Appendix 10

RedQuadrant – Future of social care and public health report

Appendix 10

A Future Blueprint for Social Care and Public Health

Option B

Greater Cambridge (GC) and North Cambridgeshire and Peterborough (NCP)

Foreword

This Annex has been produced for, and in collaboration with, the participating councils across Cambridgeshire and Peterborough, under the direction of Cambridge City Council, to support collective consideration of future options for social care and public health under Local Government Reorganisation.

The analysis reflects the professional judgement and experience of the RedQuadrant team, drawing on direct leadership and advisory roles across adults', children's, SEND, public health services and policy and economics. Key contributors include Terry Rich, Charlotte Black, Fiona Fleming, Neil Reeder, Elaine McInnes and Naseema Khan.

The work has been completed using the information available to Cambridge City Council and partners at the time of drafting. No county-level datasets or officer discussions were made available, so the findings should be read in that context. To maintain a consistent and fair baseline, we have relied on publicly available data, statutory requirements, and nationally recognised benchmarks, applying the same approach across all service areas.

This Annex sits alongside the separate demand and cost modelling undertaken for the business case. While that modelling sets out the financial and demographic context, this Annex provides the statutory, operational, and delivery framework required to translate those projections into safe, legal, and sustainable services under Option B. The two should be read together.

In parallel, the funding and scale analysis confirms that the proposed unitaries under Option B fall within ministerially accepted thresholds for population, financial resilience, and tax base strength. This Annex builds on that foundation by setting out how each unitary would meet its statutory duties and operate safely and sustainably from vesting day.

The purpose of this Annex is straightforward: to set out a clear and credible future operating model for how social care and public health could be delivered safely, legally, and sustainably under Option B. It does not duplicate the financial modelling or transition cost analysis, which sit elsewhere within the wider business case.

A realistic lens has been applied throughout. We recognise the pressures facing the system workforce fragility, market capacity, data gaps, and the practical complexity of disaggregation. These issues highlight where early planning, shared effort, and disciplined assurance will be essential.

The sections that follow outline a practical Blueprint and supporting evidence base for social care and public health. They show how new arrangements can maintain statutory continuity, strengthen local accountability, and support the wider ambition for a coherent and sustainable system across Greater Cambridgeshire and North Cambridgeshire and Peterborough (NCP)

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RedQuadrant

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Part 1 - Executive Summary

Executive Summary - A Future Blueprint for Social Care and Public Health (Option B)

The proposed North Cambridgeshire and Peterborough and Greater Cambridge unitary councils under Option B are expected to inherit safe and legally compliant statutory services and to use Local Government Reorganisation as a platform for sustained improvement across social care and public health.

This Future Blueprint sets out how that ambition could be realised, demonstrating readiness against MHCLG's tests for safe, legal, sustainable, and transformative change. It is underpinned by the analysis and data in Part 2 - Evidence Base and Delivery Framework, with supporting insights and information presented in the Technical Evidence Pack - Part 3. Evidence indicates that both North Cambridgeshire and Peterborough and Greater Cambridge unitary councils will have the foundations in place to manage continuity, transformation, and integration with system partners, and the blueprint will be refined further, post decision, in collaboration with partners across the Cambridgeshire and Peterborough system.

Context and Baseline Position

Across Cambridgeshire and Peterborough, social care and public health services already deliver safe statutory provision but face increasing demand and cost pressures. Adult Social Care accounts for around one third of council budgets and Children's Services about one quarter. Performance is strong for working-age adults and learning-disability support but less so for reablement and promoting older people's independence. Public health data shows marked north south inequalities. These baselines frame Option B's challenges and the potential opportunities to achieve better life chances for all.

Demographic and cost pressures alone do not determine whether a future model will be safe or sustainable. Workforce capacity, safeguarding requirements, market fragility, and the ability of local systems to integrate effectively must also be taken into account when considering the future shape of services.

Across both adults' and children's services, demand is rising and complexity is increasing, particularly for working-age adults with long-term conditions and children with high needs. Residential and out-of-area placements continue to drive financial and operational pressure. Population growth remains concentrated in the south, while ageing is more pronounced in the north, creating different requirements for local service models. Provider markets show uneven capacity, with fragility particularly marked in rural areas. Together, these conditions shape the operating environment within which any future unitary model must deliver safe and sustainable services.

In assessing future options, several practical considerations are critical to understanding what will work in practice. Workforce availability and recruitment challenges are central to service stability. Market behaviour, provider resilience, and local commissioning relationships influence both cost and quality. Safeguarding and regulatory exposure require a clear line of accountability across children's, adults', and public health functions. Service and placement patterns also do not map neatly to administrative geography, particularly for children's social care and SEND, meaning any structural change must reflect how services are actually delivered and accessed.

These considerations help ensure that the future model remains safe, legal, and deliverable in practice, providing a realistic foundation for the operating model described in the sections that follow.

Strategic Rationale for Change

Fragmentation between county wide commissioning and district-based delivery currently constrains effectiveness and efficiency.

Option B aims to strengthen system coherence, promote integrated commissioning, and deliver sustainable improvement within locally accountable governance, while aligning local government footprints with the Cambridgeshire & Peterborough Integrated Care System.

The recent CQC Assurance report for Cambridgeshire (August 2025) Adult Social Care https://www.cqc.org.uk/care-services/local-authority-assessment-reports/cambridgeshire-0825/summary identified:

- shortfalls in the use of data to understand the needs of underrepresented groups in Cambridgeshire.
- It also highlighted the need for more work to improve transitions from children's services to adults' services for young people, ensuring this is timely and well-coordinated.
- and identified a need to improve on the delivery of Direct Payments to give people more choice and control over their care.

The creation of two unitary councils as proposed in Option B offers the opportunity to balance local capacity and system scale, enabling each to focus on its distinct strengths while addressing shared challenges. The challenges identified within the CQC report can be better addressed with the potential to develop improved pathways and joined up services, including the opportunity for developing improved accommodation options for care leavers and people with care needs.

Together, they will combine North Cambridgeshire and Peterborough's strong community networks and inclusive growth priorities with Greater Cambridge's innovation capacity and economic assets.

Safe and Legal Delivery

Safe and legal delivery on vesting day requires clear statutory officer leadership, stable governance, and continuity across all core pathways in adults', children's, SEND, and public health services. Each new unitary will need the organisational grip to maintain service stability through transition while ensuring that safeguarding arrangements, regulatory responsibilities, and statutory duties remain fully compliant. While financial scale and organisational viability provide an important foundation, what ultimately determines success is the ability of each new authority to maintain statutory continuity, manage transition risks effectively, and provide dependable day to day delivery throughout the change period.

Each new unitary would secure statutory assurance through confirmed appointments to the roles of Director of Children's Services, Director of Adult Social Services, Director of Public Health, Section 151 Officer, and Monitoring Officer. These roles anchor accountability and provide the authority needed to set direction, assure practice, and lead engagement with partners such as the ICB, police, education settings, the voluntary sector, and safeguarding boards. Early establishment and continuity of Local Safeguarding Children Partnerships, Adult Safeguarding Boards, and appropriate regulatory registrations will be essential to maintaining trust and compliance from the outset.

To underpin this assurance, a joint mobilisation plan would define and monitor the Safe and Legal Day 1 requirements for both emerging unitaries. This would provide a structured framework for readiness across statutory children's and adults' services, public health, SEND, commissioning, ICT, case-management systems, workforce transfer, data migration, and provider engagement. Transition governance, workforce transfer protocols, and aligned assurance frameworks would ensure visibility of progress and enable early escalation where risks emerge. It is also expected that each unitary would maintain a balanced Medium-Term Financial Plan, supported by pooled-budget arrangements and robust financial controls, providing a stable and legally compliant start from vesting day (see Part 2, Section 6 - Route to Safe and Legal).

During the shadow period, the Shadow Authorities established following the relevant elections would take responsibility for preparing the new councils for vesting day. Their priorities will include senior appointments, budget setting, council tax alignment, system integration, HR policy finalisation, asset rationalisation, and workforce communications. Joint Committees will oversee these tasks in accordance with legal and statutory requirements, supported by seven dedicated workstreams. Of these, the Finance, Commercial & Assets workstream will cover the Medium-Term Financial Plan, reserves strategy, council tax equalisation trajectory, fees and charges policy, single balance sheet, asset register, contract novation strategy, and procurement pipeline.

Alongside this organisational readiness, service level continuity remains central to safe and legal transfer. Safeguarding, child protection, adult safeguarding, domestic abuse responses, and SEND casework all require uninterrupted oversight and stable decision-making capacity.

This includes maintaining supervision, quality assurance processes, and consistent threshold decisions. Continuity of frontline teams and manageable caseloads will be vital for children's social care and SEND. Adult social care pathways such as hospital discharge, community teams, reablement, mental health partnerships, and provider quality oversight must remain fully operational throughout transition.

Data access, digital readiness, and secure information-sharing protocols must be established early to avoid degradation in case flow, delays in safeguarding alerts, or disruptions to statutory reviews. Commissioning and market management also carry material risk during transition. Provider markets across Cambridgeshire and Peterborough are already fragile, and any perceived uncertainty could destabilise supply. Sustained contract oversight, timely communication with providers, and clear arrangements for safeguarding alerts and quality concerns will be necessary to prevent avoidable disruption and maintain local sufficiency.

The legal transfer of responsibilities must ensure that every statutory duty is met on vesting day. This includes the safe transfer of:

- statutory children's functions under the Children Act
- adult social care responsibilities under the Care Act
- statutory public health duties
- SEND statutory assessments and review functions
- emergency planning and safeguarding partnership roles

Taken together, these organisational, statutory, and service delivery arrangements provide a coherent pathway for Safe and Legal Day 1 delivery, ensuring that the establishment of new unitaries strengthens accountability and maintains essential protections for residents throughout transition.

The summary Risk Mitigation and Assurance Framework, including assessment of key risks, controls, and residual ratings aligned to MHCLG readiness tests, is set out in Appendix 9. It provides clear oversight of risks across statutory services and supports a structured approach to Safe and Legal Day 1 delivery.

Demand and Demographics (Drivers of Change)

Population growth and an ageing demographic profile are primary drivers of future demand. By 2031, the population is projected to exceed one million, with growth among both under-5s and over 65s. Demand is also rising for younger adults with disabilities and children with SEND needs. Rural ageing in the north contrasts with younger, mobile populations in the south, reinforcing the case for differentiated but connected delivery models.

Transformation and Prevention

The unitary councils would seek to embed Neighbourhood Teams, integrating adults', children's, housing, and community services. They would expand Family Hubs and early help pathways, reducing reliance on high-cost interventions. Focussed application of data, underpinned by effective digital infrastructure, will be key to ensuring that transformation and prevention reforms are evidence led. A potentially useful approach to support innovation is joining central government's 'Test, Learn, Grow' programme to redesign services through a place-based approach.

Financial and Workforce Sustainability

Adult Social Care and Children's Services remain the largest areas of expenditure for local authorities. Option B's structure enables a differentiated focus: the North Cambridgeshire and Peterborough unitary addressing workforce stability and provider fragility, and the Greater Cambridge unitary leveraging innovation capacity. A Joint Workforce Stability Plan, if feasible, would enable the establishment of a Care Academy and support micro-enterprise growth. Ideally, prevention investment would align with ICB and Combined Authority priorities, following a safe - transform - sustain curve.

Rigorous financial modelling has been undertaken using real budget data assured by Chief Financial Officers from all Cambridgeshire and Peterborough authorities. That analysis demonstrates Option B creates two financially resilient councils that can generate substantial and achievable savings.

The base case scenario projects total annual savings of £42.8m by 2032/33, achieved through reduced duplication, digital transformation, and preventative approaches that address demand at source rather than managing failure.

SEND

Both councils currently face significant SEND pressures and high needs block deficits.

The new unitary councils would continue to address the challenges of high needs block recovery plans, potentially supported by Safety Valve agreements, expand local specialist provision and enhance early multi-agency intervention.

They will improve EHCP timeliness and reduce out-of-area special school placements by increasing access to inclusive mainstream education and local specialist provision, alongside a highly effective multi-agency support offer. These actions align with Option B's prevention ethos and support financial sustainability.

Integration of Public Health

Redistribution of the Public Health Grant should reflect local patterns of need and opportunity across both areas. The two new unitary councils would work together to ensure resources are directed where they have the greatest impact, strengthening prevention, reducing health inequalities, and promoting wellbeing for all communities.

In practice, this would mean targeted investment in places with higher deprivation and health gaps, alongside system-wide initiatives linking public health with housing, transport, and active lifestyle programmes.

Both unitary councils would embed Public Health within Adults' and Children's commissioning and publish annual Public Health Reports to track progress against shared outcomes.

Accountability and System Fit

Governance under Option B is proposed to align with Integrated Care Board (ICB) place footprints, ensuring substantial co-terminosity and shared accountability for health, care, and wellbeing outcomes. These Boards are designed to encourage a single line of sight across adults', children's', and public-health services, strengthening democratic oversight and reducing duplication.

Whilst Option B doesn't fully align with the current ICB/ICS configuration, as East Cambridgeshire is currently part of the ICB South Cambridgeshire Place Partnership, this configuration is not fixed in statute and may well change as part of the NHS reform programme or be open to modification in order to align with the unitary council footprints, should Option B be agreed.

Managing Complexity and Building Collaboration & Partnerships

The following table summarises the proposed collaborative architecture for Option B, showing how the two new unitary councils could work together and with wider system partners to provide coherent leadership, shared accountability, and resilient delivery capacity across Cambridgeshire and Peterborough.

Each potential element reflects lessons from recent local government reorganisation programmes (Somerset, North Yorkshire, and Cumberland), adapted to local context and scale.

Table 1 - Managing Complexity and Building Collaboration & Partnerships

Theme	Proposed Arrangements
Shared System Leadership	The two new councils would operate within one functional economic and health system, requiring purposeful system convening rather than structural control. A Joint Strategic Forum would oversee cross-boundary functions such as safeguarding, workforce planning, ICT, and data analytics. Both unitaries would act as system convenors, bringing together NHS, voluntary, community, education, and business partners to co-design shared priorities and align investment across place.
Collaborative Governance	A Memorandum of Collaboration would set shared priorities, review cycles, and dispute-resolution mechanisms. A Common Governance Framework and Shared Services Compact would coordinate transformation, risk reporting, and interoperability. Live examples from Somerset, North Yorkshire, and Cumberland demonstrate that clear joint-governance mechanisms and shared service models accelerate implementation and maintain coherence in complex, multi-council systems.
Partner and Community Collaboration	The two unitary councils would deepen alignment with the Cambridgeshire & Peterborough ICB through joint commissioning and shared outcomes. Wider partnerships would engage the Combined Authority, universities, and FE colleges to grow the workforce and tackle digital and health inequalities. Neighbourhood Partnership Boards would connect councils, voluntary and community sectors, schools, and primary-care networks, building on "Local Area Committee" approaches to strengthen resident participation and local voice.
Culture and Behaviours	Both councils would adopt a Shared Leadership Charter grounded in collaboration, transparency, and continuous learning. Senior leaders would model collective accountability and maintain psychologically safe conditions that enable innovation and managed risk-taking. This cultural alignment would provide the leadership consistency needed for long-term system integration.
Managing Complexity and Risk	A Joint Risk and Assurance Framework with real-time performance dashboards would provide shared visibility and accountability. Statutory responsibilities would remain clearly defined through mirrored reporting lines and aligned audit cycles. Quarterly reviewed transformation roadmaps would ensure adaptive governance as interdependencies evolve, maintaining control through transition and beyond.

Leveraging Cambridge's Knowledge and Innovation Assets

To enhance health and care outcomes, the arrangements would seek to harness regional research and innovation capacity. Cambridge University, the new Cambridge Hospital development and the local private tech and life sciences sector represent globally significant assets for digital health and population analytics.

Potential collaboration includes joint research on integrated-care models, digital innovation pilots for early intervention, clinical and workforce development programmes, and cross-sector innovation labs to address rural inequalities. These initiatives would potentially be convened through a Joint Strategic Forum, reinforcing the unitary councils' role as system convenors and positioning Cambridgeshire & Peterborough as a national exemplar of innovation led integration.

Implementation and Transition Pathway

Drawing on good practice observed from local authorities previously undertaking local government reorganisation, a template from Transition planning is set out in three phases:

- Readiness (2025 - Shadow Authority): confirm statutory appointments, TUPE and data transfer.
- Transition (Shadow - Vesting Day): embed governance and safeguarding assurance.
- Transformation (Post-Vesting): roll out Neighbourhood Teams, Family Hubs, and Care Academy programmes. Appendix 8 provides an early analysis of the delivery model across a comprehensive range of services, distinguishing both the common features and the potential distinct features of the Greater Cambridge and North Cambridgeshire and Peterborough unitary councils.

In addition, we explore future possible operating models for the discharge of each unitary council's statutory functions which will be available for consideration at a later date, post establishment of the new unitary councils. These are set out in Appendix 6.

Summary

This framework presents a credible and evidence-based proposal for safe transition and sustainable improvement of social care and public health under Option B. By embedding shared governance, system convening and partnership with research, technology, and community assets, the future unitary councils could maintain service continuity, accelerate

transformation, and strengthen regional influence within the Combined Authority and Integrated Care System.

Part 2 - Evidence Base and Delivery Framework for Social Care and Public Health

Part 2 - Evidence Base and Delivery Framework for Social Care and Public Health

1. Introduction

LGR will fundamentally reshape public services in the county of Cambridgeshire. From the current pattern of five district/city councils, one unitary, and one county council, it will move to two or three unitary councils depending on which option is adopted. This will make it easier to implement strategies to take the localised approach to public services that central government seeks, notably the 10-year plan for the NHS setting a focus on neighbourhood health through integrated neighbourhood teams, and the Best Start in Life Strategy establishing Family Hubs in every council by 2026 (see Appendix 1).

Option B enables better public services than other options because resources would be divided more effectively across the county of Cambridgeshire than other options. A move to three unitary authorities has the effect of dispersing management talent and reducing scope to achieve economies of scale, which Newton Europe analysis suggests could be damaging given the tight financial circumstances that local government faces. By contrast, under Option B, the North Cambridgeshire and Peterborough locality is mostly rural with a population of 612,000 or so (ONS 2024), and through scale it will have substantial buying power to reshape care markets to benefit residents; Greater Cambridge, mostly urban with a population of 322,000 (ONS 2024) has a lower level of resource, but sharpened opportunities to collaborate with the innovation economy on care-tech and workforce.

At the same time, we emphasise that collaboration between councils will be crucial in delivering effective public services. This was a key conclusion of an August 2025 LGR workshop, facilitated by RedQuadrant for the two City Council and four District Council Chief Executives and their senior managers, which covered Adult Social Care and Children's Services, including SEND (see Appendix 2). The workshop concluded that strategies for future delivery should recognise the importance of:

- A collective vision and sense of common purpose to improve outcomes and achieve a safe transition
- Increased trust to support future collaboration
- A shared understanding of the risks and opportunities, and how to achieve a safe transition

- A shared approach to reducing demand and meeting need early through prevention

This means that under LGR, there will be a change of balance between the geographical unit of activities between neighbourhood level, unitary level, and the county of Cambridgeshire as a whole.

This report, therefore, presents analysis and recommendations to support planning for delivery of Adults, Children's, and SEND services under the proposed Option B model, considering:

- The three levels perspective of neighbourhood, unitary, and county
- The current work by the county council and Peterborough City Council is to refine and reform service delivery.

It draws upon the insights of subject matter experts, findings from the LGR workshop mentioned previously, and a desk-based research exercise to review finance and performance data for social services and SEND in the county of Cambridgeshire. It should be noted, however, that we have not had access to the County Council's current internal data, which might have enabled us to disaggregate activity at a district level. This would have enabled us to quantify current activity within the proposed North Cambridgeshire and Peterborough and Greater Cambridge unitary council areas. The same constraints also apply to financial information for Cambridgeshire and Peterborough.

For more details on sources of data, see Appendix 3.

Principles of service delivery in social services and SEND

The choice of priorities will be for the leadership of the unitary authorities to determine.

Nonetheless, we envisage, given good practice models and the strategies of existing local authorities in Cambridgeshire, that Option B will have a vision for its residents for social services that promote:

- Best start in life
- Choice and control
- Independence and reduced reliance on long-term care
- Health and well-being
- Inclusion and participation
- Aspiration and achievement

A more detailed set of potential core outcomes for social services is set out in Appendix 4.

A more difficult question relates to how those outcomes can be achieved, particularly given the tight financial conditions that local government faces. We envisage that the new unitary authorities will:

- Work individually, and in partnership with other organisations, both in the public sector (such as the NHS and schools), and with communities and with civil society
- Build on existing aspects of service provision, practice on early help and strengths-based approaches to enhance prevention and integration, working on a locality basis as much as possible, so that public services will be better aligned with how local people live and work.
- Undertake market shaping activities to encourage social service provision (in such aspects as foster care and nursing homes), both individually and in collaboration with other local authorities where appropriate
- Institute effective proportional governance arrangements and place a high emphasis on financial sustainability and search for continuous improvement.

Achieving the potential of the new LGR arrangements will take time. The initial priority is attaining "safe and legal" arrangements as of Day 1 for the new unitary authorities, ensuring that statutory assurance is achieved, with reforms then built up in later years.

Appendix 8 provides an early analysis of the delivery model across a comprehensive range of services, distinguishing both the common features and the potential distinct features of the Greater Cambridge and North Cambridgeshire and Peterborough unitary councils.

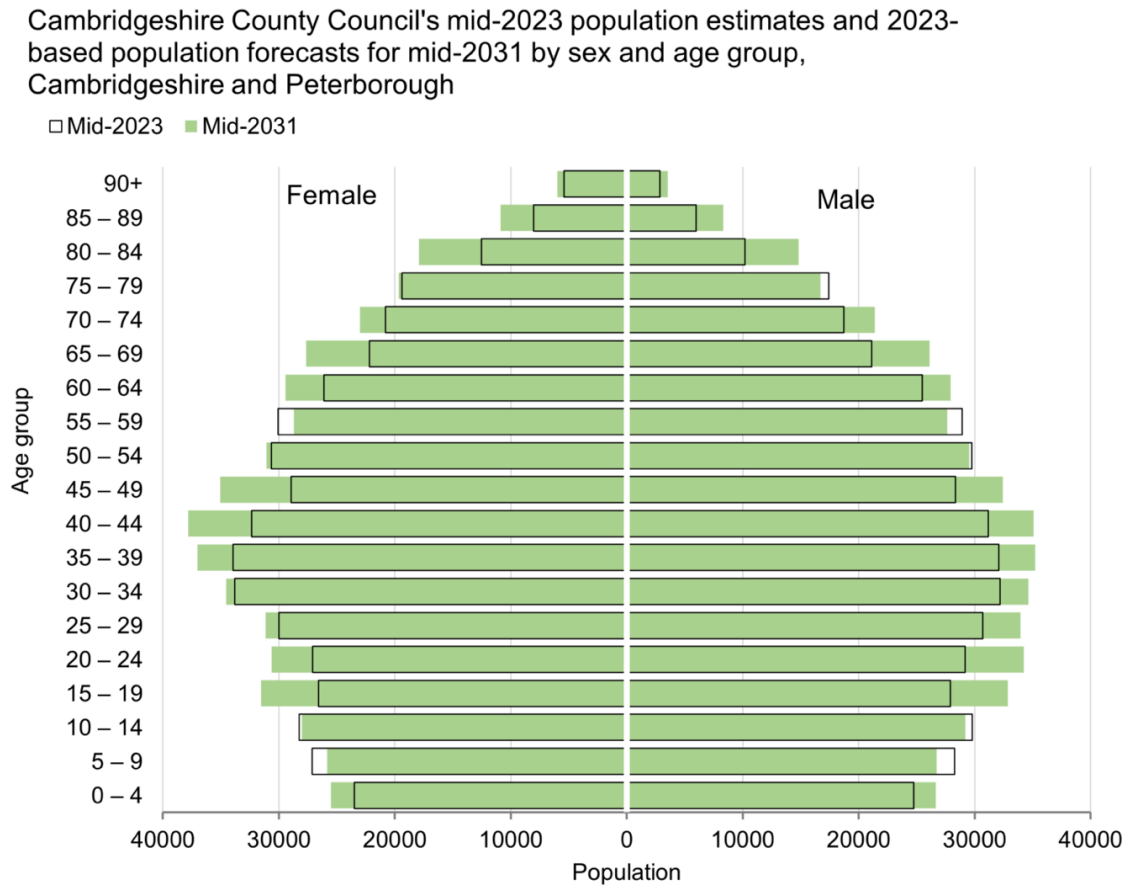
In addition, we explore future possible operating models for the discharge of each unitary council's statutory functions which will be available for consideration at a later date, post establishment of the new unitary councils. These are set out in Appendix 6.

2. Challenges and risks

The population of Cambridgeshire County has increased considerably in the 2000s, with ONS statistics showing a rise from 807,000 in 2011 to 897,000 in 2021 - an annual rise of 1.1%. ONS estimates a population in 2024 of 934,000 - an annual rise of 1.4%, while forecasts suggest continued substantial growth to a level of 1,077,000 in 2041 - an annual rate of increase of 0.8%.

For the purposes of social services and SEND, the age composition, as well as the changes in absolute population numbers, is crucial. The population of the county of Cambridgeshire had, as of mid-2023, the largest component comprising those aged 35 to 39. When looking ahead to 2031, however, the largest component is forecast to be those aged 40 to 44, reflecting a slight ageing of the population, with an especially noticeable increase of those aged 65 to 69, and those aged 80 to 84. However, also significant is that the number of 0- to 4-year-olds is also forecast to increase.

Figure 2.1 Demographics for county of Cambridgeshire 2023 and 2031



Adult social care

The new unitary Councils will be responsible for a complex array of statutory functions from day one, and this includes the care and support arrangements for many thousands of vulnerable residents. At the same time, the new Councils will need to plan for future demand, including building the market capacity and resilience required to meet those statutory duties.

Demographic growth predicted for Cambridgeshire and Peterborough means that demand for Adult Social Care will continue to grow into the foreseeable future.

However, given the current means testing arrangements for eligibility for funded social care, the more affluent an area, the higher the proportion of older residents who are likely to be responsible for the costs of their own social care. Consequently, it is probable that increasing numbers of people aged over 65 will have a greater financial impact on North Cambridgeshire and Peterborough (NCP) rather than Greater Cambridge (GC) localities.

There is also a predicted increase in the working age population. This will lead to more adults of working age with care and support needs, as well as more children with disabilities transitioning into adulthood. These consequent costs will generally fall upon the local authority to fund.

Both the current councils generally have average or good levels of performance in respect of care and support to working age adults. Table 2.1, for instance, shows a lower level of reliance on residential care for Cambridgeshire than peer groups (though not the East region).

Table 2.1: Council supported older adults per 100,000 population whose long-term support needs were met by admission to residential and nursing homes (2023/24)

	Local Authority	Comparator (average)	East of England	All England
Cambridgeshire	496	564 [1]	477	566
Peterborough	555	565 [2]	477	566

However, there are relatively lower levels of self-directed care (i.e. Direct payments) for the existing county council, as shown in table 2.2 below.

[1] Cambridgeshire comparators for all Adult Social Care data comprise Buckinghamshire, Cheshire West and Chester, Gloucestershire, Hertfordshire, Kent, Lancashire, Leicestershire, Nottinghamshire, Oxfordshire, South Gloucestershire, Surrey, Warwickshire, West Northamptonshire, Worcestershire and York

[2] Peterborough comparators for all Adult Social Care data comprise Bedford, Blackburn with Darwen, Bolton, Bradford, Bury, Calderdale, Doncaster, Kirklees, North Northamptonshire, Oldham, Rochdale, Swindon, Tameside, Telford and the Wrekin, and Thurrock

Table 2.2: Proportion receiving direct payments (aged 65 and over) (2023/24)

	Local Authority	Comparator (average)	East of England	All England
Cambridgeshire	7.7	16.2	11.6	14.3
Peterborough	19.9	15.3	11.6	14.3

Services for re-ablement and rehabilitation also appear to be somewhat under-applied in the county of Cambridgeshire, as shown in table 2.3 below.

Table 2.3: Proportion of older adults receiving re-ablement or rehabilitation (2023/24)

	Local Authority	Comparator (average)	East of England	All England
Cambridgeshire	1.9	2.7	3.1	3.0
Peterborough	2.5	2.8	3.1	3.0

Current performance on direct payment and re-ablement suggests potential opportunities for improvement for the new localities.

As well as financial issues, there are questions of inequality. North Cambridgeshire and Peterborough (NCP) will face sharper issues of need, deprivation and neglect than Greater Cambridge (GC).

Table 2.4: Statistics on social deprivation and life expectancy by locality

	IDAOPI (rate of deprivation in older adults from IMD) (2025)	Life expectancy at 65 (years) (males) (ONS)	Life expectancy at 65 (years) (females) (ONS)
NCP	0.147	19.2	19.7
GC	0.110	21.2	22.5

North Cambridgeshire and Peterborough will have appropriate funds via the funding formulae, and will benefit from greater economies of scale, but will need to draw on untapped opportunities for integrated working at the community level to do so.

Other risks are also important to take into account. There are issues over staff recruitment and retention, particularly in Greater Cambridge due to house prices. Delivering care across dispersed rural communities presents additional challenges in securing and retaining good quality and resilient providers. Lastly, the pattern of domiciliary and residential providers differs between North Cambridgeshire and Peterborough (NCP) and Greater Cambridge, as shown by the (somewhat dated) numbers of long-term service users shown below.

Table 2.5: Numbers of long-term service users (2019)

	Aged 18 to 64	Aged over 65
NCP	1,273	2,191
Greater Cambridge	2,190	3,384

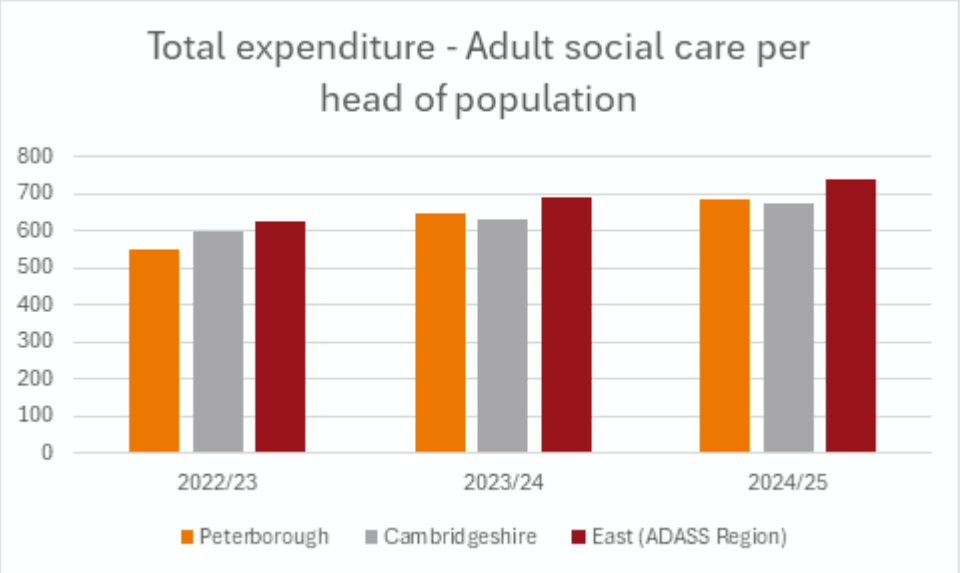
Even though the Greater Cambridge population is much lower than in North Cambridgeshire and Peterborough, it has much greater numbers of long-term service users. Table 2.5 reflects a pattern of long-term care provision centred on urban areas, suggesting scope for North Cambridgeshire and Peterborough to reshape provision closer to its residents' needs.

Turning to performance and finance issues, the councils will need to ensure continuity of care over the transition period and into the new council arrangements. Accurate up to date figures are not available for current spending or performance apportioned for the Option B footprints, but figure 2.2 indicates that expenditure per head of population on adult social care is below regional averages in both Peterborough and Cambridgeshire.

North Cambridgeshire and Peterborough locality is likely to start off with a similarly below average spend per head. The Greater Cambridge unitary council is likely to start off with a similarly below average spend per head.

This reflects efficiency, but it will be vital that the new unitary councils maintain effectiveness through a strong focus on prevention and empowerment, including enhanced use of re-ablement and direct payments, and embedding integrated neighbourhood team support.

Figure 2.2 Expenditure on adult social care per head of population



Children's Services

Children's Services is the second largest area of spending of top-tier authorities, with substantial volatility and demand pressures.

The Cambridgeshire and Peterborough Children and Young People's Joint Strategic Needs Assessment (published January 2025) identifies sustained population growth, increasing diversity, and widening inequalities affecting children's outcomes.

Allied to this are continued issues of parental mental health, substance misuse and domestic violence on long term neglect and abuse in families. That said, the challenges from those agendas do not appear to be out of line with those facing the country as a whole, since, for example, Cambridgeshire Police Force reports a level of 11 domestic abuse related crimes per 1,000 population in 2023/24 compared to an average for England and Wales of 14.

As with adult social care, North Cambridgeshire and Peterborough will face sharper issues of need, deprivation and neglect than Greater Cambridge.

Table 2.6: Statistics on social deprivation and life expectancy by locality

	Child poverty rate (2024)	Life expectancy at birth (years) (males) (ONS)	Life expectancy at birth (years) (females) (ONS)
NCP	23.1%	79.3	83.0
GC	11.0%	81.0	85.1

Turning to activity in children's services, we start with the most important driver of expenditure, children in care. Rates of looked after children per 10,000 population (age 0 to 18) have remained relatively steady at some 45 to 47 for Cambridgeshire over the period 2022 to 2024, below comparator levels at 51 to 52 for the same period; while rates in Peterborough, at 66 to 75 over the period 2022 to 2024, were also below peers, whose rates reduced from 86 to 80 over that period.

But the unit price of placements also has an important consequence on costs, and we are observing national pressures in the independent sector markets for Children's Homes and a national fostering recruitment crisis. Supply and workforce challenges will be a major agenda for the new localities.

Turning to Children in Need (CiN) rates, we see that these are lower than peers in Cambridgeshire and higher in Peterborough.

Table 2.7: Children In Need rates per 10,000 children (2023/24)

	Local Authority	Comparator (average)	East of England	All England
Cambridgeshire	230	270 [3]	237	325
Peterborough	408	361 [4]	237	325

Child protection plan rates show a similar pattern.

Table 2.8: Child Protection rates per 10,000 children (2023/24)

	Local Authority	Comparator (average)	East of England	All England
Cambridgeshire	27.9	35.9	24.8	41.6
Peterborough	49.5	43.1	24.8	41.6

Lower levels of children in care, children in need and child protection plans for Cambridgeshire compared to peers have led to lower spend than average; the converse is true for Peterborough, as shown in table 2.9 below.

The level of spend in Cambridgeshire presents good value for money, but it will be vital that the new unitaries maintain effectiveness through a strong focus on prevention and empowerment, including making full use of the potential of family help transformation work to deliver the reforms, and the research and service delivery potential of the new Children's Hospital in Cambridge.

Table 2.9: Children's social care expenditure and average spend (2023/24)

	Children's social care (total expenditure) (£m)	Population 0 to 17	Average spend (£)
Cambridgeshire	135.7	139,200	975
Peterborough	82.3	55,960	1,470
England	16,796.8	11,998,650	1,400

An important question is the extent to which the cases in Cambridgeshire are distributed. Data is available, but only from 2019, so should be treated with caution. These suggest that there

[3] Cambridgeshire comparators for all Children's Services data comprise Oxfordshire, Hertfordshire, Buckinghamshire, South Gloucestershire, Warwickshire, Gloucestershire, West Sussex, Central Bedfordshire, and West Berkshire

[4] Peterborough comparators for all Children's Services data comprise Coventry, Derby, Hillingdon, Bolton, Southampton, Walsall, Luton, Rochdale, Wolverhampton and Thurrock

are somewhat more children from Greater Cambridge than would be expected, given its relative share of population and differences in social deprivation.

Table 2.10: Children's Social Care open cases 2019

	CSC cases	% of cases	% of population
NCP	1,273	60%	65%
Greater Cambridge	2,190	40%	35%

Peterborough was judged as "inadequate" by OFSTED in 2023, which noted an underdeveloped local offer, inconsistent trauma-informed practice, poor pathway planning, and insufficient housing and employment/education/training opportunities for care leavers. The Council has an action plan in place to address these challenges.

Ofsted note that in Cambridgeshire, children have access to a wide range of timely and effective early help services, with clear links between early help and the front door. Cases are stepped up or down appropriately, ensuring children receive the right support at the right time. In Peterborough, children receive support in line with their needs, though OFSTED noted issues with hearing the voice of the child. Nationally, there is increasing demand and challenges in meeting need, which is reflected in the local system, with sufficiency and SEND leading to persistent financial deficits. These challenges require sustained multi-agency transformation and investment in local sufficiency.

Option B does, however, present a suitable structure for meeting such challenges. It has been suggested that a Greater Cambridge authority would be too small to have effective Children's Services. In practice, it would receive a higher level of grant per under 18s than several authorities with 'Outstanding' Children's Services. Each of these authorities have the same and higher rates of children in care (CiC; national average 7 per 1000 under 18s) and populations that are smaller, similar size and larger.

- Greater Cambridge*: £992 per U18; 2.8/1000 CiC; pop 318,500
- Richmond upon Thames: £689 per U18; 2.9/1000 CiC; pop. 195,500
- York: £952 per U18; 8/1000 CiC; pop 207,000
- Shropshire: £982 per U18; 10.4/1000 CiC; pop. 329,000
- North Yorkshire: £936 per U18; 3.8/1000 CiC; pop. 627,500

*2022 ONS mid-year population estimate and DfE CIC used to be consistent with Pixel financial model inputs used to calculate Greater Cambridge Children's Social Care Relative Needs Formula

SEND

The JSNA highlights children's mental health and neurodevelopmental support as a theme that is particularly growing in prominence - autism referrals increased five-fold between 2020/21 and 2022/23, from 68 to 333 per 100,000 children.

Mental health and neurodevelopment have major implications for SEND, with high increases in demand reported among many areas. Ofsted note long waiting times in both services. This has consequent budget concerns for local authorities, though the latest statistics on EHC Plans shown below in table 2.11 show rates that appear to be in line with peers and the national average (though timeliness in Cambridgeshire remains a significant issue).

Table 2.11: Rates of EHCP per 1,000 population (0 to 19)

	Local Authority	Comparator (average)	East of England	All England
Cambridgeshire	49.8	47.9[5]	47.0	47.0
Peterborough	44.5	46.5[6]	47.0	47.0

Very much echoing issues with Children's Services, due to a lack of in-area supply and workforce challenges, costs have risen substantially in Special School provision for children with SEND. Also, as with Adult Social care, there are issues with staff recruitment and retention, particularly in Cambridge City.

In Cambridgeshire, the High Needs Recovery Plan focuses on strengthening mainstream inclusion, increasing local specialist provision, and reducing reliance on independent or out-of-county placements. This is echoed in Peterborough, which also has plans to expand local specialist provision and develop new resource bases in mainstream schools, alongside targeted capital investment in existing special schools.

Public Health

Public Health was a shared function between the county and Peterborough City Council until 2023. Public health protects, promotes, and improves the health of local communities by

[5] Cambridgeshire comparators for Table 2.11 comprise Oxfordshire, Hertfordshire, Buckinghamshire, South Gloucestershire, Warwickshire, Gloucestershire, West Sussex, Central Bedfordshire, Hampshire and West Berkshire

[6] Peterborough comparators for Table 2.11 comprise Coventry, Derby, Hillingdon, Bolton, Southampton, Walsall, Luton, Rochdale, Wolverhampton and Thurrock

prevention of illness, early diagnosis, health promotion campaigns, ensuring access to resources like nutritious food, and responding to emergencies.

The data clearly demonstrates substantial differences in relation to health and well-being outcomes between Cambridgeshire and Peterborough, as shown below in table 1.12 for teenage pregnancy, childhood obesity, and level of development among children.

Table 2.12: Statistics on teenage pregnancy, childhood obesity, and level of development

	Teenage pregnancy (rate per 1,000 15–17-year-olds)	Proportion of children at Reception overweight or obese	Percentage of children with a good level of development
NCP	13.8	21.1%	64%
GC	6.8	14.3%	68%

Performance by Health Visitor services (a local authority contracted service delivered by local NHS providers) generally falls behind peers for Cambridgeshire and especially Peterborough for health visits and development checks up to age 2.5 years.

Table 2.13 Health visitor attendance rates (2023/24)

	Cambridgeshire	Peterborough	East of England	All England
Proportion of new birth visits completed within 14 days	83.3%	64.7%	77.1%	83.0%
Proportion of children receiving a 6-to-8-week review	68.2%	60.1%	74.0%	81.8%
Proportion of children receiving a 12-month review	75.1%	74.0%	88.5%	86.5%
Proportion of children who received a 2 to 2½ year review	72.7%	71.3%	69.8%	78.4%

Source: https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133223/pat/6/ati/502/are/E06000031/iid/93930

Data also shows that rates of child immunisation are much better in Cambridgeshire than in Peterborough.

Table 2.14: Rates of MMR vaccinations at the age of 5

	Local Authority	Comparator (average)	East of England	All England
Cambridgeshire	89.2%	89.5% [7]	88%	84%
Peterborough	76.6%	81.6% [8]	88%	84%

The proposed North Cambridgeshire and Peterborough and Greater Cambridge unitary configuration has the potential to give added focus to the shared poor determinants of health and wellbeing found within the northern unitary area. As school readiness, child obesity, teenage pregnancy and vaccination indicators suggest, there is a strong case for an expansion of community-based children and family hubs across North Cambridgeshire and Peterborough, particularly in the areas where these indicators are of greatest concern, such as Fenlands.

3. Opportunities

We can broadly group the opportunities for service improvement and transformation opportunities into six different categories:

- Structural changes - how changes to the core characteristics of the coverage of the localities will produce potential service improvement possibilities
- Changes to ways of working
- Changes to relationships and capacities - such as building on the strengths of personal, family and community resilience
- Better enablers - for example, data sharing where useful, appropriate, and conducted in a way that meets privacy concerns
- Addressing identified inefficiencies and system flaws
- Better commissioning arrangements.

Such categories are wholly in line with existing activities and plans by Cambridgeshire County Council, Peterborough City Council, and the other councils within Cambridgeshire. However, the new configuration, building on the deeper knowledge and connection that exists in districts, is better positioned to make that vision possible.

[7] Cambridgeshire comparators for Table 2.14 comprise Oxfordshire, Hertfordshire, Buckinghamshire, South Gloucestershire, Warwickshire, Gloucestershire, West Sussex, Central Bedfordshire, Hampshire and West Berkshire

[8] Peterborough comparators for Table 2.14 comprise Coventry, Derby, Hillingdon, Bolton, Southampton, Walsall, Luton, Rochdale, Wolverhampton and Thurrock

We highlight below improvement and transformation opportunities that support demand management and improved outcomes, maximising the potential of LGR. Ideally, reforms would draw on the capabilities and investments available through the central government's 'Test, Learn, Grow' programme to redesign services through a place-based approach.

Structural changes

Compared to current arrangements, the North Cambridgeshire and Peterborough and Greater Cambridge unitary configuration creates two councils with sufficient scale to be able to manage demands.

The North Cambridgeshire and Peterborough unitary council will have a larger share of the adult social care, children's services and public health budget and resource, increasing its ability to tap into economies of scale (Peterborough has relatively constrained capacity as a small unitary). Also, there will likely be a closer allocation of funding towards need - for instance, in the field of public health, if Public Health Grant is allocated according to the "line of best fit" observed between IMD deprivation score and grant per head across local authorities in 2024/25, North Cambridgeshire and Peterborough unitary would receive 50% per head higher than Greater Cambridge according to our indicative calculations.

Greater Cambridge, by contrast, will gain the ability to build relationships with local partners, due to its smaller size and geography. Such are likely to include partnerships with local businesses, potential philanthropists, VCS and organisations such as schools, GPs/ primary care teams, and local universities. Cambridge is a nationally renowned hub for technology and research, and Option B holds important opportunities to harness that talent in addressing challenges in social services and public health.

A second important feature of LGR is its scope to bring together functions that are currently divided between districts and the county. For example, data sharing insights from functions such as Adult Early Help and Financial Assessment could follow from the creation of unitary councils. By increasing connections between social care colleagues, customer service and housing, there is greater scope for creative solutions to meet care needs.

Changes to ways of working

One useful workforce development agenda made possible by the geographical boundaries of Option B (for Greater Cambridge in particular) is work with local businesses and leisure providers to create an excellent retention package of access to city resources. Highly applicable to both localities is a concerted effort to tackle social work and SEND caseloads and

invest in workforce development to become a Local Authority of choice for skilled staff and Social Workers in the travel to work areas surrounding the Unitary areas. A useful step would be to create a joint Workforce Stability Plan and Care Academy model to strengthen recruitment and retention.

The councils will also have the potential to widen the scope of their functions under LGR. For instance, the property development capacity of Greater Cambridge could take direct responsibility for building bespoke residential accommodation for children and adults. A collaboration with the independent sector to run and manage such provision could reduce out of area placements and ensure buildings have Assistive Technology as the default.

Changes to relationships and capacities

Three forms of relationships are important in this context:

- Collaborations between North Cambridgeshire and Peterborough and Greater Cambridge unitary councils
- Partnerships with other parts of the public sector
- Connections with residents and their communities

Collaboration between localities will be highly desirable. For example, a single Safeguarding Board for adults and one for children would provide assurance that common standards of good practice and safeguarding are maintained in transition and through to the new structures. Other important examples of possible co-operation include commissioning high-cost children's services cases through Regional Care Co-operatives; joint commissioning on specialist mental health and learning disabilities services; and whole area working via Community Safety Partnerships.

Partnerships with other parts of the public sector are also a key opportunity. Cambridgeshire and Peterborough ICS have developed place-based partnerships covering Cambridgeshire South (Cambridge City, East Cambridgeshire, South Cambridgeshire) and Cambridgeshire North (Peterborough, Huntingdonshire and Fenland). These are largely co-terminus with the two localities of Option B (apart from East Cambridgeshire).

Also, NHS-related, local efforts to develop place-based and neighbourhood working and Integrated Neighbourhood Teams will be an important opportunity for the new Councils, with East Cambridgeshire acting as a case study. More generally, we envisage that Option B will accelerate the shift of public sector resources towards locality/neighbourhood/place-based approaches that encourage early help and prevention, drawing on analysis insights made possible by its stronger connections with the research community.

Option B will also enable closer connections with the residents of communities. The new unitary councils will have an opportunity to develop new open and trusting relationships with key groups - building visibility, dialogue and co-production. This is most critical with Children in Care and Care Experienced Young People, Parent Carers, unpaid/ family carers supporting older people, and people with mental health and learning disability needs.

Better enablers

Digital will play a key role in future in improving efficiency and effectiveness in local government services. Along with the existing county and Peterborough, we see major opportunities from wider data sharing and the use of predictive analytics to identify where early support could be offered and intervention activity targeted.

A potential case study on data sharing and analysis to follow and refine is SAAVI (https://coda.io/@savvi/welcome/about-savvi-2), an initiative funded by the DLUHC that helped local councils and their partners identify at-risk individuals during the Covid crisis. An example is connecting people who request assisted bin collection with adult social services, since these residents are at greater risk of falls and/or isolation. This idea was attempted previously but restricted by concerns over data sharing between Districts and the County.

Addressing identified inefficiencies and system flaws

The 2024 HBF report "Unspent developer contributions - Section 106 and Community Infrastructure Levy funds held by local authorities" identified Cambridgeshire County Council as one of the top 20 local authorities with the highest level of unspent developer contributions. By moving governance closer to communities, Option B can make better use of those funds, as well as facilitating better strategies for Section 106 and Planning measures to anticipate future needs of children, families, adults and inclusive communities.

Better commissioning arrangements

A crucial form of service improvement is market development. We see scope to develop the local market, including promoting the expansion of local micro providers and micro enterprises (in domiciliary care, for example), strengthening existing community networks in parallel with greater promotion of direct payments for social care clients. This can build upon actions already undertaken by Cambridgeshire County and Peterborough City Council.

4. Towards a Blueprint for Option B

Option B delivers two unitary councils, each with sufficient size and scale to be viable as well as small enough to be locally focused and to understand and respond to the particular challenges of their communities.

Over the next few pages, we outline a blueprint for the delivery of adult social care, children's services and public health. Future Blueprint - Adult Social Care

Option B delivers two unitary councils, each with sufficient size and scale to be viable as well as small enough to be locally focused and to understand and respond to the particular challenges of their communities. These would be neighbourhood-based models of service delivery, building on preventative services already provided, incorporating existing community centres and community assets.

Core Principles	Greater Cambridge	North Cambridgeshire and Peterborough
Promoting the "Three Conversations Model"	• The "three conversations model" is a strengths-based approach that guides social care professionals working with individuals to understand their needs and build support plans. They are: • Listen and connect to understand what is important to the person and build a relationship. • Work intensively to resolve immediate crises and support a return to stability; and • Build a good life by exploring long-term outcomes and necessary support.	
Promoting Independence	• Promoting independence and reducing reliance on long term care whilst ensuring access to high quality and reliable care services responsive to the community and demographic characteristics.	
Joined up working	• Targeted joined-up work between adult social care, children's services and public health to promote better access to services in areas of greatest need (e.g. rough sleeping hot spots,	• Targeted joined up work between adult social care, children's services and public health to promote better access to services in areas of greatest need. (e.g. dispersed rural communities, traveller communities)

	pockets of deprivation (North/East Cambridge) and ageing population in rural villages.	
Locality focus	• A Greater Cambridge locality team comprising Social Workers, care managers, OTs focused on building strong relationships with NHS partners, voluntary and community sector organisations • Managing all early help and Care Act assessments, referrals, and initial safeguarding referrals for Greater Cambridge. • Direct Payments support team to cover Greater Cambridge.	• Locality teams comprising Social Workers, care managers, OTs based in district market towns (e.g. Ely, March, Huntingdon, St. Neots) focused on building strong relationships with NHS partners, voluntary and community sector organisations. • Each locality team will manage all early help and Care Act assessments, referrals and initial safeguarding referrals for the NCP unitary area. • Direct Payments support team covering all NCP localities.
Socio-economic/demographic focus	• Focus on supporting self-funders to access and manage their own care safely - including expanding the existing CCC scheme, which offers to arrange care for self-funders for an annual fee • https://www.cambridgeshire.gov.uk/residents/adults/organising-care-and-support/types-of-support/organising-homecare	
NHS alignment	• Alignment with the Primary Care Networks and NHS-led Integrated Neighbourhood teams covering: Cambridge City and South Cambridgeshire	• Alignment with 3 NHS-led Integrated Neighbourhood teams covering: Peterborough, Huntingdon and Ely & Fenland.
Strong central core	• A central core delivering specialist functions to support the locality model, including financial assessments, Brokerage, DoLS assessments, Sensory Team, Safeguarding support team, Quality Assurance & contract management.	
Ease of access	• Single point of access for all adult social care services/teams	• Single point of access for all adult social care within each locality

Discharge hubs	• Enhanced and streamlined hospital discharge hub at Addenbrookes hospitals with a single accountable pathway and fewer hand-offs. • Seamless access to reablement, aids and adaptations, community support networks to facilitate safe and effective early discharge. • Working to support out of area patient discharges with North Cambridgeshire & Peterborough locality teams.	• Hospital discharge hubs at both Hinchingbrooke & Peterborough hospitals with a single accountable pathway and fewer hand-offs. • Seamless access to reablement, aids and adaptations, community support networks to facilitate safe and effective early discharge.
Mental Health in the community	• Continued partnership with NHS (CPFT) to deliver community mental health services through the Cambridge locality team.	• Continued partnership with NHS (CPFT) to deliver community mental health services through Peterborough, Huntingdon & Fenland locality teams
Digital integration	• Digital integration to ensure continuity of offer and response across localities	
Locality-focused commissioning, including integrated commissioning	• A commissioning team proactively working on market shaping, focused on building capacity, including micro-providers	• A commissioning team proactively working on market shaping, which is focused on building capacity, including micro-providers able to meet needs of dispersed rural communities. • Adults, Children's and Public Health commissioning “task teams” brought together to ensure target approach to addressing priority locality needs
Specialist Commissioning	• Pan Cambridgeshire commissioning unit to manage specialist commissioning – e.g., Building the Right Support commissioning – hosted by either Greater Cambridge or North Cambridgeshire and Peterborough unitary.	
In-house provider services	• Management of Learning Disabilities in-house services located within the Greater Cambridge boundary, with reciprocal agreements for access for residents in the NCP unitary.	• Management of Learning Disabilities in-house services located within the NCP boundary with reciprocal agreements for access for residents in Greater Cambridge.

	• Separate management of the proportion of other in-house provision (e.g., reablement)	• Separate management of the proportion of other in-house provision (e.g., reablement)
Safeguarding Partnership	• Maintain current pan Cambridgeshire/Peterborough Safeguarding Adults Board, overseeing standards and practice consistency	

Future Blueprint - Children's Services including SEND and Education

We envisage a possible blueprint for children's services and SEND based on the fundamentals set out below. These would be neighbourhood-based models of service delivery, building on preventative services already provided, incorporating existing community assets, building on Best Start Family Hubs and the transformation in Family Help that will have been established through the implementation of the reforms.

Core Principles	Greater Cambridge	North Cambridgeshire and Peterborough
High quality education	• Working collaboratively to raise aspiration, connecting school clusters to the economic ambition for the local area. A hub for raising skills aspiration and routes to local, highly skilled careers.	• Working collaboratively to raise standards and aspiration, increasing school readiness and improving educational outcomes in more deprived areas.
Seamless Family Help	• Through the implementation of the Social Care Reforms, the redesign of early support, Child in Need and Child Protection responses. Highly effective implementation of multi-agency child protection teams. Increasing access to multi-agency early support with a family-first approach.	• Through the well-established Family Safeguarding model further enhance delivery through the implementation of the Social Care reforms.
Family Help locality delivery through Best Start Family Hubs	• Delivering the families first approach through Best Start Family Hubs, aligned to Integrated Neighbourhood Teams, offering holistic locality-based early support. • Integrated delivery across SEND, Early Years and for families facing multiple challenges. Community-based, wrap-around support for the whole family.	• Maintain and look to expand the current network of family hubs/Child and family centres aligned to Neighbourhood teams, bringing together council, NHS and community sector services to address evidence of poor outcomes for children and families, including children with SEND.

		• Alignment with 3 NHS-led Integrated Neighbourhood teams covering: Peterborough, Huntingdon and Ely & Fenland.
Partnership working for inclusion and increased access to specialist provision	• Strong partnership working between the Local Authority, NHS and clusters of schools, Federations, Academies and Multi-academy Trusts, including Special Schools and Alternative Provision. • Strengthening the graduated response and growing capacity within schools for the ordinarily available offer. Creating an inclusive campus across Greater Cambridge. • Increased access to specialist local special school provision, preventing out of area and independent sector placements.	• Strong partnership working between the Local Authority, NHS and clusters of schools, Federations, Academies and Multi-academy Trusts, including Special Schools and Alternative Provision. • Strengthening the graduated response and growing capacity within schools for the ordinarily available offer. Creating an inclusive locality offers throughout the NCP Authority area. • Alignment with 3 NHS-led Integrated Neighbourhood teams covering: Peterborough, Huntingdon and Ely & Fenland.
Strong central core	• Agreed sharing of specialist expertise and knowledge between the two areas, for example, DOLS, Sensory services, Portage, Disabled Children Social Work Teams.	
Ease of access	• With the increase in early support through the families first delivery, there will be a particular focus on more deprived and dispersed communities. • A co-ordinated single point of contact for all children's services alongside the MASH, bringing together early support and SEND services into a seamless whole family support model. • Reducing escalation in need to statutory services and by meeting the SEN needs of children early with a multiagency approach, reducing the number of children requiring support through an Education Health and Care Plan.	

Safeguarding operations (MASH)	• Multi Agency Safeguarding Hub (MASH) in place covering the whole of the Greater Cambridge area.	• Multi-Agency Safeguarding Hub (MASH) in place covering the North Cambridgeshire and Peterborough area.
Corporate Parenting	• An ambitious partnership for corporate parenting, hearing directly from children and young people, delivering improved access to homes/housing, jobs and training, mentoring and further education opportunities.	
Digital integration	• Digital integration to ensure effective multi-agency working and response across localities.	
Locality-focused, integrated local commissioning teams	• A children's commissioning team in each area delivering strategic outcome-focused design through integrated commissioning with NHS, OPCC, Adult Social Care and public health. Ensuring evidence-based early support interventions to address locality needs for children and families, including children with SEND.	
Regional commissioning and developing in-house capacity	• Both commissioning teams working collaboratively at a regional level (through a Regional Care Co-operative and Fostering Hub approaches). With a key role in addressing sufficiency, market shaping, and developing new models of care, focused on building capacity to meet needs and increase stable family-based care and homes for children. • Social investment in local children's homes and supported accommodation supporting children with the most complex lives.	
Increasing voice and influence of children and families	• Ambitious commitment from all partners to co-production throughout the design and delivery of all services. • Children in Care and Care Leavers are integral to the design and quality assurance of services. • Trust and confidence are achieved through close working with parent carers of children with SEND, shaping multi-agency delivery for more effective early support. Children supported through EHCPs or SEN support have a clear voice to shape and influence delivery. • Young carers' voices are clear in shaping a 'No Wrong Door' model.	
Safeguarding Partnership	• Maintain current pan-Cambridgeshire/Peterborough Safeguarding Children's Partnership Board, overseeing standards and practice consistency.	

Future Blueprint - Public health

Core Principles	Greater Cambridge	North Cambridgeshire and Peterborough (NCP)
Promoting public health and reducing health inequalities	• Refreshed JSNA identifying key areas of priority for improving public health and health inequalities for Greater Cambridge.	• Refreshed JSNA, identifying key areas of priority for improving public health and health inequalities for North Cambridgeshire and Peterborough.
Child health, screening and surveillance	• Focused approaches to expanding public health promotion, surveillance, and screening programmes are integral to Family Hubs.	• Focused approaches to expanding public health promotion, surveillance, and screening programmes are integral to Family Hubs. • Targeted approach to investing in family hubs in areas where child health indicators are of greatest concern.
Public Health Annual Report	• Annual PH report to focus on the most significant health inequalities within Greater Cambridge and strategy /plans to address them in forthcoming year(s).	• Annual PH report to focus on the most significant health inequalities within the unitary council area and strategy /plans to address them in forthcoming year(s).
Health Improvement - Ease of access	• Joined up approach to delivering health improvement services (smoking cessation, healthy eating, sexual health services etc.) through link-up with other council service outlets (e.g., leisure services, libraries, family centres, schools, nurseries).	
Integrated commissioning	• Integrated commissioning with Children and Adults Commissioning teams to ensure that contracts are focused on addressing areas of poorer health outcomes for adults and where Health Child Programme indicators show particular concerns.	
Locality focused, integrated local commissioning team	• A commissioning team that proactively works on market shaping and is focused on building capacity to meet the needs of urban and rural communities.	• A commissioning team proactively working on market shaping, focused on building capacity to meet the needs of dispersed rural communities. • Contracts for key public health services (health visiting/health checks / sexual health) redesigned bespoke to the need profiles of localities.
Safeguarding Partnership	• Strengthened presence on current pan-Cambridgeshire/Peterborough Safeguarding Adults Board, overseeing standards and practice consistency.	

5. Route to Safe and Legal

It will be essential to balance the need to meet statutory functions from day one with longer term ambitions for innovation and transformation. Our focus in this section is the route to "safe and legal on day one".

Learning from good practice to deploy critical success factors

From previous examples of LGR, we have identified the following critical success factors to ensure safe transition and maximise opportunities to improve performance, outcomes and financial sustainability:

- Realistic start on day one with gradual transition towards new models.
- Build the narrative about benefits and opportunities with staff, partners and citizens.
- Prepare for recruitment challenges. Be ready to step up for leadership and key professional roles such as SWs and OTs. Have leadership transition planning in relation to key statutory roles, such as the DASS and DCS.
- Coordination between the incoming and outgoing authority on all aspects, from the front door to the secure transfer of case management
- Communication with the public and partners about collaborative working, access and continuity on day one.

Delivery Models

Moving from current arrangements to North Cambridgeshire and Peterborough and Greater Cambridge unitary councils will entail:

- Changing boundaries - establishing separate teams for most Adults and Children's functions for each of the two unitary areas, widening the boundary coverage of Peterborough and disentangling the coverage of the county. This will broaden the scope for local innovation to meet local needs.
- Joint commissioning where useful - for higher cost, low volume, hard to access specialist placements/ independent special schools, a collaborative model will be useful across the two unitary areas. We envisage that this would occur with the NHS for adults or at a sub-regional/regional level for children.
- Preserving integrated arrangements that already exist with the NHS key arrangements already exist for Technology Enabled Care, Occupational Therapy, Community Equipment, Mental Health, SEND, and Early Childhood.

The two new unitary council areas will develop the following separately for adults' services -

- Integrated Neighbourhood Teams (INTs) to be established in partnership with the NHS, including other linked Council functions.

- Multi Agency Safeguarding Hub strengthened through collaboration with Police and NHS, VCS and other partners with a safeguarding role
- Local market management, commissioning and brokerage of high-volume services such as domiciliary care and residential care

For the two unitary council areas to consider developing a collaborative arrangement for adults' services -

- Specialist functions such as Safeguarding Boards, Deprivation of Liberty assessment, Carers Support, much depends on the scale and amount of resource that will be transferred. If sufficient, the North Cambridgeshire and Peterborough, and Greater Cambridge councils could seek to establish their own specialist functions wherever possible but be open to a joint arrangement across two unitary areas to ensure critical mass.
- Transfer of Care Hubs in acute hospitals could be delivered either separately or in a collaborative way with the North Cambridgeshire and Peterborough, and Greater Cambridge unitary councils taking a lead on their local acute hospitals, though work would be needed on patient flows to inform this.

We envisage that the two unitary councils develop separately, for children's services -

- Delivery of Family Hubs in line with the Government's Best Start in Life Policy. Integrated as a whole family support model and including the SEND early help offer. Connection to community safety delivery and integrated family help, and youth support offers. Joint working between housing, homelessness, early help systems and adult services for domestic abuse and sexual violence, substance misuse and mental health.
    - Multi Agency Safeguarding Hub strengthened through ongoing collaboration with the Police and NHS and connected to Family Help system of delivery.
- Continue to embed the care reform changes to the delivery of Child in Need and Child Protection. Building highly effective safeguarding partnership working to deploy highly effective multi-agency safeguarding teams.
- Develop an ambitious Corporate Parenting response with excellent engagement of partners and Members connected to the lived experience of children through a vibrant Children in Care Council.
- Continue to develop more capacity in Special Schools and Alternative Provision. Alongside building capacity in schools and settings for the graduated response and ordinarily available offer.

For the two unitary areas to collaborate for children's services -

- In working together with the ICB for the joint commissioning of community health services for children.
- Focus on sufficiency and collaboration to meet the needs of children with the most complex lives. Consider Regional Care Co-operative approaches in partnership with ICB, or other sub-regional collaborations.
- Collaborate for the development of specialist provision, such as special schools and Alternative Provision. Considering placement sufficiency alongside school place planning and need.
- Development of increased access to equipment and use of assistive technology and digital solutions to enable independence. Working jointly with ICB on digital health.

For specialist functions such as Safeguarding Boards, LADO, Out of Hours, sensory support, school place planning, if sufficient, the two unitary councils should establish their own specialist functions wherever possible but be open to a joint arrangement across North Cambridgeshire and Peterborough and Greater Cambridge areas, based on critical mass.

Such work would be undertaken by Shadow authorities, established to prepare for Vesting Day with relevant elections. Their priorities will include service continuity, senior appointments, budget setting, council tax alignment, system integration, HR policy finalisation, asset rationalisation, and regular communication. Joint Committees will oversee these tasks in accordance with legal and statutory requirements. One of seven workstreams (on Finance, Commercial & Assets) would cover the Medium-Term Financial Plan (MTFP), reserves strategy, council tax equalisation trajectory, fees and charges policy approach, single balance sheet, asset register, contracts novation strategy, and procurement pipeline.

Part 3 - Technical Evidence Appendices

Part 3 – Technical Evidence Appendices

Appendix 1. National policy on social care and public health

Adult Social Care

The adult social care sector in England is likely to be entering a time of significant reform. A key initiative is the Independent Casey Commission, which is tasked with delivering a national reform plan in two phases aimed at shaping the future of care, including the potential of a National Care Service. Phase 1 will report by 2026 and Phase 2 by 2028.

The 10-year plan for the NHS provides important context for adult social care in terms of the focus on neighbourhood health, integrated neighbourhood teams, a focus on population health and inequalities and digital.

Children's Services

Children's Services, SEND, and Education in England form an interconnected statutory system supporting children and young people from birth to age 25. Local authorities hold core responsibilities for safeguarding, SEND, education, childcare, and corporate parenting under the Children Act 1989, the Education Act 1996, and the Children and Families Act 2014. Councils deliver these duties in partnership with schools, health, police, voluntary organisations, and families, guided by *Working Together to Safeguard Children (2023)* and the *SEND Code of Practice (2015)*.

Local authorities' functions span early help, safeguarding, children in care and care leavers, SEND assessment and provision, and ensuring sufficient school places. One major strand of income for councils is the High Needs Block (HNB) of the Dedicated Schools Grant (DSG), which in 2023/24 had a national budget of £10.1 billion. However, the HNB now represents one of the most serious financial risks to councils, with deficits rising sharply. A temporary statutory override allowing councils to hold DSG deficits outside their general fund has been extended to March 2028, but this defers, rather than resolves, the growing problem.

Eligibility for statutory support is determined through assessments under the Children Act 1989, with pathways previously ranging from early help to Child in Need, Child Protection, and EHCP plans. This system is currently under reform with Family Forst transformation plans needing to be implemented by March 2026. Best practice emphasises strengths-based, child-centred work that promotes inclusion, participation, and positive outcomes, particularly for children with SEND, those in care, and care leavers preparing for independence. Yet the system faces persistent pressures: shortages of fostering and residential placements, escalating SEND demand, widening attainment gaps linked to deprivation, workforce shortages across social

care and education, as well as DSG HNB deficits. Long waits for CAMHS and autism assessments, and variable joint commissioning through Integrated Care Systems, add further strain.

To address these challenges, the government has launched major reforms. The Families First for Children Strategy (2025) is redesigning early help and child protection, while the Best Start in Life Strategy will establish Family Hubs in every council by 2026. SEND and Alternative Provision reforms include £740 million capital in 2025/26 to create 10,000 new places and a £1 billion programme for 44,500 places by 2028, underpinned by national standards and stronger mediation. The Children's Wellbeing and Schools Bill (2025) introduces new duties on family led decision making and school support, with a forthcoming Education White Paper (2025) expected to extend these reforms. Together, these initiatives aim to strengthen safeguarding, expand early intervention, and restore sustainability to a system under sustained financial and workforce pressure.

Public Health

Local authorities are tasked with improving population health by focusing on prevention and the reduction of inequalities. This is often achieved through a "whole system" approach, embedding health into all council functions like housing and planning, with leadership from a Director of Public Health who coordinates efforts across departments and partnerships.

There is an emphasis on the use of data to benchmark outcomes, identify local needs, and implement interventions across the "3Ps" of public health: health promotion, health prevention, and health protection.

The Public Health Outcomes Framework (PHOF) sets the vision for public health. Its aims to:

- improve and protect the nation's health
- improve the health of the poorest, fastest

The framework focuses on two high-level outcomes:

1. Increased healthy life expectancy.
2. Reduced differences in life expectancy and healthy life expectancy between communities.

Its focus is on reducing differences between people and communities from different backgrounds. This is not only our life expectancy, but our healthy life expectancy.

Appendix 2. Engagement and co-design

RedQuadrant was engaged by Cambridge City Council in August to develop an overview of the challenges, opportunities and potential service delivery models for Adult Social Care, Children's Social Care and SEND in the North Cambridgeshire and Peterborough, and Greater Cambridge Unitary Option B model. The brief included an analysis of available data and finance information. The work then moved on to focus on opportunities arising through LGR to improve outcomes for local people.

The process included a combination of desktop research and analysis of needs and services in Cambridgeshire and Peterborough, discovery interviews with Peterborough DASS and DCS and gathering evidence of good practice across the country.

An initial high-level overview and a detailed paper were provided, which set out the national policy and reform framework, statutory responsibilities and the risks and opportunities inherent in Option B. Advice was provided about the full range of delivery models available for both Commissioning and Operational functions, highlighting opportunities for innovation, transformation, and early intervention.

As part of the work plan, an LGR workshop was facilitated by RedQuadrant for the two City Council and four District Council Chief Executives and their senior managers. It focused on Adult Social Care, Children's Services, including Social Care, SEND and Education. Key conclusions were to develop options that emphasise the importance of:

- A collective vision and sense of common purpose to improve outcomes and achieve a safe transition
- Increased trust to support future collaboration
- A shared understanding of the risks and opportunities, and how to achieve a safe transition
- A shared approach to reducing demand and meeting need early through prevention

An additional benefit of this workshop is the impetus it has provided to all the Councils involved to promote opportunities identified for further collaboration in future. A clear sense of the culture and ambition that needs to be set in the new Unitary Councils has emerged, including the importance of making brave decisions, sharing data, reducing bureaucracy and minimising delay in getting the right support in place.

The importance of and commitment to collaboration between the North Cambridgeshire and Peterborough, and Greater Cambridge unitary councils and with the NHS and other public and voluntary sector partners was confirmed. The work to set out how to maximise the benefits of Option B and identify new opportunities to focus on prevention has continued at fortnightly

Chief Executive meetings. The workshop and follow-up work has paved the way for powerful and sustained collaboration with a firm commitment to improving outcomes to continue.

Appendix 3. Available data and limitations

In developing this proposal, we have drawn on a variety of sources, which we describe below, in relation to demographics, Children's Services, and Adult Social Care.

Demographics

- ONS projections for 2023 to 2040 by district (overall, for those aged under 5, for under 18s, and for those aged 65 and over)
- Newton Europe of projections to 2040
- Indices of Multiple Deprivation by district (2019) (2019 MHCLG research on Indices of Multiple Deprivation[1]
- Proportion of pupils whose first language is other than English, Cambridgeshire and Peterborough (DfE pupil characteristics 2024/25)
- Child poverty levels by district in Cambridgeshire (2024), DWP (2025) Children in low-income families: local area statistics 2014 to 2024
- Life Expectancy at Birth and at 65 for Males and Females (2023), ONS

Financial information

- Overall Net Budget Spend, Adult Social Care net spend, Children's Services net spend, SEND spend, Savings targets (2024/25 actual, 2025/26 budget, 2026/27 forecast) for Cambridgeshire and Peterborough from Medium Term Financial Strategy documents
- Estimated adult social care, children's services and SEND spend for 2025/26 and 2040 for proposed localities in the county of Cambridgeshire from Newton Europe
- Public health budgets (2024/25), DHSC (reported in www.gov.uk)

Public health

The Public Health Outcomes Framework https://fingertips.phe.org.uk/profile/public-health-outcomes-framework provides a comprehensive dataset covering key indicators of health and well-being of a community.

- Mothers that smoke during pregnancy (2024/25) by district, NHS Digital
- Children overweight or obese (2023/24) National Child Measurement Programme, reported in the NHS Digital dataset
- Percentage of children vaccinated for MMR by their fifth birthday (2023/24), National Child Measurement Programme reported in the NHS Digital dataset
- The Public Health Outcomes Framework
- Health Improvement indicators – Office for Improvement of Disparities

- Postnatal and infant development checks

Children's services

- OFSTED inspection reports for Cambridgeshire and Peterborough
- Sufficiency Strategies
- Joint Strategic Needs assessment
- Corporate parenting reports
- Child development - Proportion with good development, by district, Early years foundation stage profile results 2023/24, DfE
- Pupil absence in schools in England, 2024-25 autumn term, DfE
- Looked after children – Rates per 10,000 children 2024, Cambridgeshire and Peterborough, DfE
- Proportion out of area, 2024, Cambridgeshire and Peterborough, DfE
    - Children in Need - Rates per 10,000 children 2024, Cambridgeshire and Peterborough, DfE
    - Child protection plans - rates per 10,000 children, 2024, Cambridgeshire and Peterborough, DfE
- Open cases (2019) by district - https://data.cambridgeshireinsight.org.uk/dataset/cambridgeshire-and-peterborough-children-social-care-open-cases-31-march-2019
- Cost per child in care (per child in overall population), Cambridgeshire and Peterborough – 2023/24 DfE “LA expenditure on children's services”
- EHCP rates (per 0 to 19 population) for Cambridgeshire and Peterborough, 2025 Department of Education report “Education, health and care plans”
- EHCP refusal rates for Cambridgeshire and Peterborough, 2025 Department of Education report “Education, health and care plans”
- EHCP waiting times for Cambridgeshire and Peterborough, 2025 Department of Education report “Education, health and care plans”

Adult social care

- User satisfaction with Adult Social Care, Cambridgeshire and Peterborough Adult Social Care Survey (ASCS) 2023-24
    - Reablement outcomes - independence achieved, Cambridgeshire and Peterborough, Short- and Long-Term Support (SALT) survey 2023-24
    - People with learning disability supported to own home or stay with family, Cambridgeshire and Peterborough, Short- and Long-Term Support (SALT) survey 2023-24

- CQC providers ranked outstanding or good, 2023/24 Cambridgeshire and Peterborough, CQC Commission
- Permanent admission to care or nursing home - 18 to 64, and 65 and above, 2023/24 Cambridgeshire and Peterborough, Short- and Long-Term Support (SALT) survey
- Self-directed support, 2023/24 Cambridgeshire and Peterborough, Short- and Long-Term Support (SALT) survey
- Proportion of people receiving ASC assessments who have not received local authority long-term support in the previous 12 months, Cambridgeshire and Peterborough, Adult Social Care in England Monthly Statistics July 2025
    - Open cases for long-term support by District - https://data.cambridgeshireinsight.org.uk/dataset/cambridgeshire-and-peterborough-adult-social-care-long-term-service-users-31-march-2019
- Unit costs for clients accessing long-term support, by support setting and age band, 2023/24 for Cambridgeshire and Peterborough, Adult Social Care Activity and Finance: 2023/24, NHS digital

Lastly, we have been unable to check performance or finances or proposed activities on a qualitative basis with senior staff at Cambridgeshire County Council. Nor have we been given access to performance information for social care services or public health at a district level. This hampers but does not prevent planning for the proposed localities.

[1] accessed via https://opendatacommunities.org/data/societal-wellbeing/imd2019/indices

Appendix 4. Outcomes for social services

Detailed outcomes for adults and communities

- Independence and Choice - People are supported to live independently, with maximum choice and control over their lives and care.
- Dignity and Safety - People are treated with dignity and respect, protected from abuse, neglect, and exploitation.
- Health and Wellbeing - Individuals experience good physical and mental health, with access to preventive and recovery-focused support.
- Inclusion and Participation - Adults are active in their communities, with opportunities to work, volunteer, and contribute.
- Right Support at the Right Time - Early help, reablement, and targeted support help people maintain or regain independence and avoid crisis.
- Smooth Transitions - Young people moving into adulthood and those moving between care settings experience seamless transitions.
- Personal and Community Resilience - People and communities are supported to build networks, confidence, and capabilities to manage life's challenges
- Integrated and Coordinated Care - Services across social care, health, housing, and the voluntary sector work in partnership around people's needs.

Detailed outcomes for children and families

- Safety and Protection - Every child is safe from harm, abuse, and exploitation, with effective early identification and intervention when risks arise.
- Stability and Belonging - Children grow up in stable, loving homes ideally within their family or community with minimal disruption to relationships, school, or community ties.
- Health and Wellbeing - Children and young people enjoy good physical, emotional, and mental health, with strong support for those with SEND or additional needs.
- Education and Achievement - Every child has access to inclusive, high-quality education that meets their needs, supports their aspirations, and enables them to reach their full potential.
- Voice and Participation - Children, young people, and families are listened to, and their voices shape decisions about their care, education, and future.
- Independence and Life Skills - Young people, particularly care leavers or those with SEND, have the skills, opportunities, and confidence to live independently and thrive as adults.

- Prevention and Early Help - Families receive early, joined-up support to prevent crises and reduce the need for statutory intervention.

Appendix 5. Statutory functions for services

Statutory Functions will need to be delivered from day one. We list these for adult social care and children's services in turn.

Adult social care

- Assessment and Eligibility - Duty to assess adults' care and support needs (Care Act 2014, Sections 9-13); carers assessments; determination of eligibility for care and support; transition assessments for young people moving to adult services.
- Care and Support Planning - Development of individual care and support plans (Care Act 2014, Section 24); inclusion of personal budgets; involvement of individuals and carers in planning decisions.
- Safeguarding Adults - Responsibility to make safeguarding enquiries (Care Act 2014, Sections 42-47); establishment and oversight of a Safeguarding Adults Board (SAB); coordination with partner agencies to protect vulnerable adults.
- Service Provision and Commissioning - Duty to meet eligible needs through appropriate services (Care Act 2014, Sections 8 & 18); commissioning of domiciliary care, residential care, day services, and other provisions; delivery of preventative services (Care Act 2014, Section 2).
- Market Shaping and Oversight - Duty to ensure a diverse, sustainable, and high-quality care market (Care Act 2014, Section 5); contingency planning for provider failure and market instability.
- Charging and Financial Assessment - Managing charges for care and support services (Care Act 2014, Sections 14 & 17); carrying out financial assessments; management of Deferred Payment Agreements and income collection.
- Information and Advice - Duty to provide accessible, comprehensive information and advice about care and support options (Care Act 2014, Section 4).
- Integration and Cooperation - Duty to cooperate with other public bodies, including health and housing (Care Act 2014, Sections 6–7); promoting integration with NHS and other partners in line with local strategies.
- Advocacy - Provision of independent advocacy for individuals who have substantial difficulty being involved in key processes (Care Act 2014, Section 67).

Children's Social Care

- Assessment and Intervention - Duty to assess children in need and children at risk of harm (Children Act 1989, Sections 17 & 47); statutory timescales for assessments; early help and preventative services.
- Child Protection - Responsibility to investigate safeguarding concerns (Children Act 1989, Section 47); convene child protection conferences; develop and implement child protection plans; work with the Local Safeguarding Children Partnership (Children and Social Work Act 2017).
- Looked After Children - Duties relating to children in care (Children Act 1989, Sections 20 & 31); corporate parenting responsibilities; placement planning and care planning; permanence planning including fostering, adoption, and special guardianship.
- Care Leavers - Statutory duties to support young people transitioning from care (Children Act 1989, Section 23C); pathway planning; provision of personal advisers up to age 25.
- Special Guardianship & Adoption - Duty to assess, approve and support prospective adopters and special guardians (Adoption and Children Act 2002).
    - Family Help - Responsibility for early intervention and family support services to prevent escalation of need (Children Act 2004).
- Safeguarding Partnerships - Duty to work with statutory partners (police and health) to operate multi-agency safeguarding arrangements (Children and Social Work Act 2017).
- Advocacy and Voice of the Child - Duty to ensure the child's voice is heard in planning and decision-making processes (Children Act 1989 and UN Convention on the Rights of the Child).
- Commissioning and Market Oversight - Duty to ensure sufficient provision of placements and support services (Children Act 1989, Section 22G), shaping the market to meet diverse needs.

SEND and Education

- Special Educational Needs (SEN) Assessment - Duty to identify, assess, and provide for children with special educational needs (Children and Families Act 2014, Sections 20-36); statutory Education, Health and Care (EHC) needs assessments and plans.
- Education Provision - Duty to ensure access to sufficient, suitable school places for all children (Education Act 1996, Section 14); securing full-time education for children out of school.

- SEND Provision and Local Offer - Responsibility for developing and maintaining a local offer of SEND services (Children and Families Act 2014, Section 30), ensuring joint commissioning with health and social care partners.
- School Admissions and Exclusions - Statutory responsibilities for school admissions and fair access (School Standards and Framework Act 1998); oversight of exclusions and reintegration.
- School Improvement and Standards - Duty to promote high standards of education and support school improvement (Education Act 2005); monitoring performance of maintained schools.
- Alternative Provision - Duty to arrange suitable education for children unable to attend school due to illness, exclusion, or other reasons (Education Act 1996, Section 19).
- Attendance and Welfare - Powers and duties relating to school attendance, education welfare, and penalty notices (Education Act 1996, Section 444).
- Participation and Transition - Duty to ensure participation in education or training up to age 18 (Education and Skills Act 2008); transition planning for young people with SEND into adulthood.
- Safeguarding and Inclusion - Duty to safeguard and promote the welfare of children in education (Children Act 2004, Keeping Children Safe in Education statutory guidance).

Public Health

- Improving Public Health: Reducing health inequalities by providing information and advice (e.g., on healthy eating and exercise). Commissioning and providing services, such as smoking cessation clinics, sexual health services, and initiatives for alcohol and drug misuse. Ensuring programs like the NHS Health Check for people aged 40-74 are accessible.
- Health protection: Developing plans to protect the population's health from threats, including immunisation and screening programs. Responding to public health emergencies, working with partners like the police and the NHS.
- Specific mandated functions: The National Child Measurement Programme (NCMP). Ensuring appropriate access to sexual health services.
- Healthy Child Programme: A national evidence-based programme that provides a schedule of services for children from pregnancy to age five. Local authorities are required to provide five universal health visitor reviews. Also include additional support for families who need extra help.
- Child health surveillance and screening: monitoring a child's physical and emotional development. Providing advice and support on a wide range of topics, including physical and emotional development, parenting, nutrition, and accident prevention.

- Reporting: The Director of Public Health (DPH) has a duty to produce an annual report on the health of the local population, which the local authority must publish.
- Cooperation and coordination: Collaborating with other local authorities and partners to address local health needs. Providing specialist public health advice to the NHS commissioners.

Appendix 6. Potential delivery approaches

A set of options has been developed for the delivery of the distinct functions that make up Children's Social Care, Adult Social Care, and SEND. These are summarised in the table below, followed by a more detailed analysis.

Model	Options/ how to apply	Comments
Shared service options with the 4 or a neighbouring Council	Different forms of sharing • shared leadership • some shared contracts • some joint functions • some joint governance	Recommended on a case-by-case basis rather than a full-scale sharing model, building on local learning about shared services. Clear lead Council is needed, and a formula to agree on funding contribution.
In House Delivery	Stand-alone dedicated single team or linked to another Council function, such as housing/community development	Good for day one to create time to review and identify opportunities to create synergy and transformation.
Locality/ neighbourhood level delivery	Locality Team social care staff or multi-disciplinary neighbourhood team (options include co-location/ seconded staff/ jointly funded manager)	Adult and children's social care and assessment teams are structured on a locality basis. Option to move to neighbourhood teams with NHS and other Council services.
Multi agency delivery in a specific setting	Hospital-based co-located team (Transfer of Care Hub) Multi agency safeguarding (MASH) Children/ Adults Early Help	Integrated models that work well now- could continue with a shared arrangement led by the North Cambridgeshire and Peterborough or Greater Cambridge Unitary Authority.
Local Authority Trading company	Owned by one Council or co-owned by more than one Council	Not recommended at this stage - some being wound down elsewhere due to management costs and loss of direct control.
Mutual/ Cooperative/ Social Enterprise (not for profit)	A microenterprise that provides local place-based solutions to meet need and develops the local economy, e.g. domiciliary care	Cambridge County Council has been piloting work on micro enterprises and seen as good practice. It could be built community up rather than commissioned in traditional ways.
Commissioned by NCP and Greater Cambridge Unitary Councils	Commissioned • VCSE/ micro enterprise, co-operative • from the independent/private sector • from NHS provider	Good for services where there is availability locally and can-do co-production and build a collaborative relationship with local providers.
Jointly Commissioned	Jointly Commissioned • with another LA - or • with the NHS (aligned/ joint) • pooled budget- held by LA on behalf of the NHS and LA • with other LA/s at a regional level	Good for specialist high-cost placements, lack of local availability, and competition. Joint commissioning with new, larger ICB boundaries may be more difficult. Suggest starting point is between NCP or Greater Cambridge unitary on a case-by-case basis initially with one Council taking the lead.

Appendix 7. Functional Analysis

This appendix sets out a starting point for consideration of the practical arrangements for the delivery of Adult Social Care, Children's Services and SEND under the proposed new unitary council structure.

It draws on publicly available information regarding the current delivery models in place in Cambridgeshire and Peterborough, but proposals are subject to change, during both the transition period and as the new localities begin their work, after a more detailed analysis of need and current delivery configurations.

The tables below provides a breakdown of the main functions that will transfer and what could be delivered at a unitary or locality level and also identifies areas where a pan-Cambridgeshire/Peterborough approach may remain beneficial.

Delivery Models by Early Help, Operational Delivery, Commissioning and Strategic Adult Social Care, Functional Areas

OPERATIONAL / DELIVERY FUNCTION	POTENTIAL DELIVERY MODEL WITHIN NEW UNITARY COUNCILS
ADULT EARLY HELP	
Information and Advice	North Cambridgeshire and Peterborough: Expand the remit of the existing Peterborough contact centre to cover the whole council area. Greater Cambridge: Integrate into the current Cambridge City Council contact centre
Adult Early Help (AEH) pre-statutory assessment	North Cambridgeshire and Peterborough & Greater Cambridge: Either continue to have a Council wide function linked to the Contact Centre or embed into a Locality/Neighbourhood team if sufficient resource
Reablement	Disaggregate existing service along current demand and activity date: North Cambridgeshire and Peterborough & Greater Cambridge: Embed the share of service into the Locality/ Neighbourhood teams *N.B. Opportunity for considering market testing of part/all of the service to achieve cost efficiencies.*
Community equipment	North Cambridgeshire and Peterborough & Greater Cambridge: Continue to jointly commission with the NHS from an external provider and strengthen links with the housing provider function.
Assistive technology/TEC-enabled care	Disaggregate existing service along current demand and activity date: North Cambridgeshire and Peterborough & Greater Cambridge: Maintain a small, centralised specialist all-unitary team supporting localities.

Sensory Services	Disaggregate existing service along current demand and activity date: North Cambridgeshire and Peterborough & Greater Cambridge: Maintain a small, centralised specialist all-unitary team supporting localities. *N.B. Opportunity to explore expanded role for specialist VCS organisations to provide local support to Locality Teams*
Occupational therapy	Review Cambridgeshire's existing shared arrangements with the NHS. If the review supports the need for change, disaggregate existing service along current demand and activity data: North Cambridgeshire and Peterborough & Greater Cambridge: Option 1: Create a separate Council OT service for each council as part of locality teams and explore whether links between NHS and Council OTs can be developed as part of neighbourhood working Option 2: If review supports a continuation of an integrated model in Cambridgeshire, embed integrated OT service into neighbourhood teams.
CARE AND SUPPORT PLANNING	
Older People and physical disability assessment, care planning and reviews	North Cambridgeshire and Peterborough: Establish locality teams across 4 district/City areas Greater Cambridge: Establish a unitary-wide team with locality links
Mental health assessment and care planning, and reviews	North Cambridgeshire and Peterborough & Greater Cambridge Option 1. Negotiate a new Section 75 with CPFT for a locality-based integrated mental health service for 2 new unitary council areas. Option 2. End section 75 and embed mental health social care assessment and care planning into Locality Teams

Learning Disability Assessment, Care planning and reviews	North Cambridgeshire and Peterborough & Greater Cambridge Option 1. Retain a bespoke unitary council-wide LD and Autism assessment and care planning service Option 2. Embed LD social care staff into Locality Teams
Day Opportunities and respite for people with Learning Disabilities	North Cambridgeshire and Peterborough: Transfer current CCC services located in Huntingdon, Fenland and East Cambridgeshire to join with the existing Peterborough day opportunities Strengthen links to leisure, parks, open spaces, arts and culture. Greater Cambridge: Transfer Cambridge City/South Cambridgeshire-based directly managed services and external contracts to the new unitary. Strengthen links to leisure, parks, open spaces, arts and culture. North Cambridgeshire and Peterborough & Greater Cambridge: Review total day opportunities offer across Cambridgeshire and Peterborough collaboratively to determine future service options and opportunities. Review current Cambridge/Peterborough resources and requirements for respite care and establish a collaborative approach. Establish reciprocal access for current service users and families to reduce risks and disruption to care and support. Strengthen links to leisure, parks, open spaces, arts and culture.
SPECIALIST FUNCTIONS WITHIN LEGAL FRAMEWORK FOR ASC	
Financial Assessment- checks eligibility for publicly funded care and arranges charging.	North Cambridgeshire and Peterborough: Retain existing Peterborough arrangements and include the new district council client base.: Greater Cambridge: Embed into Council functions related to benefits and payments.

Direct payments and personal budgets administration	North Cambridgeshire and Peterborough & Greater Cambridge: Co-locate Direct Payments staff with Locality Teams
Deprivation of Liberty Safeguards Assessment	North Cambridgeshire and Peterborough & Greater Cambridge: Consider the shared service model across NCP and Greater Cambridge. Dedicated staff working for and employed by one or other of the new councils, with a single manager and sharing of workload.
Safeguarding Adult Board	North Cambridgeshire and Peterborough & Greater Cambridge: Continue the existing arrangement of a shared Board arrangement covering both unitary council areas in the first instance.
Safeguarding referrals and follow-up	North Cambridgeshire and Peterborough & Greater Cambridge: Consult with partners on the development of a multi-agency safeguarding hub with the Police and NHS covering each unitary area

STRATEGIC / COMMISSIONING FUNCTIONS	
	North Cambridgeshire and Peterborough & Greater Cambridge Disaggregate existing commissioning teams and create two new strategic commissioning teams able to cover the full range of commissioning functions including market shaping, contracting and contract monitoring. Maintain collaborative commissioning across two unitaries for specialist commissioning needs (e.g. Building the Right Support LD cases, Forensic support placements)
Better Care Fund planning and implementation	North Cambridgeshire and Peterborough & Greater Cambridge Disaggregate BCF services/funding to reflect new unitary council areas – with particular reference to hospital discharge/ reablement/intermediate care services.
Brokerage of care and individual placements	North Cambridgeshire and Peterborough & Greater Cambridge Disaggregate resource and create separate Brokerage function for each unitary, aligned with locality teams.
Safeguarding referrals and follow up	North Cambridgeshire and Peterborough & Greater Cambridge: Consult with partners on development of multi-agency safeguarding hub with the Police, NHS covering each unitary area
Support for Carers	North Cambridgeshire and Peterborough & Greater Cambridge: Embed with locality teams, Strengthen links with other council functions including leisure, housing, public health.
Transfer of Care Hub in 3 acute hospitals- to ensure timely discharge	Greater Cambridge: - Enhanced and streamlined hospital discharge hub at Addenbrookes hospital with a single accountable pathway and fewer hand-offs. Seamless access to reablement, aids and adaptations, community support networks to facilitate safe and effective early discharge. Working to support out of area patient discharges with North Cambridgeshire & Peterborough locality teams. North Cambridgeshire and Peterborough: - Hospital discharge hubs at both Hinchingbrooke & Peterborough hospitals with a single accountable pathway and fewer hand-offs. Seamless access to reablement, aids and adaptations, community support networks to facilitate safe and effective early discharge.
Quality assurance and practice development - ensure quality and practice of social care	North Cambridgeshire and Peterborough & Greater Cambridge: Confirm establishment of a Principal Social Worker with a dedicated team quality and practice standards team for each unitary council.

staff is good and developing	

Appendix 8. Delivery Models by Early Help, Children's Social Care, Education and SEND Functional Areas

Operational / delivery Functions	Delivery vehicle/ model	Options for future transformation and delivery
CHILDREN'S EARLY HELP		
Early Help is delivered as a multiagency partnership offer, often overseen by partnership governance and delivered through joint commissioning and integrated teams.		
Family and parenting support Partnership Delivered and commissioned	Children's Centres are likely to have been part of a re-design process in line with the Government's Best Start in Life programme for Family hubs.	North Cambridgeshire and Peterborough & Greater Cambridge Possibility to review functions as part of the progress to Family Hub models and further integrated delivery for Early Childhood services, plus all age family help, including integration with DVSA, adult MH and drug and alcohol services. Connect to Integrated Neighbourhood teams.
SEND Support Services Partnership Delivered and commissioned		North Cambridgeshire and Peterborough & Greater Cambridge Connect SEND Support within the family help offer. Either through family help teams/hubs or with integrated teams around schools connected with community health therapies.
Homelessness Support 16- and 17-year-olds		Often an indication of complexity in families and children at the edge of care. Children assessed as Children in Need. Very often also linked to SEND and education support offers. Deep understanding of the demand arising and therefore the need enables effective intervention design.
Youth Support		Targeted and Intensive youth support can prevent anti-social behaviour and care entry.

Operational / delivery Functions	Delivery vehicle/ model	Options for future transformation and delivery
Support offer and engagement with Young Carers		North Cambridgeshire and Peterborough & Greater Cambridge: Align offer to family help and grow the capacity of schools to respond to need. Connect adult services for mental health, substance misuse, and domestic violence to young carers, and offer or have it embedded within this delivery.
CHILDREN'S SOCIAL CARE		
Operational / delivery Functions	**Delivery vehicle/ model**	**Options for future transformation and delivery**
Multi-Agency Safeguarding Hub	Re-establish partnership commitment to the MASH prior to transition.	Establish a MASH with the Police and NHS, covering the two new unitary council areas. Connect to family help system for a single front door. This is a critical front door service. Partners will need to have very clear communication on how to align and deploy staff in the transition phase.
Child In Need Family Help		North Cambridgeshire and Peterborough & Greater Cambridge: Establish multi-agency family help team for each unitary council area. *Future opportunities: Further develop these teams through the maturing delivery of transformation in line with the reforms. Strengthen step down/ across to earlier preventative and community based offered. Consider data arising from these services on demand to both prevent and de-escalate appropriately. Designing other services to meet unmet need arising as demand in this context.*

Operational / delivery Functions	Delivery vehicle/ model	Options for future transformation and delivery
Child Protection		North Cambridgeshire and Peterborough & Greater Cambridge: Further the transformation of multi-agency child protection teams for each unitary council area. Continuing to embed the ambitions of the reforms.
Children in Care SW Team and IRO function		North Cambridgeshire and Peterborough & Greater Cambridge: Establish CiC team for each unitary council area.
Children's homes and supported accommodation		Refresh and publish a Sufficiency strategy for each unitary Council. *Opportunity: Consideration of shared services for in-house children's homes and joint commissioning of children's homes and supported accommodation as well as quality assurance. Linked to capacity for special school and Alternative Provision. Consideration of Regional Care-Cooperative as delivery vehicle.*
Fostering Delivered and commissioned		North Cambridgeshire and Peterborough & Greater Cambridge: Consider the option of retaining a shared fostering service. However, disaggregation of fostering has been noted in the Peterborough Ofsted report as a positive step Grow in-house fostering capacity, develop specialisms aligned to local need and strategic assessment of sufficiency. Collaborate for recruitment if the DfE-funded pilot does not continue. Consider the role of regional care cooperatives or regional hubs
Care Leavers assessment and support	Option to expand Staying Close scheme, providing care leavers with advice, housing	North Cambridgeshire and Peterborough & Greater Cambridge: Further enhance the Local Offer and the Pledge commitments to Care Leavers for prioritised and supported access routes to education, skills and training and employment. Care Leavers offered roles in the 'new' Council as a priority.

Operational / delivery Functions	Delivery vehicle/ model	Options for future transformation and delivery
	support, and assistance securing employment or education. Required to offer up to age 25	Review care leavers' access and priority for social housing. *Opportunities: Expanding initiatives like 'The House Project' will help the capacity to respond to young people with complex lives.*
Support for Kinship Care		North Cambridgeshire and Peterborough & Greater Cambridge: Establish a team for each unitary council area. An area to grow capacity and support to prevent escalation to fostering and children's home provision. *Opportunities: introduce a Virtual Head role to support children in kinship care to achieve in their education.* *Pilot areas for financial support to special guardians.*
LADO Designated Officer Duty to manage allegations against professionals working with children		North Cambridgeshire and Peterborough & Greater Cambridge: Establish a designated LADO for each Unitary. Consider whether this may be a shared function across the two councils, with dual reporting to each DCS
Out of Hours/ Duty Service		North Cambridgeshire and Peterborough & Greater Cambridge: Consider the option of a single out-of-hours function covering 2 unitary council areas led by one unitary council where the majority of activity is likely to originate (e.g. NCP) Ensure OOH have access to OOH family support and response teams and a sufficient range of local emergency provision to prevent OOH out-of-area placements.

Operational / delivery Functions	Delivery vehicle/ model	Options for future transformation and delivery
Virtual School and Virtual College		North Cambridgeshire and Peterborough & Greater Cambridge: Consider the creation of a single Virtual school head for each unitary council area with the aim of creating closer working with schools and colleges.
Disabled Children Social Work teams		North Cambridgeshire and Peterborough & Greater Cambridge: Create DCSW team for each unitary council. Service to include links to Early Years Inclusion and specialist services such as Portage. Consider dual integration with SW services and SEND delivery. Enhance joint work with ICB and ASC for preparation for adulthood.
Short Breaks Local Offer Delivered and commissioned		North Cambridgeshire and Peterborough & Greater Cambridge: Review balance between direct and contracted service offers. Strengthen links to leisure, parks, open spaces, arts and culture. For inclusive community offer. Consider adaptations in housing stock for more inclusive homes. Further develop capacity for direct payments and personal budgets. *Opportunities: Consider joint commissioning external contracts or developing a shared framework*.

Operational / delivery Functions	Options for future transformation and delivery
SPECIALIST FUNCTIONS WITHIN LEGAL FRAMEWORK FOR CHILDREN'S SERVICES	
Direct payments and personal budgets administration	North Cambridgeshire and Peterborough & Greater Cambridge: Bring together with other transactional services. Ensure policy and strategy, impact and take-up are overseen at a partnership level.
Deprivation of Liberty Safeguards Assessment	North Cambridgeshire and Peterborough & Greater Cambridge: Consider the shared service model across North Cambridgeshire and Peterborough & Greater Cambridge unitary councils. Dedicated staff working for and employed by one or other of the new councils, with a single manager and sharing of workload.
Quality assurance and practice development - ensure the quality and practice of social care staff is good and developing. Strategic reporting on quality and response to needs in children from the latest best practice models.	North Cambridgeshire and Peterborough & Greater Cambridge: Establish team in each unitary council *Opportunities: The practice development offer can be a key part of the retention of staff. Connection to the universities to ensure a pipeline of highly qualified staff. Consider routes for staff to become SW qualified. To 'grow your own'*
Youth Offending Team	North Cambridgeshire and Peterborough & Greater Cambridge: Ensure current YOTs are realigned to each unitary council area.

SEND Support Services are delivered through a multi-disciplinary, multi-agency partnership offer. Some of which is 'bought in' by schools and some of which is commissioned or delivered by the local authority. The aim is for children to access an inclusive education offer enabling them to achieve the best they can, be prepared for adulthood and independence, work and training. Each council will need to ensure capacity to commission appropriate Residential care, post 16 and post 19 provision and mediation and dispute resolution, as well as delivering Early Years and primary, secondary and FE Inclusion	
Education Health, and Care plan assessment, prepared, maintained and reviewed. Convening the multi-agency QA function	North Cambridgeshire and Peterborough & Greater Cambridge: Establish a team in each unitary council area. This is a highly pressured high-demand area of work. Recruitment and retention are often difficult. Education White Paper likely to set direction for SEND reform. *Opportunities: re-design and greater use of digital.*
Sensory Services	North Cambridgeshire and Peterborough & Greater Cambridge: Establish a team in each unitary council area, aligned with Children's Disabilities Team.
Occupational therapy	North Cambridgeshire and Peterborough & Greater Cambridge: Review whether S75 will still be in place/ shape future model Align OT delivery with Early help and integrated school wrap around offer. Ensure pathways to assistive tech and equipment are promoting Independence and inclusion.
Community equipment for Children and Schools	North Cambridgeshire and Peterborough & Greater Cambridge: Each unitary to continue to jointly commission with the NHS from an external provider and strengthen links with the housing provider function

Operational / delivery Functions	Options for future transformation and delivery
Education	
Early years and childcare Sufficiency duty Early Years Childminders and EY settings. Wrap around.	Further grow and develop affordable childcare and wrap-around provisions in early years settings and in schools enables a thriving working-age population and a positive impact on developmental outcomes for children. Connect to the Early Childhood strategy and to Family Help for integrated delivery. Grow capacity in leisure services and consider infrastructure in housing developments, such as buggy walk to health services and community facilities. **With collaboration at the border with neighbouring LAs**
School place planning, including special schools and Alternative Provision	North Cambridgeshire and Peterborough & Greater Cambridge: Establish a team in each unitary council area. Develop a fuller strategic alignment to the sufficiency strategy for placements for CIC and SEND strategy. Further develop special school capacity and Alternative provision whilst building inclusion practice in mainstream schools.
Capital Planning for Schools	North Cambridgeshire and Peterborough & Greater Cambridge: Establish a team in each unitary council area, linked to the Unitary Council's overall capital planning team
Admissions Coordination and Appeals	North Cambridgeshire and Peterborough & Greater Cambridge: Establish a team in each unitary council area.
School transport and SEN transport	North Cambridgeshire and Peterborough & Greater Cambridge: Establish a team in each unitary council area.
Attendance, exclusions oversight and Education	North Cambridgeshire and Peterborough & Greater Cambridge:

Welfare, enforcement, Children Educated Other than at School (EOTAS) and children educated at home (EHE)	Establish a team in each unitary council area. Strategic assessment of attendance, exclusion and EHE to determine issues of inclusion. Preventing escalation of need or family breakdown.
School Improvement Support to maintained schools for improvement in standards and quality of teaching	North Cambridgeshire and Peterborough & Greater Cambridge: Strategic place- based leadership with all schools Developing effective relationships with Chief Execs of MATS and Academy leaders will be key to driving up educational standards.

Operational / delivery Functions	Options for future transformation and delivery
Strategic Commissioning Functions	
Commissioning Team	North Cambridgeshire and Peterborough & Greater Cambridge: Establish a team in each unitary council area. Undertake a collaborative review of the contracts register, determining future arrangements and disaggregation of contracts. Consider where joint commissioning or aligned or pooled funding will enhance delivery in future delivery models. *Opportunities: Further develop sub-regional and regional collaborations. Such as RCC-type arrangements to meet the needs of children with the most complex lives.*
Brokerage of care and individual placements	North Cambridgeshire and Peterborough & Greater Cambridge: Establish a team in each unitary council area.
Commissioning, contracting and quality assurance of all contracted providers, including Children's Homes, fostering and Supported Accommodation, short breaks for disabled children.	North Cambridgeshire and Peterborough & Greater Cambridge: Consider establishing a shared function across 2 unitary councils. Quality assurance functions for placements can be a shared activity in a collaboration between 2 unitary councils, or even at the sub-regional or regional level.

Operational / delivery Functions	Options for future transformation and delivery
Participation and engagement	
Key Participatory and engagement function Support for Parent Carers	Work with Parent carer forum through the transition period and for each unitary authority area to establish early connection to parent carers building trust and confidence. Enabling parent carers and families to have a say in the design and delivery of services throughout the LGR process.
Safeguarding Children Board	North Cambridgeshire and Peterborough & Greater Cambridge: Continue existing arrangement Consider local priorities and areas of focus for the immediate time after vestment day. Convening partners for the 'new' partnerships is an opportunity to revisit priorities and offer support and challenge on impact.
Governance Corporate Parenting Board	North Cambridgeshire and Peterborough & Greater Cambridge: Establish a Corporate Parenting Board for each council.
Key participatory and engagement function Children in Care Council	North Cambridgeshire and Peterborough & Greater Cambridge: Review existing participation and engagement arrangements and develop a Children in Care Council for each area. Engaging Children in Care and Care Experienced young people early in the LGR transitions process to build trust and confidence and for their needs and wishes to inform all planning for the design and delivery of services.

Appendix 9. Risk Mitigation and Assurance Framework

Purpose of this Appendix

This appendix summarises the risk mitigation arrangements required to secure safe, legal, and sustainable delivery of Option B. It sets out the key risks across statutory services, the controls needed to manage them, and the assurance mechanisms that will support continuity of critical functions on vesting day and during the transition period. The framework provides a consistent basis for oversight, monitoring, and escalation across both emerging unitaries.

Consolidated risk table

Readiness Test	Key Risk	Potential Impact	Mitigation / Controls	Residual Risk
Safe Transition	Disruption to statutory services	Service interruption; safeguarding breach	Dual running of systems; statutory officer continuity; independent audits	Medium - Low
	Workforce attrition	Loss of case continuity; practice instability	Workforce Stability Plan; retention incentives; agency cover	Medium - Low
	ICT incompatibility	Data loss or delay in access	End to end testing; shared data migration plan; DPO continuity	Medium
	Provider contracts not transferred/novated to new councils	Disruption in care delivery; service users left unsupported and at risk	Early audit of contracts; clear communication and engagement with providers; collaborative arrangements between unitaries to honour contract commitments	Medium – Low

Legal Readiness	Delay in officer appointments	Statutory non-compliance	Early designation of MO/S151; governance templates; shadow approvals	Low

Cont.

Readiness Test	Key Risk	Potential Impact	Mitigation / Controls	Residual Risk
	Unclear delegations	Conflicting decisions	Interim Decision Protocol; Shared Legal Compact	Low
Financial & Workforce	Transition costs exceed funding	Budget imbalance	Independent validation; quarterly MTFP updates; DLUHC engagement	Medium
	Inaccurate data for disaggregation	Misallocation of funding	Joint Finance Transition Group; audit assurance	Low
Sustainable Delivery	Market instability	Provider failure	Joint Commissioning Compact; shared QA	Medium - Low
	SEND/placement insufficiency	Cost escalation	RCC membership; sufficiency plan; capital pipeline	Medium
	Disruption in payment arrangements with independent care providers	Provider failure; disruption to care delivery	Early audit of contracts; agreement on lead council for contracts spanning both unitaries; confirm continuity of payment arrangements	Medium - Low
Transformative Readiness	Fragmented ICB partnership	Loss of integrated benefits	Joint Strategic Forum; re-ratify S75; shared outcomes	Low
	Leadership misalignment	Cultural friction	Leadership Charter; OD programme	Medium - Low
	Fragmented data insight	Weak outcome evaluation	Shared Data & Insight Hub; joint analytics platform	Medium

Assurance and Monitoring

All risks within this framework will be maintained in a Joint Risk and Assurance Log, overseen by an LGR Programme Board responsible for Safe & Legal Day 1 Readiness. The Board will:

- monitor residual risk ratings
- track delivery of agreed controls
- commission targeted deep dives
- escalate Medium and above risks
- report quarterly to the Shadow Executive and Members

Independent assurance will be commissioned where required, including for:

- safeguarding
- ICT readiness
- workforce transfer
- financial disaggregation
- data migration

This approach provides a transparent and consistent basis for demonstrating readiness for vesting day and ensuring that services remain safe, legal, and stable throughout the transition.

Disclaimer

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