (CCS).

As of 2 September 2021, there are eight sites currently operational across our area.

1. Chesterton Indoor Bowls Club, Cambridge
2. Horsefair Shopping Centre, Wisbech
3. The Eatons Community Centre, Eaton Socon
4. The Grafton Centre, Cambridge
5. Peterborough City Care Centre, Thorpe Road
6. Oak Tree Centre, Huntingdon
7. East of England Showground, Peterborough
8. Cherry Hinton Village Leisure Centre, Cambridge

All the vaccination centres offer booked appointments through the National Booking System (NBS) and since July adapted to also offer walk-ins to support the vaccination of younger cohorts and those who would prefer, or are unable, to book appointments in advance.

2.2.4 Care Homes

All residents in Care Homes across the area were offered their 1st and 2nd vaccinations by the PCNs in Phase 1 as their residents were considered at greatest risk from COVID-19. Staff working in Care Homes were also offered their vaccinations by PCN vaccinators visiting the Care Homes. They were also offered the option to attend their own vaccinating PCN or one of the Hospital Hubs from the start of the vaccination programme as members of the cohort Health and Social Care Workers.

The Vaccine Hesitancy Programme ran several webinars and created information specially for this staff group to help to allay any concerns they had about the vaccine. These were for tailored to specific demographics in this staff cohort as well as general information sessions with clinicians, so they had a trusted person to speak to about concerns. Training was also offered to care home managers about how to have confident conversations with staff to allay vaccine concerns.

The current focus is to engage with homes at highest risk of business continuity issues due to loss of staff from vaccine mandation. Homes have been invited to a series of meetings with the LA Public Health Team and CCG around potential strategies. Continued training is being offered to all homes on how to have conversations with vaccine hesitant staff.

Care Home 1st Dose Daily Covid-19 Vaccinations by PCN	Cohort Total	18/08/2021 Actuals	18/08/2021 %
Care Home Staff	7399	6653	89.9%
Care Home Residents	4739	4575	96.5%

Care Home 2nd Dose Daily Covid-19 Vaccinations by PCN	Cohort Total	18/08/2021 Actuals	18/08/2021 %
Care Home Staff	7399	5949	80.4%
Care Home Residents	4739	4486	94.7%

2.2.5 Additional Activity - Pop ups/Bus/Walk Ins/Surge Booster Activity

Initially demand for vaccine was very high with a surge of bookings every time the programme was extended to a new age cohort. This meant that almost all available capacity was used**.**

However, we are now in a phase where there are more vaccination opportunities at our many sites than there are people coming forwards for vaccination. We know that, particularly in our cities, vaccination rates are lower, and this puts us at potential risk of increased severe COVID-19 cases. This is a pattern reflected across the country.

To maximise opportunities for vaccination, especially for the vaccine hesitant and harder to reach groups, since 19 June 2021 the team has been working with all providers to host a variety of clinics which are above our baseline activity. Target areas/cohorts have been based on the prioritisation criteria agreed by Public Health colleagues who base their priority decisions on the latest data. Public Health colleagues suggest any changes in terms of prioritisation areas/cohorts through the Vaccine Confidence Steering Group which runs weekly co-chaired by the CCG and Peterborough City Council and Cambridgeshire County Council.

There have been a wide range of vaccine offerings to the Cambridgeshire and Peterborough population because of this collaborative working. These have included large-scale weekend walk ins; blended models where existing sites have added walk-in capacity alongside bookable slots and smaller community pop-ups.

- Peterborough Untied Football Ground
- The Meadows Community Centre, Cambridge
- King’s College, Cambridge
- Cambridge Central Mosque
- Guildhall, Cambridge

Data shows that this approach is successful in reaching those residents in areas of lower

uptake, particularly when supported by community engagement on the day or in the preceding days.

2.2.6 Roving Model

A roving model was implemented from 20 July in the form of a St John's Ambulance Mobile Treatment Vehicle which was subsequently replaced with the CCG's vaccination 'tour bus'.

Processes have been agreed with the Local Authority County Council and District colleagues based on their local intel about areas/locations which require site visits covering both community and corporate sites/workplaces. Early in the process it was recognised that pre-engagement work with the community and corporate sites was essential to make visits a success as we are working to reach individuals and groups who are presenting as extremely vaccine hesitant. We have worked very closely with community engagement teams, particularly in Cambridge City and Peterborough to promote and support events and developed a forward plan of sites two to three weeks in advance to ensure maximum site engagement and visits.

As mentioned above, CCS was able to get access to a St Johns Ambulance (SJA) Mobile Treatment Unit and from mid-July we have been utilising the mobile vehicle at community and corporate sites.

From the 6 August 2021, CCS became the provider working on our CCG Vaccinator Bus which can be utilised four days per week.

To date (2 September), the SJA vehicle/CCG bus have been to sites including:

- Cambourne Hub, South Cambridgeshire
- Faizan-e-Madina Masjid Mosque, Peterborough
- Gladstone Community Centre, Peterborough
- Arbury Shopping Precinct, Cambridge
- Hilton Food Group, Huntingdon
- Von Stomp Farm, South Cambridgeshire
- Amazon UK, Peterborough
- Soham Library
- Serpentine Green Shopping Centre, Peterborough
- Safari Play, Peterborough
- Ortongate Shopping Centre, Peterborough
- Central Park Music Festival, Peterborough
- Peterborough PRIDE

2.2.7 Bus learning

Feedback from the bus is that regular/multiple visits yield effective results with the number of vaccines administered increasing with each visit and confidence grows in the local communities/workplaces.

We are scheduling in follow up visits eight weeks post first visits, to accommodate second dose requirements and to support the Evergreen offer.

2.2.8 Walk-ins

Many of our baseline activity sites (VCs, LVS, CPs) have held frequent walk-in sessions which have either run alongside their booked appointments, with additional slots made available for walk-ins; or they have extended their clinic times to have dedicated walk-in times.

We continue to work closely with community engagement and communication colleagues to promote the events; leaflet drops, targeted social media activities, created translated materials where required, on the day 'walk abouts' and providing information sessions. Our council colleagues have been invaluable in providing wrap-around community engagement activities to support tall of these models, particularly in areas where we know there is low vaccine uptake.

Engagement with the universities in Cambridge and Peterborough and some sixth form colleges has taken place with planned activity scheduled for September.

We found that larger scale walk-ins did not generate the numbers anticipated although smaller LVS/PCN walk-ins were more successful. We therefore reviewed our plan and targeting and made the decision to focus on smaller pop up/walk-ins and worked hard to get the CCG Vaccination Bus on the road.

2.2.9 Community Pharmacies

Community Pharmacies began vaccinating in February 2021, we have six pharmacies live across the Cambridgeshire and Peterborough area:

1. Halls – Orton Wistow – Peterborough
2. Boots – Queensgate
3. Boots - Huntingdon
4. Superdrug – Sidney Street, Cambridge
5. Wards of Warboys
6. Mi Pharmacy – Park Rd, Peterborough

Pharmacies were invited to join the programme in different waves to support the potential inequalities in some areas and continue to provide easy access to patients in central locations. Community Pharmacy offer bookable appointments via NBS, although Halls Pharmacy has worked with us to adapt to dual pre-bookable and walk-in models and supported Pop-Up events where appropriate, targeting hard-to-reach groups.

Between 4 February 2021 and 1 September 2021 Community Pharmacies have delivered 66,412 vaccines utilising all three vaccine types. (Moderna, Pfizer and AstraZeneca)

Community Pharmacy has supported population coverage through Phase 2 of the vaccine programme, and we will look to increase the Community Pharmacy involvement in Phase 3 giving our patients greater options for accessing both COVID-19 and flu vaccinations.

2.2.10 Lessons learnt:

The large scale 'super weekend' walk-ins did not always have the anticipated numbers, but still manage to vaccinate hundreds of people; we saw a decrease in numbers across the

weekends that we did as the number of people eligible to have their vaccinations reduced. The reasons for this were not easily identifiable given that there had been significant advance marketing and engagement work.

Significant community engagement was carried out with the local authority at the large-scale walk-ins, feedback particularly from the Cambridge City focus seemed to suggest that people approached during 'walk abouts' were reporting to have already been vaccinated or keen to have their second dose early.

We have been working closely with the Vaccine Confidence Steering Group and community engagement colleagues around where the 'best' locations could be to pop up community-based sessions; either through walk in opportunities or utilising the mobile vehicle unit. We are constantly modifying our approach as the characteristics of those remaining vaccine hesitant groups becomes clearer.

Processes have been developed with both the Community Engagement Officers and Environmental Health Officers to support the engagement with sites and workplaces. Leaflet drops, posters, social media advertising, videos, posters, a brand new 'Vaccinators on tour' website are all being used as tools to advertise and promote planned sessions.

Baseline priorities were agreed on 6 July with Public Health Colleagues; these are reviewed at the Vaccine Confidence Group to ensure that we are still working towards the correct priorities based on data related to positive cases and vaccine uptake rates.

Feedback, particularly from corporate sites, has identified some key vaccine hesitancy issues which are being addressed; these include:

- Concerns around not having an NHS number/not being registered with a GP - people not aware they are eligible for vaccine or have not felt invited.
- Apprehension around the vaccine/lack of trust: suggestion the vaccine can 'track' you, also wanting to wait for more research
- Concerns over side effects of the vaccine and potentially needing to take time off work.

At the start of the programme there was caution on vaccinating pregnant women as the products were new. However, evidence has mounted that the COVID-19 vaccination is not only safe in pregnancy but protects mothers and babies against the adverse effects of covid that are increasingly being recognised in pregnancy. Work is ongoing with the midwifery teams to maximise vaccination in pregnant women.

2.3 REDUCING INEQUALITIES

2.3.1 We are continuing to work collaboratively with partners across the system to identify and address inequalities in vaccine uptake. Inequality data is reviewed at each Strategic COVID Vaccination Programme Board.

The establishment of a system-wide Vaccination Confidence Steering Group in February 2021, and supporting a Vaccine Confidence Engagement Group, jointly chaired by the Local Authority and CCG, has enabled the system to monitor vaccination uptake rates particularly by ethnicity and deprivation and prioritise efforts in a more targeted way to help address inequalities. These groups are fully collaborative with representatives from all of

our county, city and district council engagement and community teams to support vaccine confidence amongst our communities. Both groups use Public Health and CCG data as well as soft intelligence gathered from our communities to determine where the vaccine hesitancy is in our population and devise effective methods for overcoming this.

As a result of these targeted and flexible approaches, which include the use of a mobile vaccination vehicle, facilitating walk-in events, and establishing smaller pop-up vaccination sites across the system, as well as developing information videos in community languages from community and faith leaders, door-to-door engagement in priority locations, leaflet distribution, and information webinars in a range of languages for specific communities, with a targeted focus, and for specific groups of staff, we have seen an increase in uptake amongst our priority minority ethnic groups.

That said, as a system, the uptake rates amongst the White (other) ethnic group remains low and further work is now being carried out to understand the barriers that exist and to address these rates, including further targeted interventions at large employer sites and sites employing large numbers of seasonal workers. In addition, we are building on the success of the Making Every Contact Count training that has been launched by Cambridgeshire County Council and Peterborough City Council and rolling this out to employers to enable them to confidently have conversations with their employees about the vaccines.

The Think Communities Team within the local authority has recently recruited 12 new community connectors to help increase confidence amongst local communities and to build upon the information sessions and videos already developed in conjunction with community and faith leaders talking about the safety of the vaccine. Community engagement leads continue to feedback information and soft intelligence on a weekly basis about disadvantaged and health inclusion groups to help inform planning decisions. For example, targeted interventions are being planned for those experiencing homelessness or rough sleeping due to lower uptake rates of second doses amongst this group.

The Vaccine Confidence Steering Group and the Vaccine Confidence Engagement Group have been a vital resource in identifying possible sites for the vaccine bus and pop-up sites within the community.

2.4 COMMUNICATIONS

2.4.1 The Vaccinators on Tour

We launched a new campaign focused on the younger age groups to encourage vaccination uptake called ‘The Vaccinators on Tour’. The campaign has been supported by £10,000 of NHSE funding and has included the creation of a website (in-house), branded marketing materials, targeted online advertising, leaflets, posters, short videos, branded wristbands, banners, flags and t-shirts. The new vaccination bus has also been branded using the distinctive ‘The Vaccinators on Tour’ branding.

To date The Vaccinators website (www.thevaccinators.co.uk) has attracted nearly 41,000 visitors and has received positive feedback from a range of partners and individuals. The website brings together all walk-in and pop-up clinic information, as well as details of our ‘permanent residencies’.

All partners have signed up to using The Vaccinators branding, ensuring a clear and consistent brand image across all system channels. This has included creation of leaflets to support door drop and community outreach activities carried out by local authorities and social media branding for walk-ins at our large vaccination sites (run by CCS).

Our social media campaign (non-pay) has achieved 623,463 organic impressions and 20,222 organic engagements. Whilst our targeted online advertising campaign (paid) has generated over one million impressions via Snapchat; more than 176,000 impressions through YouTube; and over 50,000 impressions via Spotify.

We have achieved traditional media coverage in a range of local newspapers, on the radio and secured multiple features on local TV news.

We have created a significant amount of the resources, including the brand and all social media materials and videos, in-house to allow us to focus the budget on external marketing and site marketing materials. These have included production of Frequently Asked Question resources that have been printed and translated into different languages by partners.

Wider engagement and promotional work directed at members of our local community who have not yet had either their first or second jabs has also continued through the Vaccine Confidence Steering and Engagement Groups. The CCG website continues to host the latest frequently asked questions (FAQs), and all translated materials, alongside close working with the local authorities to reach these groups and provide the materials and information they need to enable these conversations to take place.

2.5 PHASE 3, BOOSTER VACCINE AND FLU

2.5.1 **Phase 2 and Phase 3 of the programme will overlap**.

New JCVI guidance issued on 1 September has said that some individuals who are immunosuppressed due to underlying health conditions or medical treatment may not mount a full immune response to COVID-19 vaccination. JCVI advises that a third primary dose be offered to individuals aged 12 years and over with severe immunosuppression in proximity of their first or second COVID-19 vaccine doses in the primary schedule. More details can be found here.

Phase 3 is the collective name of the booster, and the programme is planned to run between September 2021 and end December 2021. It is the planned 3rd dose booster vaccine, six months after receiving their 2nd dose. We are awaiting confirmation nationally as to whether we will be able to co-administer the Flu vaccination alongside the COVID-19 booster for eligible priority cohorts. However, this would be dependent on national guidance and the timings of the two vaccination programmes.

Delivery mix. We plan to follow a tried and tested model of delivery that has been refined from Phase 1 and 2 of the vaccine programme. Changes have been made given the operational pressures various system partners are currently or expected to experience over the duration of the programme.

2.6 GOVERNANCE

The programme continues to run as incident response with a Bronze, Silver, and Gold command structure (operational - tactical – strategic). The Delivery Team are structured in to four pillars of subject matter experts. Pillar 1 - Operational planning and delivery, Pillar 2 - Community Outreach, Pillar 3 – Reports, returns and situational awareness and Pillar 4 - VACPROG/SVOC functions.

All Age Autism Strategy Consultation Report

To:	Adults and Health Committee
Meeting Date:	22 September 2021
From:	Janet Dullaghan, Cambridgeshire County Council, Peterborough City Council
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	N/A
Outcome:	This five-year (2021-2026) All Age Autism Strategy supports the aim for Cambridgeshire and Peterborough to be an autism friendly place where autistic children and adults can live full and rewarding lives, within a society that accepts and understands them. The vision is for both Cambridgeshire and Peterborough to be recognised as autism friendly places to live, where people with autism of all ages have access to equal opportunities.
Recommendation:	The Adults and Health Committee is being asked to: a) comment and note the contents of the proposed All Age Autism Strategy for Cambridgeshire and Peterborough. b) respond to the consultation on the All Age Autism Strategy.

Officer contact:
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1. BACKGROUND

1.1 The national guidance "Implementing and Rewarding Lives" and "Think Autism" puts a statutory duty on local authorities and health services to have in place plans in relation to the provision of service for autistic people. While the guidance was initially just for adults in 2017 the government stated it was extending this to cover children and young people.

1.2 The guidance sets out requirements for local authorities and NHS organisations to work together with partners to develop a strategy for autistic people and gives a framework of what this should include, for example:

- A clear assessment of need for people with autism
- clear diagnostic pathways with good pre and post support
- Joint commissioning
- clarity about what needs to be developed to meet the needs of autistic people, including preventative support and safeguarding.

It is vital that this is a coordinated system approach, with all partners, to provide a range of support that autistic people may need at different times in their life. This may include Health services, Education, colleges, local businesses, housing, independent or supported living and support within the justice system.

1.3 This five-year (2021-2026) All Age Autism Strategy supports the aim for Cambridgeshire and Peterborough to be an autism friendly place where autistic children and adults can live full and rewarding lives, within a society that accepts and understands them. The vision is for both Cambridgeshire and Peterborough to be recognised as autism friendly places to live, where people with autism of all ages have access to equal opportunities.

It has been co-produced in partnership with autistic people and their families across Cambridgeshire and Peterborough.

2. MAIN ISSUES

2.1 The foundation of this strategy is the Autism Needs Assessment collated by Public Health which provided a comprehensive overview of the prevalence of autism across Cambridgeshire and Peterborough. It highlighted some of the gaps in current services and made recommendations that have been explored with all partners and through focus groups.

2.2 A countywide all age autism strategy group has been developing this strategy for the past 8 months with all key partners including:

- Family Voice
- Pinpoint
- VoiceAbility
- Healthwatch Cambridgeshire
- Healthwatch Peterborough
- National Autistic Society, Cambridge Branch
- Speak Out Council
- Cambridgeshire Constabulary

- Autism Centre of Excellence
- Peterborough City Council
- Cambridgeshire County Council
- Cambridgeshire and Peterborough CCG

2.3 The priorities and recommendations being taken forward through the working groups of the all age autism strategy are:

- Having clear diagnostic pathways for children and adults with good support throughout the process, combined with good pre and post diagnosis support.
- Training and raising awareness for all areas that helps services and professionals understand the needs of autistic people within our local communities and services and recognises that autism effects different people in different ways.
- Services that take a lifelong approach and supports autistic people in school, colleges, and universities, to be able to live independently and have meaningful employment opportunities.
- For Health and social care to work together to commission integrated services that make the best of the resources available.
- For services to understand what reasonable adjustments are and how they can improve settings so autistic people can have positive experiences when they go into healthcare settings such as primary care hospitals etc.

2.4 The All Age Autism Strategic Group wants to take time now to ensure that this co-produced strategy meets the needs of all people with Autism across our area and gain the views of local people on the principles and priorities identified by the group and the partners that worked alongside them to co-produce this strategy.

3. PRE-CONSULTATION FEEDBACK

3.1 The All Age Autism Strategy was shared the Clinical Commissioning Group (CCG) Governing Body on 7 September 2021 who approved the consultation process plan and agreed that the launch of the six-week consultation.

3.2 The All Age Autism Strategy and consultation process plans were shared with both the Peterborough Adults and Health Scrutiny Committee and the Cambridgeshire Adults and Health Committee in June 2021. The documents were shared with these committees remotely and both approved the process plans for the six-week consultation as well as giving feedback on the strategy.

3.3 Councillors from Peterborough thought the strategy and report were well constructed, comprehensive, and informative. They were pleased to see constructive co-production of the strategy and approved the process for consultation. Their feedback was constructive, and an additional question has been added to the consultation survey around health and care settings and their appropriateness for people with autism. The Peterborough Councillors were interested in more information on why there are more people with autism in Peterborough, and also more details on employers who were willing to offer work and work experience to people with autism.

3.4 The Cambridgeshire Councillors also gave feedback that they felt the consultation

timescales were appropriate. They gave feedback that they would like to see representatives from education and skills providers represented during the consultation and asked how people with Autism would be consulted. The consultation process plan has been updated to reflect this feedback.

4. RECOMMENDATION

4.1 The Committee is asked to note and comment on the All Age Autism Strategy as part of this six week consultation running from 7 September 2021 to 19 October 2021.

5. REASON FOR RECOMMENDATION

5.1 The consultation is to enable the CCG to meet its statutory duty 14za of the Health and Social Care Act 2021 and the CCG Constitution Section 5.2.

5.2 This consultation will also meet with the national guidance "Implementing and Rewarding Lives" and "Think Autism which requires local authorities and health services to consult on their All Age Autism Strategy in relation to the provision of service for people with autism.

6. CONCLUSION

6.1 This co-produced All Age Autism Strategy for Cambridgeshire and Peterborough has been developed over the past 8 months with all key partners. A six week consultation will run from 7 September to 19 October 2021 to gather further views and input from key stakeholders and local people.

6.2 The implementation of the final strategy will enable the NHS and Local Authorities to meet the statutory duty placed on health and local authorities and to have in place plans for the provision of services for autistic people.

7 APPENDICES:

Appendix one:	All Age Autism Strategy
Appendix two:	All Age Autism Strategy Summary document for consultation
Appendix three:	All Age Autism Strategy Easi-read version for consultation

Draft

CAMBRIDGESHIRE AND PETERBOROUGH ALL AGE AUTISM STRATEGY 2021 – 2026

ACKNOWLEDGEMENTS

This countywide All Age Strategy for people with autism was co-produced with parents, carers and people with lived experience of autism as well as all local partners. We wish to thank all of the people who contributed in creating this strategy and its ongoing implementation and action plan.

CONTENTS

0 FOREWORD

Wendi Ogle-Welbourn and Carol Anderson

As the Executive Director of People & Communities for Peterborough City Council (PCC) & Cambridgeshire County Council (CCC), and the Chief Nurse from Cambridge and Peterborough Clinical Commissioning Group (C&P CCG) it gives us great pleasure to introduce this strategy for children, young people and adults with autism.

The strategy was developed by PCC, CCC and the C&P CCG in partnership with local organisations, service user groups and parent carer forums, drawing on the knowledge and understanding of those with lived experience of autism. The development of this All Age Autism Strategy pulls together all of our autism workstreams across Children and Adults.

It also sets out our work to date; outlining the plans, ambitions and commitment to work together across Health, Social Care and Education to support people of all ages with autism including their families and carers.

Our aim is for both Cambridgeshire and Peterborough to be autism friendly; where people with autism can live full, healthy and meaningful lives, within a society that accepts and understands them. This includes focusing on needs led services being person centred; providing care informed by an understanding of what matters to a person with autism and their family.

Our strategy takes a whole life approach; with the right support, children, young people & adults with autism can live happy, healthy and independent lives within their own community; it is therefore vital to develop an All Age Strategy, focusing on what works for both children, young people and adults.

We have set out challenging but clear and achievable goals. We are aware that we are at the start of a long journey; it can only be made a success by working in partnership together.

We would like to thank all the people involved with the development of the strategy.

1 EXECUTIVE SUMMARY

This five-year (2021-2026) All Age Autism Strategy supports our aim for Cambridgeshire and Peterborough to be an autism friendly place where children and adults with autism can live full, healthy and rewarding lives, within a society that accepts and understands them.

It has been co-produced in partnership with people with autism and their families across Cambridgeshire and Peterborough; we have sought to capture their lived experiences and what is most important to them.

The development of the strategy was supported by the Autism Centre for Excellence (ACE), parent carer forums Family Voice Peterborough & Pinpoint Cambridgeshire, parents, carers, Healthwatch and other interested and autism specific groups and organisations including Cambridgeshire and Peterborough's branch of the National Autistic Society (NAS) along with professionals across Health, Education and Social Care.

The foundation of this strategy was the Autism Needs Assessment collated by Public Health which provided a comprehensive overview of the prevalence of autism across Cambridgeshire and Peterborough. Both national and local data sources were used to provide up to date information specifically in relation to autism; illustrating that the number of people with an autism diagnosis across Cambridgeshire and Peterborough is predicted to rise. This is key to understanding how Peterborough City Council (PCC), Cambridgeshire County Council (CCC) and the Cambridgeshire and Peterborough Clinical Commissioning Group (C&P CCG) will support all children, young people and adults with autism.

The Autism Needs Assessment also included a review of good practice across the UK. This, alongside information specific to Cambridgeshire and Peterborough, enabled Public Health to identify a series of priorities. These priorities have been key to the development of this All Age Autism Strategy.

Our priorities include:

- Having clear pathways for children and adults based on a needs led approach with good support throughout the process, combined with good pre and post diagnosis support.
- Training and raising awareness for all areas that helps services and professionals understand the needs of people with autism within our local communities and services and recognises that autism effects different people in different ways.
- Services that take a lifelong approach and supports people with autism in school, colleges and universities, to be able to live independently and have meaningful employment opportunities.
- For Health, Education and Social Care to work together to commission integrated services that make the best of the resources available.
- For services to understand what reasonable adjustments are and how they can improve settings so people with autism can have positive experiences when they go into Health, Education and Social Care settings such as primary care, hospitals, school etc.

The Needs Analysis has illustrated the priorities that we need to address in order to best support children, young people and adults with autism and their families.

Maintaining an understanding of the needs of children, young people and adults with autism across Cambridgeshire and Peterborough is vital in commissioning and delivering sustainable provision that meets need in the most effective way possible.

As this strategy will show, we have taken a life-course approach. It is vital that we work together as a system, with all partners, to provide a range of support that people with autism may need at different times in their life. This may include Health services, Education, colleges, local businesses, housing, independent or supported living and support within the justice system.

SPECIAL EDUCATIONAL NEEDS & DISABILITIES (SEND) STRATEGY (2019 - 2024)

PCC and CCC published the SEND Strategy - SEND is Everybody's Business[1] - in 2019. The SEND Strategy sets out the vision, principles and priorities to identify and meet the needs of Cambridgeshire and Peterborough's children and young people with special educational needs and/or disabilities (SEND) from birth to the age of 25. The priorities and recommendations of the All Age Autism Strategy are therefore interwoven with the wider strategic objectives for SEND Services. The three priority areas identified for SEND are:

The co-production and development of the All Age Autism Strategy is key in delivering these priority areas, and therefore relates to key actions within Cambridgeshire and Peterborough SEND Action Plans that followed the publication of the SEND Strategy. There are also key linkages to the priorities of Cambridgeshire and Peterborough's Learning Disability Partnership.

The implementation of the All Age Autism Strategy will be driven by the All Age Autism Strategy Board; this board will oversee the development of the action plan and implementation of the strategy with all partners. The All Age Autism Strategy Board, and the working groups connected, include those with autism, parents and carers alongside other professionals and organisations that have been key to the development of this strategy.

[1] https://www.cambridgeshire.gov.uk/asset-library/imported-assets/SEND%20Strategy%20-%20Final%20Nov%2019.pdf

2 BACKGROUND

2009

The first national guidance and legislation specifically aimed at provision for autism was 'The Autism Act[2]' (2009); this put a duty on Central Government to produce, and regularly review, a National Autism Strategy to meet the needs of adults with autism in England. This included a duty to produce statutory guidance for local authorities and clinical commissioning groups to implement strategies locally.

2010

The Autism Strategy (2010) - Fulfilling and Rewarding Lives[3], set out what local authorities and health services should provide for those with an autism diagnosis. It focused on:

- The need for training and awareness of the needs of people with autism for all staff working within the Public Sector; including Health and Social care, specifically providing specialist training for those in roles with a direct impact on access to services.
- Set up local diagnostic pathways based on The National Institute for Health & Care Excellence (NICE) guidance and increase diagnostic capacity.
- Person centred assessment and personalised care and support for those diagnosed with autism.
- Supporting children and young people with autism in transition to adult services.
- Enabling people with autism to have support to live independently within their communities.
- Involving people with autism in the development of local services.

2014

The more recent Adults Autism Strategy (2014) "Think Autism"[4] was a revised version of the 2010 strategy and strengthened the noted priorities by re-enforcing the duty for:

- Local authorities to improve services for people with autism locally by implementing the national strategy and setting up Autism Partnership Boards.
- Having autism awareness projects with the local community.
- Developing services that promote innovation, early identification and prevention.
- Raising awareness across public services through training.
- Improving data collection and assessing local needs.

2015

The Department of Health's (DoH) 2015 "Statutory guidance for Local Authorities and NHS organisations"[5] placed a statutory obligation on local authorities and other organisations, such as clinical commissioning groups, to support implementation of the Adult Autism Strategy.

2017

In 2017, Central Government outlined its intention to extend the National Autism Strategy to include children and young people; whilst we await the publication of the National All Age Strategy, Peterborough City Council (PCC) & Cambridgeshire County Council (CCC) have sought to ensure that the implementation of this Autism Strategy is all age. This strategy therefore brings together previous strategies for autism across Peterborough and Cambridgeshire into one integrated County Wide All Age Autism Strategy.

[2] https://www.legislation.gov.uk/ukpga/2009/15/pdfs/ukpga_20090015_en.pdf
[3] https://webarchive.nationalarchives.gov.uk/20130104203954/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113369
[4] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/299866/Autism_Strategy.pdf
[5] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/422338/autism-guidance.pdf

3 OUR VISION

Our vision is for both Cambridgeshire and Peterborough to be recognised as autism friendly places to live, where people with autism of all ages have access to equal opportunities. Autism friendly services throughout Cambridgeshire and Peterborough are those that person centred and take into consideration each person's strengths, talents and interests; thereby ensuring that all individuals have access to the same support throughout their lifetime.

Based on the vision within the national autism strategy

'Fulfilling and rewarding lives'

This includes working together as partners to deliver services in a more inclusive, integrated way that puts the needs of people with autism, and their families, first, providing help, support and care informed by an understanding of what matters to each person with autism and their family. This will be supported by the implementation of Integrated Care Systems (ICSs). Integrated Care Systems (ICSs) are new partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities.

OUR PRINCIPLES

ALL AGE APPROACH	Promoting an all age approach for people with autism; focused on progression across a whole life pathway, ensuring that all the traditional transition points in a person's life are effectively managed and seamless.
PERSON CENTRED	Ensuring that people with autism and their families/carers are at the centre of everything we do, while offering services and support for people with autism that focuses on their strengths.
RIGHT SUPPORT RIGHT TIME RIGHT PLACE	Providing the right support at the right time and in the right place by working with key partners to enable better access to, and better experiences of Education, Health, training and work.
EARLY INTERVENTION	Providing early access to quality, timely and relevant information, advice and intervention in line with statutory guidance and prevention agenda across children's and adult's services, supporting and enabling those on the journey to diagnosis.
OUTCOMES FOCUSED	Using the resources available from public and voluntary services in the most efficient ways to improve outcomes for autistic people and their families.
RIGHT TO RESPECT	Ensuring that children, young people and adults have a right to live free from abuse in accordance with the principles of respecting dignity, autonomy, privacy & equality.
INTEGRATION	Commissioning services that promote integration with Health and Social Care whenever possible to develop a shared understanding of the needs of people with autism.
CO-PRODUCTION	Involving people with autism and their families in planning and decision making at both strategic and operational levels; gaining regular feedback from individual's experiences to help shape how services are delivered.
SHARED RESPONSIBILITY	Accepting a shared responsibility for achieving positive, jointly agreed outcomes and effectively sharing information to inform the strategic direction of service delivery (in accordance with relevant guidance & legislation).

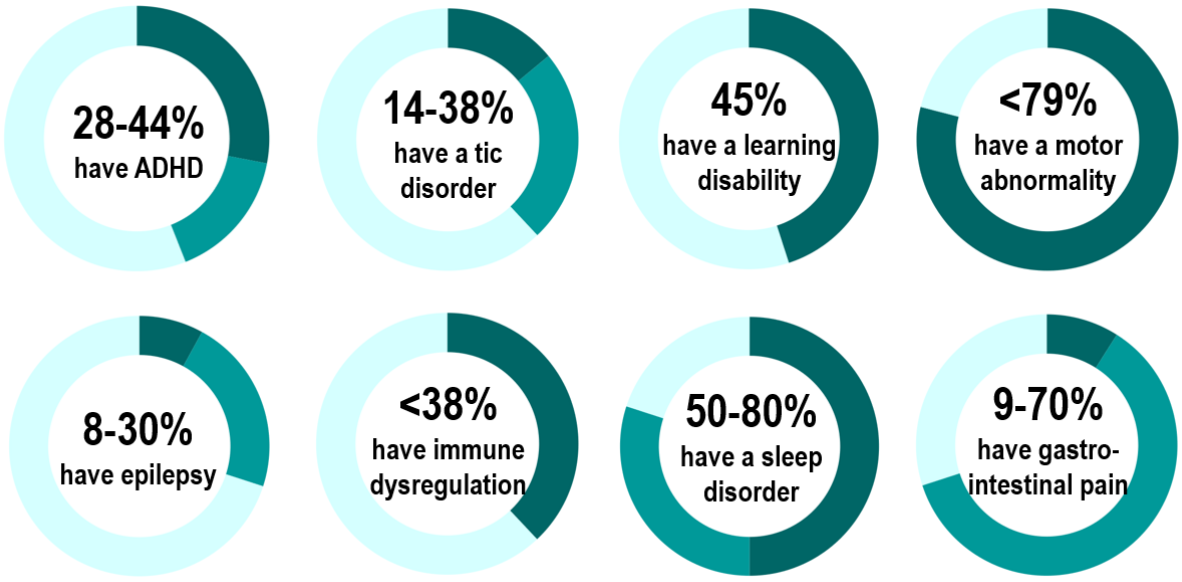
4 AUTISM DEFINITION

There are several definitions used to describe autism, including Autistic Spectrum Disorder (ASD)[6], Autism Spectrum Condition (ASC), and others which have been used to describe conditions on the autism spectrum such as Asperger's Syndrome. In this strategy we use the term Autism to refer to the whole autism spectrum and the strategy recognises that autism is one of a wider range of neurodiverse conditions.

Autism is a term used to describe a group of lifelong neurodevelopmental conditions marked by how a person with autism interacts socially, how they communicate and patterns of restricted stereotyped or repetitive behaviour they may have. It is a lifelong neurological condition: people are born with it, do not grow out of it and it cannot be 'cured'. It is a spectrum condition which means it presents differently in every person with autism.

While people with autism may share common traits, their condition will affect them in very different ways. Each person with autism will, as with all individuals, have a distinct set of strengths and weaknesses and so the ways in which people with autism learn, think and problem-solve can be wide-ranging. What some find easy others and excel at, others may find challenging and be unable to do: some individuals are able to live independent lives whilst others will require support at different times in their life or need a lifetime of specialist support. It's important that we remember we all remain unique.

Autism is not a learning disability/difficulty or a mental illness. People with autism may also have additional needs including learning disabilities, physical health needs and/or mental health conditions; these are referred to co-occurring conditions. It is suggested that 70% of people with a diagnosis of autism have an associated physical or mental health condition. For example, the latest research[7] indicates that people with autism are often diagnosed with other, co-occurring, conditions including:



Therefore, an early and robust assessment of needs together with a sound understanding of the strengths and weaknesses for each person, is key to getting the right support at the right time, and this strategy recognises that.

[6] As used in the National Institute for Health and Care Excellence clinical guidelines for Autism https://www.nice.org.uk/guidance/cg128/resources/autism-spectrum-disorder-in-under-19s-recognition-referral-and-diagnosis-pdf-35109456621253

[7] Lai, M., Lombardo, M., & Baron-Cohen, S. (2014). Autism. The Lancet, 383(9920), 896-910. doi: 10.1016/s0140-6736(13)61539-1

5 WHY AN AUTISM STRATEGY?

The national guidance "Implementing and Rewarding Lives"[8] and "Think Autism"[9] puts a statutory duty on local authorities and health services to have in place plans in relation to the provision of service for people with autism. It states that local authorities and NHS bodies need to work in collaboration with local partners to take forward the key priorities in Think Autism. Crucially, at its core, people with autism need to have access to a clear pathway to meet their needs and know that this pathway is aligned with care and support assessments, and that there is post-diagnostic support available from relevant agencies even if the person does not meet social care support criteria.

Commissioning decisions need to be based on knowledge and awareness of autism, the needs of the local population, and informed by people with autism and their families.

The national guidance sets out requirements for local authorities and NHS organisations. It set out the statutory duty to work together with partners to develop a strategy for people with autism and gives a framework of what this should include, for example, in the criminal justice system, into employment. It provides clarity about what they have to do to meet the needs of adults with autism including preventative support and safeguarding.

It is therefore vital there is a local autism strategy that works for both children, young people and adults which clearly set out our goals and priorities for the next five years.

[8] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216129/dh_122908.pdf
[9] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/299866/Autism_Strategy.pdf

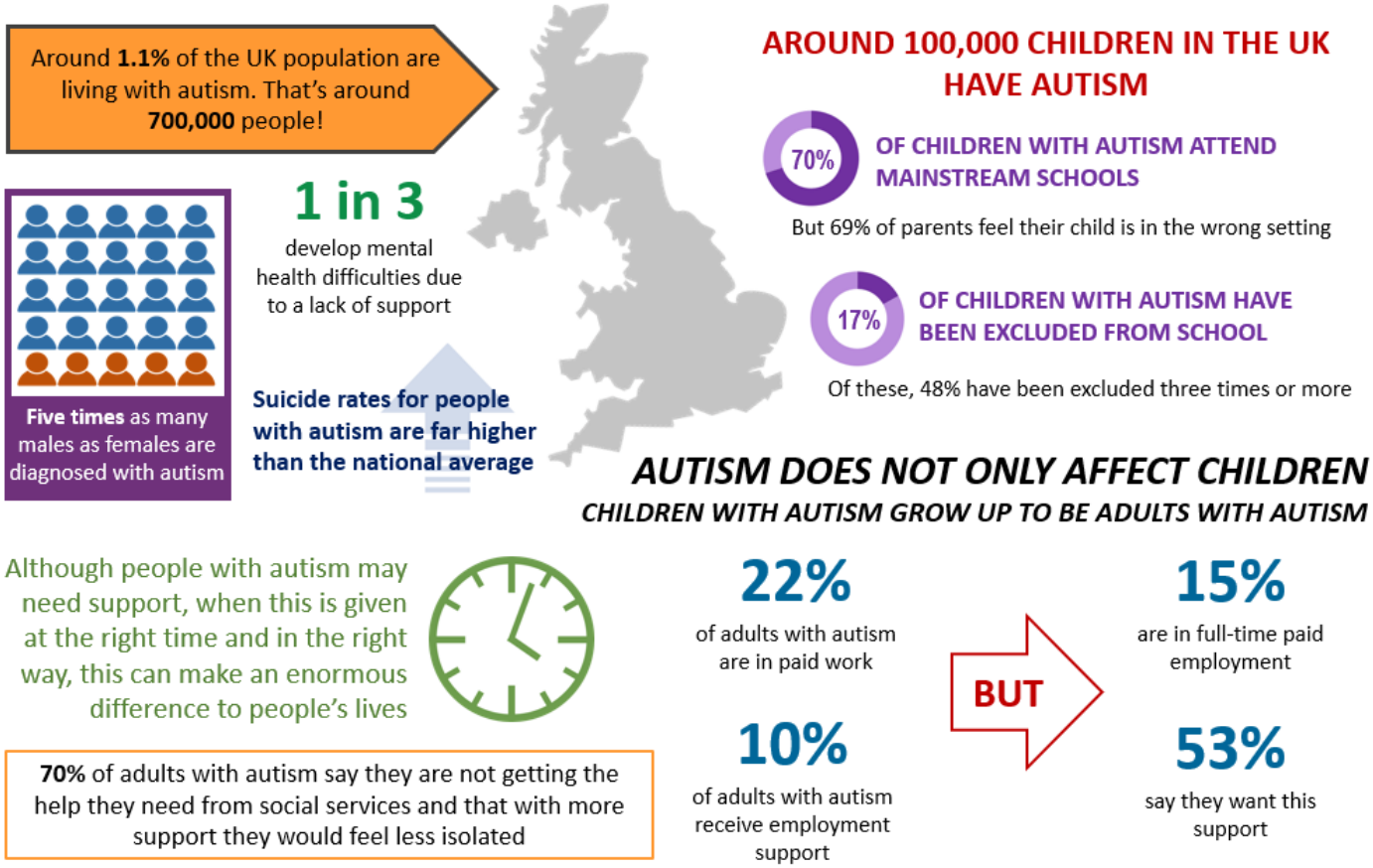
6 NEEDS ASSESSMENT - NATIONAL AND LOCAL CONTEXT

To understand the characteristics and health needs of people with autism of all ages in Cambridgeshire and Peterborough, Public Health collated an Autism Needs Assessment. This used local and national sources to indicate the numbers of people with a diagnosis of Autism; forecasting how these numbers are predicted to change with time.

The Autism Needs Assessment also undertook a review to identify good practice throughout the UK; this information was used to identify priorities and make recommendations that has informed this All Age Autism Strategy.

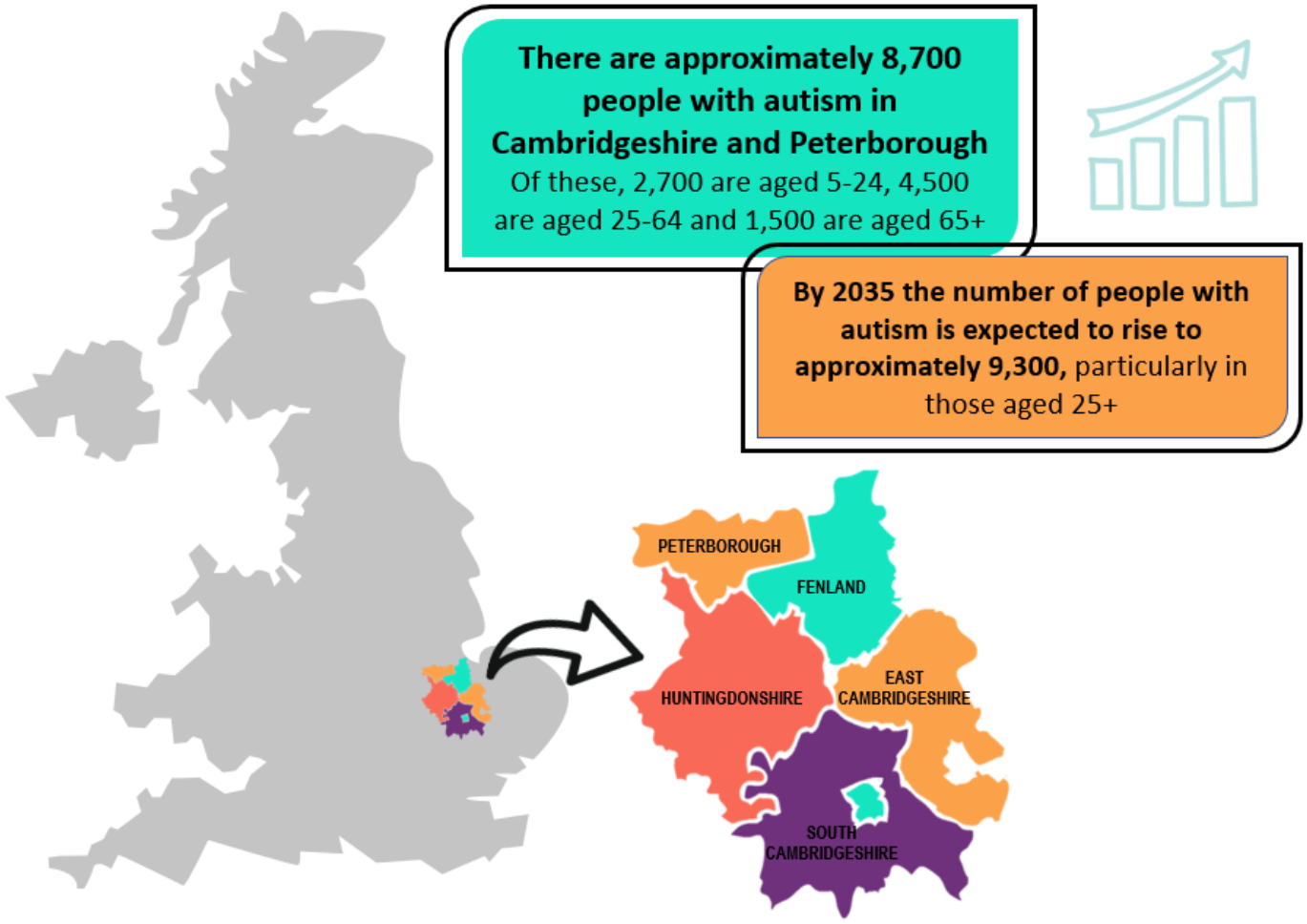
Key to the development of this All Age Autism Strategy has been mapping existing services to identify potential gaps, areas of good practice locally and areas for improvement; this has been informed by professionals, service users and their families and parent carer forums.

NATIONAL CONTEXT



LOCAL CONTEXT CAMBRIDGESHIRE AND PETERBOROUGH

Using national prevalence data applied to the local population numbers we estimate:



CHILDREN AND YOUNG PEOPLE

Estimated Number of Children and Young People with Autism

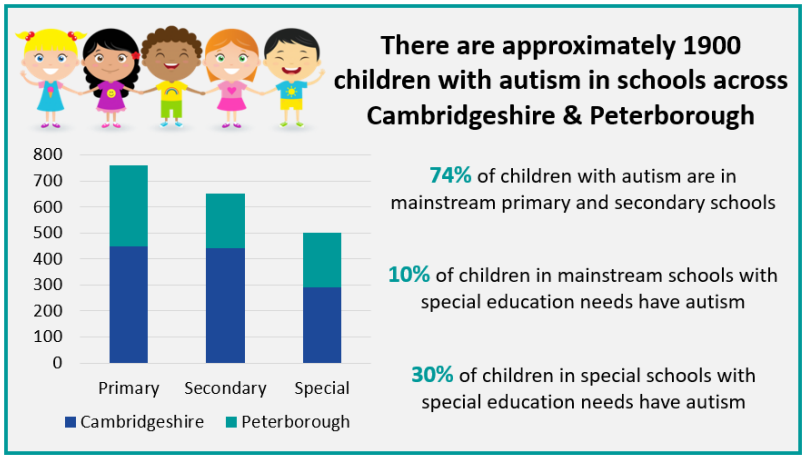
	5-10 year olds	11-17 year olds	18-24 year olds	Total
Cambridge	130	100	320	**550**
East Cambridgeshire	110	90	70	**260**
Fenland	100	90	90	**280**
Huntingdonshire	190	160	140	**490**
South Cambridgeshire	190	160	110	**460**
Peterborough	280	200	170	**660**
Total	**1000**	**800**	**900**	**2,700**

National prevalence estimates applied to mid-2019 population estimate, Office for National Statistics

Predicted Increase in Children and Young People with Autism Based on Population Growth

		2019	2020	2025	2030	2035
CAMBRIDGESHIRE	5-10 years	720	720	680	640	620
	11-17 years	600	620	680	660	620
	18-24 years	730	720	710	800	830
	TOTAL	2,040	2,060	2,080	2,100	2,070
PETERBOROUGH	5-10 years	280	290	280	260	260
	11-17 years	200	210	260	260	240
	18-24 years	170	170	170	200	220
	TOTAL	660	680	710	720	710
TOTAL		2,700	2,740	2,790	2,820	2,780

National prevalence estimates applied to mid-2019 population estimate, Office for National Statistics



Using data from our local records we know that the percentage of pupils diagnosed with autism in primary schools is similar to the national average (1.1%) in Peterborough (1.1%) and lower than the national average in Cambridgeshire (0.9%).

Fourteen percent children and young people (5-18 years) also have a form of disability and this is slightly higher in Cambridgeshire (15%) compared to Peterborough (10%).

Thirteen[10] children and young people are on the Transforming Care Register (at risk of hospital admission). The majority of girls on the register have an eating disorder and are currently Tier 4 (hospital inpatients) residents and the majority of boys on the register have a challenging behaviour and live at home. All children and young people on the Transforming Care Register have autism. There are no children and young people on the Transforming Care Register with a learning disability and no autism diagnosis.

In Cambridgeshire, 30% of all community paediatric referrals are referrals for autism assessments.

In Peterborough around 50% of all community paediatric referrals are referrals for autism assessments. This is not directly comparable to Cambridgeshire as Peterborough provides

[10] As at March 2021

service for all ages up to 18 as part of an integrated neurodevelopmental services with the child and adolescent mental health services.

ADULTS

As shown in the below table, an estimated 6000 adults (25+ years) have autism across Cambridgeshire and Peterborough in 2020; this is expected to increase overtime in line with increases in population size to 6500 by 2035. Percentage of cases in the over 65s is set to increase from 25% to 32% by 2035 in line with population changes.

Predicted Increase in Adults with Autism Based on Population Growth

		2019	2020	2025	2030	2035
CAMBRIDGESHIRE	25-34 years	852	850	818	778	805
	35-44 years	826	825	845	851	824
	45-54 years	910	900	847	832	860
	55-64 years	795	815	881	869	826
	65-74 years	664	664	668	787	824
	75+ years	520	542	674	749	835
	TOTAL	4567	4596	4733	4866	4974
PETERBOROUGH	25-34 years	314	313	294	277	286
	35-44 years	291	294	312	314	299
	45-54 years	260	261	263	276	293
	55-64 years	211	215	237	242	240
	65-74 years	161	163	170	193	211
	75+ years	120	124	153	174	198
	TOTAL	1357	1370	1429	1476	1527
TOTAL		**5924**	**5966**	**6162**	**6342**	**6501**

Approximately 450 autism assessment referrals for adults are made each year, while only an estimated 130 diagnostic assessments take place each year.

7 PRIORITIES

The priority areas of this All Age Autism Strategy have been informed by the Autism Needs Assessment and what people with autism and their families have told us. Our priorities are:

PRIORITY 1: EARLY INTERVENTION

Early identification and intervention are imperative for people with autism as research has shown that this can improve a child's overall development. Children who receive autism-appropriate education and support at key developmental stages are more likely to gain essential social skills and have better outcomes. Essentially, early detection can provide a child with autism with the potential for a better life. Parents of children with autism can learn early on how to help their child improve mentally, emotionally, and physically throughout the developmental stages.

The strain of caring for a child with autism can be an everyday challenge for families, but with early preparation and intervention, parents can prepare themselves for the road ahead, both emotionally and mentally.

When adults with autism are not diagnosed until later in life, they report a challenging childhood where many have not fitted into school, work and social settings and it's only after diagnosis do they understand why they had to face such challenges.

WHAT PEOPLE WITH AUTISM AND THEIR FAMILIES HAVE TOLD US

- *Early diagnosis is needed and early access to services when there is more than one diagnosis*
- *Parents don't know where to go to access the system*
- *Advice and help need to be easily available - I could access the local offer but advice on autism was hard to find*

- *I could not find much information on the local offer*
- *"I was under multiple doctors, Children and Adolescent Mental Health Services (CAMHS), admitted to mental health wards, attended a special school and yet I went completely under the radar." (Young Adult)*

WHAT WE WANT TO DO

We want a system that delivers good information and advice and clear signposting to early help when a parent carer feels they need support with:

- Services and support based on need and not reliant on a definitive diagnosis of autism or on a diagnosis pathway where early indications are recognised.
- Services that deliver a person-centered, whole system, all age approach that provides access to quality, timely and relevant information, advice and guidance in line with the statutory guidance and prevention agenda across children and adults services.
- That pre-school and education settings have appropriately trained staff that are sensitive to identifying early indications of autistic behaviors and putting in place pathways to facilitate efficient access to early support/advice.
- Ensure reasonable adjustments are made in pre-school, educational, employment and health settings.
- Work with adult services to ensure that all the traditional transition points in a person's life are effectively managed and seamless.
- Deliver the right service at the right place at the right time to ensure timely interventions and prevents escalation of need.

HOW WE WILL GET THERE

- All services will have appropriately trained staff that are sensitive to identifying early indications of autism.
- Our Local Offer[11] will have clear advice and guidance on where to get help, support and advice for parents of children with autism.
- Our diagnostic pathway for children and adults will look at good pre-assessment help, support and guidance to prevent escalation of needs.
- In line with the predicted population growth look at demand and capacity of the services to keep up the predicted need.
- Support parents and carers through the provision of parenting support and training programs.

[11] Peterborough Local Offer: https://fis.peterborough.gov.uk/kb5/peterborough/directory/localoffer.page?familychannel=8
Cambridgeshire Local Offer: https://www.cambridgeshire.gov.uk/residents/children-and-families/local-offer

PRIORITY 2: AWARENESS RAISING AND TRAINING

Improving training and awareness is at the heart of the national Autism Strategy. "Think Autism"[12] and "Fulfilling and Rewarding Lives"[13] states that increasing awareness and understanding of autism is fundamental towards improving services. Training and awareness raising is a key priority for all services across Cambridgeshire and Peterborough, including Education, Social Care, Health, housing, criminal justice system, local businesses and local government.

Whilst there are many good examples of effective support being provided by professionals for people with autism their experience varies from very positive to a feeling of constantly fighting the system.

Most areas agree that there is inconsistent knowledge and awareness of autism across the workforce. Communication from those across Health, Education and Social Care to people with autism which can be inconsistent and not tailored to their needs.

People can often be confused about the language used and what is meant by different terms. This confusion can extend to professionals themselves, who often use different terms for the same thing and who don't understand how other organisations work. Organisations do not always share information well with one another, meaning people must repeatedly share their stories.

WHAT PEOPLE WITH AUTISM AND THEIR FAMILIES HAVE TOLD US

- *For all professionals in education, social care and health to understand what autism is, be able to identify potential signs of autism early and understand how needs may change with age and circumstances.*
- *Specialist training be given to staff that have key roles in assessment and identification to aid an earlier diagnosis of autism, including the assessment and diagnosis of autistic females.*
- *All staff working with people with autism to have basic knowledge and awareness of autism and training so that they can apply it to day-to-day life, roles and responsibilities.*
- *Co-production of the training and development that includes people with autism.*

WHAT WE WANT TO DO

- For Cambridgeshire and Peterborough to become an 'autism friendly community' that values the contribution people with autism can make and ensures they get the same opportunities to live and work as the rest of the population.
- Work with all partners to raise awareness of the needs of people with autism and that the workforce is trained in autism appropriate to their role.
- Ensure that everyone understands 'reasonable adjustments' for those who also have a diagnosis of autism.
- Develop a training offer that links to other needs that may be present such as, but not limited to, mental health, learning disability and physical needs.

[12] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/299866/Autism_Strategy.pdf
[13] https://webarchive.nationalarchives.gov.uk/20130104203954/http:/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113369

HOW WE WILL GET THERE

- Develop an Autism Training Framework detailing the knowledge and skills required at different levels within the workforce to achieve key outcomes for people with autism.

- Use the Autism Training Framework to enable individual employees, service providers and organisations to understand the knowledge and skills required, how this applies to their practice and role.

- Co-produce training to ensure that the voice of parents, carers and people with lived experience of autism are reflected in all we do.

- Co-produce impact measures and regularly review progress with partners to ensure we are meeting the outcomes we aspired to.

- Ensure autism awareness training is included within general equality and diversity training programmes for all staff working in health and care and understand how to make reasonable adjustments in their behaviour communication and services for people with autism or who display these characteristics.

PRIORITY 3: EMPLOYMENT AND INDEPENDENCE

The Office for National Statistics (ONS) published new data in February 2021 (Outcomes for Disabled People in the UK: 2020[14]) that shows just 22% of adults with autism are in any kind of employment, with only 10-15% being in full time paid employment. The most concerning part of the report states that of all people with disabilities, those with autism appear to have the worst employment rate. We know that, whilst not all people with autism are able to work, most want to and/or would like to know what opportunities/pathways are available to enter employment.

People with autism often have many unique skills and talents which employers could benefit from. These may include but are not being limited to:

- Excellent attention to detail
- Strong technical skills
- Methodical and logical approaches
- Creative thinking and problem solving
- Some will be exceptionally gifted and talented

OF ALL PEOPLE WITH DISABILITIES, THOSE WITH AUTISM APPEAR TO HAVE THE WORST EMPLOYMENT RATE

The National Autistic Society[15] highlights that most adults with autism who want to work encounter the following barriers:

- Inaccessible recruitment methods
- Lack of effective transition from education
- Lack of reasonable adjustments at interview
- Lack of reasonable adjustments in work
- Lack of employer awareness

With the pressure of COVID-19 being put on businesses across the UK and the implications of furlough schemes ending, there are significant challenges in the whole economy to maintain stable and high levels of employment. This is leading to an increasingly competitive job market and potentially making it harder than ever for people with autism to access paid employment.

WHAT PEOPLE WITH AUTISM AND THEIR FAMILIES HAVE TOLD US

"I want to be independent and have a job where I get paid"

"I had a job, but it did not work out"

"I was scared to tell my employer I have autism"

"Putting programmes for work experience in school at Year 9 would be invaluable"

"The Local Offer should list places whereby young people with autism could access apprenticeships and work experience"

[14] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/outcomesfordisabledpeopleintheuk/2020
[15] https://www.autism.org.uk/

Between February 2021 and March 2021, Voiceability's Speak Out Council ran a consultation called "My Life, My Future"[16] and gathered feedback from over 100 people aged between 13-64 with a learning disability and/or autism in Cambridgeshire and Peterborough. They were asked:

- *What they would like to change, or do in the future?*
- *What support and information they feel they would need to make those changes?*

Of the 100+ survey responses, 44 people responded advising they would like to be in paid work and/or volunteering in five years' time. Some of those know exactly what they would like to do and how to train for it however most would like more information about how to find work.

Parents and carers were encouraged to take part in the survey, they provided the following feedback for consideration:

- *They would like to know more about supporting people to find a job.*
- *They would like more information about what happens when EHCPs finish at age 25 and support to plan for their young person's future.*
- *They would like clearer information about benefits.*

WHAT WE WANT TO DO

- Support ways to improve employers' understanding of autism across all industry sectors.
- Work with key stakeholders to co-produce a framework for Supported Employment in Cambridgeshire and Peterborough.
- Ensure people with autism have access to a diverse range of employment opportunities in Cambridgeshire and Peterborough; keeping this in line with advancing technologies and what people with autism tell us they would like to do in the future.
- Ensure preparation for adulthood is included in all pathway planning. We need to have the right curriculum, which includes a clear focus on the development of the skills needed to live as independent and fulfilling life as possible. This would include skills and opportunities around employment.
- Ensure people with autism are supported to explore work experience, placements, paid employment and/or self-employment in Cambridgeshire and Peterborough.
- Support employers to be confident to employ people with autism and provide safe places to work.
- Attract new and innovative employers to Cambridgeshire and Peterborough to encourage new employment opportunities for people with autism.

[16] https://www.voiceability.org/assets/download/210407-Speak-Out-Council-My-life-my-future-FINAL.pdf

- Establish a toolkit for professionals that encourages them to consider/explore developing employability skills, outcomes and employment pathways when supporting people with autism.

HOW WE WILL GET THERE

- Work together with key stakeholders to increase employment opportunities for people with autism in Cambridgeshire and Peterborough.

- Work with local employers to ensure they have access to good training and awareness of the needs of people with autism and listen to employers to understand Local Labour Market Information (LMI) themes and gaps as part of our Skills Strategy[17].

- Increase the number of employers in Cambridgeshire and Peterborough who have signed up to become Disability Confident (a government scheme designed to encourage employers to recruit and retain people with disabilities and health conditions).

- Establish a sustainable pathway to employment for anyone with autism in Cambridgeshire and Peterborough to access work experience, placements, and paid employment opportunities.

- Pay attention to supporting young people with autism in their preparation for adulthood towards independence and employment. We are also working with our partners to support our schools with their Career strategy and the 8 benchmarks[18] which include employer engagement.

- Continue to commission services to support people with autism to access employment and will encourage all our employment related services to utilise the Autism Toolkit (for more detail refer to Priority 6).

- Encourage all organisations within our health and care system to offer internships and apprenticeships to people with autism.

- Ensure people with autism who want to access employment or self-employment opportunities have the information readily available and accessible to them to support their decision making.

[17] https://mk0cpcamainsitehdbtm.kinstacdn.com/wp-content/uploads/documents/Strategies/skills-strategy/Skills-Strategy.pdf
[18] https://www.gatsby.org.uk/education/focus-areas/good-career-guidance

PRIORITY 4: HOUSING

As previously mentioned, there were an estimated 5966 adults with autism over 25 years of age across Cambridgeshire and Peterborough in 2020; this is expected to increase over time in line with increases in population size to 6501 by 2035. Percentage of cases in the over 65s is set to increase from 25% to 32% by 2035 in line with population changes.

We know that when people are not happy with where they live, they can be more likely to display behaviours which challenge; their physical and mental wellbeing can also be affected.

WHAT PEOPLE WITH AUTISM AND THEIR FAMILIES HAVE TOLD US

In the consultation "My Life, My Future"[19] the feedback from over 100 people aged between 13-64 with a learning disability and/or autism in Cambridgeshire and Peterborough was:

- *people with autism want to have their own house or live independently with a partner or friends.*
- *People also raised the lack of technology support across supported living and care packages which meant that during the Covid-19 pandemic many people felt isolated and could not access online activities.*

WHAT WE WANT TO DO

- Have a good understanding of our available housing options for people with autism.
- Work in partnership with District Housing colleagues so that people with autism have a clear offer and process for accessing housing when needed.
- Continue to develop and utilise our framework of specialist autism providers who can provide a range of accommodation with specialist support in Cambridgeshire and Peterborough.
- Have a minimum standard of housing for people with learning disabilities and/or autism with clear agreements of responsibilities from housing providers.
- Have a clear process for how people can raise concerns and move if they feel their current accommodation is no longer meeting their needs.
- Ensure people with autism and their families are able to make realistic choices about housing based on their needs, budget and options.
- Utilise the Autism Toolkit (for more detail see Priority 6) to encourage housing providers and placement providers for children, young people and adults work to ensure that their provision is accessible for those with autism, with an emphasis on communication and integration with other service provision.
- Ensure that all of the above actions are clearly outlined in a housing strategy.

HOW WE WILL GET THERE

- Work in partnership with people with autism to understand their housing needs.

[19] Speak Out Council (2021) https://www.voiceability.org/assets/download/210407-Speak-Out-Council-My-life-my-future-FINAL.pdf

- Undertake data analysis to ensure we can plan ahead and consider the housing needs of people with autism in Cambridgeshire and Peterborough.

- Work in partnership with health and social care professionals during the transition process to understand future housing needs of children, young people and adults with autism.

- Share information about housing options with children, young people and adults with autism and their families as part of the approach to preparing for adulthood so that people are clear about the process for applying for social housing and also consider other options which may be available to them.

- Work with the current housing and care providers to promote awareness and understanding of the needs of people with autism through use of the Autism Toolkit.

- Continue to develop and utilise our framework of specialist autism providers who can provide a range of accommodation with specialist support in Cambridgeshire and Peterborough.

PRIORITY 5: CRIMINAL JUSTICE SYSTEM

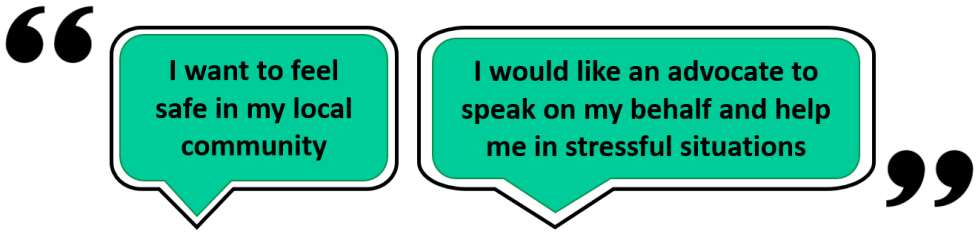
The 'criminal justice system' includes the police, courts, crown prosecution, prison service, related advocacy services and probation service.

The Office of National Statistics shows that autism and learning disability hate crime is now the most common form of disability hate crime which is officially reported.

Due to difficulties with communication some people with autism can be vulnerable to misunderstanding others' intentions and/or poor judgement. In addition, the behaviour and intentions of some people with autism may be misinterpreted by professionals who lack understanding or sensitivity.

We will work with the police and wider justice system to make sure they are aware of how to engage with people that have autism, victims and perpetrators of crime to improve the experiences of people with autism when they come into contact with the criminal justice system and the reduce the risk of offending and harm. We want to improve autism practice across every area of the criminal justice system with the aim to identifying the specific issues faced by people with autism.

WHAT HAVE PEOPLE WITH AUTISM AND THEIR FAMILIES TOLD US



WHAT WE WANT TO DO

- Support ways of working that improve understanding of autism across the criminal justice system.
- Ensure those in the criminal justice system have autism training appropriate to their role.
- Ensure people with autism are effectively supported if they come into contact with the criminal justice system.
- Ensure communities are friendlier and safer for people with autism that enable them to keep themselves safe and feel safe in their communities.
- Understand from youth offending teams what support is required for people with autism.

HOW WE WILL GET THERE

- Work together with the criminal justice service to improve awareness, make reasonable adjustments and train staff to recognise people with autism and how to support their needs.
- Ensure that people with autism who are in the criminal justice system have good advocacy and support and reasonable adjustments are being met if appropriate.
- Provide people with autism with the help, advice, and guidance they need to keep themselves safe and they feel safe.
- Support a range of ways that informs professionals of specific individual needs for a person with autism if they wish to use it, such as:

- The Pegasus programme is a system adopted by the police locally to help improve public confidence and trust in the way the police interact with autistic and communication difficulties that enables timely and appropriate responses to any incidents that effect people with autism.

    - A health passport used in health settings to help professionals make reasonable adjustments for people with autism.

    - A sunflower lanyard or an awareness raising card that helps alert and inform professionals about what is important to that person, the support a person may need and how they may react in stressful situations.

    - Stay Safe Cards which tell people exactly what to do to help the person. This includes their name, the contact details of the person they need to get in touch with and what to do if you cannot get hold of them.

    - A 'safer place' is a local business or organisation that volunteers to be a designated place of safety for people seeking refuge in times of stress, threat or vulnerability. Safer places display stickers in their windows to tell people they are taking part in the scheme**.**

    - Understanding of autism and reasonable adjustments in Advocacy Services, Youth Offending Services, Courts, Court Liaison, Probation and the criminal justice system.

    - Develop a clear integrated forensic pathway to support people with autism at risk of offending, homelessness and substance misuse and in the criminal justice system.

    - Work in partnership with those who provide advocacy services.

PRIORITY 6: JOINT COMMISSIONING OF SERVICES

We strongly support that services for people with autism should be inclusive, joined up and work smoothly and that commissioning decisions need to be based on knowledge and awareness of autism, the needs of the local population, and informed by people with autism and their families.

The Government Autism Strategy (2010) "Think Autism"[20] highlights the role local authorities and NHS bodies should have in making this happen for people with autism.

> ***Services for people with autism should be jointly planned, informed by data and feedback, commissioned, and reviewed annually***

In line with Central Government guidance, there are commissioning leads for autism in social care, education and health services across Children's Commissioning, Adults Commissioning and the Peterborough Clinical Commissioning Group (C&P CCG). These lead commissioners work together to commission person-centred care that is coordinated across all relevant agencies.

C&P CCG and the Local Authority already have a commitment and a way of working that means co-production of commissioned services and strategies occurs routinely. Examples of this are our SEND Strategy[21] and the work we are doing through the Learning Disability Partnership.

However, we recognise we are on a journey and need to improve the experiences for people with autism locally.

WHAT PEOPLE WITH AUTISM AND THEIR FAMILIES HAVE TOLD US

- *Avoid having different pathways across different services –children, young people and adults with autism need to be looked at holistically.*
- *Access needs to be easy to understand and be the same every time.*
- *Help families to understand and navigate provision following the diagnosis of a family member.*
- *Services need to be easy to navigate and more integrated.*
- *Remember that children, young people and adults with autism are human beings.*

WHAT WE WANT TO DO

- Have an established Autism Toolkit that focuses on accessibility, quality, good outcomes and co-production for commissioned services for our services and meets out statutory duty for people with autism.
- Ensure Children's and Adults Commissioners have developed mechanisms to review impact, on at least an annual basis, with local people with autism and their families.
- Continue to engage children, young people, adults and their parents and carers in feeding back regarding service provision; thereby helping to shape commissioning of services going forward and use the feedback mechanisms to review, develop and refine services to ensure they meet the aspirations of this All Age Autism Strategy.

[20] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/299866/Autism_Strategy.pdf
[21] https://www.cambridgeshire.gov.uk/asset-library/imported-assets/SEND%20Strategy%20-%20Final%20Nov%2019.pdf

HOW WE WILL GET THERE

- Continue to build upon the autism needs assessment to improve the data we collect and hold about children, young people and adults with autism to inform future joint commissioning arrangements.
- Continue to develop robust commissioning intentions for people with autism. These will be aligned with any future strategies so that, for example, an accommodation strategy will cover the needs of both adults with autism and adults with learning disabilities.
- Work together as a system (Health, Education Social Care, Children's and Adults Commissioners) with people with autism to improve awareness and recognition of autism and how to support their needs. This includes ensuring that any health or social care services we commission pay particular attention to the transition between children's and adults' services, and that there are no gaps where people are not eligible for a service because of their age.
- Commissioners across Children's Services and Adults' Services and the C&P CCG will develop an Autism Toolkit, enabling service providers to self-assess how they are accessible to children, young people and adults with autism.

AUTISM TOOLKIT

The Autism Toolkit, as per Social Care Institute for Excellence (SCIE) Guide for Commissioners of Autism Services[22], helps to ensure that:

- mainstream services are competent to support people with autism, with trained staff, and flexible processes.
- services are flexible enough to meet fluctuating support needs that can change from day to day.
- effective joint working exists between these services, and with health services.

The Autism Toolkit will link to a new Autism Training Plan, reinforcing the importance of autism awareness and ensuring that staff working across commissioned services are confident and knowledgeable about autism. This includes ensuring that staff working across Social Care, Education & Health can recognise autism and refer individuals to the diagnostic pathway and ensuring that those who require specialist training have access to it. This will help to establish autism-specific components to each provider's organisation infrastructure, irrespective of whether the service itself is autism specific, and therefore consider and monitor any changes to service delivery on service users with autism.

The intention is for the Autism Toolkit to be developed across non-commissioned services/other sectors, including:

- local businesses and employers
- voluntary sector
- blue light services and the judicial system

Alongside training, the Autism Toolkit focuses on integration of services, establishing links between services and supporting providers of services to consider/promote awareness of common co-occurring health issues within the autistic community.

[22] https://www.scie.org.uk/autism/adults/assessment-accessibility/commissioners

A communications/marketing section has been incorporated into the Autism Toolkit to reflect the difficulties children, young people and adults with autism and their parent carers can have understanding the offer of support to them. In assessing how and where information about services is published, providers ensure that the navigation of services is easier for service users.

PRIORITY 7: ACCESS TO HEALTHCARE

People with autism and their families in Peterborough and Cambridgeshire have reported how difficult it can be at times when they need to access healthcare settings such as going to their GP or dentist or going into hospital for a clinic appointment or medical procedure. Under the National Health Service Act 2006[23], NHS bodies must have regard to the need to reduce inequalities between patients with respect to their abilities to access health services and reduce inequalities between patients.

Children, young people and adults are more likely to have or develop mental health conditions, such as anxiety, obsessive compulsive disorder (OCD) and depression, than neuro typical people. Families highlight the need to have appropriate mental health services for people with autism and access to the right service at the right time, yet we know that many people with autism have poor experiences with mental health services. These include:

- *being unable to access services*
- *experiencing long waiting times*
- *finding the transition from children and young people's mental health services to adult mental health services difficult.*

The National Institute for Health & Care Excellence (NICE) Quality Standard on Autism[24] (2014) states that everyone who undergoes an assessment for autism should be assessed for any co-existing mental health problems. NICE also advise psychosocial and pharmacological interventions for the management of co-existing mental health problems in children, young people and adults with autism.

Early intervention services are crucial in supporting people with and their families with low level mild to moderate mental health concerns. Timely and effective early intervention lessens the chance of a person with autism and their families going into crisis.

WHAT PEOPLE WITH AUTISM AND THEIR FAMILIES HAVE TOLD US

WHAT WE WANT TO DO

- Mainstream health services such as GPs, dentists, optometrists, chiropodists need to make reasonable adjustments to ensure people with autism get access to the health support they need, in line with the national NHS Long-Term Plan[25] and NICE guidance.

[23] https://www.legislation.gov.uk/ukpga/2006/41/pdfs/ukpga_20060041_en.pdf
[24] https://www.nice.org.uk/guidance/qs51
[25] https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/

- We know that a holistic approach is needed for the assessment, diagnosis, treatment and management of support for people with autism. This should include clear pathways to access high quality mental health and wellbeing services with staff appropriately trained to deliver interventions that meet the needs of people with autism of all ages.

- Cambridgeshire and Peterborough's long-term plan is to have a joined up approach to address the emotional and mental health needs of children, young people and adults over the next five years and acknowledge that there are increasing numbers of people with autism who require mental health support (including those on the Transforming Care register).

- Within our commissioned mental health services across Cambridgeshire and Peterborough the C&P CCG and Local Authority will continue to ensure that people with autism receive high quality, equitable, planned and timely mental health support, while working towards an improved understanding of autism in primary and acute health settings to enable reasonable adjustments to deliver better health care.

- We want to work with healthcare settings to support appropriate training that helps services make reasonable adjustments to enable people with autism have more positive experiences in health care settings.

- Identify any opportunities to deliver yearly proactive health checks and screening for people with autism aged 14+ to enable the early identification of health needs.

- Early identification and response to support people with autism who have mental health needs within the community to prevent crisis and hospital admission.

- The Transforming Care programme focuses on prevention of admission and early discharge, and the C&P CCG is working to prevent crisis and unnecessary admissions to hospital by working together to find solutions that will enable people with autism to remain in the community or have as short a stay as possible when admitted to a hospital.

- The C&P CCG alongside Peterborough City Council (PCC) & Cambridgeshire County Council (CCC), are working to improve the ability of Mental Health services staff to recognise and respond appropriately to people with autism needs, ensuring they are better able to support their mental health and wellbeing needs.

HOW WE WILL GET THERE

A new partnership has been set up to bring together mental and emotional health services for children and young people in Cambridgeshire and Peterborough. The partnership is made up of the two main mental health providers in Cambridgeshire and Peterborough; this includes the NHS's Cambridgeshire & Peterborough Foundation Trust (CPFT) and Cambridgeshire Community Services (CCS) NHS Trust. These providers will work alongside those within the voluntary sector; specifically, Centre 33 and Ormiston Families. Together, they will bring their expertise to help build relationships across our mental health and care system to ensure clinical services, voluntary organisations and local authority services work closer together to support children and young people and adults with their mental health and wellbeing. This partnership will be committed to investing more, and bringing services together so they are co-ordinated, equitable and easy to access for all people with autism and mental health needs.

As part of this new and improved modelling and support pathway, we will include appropriate psychological support for, and make reasonable adjustments to, mental health and wellbeing services for children and young people and adults with mental health needs.

- Ensure all providers of mental health services apply reasonable adjustments for people with autism to receive the right support including Child & Adolescent Mental Health Services (CAMHS) so that fewer people with autism access in-patient settings for long periods.

- Ensure that autism is recognised in the local Mental Health strategy and future service models which includes reasonable adjustments.

- Ensure that autism awareness and training is provided/encouraged to early intervention practitioners (Child Wellbeing Practitioners (CWP), Education Mental Health Practitioners (EMHP) and Mental Health Support Teams (MHST)).

- Ensure better information and signposting for people with autism and their family's pre-diagnosis in partnership with our Parent Carer Forums, Pinpoint and Family Voice.

- Ensure that when commissioning mental health services, these services can make reasonable adjustments and that their quality is monitored.

- Consider inclusion of special schools in each MHST cohort and enable the spread of learning of autism training provided by special school settings.

- In recognition that many children and young people with autism may also have additional needs such as emotional health and wellbeing we will develop specialist Enhanced Resource Provision (ERP) which provide additional specialist facilities on a mainstream school site for a small number of pupils jointly across health, education and social care. The pupils accessing ERP and Hubs usually have Education, Health and Care Plans (EHCP) as these specialist ERP/Hubs will tend to provide for a specific need such as Speech, Language and Communication Needs (SLCN), Hearing Loss (HL) or Visual Impairment (VI) or autism.

- Ensure better partnership working with school settings – ensuring all emotional health and wellbeing practitioners work in partnership to plan interventions.

- Ensure people with autism are supported in a smooth transition between children and young people mental health services to adult mental health services (taking into account children and young people with an EHCP and different pathway age limits).

- Ensure that advice and guidance provided on websites[26] is written in an accessible and reasonably adjusted way.

- Work together with acute services to look at pathways into hospitals for people with autism that ensures areas make reasonable adjustments and adopt a person centred approach with a range of information, such as health passports.

[26] For example: https://www.keep-your-head.com/

PRIORITY 8: DIAGNOSTIC PATHWAYS

CHILDREN

The National Institute for Health and Social Care Clinical Excellence (NICE) Guidelines for children with autism spectrum disorder[27] recommends that a diagnostic assessment should be undertaken by an autism team within 12 weeks of a referral. It recommends this team should include a range of specialists to inform their diagnosis and should be inclusive of education and social care where appropriate, and that everyone who undergoes an assessment for autism should also be assessed for any co-existing physical and mental health conditions.

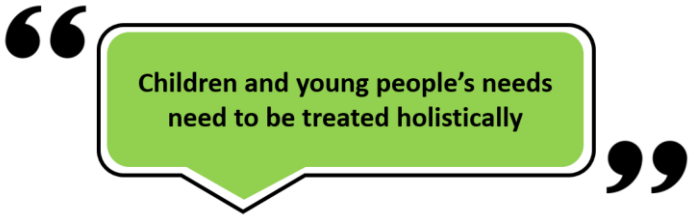
In addition, it states that where the young person is transitioning to adulthood, it should be considered that a joint diagnosis assessment to be undertaken with adults' services for autism.

Clinical Commissioning Group (CCG) commissioners are expected to take the lead on the development of a local pathway for diagnosis working in partnership with the local authority to provide a joined-up integrated approach.

Our needs assessment supports the national picture that the diagnostic rate is much lower for females and that autism presents differently in girls and women "girls and women can present with a slightly different set of features and often work hard to mimic neurotypical children and adults" This has led to misdiagnosis and often, due to consistent behavior in various environments such as school or work, this has had a significant impact on family/carers.

WHAT PEOPLE WITH AUTISM AND THEIR FAMILIES HAVE TOLD US

- *Early intervention and recognition could have prevented the trauma later caused*
- *Ensure that education and healthcare workers are aware of the typical signs of autism in females to ensure appropriate identification and referral*



- *"Mental health services are not picking up on autism in females"*
- *Early intervention: needs-led holistic support for children and families as well as building relationships and resilience in families and increasing capacity in assessment and post-assessment support courses*
- *Commissioning of services for children and young people requiring behavioural support and social skills/relationship*

CURRENT SERVICES

Locally parent carers and people with autism's experience of the diagnostic pathway is varied and ranges from very good to feeling they have to constantly fight the system.

We want to change this perspective by having a clear, evidenced based pathway for children and young people that meets NICE guidance.

[27] https://www.nice.org.uk/guidance/cg170/resources/autism-spectrum-disorder-in-under-19s-support-and-management-pdf-35109745515205

There are also different pathways to diagnosis across Cambridgeshire and Peterborough which sometimes leads to an inconsistent approach to early identification and pre and post diagnosis support.

WHAT WE WANT TO DO

- Have a pathway that picks up autism early and provides the right support and diagnosis that delivers a consistent offer across the county.
- Develop a person-centered approach that includes a holistic assessment of needs including physical and mental health.
- Ensure our pathway links to all services, especially SEND and the Learning Disabilities Partnership.
- NICE guidance states those children and young people who have been referred to an autism diagnosis service will wait no longer than 18 weeks from referral to first appointment.

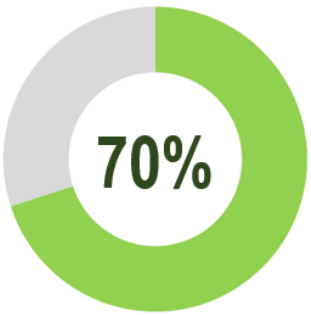
HOW WE WILL GET THERE

- Develop a consistent integrated diagnostic pathway for people with autism across Cambridgeshire and Peterborough in line with NICE guidance, ensuring access to a multidisciplinary assessment of needs that can support the development of skills and opportunities to promote independence, as well as improved health and wellbeing outcomes.
- Advice and training to other health and social care professionals on the diagnosis assessment, care, and interventions for adults with autism (as not all may be in the care of a specialist team).
- Early identification, preventative (including post diagnostic) specialist care and interventions.
- Reduce the current waiting lists for an assessment in line with NICE guidance to 18 weeks for children and young people.
- Ensure we work closely with early help and support teams to identify needs early and provide the support needed.
- Look at joint assessments for people transitioning to adult services.
- Work closely with the Autism Centre of Excellence (ACE) to ensure we look at the latest evidence-based care.
- Work closely with parents, carers and organisations that represent them such as Family Voice, Pinpoint, Healthwatch and VoiceAbility as well as people with lived experience of autism to ensure we co-produce the diagnostic pathway and action plan and involve them in decisions regarding services for people with autism.

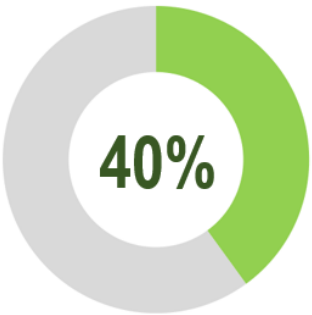
ADULTS

There are approximately 6,708 adults with autism in Cambridgeshire and Peterborough. It is estimated that 40% of these people will be known at some point to health and social care services, and around 7% likely to require specialist or hospital services.

Our needs assessment show that the numbers are increasing and that people with autism (single and dual diagnosis) are among the most at risk in this rise in demand.



of people with autism also have a mental health disorder



of people with autism have a dual mental health disorder

CURRENT OFFER

We have an excellent local adults Autism Diagnostic Service provided by Cambridgeshire and Peterborough Foundation Trust which is commissioned to provide specialist diagnostic assessments for adults with autism aged 18+, however it does not currently have the resources to meet the existing or projected increases in demand for assessments.

This is resulting in adults being referred for assessment for autism experiencing significant delays in getting a diagnostic assessment. In addition, the impact of COVID-19 created a large gap between demand and capacity combined with the lack of specialist intervention services lead to the adult autism diagnostic service been paused in March 2020.

There are currently also differences in service provision in health and social care across Cambridgeshire and Peterborough which has resulted in inequity of services for diagnosis and pre and post diagnosis support

WHAT PEOPLE WITH AUTISM AND THEIR FAMILIES HAVE TOLD US

WHAT WE WANT TO DO

- To provide a sustainable, person-centred system of Health and Social Care for people with autism across Cambridgeshire and Peterborough which delivers better access and improved experience and outcomes.
- Improve specialist diagnostic and assessment services to meet the predicted increases in demand for autism diagnoses.

- Improve our information, guidance and support service in the community to support adults with autism.

- Provide advice and training to other health and social care professionals on autism, the diagnosis and assessment processes and meeting needs for adults with autism and help early identification.

- Improve our pre and post diagnostic support offer to ensure information, advice and guidance is available in relation to mental health, housing, education, employment, and social care.

HOW WE WILL GET THERE

We will work together as a health and care system in partnership with providers, and people with lived experience of autism to develop an integrated diagnostic pathway including an offer of both pre and post diagnostic support, information and advice and guidance.

We will invest in a range of interventions which are evidence based to develop and expand the existing CLASS service to include post diagnostic support, which will include:

- Psychoeducation and psychotherapy, either in a group or on line 1:1

- Sensory integration interventions

- Social communication interventions

We will work as a whole system to co-produce the post-diagnosis programme content and look to incorporate Local Authorities and Third Sector Voluntary Organisations expertise in terms of development and delivery.

We will work in partnership with other stakeholders and people with autism and their families to provide improved carer support, self-management interventions, peer support and ways of increasing independence.

By mapping the pathway as a whole system with the person at the centre of care, we hope to create a more integrated system to supporting people with autism, ensuring that they get the right support at the right time.

We will include appropriate psychological support for, and make reasonable adjustments to, mental health and wellbeing services for adults with mental health needs.

We will ensure we look at a whole pathway approach and link with adult services for autism to ensure transitions are carefully planned and form part of a lifelong approach that focusses on independence and opportunities to live and work locally.

8 SUMMARY

This All Age Autism Strategy is the continuation of the journey to deliver good local services to people with autism and their families and meet statutory duties.

Together Cambridgeshire County Council, Peterborough City Council and Cambridgeshire and Peterborough Clinical Commissioning Group will work with local organisations and groups to co-produce and achieve the vision and outcomes together.

The county wide All Age Autism Strategic Group will lead on co-ordinating the implementation of the strategy across partners to achieve the outcomes and to provide clear, accountable leadership in collaboration with all partners with the responsibility, expertise and passion to take forward work together to improve outcomes, services and lives of people with autism and their families. This strategy is a living document that we will continue to use to review our progress and work with partners to deliver the outcomes that we want for people with autism and their families.

9 REFERENCES

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Cambridgeshire and Peterborough Needs assessment (October 2020)

"Autistic voices" Local people's health experiences Healthwatch Cambridgeshire and Healthwatch Peterborough. Autism focus Group (May 2021)

HOW TO TELL US YOUR VIEWS

You can share your views in a number of ways:

- Fill in the questionnaire found online on our website: https://www.cambridgeshireandpeterboroughccg.nhs.uk/get-involved/consultations-engagement/all-age-autism-strategy-proposal/
- Find more information, the full All Autism Strategy and The Autism Needs Assessment are on our website here:

  https://www.cambridgeshireandpeterboroughccg.nhs.uk/get-involved/consultations-engagement/all-age-autism-strategy-proposal/
- Email your views to us at: autismstrategyconsultation@peterborough.gov.uk
- Call us on 01733 863730
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- Other languages and formats on request. To request alternative formats, please contact us at autismstrategyconsultation@peterborough.gov.uk

The closing date for responses is Tuesday 19 October 2021.

CAMBRIDGESHIRE AND PETERBOROUGH ALL AGE AUTISM STRATEGY 2021 – 2026

Summary for consultation

7 September to 19 October 2021

PETERBOROUGH CITY COUNCIL

Cambridgeshire County Council

NHS Cambridgeshire and Peterborough Clinical Commissioning Group

WHAT IS THE ALL AGE AUTISM STRATEGY?

This five-year (2021-2026) All Age Autism Strategy supports our aim for Cambridgeshire and Peterborough to be an autism friendly place where children and adults with autism can live full, healthy, and rewarding lives, within a society that accepts and understands them.

Our vision is for both Cambridgeshire and Peterborough to be recognised as autism friendly places to live, where people with autism of all ages have access to equal opportunities.

Autism friendly services throughout Cambridgeshire and Peterborough are those that are person centred and take into consideration each person's strengths, talents, and interests; thereby ensuring that all individuals have access to the same support throughout their lifetime.

This includes working together as partners to deliver services in a more inclusive, integrated way that puts the needs of people with autism, and their families first, providing help, support and care informed by an understanding of what matters to each person with autism and their family.

WHY AN AUTISM STRATEGY?

The national guidance "Implementing and Rewarding Lives" and "Think Autism" puts a statutory duty on local authorities and health services to have in place plans in relation to the provision of service for people with autism.

It states that local authorities and NHS bodies need to work in collaboration with local partners to take forward the key priorities in Think Autism.

Crucially, at its core, people with autism need to have access to a clear pathway to meet their needs and know that this pathway is aligned with care and support assessments, and that there is post-diagnostic support available from relevant agencies even if the person does not meet social care support criteria.

It is therefore vital there is a local autism strategy that works for both children, young people and adults which clearly set out our goals and priorities for the next five years.

WHY ARE WE CONSULTING WITH YOU ON THE AUTISM STRATEGY?

This All Age Strategy for people with autism in Cambridgeshire and Peterborough was co-produced with parents, carer's, and people with lived experience of autism as well as all local partners. It has been co-produced in partnership with people with autism and their families across Cambridgeshire and Peterborough; we have sought to capture their lived experiences and what is most important to them.

This All Age Strategy for people with autism in Cambridgeshire and Peterborough was co-produced with parents, carer's, and people with lived experience of autism as well as all local partners:

- Family Voice Peterborough
- Pinpoint
- National Autistic Society, Cambridge Branch
- The Speak Out Council
- Voiceability
- Healthwatch Cambridgeshire and Peterborough
- The Autism Centre for Excellence
- Cambridgeshire Constabulary
- Cambridgeshire and Peterborough NHS Foundations Trust
- Cambridgeshire Community Services NHS Trust

The All Age Autism Strategic Group wants to take time now to ensure that this co-produced strategy meets the needs of all people with Autism across our area and gain the views of local people on the principles and priorities identified by the group and the partners that worked alongside them to co-produce this strategy.

WHAT IS AUTISM?

In this strategy we use the term Autism to refer to the whole autism spectrum and the strategy recognises that autism is one of a wider range of neurodiverse conditions.

Autism is a term used to describe a group of lifelong neurodevelopmental conditions marked by how a person with autism interacts socially, how they communicate and patterns of restricted stereotyped or repetitive behaviour they may have. It is a lifelong neurological condition: people are born with it, do not grow out of it and it cannot be 'cured'. It is a spectrum condition which means it presents differently in every person with autism.

While people with autism may share common traits, their condition will affect them in very different ways. Each person with autism will, as with all individuals, have a distinct set of strengths and weaknesses and so the ways in which people with autism learn, think, and problem-solve can be wide-ranging. It's important that we remember we all remain unique.

Autism is not a learning disability/difficulty or a mental illness. People with autism may also have additional needs including learning disabilities, physical health needs and/or mental health conditions; these are referred to co-occurring conditions.

WHAT ARE THE PRINCIPLES IN THE ALL AGE AUTISM STRATEGY?

The following principles were developed in collaboration with key local groups who represent people with lived experience of autism of all ages.

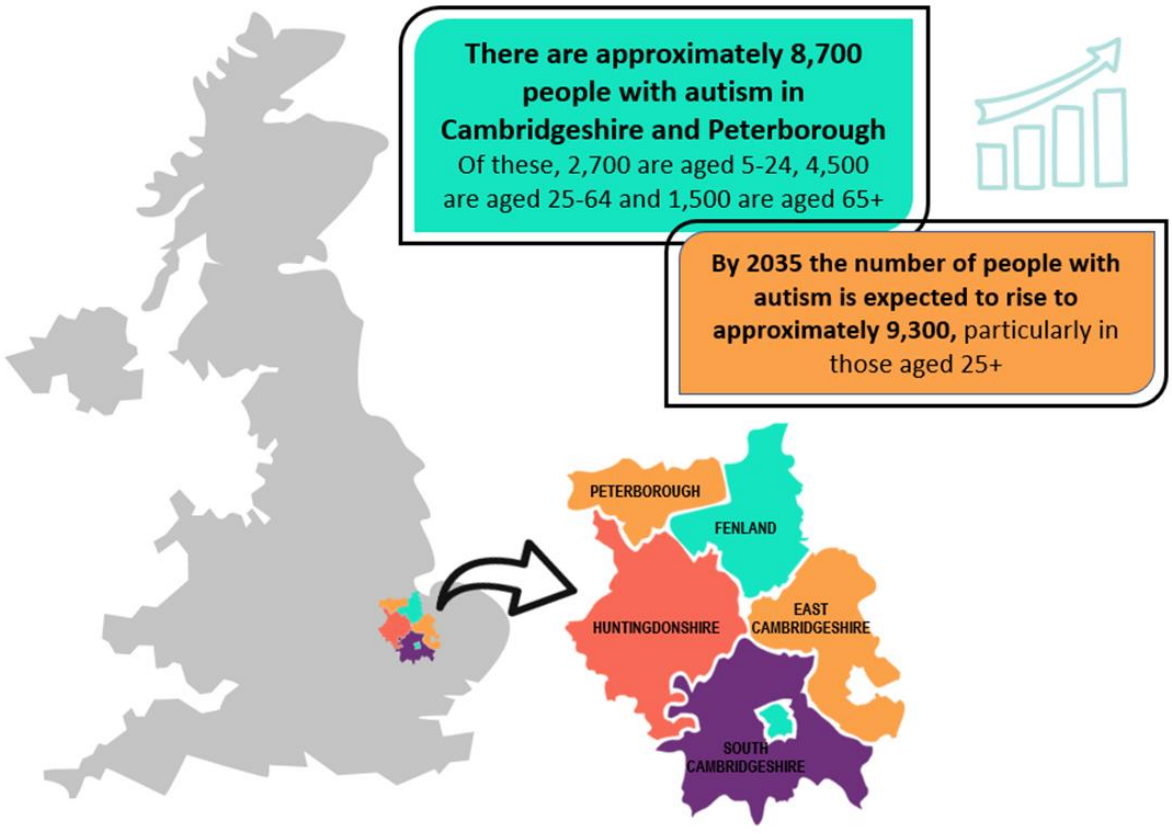
ALL AGE APPROACH	Promoting an all age approach for people with autism; focused on progression across a whole life pathway, ensuring that all the traditional transition points in a person's life are effectively managed and seamless.
PERSON CENTRED	Ensuring that people with autism and their families/carers are at the centre of everything we do, while offering services and support for people with autism that focuses on their strengths.
RIGHT SUPPORT RIGHT TIME RIGHT PLACE	Providing the right support at the right time and in the right place by working with key partners to enable better access to, and better experiences of Education, Health, training and work.
EARLY INTERVENTION	Providing early access to quality, timely and relevant information, advice and intervention in line with statutory guidance and prevention agenda across children's and adult's services, supporting and enabling those on the journey to diagnosis.
OUTCOMES FOCUSED	Using the resources available from public and voluntary services in the most efficient ways to improve outcomes for autistic people and their families.
RIGHT TO RESPECT	Ensuring that children, young people and adults have a right to live free from abuse in accordance with the principles of respecting dignity, autonomy, privacy & equality.
INTEGRATION	Commissioning services that promote integration with Health and Social Care whenever possible to develop a shared understanding of the needs of people with autism.
CO-PRODUCTION	Involving people with autism and their families in planning and decision making at both strategic and operational levels; gaining regular feedback from individual's experiences to help shape how services are delivered.
SHARED RESPONSIBILITY	Accepting a shared responsibility for achieving positive, jointly agreed outcomes and effectively sharing information to inform the strategic direction of service delivery (in accordance with relevant guidance & legislation).

WHAT IS THE LOCAL AND NATIONAL NEEDS ASSESSMENT?

To understand the characteristics and health needs of people with autism of all ages in Cambridgeshire and Peterborough, Public Health collated an Autism Needs Assessment. This used local and national sources to indicate the numbers of people with a diagnosis of Autism; forecasting how these numbers are predicted to change with time.

The Autism Needs Assessment also undertook a review to identify good practice throughout the UK; this information was used to identify priorities and make recommendations that has informed this All Age Autism Strategy.

Key to the development of this All Age Autism Strategy has been mapping existing services to identify potential gaps, areas of good practice locally and areas for improvement; this has been informed by professionals, service users and their families and parent carer forums.



You can read the full Autism Needs Assessment on our website here.
The All Age Autism Strategy contains an overview of the Autism Needs Assessment and can be found here.

WHAT ARE THE PRIORITIES IN THE AUTISM STRATEGY?

The priority areas of this All Age Autism Strategy have been informed by the Autism Needs Assessment and what people with autism and their families have told us.

Our priority areas are:

These priority areas include:

- Having clear pathways for children and adults based on a needs led approach with good support throughout the process, combined with good pre and post diagnosis support.
- Training and raising awareness for all areas that helps services and professionals understand the needs of people with autism within our local communities and services and recognises that autism effects different people in different ways.
- Services that take a lifelong approach and supports people with autism in school, colleges, and universities, to be able to live independently and have meaningful employment opportunities.
- For health, education, and social care to work together to commission integrated services that make the best of the resources available.
- For services to understand what reasonable adjustments are and how they can improve settings so people with autism can have positive experiences when they go into healthcare, education, and social care settings such as primary care, hospitals,

- To read more about our priorities you can find more information in the full All Age Autism Strategy on our website: - https://www.cambridgeshireandpeterboroughccg.nhs.uk/get-involved/consultations-engagement/all-age-autism-strategy-proposal/

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- Call us on: 01733 863730
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- https://www.cambridgeshireandpeterboroughccg.nhs.uk/get-involved/consultations-engagement/all-age-autism-strategy-proposal/
- Other languages and formats on request. To request alternative formats, please contact us at capccg.contact@nhs.net

The closing date for responses is **Tuesday 19 October 2021.**

This is our plan for how we want to make life better for people with autism

We are all working together

Wendi is the Executive Director for People & Communities for Peterborough City Council (PCC) & Cambridgeshire County Council (CCC)

Carol Anderson is the Head Nurse for Cambridgeshire and Peterborough Clinical commissioning Group (CCG)

They hope it will help make Cambridgeshire and Peterborough autism friendly.

healthwatch Cambridgeshire

National Autistic Society | Cambridge Branch

Creating a safer Cambridgeshire

AUTISM CENTRE OF EXCELLENCE

Speak Out Council

family voice peterborough
together improving services

pinpoint
for parents by parents

They want to thank all the people involved in writing this plan: people with autism, parents and carers, these local partners, and many others

autism

They hope it will help make everyone in Cambridgeshire and Peterborough more aware of what people with autism need from them to have a good life

What is autism?

Autism is something you have for the whole of your life

About 1 in 100 people have autism

Autism affects how you understand other people

Autism affects how you make sense of things

Everyone with autism is different

Some people with autism might find it hard to meet people and make friends

Some people might find it hard to say what they need or how they feel

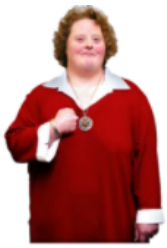
Some people might find it hard being in loud places or where there are lots of people or bright lights

Some people with autism are very good at understanding numbers and patterns

Some people with autism are very good at thinking creatively and solving problems

Some people with autism are very good at remembering things

This is what we want for people with autism in the future (our vision)



We want people with autism to be accepted and valued as individuals

We want them to be treated with respect and to be listened to

We want them to be understood and included in how services are developed to support them

We want people with autism to have the same opportunities as other people to achieve their goals in life

This might mean living independently

It might mean being able to work locally if they wish to

Here are the 5 most important things we need to do to improve services for people with autism

1) People should be supported by people who are trained and understand autism, and how autism affects people

To do this we need to make sure all doctors, health care and social workers, teachers and others know about autism

2) People with autism should be identified as soon as possible

To do this we need to make sure the way to find out if you have autism is clear, and that there is help and support along the way

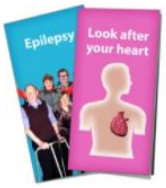
3) Children and young people with autism need support to help them prepare for adulthood

This will include help with housing and getting and keeping a job

And working with the police to make sure you feel safe where you live and work

4) People with autism need support to get the healthcare they need to live well

We will work with doctors, dentists, hospitals, and others to make sure people feel comfortable visiting them



We will make sure people get the support and information they need about health services

5) Parents and carers should have the help and support they need

To do this we will make sure people know how we can help or show them where to get support

Next steps

Over the next 5 years we will be working with people with autism, their families and carers to make sure this plan happens

Tell us what you think

By email

autismstrategyconsultation@peterborough.gov.uk

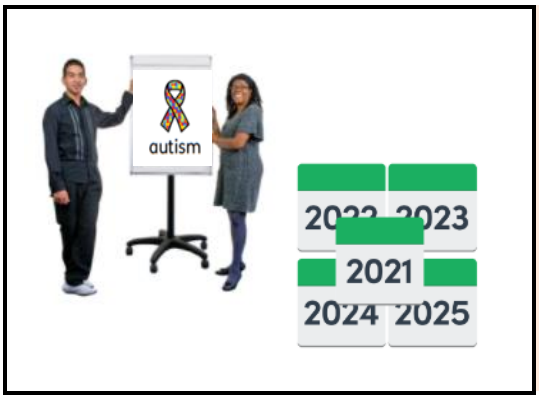
Write to

Janet Dullaghan

Questions for the draft All Age Autism Strategy

Do you understand why we have made a plan for people with autism?

☐ Yes ☐ No



Is the plan for the next 5 years clear?

☐ Yes

☐ No

☐ Prefer not to say

Can you think of anything that would make the plan better?

You can write your ideas in the next box. Or you can email us – contact details are at the end of this survey.

How the plan could be made better

Do you agree with what we said we want for people with autism?

We want people with autism to be accepted as individuals.

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

We want them to be listened to and treated with respect.

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

We want them to be understood and included in how services are developed.

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

We want them to have the same chances as other people to reach their goals.

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

We want them to be able to live independently if they want to.

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

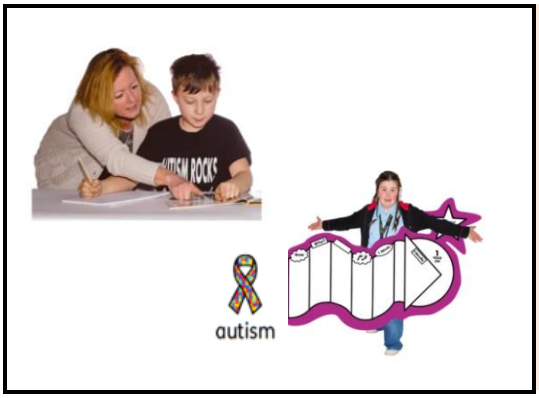
We want people to be able to work near where they live if they want to.

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Do you agree with what we said were the 5 most important things to do and how we are going to do them?

1) People with autism should be supported by doctors, social workers and teachers who understand autism.

- ☐ Yes
- ☐ No
- ☐ Prefer not to say



2) People with autism should be identified as soon as possible. The pathway to do this should be clear, with help and support.

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

3) Children with autism should have support to help them prepare for adulthood, including getting a job and a place to live.

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

4) People with autism should have support to get the healthcare they need.

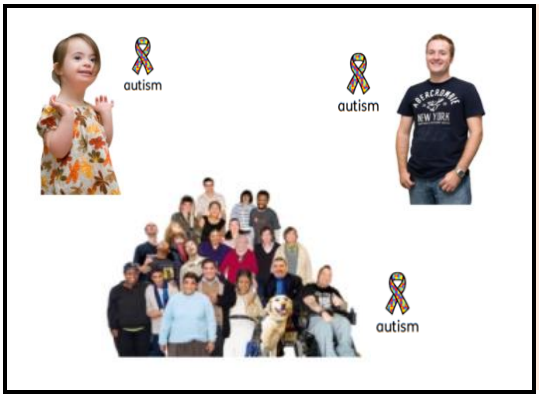
Doctors, dentists and hospitals should have autism training so that people feel comfortable visiting them.

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

5) Parents and carers should have the help and support they need.

We need to make sure people know how and where to get support.

- ☐ Yes
- ☐ No
- ☐ Prefer not to say



Do you think saying ‘Children, adults and people with autism’ is OK?

- ☐ Yes
- ☐ No

Or is it better to say ‘autistic people’?

- ☐ Yes
- ☐ No

Can you think of any other better words to use when talking about people who have autism?

Please tell us which of these applies to you.

- ☐ Parent or carer
- ☐ Professional
- ☐ Person with lived experience of autism
- ☐ Interested member of the public
- ☐ Prefer not to say

Please tell us how old you are

- ☐ Under 16
- ☐ 16 - 29
- ☐ 30 - 44

- ☐ 45 – 59
- ☐ 60 – 74
- ☐ 75 or over
- ☐ Prefer not to say

Please tell us what group you belong to:

[Add simple list of ethnic groups?]

Please tell us the first part of your postcode

Filling in this form will not tell us who you are or anything else about you.

You can email us if you want to tell us anything about your experience of autism.

autismstrategyconsultation@peterborough.gov.uk

Write to

Janet Dullaghan

Royal Papworth Hospital NHS Foundation Trust response to the COVID Pandemic

To:	CCC Adult Health Scrutiny Committee
Meeting Date:	22 September 2021
From:	Chief Executive Officer, Royal Papworth Hospital.
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	N/A
Outcome:	For information only
Recommendation:	The Adults and Health Committee is asked to note:

a) The Trust's rapid and comprehensive response to the pandemic.
b) The role the Trust played is supporting patient care locally and regionally.
c) Initiatives that the Trust has made to support staff resilience and wellbeing.
d) Recovery of services and efforts to address the backlog of care and health inequalities for our patients.

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1. Background

1.1 Royal Papworth Hospital is a specialist heart and lung hospital, located on the Cambridge Biomedical Campus. It is a world-leading cardiothoracic transplant centre, the largest in the UK, having carried out more heart and lung transplants in 2019/20 than any other hospital(1) it is also home to the UK's biggest sleep centre, one of the largest Cardiology centres in the country and is one of five hospitals commissioned nationally to provide Extra Corporeal Membrane Oxygenation (ECMO) to adults with severe respiratory failure. As a specialist hospital, Royal Papworth Hospital serves the local, regional, and national population.

1.2 The 12-month period prior to the global pandemic had been an extremely busy and challenging time for Royal Papworth Hospital. It was a year in which a series of remarkable milestones were achieved by all that work here, and one in which our staff and volunteers, yet again, worked incredibly hard to deliver the best care possible for our patients at a time of profound change and challenge. Following the successful move to our new Hospital in May 2019 the Trust focused significantly on the optimisation of our new facilities to ensure that as many patients as possible could benefit from the excellent care provided at Royal Papworth Hospital.

1.3 Shortly after moving into the new facility we received a full core and well-led inspection from the Care Quality Commission (CQC). In October 2019 we received our 'Outstanding' inspection report and rating from the CQC, becoming the first NHS Hospital to achieve an 'Outstanding' rating in all 5 CQC domains, Safe, Caring, Effective, Responsive and Well-Led, and the first NHS Hospital to achieve 'Outstanding' for the Safe domain. As a Trust we continue to set ourselves high standards and strive to meet all of our performance standards and to identify opportunities to continuously improve.

1.4 The global impact of COVID19 has been profound, and the public health threat it represents is the most serious seen in a respiratory virus since the 1918 H1N1 influenza pandemic.

1.5 Royal Papworth Hospital (RPH), as a nationally recognised centre of excellence for specialist cardiothoracic health care, has played a leading role in the national, regional and local response to this crisis. The Trust has undertaken central roles in both an advisory capacity and in our capacity as a direct provider of health care to the population.

2. Main Issues

2.1 **Contribution to NHS Pandemic Incident Response**

2.1.1 The global pandemic has required Royal Papworth to change our practices, re-deploy many of our staff, increase our capacity, develop new skills, and summon every ounce of our collective knowledge, compassion and resilience.

2.1.2 Our purpose-built hospital - with its single patient rooms, air ventilation system and flexible layout - proved incredibly adept at dealing with a highly infectious, airborne disease. We would simply not have been able to respond to COVID19 as effectively had we still been at our old site. In addition, our experience of having recently moved a hospital and managed an ongoing command and control centre has been invaluable. However, it is the manner in which our staff have worked together, and the extraordinary commitment, compassion and resilience they have demonstrated throughout the outbreak that has made the biggest impact to the support we have been able to provide to partner hospitals and to the outcomes delivered by Royal Papworth.

2.1.3 As one of the five national adult ECMO centres, the Trust has cared for some of the very sickest COVID patients. Many of these patients have needed treatment on critical care for many months. This has meant that our COVID surge response extended well beyond the timeframe where case numbers and hospital admissions in the region had fallen.

2.1.4 The initial response also saw the rapid mobilisation of a Royal Papworth multi-disciplinary Clinical Decision Cell that operated 24/7 to review referrals, clinically support prioritisation decisions and to offer patient management advice to teams managing patients in other hospitals. Recognising early the need to transfer critical care patients between hospitals, both to allow them access to more specialist services and decompress units under extreme pressure, Royal Papworth extended its successful ECMO retrieval service to provide a 24/7 critical care transfer solution. This was a function adopted by the region through the second and subsequent waves.

2.1.5 Early in January 2021, as sustainability of oxygen supply became an acute issue for acute Trusts in Essex and Hertfordshire, Royal Papworth created an Acute Respiratory Care Unit (ARCU), and rapidly transferred patients out of affected Trusts. The creation of the unit helped to decompress other organisations and prevented many patients from progressing to ventilation support on critical care. As a result of this system support initiative the Royal Papworth ARCU team has been nominated for a number of national awards.

2.1.6 As the country exited the first lockdown, organs for transplantation once again became available and the Trust undertook a record number of heart and lung transplants over July and August 2020. Although, offers reduced to more normal levels in September 2020, we saw no decline in offers through the second lockdown and our Transplant team and the Trust are proud to report that we have maintained normal levels of transplantation throughout.

2.1.7 In support of our local system the Trust took a lead role in the delivery of staff support functions for health and social care workers across the system, creating a drive through staff testing hub in the Royal Papworth car park early on and delivering a vaccination hub from its outpatient facilities which has vaccinated over 6,000 staff across Cambridge and Peterborough.

2.2 Clinical Outcomes

2.2.1 During the first wave of the pandemic figures from ICNARC (Intensive Care National Audit and Research Centre)[(2)] showed that 77.4% of our patients were discharged at Royal Papworth Hospital compared with a national average of 60.3%. This was achieved despite 95% of our patients needing advanced respiratory support, which is 20% higher than the average.

2.2.2 The Trust has treated 372 of the sickest COVID patients in the East of England and beyond of which 77.7% have survived.

2.2.3 Research undertaken and supported by clinicians at Royal Papworth has significantly shaped the development of successful treatments for COVID across the country. In the year 2020-2021, despite the pandemic, the Trust's commitment to research and development has resulted in the organisation enrolling 3,400 participants across a balanced portfolio of 49 clinical studies and the publication of 350 research papers authored by members of Royal Papworth staff.

2.3 Activity recovery

2.3.1 Key to the re-start of our planned and elective care programme was the establishment of our COVID secure pathways in the hospital for elective patients and putting in place pre-admission COVID testing and triage.

2.3.2 The restoration of diagnostic services was recognised as key to unlocking all patient pathways and as such these services were prioritised as staff were released from their redeployment in critical care. Diagnostic services rapidly recovered to a higher level of activity than pre-pandemic and we were able to offer mutual aid to the system by undertaking CT imaging for other Trusts.

2.3.3 Outpatient services were rapidly restored to pre-COVID levels, but where virtual appointments were possible these have been embedded as part of our new ways of working.

2.3.4 A complete review of booking templates was undertaken at the end of the first surge and these were adjusted to reflect the new pathways introduced and our new digital solutions, e.g. virtual out-patient appointments. The Booking team undertook a series of “Super-Saturday” booking initiatives to rapidly fill capacity as it became available.

2.3.5 On both occasions, consultant to consultant referrals returned rapidly to pre-COVID levels but GP referrals were slower to return and remain significantly lower than previous years.

2.3.6 Elective and day case admissions were restored quickly in Cardiology and Respiratory but a little more slowly in Surgery due to the residual COVID demand.

2.3.7 Demand for our emergency pathways initially declined as the country went into the first lockdown, demand particularly in Cardiology rebounded at a much higher level and this has been sustained since September 2020. Cardiac surgery has seen a similar increase in emergency demand since January 2021.

2.3.8 The national clinical prioritisation codes have been applied to all patients waiting for treatment and waiting lists are being strictly managed by drawing patients through in order of clinical priority rather than length of time waiting. Codes are kept under constant review and patient priority is adjusted should their condition deteriorates.

2.4 Staff Wellbeing

2.4.1 Throughout the response the Trust leadership was acutely aware of the impact of the pandemic and incident response on our staff and teams. Staff, both clinical and non-clinical, have all been working incredibly hard, often taking on new roles at short notice and having to quickly learn new skills. Those working on the frontline may have witnessed incredibly difficult things and many have also been dealing with caring responsibilities, school and nursery closures, financial worries and concerns for loved ones at the same time.

2.4.2 A significant number of health and wellbeing measures have been put in place over the last 18 months including free ready meals, so that staff could have a hot meal during their shift even though break time were curtailed, psychological support, mindfulness events, keeping in touch team for those ill or self-isolating, a recognition scheme, acupuncture and many more.

2.4.3 Staff were very grateful for the many gifts that members of the public or businesses sent to support them. These included everything from colourful scrubs and pamper packages to pizza and fresh fruit baskets.

2.4.4 As staff returned in cohorts to their original base and teams at the end of re-deployment, each member of staff was offered opportunities for de-brief and support. An organisational wide de-brief project and lessons learnt project was run at the end of each wave so that we could adjust our incident response to maximise our impact for patients and also to address how it felt for staff to contribute to the response.

2.4.5 Throughout the pandemic we have sought opportunities to show our thanks and appreciation to our staff through the issuing of a commemorative pin badge, thank you cards, our reward and recognition scheme and other staff events. In early July, with the easing of restrictions, we were able to hold a “Big Tea” event with an afternoon tea for all staff to thank them for all that they have done over the 18 months.

2.4.6 We continue to hold listening events and action staff ideas on what they feel may improve their experience of working in the NHS in the current circumstances and to enhance the support schemes we now have in place.

2.5 Winter 2021/2022

2.5.1 Both at a local and system level Royal Papworth has now turned its attention to planning for what will undoubtedly be a challenging winter period.

2.5.2 Within our activity modelling we have made an allowance for COVID, flu and the higher level of emergency activity experienced since the end of the first pandemic wave. We anticipate that there will be high demand upon our critical care capacity and at intervals this may constrain elective surgical activity.

2.5.3 The multi-disciplinary Clinical Decision Cell, that was so impactful in the acute phases of the pandemic response, has considered the competing demands over the next period and agreed that capacity should be allocated against the following priorities: emergency and cancer pathways, including transplantation, maintaining nationally and regionally commissioned services where we are the sole or one of a small number of providers and elective activity in order of clinical priority.

2.5.4 The Trust is committed to delivering high quality care for the most patients that it can, while supporting staff and working in close partnership with other providers to add value wherever we can do so.

3. Source documents guidance

3.1 Source documents

(1) *Organ Donation and Transplant Activity Report". NHS Blood and Transplant. 12 May 2020.*

(2) ICNARC report on COVID-19: risk-adjusted outcomes by critical care unit. *Intensive Care National Audit and Research Centre.* 25 September 2020

3.2 Location

(1) *Organ Donation and Transplant Activity Report".*

(2) Copy held by Royal Papworth Hospital NHSFT

The provision of NHS Dental Services in Cambridgeshire

To:	Adults & Health Committee
Meeting Date:	22 September 2021
From:	NHS England and NHS Improvement – East of England
Key decision:	No
Purpose:	To update the Committee regarding the current provision of NHS dentistry services to the local population.

Recommendation:

a) Members of the Adults & Health Committee are asked to note the content of the report.

NHS England and NHS Improvement - East of England want to assure members that we are working closely with providers and stakeholders to achieve the resumption of safe and effective dental services. This is being undertaken in a manner that takes into account the need for fallow time between appointments to allow the venting and cleaning of surgeries. The safety of patients, the public and dental practice staff remains paramount.

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1. Background

1.1 The committee has requested information regarding the current provision and access to dentistry in Cambridgeshire.

2. Main Issues

Recovery and restoration of NHS Dental Services

2.1 Across East of England all Dental Practices providing NHS services are open for face-to-face appointments. Within Cambridgeshire there are 4 Urgent Dental Care practices which continue to be utilised to meet the urgent needs of patients.

2.2 NHS England and NHS Improvement's Chief Dental Officer announced that from 8 June 2020, dental provision should be restored. This is based on clinical need as set out by national guidance and the sequencing and scheduling of patients for treatment as services resume, should take into account:

- The urgency of need;
- The particular un-met needs of vulnerable groups; and
- Available capacity to undertake activity

2.3 NHS dentists are following the advice of the Chief Dental Officer, which is to prioritise urgent cases and those with outstanding treatments. Therefore, very few dental practices have the capacity to see routine examinations at the moment. Due to Covid-19 restrictions and the difficulties Covid-19 presents for dental care, the day-to-day capacity of dental practices is significantly reduced, and this is reflected in their contractual requirements which is determined nationally.

2.4 Nationally between 1 April to 31 September 2021 (Quarter's 1 and 2 2021 / 22) practices have been allowed (contractually) to provide as a minimum, 60% of their normal contracted activity. The 60% of contractual delivery is based upon fallow time (the need to allow the aerosol particles to settle, for up to an hour, in the surgery, before cleaning surfaces and being able to see the next patient). In practice this has reduced the throughput of patients from 25 – 30 patients per dentist per day to 5 – 7 patients per dentist per day. Currently all providers are being paid 100% of their contract value if they can evidence that they are providing the minimum threshold of activity.

Noting the limitations set out above, NHS England and NHS Improvement – East of England started and continues to undertake the following to ensure patients, requiring urgent dental care, are able to receive treatment:

- UDCs are still in operation, to support urgent dental access and contingency in case of further occurrences of local / national lockdown.

- We emphasise the need to prioritise treatment based on the urgency of a patient's needs and have asked all dental practices to hold at least one urgent care slot, per dentist, per day for any patient that presents with urgent needs (not just the practice's regular patients). This is above and beyond their normal appointment slots.

- Contractual follow up and support with practices to ensure that they are delivering the full suite of dental services

Dental Transformational Strategy

2.5 NHS England and NHS Improvement – East of England has developed a Transformational Dental Strategy. The aim of which is to support a model that delivers universal access to urgent dental care and patient-focused preventative care to improve oral health and quality of life and reduced health inequalities across the life course and in all communities including our more vulnerable populations. This is underpinned by building a resilient and effective dental workforce better suited to meeting our patient needs, in line with Health Education England's, programme of Advancing Dental Care which develops a wider skill mix of dental professionals.

2.6 By aligning general dental services to Primary Care Networks (PCNs) this will build resilience and capacity and the treatment of co-morbidities (such as periodontal disease and diabetic health) as we emerge from the pandemic and align to the NHS Long Term Plan.

2.7 The eight dental strategy transformation workstreams shown below will be rolled out in phases:

1a. Urgent Care in normal contracted hours
1b. Prevention and stabilisation in normal contracted hours
2. Urgent care and stabilisation weekday outside of normal contracted hours
3. Prevention and Oral Care in Early Years
4. Oral Health in Care Homes
5. Advanced Restorative Care
6. Advanced Paediatric and Orthodontic Care
7. Diabetes Prevention in Primary Dental Care
8. Prevention and Treatment for Oral Cancer Patients

2.8 The programmes are being rolled out in phases. Programme 1a was rolled out initially with Urgent Dental Care practices. A phased roll-out plan is currently being devised with the wider Dental Practices across the region. The Commissioning Team is prioritising the roll-out to areas across the region where dental access need is of a greater concern

3. Source documents

3.1 Source documents

NHS England and NHS Improvement *regular updates to general dental practices and community dental services regarding the emerging COVID-19 situation.*

3.2 Location

https://www.england.nhs.uk/coronavirus/primary-care/

NHSEI East of England Dental Transformation Strategy 2020-22

November 2020

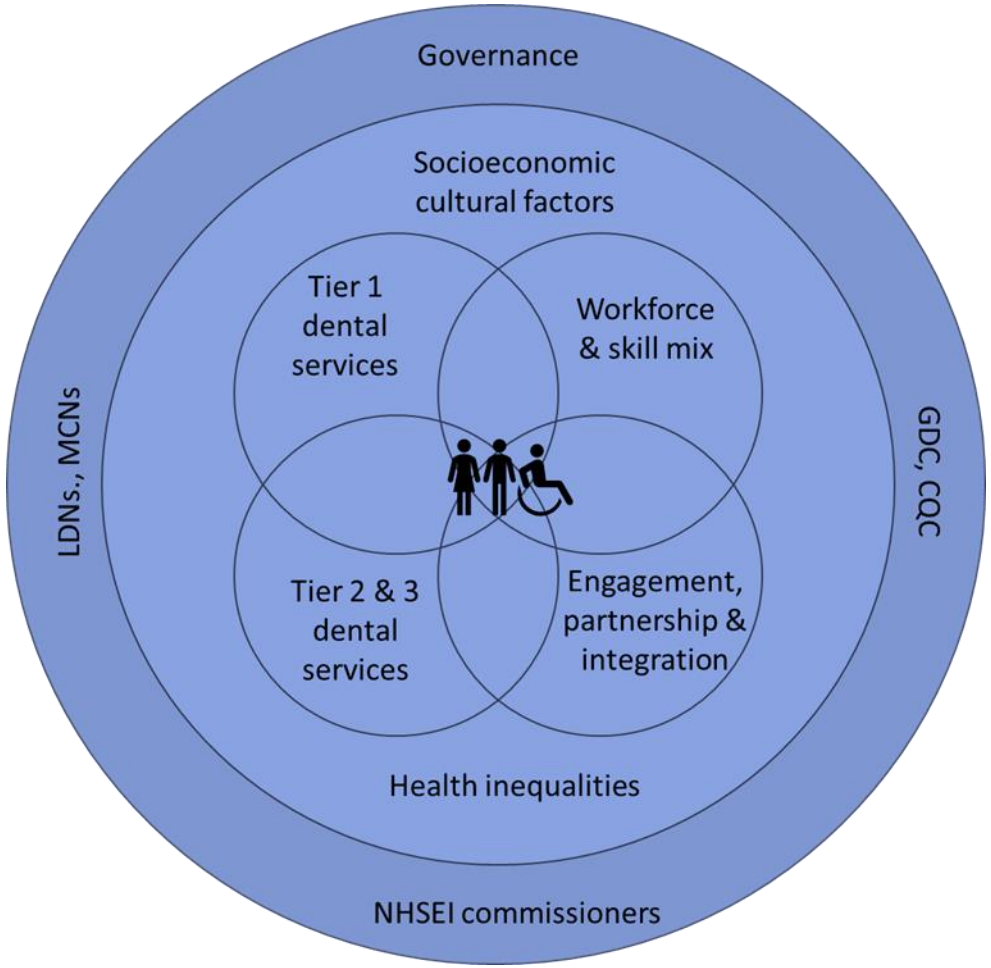
NHS England and NHS Improvement

Introduction and aims

- currently, NHS dental General Dental Contract (2006) is activity driven delivered through the Units of Dental Activity (UDA)
- following the ‘Steele Review’, a clinically-led Dental Contract Reform (2011-) programme led by Professor Jimmy Steele focused on:
  - prevention focused care pathways with risk-based Oral Health Assessments for each patient and self-care plans
  - increasing access to NHS dental services
  - reducing health inequalities
  - new remuneration models based on the number of patients they cared for and the quality of that care.
  - quality outcome measures - access, prevention, oral health and quality of life and health inequalities.
- the dental transformation strategy 2020-22 will aim, through a new model of care to:
  - **improve access to dental services**
  - **address regional inequalities in oral health and inequity of access across the life course**
  - **address the impact of rurality on workforce and patient access**
  - **prevention-based care pathways**
  - **development of local clusters of dental providers, working in a hub and spoke system and broadly aligned to GP models of Primary Care Network (PCN) areas, will work collaboratively to meet the needs of local communities**
  - flex as COVID-19 continues to challenge delivery and access to care
  - address the reduction in throughput of patients due to COVID-19

Objectives

- overarching delivery objectives:
  - clinically led service model to deliver equitable access
  - assessing and addressing local oral health needs to reduce health inequalities
  - hub and spoke dental service clusters broadly aligned to PCNs & partnering with wider healthcare systems
  - developing the dental workforce and delivering skill mix models of care to support equity of access and upskilling of Level 1 dentists
  - engaging with patients and the public by informing and consulting
- additional objectives:
  - IT solutions, data collection and analysis
  - evaluation
  - antimicrobial guardianship
  - freedom to speak up guardianship
  - sustainability and the green agenda

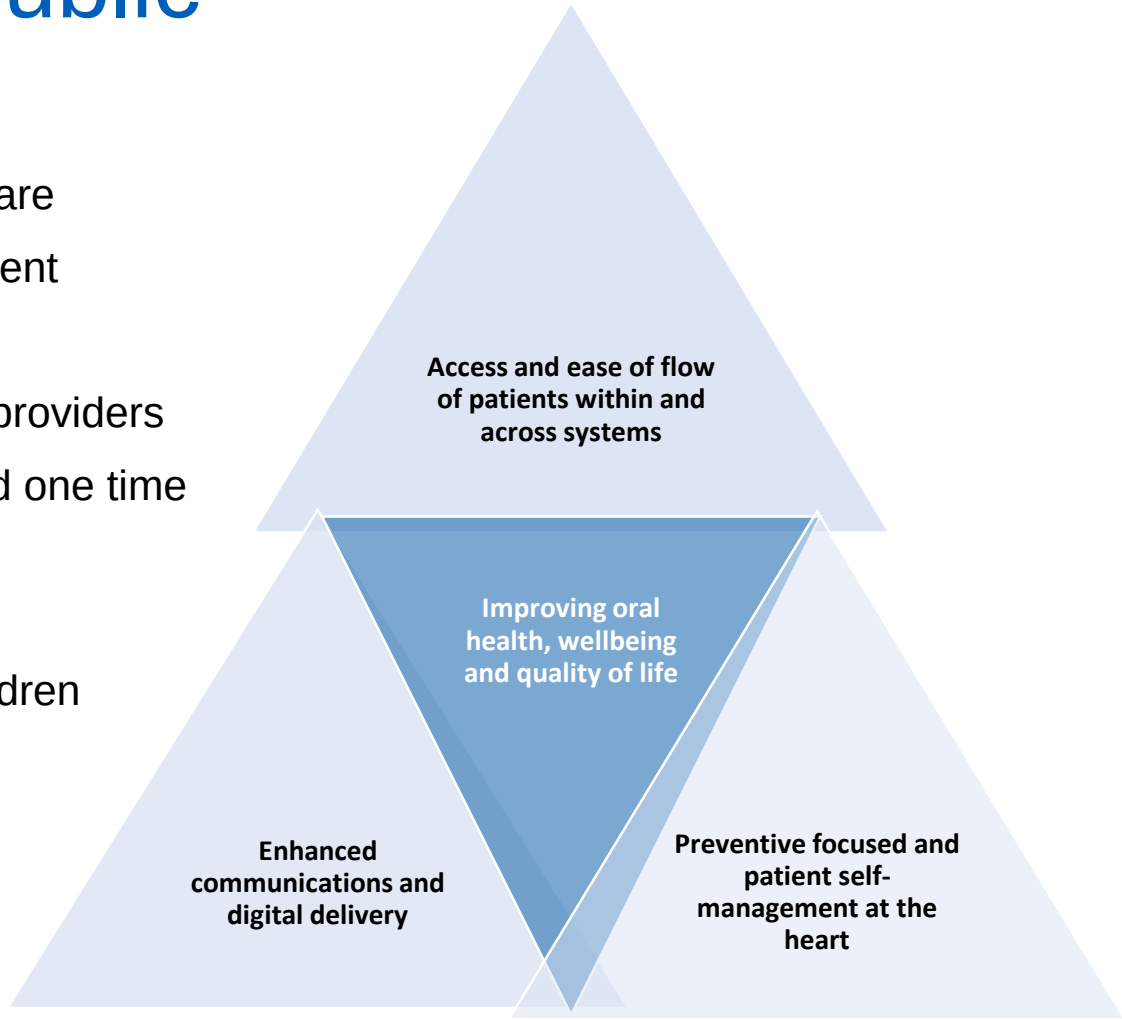


Benefits to dental practices and their teams

- begin to move away from UDAs towards a dental service that measures patient outcomes that are linked to patient need
- a flexible model to deliver prevention and reduce health inequalities, delivered by a wider dental skills mix and supporting self-maintenance such as upskilling of dental nurses to provide prevention
- a clinically managed model with closer working between dental practices in clusters and with wider healthcare partners such as GPs, Pharmacists and Optometrists.
- improved utilisation of skill mix in dental practices to deliver business continuity, access and prevention to patients, using flexible commissioning.
- facilitated upskilling of dentists and peer to peer development supported by Local Dental Networks (LDNs) and Managed Clinical Networks (MCNs).
- diverse opportunities to enhance services including care home programmes and delivery of outreach.
- providing greater opportunities for dental practices to support their local population

Benefits to patients and the public

- improved access
- reduced health inequalities and improved oral health and self-care
- care focused on the principles of prevention and self-management
- equitable access to Level 2 dental services through local pilots
- ease of flow within and across systems and into Level 2 and 3 providers
- potential for health surveillance to be delivered in one place and one time
  e.g. diabetes screening
- enhanced on-line advice through technology innovation
- continuing to build on enhancing access and prevention for children
- improving access to dental care and prevention through
  shared care pathways to identified vulnerable groups
- delivery of evidence-informed outreach and prevention
  programmes delivered through Level 1 dental services



How will we achieve it?
Clinically-led dental care - partnership & integration

Development of a **dental cluster model** will mean:

- small groups of dental practices in clusters working as a Hub and Spoke model, offering peer to peer support.
- clusters broadly aligned to Primary Care Network (PCN) footprints although not limited by this.
- clusters integrating into wider health and social care, aligned to support PCNs priorities and manage and improve the health of local communities e.g. diabetes screening, cardiovascular disease, smoking cessation.
- clusters identifying and addressing local population needs and supporting the reduction of health inequalities.
- system flexibility to ensure dental services deliver on the national steer and manage COVID-19 and potential local outbreaks.
- current structure of clustering based on UDCs will be iterated as the strategy develops to suit operations as appropriate and required. This configuration will change according to local and regional needs.
- a governance, support and leadership structure through NHSE&I, Local Dental Networks & Managed Clinical Networks.