HEALTH COMMITTEE

Date:Thursday, 11 October 2018

13:30hr

Democratic and Members' Services
Fiona McMillan
Deputy Monitoring Officer

Shire Hall
Castle Hill
Cambridge
CB3 0AP

Kreis Viersen Room
Shire Hall, Castle Hill, Cambridge, CB3 0AP

AGENDA

Open to Public and Press

CONSTITUTIONAL MATTERS

1	**Apologies for absence and declarations of interest** *Guidance on declaring interests is available at http://tinyurl.com/ccc-conduct-code*	
2	**Minutes & Action Log - 13th September 2018**	**5 - 16**
3	**Petitions and Public Questions**	

KEY DECISIONS

4	**Re-Commissioning of Children & Young People's Substance Misuse Services** **DECISIONS**	**17 - 34**

The Health Committee comprises the following members:

Councillor Peter Hudson (Chairman) Councillor Chris Boden (Vice-Chairman)

Councillor David Connor Councillor Lynda Harford Councillor David Jenkins Councillor Linda Jones Councillor Kevin Reynolds Councillor Simone Taylor Councillor Peter Topping and Councillor Susan van de Ven

For more information about this meeting, including access arrangements and facilities for people with disabilities, please contact

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HEALTH COMMITTEE: MINUTES

Date: Thursday 13 September 2018

Time: 1.30pm to 4.30pm

Present: Councillors C Boden (Vice Chairman), D Connor, L Harford, P Hudson (Chairman), L Jones, K Reynolds, P Topping and S van de Ven.

District Councillors J Tavener and G Harvey

Apologies: County Councillor D Jenkins, S Taylor
District Councillor N Massey

134. DECLARATIONS OF INTEREST

There were no declarations of interest.

135. MINUTES AND ACTION LOG: 12th JULY 2018

The minutes of the meeting held on 12th July 2018 were agreed as a correct record and signed by the Chairman,

The Action Log was noted including the following updates:

- Minute 118 - Information had been received on procurement processes and would be circulated
- Minute 130 - Information regarding LGSS overheads had been received and would be circulated
- Minute 130 - Officers were compiling the different bicycle schemes funded by various sources to provide an overview for Members.

136. PETITIONS

There were no petitions.

137. FINANCE AND PERFORMANCE REPORT – JULY 2018

The committee received the July 2018 iteration of the Finance and Performance Report which showed a balanced forecast outturn for the Public Health Directorate. The presenting officer clarified that it was the most up-to-date report available at the time, with the August report due to include information on overspends or underspends in July.

In discussing the report members:

- Queried the negative figures listed in table 2.1 of the report. It was noted that they represented payments related to the previous financial year and that adjustments were therefore applied. The budget was spent in a variable way and that could occur on a monthly, quarterly or annual basis depending on the contractor.

- Suggested that main expenditures came at the back end of the year according to the figures in table 2.1 of the report. It was clarified by the officer that numbers appeared to be in arrears because there had been delays in invoicing, especially by the NHS. Council methods of accounting differed from the NHS, so there were naturally discrepancies. Members urged officers to use Council methods to ensure that funding was allocated correctly.

- Noted the text in the appendix was positive and questioned why there was a red rating. Members were informed that the red rating was because performance was below the 50% target and that the commentary was positive because it reflected the measures that were improving the situation. Members noted the indicator would remain red for a period of time due to the timing of reporting and when notifications of contact required were received. The officer was asked to report on this at the next meeting. **Action**

- Queried the geographic location of areas at higher risk of cardio vascular disease and where GP Health Checks were low that were mentioned in section 4 of the table in appendix 6 of the report. The officer explained that the data referred to the whole of the LA area and did not differentiate between the numbers in different locations. In Fenland where there is higher risk of cardio vascular disease the numbers of health checks had increased due to the targeting of additional resources into the outreach health check programme in the area.

- Sought clarification on the causes for lower levels of smoking indicated in section 5 of the table in appendix 6. It was noted that this was not just due to service improvement but also because of changes within the community. Campaigns were targeting smokers and it was vital to maintain the change.

It was resolved unanimously to:

> Review and comment on the report and to note the finance and performance position as at the end of July 2018.

138. UPDATE ON AIR QUALITY AND HEALTH ACROSS CAMBRIDGESHIRE

The committee received a report that provided updates on actions underway across the region that addressed air quality as well as proposing new actions. The presenting officer drew attention to the progress made and emphasised that responsibilities were distributed among district councils, with Public Health within the Council bearing no direct responsibility. These councils met on a quarterly basis and to date have supported the work but have raised concerns over their capacity to do so.

In discussing the report members:

- Queried whether the bus review was being consulted on its considerations regarding air quality. The officer confirmed that it had been consulted and had been encouraged to consider air quality when developing transport across the county. It was also noted that transport should be considered in totality, with consideration

given to all modes of transport, such as bus, train and bike, rather than just one in isolation. Members urged officers to provide specific suggestions to the review and to follow developments.

- Considered their role in the process going forward, noting the need to raise and maintain consciousness of the issue and to develop tools allowing councillors and others to act. Attention was drawn to paragraph 3.3 of the report that highlighted the required integration of various bodies and organisations to increase effectiveness. It was suggested that a list of attendees at training events would assist in this.

It was resolved unanimously to:

i. Note and comment on progress to date

ii. Agree the next steps in paragraphs 3.1 – 3.6.

139. PROPOSED RESPONSE TO CAMBRIDGE CITY COUNCIL AIR QUALITY ACTION PLAN CONSULTATION

The committee considered the report containing the proposed response to Cambridge City Council's Air Quality Action Plan consultation. The Council was asked to participate as part of the process and given that air quality was identified as a priority by the Health Committee, members of the committee were asked to comment on and agree to the responses.

In discussing the report members:

- Admired the aspirations and intentions of the City Council's Action Plan but questioned how it would be implemented and whether it could be achieved. It was noted that in the list of seven main areas for action in section 3.1 of the report, only the first one included a specific action, which required low emission taxis. It was noted that more information on the other areas would have been helpful.

- Expressed concern over the lack of commitment by private bus companies to lower their fleets' emissions, while also suggesting that replacing the bus fleet in the city with low emission vehicles would only result in the older vehicles being used elsewhere across the region. The presenting officer advised Members that the Combined Authority was also looking into this issue.

- Noted that the National Grid was currently unable to support the increasing demand for charging points for electric vehicles. It was suggested that trials held in other regions, such as those of battery storage in Somerset, should be considered. The Chairman requested Members' concerns regarding these issues be added to the response. **Action**

- Considered whether car engine emissions were the greatest problem, suggesting that volume and traffic flow were also important considerations. A Member drew attention to the number of locations for measuring particulate levels in Cambridge and suggested that diffusion tubes could be deployed to identify problem areas more widely across the city, while pointing out that the County Council was helping by reducing its impact on the city by relocating and decentralising its operations across the county. It was noted that previous monitoring suggested that the three

locations used were sufficient and that expansion of the scheme was limited by financial constraints.

- Expressed their appreciation for the inclusion of bicycle concerns in the response and it was noted that more extensive consideration was given to bicycles in the full report than in the summary.

- Discussed the general public's perception of pollution levels. It was noted that people had varying understanding of air pollution and in general air quality was better in Cambridgeshire than elsewhere in the country, however there are still levels which exceed the national objectives in the more urban areas of the County.

- Queried why monitoring was not more widespread across other districts given the expanding urbanisation and increasing levels of public concern. The presenting officer agreed that Cambridge City Council had more resources to commit to an Action Plan but pointed out that it was also being carried out because of the legal requirement to do so. There used to be a joint action plan across Cambridge City, South Cambridgeshire and Huntingdonshire but now each council was preparing its own action plan, South Cambridgeshire and Huntingdonshire waiting for the completed A14 improvements before undertaking a new action plan. Members agreed that the Health Committee's responsibility was to promote such action.

- Discussed the response to Question 8 in the report, noting that the effects of idling were particularly acute on children's bodies and considered what the Council and Health Committee could be doing to improve the situation.

It was resolved unanimously to:

Comment on and agree the proposed consultation response as amended during discussion.

140. CHILDREN'S MENTAL HEALTH - UPDATE

The committee received an update to the March 2018 report on Children's Mental Health by the Clinical Commissioning Group, with focus on four areas of challenge: increased demand, waiting times, Child and Adolescent Mental Health Service (CAMHS) Access targets, and workforce. The presenting officer reported that there had been success in gaining additional funding and that '111' calls could now be taken by the service which would potentially reduce hospital admissions. She noted that a directory was being collated of young people who have gone in to or were at risk of going in to social care or special education and that this was an 18 month project. It was clarified that national survey data on children's mental health was based on 2004 data and new data was anticipated in the autumn, which is likely to show an increase in demand. It was also emphasised that referrals of children from primary schools had increased demand. The officer noted that the majority of cases were seen within 18 weeks but that delays in assessment and treatment were high and being tackled both locally and nationally with service providers. Attention was drawn to the CHUMS service and the challenges experienced in setting up groups for interventions as well as the self-confirming nature of the service which caused delays. A review was being undertaken regarding how to capture information on the different NHS computer systems to improve data usage and presentation. Recruitment was identified as a key challenge, with 13.8% vacancy levels significant and it was noted that the 10% target was across the Cambridgeshire and Peterborough Foundation Trust (CPFT) so could

not be broken down in to specific areas. The Children's Wellbeing Practitioners programme had assisted in this and all training posts for the coming year were filled.

In discussing the report members:

- Queried whether the minimum of 2000 referrals mentioned in part 1 of section 2.2 in the report was accompanied by a maximum. The officer confirmed that there was no maximum and that 2000 was the predicted number but having not worked with primary age cases, it had proven hard to predict.

- Expressed concern over teachers being used in appropriate roles and requested clarification on barriers in the workforce arena. It was noted that there was a lack of psychiatrists and that there were challenges in recruiting to lower paid positions due to high living costs and the proximity to London with its higher wages, as well as the competition with agencies offering higher wages. The slow progress through the system and stress of the role also led to people leaving or working reduced hours.

- Questioned the conclusion of considerable progress in the context of widespread media coverage of a crisis in children's mental health services. It was noted that many services were new and that demand and prevalence were far greater than originally thought, while funding had been insufficient leading to cuts in services.

- Noted the significant funding increase mentioned in section 2.2 of the report and questioned whether it was being used effectively to increase early identification levels. The presenting officer acknowledged that issues remained and informed Members that work and research was ongoing. Members considered whether targets regarding assessments were desirable or achievable. It was noted that the green paper was trying to reduce waiting lists to 4 weeks and that trials in other areas that were successful were being looked at.

- Drew attention to the lack of work considering issues such as social media and mobile phones and questioned what strategies were in place for these areas. CHUMS had a resilience group working on this and keep-your-head.com was identified as one such project but it was noted that there was no specific strategy. The NHS had identified children's mental health as a priority area therefore funding would increase but this was a recent development.

- Queried whether the difference in funding for mental health and physical health achieved further parity and it was noted that cancer research received an average of £9000 per capita compared to £9 for mental health issues. Mental health issues by their nature were more complex and often the success of interventions were uncertain.

- Suggested that some of the numbers in the CHUMS waiting time table provided on page 61 of the report appeared inconsistent and there was a request for officers to use median figures rather than maximums and minimums.

- Queried how triaging affected waiting times, noting that some conditions required immediate treatment. The officer stated that all referrals were assessed within two hours upon which point triage and risk assessment was undertaken in order that the most appropriate action was taken.

- Requested an update in 8 months to follow up on priority areas including online bullying, social media and waiting times.

It was agreed unanimously to:

a) Note and comment on the report.

b) To request an update in 8 months' time regarding the priorities of the service, social media and eating disorders.

141. PUBLIC QUESTION

The Chairman invited Mrs Jean Simpson to address the Committee and pose her question regarding the Community First (Learning Disability Beds Consultation).

Mrs Simpson queried whether the saving would be sufficient to provide quality community service while also covering the cost of repatriation of patients, and whether there was a sufficient number of trained staff to deliver this service.

The Chairman thanked Mrs Simpson for her question and requested the report writers provide answers while stating that the topics would be largely covered during the discussion and added to the minutes.

142. COMMUNITY FIRST (LEARNING DISABILITY BEDS CONSULTATION)

In presenting the report, the officer explained that the paper was a result of transforming care for people with Learning Disabilities, a programme introduced nationally by the Department of Health and Social Care which questioned the levels of hospital admissions for people with learning disabilities. Members noted that 16 specialist beds had been commissioned for people with Learning Disabilities, of which 6 had been empty for the last two years and the remaining 10 having a 30%-60% occupancy rate, leading to the proposal for 6 to be formally closed and for the £1,000,000 saving to be reinvested. It was noted that a further small number of patients with acute specialist needs that were unable to be supported locally were treated in other areas of the country.

The officer presented four options that had been considered: to continue with the current situation; to divert the 6 beds to locally-based specialist provision; to remove all the beds; to close unused beds. The first three options were deemed unviable, leading to the proposal in the paper. The officer noted that any additional funding that would become available as a result of the changes would be re-invested in services such as enhancing community provision, extending hours of availability and developing crash pads, or crisis houses to alleviate hospital use. It was also noted that the proposal had been subject to impact assessment testing and complied with national guidance and best practice, as well as being cost neutral for the CCG.

In discussing the report, members:

- Thanked the officers for the report and for extending the consultation at the request of the Committee.

- Noted that absolute transparency would be necessary to avoid misperceptions of the proposal being viewed as a reduction of the service. It was noted that this was identified during the consultation process and was being considered as a fundamental part of the plan.

- Requested further information regarding Unified Integrated Teams and the crash pad service. It was noted that the integrated team was already in place on behalf of the CCG and was delivering well nationally, therefore the local population would notice increased access as opposed to new access. Although it was ready to be installed immediately, further consultations were still under way on a local level, including with patients and local charities. It was acknowledged that across the county, Cambridgeshire has proportionally lower numbers of hospital admissions than neighbouring authorities and that entry to the crash pads would be through clinicians and social care workers. Serving as a point of intervention at a point of crisis, the facilities would encourage users to move on as quickly as possible when ready.

- Queried the figures in table 4.1 of the report which suggested £1,300,00 was needed as opposed to the £1,000,000 that would come from closing 6 beds and expressed general concern over how the project would be funded. It was also noted that the beds had been out of use for a long time so it was unclear where the savings would be made. The officer suggested that although he could present figures to the Committee, it might be more effective to provide a comprehensive spreadsheet to members at a later date, which was confirmed by the Chairman. **Action**

- Expressed concern that responsibility was being shifted onto the community and that this should not be considered a way of saving money. The presenting officer gave details of the dynamic risk register that existed to identify people who could run into crisis and help them avoid this. If they required hospital admission then they would do so, but the aim of the program was to prevent hospital admissions.

- Acknowledged the problem of beds allocated for people with Learning Disabilities being inappropriately utilised for over-filled areas of hospitals and argued that any reduction of inefficiency in this way was good.

- Queried the number of out of area placements, including non-specialist cases while asking whether sending patients to other regions was creating an unfair burden elsewhere. It was noted that the local ward was not ideal and did not match current model expectations, partly due to the physical environment itself and also because of the scale and complexity that the local provider could currently offer as it was not specialist.

- Suggested that 1-5 places as a maximum was insufficient. It was noted that weekly admission statistics over the course of 3 years demonstrated that the proposed provision was sufficient and officers had confidence in the numbers and projections. .

- Were informed that although investments were made in social services staff and local trusts, recruiting the necessary staff was an inherent risk that was appreciated.

It was resolved unanimously to:

i. Note the report

ii. Support a nine-week formal consultation on the reconfiguration of the Learning Disability bed base and development of Community Services (Friday 10 August – 5pm Friday 12 October 2018)

143. STP UPDATE AND STRATEGIC DIRECTION FOR 2018-19

The Committee received a report on the strategic direction for the Cambridgeshire and Peterborough STP. In presenting the report, the Interim Accountable Officer for the STP emphasised the focus on integrating the care provided by hospitals, the community and families. He informed members that 18 months ago all STPs were ranked into four descending levels of effectiveness with Cambridgeshire and Peterborough placed in the second tier, although deteriorations over the last year meant it now lay in the third. It was noted that although the deficit in proportion to the overall budget was the second highest nationwide and emergency treatment had increased, improvements had been made around early supported discharge and neighbourhood teams. Recent public consultations had identified problem areas and demonstrated the need to develop relationships across the patient and staff spectrum.

The Interim Accountable Officer informed Members that immediate issues being addressed included the STP community earning the license to operate and building confidence, delayed transfers of care and finance. It was noted that 60% of the deficit related to areas that were outside of the control of the CCG but the STP was working to address the remaining 40%. In the longer term the STP was developing and reviewing the north and south alliances, introducing pilot initiatives to look after populations of 50,000, models of governance, engaging with the mayor in the devolution debate and cancer research. The Interim Accountable Officer also advised that it was unusual for the CEO of a hospital to be running an STP and assured the committee that he was committed and would perform in the role as best he could.

In discussing the report members:

- Appreciated the openness of the officer's presentation and questioned whether the north and south provider alliances were an internal mechanism or subject to separate budget controls, accountability and responsibility. Members were informed that it was not presently clear but that they increased the human level of the work, identifying and investing in communities. As had already been done in other parts of the country, it was important to get two or three neighbourhoods moving to see how to move forward.

- Acknowledged attempts to reduce delayed transfers of care (DTOCs) but expressed dissatisfaction with the figures in the report and questioned whether the targets were achievable. The Interim Accountable Officer explained that there were system-wide issues and capacity issues were a hindrance. It was emphasised that staff would not be criticised for acting in their patient's best interests over those of the organisation in relation to DTOCs. He agreed that 3.5% was ambitious and that it might be more realistic to expect levels of 5% or 6% this year. Members questioned the likelihood of an audit regarding DTOCs and were informed that an audit was highly likely and the Interim Accountable Officer suggested it may be prudent to invite an audit rather than have it imposed. A Peer Review was planned to be invited in September which would encourage external assistance and lead to extra support.

- Referred to partnerships that have pooled budgets, such as Manchester, and asked whether such a move would prove beneficial. Members were informed that the idea had been considered but not progressed, as well as indicating that it would be preferable to work in that direction as opposed to forcing relationships with people they don't know or trust. He acknowledged that areas that had pooled budgets were happy with the results but stressed that they were based on a natural transition between long-running relationships.

- Recalled that a few months ago the officer had explained the delayed transfer of care figure was at 8.3% only as a hiccup and that it would improve but instead it has risen. The Interim Accountable Officer explained that it had been reduced to around 6% in spring through unsustainable levels of senior management focus. .

- Expressed concern over the number of priorities listed in section 2.4.2 of the report and asked whether certain priorities should be given greater attention in order that the Committee could identify where progress had been made. The Interim Accountable Officer defended the priorities listed but stated that they were looking at pausing some of them, such as estates and shared services, expressing understanding and agreement with the members' concerns.

It was resolved unanimously to:

Note and discuss the strategic direction and request an update regarding the development of the STP in 6 months.

144. TRAINING PROGRAMME

The Committee examined its training plan and noted that the STP would be coming in at some point during the next few months.

It was resolved unanimously to:

- Ask members to provide input and ideas to the programme

- Propose a joint training session with the Adults Committee.

145. HEALTH COMMITTEE AGENDA PLAN AND APPOINTMENTS TO OUTSIDE BODIES

The Committee examined its agenda plan, taking into account various additions identified at the meeting.

It was resolved unanimously to:

i. Note the Forward Agenda Plan, subject to the following changes made in the course of the meeting:

   a. 14 March 2019 – add an item updating on the STP

   b. 23 May 2019 – add an item reporting on children's mental health.

HEALTH COMMITTEE

Minutes-Action Log

Cambridgeshire County Council

Introduction:

This log captures the actions arising from the Health Committee up to the meeting on **12 July 2018** and updates Members on progress in delivering the necessary actions.

Meeting of 17 May 2018

Minute No.	Item	Action to be taken by	Action	Comments	Status& Estimated Completion Date
118.	**Cambridgeshire & Peterborough Clinical Commissioning Group 2017-18 Financial Position & Planning for 2018-19**	**J Thomas, CCG**	Supply written clarification of the apparent discrepancy of £21m in figures quoted in the 2018/19 Financial Plan	Forwarded to Jess Bawden 6th June	

Meeting of 12 July 2018

Minute No.	Item	Action to be taken by	Action	Comments	Status& Estimated Completion Date
130	**Finance and Performance Report – May 2018**	**L Robin Finance Team**	appendix 7 of the report but queried how the allocated funding was being used. Officers informed the Committee that detailed information was now available and would be circulated to Members		**Ongoing**

Minute No.	Item	Action to be taken by	Action	Comments	Status& Estimated Completion Date
130	**Finance and Performance Report – May 2018**	**L Robin**	Emphasised the benefits of interventions for cycle and pedestrian safety as an investment in the future. It was requested that officers explore ways to find funds in order to avoid any reduction in the "Bikeability" scheme.	There are a number of different schemes promoting road safety for children some of which are funded through the public health grant contribution to P&E road safety team, and some (such as Bikeability) through other funding mechanisms. Officers are working to bring this information together so that the whole picture can be looked at.	**Ongoing**
131	**Annual Public Health Performance Report 2017/18**	**Democratic Services**	Questioned whether regarding significant procurement exercises there was scope for greater Member involvement at an earlier stage of the procurement process. Officers agreed to investigate further the possibility of earlier Member involvement.	This query has been raised with the Procurement Team and Democratic Services and feedback will be provided.	**Ongoing**

Meeting of 13 September 2018

137	**Finance and Performance Report – July 2018**	**L Robin**	Greater detail regarding Key Performance Indicator 7 was agreed to be provided at the next meeting of the Committee.		**Ongoing**
142	**Community First (Learning Disability Beds Consultation)**	**J Bawden**	Officers agreed to provide a spreadsheet detailing the funding of the project.		**Ongoing**

Agenda Item No: 4

RE-COMMISSIONING OF CHILDREN AND YOUNG PEOPLE'S SUBSTANCE MISUSE SERVICES.

To:	**Health Committee**
Meeting Date:	**September**
From:	**Liz Robin, Director of Public Health**
Electoral division(s):	**Those divisions affected by the decision / proposal, All**

Key decision	***Yes***	*Forward Plan Ref:*	**2018/043**

Purpose: **What is the Committee being asked to consider?**

The purpose of this report is to present an options appraisal to the Health Committee regarding the service model and approach for re-commissioning of the Young People's Substance Misuse Treatment Service for Cambridgeshire.

Recommendation:

a) Approve one of the following options for the approach to be adopted for the commissioning of Young People's Drug and Alcohol Services.

Option 1: A Section 75 agreement with the current provider of Young People's Drug and Alcohol Treatment Services which includes the following.

- Approval for the development and implementation of a Section 75 agreement.
- Approval for the development of a new service specification in collaboration with the Section 75 provider.
- Authorisation of the Director of Public Health in consultation with the Chair and Vice Chair of the Health Committee to complete the negotiation of the proposed Section 75 agreement, finalise arrangements and enter into the proposed agreement.
- Authorisation of LGSS Law to draft and complete the necessary documentation to enter into the agreement.

Or

Option 2: A Competitive Tender which includes the following.

- Approval of the commencement of a competitive procurement process.
- Authorisation of the Director of Public Health, in consultation with the Chairman and Vice Chairman of the Health Committee to award a contract to the successful provider subject always to compliance with all required legal processes.
- Authorisation of LGSS Law to draft and complete the necessary contract documentation to enter into the agreement.

b) Approve one of the following service model options

Option 1: Maintain the current separate community young people's specialist drug and alcohol treatment service and Youth Offending Service (YOS) service model.

Option 2: Integrate the YOS provision into the community young people's specialist drug and alcohol treatment service

Option 3: Integrate the community young people's specialist drug and alcohol treatment service with other young people's health provision.

	Officer contact:		***Member contacts:***
Name:	**Val Thomas**	Names:	Peter Hudson
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1. BACKGROUND

1.1 Drug and alcohol prevention and treatment services are included in the local authority public health commissioning categories that fall under the Public Health Grant. The services are not specifically mandated, as mandated services are generally those which central government wants to be delivered in a standard way across the country. But the public health grant conditions include the following statement: A local authority must, in using the grant, "…have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services…"

1.2 Young People's Drug and Alcohol specialist treatment provision across Cambridgeshire falls into two separate arrangements.

The countywide Young People's Drug and Alcohol Treatment Service is provided by Cambridgeshire and Peterborough Foundation Trust (CPFT) through its service known as CASUS. The current service model has been in place since 2013 and provides prevention, early help, targeted interventions for 'at risk' groups and specialist clinical treatment provision for young people across Cambridgeshire. The service is closely aligned with Child and Adolescent Mental Health services (CAMHs) and the current team includes a child and adolescent psychiatrist.

There is however a separate Youth Offending Service (YOS) Specialist Drug and Alcohol service which is provided by Cambridgeshire County Council. This forms part of the wider Youth Offending Service (YOS) and it works closely with the main CASUS service. The YOS Drug and Alcohol team currently consists of three workers, employed by Cambridgeshire County Council. They deliver Tier 3 interventions to young people on Out of Court and Court Disposals and provide advice to YOS Officers on their delivery of Tier 1 and 2 interventions. Higher level Tier 3 and complex cases are referred to the CASUS specialist staff. This model was originally developed to enable the YOS substance misuse team to work within a statutory, enforceable system with easy information sharing and joint working with the YOS officers. They provide a 'substance misuse treatment presence' within the entire team, developed due to the high prevalence of substance misuse issues amongst young offenders.

1.3 Both contractual arrangements will shortly expire, the CASUS contract commenced on 1st April 2013 and is due to terminate on the 31st March 2019. The YOS contractual arrangement is reviewed on an annual basis.

1.4 Only the Cambridgeshire Young People's specialist Drug and Alcohol Treatment Services are in scope for the re-commissioning. The Peterborough treatment contracts were let in 2015/16 with its new integrated treatment service (young people and adult) commencing on the 1st April 2016 and the new Cambridgeshire Specialist Adult Drug and Alcohol treatment service procurement has concluded with the new contract commencing on 1st October, 2018. Going forward, break clauses in the new Cambridgeshire contracts (Adult and Young People) will be aligned with Peterborough's contract to provide future options for integration across both geographical areas.

1.5 A key objective for the re-commissioning CYP's Substance Misuse Service in Cambridgeshire is to use it as an opportunity for service developments that will more effectively address the emerging needs found in the recent Drugs and Alcohol Joint

Strategic Needs Assessment and National Drugs Strategy. This includes the changing demographic of service users who have different needs, vulnerabilities and complexities. The aim is to secure evidence based services that reflect the underlying principles of Public Health England's underlying principles for young people's substance misuse services and have the following deliverables.

- An integrated specialist drug and alcohol young people's treatment system across Cambridgeshire, in which young people and their needs are at the centre of the services.
- Services that reflect the specific needs of people and families that use them.
- Increased alignment and integration with related services to ensure that multiple vulnerabilities, complex needs and risky behaviours are addressed holistically and in a child centred way (including mental health, sexual health, domestic abuse, child sexual exploitation)
- A service reflecting the intrinsic differences, and transitional requirements, between adults and children and between children of different ages
- A service rooted in a strengths approach, delivering interventions focused on substance misuse itself and also developing confidence and enhancing personal resilience.
- Targeted interventions to young people at risk of developing problems with substances (alongside specialist services)
- Early intervention and harm reduction interventions.
- Underpinned by a robust quality governance system

1.6 The funding allocated to the Cambridgeshire tender comprises of £315,267 currently allocated to CASUS. If the £95,000 annual funding allocated to the YOS service is included this will bring the total annual tender value to £410,267. The proposed contract will start on April 1st 2019 and will be for 3 years with the option of extending it for one or two years, which will align it with the Peterborough contract.

1.7 A paper was presented to both the Health Committee and the Joint Commissioning Board in May 2018 regarding the re-commissioning of the CYP Substance Misuse Service. Both the Committee and the Board were asked to consider the following.

- Initiating a competitive tender for the procurement of a Cambridgeshire young people's drug and alcohol service
- The scope of service to be included in the tender.
- A transformational aligned approach that reflects the findings of the recent Drugs and Alcohol Joint Strategic Needs Assessment and the National Drugs Strategy, is evidence based and holistically addresses the needs of young people.
- Increased integration with other young people's services to provide both universal prevention and a targeted approach for 'at risk' and vulnerable young people.

1.8 Both the Health Committee and the Joint Commissioning Board agreed that the services would need to be re-commissioned. However following consideration they concluded that the following areas should be further reviewed prior to any decision being taken regarding the service model and commissioning approach

1. Review the strengths of the current service including benchmarking the current service against other services in terms of outcomes and cost

2. Consider the evidence for increasing the integration of the Young People's Drug and Alcohol services with other related children and young people's services including different service and commissioning models. This would include consideration of the commissioning opportunities afforded by the 10-19 commissioning agenda.
3. Review the evidence for alternative models for service delivery to identify opportunities for improving outcomes and increasing cost-effectiveness.
4. Assess the appropriateness of following two methods for commissioning the Service

- Competitive tender (going out to the market).
- A section 75 is a partnership agreement made under section 75 of the NHS Act 2006 between a local authority and an NHS body in England. The council delegates to the NHS body (and the NHS body agrees to exercise) on the councils behalf health related functions where these functions are likely to lead to an improvement in the way these functions are exercised. Joint arrangements are possible under section 75 and are used extensively by health bodies and local governments to support and underpin more effective joint working and help to drive integration across health and social care.

1.8 The information included in this paper has already been reviewed by the Joint Commissioning Board which made the following recommendations.

- Its preferred commissioning approach was a Section 75 agreement, but it requested that it provided scope for innovation and movement towards aligning substance misuse with other young people's health provision.
- It further advised that the Section 75 agreement should be coterminous with the adult/CYP treatment contracts in Cambridgeshire and Peterborough as this would open up options for an integrated Young People's Treatment Service across both authorities. This would mean a 3 (to match first break clause) or 5 year agreement commencing in April 2019.

2. MAIN ISSUES

2.1 Review of the Current Service

The following strengths of the current service model have been identified through looking at the evidence for these services, service outcomes, benchmarking with other services, market research and consultation with stakeholders through a small number of interviews, a countywide event and surveys.

2.2 Stakeholder Consultation

Young People's Survey: The Survey questions focused upon what type of service young people prefer with only one question relating to the current service. There were 73 responses, 9 were from young people accessing the specialist Drug and Alcohol Service though the YOS.

None of the non YOS respondents reported that they had or that they knew of anyone who had been in contact with CASUS. Of the YOS respondents 5 rated it as very good, 3 as good and 1 as don't know.

A face to face service was consistently considered to be the preferred service model by the majority of respondents followed by telephone and then online contact. Also preferred was having one worker, contact at time and places that fit young people along with advice and information.

In terms of drug and alcohol services being offered alongside other services, 40 of the non YOS respondents though this should with mental health services, 26 with stop smoking services and 23 with sexual health services. Of the YOS respondents the figures were 6 for mental health, 2 for sexual health and 6 for stop smoking services.

Professionals' Survey: 48 respondents completed the survey and 91% considered themselves to be professionals. Over 50% thought that the current service met the needs of young people and 64% thought that it met the needs of wider family. There were also comments praising the CASUS use of the AMBIT model.

In terms of the specialist drug and Alcohol workers being employed by the YOS or as part of the main Service working alongside the YOS staff the questions did not enable any conclusion to be drawn. However 47% thought that having a drug and alcohol service presence in the YOS was very good, although 34% of respondents answered that they did not know if it was advantageous.

With regard to interaction with other services there were mixed views with a total of 42 respondents providing additional comments. There was a strongly held view that was good joint working between the YOS and CASUS. Of the 48 respondents 23 said that the drug and alcohol treatment service should be more closely aligned with other services with mental health services being the most cited. It was observed that if mental health, sexual health and smoking cessation services were under one roof, it would reduce the taboo that young people might feel about accessing them as individual services.

There were also however reservations expressed about integrating services which included the view that drugs are normally only part of young people's problems and there was concern that too many professionals working with a young person could be overwhelming. Other respondents' feared integration could dilute specialisms and also not meet the needs adequately of young people who do not have multiple needs. It was observed that both mental health and substance misuse services have young people with high level needs and combining the services might focus on dual diagnosis to the detriment of young people who only have one diagnosis.

Stakeholder event: There 20 attendees who were professionals from a range of services working with young people. There was general support for the service overall and useful information was secured regarding service development. Again the attendees did not differentiate between whether the specialist drug and alcohol were employed by the YOS or CASUS. The important factor that clearly emerged was that staff from different organisations should work alongside each other to address holistically the complex needs of the young people in the YOS.

Summary Points form the Stakeholder Consultation:

- The majority of both professionals and YOS service users consider CASUS to offer a good service that addresses the needs of young people.

- It was not possible to identify from the questions and the responses from participants in the consultation whether the respondents were aware that the current specialist drug and alcohol staff are employed as part of the YOS. The focus in the responses was on the importance of having a close relationship between the YOS and Drug and Alcohol Services because of the advantages of working together to address the complex needs of young people in the YOS Service.

- Integration or close working relationship with other young people's services was generally considered to be an advantage by both young people and professionals. Although it was noted that a number of reservations were expressed by some professionals. A theme from a small number of interviews with key stakeholder professionals was that co-location must not be seen as universal panacea and it can result in complacency with a perception that it would automatically increase the effectiveness of services. It was observed that there will always be a need to refer in and out of services irrespective of how many agencies are together.

- The consultation provided useful information for ongoing service development and gaps especially in the area of prevention that stakeholders thought were missing in the current services provided in the area.

2.3 CASUS Service Model Delivery

A rapid review of the evidence base for young people's drug and alcohol services was undertaken. Staff from the Public Health Joint Commissioning Unit reviewed CASUS against the evidence presented in the review confirmed the current service model as meeting the evidence base for young person's drug and alcohol services.

The evidence review did find support for closer alignment of services but did not identify one particularly effective way of doing so; instead, it recommended that local services work effectively within the local health and care system and local context to deliver joined up and accessible services.

As CASUS is part of the Cambridgeshire and Peterborough Foundation Trust (Mental Health) (CPFT) there is easy access to any related mental health records and also pathways across to the wider CPFT health provision. The majority of young people requiring its services have mental health issues so this model ensures that both substance misuse and mental health issues can be addressed simultaneously. This enables CASUS to mitigate pressures upon CAMHs due to the early intervention work that it is able to undertake. In addition CASUS utilises the evidence based AMBIT (Adolescent Mentalization Based Integrative Therapy) model which is an integrated approach to working with the most hard to reach adolescents with complex mental health needs.

JCU staff also reviewed the current CASUS and YOS provision. This two service model

was found to have clinical governance and communication structures are in place. Whilst there are for two different cohorts of young people, the approach was found to be flexible and puts the needs of the young person at the centre. The in house YOS provision facilitates engagement with offenders as the specialist substance misuse workers understand the structures of youth justice. However the Treatment Services and Criminal Justice system have different approaches in relation to some aspects of data sharing and clinical governance.

The CASUS/YOS two service model was compared with other areas. Only three geographical areas were identified in the country with a similar model of delivery. Young people's drug and alcohol treatment services were found on the whole to have one integrated delivery model for young people's services. Any differences in performance and outcomes were not identified.

2.4 Performance Benchmarking

The National Drug Treatment Monitoring System (NDTMS) is the national system which collects information from drug and alcohol services about their treatment outcomes. However it does not compare and benchmark young people's drug and alcohol services. Consequently the ten comparator areas that are found in Children's Services Statistical Neighbour Benchmarking Tool (NSSNBT) on the Public Health England Fingertips website were used for the benchmarking exercise. https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/3/gid/1938133228/pat/6/par/E12000006/ati/102/are/E10000003/iid/92196/age/2/sex/4/nn/nn-3-E10000003

The performance of the services in each of these comparator areas were taken from the NDTMS dataset and compared to the performance of the Cambridgeshire CASUS service which provided the following positive comparisons.

- Numbers in treatment: Casus has the second highest percentage of numbers in treatment amongst the comparator areas.
- Start and exit measures: Cambridgeshire has similar start and exit scores to the majority of its comparator areas (measures improvements in drug use levels, drinking patterns. happiness scores, anxiety scores).
- Planned exits: Amongst the comparator areas the average rate of planned exits is 83% which is the same as the Cambridgeshire rate. (A planned exit refers to a treatment exit completed in a planned way whereby the client is either drug free or an occasional user).
- Average length in treatment: The average length of treatment time in the CASUS service is 12 weeks. 50% of the comparator areas have the same average length of treatment. The other 50% of comparator areas have average treatment times of between 13 to 52 weeks.

2.5 Value for Money

For every £1 invested on young's people alcohol and drug intervention can bring benefits up to £6-8 per person that completes the treatment. However unlike adult treatment provision there is no nationally developed financial benchmarking tool for young people's treatment provision. The Public Health England Spend and Outcome Tool (SPOT) is not

for these services a robust tool for benchmarking.
However a crude analysis undertaken recently by the CCG indicates that spend per head on young people's services in general in Cambridgeshire is 0.43p which is a significantly smaller amount that the average national spend per head.

2.6 Options for a Preferred Delivery Model

The following are the three options that have been identified for delivering Young People's Drug and Alcohol Treatment Services in Cambridgeshire

Option 1: Maintain the current separate community young people's specialist drug and alcohol treatment service and Youth Offending Service (YOS) service model.

Option 2: Integrate the YOS provision into the community young people's specialist drug and alcohol treatment service

Option 3: Integrate the community young people's specialist drug and alcohol treatment service with other young people's health provision

Table 1 summarises the advantages and disadvantages of the different delivery model options.

Table 1: Summary of the Service Delivery Options

Service Delivery Model	Advantages	Disadvantages
Option 1: Maintain the current two service model of a separate community specialist drug and alcohol treatment service and Youth Offending Service (YOS) delivery model.	• The overall CASUS model is well evidenced and benchmarks well in terms of outcomes. It has good pathways with other related services throughout the system. • If the two service model is retained there is less risk of de-stabilising current provision and pathways. • The two service model functions effectively as the specialist drug and alcohol staff understand the criminal justice system and the complex needs of the young people.	• Reduces potential for innovation and transformation. • The stakeholder consultation found that amongst young people and stakeholders there was strong support for CASUS and the YOS working closely together. However it was not possible to say whether this view was dependent on there being a two service model. • Currently the specialist drug and alcohol staff employed in the YOS have support from CASUS but are not subject to its clinical governance. • Although there is data

		sharing there are some instances when different approaches are adopted to the sharing of information.
Option 2: Integrate the YOS provision into the community specialist drug and alcohol treatment service	• Opportunity to integrate with the main provider but maintain a dedicated, co-located resource in the YOS. • More efficient use of staffing resources. • Strengthened clinical governance and increased opportunities for the development staff skills. • Consistency of practice and workforce development across the whole substance misuse workforce. • The vast majority of young people's drug and alcohol treatment services across the country do not operate the two service model. No evidence from other services was found that indicated any difference in performance between integrated and non-integrated models.	• Potential challenges with information sharing between the main treatment provider and YOS. • There is the potential to weaken the links and understanding by the treatment service of the criminal justice system. This could lead to a less holistic approach to meeting the multiple needs of young people in the YOS.
Option 3: Integrate the community specialist drug and alcohol treatment service with other young people's health provision	• Opportunity for innovation and transformation. • Opportunity to meet the multiple complex needs of young people within one service. • Increased alignment could increase the efficient use of resources.	• Currently commissioning cycles for substance misuse and sexual health are not aligned. (Potential for alignment in the longer term) • Currently the integrated commissioning of children's and young people's services is being developed. It will be important that any new service works closely with

	• Consistent evidence based approach to addressing the holistic needs of young people • Aligns with the current focus on a strategic integrated approach service delivery.	this agenda to identify opportunities for alignment in the future. • Some professionals expressed concerns about more integrated models as it has the potential to undermine specialist areas and dilute skills.

2.7 Commissioning Options

Table 2 summarises the advantages and disadvantages of adopting the following two commissioning approaches.

- A competitive tender
- Establishing a Section 75 agreement with the current provider.

Table 2: Summary of Commissioning Approach Options

Commissioning Approach	Advantages	Disadvantages
Competitive Tender	• Provides an opportunity for innovation and transformation • Potential for securing cost efficiencies.	• Procurement processes require resources in terms of staff time and specialist support. • An exemption for a contract extension would be required to allow time to undertake the procurement. • Potential for destabilizing the service provided to vulnerable service users during and after the procurement period. • Potential loss of a service that benchmarks well in terms of performance, cost and outcomes.

Section 75	• Removes risk of de-stabilising current provision and pathways. • Current service performs strongly and is well regarded. • The Service is based on a sound evidence base and meeting need. • There are effective pathways in place with related services in particular with mental health services.	• A competitive tender is more likely to drive cost down • Innovation and transformation relies upon good effective partnership working.

2.8 Summary of the Service Model and Commissioning Options

1. There are different types of evidence for the CASUS service model which includes effectiveness, quality, outcomes and support from different stakeholders that all indicate that it is a good service that meets the needs of its users. Although it is difficult to demonstrate that CASUS offers value for money we know that the treatment services for young people are cost saving.

2. Similarly there is substantial support from stakeholders for a close working relationship between the treatment and YOS services which strengthen the treatment intervention. However there is no substantial evidence that integrating the current specialist treatment workers into the mainstream treatment service would compromise the working relationship. This is also supported by the fact that nearly all of the rest of the country does not operate the two service model and no difference in outcomes between the two models was found.

3. The integration of the specialist workers into the main treatment service would strengthen clinical governance and encourage any outstanding information governance issues to be resolved.

4. There is evidence and strong support from stakeholders for more integrated working with related services. However this needs to be explored further in the context of the evolving integration of children's services. Any new service should be working with other services to develop options for closer alignment of services.

5. Although a competitive tender could drive down costs and is associated with innovation and transformation there are examples of collaborative partnership working between

commissioners and providers that has produced robust innovative cost effective services.

6. Services that are complex and depend on close working relationships with related services can take time to develop and embed into local systems. Frequent competitive processes can destabilize services as resources are diverted into the procurement process.

7. Tenders are costly in themselves in terms of the resources that are required to undertake them.

3. ALIGNMENT WITH CORPORATE PRIORITIES

Report authors should evaluate the proposal(s) in light of their alignment with the following three Corporate Priorities.

3.1 Developing the local economy for the benefit of all

The report above sets out the implications for this priority in 1.5 and the Appendix

3.2 Helping people live healthy and independent lives

The report above sets out the implications for this priority in paragraph 1.5, 1.6, 2.3 and the Appendix

3.3 Supporting and protecting vulnerable people

The report above sets out the implications for this priority in paragraph 1.5, 1.6, 2.3 and the Appendix

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

The report above sets out implications for resources in details of significant implications in 1.5

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

The report above sets out implications for Procurement/Contractual/Council Contract Procedure Rules Implications in details of significant implications in *2.3*
The Cambridgeshire and Peterborough Joint Commissioning Board has been asked to approve the proposal.

4.3 Statutory, Legal and Risk Implications

The report above sets out implications for Statutory, Legal and Risk implications in details of significant implications in 1.2, 1.3, and 2.3

4.4 Equality and Diversity Implications

The report above sets out implications for Equality and Diversity implications in details of significant implications in 2.3 and the Appendix

4.5 Engagement and Communications Implications

The report above sets out implications for engagement and communications implications in details of significant implications in 2.3

4.6 Localism and Local Member Involvement

The report above sets out implications for Localism and Local Member Involvement implications in details of significant implications in 2.3

4.7 Public Health Implications

The report above sets out implications for Public Health implications in details of significant implications in 1.2, 1.4, 1.5, 2.3 and the Appendix

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

- Failure to provide effective young people's drug and alcohol treatment services will increase the risk of significant poor health and social outcomes for those affected.
- Patterns of alcohol and drug use have changed in recent years and different types of interventions and integrated models are required if treatment and management of all associated needs are to be effective.

Implications	**Officer Clearance**
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: Clare Andrews
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes Name of Officer: Paul White
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	Yes Name of Legal Officer: Allis Karim
Have the equality and diversity implications been cleared by your Service Contact?	Yes Name of Officer: Dr Liz Robin

Have any engagement and communication implications been cleared by Communications?	Yes Name of Officer: Matthew Hall
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes Name of Officer: Dr Liz Robin
Have any Public Health implications been cleared by Public Health	Yes Name of Officer: Dr Liz Robin

Source Documents	**Location**
Cambridgeshire Drugs and Alcohol Joint Strategic Needs Assessment	*http://www.cambridgeshireinsight.org.uk/jsna*
National Drugs Strategy 2017, Home Office	https://www.gov.uk/government/publications/drug-strategy-2017
Public Health England: Guidance ***Alcohol and drug prevention, treatment and recovery: why invest? 2018***	https://www.gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest/alcohol-and-drug-prevention-treatment-and-recovery-why-invest
Young People's Drug and Alcohol Treatment Services Rapid Evidence Review (CCC and PCC Public Health 2018)	*..\..\..\Public Health JCU DASH\TENDER EXERCISES\Young Persons re-tender 2018-19\evidence review\Childrens DA Evidence Review 180615.docx*

Agenda Item No: 5

FINANCE AND PERFORMANCE REPORT – AUGUST 2018

To:	**Health Committee**
Meeting Date:	**14th October 2018**
From:	**Director of Public Health** **Chief Finance Officer**
Electoral division(s):	**All**
Forward Plan ref:	**Not applicable** ***Key decision:*** **No**
Purpose:	**To provide the Committee with the August 2018 Finance and Performance report for Public Health.** **The report is presented to provide the Committee with the opportunity to comment on the financial and performance position as at the end of August 2018.**
Recommendation:	**The Committee is asked to review and comment on the report and to note the finance and performance position as at the end of August 2018.**

	Officer contact:		***Member contacts:***
Name:	Martin Wade	Names:	Councillor Peter Hudson
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Tel:	01223 699733	Tel:	01223 706398

1.0 BACKGROUND

1.1 A Finance & Performance Report for the Public Health Directorate (PH) is produced monthly and the most recent available report is presented to the Committee when it meets.

1.2 The report is presented to provide the Committee with the opportunity to comment on the financial and performance position of the services for which the Committee has responsibility.

2.0 MAIN ISSUES IN THE AUGUST 2018 FINANCE & PERFORMANCE REPORT

2.1 The August 2018 Finance and Performance report is attached at Annex A.

2.2 The August 2018 Finance and Performance report (F&PR) is attached at Annex A and shows the forecast outturn for the Public Health Directorate is currently an underspend of £281k. This is as a result of an over-accrual against the sexual health budget, which had been carried forward from a previous financial year in error. The over-accrual will be moved into Public Health ring-fenced grant reserve and will be used to fund £281k of Public Health eligible funding during 2018/19 in place of £281k of general CCC funding, producing an underspend against the CCC corporate funding.

A balanced budget was set for the Public Health Directorate for 2018/19, incorporating savings as a result of the reduction in Public Health grant. Savings are tracked on a monthly basis, with any significant issues reported to the Health Committee, alongside any other projected under or overspends.

Further detail on the outturn position can be found in Annex A.

2.3 The Public Health Service Performance Management Framework for July 2018 is contained within the report. Of the thirty one Health Committee performance indicators, six are red, four are amber, eighteen are green and three have no status.

3.0 ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

3.1.1 There are no significant implications for this priority.

3.2 Helping people live healthy and independent lives

3.2.1 There are no significant implications for this priority

3.3 Supporting and protecting vulnerable people

3.3.1 There are no significant implications for this priority

4.0 SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

4.1.1 This report sets out details of the overall financial position of the Public Health Service.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

4.2.1 There are no significant implications for this priority

4.3 Statutory, Legal and Risk Implications

4.3.1 There are no significant implications within this category.

4.4 Equality and Diversity Implications

4.4.1 There are no significant implications within this category.

4.5 Engagement and Communications Implications

4.5.1 There are no significant implications within this category.

4.6 Localism and Local Member Involvement

4.6.1 There are no significant implications within this category.

4.7 Public Health Implications

4.7.1 There are no significant implications within this category.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: Clare Andrews
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	N/A
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	N/A
Have the equality and diversity implications been cleared by your Service Contact?	N/A
Have any engagement and communication implications been cleared by Communications?	N/A
Have any localism and Local Member involvement issues been cleared by your Service Contact?	N/A
Have any Public Health implications been cleared by Public Health?	N/A

Source Documents	Location
As well as presentation of the F&PR to the Committee when it meets, the report is made available online each month.	https://www.cambridgeshire.gov.uk/council/finance-and-budget/finance-&-performance-reports/

From: Martin Wade

Tel.: 01223 699733

Date: 11 October 2018

Public Health Directorate

Finance and Performance Report – August 2018

1 SUMMARY

1.1 Finance

Previous Status	Category	Target	Current Status	Section Ref.
Green	Income and Expenditure	Balanced year end position	**Green**	2.1

1.2 Performance Indicators

Monthly Indicators	Red	Amber	Green	No Status	Total
Jul (No. of indicators)	6	4	18	3	31

2. INCOME AND EXPENDITURE

2.1 Overall Position

Forecast Outturn Variance (Jul) £000	Service	Budget for 2018/19 £000	Actual to end of Aug 18 £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
0	Children Health	9,266	3,049	0	0%
0	Drug & Alcohol Misuse	5,625	1,183	0	0%
0	Sexual Health & Contraception	5,157	1,338	-281	7%
0	Behaviour Change / Preventing Long Term Conditions	3,812	437	0	0%
0	Falls Prevention	80	8	0	0%
0	General Prevention Activities	56	32	0	0%
0	Adult Mental Health & Community Safety	256	32	0	0%
0	Public Health Directorate	2,019	619	0	0%
0	**Total Expenditure**	**26,271**	**6,698**	**-281**	**-1%**
0	Public Health Grant	-25,419	-12,915	0	0%
0	s75 Agreement NHSE-HIV	-144	144	0	0%
0	Other Income	-40	-0	0	0%
0	Drawdown From Reserves	-39	0	0	0%
0	**Total Income**	**-25,642**	**-12,771**	**0**	**0%**
0	**Net Total**	**629**	**-6,073**	**-281**	**-45%**

The service level budgetary control report for 2018/19 can be found in appendix 1.

Further analysis can be found in appendix 2.

2.2 Significant Issues

A balanced budget has been set for the financial year 2018/19. Savings totalling £465k have been budgeted for and the achievement of savings will be monitored through the monthly savings tracker, with exceptions being reported to Heath Committee and any resulting overspends reported through this monthly Finance and Performance Report.

An underspend of £281k has been identified against the Sexual Health budget. This is as a result of an over-accrual which had been carried forward from a previous financial year in error. The over-accrual will be moved into Public Health ring-fenced grant reserve and will be used to fund £281k of Public Health eligible funding during 2018/19 in place of £281k of general CCC funding, producing an underspend against the CCC corporate funding.

2.3 Additional Income and Grant Budgeted this Period (De minimus reporting limit = £160,000)

The total Public Health ring-fenced grant allocation for 2018/19 is £26.253m, of which £25.541m is allocated directly to the Public Health Directorate.

The allocation of the full Public Health grant is set out in appendix 3.

2.4 Virements and Transfers to / from Reserves (including Operational Savings Reserve) (De minimus reporting limit = £160,000)

Details of virements made this year can be found in appendix 4.

3. BALANCE SHEET

3.1 Reserves

A schedule of the Directorate's reserves can be found in appendix 5.

4. PERFORMANCE SUMMARY

4.1 Performance overview (Appendix 6)

The performance data reported on relates to activity in July 2018.

Sexual Health (KP1 & 2)
Performance of sexual health and contraception services remains good with all indicators green.

Smoking Cessation (KPI 5)
This service is being delivered by Everyone Health as part of the wider Lifestyle Service.

- Performance indicators for people setting and achieving a four week quit remain at red.
- Appendix 6 provides further commentary on the ongoing programme to improve performance.

National Child Measurement Programme (KPI 14 & 15)

- The coverage target for the programme was met. Year end data for the 2017/18 programme will be available at the end of 2018.
- Measurements for the 2018/19 programme are taken during the academic year and the programme will re-commence in September 2018.

NHS Health Checks (KPI 3 & 4)

- Indicator 3 for the number of health checks completed by GPs is reported on quarterly. For Q1 this indicator is reporting as red.
- Indicator 4 for the number of outreach health checks remains red although there is an upward trajectory.
- Further details of the refocus for the service are available in the commentary in Appendix 6.

Lifestyle Services (KPI 5,16-30)

- There are now 16 Lifestyle Service indicators reported on, the overall performance is good and shows 13 green, 1 amber and 2 red indicators.
- Appendix 6 provides further explanation on the red indicator for the personal health trainer service, proportion of Tier 2 clients completing weight loss interventions and smoking cessation.

The performance data provided reports on the Q1 (April –June 2018) for the Health Visiting and School Nurse service.

Summary of this quarter has been reported on in the previous finance and performance report for July 2018.

APPENDIX 1 – Public Health Directorate Budgetary Control Report

Previous Outturn (Jul) £'000	Service	Budget 2018/19 £'000	Actual to end of Aug £'000	Outturn Forecast £'000	%
	Children Health				
0	Children 0-5 PH Programme	7,253	981	0	0%
0	Children 5-19 PH Programme - Non Prescribed	1,706	1,788	0	0%
0	Children Mental Health	307	281	0	0%
0	**Children Health Total**	**9,266**	**3,049**	**0**	**0%**
	Drugs & Alcohol				
0	Drug & Alcohol Misuse	5,625	1,183	0	0%
0	**Drugs & Alcohol Total**	**5,625**	**1,183**	**0**	**0%**
	Sexual Health & Contraception				
0	SH STI testing & treatment – Prescribed	3,829	1,225	-281	-7%
0	SH Contraception - Prescribed	1,176	112	0	0%
0	SH Services Advice Prevn Promtn - Non-Presribed	152	1	0	0%
0	**Sexual Health & Contraception Total**	**5,157**	**1,338**	**-281**	**-5%**
	Behaviour Change / Preventing Long Term Conditions				
0	Integrated Lifestyle Services	1,980	485	0	0%
0	Other Health Improvement	413	-71	0	0%
0	Smoking Cessation GP & Pharmacy	703	-208	0	0%
0	NHS Health Checks Prog – Prescribed	716	230	0	0%
0	**Behaviour Change / Preventing Long Term Conditions Total**	**3,812**	**437**	**0**	**0%**
	Falls Prevention				
0	Falls Prevention	80	8	0	0%
0	**Falls Prevention Total**	**80**	**8**	**0**	**0%**
	General Prevention Activities				
0	General Prevention, Traveller Health	56	32	0	0%
0	**General Prevention Activities Total**	**56**	**32**	**0**	**0%**
	Adult Mental Health & Community Safety				
0	Adult Mental Health & Community Safety	256	32	0	0%
0	**Adult Mental Health & Community Safety Total**	**256**	**32**	**0**	**0%**

Previous Outturn (Jul) £'000	Service	Budget 2018/19 £'000	Actual to end of Aug £'000	Outturn Forecast £'000	%
	Public Health Directorate				
0	Children Health	189	65		0%
0	Drugs & Alcohol	287	79		0%
0	Sexual Health & Contraception	164	50		0%
0	Behaviour Change	753	230		0%
0	General Prevention	199	72		0%
0	Adult Mental Health	36	10		0%
0	Health Protection	53	20		0%
0	Analysts	338	93		0%
0		**2,019**	**619**	**0**	**0%**
0	**Total Expenditure before Carry forward**	**26,271**	**6,698**	**-281**	**-1%**
0	**Anticipated contribution to Public Health grant reserve**	**0**	**0**	**0**	**0.00%**
	Funded By				
0	Public Health Grant	-25,419	-12,915		0%
0	S75 Agreement NHSE HIV	-144	144		0%
0	Other Income	-40	0		0%
	Drawdown From Reserves	-39	0		0%
0	**Income Total**	**-25,642**	**-12,771**	**0**	**0%**
0	**Net Total**	**629**	**-6,073**	**-281**	**-45%**

APPENDIX 2 – Commentary on Expenditure Position

Number of budgets measured at service level that have an adverse/positive variance greater than 2% of annual budget or £100,000 whichever is greater.

Service	Budget 2018/19 £'000	Forecast Outturn Variance	
		£'000	%
Sexual Health	**3,829**	**-281**	**-7**
An underspend of £281k has been identified against the Sexual Health budget. This is as a result of an over-accrual which had been carried forward from a previous financial year in error. The over-accrual will be moved into Public Health ring-fenced grant reserve and will be used to fund £281k of Public Health eligible funding during 2018/19 in place of £281k of general CCC funding, producing an underspend against the CCC corporate funding.			

APPENDIX 3 – Grant Income Analysis
The tables below outline the allocation of the full Public Health grant.

Awarding Body : DofH

Grant	Business Plan £'000	Adjusted Amount £'000	Notes
Public Health Grant as per Business Plan	**26,253**	**26,253**	Ring-fenced grant
Grant allocated as follows;			
Public Health Directorate	25,419	25,419	
P&C Directorate	283	293	£10k movement of Strengthening Communities Funding moved from P&E to P&C
P&E Directorate	130	120	£10k movement of Strengthening Communities Funding moved from P&E to P&C
CS&T Directorate	201	201	
LGSS Cambridge Office	220	220	
Total	**26,253**	**26,253**	

APPENDIX 4 – Virements and Budget Reconciliation

	£'000	Notes
Budget as per Business Plan		
Virements		
Non-material virements (+/- £160k)		
Budget Reconciliation		
Current Budget 2018/19		

APPENDIX 5 – Reserve Schedule

Fund Description	Balance at 31 March 2018	2018/19		Forecast Closing Balance	Notes
		Movements in 2018/19	Balance at end Aug 2018		
	£'000	£'000	£'000	£'000	
General Reserve					
Public Health carry-forward	**1,040**	0	1,040	**1,040**	
subtotal	**1,040**	**0**	**1,040**	**1,040**	
Other Earmarked Funds					
Healthy Fenland Fund	300	0	300	200	Anticipated spend £100k per year over 5 years.
Falls Prevention Fund	378	0	378	259	Planned for use on joint work with the NHS in 2017/18 and 2018/19.
NHS Healthchecks programme	270	0	270	270	This funding will be used to install new software into GP practices which will identify patients for inclusion in Health Checks. The installation work will commence in June 2017. Funding will also be used for a comprehensive campaign to boost participation in NHS Health Checks.
Implementation of Cambridgeshire Public Health Integration Strategy	579	0	579	300	£517k Committed to the countywide 'Let's Get Moving' physical activity programme which runs for two years from July 2017-June 2019.
subtotal	**1,527**	**0**	**1,527**	**1,029**	
TOTAL	**2,567**	**0**	**2,567**	**2,069**	

(+) positive figures should represent surplus funds.
(-) negative figures should represent deficit funds.

Fund Description	Balance at 31 March 2018	2018/19		Forecast Closing Balance	Notes
		Movements in 2018/19	Balance at end Aug 2018		
	£'000	£'000	£'000	£'000	
General Reserve					
Joint Improvement Programme (JIP)	136	0	136	136	
Improving Screening & Immunisation uptake	9	0	9	9	£9k from NHS ~England for expenditure in Cambridgeshire and Peterborough
TOTAL	**145**		**145**	**145**	

APPENDIX 6 PERFORMANCE

More than 10% away from YTD target
Within 10% of YTD target
YTD Target met

Below previous month actual
No movement
Above previous month actual

The Public Health Service
Performance Management Framework (PMF) for
July 2018 can be seen within the tables below:

	Measures											
KPI no.	Measure	Period data relates to	Y/E Target 2018/19	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous period actual	Current period target	Current period actual	Direction of travel (from previous period)	Comments
1	GUM Access - offered appointments within 2 working days	Jun-18	98%	98%	100%	100%	G	98%	98%	98%	↔	
2	GUM ACCESS - % seen within 48 hours (% of those offered an appointment)	Jun-18	80%	80%	93%	93%	G	93%	80%	92%	↓	
3	Number of Health Checks completed (GPs)	Q1 (Apr - Jun18)	18,000	4500	3747	83%	R	N/A	4500	3489	↔	This is an improvement on performance at this time last year.
4	Number of outreach health checks carried out	Jul-18	1,800	660	490	74%	R	93%	122	125%	↑	The Lifestyle Service is commissioned to provide outreach Health Checks for hard to reach groups in the community and in workplaces. The key challenge is securing access to workplaces in Fenland where there are high risk workforces.Wisbech Job Centre Plus is receiving sessions for staff and those claiming benefits. In addition sessions in community centres in areas that have high risk populations are ongoing A mobile service is also being piloted.. Performance in Fenland continues to be good with the Service there currently hitting its monthly target. However although performance in the rest of county has improved the target has not been achieved. The service is now asked to focus upon areas where there is a higher risk of cardiovascular disease and where GP Health Checks are low.
5	Smoking Cessation - four week quitters	Jun-18	2154	452	313	69%	R	69%	157	62%	↓	• There is an ongoing programme to improve performance that includes targeting routine and manual workers (rates are known to be higher in these groups) and the Fenland area. A new promotional campaign is planned and other new approaches are being developed. •The most recent Public Health Outcomes Framework figures released in July 2018 with data for 2017) suggest the prevalence of smoking in Cambridgeshire is statistically similar to the England figure , 14.5% v 14.9%. All districts are now statistically similar to the England figure. Most notable has been the improvement in Fenland where it has dropped from 21.6% to 16.3%, making it lower than the Cambridge City rate of 17.0%
6	Percentage of infants being breastfed (fully or partially) at 6 - 8 weeks	Q1 April - June 2018	56%	56%	53%	53%	A	50%	56%	53%	↑	The breastfeeding prevalence target will remain at 56% in 2018/19, although it is recognised that across the county this is a challenging target. Breastfeeding statistics have seen a 3% increase since the last reporting period. Analysis does show very different breastfeeding rates across the county. Breast feeding rates in South Cambridgeshire is 67% over this period, whilst the rates for East Cambs and Fenland are currently 33%. An action plan is in place and the Health Visitor Infant Feeding lead is working with acute midwifery units to attempt to improve the breastfeeding rates collaboratively. A pilot is to begin whereby mothers are contacted via telephone on discharge from hospital to offer an early follow up appointment to support breast feeding. In order to measure the impact and outcome of this pilot a change in process needs to take place within System One - this is being addressed. Overall however, the breastfeeding rates in Cambridgeshire remains higher than the national average of 44%. Breastfeeding prevalence rates will continue to be monitored closely, particularly in East Cambs and Fenland, with the aim of achieving the 56% target.
7	Health visiting mandated check - Percentage of first face-to-face antenatal contact with a HV from 28 weeks	Q1 April - June 2018	50%	50%	20%	20%	R	21%	50%	20%	↓	In Cambridgeshire a local target has been set for 50%, with the longer term goal of achieving a target of 90% by 2020. The overall performance this quarter has decreased by 1%. However, this does not reflect the month on month improvements in working towards this target. There was, in April an initial fall in performance to 14%, but then has been followed by significant improvement in June reaching 27% of face to face contacts completed. Looking at each individual areas, all have seen improvements with Huntingdon achieving 38%, East Cambs and Fenland reaching 37% and Cambs City and South reaching 13%. Whilst all areas need to continue to improve, a particular focus is required to improve the position in Cambs City and South. These improvements are in part due to the improvements in the notification process with midwifery, but also as a result of the health visiting team now beginning to recognise the importance of this assessment and are therefore beginning to embed this contact into their day to day working practice. An electronic process has been established with the Queen Elizabeth Hospital EH and went live two weeks ago. The clinical lead has had successful discussions with Hinchinbrook and Peterborough midwifery units and we are awaiting a 'go live' date. Once these hospital are established negotiations will then commence with Addenbrookes.

KPI no.	Measure	Period data relates to	Y/E Target 2018/19	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous period actual	Current period target	Current period actual	Direction of travel (from previous period)	Comments
8	Health visiting mandated check - Percentage of births that receive a face to face New Birth Visit (NBV) within 14 days, by a health visitor	Q1 April - June 2018	90%	90%	95%	95%	G	95%	90%	95%	←→	The 10 - 14 new birth visit remains consistent each month and numbers are well within the 90% target.
9	Health visiting mandated check - Percentage of children who received a 6 - 8 week review	Q1 April - June 2018	90%	90%	85%	85%	A	84%	90%	85%	↑	The performance for the 6 - 8 week review has increased one percentile this quarter, from 84% in Q4 2017/18, to 85%. Cambridgeshire continues to exceed the national average for this visit, which in 2016/17 was 82.5%. Analysis of the data shows that the 90% target was achieved in both Cambs City and South (91%) and Hunts (95%), but East Cambs and Fenland only achieved 66%. This was a local capacity issue in East Cambs and Fenland. Consequently it was locally agreed not to prioritise the review, meaning completion levels in this area fell, impacting the county figure as a whole. The Area Manager is working with staff to ensure this is re-prioritised moving forward.
10	Health visiting mandated check - Percentage of children who received a 12 month review by 15 months	Q1 April - June 2018	95%	95%	85%	85%	A	85%	95%	85%	←→	Performance against the 12 month visit by 15 months target has remained at 85% this quarter. However if exception reporting is accounted for, this increases to a quarterly average of 95%, thus meeting the target. This quarter 72 visits were not wanted by the family and a further 90 were not attended. Staff working in the East Cambs and Fenland locality have now returned to offering this review as a home visit rather than in a clinic setting as data demonstrated that clinic appointments increased the number of people not attending. By returning to home visits there has been an increase in success of completing this assessment in this area.
11	Health visiting mandated check - Percentage of children who received a 2 -2.5 year review	Q1 April - June 2018	90%	90%	67%	67%	R	77%	90%	67%	↓	The number of two year old checks completed this quarter has declined, from 77% in Q4 2017/18 to 67%. If data is looked at in terms exception reporting, which includes parents who did not want/attend the 2 year check then the average percentage achieved for this quarter increases to 82%. During this quarter,137 appointments were not wanted and 118 were not attended. Both Cambs City and South and Huntingdon Districts have performed at 72% and 75% respectively, but East Cambs and Fenland only achieved 56% during this quarter. A decrease in performance is attributed to a change in delivery model for the East Cambridgeshire and Fenland team, who introduced development clinics to account for staffing and capacity issues. This is led to an increase in DNA's, however due to pre-booked appointments, the team are unable to return to home-visiting until July. This has now been addressed and performance is expected to improve next quarter. There has also been recruitment to 2.6fte Nursery Nurse posts. These are currently progressing through the recruitment process. One post will be placed in East Cambs and Fenland and the remaining will work in Cambs City. These posts will increase the teams capacity and ability to meet this target.
12	School nursing - Number of young people seen for behavioural interventions - smoking, sexual health advice, weight management, emotional health and well being, substance misuse or domestic violence	Q1 April - June 2018	N/A	N/A	100	N/A	N/A	N/A	N/A	100	N/A	Whilst the school nursing services has seen changes to the way it is delivered the service continues to offer face to face interventions to children and young people in settings relating to a range of subjects. There has been a fall in the number of interventions around emotional health and well being, although this may be attributed to the introduction of CHUMS Counselling and Talking Therapies service and Emotional Wellbeing Practitioners, who are offering services to children and young people and supporting existing services including schools and the School Nursing service.
13a	School nursing - number of calls made to the duty desk	Q1 April - June 2018	N/A	N/A	801	N/A	N/A	Not applicable	N/A	801	N/A	The school nursing service has developed over the last 12 months, which includes the introduction of a duty desk, which operates as a single point of access and CHAT Health, a text based support service for children and young people. As a result the information collected and reported has changed and therefore the measure provided in this report has been changed to reflect the services being accessed via the 5 - 19 services. The duty desk has received 801 calls during the quarter 1 period offering immediate access to staff for support, referral and advice. Chat Health has been accessed by 742 children and young people over the quarter. Analysis of the Chat Health attributes indicate that the service has been used to support an additional 11 CYP regarding sexual health, 27 for emotional health and well being concerns and 2 for substance misuse.
13b	School nursing - Number of children and young people who access health advices and support through Chat Health	Q1 April - June 2018	N/A	N/A	742	N/A	N/A	Not applicable	N/A	742	N/A	

KPI no.	Measure	Period data relates to	Y/E Target 2018/19	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous period actual	Current period target	Current period actual	Direction of travel (from previous period)	Comments
14	Childhood Obesity (School year) - 90% coverage of children in year 6 by final submission (EOY)	Jul-18	90%	90.0%	90.0%	90%	G	90.0%	90.0%	90.0%	← →	The National Child Measurement Programme (NCMP) has been completed for the 2016/17 academic year. The coverage target was met and the measurement data has been submitted to the PHE in line with the required timeline. The cleaned measurement data will be available at the end of the year.
15	Childhood Obesity (School year) - 90% coverage of children in reception by final submission (EOY)	Jul-18	90%	90.0%	90.0%	90%	G	90.0%	90.0%	90.0%	← →	
16	Overall referrals to the service	Jul-18	5300	1683	2327	138%	G	185%	337	139%	↓	Although downwards the number of referrals is still above target.
17	Personal Health Trainer Service - number of Personal Health Plans produced (PHPs) **(Pre-existing GP based service)**	Jul-18	1670	501	501	100%	G	55%	100	80%	↑	
18	Personal Health Trainer Service - Personal Health Plans completed **(Pre-existing GP based service)**	Jul-18	1252	376	376	100%	G	82%	75	149%	↑	
19	Number of physical activity groups held **(Pre-existing GP based service)**	Jul-18	730	219	312	142%	G	116%	44	208%	↑	
20	Number of healthy eating groups held **(Pre-existing GP based service)**	Jul-18	495	149	207	139%	G	186%	30	131%	↓	
21	Personal Health Trainer Service - number of PHPs produced (Extended Service)	Jul-18	800	238	318	134%	G	84%	48	164%	↑	The trend is downwards but the year to date target is exceeded.
22	Personal Health Trainer Service - Personal Health Plans completed (Extended Service)	Jul-18	650	179	201	112%	G	126%	36	147%	↑	
23	Number of physical activity groups held (Extended Service)	Jul-18	830	274	250	91%	A	91%	55	164%	↑	There has been considerable improvement this month.
24	Number of healthy eating groups held (Extended Service)	Jul-18	570	188	237	126%	G	181%	38	102%	↓	
25	Proportion of Tier 2 clients completing the intervention who have achieved 5% weight loss.	Jul-18	30%	30%	20.0%	66.7%	R	31%	30%	25%	↓	There has been an ongoing issue with staff changes, to ensure that there is consistent services Everyone Health is contracting with Slimming World and Weight Watchers to deliver the Tier 2 weight management services. The Programmes of both these organisations have been very evaluated and they have robust evidence for the effectiveness of their services. Recognised nationally as

KPI no.	Measure	Period data relates to	Y/E Target 2018/19	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous period actual	Current period target	Current period actual	Direction of travel (from previous period)	Comments
26	Proportion of Tier 3 clients completing the course who have achieved 10% weight loss	Jul-18	60%	60%	60.0%	100.0%	G	54.0%	60%	50.0%	↓	Although a slight dip this month the over performance in earlier months means that the YTD is being met.
27	% of children recruited who complete the weight management programme and maintain or reduce their BMI Z score by agreed amounts	Jul-18	80%	80%	80%	100.0%	G	80%	80%	0%	↓	A new programme has commenced.
28	Number of referrals received for multi factorial risk assessment for Falls Prevention	Jul-18	520	128	183	143%	G	197%	26	208%	↑	
29	Number of Multi Factorial Risk Assessments Completed - Falls Prevention	Jul-18	442	54	255	472%	G	338%	11	609%	↑	
30	Number clients completing their PHP - Falls Prevention	Jul-18	331	69	116	168%	G	163%	14	414%	↑	

* All figures received in August 2018 relate to July 2018 actuals with exception of Smoking Services, which are a month behind and Health Checks, some elements of the Lifestyle Service, School Nursing and Health Visitors which are reported quarterly.

** Direction of travel against previous month actuals

*** The assessment of RAG status for services where targets and activity are based on small numbers may be prone to month on month variation. Therefore RAG status should be interpreted with caution.

APPENDIX 7

PUBLIC HEALTH MOU 2018-19 UPDATE FOR Q1

This will be provided in the next F&PR report.

Agenda Item No: 6

SERVICE COMMITTEE REVIEW OF DRAFT REVENUE BUSINESS PLANNING PROPOSALS FOR 2019-20 TO 2023-24

To:	Health Committee
Meeting Date:	11 October 2018
From:	Director of Public Health
Electoral division(s):	**All**
Forward Plan ref:	**Not applicable** ***Key decision:*** **No**
Purpose:	**This report provides the Committee with an overview of the draft Business Plan Revenue Proposals for services that are within the remit of the Health Committee.**
Recommendation:	**a) It is requested that the Committee note the overview and context provided for the 2019-20 to 2023-24 Business Plan revenue proposals for the Service.** **b) It is requested that the Committee comment on the draft revenue proposals that are within the remit of the Health Committee for 2019-20 to 2023-24.**

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1. OVERVIEW

1.1 The Council's Business Plan sets out how we will spend the resources we have at our disposal to achieve our vision and priorities for Cambridgeshire, and the outcomes we want for people.

1.2 To ensure we deliver this agenda, our focus is always on getting the maximum possible value for residents from every pound of public money we spend and doing things differently to respond to changing needs and new opportunities. The Business Plan therefore sets out how we aim to provide better public services and achieve better results for communities whilst responding to the challenge of reducing resources.

1.3 Like all Councils across the country, we are facing a major financial challenge. Demand is increasing and funding is reducing at a time when the cost of providing services continues to rise significantly due to inflationary and demographic pressures. Through our FairDeal4Cambs campaign we are currently linking with the 39 Shire County areas who make up membership of the County Council's Network and who are raising the issue of historic underfunding of Shire Counties with our MPs and through them with Government. As one of the fastest growing Counties in the country this financial challenge is greater in Cambridgeshire than elsewhere. We have already delivered £176m of savings over the last five years and have a strong track record of value for money improvements which protect front line services to the greatest possible extent. However we know that there will be diminishing returns from existing improvement schemes and that the substantial pressure on public finances remains. It is therefore clear that we need to work more closely with local communities to help them help themselves as well as going further and faster in redesigning the way we commission and deliver services.

1.4 As such our Business Plan recognises the scale of change needed and proposes a significant programme of change across our services, with our partners and, crucially, with our communities. To support this we have a dedicated transformation fund, providing the resource needed in the short term to drive the change we need for the future.

1.5 As the scope for traditional efficiencies diminishes our plan is increasingly focused on a range of more fundamental changes to the way we work. Some of the key themes driving our thinking are;

- Income and Commercialisation - identifying opportunities to bring in new sources of income which can fund crucial public services without raising taxes significantly and to take a more business-like approach to the way we do things in the council.

- Strategic Partnerships – acting as 'one public service' with our partner organisations in the public sector and forming new and deeper partnerships with communities, the voluntary sector and businesses. The aim being to cut out duplication and make sure every contact with people in Cambridgeshire delivers what they need now and might need in the future.

- Demand Management – working with people to help them help themselves or the person they care for e.g. access to advice and information about local support and access to assistive technology. Where public services are needed ensuring support is made available early so that people's needs don't escalate to the point where they need to rely heavily on public sector support in the long term– this is about supporting people to remain as healthy and independent as possible for as long as possible.

- Commissioning – ensuring all services that are commissioned to deliver the outcomes people want at the best possible price – getting value for money in every instance.

- Modernisation – ensuring the organisation is as efficient as possible and as much of the Council's budget as possible is spent on front line services and not back office functions taking advantage of the latest technologies and most creative and dynamic ways of working to deliver the most value for the least cost.

1.6 The Council continues to undertake financial planning of its revenue budget over a five year period which creates links with its longer term financial modelling and planning for growth. This paper presents an overview of the proposals being put forward as part of the Council's draft revenue budget, with a focus on those which are relevant to this Committee. Increasingly the emerging proposals reflect joint proposals between different directorate areas and more creative joined up thinking that recognise children live in families and families live in communities, so many proposals will go before multiple Committees to ensure appropriate oversight from all perspectives.

1.7 Funding projections have been updated based on the latest available information to provide a current picture of the total resource available to the Council. At this stage in the year, however, projections remain fluid and will be reviewed as more accurate data becomes available.

1.8 Equally as our proposals become more ambitious and innovative, in many instances they become less certain. Some proposals will deliver more or less than anticipated, equally some may encounter issues and delays and others might be accelerated if early results are promising. We have adapted our approach to business planning in order to manage these risks, specifically;

- Through the development of proposals which exceed the total savings/income requirement – so that where some schemes fall short they can be mitigated by others and we can manage the whole programme against a bottom-line position
- By establishing a continual flow of new proposals into the change programme – moving away from a fixed cycle to a more dynamic view of new thinking coming in and existing schemes and estimates being refined
- Taking a managed approach to risk – with clarity for members about which proposals have high confidence and certainty and which represent a more uncertain impact

1.9 The Committee is asked to comment on these initial proposals for consideration as part of the Council's development of the Business Plan for the next five years. Draft proposals across all Committees will continue to be developed over the next few months to ensure a robust plan and to allow as much mitigation as possible against the impact of these savings. Therefore these proposals may change as they are developed or alternatives found.

1.10 Committees will receive an update to the revenue business planning proposals in December at which point they will be asked to endorse the proposals to GPC as part of the consideration for the Council's overall Business Plan.

2. BUILDING THE REVENUE BUDGET

2.1 Changes to the previous year's budget are put forward as individual proposals for consideration by committees, General Purposes Committee and ultimately Full Council. Proposals are classified according to their type, as outlined in the attached Table 3, accounting for the forecasts of inflation, demand pressures and service pressures, such as new legislative requirements that have resource implications, as well as savings and investments.

2.2 The process of building the budget begins by identifying the cost of providing a similar level of service to the previous year. The previous year's budget is adjusted for the Council's best forecasts of the cost of inflation, the cost of changes in the number and level of need of service users (demand) and proposed investments. Should services have pressures, these are expected to be managed within that service where possible, if necessary being met through the achievement of additional savings or income. If this is not possible, particularly if the pressure is caused by legislative change, pressures are considered corporately. It should be noted, however, that there are no additional resources and therefore this results in an increase in the level of savings that are required to be found across all Council Services. The total expenditure level is compared to the available funding and, where this is insufficient to cover expenditure, the difference is the savings or income requirement to be met through transformational change and/or savings projects in order to achieve a set of balanced proposals.

2.3 The budget proposals being put forward include revised forecasts of the expected cost of inflation following a detailed review of inflation across all services at an individual budget line level. Inflation indices have been updated using the latest available forecasts and applied to the appropriate

budget lines. Inflation can be broadly split into pay, which accounts for inflationary costs applied to employee salary budgets, and non-pay, which covers a range of budgets, such as energy, waste, etc. as well as a standard level of inflation based on government Consumer Price Index (CPI) forecasts. All inflationary uplifts require robust justification and as such general inflation is assumed to be 0%. Key inflation indices applied to budgets are outlined in the following table:

Inflation Range	2019-20	2020-21	2021-22	2022-23	2023-24
Standard non-pay inflation	1.8%	1.9%	2.0%	2.0%	2.0%
Other non-pay inflation (average of multiple rates)	3.1%	2.2%	2.5%	2.4%	2.4%
Pay (admin band)	2.0%	1.0%	1.0%	1.0%	1.0%
Pay (management band)	1.0%	1.0%	1.0%	1.0%	1.0%

2.4 Forecast inflation, based on the above indices, is as follows:

Service Block	2019-20	2020-21	2021-22	2022-23	2023-24
People and Communities (P&C)	3,010	2,692	2,697	2,699	2,699
Place and Economy (P&E)	1,107	1,105	1,150	1,190	1,228
Commercial and Investments (C&I)	101	34	38	39	39
Public Health	16	18	18	19	19
Corporate and Managed Services	403	401	401	401	401
LGSS Operational	137	120	120	120	120
Total	**4,774**	**4,370**	**4,424**	**4,468**	**4,506**

2.5 A review of demand pressures facing the Council has been undertaken. The term demand is used to describe all anticipated demand changes arising from increased numbers (e.g. as a result of an ageing population, or due to increased road kilometres) and increased complexity (e.g. more intensive packages of care as clients age). The demand pressures calculated are:

Service Block	2019-20 £'000	2020-21 £'000	2021-22 £'000	2022-23 £'000	2023-24 £'000
People and Communities (P&C)	8,326	8,847	9,011	10,385	10,621
Place & Economy (P&E)	567	344	351	359	366
Total	**8,893**	**9,191**	**9,362**	**10,744**	**10,987**

2.6 The Council is facing some cost pressures that cannot be absorbed within the base funding of services. Some of the pressures relate to costs that are associated with the introduction of new legislation and others as a direct result of contractual commitments. These costs are included within the revenue tables considered by service committees alongside other savings proposals and priorities:

Service Block / Description	2019-20 £'000	2020-21 £'000	2021-22 £'000	2022-23 £'000	2023-24 £'000
New Pressures Arising in 19-20					
P&C: Looked After Children Placements	2,700				
P&C: Supervised contact (numbers of children)	235	-35			
P&C: Independent reviewing officers (numbers of children)	85		-85		
P&C: New duties – leaving care	390				
P&C: Children's services reduced grant income expectation	295				
P&C: Education Directorate pressure	148				
P&C: Home to School Transport Special	750				
C&I: Closure of Cambridgeshire Catering & Cleaning Services	479				
C&I: Traded services to Schools	250				
Existing Pressures Brought Forward					
P&C: Fair Cost of Care and Placement Costs		1,000	2,000	1,000	
P&C: Impact of National Living Wage on Contracts	2,561	3,367	3,185	2,324	
P&C: Dedicated Schools Grant Contribution to Combined Budgets	3,079				
P&C: Pressures from 18/19 in Adult Social Care	2,000				
P&E: Libraries to serve new developments		49			
P&E: Minerals and Waste Local Plan		-54	-54		
P&E: Archives Centre	78				
P&E: Guided Busway Defects	200	-1,300			
CS: Disaster Recovery facility for critical business systems	41				
Impact of Local Government Pay offer on CCC Employee Costs (combined)	409	174	174		
CS: De-capitalisation of rolling laptop refresh	1,100				

C&I: Renewable energy – Soham	5	4	5	40	
Total	**14,805**	**3,205**	**5,225**	**3,364**	**-**

3. SUMMARY OF THE DRAFT REVENUE BUDGET

3.1 In order to balance the budget in light of the cost increases set out in the previous section and reduced Government funding, savings or additional income of £33.0m are required for 2019-20, and a total of £62m across the full five years of the Business Plan. The following table shows the total level of savings necessary for each of the next five years, the amount of savings attributed from identified savings and the residual gap for which saving or income has still to be found:

Service Block	2019-20 £'000	2020-21 £'000	2021-22 £'000	2022-23 £'000	2023-24 £'000
Total Saving Requirement	38,509	7,989	5,368	7,822	3,151
Identified Savings	-14,178	347	-1,438	246	-
Identified additional Income Generation	-2,826	502	-123	10	-
Residual Savings to be identified	**21,505**	**8,838**	**3,807**	**8,078**	**3,151**

3.2 As the table above shows there is still a significant level of savings or income to be found in order to produce a balanced budget for 2019-20. While actions are being taken to close the funding gap, as detailed below, it must be acknowledged that the proposals already identified are those with the lower risk and impact profiles and the further options being considered are those considered less certain, or with greater impact.

3.3 The actions currently being undertaken to close the gap are:

- Reviewing all the existing proposals to identify any which could be pushed further – in particular where additional investment could unlock additional savings
- Identifying whether any longer-term savings can be brought forward
- Reviewing the full list of in-year and 2019-20 pressures – developing mitigation plans wherever possible to reduce the impact of pressures on the savings requirement
- Bringing more ideas into the pipeline – this work will continue to be led across service areas with support from the Transformation team – recognising that it is the responsibility of all areas of the Council to keep generating new proposals which help meet this challenge

3.4 There are also a number of risks or assumptions which are not included in the numbers above, or accompanying tables. These will be incorporated (as required) as the Business Plan is developed and the figures can be confirmed:

- The Business Plan includes a combined pressure relating to the increase in the National Living Wage however the apportionment of this pressure between service areas has not been confirmed. Additionally, the size of this pressure is likely to change following an update of establishment information in the Autumn.

- The result of schools funding reforms, in particular the control of the Dedicated Schools Grant shifting further toward individual schools, is still under discussion and the significant current pressure will be updated as the outcome of this discussion becomes clear.

- Movement in current year pressures – Work is ongoing to manage our in-year pressures downwards however any change to the out-turn position of the Council will impact the savings requirement in 2019-20. This is particularly relevant to demand led budgets such as children in care or adult social care provision.

- Due to the level of reduction in Government grants in later years the Council did not take the multi-year settlement offered as part of the 2015 Spending Review. The settlement included a negative allocation of Revenue Support Grant for the Council in 2019/20. There has been a recent consultation regarding Negative Revenue Support Grant however the outcome will not been known until the provisional local finance settlement in mid-December. Our business plan currently makes a prudent assumption of a £7m negative RSG allocation in 2019/20 as proposed in the 2015 Spending Review. The Government's preferred treatment is to eliminate negative RSG using the central share of business rate receipts.

- From 2020/21, local authorities will retain 75% of business rates, the tier split of business rates between Counties and Districts is subject to change, and the funding baselines for local authorities will be reassessed. There is therefore a significant level of uncertainty around the accuracy of our funding assumptions from 2020/21 onwards. The Council's future funding position will remain unclear until Government provides an indicative allocation of business rates in Spring 2019.

3.5 In some cases services have planned to increase income to prevent a reduction in service delivery. For the purpose of balancing the budget these two approaches have the same effect and are treated in the same way.

3.6 This report forms part of the process set out in the Medium Term Financial Strategy whereby the Council updates, alters and refines its revenue and capital proposals in line with new savings targets. New proposals are developed across Council to meet any additional savings requirement and all existing schemes are reviewed and updated before being presented to service committees for further review during December.

3.7 The level of savings required is based on a 1.99% increase in general Council tax and an additional 2% increase through levying the Adults Social Care precept. It should be noted that the Government has only confirmed that ASC precept will be available up to and including 2019-20. For each 1% more or less that Council Tax is changed, the level of savings required will change by approximately +/-£2.5m.

3.8 There is currently a limit on the increase of Council Tax to 2.99%, above which approval must be sought from residents through a positive vote in a local referendum. This presents the Council with the option to increase Council tax by a further 1%. It is estimated that the cost of holding a referendum for increases above 2.99% would be around £100k, rising to as much as £500k should the public reject the proposed tax increase (as new bills would need to be issued).

3.9 Following October and December service committees, GPC will review the overall programme in December, before recommending the programme in January as part of the overarching Business Plan for Full Council to consider in February.

4.0 BUSINESS PLANNING CONTEXT FOR HEALTH COMMITTEE

4.1 The majority of public health grant funding (over 90%) is spent on external contracts, with organisations which provide services at individual client level, such as health visiting, school nursing, contraception and sexual health, drug and alcohol treatment, smoking cessation and weight management.

4.2 The transformation programme for Public Health Services over the next five years focuses on the following key themes:

- Improving engagement with communities to support behaviour changes which will improve health in the longer term
- Influencing the wider determinants of health, including the role of all tiers of local government in providing environments and services which support health and wellbeing
- Maximising efficiency through our commissioning and procurement of services, including working in partnership with other organisations where this can improve outcomes or reduce commissioning costs.

4.3 Public Health services are funded by a ring-fenced grant from the Department of Health which currently totals approximately £26.3M. Following a period where the level of public health grant was increased in 2013/14 and 2014/15, Central government made the decision to reduce the public health grant over a five year period from 2016/17. In 2016/17 the grant to CCC was reduced by £2.3M and from 2017/18 to 2019/20 the grant is reducing by approximately £0.7M per year. These are cash reductions to the grant, which do not take account of local inflation, pressures or demography.

4.4 It is important to note that public health ‘inflation’ as outlined under para 2.4 appears very low. The reason for this is that public health contracts with external providers have been agreed with no inbuilt year on year uplifts for inflation or demography - therefore providers are expected to absorb wage inflation (e.g. NHS pay settlements) and other inflationary or demographic pressures through their own cost improvement programmes, and there is no direct inflationary pressure on the Council’s commissioning budgets.

4.5 As noted above, transformation of the services we commission has been the main focus in developing new savings proposals for 2019/20 to meet the

reduction in the national public health grant received by the Council. Therefore service transformations which support the required savings are negotiated within existing contracts, or when the opportunity for new procurements arises. As a result of reductions to the public health grant, all areas of service have made 'cash savings' over previous years (in addition to internal cost improvement programmes to cover inflationary or demographic pressures) as outlined in Figure 1 below:

Service Category	Original Funding April 2015	Saving 2016/17	Saving 2017/18	Saving 2018/19	% Saving since 2015
Drug and alcohol services	£6269k	£289k	£100k	£154k	8.7%
Sexual Health & Contraception	£5692k	£280k	£100k	£140k	9.1%
Smoking Cessation & Tobacco Control	£1253k	£220k	£110k	£112k	35.3%
General Prevention: Obesity, Health Checks, Falls Prevention	£2465k	£125k	£101k	-	9.3%
Public Mental Health	£224k	£60k	£60k reinvested	£7k	3.1%
Children's 0-19 Public Health Services	£9527k (indicative)	£190k	£188k	£238k	6.5%
Public Health Directorate staffing & Income generation	£2567k	£524k	£75k	£49k	25.2%

4.6 At a national level it has been announced that the ring-fence for the public health grant is likely to cease with the introduction of new ways of funding local government through retained business rates in 2020/21. A letter from the Public Health England Chief Executive made clear that this would be dependent on introduction of a robust assurance framework for public health services. Until we are clearer on progress with and requirements of the assurance framework, there is a level of uncertainty when planning for the future. When further information is available, this will be shared with the Health Committee.

4.7 Through its scrutiny role, the Health Committee has identified the recruitment and retention of the health and care workforce as a key risk issue for local services. This also applies to our commissioned public health services, and it's important to emphasise that savings proposals are carefully discussed with local providers, in order to understand their workforce issues and to support staff retention.

5. OVERVIEW OF HEALTH COMMITTEE'S DRAFT REVENUE PROGRAMME

5.1 The paragraphs below provide an overview of the draft 2019/20 business planning proposals within the remit of the Health Committee. In each case the reference to the business planning table is included along with the anticipated

level of financial saving or additional income. It is important for the Committee to note that the proposals and figures are draft at this stage and that work on the business cases is ongoing. Updated proposals will be presented to Committee again in November and then December at which point business cases and the associated impact assessments will be final for the Committee to endorse.

5.2 Additional investment is required to deliver transformation at this scale and the programme of savings described below will need to be supported by resource agreed through the Council's Transformation fund process. A report will be prepared for General Purposes Committee detailing the additional resource requirements, the associated savings and therefore the return on investment. This report will go to the November meeting of General Purposes Committee.

5.3 **Summary of proposals:**

E/R.6.031 NHS Health Checks IT Contract (-41k in 2019-20)
NHS Health Checks are commissioned from GP practices. The contract for an IT software system to manage the data in practices and for performance management has been terminated as it could not fully meet GDPR requirements. New arrangements with the Clinical Commissioning Group are now available at no additional cost.

E/R.6.032 NHS Health Checks Funding (-50k in 2019-20)
This proposal secures savings through a reduction in the allocation of funding for NHS Health Checks based on an historical budget that was transferred from the NHS. There has been a recurrent underspend and stable levels of activity.

E/R.6.033 Re-commissioning of Drug and Alcohol Treatment Service (-162k in 2019/20)
The Adult Drug and Alcohol Treatment Service was re-commissioned in 2017 and the new Service will commence in October 2018. The value of the contract is being reduced over its course, reflecting transformational changes in response to changing needs and service efficiencies.

E/R.6.034 Re-commissioning of Sexual Health Services (-15k in 2019-20)
The Integrated Sexual Health and Contraception Services are being re-commissioned with a new service starting in October 2019. It will be a joint commission with Peterborough City Council with efficiencies being found from sharing management and "backroom" functions along with ongoing transformational changes.

E/R.6.035 Mental Health Training - focusing on children and young people's workforce (-36k in 2019-20)
This proposal ceases funding for intensive training for a relatively small number of the young people's workforce each year, delivered face to face by Cambridgeshire and Peterborough NHS Foundation Trust. Instead it is proposed that Public Health staff work together with the Heads of Early Help to establish a clear specification of the training requirements and success criteria for an e-learning training package with less intensive face to face training in

2019/20, focussed on the mental health training needs of Young People's workers in the Early Help Teams.

E/R.6.036 & ER.6.037 Integrating Healthy Child Programme across Cambridgeshire and Peterborough (-398k in 2019-20)

The Health Committee agreed a £238k saving from integration of children's health and wellbeing services in last year's (2018/19) business planning round, with implementation deferred until April 2019, due to the amount of work across organisations that was needed. In this year's business planning round some additional saving of £160k has been proposed. Work is ongoing to assess the savings from reduction in overhead costs, together with workforce and skillmix modelling, use of new technologies and integration of information systems. An options appraisal paper will be brought to Health Committee for review once this work is complete.

E/R.6.038 Public Health Directorate Staffing Rationalisation (-80k in 2019-20)

This proposal secures savings through the deletion of staff posts within the Public Health structure. There are some staff posts which became vacant in 2017/18 and 2018/19 and for which the vacancies have been held. This has been associated with some decreases in service provision, but it is feasible to delete the vacancies and maintain current levels of delivery. There is also a restructure within the Public Health Joint Commissioning Unit with Peterborough City Council. The proposed merger of two team leader posts will also lead to a saving. These savings are shared with Peterborough City Council and are accompanied by a change to the recharge across the two Councils

E/R.6.039 Reduce long acting reversible contraception (LARCs) funding in line with audit results and completion of clinician training (-60k in 2019-20)

Audits of GP practice payments for LARCs have shown that sometimes there is not a clear understanding of which procedures should be charged to the NHS and which to the local authority. The majority of this saving will result from clear information and processes to clarify this. In addition the training programme for GP practice staff is now complete, so the revenue budget used for this can be reduced. Neither of these savings should result in reduced provision of LARCs to patients.

E/R.6.040 Mainstream work to promote immunisations (-13k in 2019-20)

This savings proposal is to mainstream work to promote immunisations, which currently has a separate budget, into generic health protection and public health communications work and funding streams. Childhood immunisation rates have improved since this budget was created, and Council staff work closely with NHS England and Public Health England to support continued improvement.

6 LONGER TERM TRANSFORMATION TO CREATE A SUSTAINABLE SERVICE MODEL

6.1 This programme of work includes innovative approaches that will improve outcomes whilst continuing to deliver a further level of efficiency and significant savings.

6.2 A Transformation resource was established in 2016 to enable investment in longer term initiatives, identifying opportunities where better outcomes can be delivered at reduced cost and demand for services can be reduced. To date, savings of £9.7m have been released as a result of services using this resource.

7. NEXT STEPS

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

November	Service Committees will review draft proposals again, for recommendation to General Purposes Committee
December	General Purposes Committee will consider the whole draft Business Plan for the first time
January	General Purposes Committee will review the whole draft Business Plan for recommendation to Full Council
February	Full Council will consider the draft Business Plan

8. ALIGNMENT WITH CORPORATE PRIORITIES

8.1 **Developing the local economy for the benefit of all**
Public health services provide support to the local economy through their role in maintaining a healthy and productive workforce.

8.2 **Helping people live healthy and independent lives**
The purpose of public health services is to help people live healthy and independent lives at all ages.

8.3 **Supporting and protecting vulnerable people**
The majority of public health services include a focus on identifying and supporting children or adults who are more vulnerable to ill health and poor outcomes, as well as providing more universal preventive services.

9. SIGNIFICANT IMPLICATIONS

9.1 **Resource Implications**

Resource implications are outlined in paras 4.1-4.5

9.2 **Statutory, Legal and Risk implications**

Details of the ring-fenced public health grant are given in para 4.3. Significant risks are outlined in para 4.6 and 4.7.

9.3 **Equality and Diversity Implications**

The Business Cases for each savings proposal (appendix 1) describe their community impact including any disproportionate impact on specific

population groups. This aspect may need further development in some of the business cases.

9.4 **Engagement and Consultation Implications**

Our Business Planning proposals are informed by the CCC public consultation on the Business Plan and will be discussed with a wide range of partners throughout the process (some of which has begun already). The feedback from consultation will continue to inform the refinement of proposals. Where this leads to significant amendments to the recommendations a report would be provided to the Health Committee.

Draft Community Impact Assessments (CIAs) for the savings proposals are attached to this paper for consideration by the Committee. In some cases further consultation will be needed with service users and stakeholders in order to take forward specific service changes.

9.5 **Localism and Local Member Involvement**

The proposals made are all for county-wide public health programmes and services.

9.6 **Public Health Implications**

The savings proposals aim to achieve best value through public health services while minimising the risk of impact on public health outcomes.

Implications	**Officer Clearance**
Have the resource implications been cleared by Finance?	Yes Tom Kelly
Has the impact on Statutory, Legal and Risk implications been cleared by LGSS Law?	Yes Debbie Carter-Hughes
Are there any Equality and Diversity implications?	Covered in business case impact assessment Liz Robin
Have any engagement and communication implications been cleared by Communications?	Yes Matthew Hall
Are there any Localism and Local Member involvement issues?	No Liz Robin
Have any Public Health implications been cleared by Public Health	Yes Liz Robin

Source Documents	Location
Strategic Framework	*https://cmis.cambridgeshire.gov.uk/ccc_live/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/580/Committee/2/Default.aspx*

APPENDIX 1: Draft Business Cases for business planning proposals within the remit of Public Health Committee

APPENDIX 2: Financial – Table 3

Business Case

E/R.6.031 NHS Health Checks IT Contract

Project Overview			
Project Title	E/R.6.031 NHS Health Checks IT Contract		
Project Code	TR001402	**Business Planning Reference**	E/R.6.031
Business Planning Brief Description	NHS Health Checks are commissioned from GP practices. The contract for an IT software system to manage the data in practices and for performance management has been terminated as it could not fully meet GDPR requirements. New arrangements with the Clinical Commissioning Group are now available at no additional cost.		
Senior Responsible Officer	Val Thomas		

Project Approach

Background

Why do we need to undertake this project?

Cash reductions in the Public Health Grant and financial pressures upon the Local Authority require efficiencies and cost-effective innovative approaches to delivering commissioned services.

What would happen if we did not complete this project?

The savings would ne be secured.

Approach

Aims / Objectives

This proposal aims to secure savings from severing the contract for the provision of an IT system that facilitates and improves the data collection and collation processes for the NHS Health Check Programme.

Project Overview - What are we doing

Background

NHS Health Checks is a cardiovascular risk assessment offered to people (aged from 40 to 74 years old) every five years who do not have a diagnosed health condition. Eligible individuals are identified by GP practices and sent an invitation to have an NHS Health Check at their practice. GP practices are paid for each NHS Health Check that they undertake.

We introduced outreach NHS Health Checks that are provided by the lifestyle service 'Everyone Health' that target high risk and often hard to reach populations through offering NHS Health Checks at workplaces and other community locations. The results are sent to the GP practices for them to follow up if necessary. Everyone Health is funded through a block contract that does not have a threshold for its activity.

A robust data collection process is required to: ensure that the correct patients are identified; any intervention is recorded whether in the GP practice or in the Outreach Service; that anonymized data is sent to the Local Authority

as part of the performance monitoring of activity which also enables GPs to be paid; that data is sent from safely from the Outreach Service to the participants' GPs.

New technologies have been emerging that allow software to sit on GP practice systems, and after securing agreement with the Clinical Commissioning Group (CCG) which has responsibility for practice systems we commissioned new software that started to be installed in GP practices in 2017.

Current position

The introduction of GDPR compromised the security of the software as it could not fully meet the GDPR requirements and therefore it was not considered safe to continue with the contract. Although prior to GDPR it had been rigorously assessed by the CCG Information Governance and CCC Information Governance to ensure it was fully compliant with the pre-GDPR information governance requirements. The IT company fully agreed with this approach and assumed any additional cost for removing systems already in practices.

What assumptions have you made?

N/A

What constraints does the project face?

N/A

Delivery Options

Has an options and feasibility study been undertaken?

Scope / Interdependencies

Scope

What is within scope?

NHS Health Checks IT software contract

What is outside of scope?

The other parts of the NHS Health Checks Programme which includes payments to GPs and lifestyle service Outreach Health Checks programme and point of care blood testing.

Project Dependencies

Title

The CCG IT Improvement Programme

Cost and Savings

See accompanying financial report

Non Financial Benefits

Non Financial Benefits Summary

The CCG IT improvements also affect the reporting of other Public Health services commissioned from GP practices.

Title

Risks

Title

Project Impact

Community Impact Assessment

Who will be affected by this proposal?

NHS Health Check recipients both in GP practices and the Outreach Programme. These will be in the eligible age range of 40-74 years and do not have a diagnosed ongoing condition. However this will be in terms of their information and any changes will not be experienced as part of the NHS Health Check.

Staff providing the service and responsible for data collecting will also be affected.

What positive impacts are anticipated from this proposal?

It will support the development of the local GP practice system and is a good local example of shared data protocols.

What negative impacts are anticipated from this proposal?

N/A

Are there other impacts which are more neutral?

N/A

Disproportionate impacts on specific groups with protected characteristics

Details of Disproportionate Impacts on protected characteristics and how these will be addressed

Business Case

E/R.6.032 NHS Health Checks Funding

Project Overview			
Project Title	E/R.6.032 NHS Health Checks Funding		
Project Code	TR001403	**Business Planning Reference**	E/R.6.032
Business Planning Brief Description	This proposal secures savings through a reduction in the allocation of funding for NHS Health Checks based on an historical budget that was transferred from the NHS. There has been a recurrent underspend and stable levels of activity.		
Senior Responsible Officer	Val Thomas		

Project Approach

Background

Why do we need to undertake this project?

Cash reductions in the Public Health Grant and financial pressures upon the Local Authority require efficiencies and cost-effective innovative approaches to delivering commissioned services.

What would happen if we did not complete this project?

The savings would not be achieved.

Approach

Aims / Objectives

To reduce the allocated funding to the NHS Health Checks Programme without reducing its activity levels.

Project Overview - What are we doing

Background

NHS Health Checks is a cardiovascular risk assessment offered to those aged between 40 and 74 year old, every five years, who do not have a diagnosed health condition. Eligible individuals are identified by GP practices and sent an invitation to have an NHS Health Check at their practice. GP practices are paid for each NHS Health Check that they undertake. GP's are paid for each Health Check, it is a unit cost and relevant to the whole business case.

We introduced outreach NHS Health Checks that are provided by the lifestyle service 'Everyone Health' that target high risk and often hard to reach populations through offering NHS Health Checks at workplaces and other community locations. The results are sent to the GP practices for them to follow up if necessary. Everyone Health is funded through a block contract that does not have a threshold for its activity i.e. it is a block contract therefore no matter how many outreach checks are undertaken the contract price remains the same.

Current position

The funding allocation that was transferred from the NHS has not been met by the activity. Although improvements have been made and numbers have increased there has been a persistent underspend on the funding allocation.

The outreach programme has contributed to this as it has slowly been increasing the number of completed NHS Health Checks but this has not created a cost pressure as the Provider is not paid for each NHS Health Check.

What assumptions have you made?

That the demand for GP delivered NHS Health Checks does not increase above the level that can be contained in the proposed new funding allocation.

What constraints does the project face?

An unprecedented increase in GP practice activity of NHS Health Check activity.

Delivery Options

Has an options and feasibility study been undertaken?

Scope / Interdependencies

Scope

What is within scope?

NHS Health Checks funding allocation

What is outside of scope?

The NHS Funding allocation covers all aspects of the programme including GP payments, outreach NHS Health Checks and point of care blood tests.

Project Dependencies

Title

Cost and Savings

See accompanying financial report

Non Financial Benefits

Non Financial Benefits Summary

None

Title

Risks

Title

Project Impact

Community Impact Assessment
Who will be affected by this proposal?
The 40 to 70 year olds who are eligible for an NHS Health Check who do not have diagnosed condition.
What positive impacts are anticipated from this proposal?
The GP Practice NHS Health Check Programme will not be affected and efforts are ongoing to increase the uptake in the Outreach Programme as this targets the most at risk populations and the costs are contained within the block contract price.
What negative impacts are anticipated from this proposal?
N/A
Are there other impacts which are more neutral?
N/A

Disproportionate impacts on specific groups with protected characteristics
Details of Disproportionate Impacts on protected characteristics and how these will be addressed
This proposal will not have disproportionate impacts upon protected characteristics but it will increase the focus upon more deprived areas that have populations with higher risks of cardiovascular disease through the outreach service where costs are contained within the contract cost

Business Case

E/R.6.033 Re-commissioning of Drug and Alcohol Treatment Service (Public Health)

Project Overview			
Project Title	E/R.6.033 Re-commissioning of Drug and Alcohol Treatment Service (Public Health)		
Project Code	TR001380	**Business Planning Reference**	E/R.6.033
Business Planning Brief Description	The Adult Drug and Alcohol Treatment Services was re-commissioned in 2017 and the new Service will commence in October 2018. The value of the contract is being reduced over the course of the contract reflecting transformational changes in response to changing needs and service efficiencies.		
Senior Responsible Officer	Val Thomas		

Project Approach

Background

Why do we need to undertake this project?

Cash reductions in the Public Health Grant and financial pressures upon the Local Authority require efficiencies and cost-effective innovative approaches to delivering commissioned services. The re-commissioning of this service has enabled transformational service redesign and efficiencies that will be delivered over the course of the five year lifetime of the contract.

What would happen if we did not complete this project?

The required savings would not be realised.

Approach

Aims / Objectives

The aim of this proposal is that the new Adult Drugs and Alcohol Treatment Service makes transformational changes that produce efficiencies and contribute towards improved outcomes.

The key objectives will impact at different stages of the contract and are as follows:

- Increase community treatment alternatives and the introduction of new cost-effective technologies as they come on stream.
- Manage service demand through strengthening early intervention and prevention services, strengthening work with other organisations to develop holistic care packages that support recovery and targeting high risk groups with harm reduction and community support interventions.
- Expand and strengthen recovery services to reduce clients re-presenting to the services.

Project Overview - What are we doing

Background

The Drug and Alcohol Joint Strategic Needs Assessment in 2016 found that there is a changing landscape for drug and alcohol misuse with changing patterns of demand and different client groups.

The current Adult Drug and Alcohol Treatment Service provided by the South Staffordshire NHS Foundation Trust through its Inclusion Service has evolved over the past five years in response to the changing needs of the client population. However in the current contract there are still services that are being delivered in a hospital setting when there is evidence that these could be undertaken safely in a more cost effective community setting. For example detoxification is currently undertaken in the community but also through a separate contract with the Cambridgeshire and Peterborough Foundation Trust that provides inpatient care at its Fulbourn site.

The current service design means that there has been limited investment in early intervention or prevention work. Providing intervention and brief advice to at risk populations is a cost-effective evidence based approach that has been undertaken randomly and not funded on an ongoing basis.

There are pathways between services that provide support for adult drug and alcohol users that usually have wide ranging needs. It is essential that these services work together to provide a holistic package of care that will produce positive outcomes for the client. These pathways especially with mental health and primary care services need to be strengthened to secure better outcomes and decrease ongoing demand for services.

Good recovery services that offer wide ranging support and link effectively with other services is recognised as being essential for ensuring good treatment outcomes and reducing representation to services.

Current position

To be able to meet these needs, in the context of reduced funding, the request for agencies bidding for the contract was to present proposals that would enable transformational change to deliver services in a different way and impact on demand going forward.

The following transformational changes have been built into the new service specifications and the contract has been awarded at a reduced value:

- More treatment will be undertaken in the community including an increased number of detoxification treatments.
- Funding has been allocated to the Lifestyle service for it to provide a Drugs and Alcohol Health Trainer who will focus on providing Identification and Brief Intervention (IBA) Training to a range of organisations to enable their staff to increase the numbers of high risk substance misusers who are identified and receive an appropriate service to prevent their misuse becoming a dependency. There will also be increased focus on promoting prevention generally in the community.
- The Recovery element of the service has been strengthened to provide more support and the provider will work with a range of organisations to ensure that the wide range of needs of clients in recovery are met to ensure that there is a decreased number of re-presentations to the Drug and Alcohol Service.
- Services have been redesigned to meet the new needs that have emerged, the increased number of older people accessing the service, the misuse of prescription drugs and the aging cohort of long term primarily opiate users whose dependency has effectively become a long term condition. These require different more cost effective approaches that are based on working with different organisations to ensure that they receive

the right type of support that will enable them to remain in the community with less support from the treatment services.

- Other savings are through providing a mobile service, thereby avoiding accommodation costs.

What assumptions have you made?

- All clients diagnosed with requiring detoxification will be assessed for their suitability for community detoxification. Based on experience in other services, the majority of clients can be effectively treated in the community. However, this assessment has not yet been undertaken on Cambridgeshire clients and there is an assumption that there will be a high number of patients suitable for a community detoxification.
- That organisations will engage with the IBA training and their staff will make an appropriate intervention and refer when necessary.
- For the Recovery Services to secure the desired positive outcomes will mean the engagement and collaboration of partner organisations.

What constraints does the project face?

- The contract for the new Service has been awarded and it will be performance monitored. .However some of the transformational changes are dependent on collaborative working with other agencies and subject to the assumptions described above.
- There could also be a delay before the positive impact of increasing the level of IBA in the community is experienced by the Service.

Delivery Options

Has an options and feasibility study been undertaken?

Scope / Interdependencies

Scope

What is within scope?

Adult Drug and Alcohol Services including all four tiers of the treatment Service

What is outside of scope?

Children and Young People Drug and Alcohol Treatment Services.

Project Dependencies

Title

Cost and Savings

See accompanying financial report

Non Financial Benefits

Non Financial Benefits Summary

The transformational changes are aiming to improve outcomes for those misusing drugs and alcohol in terms of successful recovery and fewer representations to the Service.
Earlier identification of those at risk of developing from at risk users to dependent users.
Improved and more appropriate treatment of long term misusers of opiates, misuse of prescription drugs and older people.

Risks

Title

Project Impact

Community Impact Assessment

Who will be affected by this proposal?

Adults who misuse Drugs and Alcohol ranging from those who are putting themselves at risk to those who are dependent on drugs and alcohol.

What positive impacts are anticipated from this proposal?

More individuals who misuse substances are identified early and commence treatment before they become dependent.
That more people will recover and do not re-present into services.
That more people are treated in the community and are not admitted to hospital for treatment.
Increased collaboration with other services will ensure that people will be treated early and the diverse needs that clients present with are better addressed increasing the chances of positive outcomes.

What negative impacts are anticipated from this proposal?

None

Are there other impacts which are more neutral?

N/A

Disproportionate impacts on specific groups with protected characteristics

Details of Disproportionate Impacts on protected characteristics and how these will be addressed

This proposal will aim to target groups that have a high risk of misusing substance which includes those who are deprived, homeless, in the criminal justice system and older people. The Service design includes a mobile service to increase accessibility and outreach work to ensure that these groups are targeted. In addition the IBA training programme will target organisations that work with high risk groups.

Business Case

E/R.6.034 Re-commissioning of Sexual Health Services

Project Overview			
Project Title	E/R.6.034 Re-commissioning of Sexual Health Services		
Project Code	TR001400	**Business Planning Reference**	E/R.6.034
Business Planning Brief Description	The Integrated Sexual Health and Contraception Services are being re-commissioned with a new service starting in October 2019. It will be a joint commission with Peterborough City Council with efficiencies being found from sharing management and "backroom" functions along with ongoing transformational changes.		
Senior Responsible Officer	Val Thomas		

Project Approach

Background

Why do we need to undertake this project?

Cash reductions in the Public Health Grant and financial pressures upon the Local Authority require efficiencies and cost-effective innovative approaches to delivering commissioned services. The re-commissioning of this service across Cambridgeshire County Council and Peterborough City Council will bring efficiencies and there will be further development of the transformational service redesign and efficiencies that have been taking place during the past three years in both areas.

What would happen if we did not complete this project?

The required savings would not be realised.

Approach

Aims / Objectives

Project Overview - What are we doing

Background

The Local Authority commissions an Integrated Sexual Health and Contraception Service from Cambridgeshire Community Services (also in Peterborough). Sexual health clinics offer testing, treatment and contact tracing for people at risk of sexually transmitted infections. Services are 'open access' – i.e. people can refer themselves and are entitled to be seen. They also offer the full range of contraception services. They are a mandated local authority public health service under the Health and Social Care Act (2013). The Integrated Service was commissioned in 2014 and brought together sexual health and contraception into the integrated service. The Service is delivered through a Hub and Spoke model whereby there are three hubs that offer the full range of clinical services and are Consultant led (Wisbech, Cambridge City and Huntingdon). In addition there are nurse led spoke clinics that provide less complex sexual health and contraception services.

It was commissioned to integrate sexual health and contraception services so that patients are able to address all their sexual health and contraception needs in one service and location and address the health inequalities and inequities of service provision between the north and south of the county. A key theme was the requirement to modernise the service to ensure that it is efficient and cost effective.

Current position
Over the past three years the Cambridgeshire Service has introduced a number of innovative approaches which includes using new technologies. In addition it has made savings and has streamlined the service but this has always been undertaken in areas where demand for service is low.
The re-commission will have one contract for both Cambridgeshire and Peterborough. The new contract will be awarded in 2019.

Efficiencies are anticipated from having a single contract. These are currently in development but they are anticipated to reflect the merging of managerial and administrative functions.
In addition, the Service has introduce new technologies to manage demand such as online ordering of tests for sexually transmitted infections. There is the potential to explore other digital options for managing demand.

What assumptions have you made?

Providing services across both Cambridgeshire and Peterborough requires efficient management and administrative systems to ensure patient safety. Any savings would not compromise these areas.

What constraints does the project face?

The provision of accessible sexual health services is one of the mandatory requirements for Local Authorities included in the 2013 Health and Social Care Act

Delivery Options

Has an options and feasibility study been undertaken?

Scope / Interdependencies

Scope

What is within scope?

Community Sexual Health and Contraception Services

What is outside of scope?

Local Authority sexual health and contraception services commissioned for GPs.

Project Dependencies

Title

Cost and Savings

See accompanying financial report

Non Financial Benefits

Non Financial Benefits Summary

The planned savings will focus upon making patient pathways and services as efficient and effective as possible to maximize resource utility and improve the patient experience.

Title

Risks

Title

Project Impact

Community Impact Assessment

Who will be affected by this proposal?

Patients accessing the services for advice, diagnosis and treatment of sexually transmitted infections and /or contraception.

What positive impacts are anticipated from this proposal?

Any efficiencies would ensure that access to patients from high risk groups will be maintained and developed if possible

What negative impacts are anticipated from this proposal?

The anticipated efficiencies are planned to effect staff not patients accessing services.

Are there other impacts which are more neutral?

Disproportionate impacts on specific groups with protected characteristics

Details of Disproportionate Impacts on protected characteristics and how these will be addressed

There are patients who have a higher risk of acquiring a sexually transmitted infection or an unwanted pregnancy i.e. younger people for sexually transmitted infections and teenage pregnancy especially in more deprived areas, men who have sex with men and those living in more rural areas who have more limited access to services. Any efficiencies will reflect consideration of these groups and any efficiencies will not compromise access to services for these groups.

Business Case

E/R.6.035 Mental Health training - focusing on children and young people's workforce

Project Overview			
Project Title	E/R.6.035 Mental Health training - focusing on children and young people's workforce		
Project Code	TR001397	**Business Planning Reference**	E/R.6.035
Business Planning Brief Description	Reduction in funding for mental health training, with a focus on a smaller workforce group.		
Senior Responsible Officer	Raj Lakshman		

Project Approach

Background

Why do we need to undertake this project?

Financial constraints on Local Authority budgets require a review of current spending to ensure the best use of resource. A funding reduction can be achieved through a change in the type of training delivered and a re-focusing of the targeted workforce.

What would happen if we did not complete this project?

Required savings would not be met.

Approach

Aims / Objectives

The training seeks to:

- improve knowledge and understanding of mental health within the children and young people's workforce.
- improve confidence in identifying and responding to mental health issues in children and young people.
- improve understanding of the mental health services and support available for children and young people.

This proposal aims to achieve these objectives with a reduced budget.

Project Overview - What are we doing

The service now delivers the following training for the broader children and young people's workforce (which will still include some schools that wish to access further training):

- Mental Health Awareness Courses (1 day course)
- Child and Adolescent Mental Health Foundation Module (12 days)
- Introduction to CBT (6 days)
- CPD day courses (for those who have attended the Foundation Module course)
- E-learning package (piloting)

Previous analysis has shown that the Foundation Module course in particular is quite an expensive course (approximately £1,500 per person) with the nature of the Public Health grant meaning places can't be subsidised, but must be paid in full. The course is popular and does receive good outcomes in terms of people's increased

understanding and confidence, but with the current investment it is limited in terms of how many people can be reached. In addition, although the course is always full, the length of the course (12 days) is a limitation for some individuals in terms of securing the days for attendance.

There is a variety of training available, some of which is free (e.g. CHUMS training), and some training that schools / settings pay for. The Government also funds some Youth Mental Health First Aid training for secondary schools (every secondary school is entitled to 1 free place on the 1 day course). In addition the 2018 'Transforming children and young people's mental health provision' Green Paper indicates that there will be additional training made available for Designated Senior Leads for Mental Health in the future.

Where there is less training available is the broader children and young people's workforce, with bespoke training being commissioned in the past for certain workforce groups. With financial constraints it is logical to focus on upskilling a targeted part of the workforce.

Within the Local Authority, Early Help teams frequently work directly with young people and families, yet there is currently limited free training available (LGSS training and the CPFT training). In particular, the Heads of Early Help have identified Young People's Workers as a group that would benefit from greater mental health training investment. Young People's Workers form part of district teams and provide 1-to-1 support to young people, supporting them to overcome barriers.

A more flexible and cost effective mechanism for delivery of training is through a greater use of e-learning. A variety of providers offer e-learning packages locally, including the current Provider CPFT who is trialling a new mental health (risk and resilience) e-learning package as part of this year's investment. E-learning wouldn't be appropriate for all training requirements, therefore a mixed approach which includes face to face training is proposed.

It is proposed that Public Health work together with the Heads of Early Help to establish a clear specification of the training requirements and success criteria. Following appropriate procurement procedures a Provider would be identified that could deliver the training package in 2019/20.

Current training cost = £46k

Proposed savings = £36k

What assumptions have you made?

What constraints does the project face?

It is believed that a suitable training package could be procured within the reduced budget of £10,000 for 2019/20.

Delivery Options

Has an options and feasibility study been undertaken?

Scope / Interdependencies

Scope

What is within scope?

Mental Health Training investment (£46k) – provides mental health training to the children and young people's workforce.

What is outside of scope?

Project Dependencies

Title

Cost and Savings

See accompanying financial report

Non Financial Benefits

Non Financial Benefits Summary

A more flexible training offer for Early Help Teams, hopefully enabling greater access to mental health training.

Title

Risks

Title

Project Impact

Community Impact Assessment

Who will be affected by this proposal?

The current training provider – CPFT. This would have implications in terms of their workforce. Constant communications are being held to identify how to best manage this impact.

Other groups that would be affected are the broader children and young people's workforce who currently have access to training, including the social care workforce, the health sector and school and college staff.

What positive impacts are anticipated from this proposal?

More flexible and tailored training for the Early Help Teams (especially Young People's Workers). It is anticipated the take up of training would be considerable because of the greater flexibility of the training package.

What negative impacts are anticipated from this proposal?

Some staffing groups would not be able to attend the training, in particular the Foundation course is well received by those that attend, but places are limited and the cost per individual is quite high.

Are there other impacts which are more neutral?

Disproportionate impacts on specific groups with protected characteristics

Details of Disproportionate Impacts on protected characteristics and how these will be addressed

Business Case

E/R.6.036 Integrating Healthy Child Programme across Cambridgeshire and Peterborough

Project Overview			
Project Title	E/R.6.036 Integrating Healthy Child Programme across Cambridgeshire and Peterborough		
Project Code	TR001398	**Business Planning Reference**	E/R.6.036 E/R.6.037
Business Planning Brief Description	Integrating the Healthy Child Programme (Health Visiting, Family Nurse Partnership, School Nursing) across Cambridgeshire and Peterborough.		
Senior Responsible Officer	Dr Liz Robin, Dr Raj Lakshman		

Project Approach

Background

Why do we need to undertake this project?

- The public health grant which is used to commission the Healthy Child Programme has been reduced, and this programme will redesign services to accommodate the reduced budget. This is aligned to the national integration agenda and will see provision streamlined from two separate providers, systems and processes to one integrated provision.
- It will reduce system complexities and duplication of services for children, young people and families in accessing the Healthy Child Programme (HCP 0-19).
- A saving proposal of £238k was agreed in the previous business planning round, but deferred until April 2019 in order for further work on the integration model to take place, with the gap being funded by PH reserve (proposal E/R.6.036). An additional proposal for £160k saving is being included in this year's business planning (proposal E/R.6.037). The total saving from the two proposals is £398k.

What would happen if we did not complete this project?

With the public health grant being reduced, we would overspend in this area if we are unable to make these savings.

Approach

Aims / Objectives

- To improve delivery of the current outcomes framework for children and young people.
- To improve performance where applicable to the Healthy Child Programme (HCP)
- To ensure the statutory responsibilities of the Director of Public Health for delivery of the Healthy Child Programme (HCP) are met
- To ensure provision is in line with the nationally reduced public health grant

Project Overview - What are we doing

Integrating the Healthy Child Programme (Health Visiting, Family Nurse Partnership, School Nursing) across Cambridgeshire and Peterborough. Using the Benson modelling tool to model the workforce requirements and various options possible by changing the skill-mix and activities delivered, will help identify how to best deliver services. These will be expected help produce a saving of £398k for Cambridgeshire and £200k for Peterborough. The Benson modelling tool is a workforce modelling tool that has been used by Cambridgeshire Community Services for some time. They 'own' the tool so there is no financial commitment from us, however, it may be included in the overhead costs. It has been populated with information about the tasks that Health Visiting and Nursery Nurses do particularly around the mandated checks. What we have done so far is considered all of the tasks and attributed current resource both in time and workforce associated with the task. As part of the integration agenda, we have extended the scope to include CPFT staff. This work is well progressed and will provide a baseline of the current resource along with associated costs. We will then be able to model a number of scenarios to understand the resource impact.

- Reviewing the workforce aligned to the Healthy Child Programme and teenage pregnancy pathway across Cambridgeshire Community Services (CCS) and Cambridgeshire and Peterborough Foundation Trust (CPFT) to determine the activities that are currently undertaken, the skill mix involved to create a baseline. This baseline will then be used to model different scenarios with the aim of achieving Public Health Grant savings of £398k in Cambridgeshire and £200k in Peterborough .
- Reviewing the current separate section 75 agreements (in readiness for start at 31 March 2019) in conjunction with the above and wider service delivery to determine service provision, updating in line with outcomes for the above activity, and determining other activity within the current specification which requires amendment. This includes exploration of any potential savings from overhead and management costs.

Current budget: £12.6 million (combined); £8,926,739 (Cambridgeshire)
Target savings: £598k (combined); £398k (Cambridgeshire)

What assumptions have you made?

What constraints does the project face?

Delivery Options

Has an options and feasibility study been undertaken?

Scope / Interdependencies

Scope

What is within scope?

The Healthy Child programme across Cambridgeshire and Peterborough delivered by CCS and CPFT

The 0-19 Healthy Child Programme (HCP) consists of Health Visiting (0-5yrs), Family Nurse Partnership (for vulnerable teenage parents), and School Nursing (5-19yrs).

What is outside of scope?

Project Dependencies

Title

Cost and Savings

See accompanying financial report

Non Financial Benefits

Non Financial Benefits Summary

To be confirmed as project is developed but based on streamlined service experience, reduction of duplication, use of appropriate skill-mix, use of technology

Title

Risks

Title

Project Impact

Community Impact Assessment

Who will be affected by this proposal?

This scope of this project includes all children in Cambridgeshire and Peterborough between the ages of 0-19. It considers Universal, Universal Plus and Universal Partnership Plus services within the Healthy Child Programme (HCP) including Health Visiting, School Nursing, Teenage Pregnancy and by interdependent defaults, Emotional Health and Wellbeing (EHWB) services. The Healthy Child Programme starts before birth so also includes pregnant women.

A large part of the work and referral to and from services includes EHWB services, it is intrinsic to the functions of Health Visiting and School Nursing in that they identify, support and refer children, young people and parents when concerns are raised about EHWB. This could be in the form of maternal depression, anxiety, self-harm etc. We are developing these services around a thrive framework and organising EHWB services within that framework. as we consider changes to the commissioned Healthy Child Programme, it may be that there is an intrinsic need to consider re shaping of the EHWB services

What positive impacts are anticipated from this proposal?

This project aims to provide a consistent offer for the Healthy Child Programme across Cambridgeshire and Peterborough which in some areas of Universal Provision is currently delivered differently. The positive impact of this is that it will reduce duplication freeing up workforce capacity to improve areas of poor performance across the HCP particularly in mandated 0-5 checks. There will be an increased focus on areas of need so workforce and services will be resourced to ensure there is an improvement in outcomes and reduced inequalities. Integrating the information systems across the two organisation (CCS and CPFT) and better use of technology (e.g ChatHealth, single duty-desk) would make the service more efficient and accessible (e.g. outside term-time and for children home-schooled). A Transformation Board which includes commissioners, public health and senior management from the two provider organisations has been set up to oversee the project and a joint management structure for the HCP has been agreed.

What negative impacts are anticipated from this proposal?

While the Universal offer will be unchanged or enhanced, the Universal Plus and Partnership Plus offer may be reduced where there is evidence certain activities are not improving outcomes. The Transformation Board will review all proposed changes and consult with staff and service users to ensure negative impacts are mitigated.

Are there other impacts which are more neutral?

No neutral impacts identified at this point

Disproportionate impacts on specific groups with protected characteristics

Details of Disproportionate Impacts on protected characteristics and how these will be addressed

None identified at this point.

Business Case

E/R.6.038 Public Health Directorate staffing rationalisation

Project Overview			
Project Title	E/R.6.038 Public Health Directorate staffing rationalisation		
Project Code	TR001394	**Business Planning Reference**	E/R.6.038
Business Planning Brief Description	Deletion of vacant posts within structure and removal of one PHJCU team leader post.		
Senior Responsible Officer	Liz Robin		

Project Approach

Background

Why do we need to undertake this project?

There is a need to reduce the overall public health budget in line with reductions in the national public health grant (approximately £700,000 for 2019/20). There are some staff posts which became vacant in 2017/18 and 2018/19 and for which the vacancies have been held. This has been associated with some decreases in service provision, but it is feasible to delete the vacancies and maintain current levels of delivery. There is also a restructure within the Public Health Joint Commissioning Unit with Peterborough City Council. The proposed merger of two team leader posts will also lead to a saving. Reduction of the staff budget will enable the organisation to meet its 2019-20 business planning savings.

What would happen if we did not complete this project?

The budget amount for these posts would remain unused and the organisation would miss out on the opportunity to make savings towards the budget.

Approach

Aims / Objectives

- Creating savings
- Removing vacant posts

Project Overview - What are we doing

This project involves removing vacant posts from the Public Health Budget.

What assumptions have you made?

Assumptions made are that:
- The posts are no longer required
- The staff within the service will continue to have sufficient capacity to cover the workload that these posts previously shared

What constraints does the project face?

N/A

Delivery Options

Has an options and feasibility study been undertaken?

Scope / Interdependencies

Scope

What is within scope?

- Deletion of three vacant posts within the structure:
  - Mental Health Promotion Officer
  - Drug and Alcohol Health Improvement Specialist
  - Senior Public Health Analyst
- Restructure within the Public Health Joint Commissioning Unit to remove one team leader post (already in progress)
- Partly offset by increase in Peterborough City Council recharge
-

What is outside of scope?

Deletion of any additional posts

Project Dependencies

Title

Cost and Savings

See accompanying financial report

Non Financial Benefits

Non Financial Benefits Summary

N/A

Title

Risks

Title

Overstretching staff within the service

Increase in sickness absence

Project Impact

Community Impact Assessment

Who will be affected by this proposal?

Staff within the Public Health Directorate

What positive impacts are anticipated from this proposal?

Savings of £80k to contribute to meeting the 2018-19 budget pressure

What negative impacts are anticipated from this proposal?

- Staff workload will continue to be shared between lower numbers of staff
- Some reduction in public health analytical capacity, including ability to deliver JSNA and other products.
- Reduced capacity for in-house mental health first aid training. Mitigation: this training can be brought in when required.
- Reduced capacity for mental health promotion initiatives. Mitigation: initiatives developed through this post are now embedded e.g. 'Keep your Head' child and adult websites content is now being maintained through voluntary sector organisations; MIND have a contract to run 'Stop Suicide' and other mental health anti-stigma campaigns.
- Reduced capacity for prevention and partnership work on drug and alcohol misuse issues: This post was created in the restructure which formed the PHJCU, but it was not possible to recruit. Prevention and partnership work on drug and alcohol misuse issues is being prioritised according to capacity through the PHJCU drug and alcohol commissioning team, and picked up through the wider Public Health team.
- Removal of one team leader post in the PHJCU through the merger of the healthy lifestyles and primary care team leader posts leads to increased workload for the new post holder. Mitigation: A proposal is being brought to Health Committee to simplify contracting arrangements with primary care which will reduce workload and maximise joint working across the PHJCU team.

Are there other impacts which are more neutral?

Removal of one team leader post in the PHJCU through a merger of the healthy lifestyles and primary care team leader posts: There are some benefits through only one team leader having oversight of both areas; some primary care contracts deliver integrated lifestyles work (e.g. smoking cessation, health checks).

Disproportionate impacts on specific groups with protected characteristics

Details of Disproportionate Impacts on protected characteristics and how these will be addressed

N/A

Business Case

E/R.6.039 Long Acting Reversible Contraception (LARC)

Project Overview			
Project Title	BP 19/20 E/R.6.039 Long Acting Reversible Contraception (LARC)		
Project Code	TR001439	**Business Planning Reference**	E/R6.039
Business Planning Brief Description	Long Acting Reversible Contraception (LARCs) are commissioned from GP practices. The Clinical Commissioning Group (CCG) recharges the cost of the contraception devices. Audits revealed that the recharges included the cost of items for which the LA is not liable i.e. injectable contraception and the use of devices for gynaecological purposes. In addition the training programme for clinicians to ensure that there is capacity in the system is now completed.		
Senior Responsible Officer	Liz Robin		

Project Approach

Background

Why do we need to undertake this project?

Nationally cash reductions have been applied to the Public Health Grant. Consequently savings are being made through efficiencies and transformational changes in the services that are commissioned.

What would happen if we did not complete this project?

Approach

Aims / Objectives

Project Overview - What are we doing

What assumptions have you made?

What constraints does the project face?

Delivery Options

Has an options and feasibility study been undertaken?

Scope / Interdependencies

Scope

What is within scope?

The funding allocated to commission Long Acting Reversible Contraception from GP practices

What is outside of scope?

This does not include funding allocated to other public health services commissioned from GP practices. It will also not affect the cost of the services. GP practices are paid for each unit provided not as part of a block contract. No provision threshold will be applied.

Project Dependencies

Title

Increase in demand for LARCs

Cost and Savings

See accompanying financial report

Non Financial Benefits

Non Financial Benefits Summary

Not applicable

Title

Risks

Title

Project Impact

Community Impact Assessment

Who will be affected by this proposal?

Women seeking LARCs. Current demand levels for LARCs are being met within budget

What positive impacts are anticipated from this proposal?

N/A

What negative impacts are anticipated from this proposal?

N/A

Are there other impacts which are more neutral?

N/A

Disproportionate impacts on specific groups with protected characteristics

Details of Disproportionate Impacts on protected characteristics and how these will be addressed

N/A

Business Case

E/R.6.040 Immunisation Promotion – Mainstreaming Budget

Project Overview			
Project Title	E/R.6.040 Immunisation Promotion – Mainstreaming Budget		
Project Code	TR001460	**Business Planning Reference**	E/R.6.040
Business Planning Brief Description	Mainstreaming the separate immunisation promotion budget into the generic health protection and public health communications work and funding streams.		
Senior Responsible Officer	Katie Johnson		

Project Approach

Background

Why do we need to undertake this project?

There is a need to reduce the overall public health budget in line with reductions in the national public health grant (approximately £700,000 for 2019/20). This project will contribute £13K towards this savings target.

What would happen if we did not complete this project?

These savings will not be made.

Mainstream work to promote immunisations –Childhood immunisation rates have improved since this budget was created, and Council staff work closely with NHS England and Public Health England to support continued improvement.

Approach

Aims / Objectives

This savings proposal is to mainstream work to promote immunisations, which currently has a separate budget of £20K, into generic health protection and public health communications work and funding streams.

NHS England are responsible for commissioning vaccination programmes in Cambridgeshire; these include infant vaccinations, school-based vaccination programmes and vaccinations for adults, including the flu and shingles vaccinations. The public health directorate work closely with NHS England and other partners to increase vaccination uptake rates. It is important to maintain high vaccination rates in order to protect individuals and the community from a number of infectious diseases which can cause serious harm.

Project Overview - What are we doing

The £20K immunisation budget will be reduced to £7K which will be incorporated into the generic health protection budget, resulting in a saving of £13K. This value has been calculated based on current levels of spend and should enable effective promotion of immunisations. The public health directorate continue to work closely with NHS England, Public Health England and other partners to promote immunisations, often using cost-free mechanisms such as direct communication from trusted professionals, printed resources from the NHS, radio interviews and social media. In addition, immunisation promotion will continue to be incorporated into mainstream public health communications work, such as through the Stay Well workstream and pharmacy public

health campaigns. The Director of Public Health carries out an assurance role for health protection across Cambridgeshire and receives regular reports from NHS England on immunisations rates via the Health Protection Steering Group. These reports show that childhood immunisations rates have generally increased since the creation of the immunisations budget, although there is still further room for improvement.

What assumptions have you made?

It is assumed that the public health directorate will continue to be able to work in partnership with key stakeholders from across the system to share expertise, networks and promotion mechanisms to increase uptake of immunisation.

What constraints does the project face?

None identified

Delivery Options

Has an options and feasibility study been undertaken?

Scope / Interdependencies

Scope

What is within scope?

Reduction of the immunisation budget by £13K.

What is outside of scope?

Project Dependencies

Title

Cost and Savings

See accompanying financial report

Non Financial Benefits

Non Financial Benefits Summary

Title

Risks

Title

Project Impact

Community Impact Assessment

Who will be affected by this proposal?

Not applicable. It is anticipated that the current level of immunisation promotional work will continue but that the funding will be from the wider health protection budget.

What positive impacts are anticipated from this proposal?

No significant impacts/changes to current service delivery are anticipated. Immunisations will continue to be promoted by the public health department in partnership with key stakeholders including the commissioners in NHS England and Public Health England.

What negative impacts are anticipated from this proposal?

No significant impacts/changes to current service delivery are anticipated.

Are there other impacts which are more neutral?

No significant impacts/changes to current service delivery are anticipated.

Disproportionate impacts on specific groups with protected characteristics

Details of Disproportionate Impacts on protected characteristics and how these will be addressed

No significant impacts/changes to current service delivery are anticipated.

Section 3 - E: Public Health

Table 3: Revenue - Overview

Budget Period: 2019-20 to 2023-24

		Detailed Plans	Outline Plans				
Ref	**Title**	**2019-20 £000**	**2020-21 £000**	**2021-22 £000**	**2022-23 £000**	**2023-24 £000**	**Description**
1	**OPENING GROSS EXPENDITURE**	**26,478**	**25,545**	**25,421**	**25,376**	**25,395**	
1.999	**REVISED OPENING GROSS EXPENDITURE**	**26,478**	**25,545**	**25,421**	**25,376**	**25,395**	
2	**INFLATION**						
E/R.2.001	Inflation	16	18	18	19	19	Forecast pressure from inflation in the Public Health Directorate, excluding inflation on any costs linked to the standard rate of inflation where the inflation rate is assumed to be 0%. Inflation appears low due to the majority of public health spend being committed to external contracts. Providers are expected to meet inflationary and demographic pressures within the agreed contract envelope.
2.999	**Subtotal Inflation**	**16**	**18**	**18**	**19**	**19**	
3	**DEMOGRAPHY AND DEMAND**						
3.999	**Subtotal Demography and Demand**	**-**	**-**	**-**	**-**	**-**	
4	**PRESSURES**						
4.999	**Subtotal Pressures**	**-**	**-**	**-**	**-**	**-**	
5	**INVESTMENTS**						
5.999	**Subtotal Investments**	**-**	**-**	**-**	**-**	**-**	

Section 3 - E: Public Health

Table 3: Revenue - Overview

Budget Period: 2019-20 to 2023-24

		Detailed Plans	Outline Plans				
Ref	**Title**	**2019-20 £000**	**2020-21 £000**	**2021-22 £000**	**2022-23 £000**	**2023-24 £000**	**Description**
6	**SAVINGS**						
	Health						
E/R.6.031	NHS Health Checks - IT software contract decommissioned	-41	-	-	-	-	NHS Health Checks is a cardiovascular risk assessment offered to people aged to 40 to 74 year olds every five years who do not have a diagnosed health condition. GP practices are commissioned to identify and invite eligible individuals to have an NHS Health Check. A robust data collection process is required to manage patient data and to ensure that anonymized data is sent to the Local Authority as part of the performance monitoring and payment system to the GPs. In 2017 after securing agreement from the Clinical Commissioning Group (CCG) which has responsibility for practice systems new software was commissioned to sit on GP practice systems. The introduction of GPPR compromised the security of the software as it could not meet fully the GDPR requirements and therefore the contract was decommissioned. The IT company fully agreed with this approach and assumed any additional cost for removing systems already in practices. GP practice systems have developed rapidly and they are now able to manage NHS Health Check data electronically and share anonymized data with the Local Authority at no cost to the Local Authority.
E/R.6.032	NHS Health Checks Funding	-50	-	-	-	-	There has been a recurrent underspend on the NHS Health Checks Programme since the transfer of the funding from the NHS to the Local Authority which has reflected fairly stable activity levels.
E/R.6.033	Drug & Alcohol service - funding reduction built in to new service contract	-162	-127	-63	-	-	Savings will be secured through the re-commissioning of the Cambridgeshire Adult Drug and Alcohol Treatment Services, which will enable transformational changes to be undertaken. The Drugs and Alcohol Joint Strategic Needs Assessment, (2016) indicated changes in needs that are addressed in the new service model. An aging long-term drug using population that enter and re-enter the Service has complex health and social problems that do not require intensive acute drug treatment services but more cost effective support services to ensure their good mental and physical health and social support needs are met. Strengthened recovery services using cost-effective peer support models to avoid readmission, different staffing models and a mobile outreach service.
E/R.6.034	Recommissioning of the Integrated Contraception and Sexual Health (iCASH) Service contract	-15	-15	-	-	-	The iCaSH Service will be recommissioned with a new contract scheduled to start in October 2019. It will be a joint contract between Cambridgeshire County Council and Peterborough City Council. The current services have already undertaken transformational changes reflecting new technologies and rationalising clinics to ensure that they are not located where there is very little activity. This transformational work is ongoing but there will be “backroom” savings from having one contract across the two areas.

Section 3 - E: Public Health

Table 3: Revenue - Overview

Budget Period: 2019-20 to 2023-24

	Detailed Plans	Outline Plans				
Ref	**Title**	**2019-20 £000**	**2020-21 £000**	**2021-22 £000**	**2022-23 £000**	**2023-24 £000**	**Description**
E/R.6.035	Children 5-19 - Mental Health Training for Children's workforce	-36	-	-	-	-	This proposal ceases funding for intensive training for a relatively small number of the young people's workforce each year, delivered face to face by Cambridgeshire and Peterborough NHS Foundation Trust. Instead it is proposed that Public Health staff work together with the Heads of Early Help to establish a clear specification of the training requirements and success criteria for an e-learning training package with less intensive face to face training in 2019/20, focussed on the mental health training needs of Young People's workers in the Early Help Teams.
E/R.6.036	Children's 0-19 Services - Healthy Child Programme - Proposal previously agreed in 2017/18 business planning process	-238	-	-	-	-	This £238k savings proposal was previously discussed by Health Committee in the autumn 2017 business planning round. It was agreed to fund the £238k saving from public health reserves in 2018/19, to allow further time to develop the 0-19 Healthy Child integration programme (and associated savings) for implementation in 2019/20. The Healthy Child programme is a universal-progressive, needs-based service delivered at 4 levels: Community, Universal, Universal Plus (single agency involvement) and Universal Partnership Plus (multi-agency involvement). All children, young people and families are offered a core programme of evidence based, early intervention and preventative health care with additional care and support for those who need it. The 0-19 Healthy Child Programme (HCP) consists of Health Visiting (0-5yrs), Family Nurse Partnership (for vulnerable teenage parents), and School Nursing (5-19yrs). It is delivered by CCS in Cambridgeshire and CPFT in Peterborough. The 2018/19 budget allocations are £8,926,739 in Cambridgeshire and £3,695,226 in Peterborough. Total approximately £12.6 million, hence savings will be achieved by bringing the 2 services together under a single management structure, sharing IT systems, back-office functions, performance monitoring processes etc. A Transformation Board with includes commissioners, public health and senior management from the two provider organisations has been set up to oversee the project. Numerous staff workshops have been held to look at similarities and differences in service delivery across Cambridgeshire and Peterborough to develop an integrated and consistent offer across the two local authorities. The positive impact of this integration is that it will reduce duplication freeing up workforce capacity to improve areas of poor performance across the HCP particularly in mandated 0-5 checks. There will be an increased focus on areas of need so workforce and services will be resourced to ensure there is an improvement in outcomes and reduced inequalities. Integrating the information systems across the two organisation (CCS and CPFT) and better use of technology (e.g ChatHealth, single duty-desk) would make the service more efficient and accessible (e.g. outside term-time and for children home-schooled). The Benson modelling tool will be used to model the workforce requirements and various options possible by changing the skill-mix and activities delivered. User perspectives will also be gathered with respect to any service changes (e.g. support for teenage and vulnerable parents). An options appraisal paper will be brought to health committee for review

Section 3 - E: Public Health

Table 3: Revenue - Overview

Budget Period: 2019-20 to 2023-24

		Detailed Plans	Outline Plans				
Ref	**Title**	**2019-20 £000**	**2020-21 £000**	**2021-22 £000**	**2022-23 £000**	**2023-24 £000**	**Description**
E/R.6.037	Children's 0-19 Services - Healthy Child Programme - Additional savings proposal for 2018/19	-160	-	-	-	-	See description for proposal E/R.6.036. This proposal is for additional savings associated with integration of the 0-19 Healthy Child integration programme, not previously discussed in autumn 2017.
E/R.6.038	Public Health Directorate - In house staff rationalisation	-80	-	-	-	-	It has been possible to build on the efficiencies created by creating a joint public health directorate across Cambridgeshire County Council and Peterborough City Council, by merging two team leader posts in the joint public health commissioning unit. In addition it is proposed to delete three vacant posts in the public health directorate. The saving will be shared across Cambridgeshire County Council and Peterborough City Council, and some of the saving is offset by a technical change to the recharge across the two Councils.
E/R.6.039	Reduce Long Acting Reversible Contraception (LARCs) funding in line with audit results and completion of clinician training	-60	-	-	-	-	LARCs are commissioned from GP practices. The Clinical Commissioning Group (CCG) recharges the LA for the cost of the contraception devices. Audits have been undertaken of the services which revealed that the recharges included the cost of items for which the LA is not liable i.e. injectable contraception and the use of devices for gynaecological purposes. In addition the training programme for clinicians to ensure that there is capacity in the system to accommodate retiring GPs has now been completed.
E/R.6.040	Reduce immunisations promotion budget	-13	-	-	-	-	In 2016/17 funding of £20k per annum was allocated by Cambridgeshire County Council for promotion of immunisations. Since then childhood immunisation rates have improved, although still with some further work to do, and the PHE/NHS England screening and immunisations team have been actively taking forward further improvement measures. It is proposed to mainstream promotion of immunisations within the wider health protection and communications functions. £7k will be allocated to the health protection budget and the remaining £13k taken as a saving.
E/R.6.041	Unidentified Public Health Savings	-94	-	-	-	-	Unidentified Public Health Savings
6.999	**Subtotal Savings**	**-949**	**-142**	**-63**	**-**	**-**	
	TOTAL GROSS EXPENDITURE	**25,545**	**25,421**	**25,376**	**25,395**	**25,414**	
7	**FEES, CHARGES & RING-FENCED GRANTS**						
E/R.7.001	Previous year's fees, charges & ring-fenced grants	-25,849	-25,156	-430	-430	-430	Fees and charges expected to be received for services provided and Public Health ring-fenced grant from Government.
	Changes to fees & charges						
E/R.7.201	Change in Public Health Grant	693	24,726	-	-	-	Grant reductions announced in the comprehensive spending review, and removal of the ring-fence in 2019-20
7.999	**Subtotal Fees, Charges & Ring-fenced Grants**	**-25,156**	**-430**	**-430**	**-430**	**-430**	
	TOTAL NET EXPENDITURE	**389**	**24,991**	**24,946**	**24,965**	**24,984**	

Section 3 - E: Public Health

Table 3: Revenue - Overview

Budget Period: 2019-20 to 2023-24

	Detailed Plans	Outline Plans				
Ref	**Title**	**2019-20 £000**	**2020-21 £000**	**2021-22 £000**	**2022-23 £000**	**2023-24 £000**	**Description**
FUNDING SOURCES							
8	**FUNDING OF GROSS EXPENDITURE**						
E/R.8.001	Budget Allocation	-389	-24,991	-24,946	-24,965	-24,984	Net spend funded from general grants, business rates and Council Tax.
E/R.8.101	Public Health Grant	-24,726	-	-	-	-	Direct expenditure funded from Public Health grant.
E/R.8.102	Fees & Charges	-430	-430	-430	-430	-430	Income generation (various sources).
8.999	**TOTAL FUNDING OF GROSS EXPENDITURE**	**-25,545**	**-25,421**	**-25,376**	**-25,395**	**-25,414**	

Agenda Item No: 7

UPDATE: MINOR INJURIES UNITS IN EAST CAMBRIDGESHIRE AND THE FENS

To:	**HEALTH COMMITTEE**
Meeting Date:	**11 October 2018**
From:	**Matthew Smith, Acting Director, Urgent & Emergency Care, Cambridgeshire & Peterborough CCG**
Electoral division(s):	**East Cambs & Fenland**
Forward Plan ref:	**Not applicable**
Purpose:	**For Information**
Recommendation:	**Members are asked to note this report.**

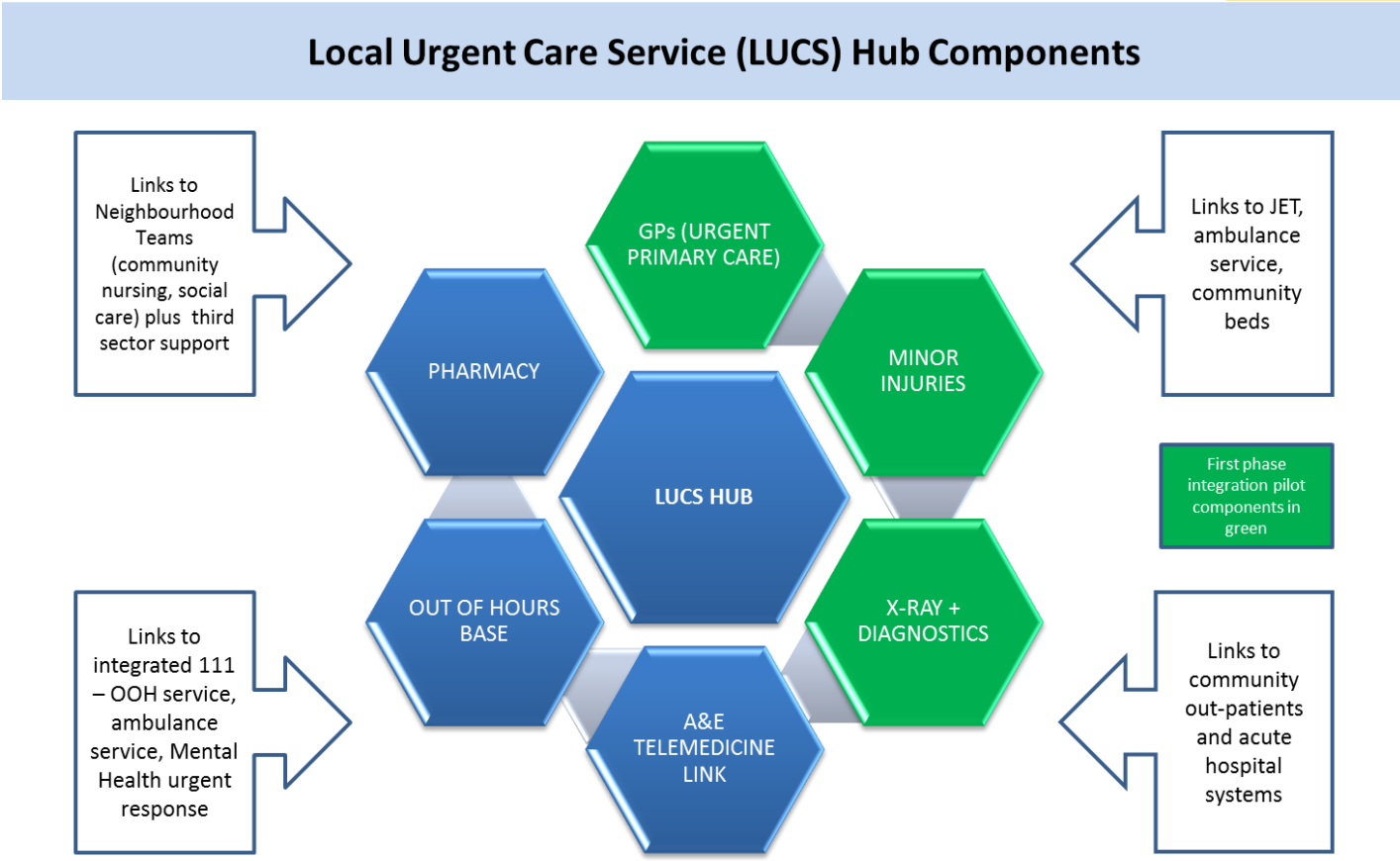
	Officer contact:
Name:	Matthew Smith
Post:	Lockton House, Clarendon Road, Cambridge CB2 8FH
Email:	Matthew.Smith4@nhs.net
Tel:	01223 725400

1. BACKGROUND

There are 3 Minor Injuries Units (MIUs) within East Cambridgeshire and Fenland. These are located at Princess of Wales Hospital, Ely; Doddington Hospital; and North Cambridgeshire Hospital, Wisbech.

In February 2017 the CCG agreed a business case to pilot the delivery of an enhanced service known as Local Urgent Care Service (LUCS) hubs at the three MIUs, starting at Ely. This followed the extensive public, patient and stakeholder engagement process conducted in 2016. The LUCS model brings together the services shown in the diagram below, and the first phase involved integrating medical and nursing expertise to broaden the scope of patients who can be seen locally, with GPs supporting Nurse Practitioners to deal with more complex urgent care, prescribing and risk management (green elements in diagram below).

Draft



2. MAIN ISSUES

2.1 Progress with LUCS Hubs Pilot

The Ely LUCS hub commenced in May 2017, and evaluation in April 2018 found that the pilot delivered the following:

- an increase in LUCS Hub attendances for minor illness and injury in 2017/18 compared to the previous year.
- a reduction in avoidable Ambulatory Care Sensitive Conditions hospital admissions activity, and a small decrease in A&E activity, but due to changes in case mix there was a small increase in the cost of this hospital activity.
- a reduction in the percentage of onward referrals from the LUCS
- an effective use of the skills and capacity of the MIU Nurse Practitioners with them being able to see a wider scope of patients with the support of the LUCS GP
- a contribution to additional primary medical services capacity by reducing the number of referrals back to local GP Practices
- a positive patient experience

However, due to workforce and recruitment challenges in Fenland it was not possible to progress the LUCS hubs for Wisbech and Doddington during 2017/18.

LUCS Hubs 2018/19

In May 2018 the CCG agreed to extend the LUCS pilot for 2018/19 to allow more time for the service to develop, and for the model to be tested in Fenland.

We have now reached agreement in principle to progress the Wisbech LUCS hub with North Brink practice from October 2018, subject to satisfactory mobilisation. This will trial a different approach with rapid GP support via telephone and ‘on call’ recognising the lower footfall for the Wisbech MIU. The GPs will also work with the Nurse Practitioners to develop the service.

The intention remains to progress a similar approach for South Fenland when local practices and the MIU service have the capacity to do so.

In addition, NHS England issued guidance regarding development of ‘Urgent Treatment Centres’ which meet a consistent set of standards by October 2019. The CCG is working with providers on how to deliver this.

2.2 MIU Staffing Challenges 2018

The NHS is experiencing significant workforce recruitment and retention challenges across most sectors. This can be particularly difficult to manage for relatively small specialist services such as the East Cambs & Fenland MIUs, which has a number of current posts vacant.

Below, this paper outlines the role and function of the Minor Injury Units (MIU), providing context to the recent service level, including two closures in the last 12 months, and outlines future resilience plans to prevent further closures.

Cambridge University Hospitals (CUH) commission Cambridgeshire and Peterborough Foundation Trust (CPFT) to operate the three Minor Injury Units, whilst the x-ray service is commissioned by the CCG and provided by North West Anglia NHS Foundation Trust (NWAFT).

These are open at the following times:

Unit	Monday – Friday	Saturday – Sunday
Doddington	08:30-18:00	09:00-17:00
North Cambridgeshire, Wisbech	08:30-18:00	Closed
Princess of Wales, Ely	08:30-18:00	08:30-18:00 (no x-ray)

The units are staffed by advanced practitioners (nurses and paramedics) with an appropriate qualification. The funded establishment is 18.48 Whole Time Equivalents (WTE).

The position up to the end of August was a total of 5.94 whole time equivalent vacancies (whole team establishment of approximately 18 WTE). CPFT has recruited one Nurse Practitioner and three trainee practitioners who commenced on 3 September. A further experienced Nurse Practitioner has been recruited and will start in early November. This will leave a residual vacancy position of 0.94 WTE which is to be advertised. The rationale for recruiting trainees is that it that there is a shortage of fully qualified Nurse Practitioners, so the approach is to develop staff locally.

In recent months, staff availability has been compounded by sickness cases and maternity leave.

The unit Clinical Leads mitigate staff shortage where possible, with staff changing geographical location or alternating shifts. In addition, staff will undertake paid excess hours to provide cover or clinicians from other areas of the Trust such as the Joint Emergency Team (JET) transfer to provide cover. Where this is not possible CPFT will access any available agency personnel. In addition, CUH have provided additional practitioner cover to the MIUs subject to availability in times where cross cover or agency cannot be provided.

Closure of an MIU is the last considered option, and is escalated to Chief Executive level to ensure every feasible option has been fully pursued before such a decision is taken. Where staffing is reduced despite all of the above mitigating measures, the service will open and run a reduced service which includes triaging patients, treating where possible but if this is not possible then diverting to other units (this is what occurred on 21 and 22 July 2018).

The need to close MIUs is rare, with only two occasions in the last 12 months.

The Princess of Wales, Ely MIU was closed on 12 and 13 May 2018. Short-term sickness, which occurred with short notice, led to staffing concerns being raised on 11 May 2018. The decision was taken to consolidate staff onto one site over the weekend in order to provide a full service. The decision that staff be relocated to the Doddington MIU was made as the x-ray services are only available on this site at weekends. All patients who attend Ely and require an x-ray at weekends are routinely diverted to Doddington.

The second closure occurred at North Cambridgeshire Hospital, Wisbech MIU on 22 May 2018. On the day (i.e. no notice) short-term sickness meant that only one practitioner was available at the unit. The practitioner was relocated to support Ely who also had staffing issues and patients were diverted to Ely and Doddington, where a full service was operating.

CPFT has undertaken a thorough review of the two temporary closures. In response the following actions have been taken/are underway:

- Revised the current Escalation Tool to ensure all actions are taken to mitigate the risk of closure
- Produced a Decision Tree informing of staffing options, decision points and escalation to CEO for sign-off of any temporary closures
- Developed a framework to support alternative staffing options
- Undertaken a review of the contract
- Worked collaboratively with the system in order to improve opportunity to support with staffing (CUH rotation)
- Internal process developed to access staff from other services (such as JET)
- External collaboration with external stakeholders to improve communication strategy and joint working to maximise resource
- Trust to review policy regarding non-medical prescribers and use of Patient Group Directions for non CPFT staff
- To strengthen assurance around competencies of LUCS medical staff

CPFT has undertaken a comprehensive review of resilience plans in order to ensure patient and staff safety, and to provide assurance to the system. In addition, CUH has undertaken two quality improvement visits to Ely MIU as part of their commissioning role to provide further support and oversight.

3. SIGNIFICANT IMPLICATIONS

3.1 Resource Implications

The LUCS pilots are intended to deliver effective use of NHS resources.

3.2 Statutory, Risk and Legal Implications

Not applicable.

3.3 Equality and Diversity Implications

The LUCS hub model is intended to deliver urgent care to meet the needs of the rural / dispersed population in East Cambs and Fenland.

3.4 Engagement and Consultation Implications

The LUCS pilots were developed in response to extensive public and patient engagement.

3.5 Localism and Local Member Involvement

CCG officers have presented updates to East Cambs & Fenland councillors, and to Wisbech Town Councillors. There is patient and local councillor representation on the relevant Steering Group.

3.6 Public Health Implications

A public health led assessment of needs has been developed to inform development of Urgent Treatment Centres.

Contributors:
John Martin, Associate Director of Operations, CPFT
Mark Cooke, Countywide Manager Unplanned Care, CPFT

David Monk, Operations Manager, CUHFT
Also attending to present:
Holly Sutherland, Interim Director of Operations, CUHFT

Source Documents	Location
NHS England guidance on Urgent Treatment Centres	*https://www.england.nhs.uk/urgent-emergency-care/urgent-treatment-centres/*

Agenda Item No: 8

HEALTH COMMITTEE WORKING GROUP Q2 UPDATE

To:	**HEALTH COMMITTEE**
Meeting Date:	**11th October 2018**
From	**Head of Public Health Business Programmes**
Electoral division(s):	**All**
Forward Plan ref:	**Not applicable**
Purpose:	**To inform the Committee of the activities and progress of the Committee's working groups since the last update.**
Recommendation:	**The Health Committee is asked to:**

1) **Note the content of the quarterly liaison groups and consider recommendations that may need to be included on the forward agenda plan.**

2) **Note the forthcoming schedule of meetings**

Officer Contact:		***Chair Contact:***	
Name:	Kate Parker	Name:	Councillor Peter Hudson
Post:	Head of Public Health Business Programmes	Post:	Chair
Email:	Kate.Parker@cambridgeshire.gov.uk	Email:	Peter.Hudson@cambridgeshire.gov.uk
Tel:	01480 379561	Tel:	01223 706398

1.0 BACKGROUND

1.1 The purpose of this report is to inform the Committee of the health scrutiny activities that have been undertaken or planned since the committee last discussed this at the meeting held on 12th July 2018

1.2 This report updates the committee on the liaison meetings with health commissioners and providers. The report covers Quarter 2 (2018-19) liaison meetings with:

- Cambridgeshire & Peterborough Clinical Commissioning Group (CCG) & Cambridgeshire & Peterborough Healthwatch
- Cambridgeshire & Peterborough Foundation Trust (CPFT)
- Cambridgeshire University Hospital Foundation Trust (CUH)
- North West Anglia Foundation Trust (NWAFT) – Hinchingbrooke Hospital

1.3 Liaison group meetings are precursors to formal scrutiny and/ or working groups. The purpose of a liaison group is to determine any organisational issues, consultations, strategy or policy developments that are relevant for the Health Committee to consider under it's scrutiny function. It also provides the organisation with forward notice of areas that Health Committee members may want further information on or areas that may become part of a formal scrutiny.

2. MAIN ISSUES

2.1 <u>Liaison Meeting with HealthWatch Cambridgeshire & Peterborough and the Clinical Commissioning Group (CCG)</u>

The liaison group members in attendance were Councillors Harford, Hudson and Jones. Apologies were received from Councillor van de Ven and Connor

A meeting was held on 22nd August 2018 with Jessica Bawden (Director of Corporate Affairs, CCG) and Sandie Smith (CEO of Healthwatch Cambridgeshire & Peterborough).

2.1.1 An update from the CCG was received on the following areas.

- "Community First" Learning Disability in patient beds consultation (presented at committee on 13th September)
- Briefing on future consultations e.g. Wider urgent care provision (including St.Neots walk in centre) and CPFT podiatry services sites.
- NHS England's CCG assurance rating moved from 'inadequate' to 'requires improvement'.
- CCGs improvement plan and new appointments

Members raised the following issues

- Minor Injury Unit Closure 21st July

Issues raised around inconsistent messages to the local population about the closure. The CCG have held meetings with the steering group, CPFT and the communication sub-group. Staffing should be at capacity by the end of September 2018.

2.1.2 An update from Healthwatch was received on the following areas.

- Healthwatch AGM 18th July 2018 – Jan Thomas (Chief Officer for C&PCCG) attended and the presentation was well received. Healthwatch AGM
- "It Starts with You" campaign introducing people who would like to share their experiences of using health and care services.
- Access to NHS Dentists – Healthwatch raising local issues with NHS England. NHS Dental Services
- Healthwatch has welcomed the opportunity to contribute to the council's Health and Social Care peer review (scheduled for the week commencing 24th September)

2.1.3 Recommendation

- Healthwatch to attend scrutiny item on access to NHS Dentistry provision Cambridgeshire and Peterborough which is planned for December.

2.1.4 The next liaison meeting is currently being rescheduled.

2.2 Liaison meeting with Cambridgeshire & Peterborough Foundation Trust (CPFT)

The liaison group members in attendance were Councillor Hudson and Harford. Apologies were received from Councillors Jenkins, van de Ven and Joseph

Following the eating disorder service update report received at Health Committee on 12th July members took up Tracy Dowling's offer to attend the in-patient eating disorder unit. A visit was arranged for the 10th August and was attended by Tracy Dowling (CEO), Julie Frake-Harris (COO),Dr. Jaco Serfrontein

During the visit members received:-

- Overview into the causes of eating disorders and the treatments and support available to people in Cambridgeshire by CPFT's in-patient and community teams.
- Current plans for CPFT to lead on a workshop/conference around eating disorders in September.
- A tour of the in-patient unit from staff and patients.

2.2.3 The next liaison meeting is scheduled for Friday 19th October at Elizabeth House, Fulbourn

2.3 Liaison meeting with Cambridgeshire University Hospital Foundation Trust (CUH)

The liaison group members in attendance were Councillors Jones and van de Ven. Apologies were received from Councillor Hudson and Harford

A meeting was held on with Roland Sinker (CEO - CUH), Ian Walker (Director of Corporate Affairs - CUH) and Carin Charlton (Director of Estates, Capital and Facilities)

2.3.1 The following topics were discussed at this meeting:

- Delayed Transfers of Care
  -Overview of pressures in the system
  -Potential for a System-wide CQC inspection
- Active Travel Plans for CUH
  -Developing a sustainable travel strategy for the five campus partners.
  -Working with CCC and Stagecoach in regards to provision of a shuttle between Babraham and the campus.
  - Findings from CUH staff travel survey still need to be analysed
- Workforce Planning
  -Update received and staffing levels much better. Nursing apprenticeship scheme in place with more work on retention being undertaken.
- Proposals from STP Capital bid
  -emergency bed capacity
  -specialist services including proposals for a Cambridge Cancer Research hospital.

Members raised the following issues:

- Follow up on key worker housing bid status – no further information was available on the outcome of CUH bid.
- Follow up on concerns previously raised with the CCG & CUH in regards to patients receiving NHS treatment from sub-contracted private providers. CUH noted that NHS contractors were subject to the Trusts verification process. CUH have had reassurances from providers that NHS patients are not treated as private patients (requiring credit card details)

2.3.2 Recommendation

- Consider calling CUH in for a formal update scrutiny session (CQC inspection likely towards end of this year)
- Joint development session with health and adults committee on DTOC with representatives from both health and social care
- Joint development session with health and ETE committee around travel and access to Addenbrookes

2.3.3 The next liaison meeting is scheduled for Friday 14th December 2018 at Addenbrookes Hospital.

2.4 Liaison Meeting with North West Anglia Foundation Trust (NWAFT)

The liaison group members in attendance were Councillors Connor and Taylor. Apologies were received from Cllr Harford and district councillor Tavener.

A meeting was held on 4th September with Stephen Graves (CEO- NWAFT) and Caroline Walker (CFO – NWAFT)

2.4.1 The following topics were discussed at this meeting:

- CQC Inspection update
  - Report expected at the end of September
- Delayed Transfer of Care
  - Involvement in Health & Social Care peer review for end of September.
  - Overview provided on definition of DTOCs and issues for NWAFT.
- CEO recruitment plan
  - Members congratulated Caroline Walker on her appointment and thanked Stephen Graves for his support in establishing the liaison meetings with NWAFT and representatives from the Health Committee.

Members raised the following issues:

- Cllr Connor followed up on previous concerns raised over outpatient clinics provided by NWAFT at Doddington Hospital and ensuring that the site is actively used as a resource to support local residents. Representatives from NWAFT were to meet with Cllr Connor and district councillor Maureen Davis but these meetings have halted.

- Cllr Taylor raised issues around delayed handover with Ambulances at Hinchignbrooke Hospital.

2.4.2 Recommendation

- Stephen Graves agreed to re-establish the meeting around Doddington Services.

2.4.2 The next liaison meeting is scheduled for 20th December 2018 at Hinchingbrooke Hospital.

3.0 SIGNIFICANT IMPLICATIONS

3.1 **Resource Implications**

Working group activities will involve staff resources in both the Council and in the NHS organisations that are subject to scrutiny.

3.2 **Statutory, Risk and Legal Implications**

These are outlined in a paper on the Health Committee powers and duties, which was considered by the Committee on 29th May 2014

3.3 **Equality and Diversity Implications**

There are likely to be equality and diversity issues to be considered within the remit of the working groups.

3.4 **Engagement and Consultation Implications**

There are likely to be engagement and consultation issues to be considered within the remit of the working groups.

3.5 **Localism and Local Member Involvement**

There may be relevant issues arising from the activities of the working groups.

3.6 **Public Health Implications**

Working groups will report back on any public health implications identified.

Source Documents	**Location**
None	

Appendix A

Health Committee Quarterly Liaison meetings and Schedule of Meetings 2018/19

Liaison Meeting	Current Membership	Meeting Dates
Cambridgeshire & Peterborough Clinical Commissioning Group and Cambridgeshire & Peterborough Healthwatch	Councillors: David Connor Lynda Harford Peter Hudson Linda Jones Susan van de Ven	25th October 2018 (to be rearranged) 23rd January 2019 1st May 2019
Cambridgeshire & Peterborough Foundation Trust (CPFT)	Councillors: Peter Hudson Lynda Harford Linda Joseph	19th October 2018 18th January 2019 11th April 2019
Cambridge University Hospital Foundation Trust (CUH)	Councillors: Peter Hudson Lynda Harford Linda Jones Susan van de Ven	14th December 2018 8th March 2019
North West Anglia Foundation Trust (NWAFT)	Councillors David Connor Lynda Harford Peter Hudson Simone Taylor District Councillor: Jill Tavener	20th December 2018 5th March 2019

HEALTH COMMITTEE TRAINING PLAN 2018/19	Updated September 2018	**Agenda Item No: 9**

Ref	Subject	Desired Learning Outcome/Success Measures	Priority	Date	Responsibility	Nature of training	Attendance by:	Cllrs Attending	Percentage of total
7.	***Health in Fenland***	To provide a deep dive into reviewing and understand the key health inequalities in the Fenland District. To be held at FDC Boathouse, Wisbech	1	19th Sep 2018	Public Health	Development Session	All members of Health Committee	8	80%
1.	***Business Planning (Strategic)***	To provide the committee members with an overview of CCC strategic Business Planning timescales and deadlines	1	9th August	Public Health	Development session	All CCC Health Committee members	6	60%
2.	***Business Planning (Operational)***	To discuss the Public Health Business Planning priorities for 2019/20	1	13th Sept 2018	Public Health	Development Session	All CC Health Committee members + districts	8	53%
3.	***Delayed Transfers of Care – System wide perspective***	To be Confirmed	2				All CCC Health Committee members + districts		
4.	***Proposed: Transport & Access to Addenbrookes Site***	To provide a joint training session with ETE committee on the transport and access issues around the Addenbrookes Hospital site		TBA	Public Health	Development Session	All CCC Health Committee + district + ETE committee		
5.	***Health in Fenland***	To hold a follow up session from the Fenland					All CCC Health Committee +		

		Deep Dive that was held on 19th September					FDC representatives		

In order to develop the annual committee training plan it is suggested that:

- The relevant Executive/Corporate/Service Directors review training needs and develop an initial draft training plan;
- The draft training plan be submitted to a meeting of the relevant committee spokesmen/women for them (in consultation with their Groups as appropriate) to identify further gaps/needs that should be addressed within the training plan; The draft plan should be submitted to each meeting of the committee for their review and approval. Each committee could also be requested to reflect on its preferred medium for training (training seminars; more interactive workshops; e-learning etc and also to identify its preferred day/time slot for training events.)

Each attendee should be asked to complete a short evaluation sheet following each event in order to review the effectiveness of the training and to guide the development of future such events

HEALTH POLICY AND SERVICE COMMITTEE AGENDA PLAN

Published on 1st October 2018

Cambridgeshire County Council

Agenda Item No: 10

Notes

Committee dates shown in bold are confirmed.
Committee dates shown in brackets and italics are reserve dates.

The definition of a key decision is set out in the Council's Constitution in Part 2, Article 12.
* indicates items expected to be recommended for determination by full Council.
+ indicates items expected to be confidential, which would exclude the press and public.

Draft reports are due with the Democratic Services Officer by 10.00 a.m. eight clear working days before the meeting.
The agenda dispatch date is six clear working days before the meeting

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
08/11/18	Public Health Finance and performance report	Chris Malyon/ Liz Robin	Not applicable		
	Scrutiny Item: emerging issues in the NHS (standing item)	Kate Parker	Not applicable		
	The Adoption of A Dynamic Purchasing System (DPS) Process for Public Health Primary Care Commissioning	Val Thomas	2018/069		
	Health Visiting – Recruitment and Retention		Not applicable		
	Public Health Reserves (earmarked) Including (Falls Prevention, Fenland Fund and Let's Get Moving	Liz Robin	Not applicable		
	Drugs and Alcohol Service		Not applicable		
	STP: Workforce Development, Recruitment and Retention	Kate Parker	Not applicable		
	Scrutiny Item: Update on the Clinical Commissioning Group's financial position and improvement plan	Kate Parker	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
	Committee training plan (standing item)	Kate Parker/ Daniel Snowdon	Not applicable		
	Agenda plan and appointments to outside bodies	Daniel Snowdon	Not applicable		
06/12/18	Public Health Finance and performance report	Chris Malyon/ Liz Robin	Not applicable		
	Scrutiny Item: emerging issues in the NHS (standing item)	Kate Parker	Not applicable		
	STP: Digital/IT Work Stream Update	Kate Parker.	Not applicable		
	NHS Dentistry Provision (Scrutiny Item)		Not applicable		
	Committee training plan (standing item)	Kate Parker/ Daniel Snowdon	Not applicable		
	Agenda plan and appointments to outside bodies	Daniel Snowdon	Not applicable		
17/01/19	Public Health Finance and performance report	Chris Malyon/ Liz Robin	Not applicable		
	Scrutiny Item: emerging issues in the NHS (standing item)	Kate Parker	Not applicable		
	Motor Neurone Disease	Tracy Dowling	Not applicable		
	Scrutiny Item: Eating Disorders Service	Tracy Dowling	Not applicable		
	Fenland Deep Dive Feedback	Kate Parker	Not applicable		
	Committee training plan (standing item)	Kate Parker/ Daniel Snowdon	Not applicable		
	Agenda plan and appointments to outside bodies	Daniel Snowdon	Not applicable		
[07/02/19] Provisional meeting					

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
14/03/19	Public Health Finance and performance report	Chris Malyon/ Liz Robin	Not applicable		
	Scrutiny Item: emerging issues in the NHS (standing item)	Kate Parker	Not applicable		
	Committee training plan (standing item)	Kate Parker/ Daniel Snowdon	Not applicable		
	Agenda plan and appointments to outside bodies	Daniel Snowdon	Not applicable		
[11/04/19] Provisional meeting					
23/05/19	Public Health Finance and performance report	Chris Malyon/ Liz Robin	Not applicable		
	Scrutiny Item: emerging issues in the NHS (standing item)	Kate Parker	Not applicable		
	Committee training plan (standing item)	Kate Parker/ Daniel Snowdon	Not applicable		
	Agenda plan and appointments to outside bodies	Daniel Snowdon	Not applicable		