

ANNEX C

COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Public Health		Name: Val Thomas.....
Service / Document / Function being assessed		Job Title: Consultant in Public Health
Cambridgeshire Community Services contract for Integrated Sexual Health Services		Contact details: val.thomas@cambridgeshire.gov.uk
Date completed: 21/12/15		Date approved:
Business Plan Proposal Number (if relevant)	E/R.6.003	
Aims and Objectives of Service / Document / Function		
<p>The Local Authority commissions an Integrated Sexual Health and Contraception Service from Cambridgeshire Community Services. 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 are a mandated local authority public health service under the Health and Social Care Act (2012). The Integrated Service brought together sexual health and contraception services.</p> <p>It was commissioned to meet the following main objectives.</p> <ul style="list-style-type: none"> • 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. • Address the health inequalities and inequities of service provision between the north and south of the county • Modernise the service to ensure that it is efficient and cost effective. 		
What is changing?		
<p>There will be reduction in the contract value for 2016/17 and 2017/18. CCS has been asked to find efficiencies. Initial discussions indicate that these will focus upon the following areas.</p> <ul style="list-style-type: none"> • Reviewing and identification of clinics where uptake is low and there are other services locally which are accessible. • Reviewing of clinic opening times to identify if the out of hours services are fully utilized. Out of hours clinics cost more to operate due to increased staff costs. • A key element of the modernisation of services is the increase in nurse led clinics. CCS has been training staff to ensure that there will be more nurse led clinics which are associated with cost efficiencies. These should be in place in 16/17. <p>Specific proposals that reflect these options will be drawn up by CCS in January.</p>		
Who is involved in this impact assessment?		
e.g. Council officers, partners, service users and community representatives.		
This CIA was completed by Council Officers		

What will the impact be?

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age		x	
Disability		x	
Gender reassignment		x	
Marriage and civil partnership		x	
Pregnancy and maternity		x	
Race		x	

Impact	Positive	Neutral	Negative
Religion or belief		x	
Sex		x	
Sexual orientation		x	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation		x	
Deprivation		x	

For each of the above characteristics where there is an expected positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

Positive Impact
None
Negative Impact
None
Neutral Impact
The aim will be to ensure that services will meet current demand and that any service efficiencies will be based on an assessment of service demand and what is known about local needs. Priority will be given to realising savings from services in the less deprived areas where residents are more likely to be able to access services in other areas.
Issues or Opportunities that may need to be addressed
If intelligence indicates that sexual health needs are not being met in the more deprived areas then alternative savings would be required. The potential for co-locating services in the new Wisbech Clinic has been considered with Drug and Alcohol Services identifies as most suitable service to co-locate with Sexual Health Services.

Community Cohesion

If it is relevant to your area you should also consider the impact on community cohesion.

N/A

Version Control

Version no.	Date	Updates / amendments	Author(s)
1	21/12/15		Val Thomas

COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Public Health		Name: Val Thomas.....
Service / Document / Function being assessed		Job Title: Consultant in Public Health
Chlamydia Screening and MICCOM Online Booking for Sexual Health Services		Contact details: val.thomas@cambridgeshire.gov.uk ...
Date completed: December 22 2015		Date approved:
Business Plan Proposal Number (if relevant)	E/R. 6.004	
Aims and Objectives of Service / Document / Function		
<p>Chlamydia Screening Programme</p> <p>The Chlamydia Screening Programme is a national programme that offers opportunistic chlamydia testing for the sexually active under 25year olds. Chlamydia is the most common bacterial sexually transmitted infection, with sexually active young people at highest risk. Chlamydia often has no symptoms and can have serious health consequences.</p> <ol style="list-style-type: none"> 1. Preventing and control chlamydia through early detection and treatment of infection; 2. Reduce onward transmission to sexual partners; 3. Prevent the consequences of untreated infection; 4. Ensure all sexually active under 25 year olds are informed about chlamydia, and have access to sexual health services that can reduce risk of infection or transmission; <p>Locally Public health commissions chlamydia screening mainly from by the Cambridgeshire Community Services through its countywide Integrated Sexual Health and GP practices. Those screens undertaken in GP practices are sent to the Public Health England laboratories at Cambridge University Hospitals Foundation Trust for analysis.</p> <p>MICCOM</p> <p>Miccom is the name of the company that provided an online booking service for the sexual health services prior to the commissioning of the Integrated Sexual health Service.</p> <p>It enabled patients to book an appointment online anywhere in Cambridgeshire</p>		
What is changing?		
<p>Chlamydia Screening Programme</p> <p>There has been a decrease in the number of screens analysed at the PHE laboratories. This is a consequence of the following.</p> <ul style="list-style-type: none"> • Although it is difficult to confirm prevalence of chlamydia infection it is likely that it is low in Cambridgeshire given the overall general sexual health of the population which compares favourably to other areas. Consequently the programme has in recent years adopted the strategic approach of targeting population groups that have a high risk of testing positive. This means the actual numbers of screens have declined but the detection of positive screens has increased. • In addition an online Service has been commissioned the company, Source Bio-Science to send out kits to young people that have requested them online and to analyse their returned samples. This is popular and more cost-effective than using the local laboratories. • Cambridgeshire Community Services (CCS) as part of the Integrated Sexual Health Service has sub-contracted with the Terence Higgins Trust to provide outreach chlamydia screening in Fenland where there are high risk populations. This started when the new Service was launched in September 2014. The laboratory costs are absorbed into the block contract with CCS. 		

MICCOM

As indicated above this system operated prior to the start of the Integrated Sexual Health Service when the MICCOM system was decommissioned. It was replaced with centralised booking system which enables patients to be triaged and they can choose to be seen at any of the appropriate services in the county.

Who is involved in this impact assessment?

e.g. Council officers, partners, service users and community representatives.

This CIA was compiled by Council officers

What will the impact be?

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age	x		
Disability	x		
Gender reassignment		x	
Marriage and civil partnership		x	
Pregnancy and maternity		x	
Race		x	

Impact	Positive	Neutral	Negative
Religion or belief			
Sex			
Sexual orientation			
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation	x		
Deprivation	x		

For each of the above characteristics where there is an expected positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

Positive Impact

The positive impact of the changes to the Chlamydia Screening is that it is focusing on using internet approaches that evidence indicates that young people prefer and it targets those groups most at risk either through deprivation, disability or rural isolation.

Negative Impact

None identified.

Neutral Impact

The likelihood of a low chlamydia prevalence and the changes to the Chlamydia Screening programme that have already been introduced have not had any observed impact on those groups indicated above in this category.

Issues or Opportunities that may need to be addressed

There is the opportunity to further review the strategic approach of the Chlamydia Screening Programme to ensure that the most cost-effective approaches are being used and that the service reflects need.

Community Cohesion

If it is relevant to your area you should also consider the impact on community cohesion.

N/A

Version Control

Version no.	Date	Updates / amendments	Author(s)
V1	24/12/15		Val Thomas

COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Public Health		Name: Val Thomas..... Job Title: Consultant in Public Health Contact details: val.thomas@cambridgeshire.gov.uk 01223 703264 Date completed: 24/12/15 Date approved:
Service / Document / Function being assessed		
Tendering of contract for sexual health advice prevention and promotion for at risk groups		
Business Plan Proposal Number (if relevant)	E/R.6.005	
Aims and Objectives of Service / Document / Function		
The charity DHIVERSE is currently commissioned to provide a range of prevention and promotion interventions that includes a focus upon at risk groups. The areas it covers include population level and targeted campaigns, advice and promotion with targeted high risk groups with a focus on early diagnosis and treatment of HIV, school based information and advice programme.		
What is changing?		
Procurement regulations require that this service is taken out to tender. It is proposed to change the existing service specification and decrease the contract value. The new specification would exclude the school based work which is often undertaken in lower risk areas. The new service would continue to focus upon high risk groups. The PSHE service includes a sexual health component that addresses prevention in school settings. In addition the Cambridgeshire Community Service countywide integrated Sexual Health Service subcontracts with the Terence Higgins Trust to work in Fenland with high risk groups which includes working in schools in the area.		
Who is involved in this impact assessment?		
e.g. Council officers, partners, service users and community representatives.		
This CIA was compiled by Council officers		

What will the impact be?

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age		X	
Disability		X	
Gender reassignment		X	
Marriage and civil partnership		X	
Pregnancy and maternity		X	
Race		X	

Impact	Positive	Neutral	Negative
Religion or belief		x	
Sex		x	
Sexual orientation		x	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation		x	
Deprivation		X	

For each of the above characteristics where there is an expected positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any

particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

Positive Impact
None identified
Negative Impact
Neutral Impact
<p>The sexual health of Cambridgeshire compares well to other areas although there are population groups where there is a higher prevalence of sexual ill health. This change acknowledges the relatively good level of sexual health in the Cambridgeshire population but calls for a more targeted approach. The change will not affect work with the high risk groups and there are other interventions that will support wider population approaches e.g. school based work, youth service work, campaigns. The new specification will be based on a needs assessment which will ensure that the service specification reflects the targeted approach for high risk groups and addresses any equality issues</p> <p>Age: there is potential for the proposal to impact most upon young people as the schools work currently carried out by DHIVERSE will not be included in the new service specification. This will be mitigated by:</p> <ul style="list-style-type: none"> The PSHE service includes a sexual health component that addresses prevention in school settings. <p>In addition the Cambridgeshire Community Service countywide integrated Sexual Health Service subcontracts with the Terence Higgins Trust to work in Fenland with high risk groups, which includes working in schools with higher rates of teenage pregnancy.</p>
Issues or Opportunities that may need to be addressed
It will be necessary to monitor the impact of these changes upon the sexual health of Cambridgeshire residents.

Community Cohesion

If it is relevant to your area you should also consider the impact on community cohesion.

N/A

Version Control

Version no.	Date	Updates / amendments	Author(s)
V1	24/12/15		Val Thomas

COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Public Health		Name: Val Thomas.....
Service / Document / Function being assessed		Job Title: Consultant in Public Health
Review exercise referral schemes and potential to joint fund with the NHS		Contact details: val.thomas@cambridgeshire.gov.uk 01223 703264
Business Plan Proposal Number (if relevant)	E/R.6.006	Date completed: 29 December 2015
		Date approved:
Aims and Objectives of Service / Document / Function		
<p>Exercise referral schemes seek to increase someone's physical activity levels on the basis that physical activity has a range of positive health benefits. Currently Public Health provides a grant to Huntingdonshire and to South Cambridgeshire District Councils that contribute to the exercise referral schemes that they provide through their Leisure Services. Patients are assessed by their local GP and if they do not meet the guidelines for levels of physical activity and have a long term health condition they are able to be referred to their local scheme. There a personal assessment by a physical activity specialist determines what programme of physical activity would best suit their needs.</p> <p>This approach reflects current evidence found in NICE Guidance for Exercise Referral Schemes. http://www.nice.org.uk/guidance/ph54/ This Guidance states that referrals should only be made for people who are sedentary or inactive and have existing health conditions (Long Tern Conditions) that put them at risk of ill health. They are should not be adopted as a public health promotion intervention to increase levels of physical activity in the general population</p>		
What is changing?		
During 16/17 the current funding arrangement will be reviewed and the potential to co-fund existing schemes with the local NHS will be explored. The saving is proposed for 17/18		
Who is involved in this impact assessment?		
e.g. Council officers, partners, service users and community representatives.		
This CIA was compiled by Council officers		

What will the impact be?

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age		x	
Disability	x		
Gender reassignment		x	
Marriage and civil partnership		x	
Pregnancy and maternity			
Race			

Impact	Positive	Neutral	Negative
Religion or belief		x	
Sex		x	
Sexual orientation		x	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation		x	

Deprivation		x	
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For each of the above characteristics where there is an expected positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

Positive Impact
NHS funding of exercise referral schemes which would increase the focus upon people with long term conditions who would benefit from increased physical activity. This would include those who have a disease related disability and could increase the number of referrals for those with a disability.
Negative Impact
None identified
Neutral Impact
There should not be any impact upon equalities as there is no proposed change in the service (other than those with disabilities) delivery. The change is the proposed transfer of funding to the NHS.
Issues or Opportunities that may need to be addressed
There is the issue that the NHS could decline to assume responsibility for funding the exercise referral schemes. However the NHS has a current concerted focus upon prevention and has produced an NHS System Prevention Strategy which will provide opportunities for the NHS to commission more prevention interventions.

Community Cohesion

If it is relevant to your area you should also consider the impact on community cohesion.

N/A

Version Control

Version no.	Date	Updates / amendments	Author(s)
V.1	29/12/15		Val Thomas

COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Public Health		Name: Val Thomas.....
Service / Document / Function being assessed		Job Title: Consultant in Public Health
Tobacco Control – engagement with at risk groups		Contact details: val.thomas@cambridgeshire.gov.uk 01223 703264
Business Plan Proposal Number (if relevant)	E/R. 6.009	Date completed: 29 December 2015
Date approved:		
Aims and Objectives of Service / Document / Function		
<p>Tobacco Control interventions aim to reduce the overall prevalence of smoking through the prevention of uptake of smoking and supporting smokers to quit. There are a number of interventions that are associated with an effective Tobacco Control Programme. http://www.nice.org.uk/advice/LGB24/</p> <p>This includes targeted engagement and communications work with groups that have a high risk of smoking – pregnant women, young people, manual workers (rural deprivation), and migrant workers.</p> <p>In 2015/16 a rolling programme of tobacco control with recurrent investment was launched. Funding was allocated to an engagement communications campaign in collaboration with Norfolk and Suffolk Local Authorities that is targeting migrant communities.</p>		
What is changing?		
<p>During 15/16 the tobacco control funding is being used to fund market research into migrant communities and their relationship with smoking along with an engagement and communications campaign.</p> <p>This will provide the information about the communities and identify the most effective means of engaging and communicating with them in relation to tobacco control. The effect of the reduction of recurrent investment will be mitigated through the following projects.</p> <ul style="list-style-type: none"> The Stop Smoking Services, CAMQUIT will build on its existing tobacco control work using the intelligence garnered from the commissioned research and engagement campaign. CAMQUIT has existing specific programmes targeting pregnant women working with midwives and children's centres. The Service runs a number of initiatives to engage and target migrant and other high risk groups with a focus on Fenland that includes a mobile service that visits communities and workplaces. There is a midwife at Addenbrooke's Hospital who Public Health commissions to work with pregnant smokers. The Integrated Lifestyle Service provided by Everyone Health has a Migrant Worker Health Trainer post that has a role in promoting the tobacco control messages. There is external funding that is being used to implement an Illicit Tobacco Campaign working collaboratively with Norfolk and Suffolk Local Authorities. 		
Who is involved in this impact assessment?		
e.g. Council officers, partners, service users and community representatives.		
<p>This CIA has been compiled by Council Officers</p>		

What will the impact be?

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age		X	
Disability		X	
Gender reassignment		X	
Marriage and civil partnership		X	
Pregnancy and maternity		X	
Race		X	

Impact	Positive	Neutral	Negative
Religion or belief		x	
Sex		x	
Sexual orientation		x	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation		x	
Deprivation		X	

For each of the above characteristics where there is an expected positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

Positive Impact
None
Negative Impact
Neutral Impact
<p>The work undertaken in 15/16 will provide a good basis in terms of information and initial engagement of migrant communities and this will support further development through the Stop Smoking and the other services. Budget has been identified for core work to continue. In addition, potential impacts on equalities groups will be mitigated as follows:</p> <p>Pregnancy</p> <ul style="list-style-type: none"> CAMQUIT has existing specific programmes targeting pregnant women working with midwives and children's centres. There is a midwife at Addenbrooke's Hospital who Public Health commissions to work with pregnant smokers. <p>Race</p> <ul style="list-style-type: none"> The Integrated Lifestyle Service provided by Everyone Health has a Migrant Worker Health Trainer post that has a role in promoting the tobacco control messages. <p>Rural isolation and deprivation</p> <ul style="list-style-type: none"> The Service runs a number of initiatives to engage and target migrant and other high risk groups with a focus on Fenland that includes a mobile service that visits communities and workplaces.
Issues or Opportunities that may need to be addressed
<p>The impact of these alternative projects will require monitoring to ensure that the high risk groups are being accessed and engaged. There is the potential for a positive impact due to the initial work undertaken in 15/16 which will provide intelligence for the ongoing work.</p>

Community Cohesion

If it is relevant to your area you should also consider the impact on community cohesion.

N/A

Version Control

Version no.	Date	Updates / amendments	Author(s)
V1	29/12/15		Val Thomas

COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Public Health		Name: Val Thomas.....
Service / Document / Function being assessed		Job Title: Consultant in Public Health
General prevention projects and workplace health		Contact details: val.thomas@cambridgeshire.gov.uk 01223 703264
Business Plan Proposal Number (if relevant)	E/R.6.010	Date completed: 29/12/15
		Date approved:
Aims and Objectives of Service / Document / Function		
<p>Workplace Programme Workplace Health Programmes improve the health and well being of employers and employees and are associated with decreased absenteeism costs. It is considered to an effective means of accessing the working age population with prevention information and opportunities to improve their health. The working age group accesses services to a lesser degree than other population groups</p> <p>Public Health currently runs a Workplace Health Programme across Cambridgeshire which offers employers policy development support and a range of programmes that includes Workplace Health Champion training, Mental Health First Aid Training, Stop Smoking Services, NHS Health Checks (Health MOTs for the those not eligible) . Public Health provides the co-ordination and some of the services provided to workplaces.</p> <p>Business in the Community (BITC) is a social enterprise that has a long experience of successfully engaging and securing the support of employers for developing and implementing workplace programmes, which is often the most challenging part of a Workplace Health Programme. It has been commissioned to support the Cambridgeshire Workplace Health Programme primarily with employer engagement, both initial and ongoing, and also with the wider programme providing skills and additional capacity. Some employers require support for longer periods to ensure that they are fully engaged.</p> <p>Prevention Projects Public Health funds small scale public health projects such as a specific campaign where resources are not available nationally or a short term specific intervention with a targeted group e.g. training about prevention and health promotion for people with disabilities and their carers.</p>		
What is changing?		
<p>Workplace Programme Funding for the BITC contract will become non-recurring and its contract will end after 2 years. BITC will be asked to secure funding from employers for it to continue to provide them with support if required and from employers who would be new to the Programme. It will be important during the two years BITC is contracted for more members of the Public Health Team to increase their skills in engaging and supporting employers.</p> <p>Prevention Projects Small scale public health projects will not be funded. These have been identified on an ongoing basis. So there will not be any change in service delivery as currently no projects have been identified for future delivery</p>		
Who is involved in this impact assessment?		
e.g. Council officers, partners, service users and community representatives.		
This CIA was prepared by Council officers.		

What will the impact be?

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

BITC Contract

Impact	Positive	Neutral	Negative
Age			x
Disability		x	
Gender reassignment		x	
Marriage and civil partnership		x	
Pregnancy and maternity		x	
Race		x	

Impact	Positive	Neutral	Negative
Religion or belief		x	
Sex		x	
Sexual orientation		x	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation			x
Deprivation			x

General Prevention Projects

Impact	Positive	Neutral	Negative
Age		x	
Disability		x	
Gender reassignment		x	
Marriage and civil partnership		x	
Pregnancy and maternity		x	
Race		x	

Impact	Positive	Neutral	Negative
Religion or belief		x	
Sex		x	
Sexual orientation		x	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation		x	
Deprivation		x	

For each of the above characteristics where there is an expected positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

Positive Impact

None

Negative Impact

Workplace Programme

If the BITC Workplace Programme is not funded to provide support to employers then there is high risk of that it will discontinue as the Programme takes a several years to become sustainable without ongoing support. The Workplace Health Programme has and continues to focus on workplaces in areas of rural isolation and deprivation. These workplaces are often the hardest to engage and require additional support. Those of working age run the risk of not being able to access public health information and services especially in the more isolated deprived areas.

In mitigation employers are being asked to fund BITC to continue to provide ongoing support. However if this not secured from employers it will be important that Public Health staff further develop the skills to work effectively with employers.

Neutral Impact

Workplace Programme

The change to the workplace programme will have a neutral impact on equalities as indicated above (except those of working age, deprivation and rural isolation) as the programmes are open to everyone and will not be targeted. If BITC support is not funded all employees in any particular workplace will be affected in the same way.

Prevention Projects

As indicated above these have been funded on an ongoing basis as a need is identified. No new projects have been identified so there will not be any change in existing service delivery.

Issues or Opportunities that may need to be addressed**Workplace Programme**

It is possible that BITC will not be able secure funding from employers after 2 years and there is the risk that the relationships and new Programmes will falter without the expertise of BITC. The opportunity for more Public Health staff is to increase their skills in working and engaging employers.

Prevention Projects

It is possible that going forward funding will be required for small scale time limited projects to address specific needs of particular groups as they are identified.

Community Cohesion

If it is relevant to your area you should also consider the impact on community cohesion.

N/A

Version Control

Version no.	Date	Updates / amendments	Author(s)
V 1	29/12/15		Val Thomas

COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment	
Public Health		Name: Helen Johnston & Angelique Mavrodaris	
Service / Document / Function being assessed		Job Title: Senior Public Health Manager & Consultant in Public Health	
2016/17 Public Health Savings: Falls Prevention		Contact details: angelique.mavrodaris@cambridgeshire.gov.uk	
Business Plan Proposal Number (if relevant)	Falls prevention E/R 6.011	Date completed: 31 December 2015	
		Date approved:	
Aims and Objectives of Service / Document / Function			
The Falls prevention project delivered since April 2015, has used investment strategically to complement the existing work of health professionals, District Councils, voluntary and community sector organisations, and other stakeholders in evidence-based approaches to reduce injurious falls among older people in Cambridgeshire.			
What is changing?			
Savings have been identified in the falls prevention project, due to some identified overlap of activities with work delivered across the system by CPFT falls prevention specialists. The project will continue to commission the provision of falls prevention health trainers and coaches from Everyone Health, ensure coordination of activities, and support the quality assurance of falls prevention interventions in Cambridgeshire.			
Who is involved in this impact assessment?			
e.g. Council officers, partners, service users and community representatives.			
The CIA was completed by Council officers.			

What will the impact be?

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age		X	
Disability		X	
Gender reassignment		X	
Marriage and civil partnership		X	
Pregnancy and maternity		X	
Race		X	

Impact	Positive	Neutral	Negative
Religion or belief		X	
Sex		X	
Sexual orientation		X	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation		X	
Deprivation		X	

For each of the above characteristics where there is an expected positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how

the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

Positive Impact
None
Negative Impact
None
Neutral Impact
This saving is based on an alternative approach for falls prevention awareness raising among professionals and wider health and social care workforce reducing the CCC funding requirement for the activity.
Issues or Opportunities that may need to be addressed

Community Cohesion

If it is relevant to your area you should also consider the impact on community cohesion.

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Version Control

Version no.	Date	Updates / amendments	Author(s)

COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Public Health		Name: Kirsteen Watson/Janet Dullaghan
Service / Document / Function being assessed		Job Title: Consultant in Public Health
Family Nurse Partnership (FNP)		Contact details: Kirsteen.watson@cambridgeshire.gov.uk
Business Plan Proposal Number (if relevant)	E/R 6.012	Date completed: 4 January 2016
		Date approved:

Aims and Objectives of Service / Document / Function

Summary:

The Family Nurse Partnership (FNP) is a national preventive program for vulnerable, young first-time mothers under 19 years of age. It offers intensive and structured home visiting, delivered by specially trained family nurses, from early pregnancy until the child is two. The team work in partnership with other health professionals, social care professionals and other agencies to ensure the best possible outcomes for young people, their children and families. The family nurse and the young parent(s) commit to an average of 64 planned home visits over two and a half years. Building this relationship over a long period allows the family and nurse to establish a trusting, therapeutic relationship. Weekly and fortnightly visits take place from early pregnancy.

Background:

The FNP programme was developed in the USA for vulnerable women of all ages. The University of Colorado, who developed FNP, licensed it to ensure that it is delivered in accordance with the original programme model to ensure the intervention has fidelity to the evidence and research from which it was developed. In 2007, the Department of Health funded the introduction of the licensed programme in England for pregnant teenagers under 19. This was a change from the original evidenced based program and over the past 6 years the NHS and Local Authorities have tried to collect evidence to demonstrate local outcomes.

Evidence:

A study conducted by *Cardiff University* and published in *The Lancet* in November provides important new evidence on the effectiveness of the Family Nurse Partnership (FNP) in England. The *Building Blocks* randomised control trial followed over 1,600 young mothers-to-be until their baby reached two years old. It provides an independent assessment of the effectiveness of FNP between early pregnancy and the child's second birthday, focusing on four primary outcomes and a range of secondary outcomes.

The trial showed that there were some positive effects on early child development and that FNP may prevent children 'slipping through the net' by identifying safeguarding risks early. It also found that young mothers engaged well with FNP and especially valued the close and trusting relationship that they had with their family nurses. The trial found that the intervention may promote cognitive and language development more effectively than normally provided care alone up to a child's second birthday but it is unclear whether this is due to the intensive support until 2 years of age or specific elements of FNP activities.

However, the trial found that FNP alone is no more effective than routinely available health care alone in reducing smoking in pregnancy, improving birth weight, reducing rates of second pregnancies by two years postpartum or reducing rates of emergency attendance or hospital admissions for any reason by the child's second birthday, when delivered in an English healthcare setting. (Building Blocks Executive summary. Available at: http://medicine.cardiff.ac.uk/media/filer_public/f5/db/f5db1bcc-a280-4f08-a34e-14a54d861c14/bb_exec_summary.pdf). The paper concluded that FNP was not cost-effective when assessed against minimal gains in maternal health and that the difference in results from the US original trials and the setting in England may be that health and other supportive services for young first time mothers are more numerous and available in England than in the US.

Limitations of the local model:

Challenges or weaknesses of the FNP programme locally are that the license requires fidelity to the specific FNP model, with limited flexibility to assess the specific needs of the parents enrolled in the programme over time. The current FNP programme in Cambridgeshire only funds places for 20% of the vulnerable teenage population and once caseloads are full there are no places for others, regardless of need. This also potentially excludes some teenage parents who are leaving care or who are looked after. These limitations mean that some vulnerable

teenagers may 'miss the widow of opportunity' for help and support from this intervention.

What is changing?

The proposal is to review and redesign the service as an enhanced service for all vulnerable teenagers as a core part of the Health visiting service, closely attached to midwifery and linking with social care colleagues when appropriate. This would be a dedicated health visiting support service for all teenage parents across the county (instead of just 20%), needs-based and with a focus also on reducing inequalities. It would include regular needs assessment and evaluation of the needs of the parents and a flexible approach.

The new service would aim to build on the effective elements of FNP and experience of local staff which do not require the FNP license. The RCT trial showed that there were some positive effects on early child development from intensive support to teenage parents and that young mothers especially valued the close and trusting relationship that they had with their family nurses. FNP was also useful to ensure continuity and identify safeguarding risks early. However, it is not clear that fidelity to the FNP model is required to achieve this. The new service would aim to provide: intensive support when needed, regular visits that focus on building resilience, a named and skilled key worker to support teenage parents and ensure that vulnerable children are monitored and followed up to ensure safeguarding. Indeed, these are features of the 'Universal progressive' element of Health visiting, for parents and families most in need.

Who is involved in this impact assessment?

e.g. Council officers, partners, service users and community representatives.

Cambridgeshire County Council
Joint Commissioning Unit
CCG
Cambridge Community Services

What will the impact be?

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age	X		
Disability		X	
Gender reassignment		X	
Marriage and civil partnership		X	
Pregnancy and maternity	X		
Race		X	

Impact	Positive	Neutral	Negative
Religion or belief		X	
Sex	X		
Sexual orientation		X	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation	X		
Deprivation	X		

For each of the above characteristics where there is an expected positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

Positive Impact

It is expected that this service designed for teenage parents will improve pregnancy and child health outcomes and provide a dedicated support service tailored to the needs of young parents. The service is primarily focussed on teenage mothers but includes support and interventions for both parents where they wish to participate and activities and involvement of fathers is encouraged. This will continue in the new service in line with Health Visiting focus on families.

It is also anticipated that this may provide an improved service for those experiencing rural isolation or deprivation, as the service will move from 6 dedicated nurses working with limited caseload capacity across the county, to a service model which ensured that support was available in all locality teams as part of an integrated offer. This aims to be more efficient and effective in terms of reducing staff travel time and ensuring greater coverage for those in more deprived areas.

Negative Impact

No negative impact is anticipated from this change in service.

Neutral Impact

It is not expected that the change in this service would adversely impact on other particular protected characteristics.

Issues or Opportunities that may need to be addressed

All those currently enrolled on the FNP scheme (which lasts 2 years) will be assessed and a needs-based action plan developed to ensure they continue to receive intensive support. There will need to be attention paid to what elements of the FNP scheme locally can be utilised to improve a county-wide service without breaching the terms of the license and to harnessing the considerable expertise and experience of current Family Nurse Practitioners within the wider Health Visiting team.

Community Cohesion

If it is relevant to your area you should also consider the impact on community cohesion.

Version Control

Version no.	Date	Updates / amendments	Author(s)
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1	4 Jan 2016	First draft	Janet Dullaghan (JD)
2	4 Jan 2016	Revised and completed	Kirsteen Watson (KW)

COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Public mental health strategy (recurrent revenue not yet committed)		Name: Emma de Zoete
Service / Document / Function being assessed		Job Title: Public Health Consultant
		Contact details: 01223 699117 emma.dezoete@cambridgeshire.gov.uk
Business Plan Proposal Number (if relevant)	E/R 6.015	Date completed: 06.01.15
Date approved:		
Aims and Objectives of Service / Document / Function		
<p>The Public Mental Health Strategy for Cambridgeshire was approved by Health Committee in May 2015, it focuses on promoting mental health and preventing mental illness.</p> <p>This funding has supported implementation of specific areas of the action plan, which include:</p> <ul style="list-style-type: none"> • Mental health in schools - additional funding for secondary schools consultancy support (a half day for each school) to plan their curriculum to address mental health needs. In addition an anti-bullying toolkit for secondary schools is being produced as well as delivery of mental health resources for primary schools not subscribing to the PSHE service. • A one-off pilot of ACAS training for employers to enable them to better support employees with mental illness(es). This pilot took place in Wisbech. • Funding of a campaigns officer post that is based within MIND (jointly funded with Peterborough City Council) – the post focuses on building campaign work (particularly in children and young people) and targeting of the suicide prevention campaign and training to higher risk groups. • Improving the physical health of those with severe mental illness, in part this will be by ensuring health improvement services are linked to physical health assessments. 		
What is changing?		
<p>There was £120k a year funding for the implementation of the Public Mental Health Strategy. This funding has been available from 2015/16. It is proposed that this is cut from £120k to £60k a year for 2016/17. A proportion of the £120k remains unallocated for 2016/17 currently for variety of reasons.</p> <p>Physical health of those with serious mental illness</p> <ul style="list-style-type: none"> - Since the public mental health strategy was approved the Clinical Commissioning Group (CCG) and Cambridgeshire and Peterborough Foundation Trust (CPFT) have both begun work streams focusing on improving the physical health of those with serious mental illness, and have both made investments in this area. CPFT have appointed a nurse to focus on physical health improvements within the trust and the CCG are planning the introduction of an enhanced primary care service from 2016/17, initially in Fenland and Huntingdonshire. - We want to ensure that any investments made by CCC complement this programme of work, and build on the available evidence. We are proposing to invest in improving the knowledge and skills of health trainers in relation to mental health, and to fund increased health trainer capacity aligned with the enhanced primary care service being developed. The funding available for work focusing on the physical health of those with SMI is not as large as first envisaged, however the model proposed is sustainable and will provide additional lifestyle support to these new teams. <p>Workplace health</p> <ul style="list-style-type: none"> - Workplace health is now being taken forward through a two year contract with Business in the Community (BITC). Additional work is also taking place through the Public Health Reference Group (PHRG) with local authorities, and through the Health System Prevention Plan with the NHS as an employer. All of these initiatives include mental health as a core part of their work improving workplace health. 		
Who is involved in this impact assessment?		
e.g. Council officers, partners, service users and community representatives.		

Council officers and partners such as the CCG.

What will the impact be?

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age		x	
Disability		x	
Gender reassignment		x	
Marriage and civil partnership		x	
Pregnancy and maternity		x	
Race		x	

Impact	Positive	Neutral	Negative
Religion or belief		x	
Sex		x	
Sexual orientation		x	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation		x	
Deprivation		x	

For each of the above characteristics where there is an expected positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

Positive Impact
Negative Impact
Neutral Impact
There is no impact from this change in funding as there is no reduction in current services. Additionally service improvements being undertaken by CPFT and the CCG, and other public health contracts mitigate some of the possible impact of reduced investment levels.
Issues or Opportunities that may need to be addressed

Community Cohesion

If it is relevant to your area you should also consider the impact on community cohesion.

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Version Control

Version no.	Date	Updates / amendments	Author(s)

COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Public Health		Name: Linda Sheridan/Tiya Balaji..... Job Title: Consultant in Public Health Contact details: linda.sheridan@cambridgeshire.gov.uk Date completed: 8 January 2016 Date approved:
Service / Document / Function being assessed		
Health Protection and Emergency Planning non pay budgets		
Business Plan Proposal Number (if relevant)	E/R 6.016	
Aims and Objectives of Service / Document / Function		
<p>Health and Social Care Act 2012: Provide leadership, advice and information in order to protect the health of the population. Ensure ability to scrutinise and be assured of plans and protocols between key partners on responding to health emergencies in the community.</p> <p>CCA: As Cat 1 organisation responsibility to protect health of the local population, in particular provide advice and information to promote health protection, recognising that PHE provides the specialist health protection function.</p>		
What is changing?		
Savings on health protection and emergency planning budgets which are held as contingency for emergency situations. Contingency to be sought when necessary from generic budgets or reserves.		
Who is involved in this impact assessment?		
e.g. Council officers, partners, service users and community representatives.		
Council Officers		

What will the impact be?

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age		x	
Disability		x	
Gender reassignment		x	
Marriage and civil partnership		x	
Pregnancy and maternity		x	
Race		x	

Impact	Positive	Neutral	Negative
Religion or belief		x	
Sex		x	
Sexual orientation		x	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation		x	
Deprivation		x	

For each of the above characteristics where there is an expected positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

Positive Impact
Negative Impact
Neutral Impact
Urgent contingencies will be funded from PH reserves if required.
Issues or Opportunities that may need to be addressed

Community Cohesion

If it is relevant to your area you should also consider the impact on community cohesion.

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Version Control

Version no.	Date	Updates / amendments	Author(s)

COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment	
Public Health		Name: Kate Parker Job Title: Head of Public Health Programmes Contact details: 01480 379561 kate.parker@cambridgeshire.gov.uk	
Service / Document / Function being assessed			
2016/17 Public Health Savings: Review of non-pay budget general prevention/ traveller/ lifestyle			
Business Plan Proposal Number (if relevant)	E/R 6.017		
Aims and Objectives of Service / Document / Function			
Additional saving made from reducing the non pay budget for the Gypsy & Traveller Health Team by 10k. Budget sits separately within the public health programmes team.			
What is changing?			
The Gypsy & Traveller health team have a proportion of the budget set aside as non-pay to support the team in providing small scale project support work particularly around literacy training It is proposed to reduce the budget by 10k, this will have a minimum impact on the team as the current literacy tutoring work is being provided through the access to grants from the Community Adult learning fund.			
Who is involved in this impact assessment?			
e.g. Council officers, partners, service users and community representatives.			
This CIA was compiled by Council officers			

What will the impact be?

Tick to indicate if the impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age		X	
Disability		X	
Gender reassignment		X	
Marriage and civil partnership		X	
Pregnancy and maternity		X	
Race		X	

Impact	Positive	Neutral	Negative
Religion or belief		X	
Sex		X	
Sexual orientation		X	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation		X	
Deprivation		X	

For each of the above characteristics where there is a positive, negative and / or neutral impact, please provide details, including evidence for this view. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

Positive Impact

None
Negative Impact
None
Neutral Impact
Some minimal impact on effectiveness of programmes team in delivering community facing projects specifically for the Gypsy & traveller community.
Issues or Opportunities that may need to be addressed
Increased importance on accessing grants available to support the community development work delivered by the Gypsy & Traveller Health Team.

Community Cohesion

If it is relevant to your area you should also consider the impact on community cohesion.

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COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Public Health		Name: Kate Parker Job Title: Head of Public Health Programmes Contact details: 01480 379561 Kate.parker@cambridgeshire.gov.uk liz.robin@cambridgeshire.gov.uk
Service / Document / Function being assessed		
2016/17 Public Health Savings: Public Health Programmes Team restructure / Vacancy management		
Business Plan Proposal Number (if relevant)	E/R6.019	
Aims and Objectives of Service / Document / Function		
<p><u>Smoking Cessation Service</u></p> <p>The County Council directly provides a smoking Cessation Service for Cambridgeshire residents (CAMQUIT). This service supports people who wish to stop smoking through the provision of evidence based one to one or group support for behavior change along with a combination of medication e.g. nicotine replacement therapy (NRT) on prescription. (A Level 2 service) People are four times more likely to succeed in quitting when they use this service than if they try to quit without support or medication. When people succeed in stopping smoking it results in significant improvement to their health and in overall savings to the NHS due to their reduced risk of heart and circulatory disease, lung disease and cancers. Further savings can be achieved in the wider economy by reducing absenteeism through smoking related illnesses. It is important that smoking cessation services are easily accessible for people to use, so in Cambridgeshire. Contracts have been in place for many years with GP practices and community pharmacies for them to offer a smoking cessation service provided by their own staff. County Council CAMQUIT staff also provide clinics in some of the GP practices. The CAMQUIT service in addition provides specialist support to both pharmacies and GP's through the provision of specialist smoking cessation training programmes and regular advisor contact for pharmacies.</p> <p><u>Immunisation Programme</u></p> <p>The Public Health Programmes team has historically delivered functions which support the delivery and uptake of immunisation programmes in Cambridgeshire.</p> <p>The Public Health Nurse specialist manages a number of defined programmes, including the coordination of immunisations across Cambridgeshire representing and addressing target issues involving data capture by Primary Care and Child Health Departments. This has included leading on the delivery of update Immunisation training for primary care staff. The Immunisation Healthcare assistant provides support in the delivery of effective targeted immunisation and public health screening programmes across Cambridgeshire. The posts aim is to assist with administration, promotion and supporting the implementation of various vaccination programmes including targeted childhood immunisations including BCG, Healthy Start and other related activities.</p>		
What is changing?		
<p><u>Smoking Cessation Service</u></p> <p>The demand for smoking cessation services in GP practices and pharmacies has reduced over the past few years. This has been attributed to a fall in the overall percentage of adults who smoke in the county and increased usage of electronic cigarettes. As a result of reduced demand it is proposed that the Camquit service is restructured, removing the two Senior Smoking Cessation posts and creating an additional health trainer post. These posts provide limited service delivery and currently this could be absorbed by more junior members – the smoking cessation advisors- of the Service as they will acquire additional capacity through their project work being taken by the new Health Trainer post.</p> <p>The pharmacy contribution to overall people setting a quit date has reduced from 15% in 2011-12 to 7% (mid-year point 2015-16). The numbers of pharmacies actively delivering smoking cessation at Level 2 has decreased from 57 to 30 over a 5 year period. The GP contribution to overall smokers setting a quit date was 74% in 2011-12 which had dropped to 57% (mid-year point 2015-16). In addition the number of GP practices who deliver their own smoking cessation service has decreased from 74 to 48 over the same 5 year period. The core Camquit service</p>		

now delivers 28 clinics in GP practices which have increased from 15 in 2011-12.

Both GP practices and pharmacies receive Level 2 and update training provided by the core service through the Senior Smoking Cessation Specialists. The Service found that in 13/14 & 14/15 the demand for the full day Level 2 course reduced and sessions had to be cancelled, therefore for 15/16 the number of timetabled sessions was reduced which has given us greater flexibility to offer in-house sessions. The demand for update training has been unchanged but for both types of training the preference of GP practices is for in house training due to problems related to work pressures when releasing staff. The Service now focuses on providing training as part of the routine visits to practices which can involve a wider range of practice staff and more junior CAMQUIT staff – the smoking cessation advisors- are able to assume some of the teaching responsibilities. The CAMQUIT Co-ordinator also contributes to the teaching programme.

It is anticipated that the demand by practices for CAMQUIT to undertake more clinics for their patients will continue to increase along with a fall in community pharmacy activity will consequently continue to decrease demand for training.

If additional training is required this could be commissioned on an ad hoc basis as it easily available through various organisations.

Marketing the Camquit Service is still a key function to ensure that promotion of the service generates increased referrals into Camquit but also identifies opportunities to generate new referral pathways. Project development work was previously within the Senior Smoking Cessation Specialist roles and this will be transferred to the Business Manager and Camquit Co-coordinator. Project delivery work will be removed from smoking cessation advisors as their clinical work increases and it is proposed the project delivery work will be part of a new Health Advisor / Trainer post that will report to the Business Manager.

Immunisation Programme

Responsibility for the commissioning of immunisation programmes sits with NHS England. NHS England has reduced the requirements for aspects of the roles carried out by the public health programmes team. This proposal is to remove two posts with a focus on support to immunisation programmes - the Public Health Specialist Nurse and Immunisation Healthcare Assistant.

The Public Health Nurse specialist functions associated with immunisation programme are described above the post holder carries out some other functions i.e. management of the Gypsy and Traveller Health Team, management of smoking in pregnancy/ breastfeeding specialist and co-ordination of the Healthy Start programme. These functions will need to be reallocated within the directorate. The post holder supported NHS England in providing and co-ordinating immunisation update training to practice nurses in Cambridgeshire in 2015/16. This training provision will need to be picked up by NHS England in the future.

The Immunisation Healthcare Assistant co-ordinates community clinics and the risks associated with removing this post and resulting closure of these clinics are addressed in the issues section below.

Who is involved in this impact assessment?

E.g. Council officers, partners, service users and community representatives.

This CIA was compiled by Council officers

What will the impact be?

Tick to indicate if the impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age		X	
Disability		X	
Gender reassignment		X	
Marriage and civil partnership		X	

Pregnancy and maternity		X	
Race			X

Impact	Positive	Neutral	Negative
Religion or belief		X	
Sex		X	

Sexual orientation		X	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation		X	

Deprivation			X
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For each of the above characteristics where there is a positive, negative and / or neutral impact, please provide details, including evidence for this view. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

Positive Impact
None
Negative Impact
<p>Race: There is a transition issue as outlined below for access to BCG immunisations for eligible children, who are usually children born abroad or with close relatives born abroad. This will be mitigated by collaborative working with NHS England to ensure appropriate services are in place.</p> <p>Deprivation: The Healthy Start programme is used by low income families who are more likely to live in areas of deprivation. There will be careful planning to minimise any disruption to the Healthy Start programme during transition.</p>
Neutral Impact
<p>It is unlikely that there would be any direct impacts on particular groups from the proposed restructure however the issues section notes some service implications.</p> <p><u>Smoking Cessation</u></p> <p>This saving is based on reduced demand for training due to lower activity particularly within the pharmacy setting but also within GPs. Local residents are still able to attend smoking cessation services it should not impact on access to support services across the county. The scale of the saving is such that funding should still be available to promote smoking cessation services in areas of higher deprivation which also have higher smoking rates, and through project work, pilot models which meet the needs of the smokers in particular communities e.g. long term conditions, pregnant smokers.</p> <p>Some training provision delivered by Camquit will be reduced on the basis of a reduction in demand however it is anticipated that the reduced training programme can be picked up within the service through the Camquit Co-ordinator and advisor support for update training. Follow up training mentor sessions will be divided across specific advisors. Contracted pharmacy face to face support sessions will be reduced to one annual visit at end year data collection point. Contracted GP provider support sessions will continue and each advisor will be allocated a minimum of 6 practices to support on 4-6 weekly bases.</p> <p><u>Immunisation Programme</u></p> <p>This saving is based on the commissioning and providing immunisation co-ordination for the population is the responsibility of NHS England. The Immunisation programme will still continue for residents of Cambridgeshire but the commissioning responsibility sits with NHS England and not Cambridgeshire County Council.</p>
Issues or Opportunities that may need to be addressed
<p><u>Smoking Cessation</u></p> <p>Because this saving relies on a forecast reduction in demand, if demand rises unexpectedly then in-year savings may need to be found from alternative sources.</p> <p><u>Immunisation Programme</u></p> <p>There is a risk that moving from a coordinated local programme may impact on the immunisation figures for Cambridgeshire. Neonatal BCG vaccinations should be given via hospital maternity units but there is a reliance on the BCG community clinics that are coordinated by the Immunisation Healthcare assistant to pick up missed children (18% of referrals to community clinic in Q3 Oct-Dec 2015 were from hospital maternity units). The remaining 82% of referrals were from GPs, practice nurses & health visitors and included children of ages up to 6 previously not receiving the vaccine. NHS England would need to address the current referral practice of hospitals in regards to the provision of neonatal BCG vaccinations. As the Director of Public Health has a duty to ensure plans are in place to immunise their population, consideration should be given by NHS England around how non-immunised older children are being picked up if the community clinics close.</p>

Both post holders are responsible for the co-ordination, administration and implementation of the Healthy Start programme (national government scheme that aims to improve the health of pregnant women and children living on low income by the provision of free vitamin supplements). This programme requires Cambridgeshire County Council to hold a license to operate. If the Healthy Start programme is reallocated within the directorate as proposed, the current licensing agreement will require Cambridgeshire County Council to reapply as the license was granted subject to the current post holders remaining involved in the programme. This will result in a temporary cessation of the programme while a new license and assessment process is undertaken.

Community Cohesion

If it is relevant to your area you should also consider the impact on community cohesion.

Not relevant to savings proposed

COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Public Health / Public Health Intelligence		Name: David Lea Job Title: Assistant Director, Public Health Intelligence Contact details: 01480 379494 or david.lea@cambridgeshire.gov.uk Date completed: 29/12/2015 Date approved:
Service / Document / Function being assessed		
2016/17 Public Health Savings: joint intelligence unit with Cambridgeshire and Peterborough Clinical Commissioning Group, including restructure of public health intelligence service.		
Business Plan Proposal Number (if relevant)	E/R.6.020	

Aims and Objectives of Service / Document / Function

The public health intelligence service provides analytical, statistical and epidemiological leadership, expert input and support to the Public Health Directorate, to the Cambridgeshire and Peterborough Clinical Commissioning Group ('the CCG'), to the wider Council, to Peterborough City Council and to other partners. The service also provides analytical input and programme management to the Joint Strategic Needs Assessment (JSNA) programme.

Public health intelligence underpins the core roles of the Public Health Directorate by providing the analytical support that enables population health improvement via needs analysis and measuring the immediate and longer term impacts of health improvement activities, the population level surveillance data to monitor and protect the public's health and the epidemiological and quantitative analytical input to NHS commissioning to support healthcare public health.

Through the provision of public health data and the application of the appropriate quantitative, statistical and epidemiological tools and techniques, public health intelligence enables and supports the following statutory public health duties and functions of local authorities:

- *The duty on the local authority to improve public health:* public health intelligence provides the quantitative evidence to identify opportunities to improve public health, to assess their potential impacts and to monitor the effectiveness of public health interventions.
- *Regulations on the exercise of local authority public health functions:* public health intelligence provides the analytical assessment related to the weighing and measuring of children under the National Childhood Measurement Programme and the vascular assessment of adults under the health checks programme, the needs analysis to support the provision of open access sexual health services, the epidemiological and analytical input to the healthcare public health advice service to the local NHS Clinical Commissioning Group and the epidemiological and analytical input to health protection planning and emergencies.
- *Duty to have regard to guidance – the Public Health Outcomes Framework:* public health intelligence provides the local analysis and reporting covering the Public Health Outcomes Framework, including making the Public Health Outcomes Framework locally accessible and well understood and reporting on the latest position and tracking trends with regard to public health outcomes in Cambridgeshire and local districts.
- *Responsibility for sexual health services:* as stated in the regulations section above, public health intelligence provides the needs analysis to support the provision of local authority sexual health services and to assess their effectiveness.
- *Joint strategic needs assessment (JSNA):* the local Health and Wellbeing Board has a statutory duty to provide a local joint health and wellbeing strategy. This strategy must have regard to population needs and the JSNA provides the needs analysis input to the joint health and wellbeing strategy. Local areas are free to undertake JSNAs in a way best suited to their local circumstances – there is no template or format that must be used and no mandatory data set to be included. Health and wellbeing boards are also required to undertake Pharmaceutical Needs Assessments (PNAs) and the public health intelligence teams provides the analytical input to the local PNA.

What is changing?

There are two primary proposed changes:

- **A reduction in the extent and scope of work undertaken under the Council's Joint Strategic Needs Assessment (JSNA) programme.** Cambridgeshire has historically taken an extremely comprehensive and thorough approach to JSNA, providing extensive client based, population based and subject area based reports on a range of topics. This approach has had some success in providing a body of evidence to support commissioning, public health and health improvement and other related activities, but there is the recognition that the programme consumes significant resources within the Public Health Directorate and beyond and that this needs to be balanced against the impact the JSNA is having beyond its statutory duty to provide input to the local joint health and wellbeing strategy. There is no doubt that the strategy could be formulated from a sparser base of targeted needs analysis and, more recently, it has seemed that the public sector system is not in the optimum state to be able to take forward the wider set of recommendations from a broad and extensive local JSNA programme. As such, it is felt that the primary input to JSNA can be provided by the analytical team within the public health intelligence service and the reduced extent and scope of the work will not require the dedicated programme and project management input that is currently provided from within the public health intelligence service by the JSNA Programme Manager.
- **The formation of a joint intelligence unit with Cambridgeshire and Peterborough Clinical Commissioning Group and Peterborough City Council's Public Health Department.** Public health and NHS healthcare commissioning have significant areas of overlap in terms of functions and, consequently, the information requirements of these functions. This overlap covers the analytical and information support needed to commission, provide and assess the impact of services and also the client groups and geographical areas they serve. Added to this, the JSNA process is a joint responsibility of the local Clinical Commissioning Group ('the CCG') and the local authority. As a Cambridgeshire and Peterborough wide organisation the CCG requires input from public health intelligence services in Cambridgeshire and Peterborough local authorities and in practice, since the pilot appointment of a joint Director of Public Health for Cambridgeshire and Peterborough, the public health intelligence service has worked jointly. Public health intelligence provides significant input to the statutory healthcare public health advice service to the CCG and it is felt that a joint service with the CCG would enable the provision of this service to the CCG by enabling access to information and human resources across the three organisations, as well as further enhancing the delivery of public health analysis to the local authority public health, other Council services and NHS commissioning for the same reasons. It is felt that this unit would be able to provide a more strategic, coherent, cogent, efficient and effective health intelligence service to the local authorities and to the local CCG.

Who is involved in this impact assessment?

e.g. Council officers, partners, service users and community representatives.

This CIA was compiled by Council officers.

What will the impact be?

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age		X	
Disability		X	
Gender reassignment		X	
Marriage and civil partnership		X	
Pregnancy and maternity		X	
Race		X	

Impact	Positive	Neutral	Negative
Religion or belief		X	
Sex		X	
Sexual orientation		X	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation		X	
Deprivation		X	

For each of the above characteristics where there is an expected positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

Positive Impact
Negative Impact
Neutral Impact
<p>It is unlikely that there would be any <u>DIRECT</u> impacts on particular groups from either the creation of the joint intelligence unit and the consequent restructure and this is the definition of impacts that has been assumed here.</p> <p>However, the following issues should be stated:</p> <ul style="list-style-type: none"> - A more strategic and targeted joint service operating across the NHS and local government should be able to provide an improved intelligence service, operating more efficiently and effectively, and this could provide the underpinning focussed evidence to commission and provide better services to key client groups, including those with protected characteristics related to age, disability, pregnancy and maternity, race, sex, rural isolation and deprivation. This would be achieved by the reduction in JSNA workload, along with the more effective and efficient use of data and information assets and analytical staff resources. - A reduced JSNA programme may no longer be able to provide the current levels of in-depth analysis and evidence to enable optimal needs analysis input into the formulation of the local health and wellbeing strategy and into wider commissioning support, including that for the specific protected groups listed above. This needs to be balanced against the less than optimal impacts the JSNA is currently having across the health and social care system compared with the resources it is consuming and with the gains that could be made in the provision of a more targeted and jointly operating intelligence unit.
Issues or Opportunities that may need to be addressed
<p><u>Joint intelligence unit and reduced public health intelligence analytical capacity.</u></p> <p>The joint intelligence unit with the CCG, as well as continued joint working with public health analysts in Peterborough City Council, has two primary benefits:</p> <ul style="list-style-type: none"> - The potential to immediately provide local income generation for the local authorities and the longer term

- potential to income generate beyond the local area for both the local authorities and the CCG.
- The potential to provide a more cohesive, coherent, effective and efficient service working across public health and the NHS, providing improved access and utilisation of information assets and human resources for the benefit of local public health, wider local authority commissioners, the CCG and some providers of services.

Cambridgeshire County Council's public health intelligence analysts have a strong, established and current record of delivering high quality information analysis to both the Council and the local NHS and the success of the proposed joint intelligence unit would be in a large part attributable to the use of their high level skills, along with extensive local knowledge, established relationships and organisational memory, and the integration with the information professionals in the CCG and the improved access to CCG information assets.

The reduction in JSNA workload would free these analysts up and would enable them to focus on the key information and intelligence that will need to underpin the commissioning and delivery of services in a significantly challenged health and social care system. While the reduction in the JSNA programme means that dedicated JSNA programme and project management would no longer be absolutely necessary, the loss of one of the public health analysts at this time would severely compromise the stated benefits of the proposed joint intelligence unit as follows:

- The potential for local and more immediate income generation and possibly longer term income generation would be reduced.
- Loss of a highly skilled analyst, a relatively rare commodity, would have significant impacts on the analytical capability within the proposed joint intelligence unit and would seriously inhibit realisation of the stated analytical benefits commissioning support and the public health analysis that underpins core and statutory public health functions and wider local authority commissioning and services.

As a result of these potential issues and opportunities, a better option may be to:

- Go ahead with the saving related to the JSNA Programme Manager, predicated on the basis of a reduction in specific JSNA work and the fact that this post is a general project management role, rather than a specialist analytical role
- Consider the public health intelligence analyst saving at a later date, once the joint intelligence unit is established, and has been operational for a time. It may be a better option to consider the analytical capacity and capability across the entire joint unit later, at that time, rather than reduce the skill set of the unit from the outset, with consequent risks to the success of the unit, as well as reducing short term and longer term income generation opportunities due to losing a highly skilled analyst.

Community Cohesion

If it is relevant to your area you should also consider the impact on community cohesion.

No direct impacts.

Version Control

Version no.	Date	Updates / amendments	Author(s)
1	29/12/2015	Initial draft	DL

COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Public health		Name: Dr Liz Robin Job Title: Director of public health Contact details: liz.robin@cambridgeshire.gov.uk Date completed: 11/1/16 Date approved: 11/1/16.....
Service / Document / Function being assessed		
Public Health Consultant – removed 0.4 wte post from establishment, currently covered by short term post holder		
Business Plan Proposal Number (if relevant)	E/R 6.022	
Aims and Objectives of Service / Document / Function		
Public health consultants are specialist public health doctors or other staff with equivalent training directly employed by the Council. This 0.4 wte post is focussed on specialist input to the wider determinants of health including planning, transport and housing, support on these issues to the ETE directorate and district councils, and a focus on some specific inequalities groups such as migrant workers. The current short term post-holder is leading the new communities (land use planning and housing developments) JSNA and the migrant workers JSNA.		
What is changing?		
This post will be deleted in order to deliver savings against the public health directorate staffing budget. This will not require a redundancy payment as the current post-holder's contract finishes at the end of January 2016. Some mitigation will be put in place through making permanent a joint health improvement specialist post with South Cambs District Council with a focus on land use and transport planning which has previously been managed as a secondment, and through ongoing links with academic colleagues in this field.		
Who is involved in this impact assessment?		
e.g. Council officers, partners, service users and community representatives.		
Council officers		

What will the impact be?

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age		X	
Disability		X	
Gender reassignment		X	
Marriage and civil partnership		X	
Pregnancy and maternity		X	
Race			X

Impact	Positive	Neutral	Negative
Religion or belief		X	
Sex		X	
Sexual orientation		X	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation		X	
Deprivation		X	

For each of the above characteristics where there is an expected positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how

the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

Positive Impact
Negative Impact
The post included a focus on the health and wellbeing needs of migrant workers. This is not being mitigated through the joint health improvement specialist post, so mitigation will be sought through allocating a lead role to another member of the public health consultant team. However capacity to deliver this role will be very limited.
Neutral Impact
Issues or Opportunities that may need to be addressed

Community Cohesion

If it is relevant to your area you should also consider the impact on community cohesion

Public health leadership and analysis of the health and wellbeing of migrant workers has a potential impact on community cohesion.
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Version Control

Version no.	Date	Updates / amendments	Author(s)

COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Public Health		Name: Dr Liz Robin Job Title: Director of Public Health Contact details: liz.robin:cambridgeshire.gov.uk..... Date completed: 11/116 Date approved: 11/1/16.....
Service / Document / Function being assessed		
No uplift for demography/inflation/pressures		
Business Plan Proposal Number (if relevant)	6.023	
Aims and Objectives of Service / Document / Function		
The majority of contracted public health services involve delivery of support to individuals to change behaviour, address addictions, and be screened for treatable health conditions. Demographic increases in population therefore result in an increased demand for service. Because the services rely on front line staff, any increases in staff salaries, such as 1% cost of living increase, or pension contributions results in inflationary pressures. Medication costs may also result in inflation requirements.		
What is changing?		
Uplifts for demography, inflation and pressures will not be offered to externally contracted service providers, which account for around 85% of public health budgets. Providers will be expected to deliver cost improvement programmes to deliver against this savings requirement.		
Who is involved in this impact assessment?		
e.g. Council officers, partners, service users and community representatives.		
Council officers		

What will the impact be?

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age		x	
Disability		x	
Gender reassignment		x	
Marriage and civil partnership		x	
Pregnancy and maternity		x	
Race		x	

Impact	Positive	Neutral	Negative
Religion or belief		x	
Sex		x	
Sexual orientation		x	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation		x	
Deprivation		X	

For each of the above characteristics where there is an expected positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

Positive Impact

Negative Impact
Neutral Impact
This is a generic requirement for service providers which should not impact disproportionately on any particular equalities group.
Issues or Opportunities that may need to be addressed

Community Cohesion

If it is relevant to your area you should also consider the impact on community cohesion.

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Version Control

Version no.	Date	Updates / amendments	Author(s)

COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Public health		Name: Dr Liz Robin Job Title: Director of Public Health Contact details: liz.robin@cambridgeshire.gov.uk Date completed: 11/1/16 Date approved: 11/1/16
Service / Document / Function being assessed		
Additional income generation		
Business Plan Proposal Number (if relevant)	7.104	
Aims and Objectives of Service / Document / Function		
This income generation proposal for £40k proposed ongoing development of existing income generation streams from the Cambridgeshire ,University Medical School, Peterborough City Council (shared team) and Cambridgeshire and Peterborough Clinical Commissioning Group (a combination of secondments and specific consultancy projects)		
What is changing?		
In 2015/16 this level of additional income was generated but on an ad hoc basis and not factored into budgets. The income generation will be mainstreamed and incorporated into annual service plans.		
Who is involved in this impact assessment?		
e.g. Council officers, partners, service users and community representatives.		
Council officers		

What will the impact be?

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age		x	
Disability		x	
Gender reassignment		x	
Marriage and civil partnership		x	
Pregnancy and maternity		x	
Race		x	

Impact	Positive	Neutral	Negative
Religion or belief		x	
Sex		x	
Sexual orientation		x	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation		x	
Deprivation		x	

For each of the above characteristics where there is an expected positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

Positive Impact

Negative Impact
Neutral Impact
<p>The income generation proposals should not impact disproportionately on any specific inequalities group.</p>
Issues or Opportunities that may need to be addressed
<p>Given the reductions in staffing of the public health directorate, care will be needed to avoid undue pressure on remaining staff from additional income generation requirements, and work will need to be prioritised appropriately</p>

Community Cohesion

If it is relevant to your area you should also consider the impact on community cohesion.

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Version Control

Version no.	Date	Updates / amendments	Author(s)

COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Public Health Grant – DAAT Enhanced and Preventative Services Cambridgeshire Safer Communities Partnership Team		Name: Susie Talbot & Val Thomas Job Title: Cambridgeshire Safer Communities Partnership Team Lead Contact details: 01223 699838 susie.talbot@cambridgeshire.gov.uk Consultant in Public Health Contact details: 01223 703264 Val.thomas@cambridgeshire.gov.uk
Service / Document / Function being assessed		
Substance misuse services in the County of Cambridgeshire		
Business Plan Proposal Number (if relevant)		
Aims and Objectives of Service / Document / Function		
<p>Cambridgeshire Safer Communities Partnership Team (CSCPT) commission drug and alcohol services for adults and children and undertakes a number of wider preventative and promotional activities through Public Health funding.</p> <p>DAAT Team The DAAT team includes commissioners and strategic leads who also deliver training and promotional activities.</p> <p>GP Shared Care Contract The current Alcohol Treatment Service was commissioned without a prescribing function. Consequently community alcohol detoxifications need to be undertaken jointly by GPs and the Inclusion Service with GPs assuming the prescribing function through a contractual arrangement.</p> <p>Specialist Drug and Alcohol Support to the Youth Offending Service (YOS) Specialist drug and alcohol support is commissioned to provide input into the YOS for young people who have substance misuse issues.</p> <p>Commissioned Drug and Alcohol Services The CSCPT commissions countywide specialist drug & alcohol treatment services and associated support provision. Currently there are separate adult treatment contracts for alcohol and drugs however both are provided by the Inclusion Service which is part of the South Staffordshire & Shropshire NHS Foundation Trust (SSSFT). The Services are aimed at tackling and preventing adult substance misuse under a recovery focused model. providing the following functions across the county namely; brief advice, information and drugs education, structured treatment programmes (including community medically assisted detoxification), countywide Needle and Syringe Programme (including community pharmacies), Blood Borne Virus testing, support groups.</p>		
What is changing?		
<p>DAAT Team Savings are proposed (£51k)through not recruiting to vacant posts with their responsibilities being shared amongst other Team members. Campaigns will only use free resources and the team will work closely with the Public Health Team to benefit from any efficiencies. Staff will only access training that is free through such organisations as Public Health England.</p> <p>GP Shared Care There has been limited uptake by GPs for assuming shared care responsibilities despite very active promotion of the opportunity. Consequently there has been an underspend (£10k) since the establishment of the shared care model of service delivery.</p> <p>Specialist Drug and Alcohol Support to the YOS It is proposed that this public health funded specialist support is withdrawn (£58k). The Children and Young People's Substance Misuse Service, CASUS would assume a bigger role in the YOS through providing support to young people, training for YOS staff to increase their skills in screening and responding to substance misuse</p>		

issues and with ongoing supervision.

This model does require further exploration of demand and capacity of the CASUS Service. Alternative non public health funding that could replace some of the savings has been identified for use if the proposed model is not feasible.

Inclusion Community Drug & Alcohol Treatment Services

SSSFT currently operate separate drug and alcohol treatment services within the county as these services were commissioned under separate tenders, the alcohol contract having only been awarded in 2014 after the responsibility for the alcohol commissioning came across to the local authority in the Public Health transfer. Both contracts run until 2019 with aligned break clauses in place. It has been the ambition of CSCPT, as commissioners of the service, to encourage greater integration between drug and alcohol service provision with clear benefits in terms of cost savings and efficiencies. SSSFT and CSCPT have already undertaken provisional consultation in respect of advancing an integrated service agenda which will be underpinned by a formal contract variation. The ambition from the commissioner perspective will be to identify cost savings from non frontline resource and management overheads without impacting on the overall service delivery and, where possible, to improve the treatment journey/experience for service users with drug and alcohol comorbidity through better service integration.(£170k)

In order to deliver the necessary savings, SSSFT have agreed to commence full service integration in 2016/17. This will require fewer service leads employed in management grades and reduces the overall management on-costs levied by the Trust as part of the existing contract agreement.

In addition efficiencies are to be sought through the reduction of weekend working arrangements. Currently 4 service bases are open 4 hours each Saturday across the county staffed by 11 paid workers. By removing weekend working or moving to a volunteer/service user weekend arrangement the saving would be equivalent to 2.5 full time equivalent worker posts. Currently, Saturday opening attracts limited numbers footfall through the door. Volunteers and Recovery Champions that work for Inclusion undertake both intensive training and vigorous safeguarding checks and have robust supervisory structures in place. Volunteers and recovery champions already play a key role in running parts of the countywide service and this will be a small extension to current activity.

Who is involved in this impact assessment?

e.g. Council officers, partners, service users and community representatives.

The CIA was compiled by council officers.

What will the impact be?

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age			x
Disability		x	
Gender reassignment		x	
Marriage and civil partnership		x	
Pregnancy and maternity		x	
Race		x	

Impact	Positive	Neutral	Negative
Religion or belief		x	
Sex		x	
Sexual orientation		x	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation		x	
Deprivation		x	

For each of the above characteristics where there is a positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the

actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

Positive Impact
None
Negative Impact
There is potential for the service changes in regard to the YOS service to have a negative impact on young people with substance misuse issues. This will be mitigated by a fuller exploration of the feasibility and impact of the business case, and funding for services from public health reserves until we are confident that a proposed change in service model will not have a negative impact on outcomes.
Neutral Impact
The impacts will be neutral as the new service models will not impact on any frontline service delivery
Issues or Opportunities that may need to be addressed
<p>The potential issue is with regard to the specialist input into the YOS described above. This will require further exploration and ongoing monitoring of the changes.</p> <p>The key opportunity to be addressed will be the advancement of the integration agenda for drug and alcohol service provision under one provider. The spin off benefits will be to ensure all frontline staff become substance misuse recovery focussed enabling those service users with dual drug and alcohol issues to remain within one service under one appointed recovery worker. There will be a reduction in management costs as there will no longer be a requirement for separate drug and alcohol leads across the county and this will reduce the management overheads proportionally levied by SSSFT on the overall contract value.</p>

Community Cohesion

There is no immediate direct effect upon community cohesion

COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
CFA public health grant: Older People's Day Centres,		Name: Liz Robin (Public Health)/Louise Tranham (CFA) Job Title: Director of Public Health/ Contact details: liz.robin@cambridgeshire.gov.uk Date completed: 11 January 2016 Date approved:
Service / Document / Function being assessed		
Older People's Day Centres – physical activity promotion		
Business Plan Proposal Number (if relevant)		
Aims and Objectives of Service / Document / Function		
<p>£150k public health grant was allocated to replace core funding for Older People's Day Centres to promote physical activity for older people. There is a reasonably strong evidence base for the impact of physical activity on health outcomes for older people.</p>		
What is changing?		
<p>Due to a £2.7M savings requirement on public health grant funded services, it is proposed to cease public health grant funding to promote physical activity through Older People's Day Centres. Following a review of current work to promote physical activity in each day centre, it is unlikely that ceasing this funding would have a significant impact on population levels of physical activity among older people. However the £150k funding for day centres is part of the core contract budget (i.e. not additional funding for physical activity interventions) and the day centres enable a wide range of outcomes for older people to be achieved. Therefore the overall impact of a reduction of £150k on Older People's day centre budget needs to be considered.</p> <p>Background: The Council conducted a review of older people's day care provision in 2011/12 with the aim of rationalising its support to this broad range of services. One of the key findings is that there is a wide range of services providing for very different needs and offering a wide range of social benefits. Some are very much community services that focus on socialising (e.g. lunch clubs, and activity based centres). While others- such as those provided directly by the Council- meet high end personal care needs, providing much needed respite for family carers. As a result of the review, the Council agreed to contribute funding to 25 day services across the County. Of this number 15 are voluntary sector organisations, 4 Registered Social Landlords, 2 Residential care homes. In addition, there are 3 older people day services provided directly by the Council in partnership with Learning Disability services.</p> <p>Impact of the Public Health Cut: The 150K, contributed by Public Health is focussed on the day services that are not directly provided by the Council and does form a significant part of the total annual spend on community day services of £766K. The impact of removing 150k from this budget would mean that services would have to be reduced. The best way to mitigate the effect would be to have a targeted approach- working with the locality teams- to ensure that the service funding reduction had the minimum effect on the smallest number and least vulnerable service users. This would best managed through a phased approach. This would enable engagement with the services effected and provide an opportunity for them to consider how to address the funding gap. However, such a process might adversely impact on the savings plan as it would be unlikely to be completed by the start of the next financial year.</p> <p>In terms of Adult Social Care plans for day services:</p> <ul style="list-style-type: none"> - We are in the process of specifying the role of day centres to ensure that they are operating in a way that will enable us to implement Transforming Lives (i.e. by providing information, advice and a range of preventative services to targeted groups of older people) - In line with this we are planning to use existing funding for day centres in a way that reduces demand on more expensive institutional care- as day centres can be critical to enabling someone to stay in their home and avoid residential care and more expensive specialist services. E.g. through the use of targeted programmes. This work can have particular benefits in terms of social isolation and falls prevention. - As part of the business planning process CFA did consider taking funding out of day centres but decided not to for the reasons stated above 		

Conclusion: While the reasons for the Public Health recommendation are understood, there is a real concern that this decision could have unintended consequences. It is recognised that day services for older people provide an important opportunity to promote independence and to reduce social isolation. If this recommendation proceeds, it is likely that some services will close. Great care will, therefore need to be taken to ensure that these are not high quality services that reduce long term dependency on statutory health and social care services.

Who is involved in this impact assessment?

e.g. Council officers, partners, service users and community representatives.

Council officers

What will the impact be?

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age			X
Disability			X
Gender reassignment		X	
Marriage and civil partnership		X	
Pregnancy and maternity		X	
Race		X	

Impact	Positive	Neutral	Negative
Religion or belief		X	
Sex		X	
Sexual orientation		X	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation			X
Deprivation			X

For each of the above characteristics where there is an expected positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

Positive Impact

N/A

Negative Impact

It is recognised that day services for older people provide an important opportunity to promote independence and to reduce social isolation. Therefore a reduction in the funding of day services that has not been managed in way to minimise risk to those services users that by removing this service could greatly increase their need for more costly social care and health services. Those most at risk would be older people, people with disabilities and those living in isolated communities with limited or no opportunities to spend time with other people.

Neutral Impact

Issues or Opportunities that may need to be addressed

Community Cohesion

If it is relevant to your area you should also consider the impact on community cohesion.

Reducing the level of funding in a time limited manor could potentially impact on communities were the day service in that community is key in providing a service that enables older people living in their own home . A reduction or closure of a day service could not only remove a service that provides a current community resilient function but would remove that asset at a time when we know Cambridgeshire has a growth in older people. Therefore we expect the demands on these services to increase. From the community impact point of view family and informal carers use day services as a respite service to enable them to continue their caring roles. In some communities that have limited paid care staff available, day services can provide a key part of an older person support plan both for a short time and on a move permanent basis.

Version Control

Version no.	Date	Updates / amendments	Author(s)

COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Public Health Grant into CFA - PSHE		Name: Val Thomas.....
Service / Document / Function being assessed		Job Title: Consultant in Public Health
Children, Families and Adults (CFA) - Public Health Expenditure delivered by CFA – PSHE review of public health activities.		Contact details: val.thomas@cambridgeshire.gov.uk 01223 703264
Date completed: 29/12/15		Date approved:
Business Plan Proposal Number (if relevant)	Public Health MOU	
Aims and Objectives of Service / Document / Function		
<p>Personal and Social Health Education (PSHE) can be defined as a planned programme of learning through which children and young people acquire the knowledge, understanding and skills they need to manage their lives, now and in the future. The Council has had long standing PSHE Service providing support to schools for developing and implementing PSHE Services. Some elements of this Programme have been funded by Public Health</p>		
What is changing?		
<p>It is proposed that some of the Public Health funding to PSHE is withdrawn.</p> <p>Public Health funded programmes are informally reviewed annually jointly by PSHE and Public Health with an emphasis on clearly demonstrable impact and outcomes. It has been agreed that some projects, where impact has been harder to demonstrate, should be changed or stopped and that programmes where there are clear outputs should be prioritised.</p> <p>The reduction in Public Health funding will lead to a reduction in the PSHE Service's capacity to support Public Health priorities through schools as funding pays directly for staff delivery hours. The remaining Public Health funding will be allocated to supporting high priority and high impact programmes to minimise the impact of this capacity reduction.</p>		
Who is involved in this impact assessment?		
e.g. Council officers, partners, service users and community representatives.		
This CIA was compiled by Council Officers		

What will the impact be?

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age		x	
Disability		x	
Gender reassignment		x	
Marriage and civil partnership		x	
Pregnancy and maternity		x	
Race		x	

Impact	Positive	Neutral	Negative
Religion or belief		x	
Sex		x	
Sexual orientation		x	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation		x	

Deprivation		x	
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For each of the above characteristics where there is an expected positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

Positive Impact
None
Negative Impact
None
Neutral Impact
There would not be any impact on equalities as the most effective elements of the Programme would be maintained and any parts discontinued would be those that have limited impact.
Issues or Opportunities that may need to be addressed
There is the opportunity to re-design support for Public Health priorities delivered through the PSHE Programme in the longer term to ensure positive impact for young people is maximised.

Community Cohesion

If it is relevant to your area you should also consider the impact on community cohesion.

N/A

Version Control

Version no.	Date	Updates / amendments	Author(s)
V.1	29/12/15		Val Thomas
V.2	07/01/16		Amanda Askham

COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment	
Public Health Grant - Chronically Excluded Adults		Name: Emma de Zoete/Ivan Molyneux Job Title: Public Health Consultant Contact details: 01223 699117 emmadezoete@cambridgeshire.gov.uk..... Date completed: 06.01.2016 Date approved:	
Service / Document / Function being assessed			
Business Plan Proposal Number (if relevant)			
Aims and Objectives of Service / Document / Function			
<p>The CEA service works with the most chaotic and excluded adults in Cambridgeshire to improve outcomes for individuals and for society as a whole. It targets clients who have fallen between services in the past and employs a Coordinator who uses a person centred approach to tailor a support package around each client's needs. The service currently operates in Cambridge City and between Since the start of the project pilot in 2011, up to January 2015, the project received 130 referrals. Key outcomes that the service seeks to deliver are:</p> <ul style="list-style-type: none"> Reduced arrests, contact with the criminal justice system and anti-social behaviour Reduced admission to prison within 12 months post entry to the project Increased numbers in self-contained accommodation Increased numbers consistently attending or completing treatment for problematic alcohol and/or drug use Increased numbers engaging positively with services (drug, alcohol, mental health, housing) or managing independently of service support. 			
What is changing?			
<p>The public health contribution to the Chronically Excluded Adults service will reduce from £91,000 to £66,000 for 2016/17. This will not impact on service provision in 2016/17. There are a number of reasons why this change will not impact on current services.</p> <ul style="list-style-type: none"> The programme has not cost as much as originally predicted, as costs have been lower than expected, with the ability to carry forward any underspends being a benefit to the success of the service. Expansion of the service to the other parts of the county has been slow with the districts only taking up relatively few places within the service. The expansion into Peterborough has been funded by the Department for Communities and Local Government (DCLG). The economic evaluations of the service over two subsequent years has clearly demonstrated the substantial cost saving to the constabulary. A paper will be presented to the constabulary outlining these savings, and asking that the police make a contribution to the service. 			
Who is involved in this impact assessment?			
e.g. Council officers, partners, service users and community representatives.			
Council officers and partners such as the Police.			

What will the impact be?

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age		X	
Disability		X	

Gender reassignment		X	
Marriage and civil partnership		X	
Pregnancy and maternity		X	

Race		x	
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Impact	Positive	Neutral	Negative
Religion or belief		X	
Sex		X	

Sexual orientation		X	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation		X	
Deprivation		X	

For each of the above characteristics where there is an expected positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

Positive Impact
Negative Impact
Neutral Impact
The impact of this reduction in 2016/17 is neutral. Current services will not be affected, and will be maintained at the same level as in previous years.
Issues or Opportunities that may need to be addressed

Community Cohesion

If it is relevant to your area you should also consider the impact on community cohesion.

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Version Control

Version no.	Date	Updates / amendments	Author(s)

COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Public Health Grant - Supported housing		Name: Emma de Zoete Job Title: Public Health Consultant Contact details: 01223 699117 emma.dezoete@cambridgeshire.gov.uk Date completed: 06.01.15 Date approved:
Service / Document / Function being assessed		
Business Plan Proposal Number (if relevant)		
Aims and Objectives of Service / Document / Function		
Supported housing and floating support services are designed to provide support to vulnerable families and single people in order to help them avoid homelessness across the county. These services are successful in keeping people living independently in accommodation, preventing them from falling into more costly statutory services. A number of supported housing services are funded by Cambridgeshire County Council. Public Health has in previous years contributed a small amount towards these services in recognition of the impact in secure housing and homelessness has on health.		
What is changing?		
Public Health provide £6k towards the overall costs of these services. This is 0.16% of the total budget which is £3,833,156.75. It is proposed that this £6k a year contribution is removed from 2016/17.		
Who is involved in this impact assessment?		
e.g. Council officers, partners, service users and community representatives.		
Council officers.		

What will the impact be?

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age		x	
Disability		x	
Gender reassignment		x	
Marriage and civil partnership		x	
Pregnancy and maternity		x	
Race		x	

Impact	Positive	Neutral	Negative
Religion or belief		x	
Sex		x	
Sexual orientation		x	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation		x	
Deprivation		x	

For each of the above characteristics where there is an expected positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

Positive Impact

Negative Impact
Neutral Impact
<p>There will be an impact but given the size of the reduction to total budget this will be minimal and work is being undertaken to ensure the service prioritizes those in most need</p>
Issues or Opportunities that may need to be addressed

Community Cohesion

If it is relevant to your area you should also consider the impact on community cohesion.

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Version Control

Version no.	Date	Updates / amendments	Author(s)

COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Public health grant into ETE: Market Town Transport Strategy		Name: Liz Robin (Public Health) Jack Eagle (ETE)
Service / Document / Function being assessed		Job Title: Director of Public Health/
Savings proposal to withdraw £40k public health grant funding into ETE for the Market Town Transport Strategy team.		Contact details: liz.robin@cambridgeshire.gov.uk
Business Plan Proposal Number (if relevant)		Date completed: 8 Jan 2016
		Date approved:
Aims and Objectives of Service / Document / Function		
<p>Public health grant funding was allocated to replace £40k of core ETE funding for the Market Town Transport Strategy Team, (a) to recognise the role played by the team in supporting Active Travel, which has positive health benefits through increased physical activity and (b) to promote interaction between the team and public health specialists.</p> <p>The transport strategies are developed to reflect new information regarding the current funding environment and the aspiration set out in the Local Plans. This involves the development of Policies and Objectives and action plan of schemes.</p> <p>The broad aims of the strategies and plans are to improve transport, to support economic growth, mitigate the transport impacts of the growth agenda and help protect the area's distinctive character and environment.</p>		
What is changing?		
<p>Due to a £2.7M savings requirement on public health grant funded services, it is proposed to cease the £40k funding to the Market Town Transport Strategy team. The impact of ceasing this funding on public health outcomes is difficult to quantify, as there are a number of intermediate steps between a commitments to prepare a market town transport strategy, and achieving demonstrably higher rates of physical activity amongst sedentary populations in market towns whose health is most likely to benefit. The opportunities for interaction between the market town transport strategy team and public health staff are also reducing due to other savings in Public Health directorate staffing, which impact on public health specialist input to ETE.</p> <p>However there are significant impacts on the overall commitment from ETE to prepare Market Town Strategies – The major effects of reducing or removing the £40k are detailed below:</p> <ul style="list-style-type: none"> • There would be less money available to carry out detailed and focused consultation on the market town/ district wide transport strategies; reducing the input from harder to reach groups who would be the target of these consultation • A reduction in the funding would also reduce the ability of the team producing the transport strategies to gain input from other professionals in the fields of public health and transport to help produce and review the strategies as they are being developed <p>The overall effect of this would be that whilst staff in ETE will always consider public health and the benefits of active travel when producing transport strategies the detailed focus and knowledge would not be as complete as when the grant was in place. It is also possible that barriers to active travel that harder to reach groups have may not be identified and thus remain in place as they are not addressed by transport strategies.</p>		
Who is involved in this impact assessment?		
e.g. Council officers, partners, service users and community representatives.		
Council officers		

What will the impact be?

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age			x
Disability			x
Gender reassignment		x	
Marriage and civil partnership		x	
Pregnancy and maternity			x
Race		x	

Impact	Positive	Neutral	Negative
Religion or belief		x	
Sex		x	
Sexual orientation		x	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation			x
Deprivation			x

For each of the above characteristics where there is an expected positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

Positive Impact
Negative Impact
The groups highlighted above will be negatively impacted on as these are generally the hard to reach when consulting and developing transport strategies. It may be possible that these groups encounter transport related issues that are not currently known and without detailed consultation that this funding would allow could remain unidentified and thus unaddressed by transport strategies.
Neutral Impact
Due to a reduction in funding the groups identified above will not be impacted on in anyway.
Issues or Opportunities that may need to be addressed

Community Cohesion

If it is relevant to your area you should also consider the impact on community cohesion.

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Version Control

Version no.	Date	Updates / amendments	Author(s)

COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Public Health Grant into ETE: Road safety interventions		<p>Name: Liz Robin (Public Health) / Matt Staton (ETE)</p> <p>Job Title: Director of Public Health / Road Safety Education Team Leader</p> <p>Contact details: liz.robin@cambridgeshire.gov.uk / matt.staton@cambridgeshire.gov.uk</p> <p>Date completed: 8/1/16</p> <p>Date approved:</p>
Business Plan Proposal Number (if relevant)		
Aims and Objectives of Service / Document / Function		
<p>The work of the team contributes to the shared vision across the Cambridgeshire and Peterborough Road Safety Partnership to “prevent all road deaths across Cambridgeshire and Peterborough and to significantly reduce the severity of injuries and subsequent costs and social impacts from road traffic collisions.” The work of the partnership takes a holistic view of road safety and involves approaching and engaging voluntary and community groups in decision making and delivery with the partnership officer’s expert advice. The cross-boundary working extends not only to Peterborough, but also to collaborative work across Bedfordshire, Hertfordshire and Cambridgeshire and the wider East Region.</p> <p>Specifically, the team aims to prevent road users from being killed or seriously injured (KSI) through enabling behaviour change and delivering education to road users. This work involves delivering evidence-based interventions that develop safe road user behaviour from a young age and identifying high risk road users and delivering targeted initiatives to prevent collisions and influence attitudes and behaviour.</p> <p>Public health grant funding was allocated to replace £220k ETE core funding for ETE road safety team staffing, project work and campaigns, recognising the impact of road traffic injuries and deaths and safety barriers to active travel on public health outcomes in Cambridgeshire. This has risen to £225k in 2015/16 and ETE continues to provide £100k funding, so the overall budget for the team is £325k.</p>		
What is changing?		
<p>Due to a £2.7M savings requirement on public health grant funded services, it is proposed to reduce public health grant funding for the ETE road safety team from £225k to £105k in 2016/17. This is in line with savings on project and campaign budgets in other areas of public health activity. There is evidence that campaigns and projects change attitudes to road safety, but the public health evidence for direct and quantifiable impact on outcomes is less robust, although the ETE road safety team always aims to work with the best evidence available.</p> <p>The Road Safety team are exploring the potential to source grants for road safety projects and campaigns from a wider range of sources, and are also developing an income generation model. Recognising that the scale of cuts proposed pose significant risks to this transformation, it is proposed to provide non-recurrent transformation funding during 2016/17 of £84k, to allow the income generation model to be fully developed. The net saving in 2016/17 would therefore be £36k.</p> <p>In order to scale the project delivery based on this budget reduction it is most likely that the reach of individual projects will be rationalised rather than completely removed, with any additional funding sourced externally used to supplement the reduced programme. In some cases where reductions would take delivery below a “critical mass”, e.g. Children’s Traffic Club, it may be necessary to cease the project entirely. While every effort will be made to mitigate the risks to frontline staff from these reductions, as their knowledge and experience to provide communities with information, advice and support is a core element of the programme, without sourcing additional funding it is likely a reduction to staffing will be necessary.</p> <p>An evidence-based approach will be used to rationalise the programme to try to keep resources directed towards the greatest need/risk, however, as these groups are generally more resource intensive to reach it is likely high risk groups will see some reduction in resource allocation and this is reflected in the impact statements, below.</p>		

Who is involved in this impact assessment?

e.g. Council officers, partners, service users and community representatives.

Council officers

What will the impact be?

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age			x
Disability		x	
Gender reassignment		x	
Marriage and civil partnership		x	
Pregnancy and maternity			x
Race		x	

Impact	Positive	Neutral	Negative
Religion or belief		x	
Sex			x
Sexual orientation		x	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation			x
Deprivation			x

For each of the above characteristics where there is an expected positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

Positive Impact

No positive impacts are expected as a result of reduced funding in this area

Negative Impact

Age – *Young people* (age 17-25) are significantly overrepresented in road traffic collisions as drivers of vehicles (inc bicycles) and as passengers, and young drivers are also overrepresented in road traffic offence statistics. A significant proportion of the programme targets these users and the reduced resources will likely mean less young people will receive direct road safety education input (e.g. Drive2Arrive workshops) and targeted information campaigns such as drink/drug driving messages.

A large proportion of the programme also targets *school children* with the aim of developing safe road user behaviour at appropriate ages and developmental stages (e.g. pedestrian training), support for schools to address parking issues and work to increase sustainable travel to school (and in turn improve the health of those children). Reductions to resources will likely mean fewer educational establishments can access direct road safety education input and support in these areas.

While *older road users* in Cambridgeshire are not currently overrepresented in road traffic collisions, nationally there is an increasing concern related to the ageing population and increases in the number of older drivers on the road. The reduction in resources means it is unlikely the Road Safety Team will be able to implement interventions where the need arises in Cambridgeshire.

Pregnancy and maternity – The road safety education team provide advice to parents, in particular those of very young children, relating to the use of child car seats and arrange events to check child car seat fitting. This will reduce as part of the proposals.

Sex – Males are significantly overrepresented in road traffic collisions and in road traffic offence statistics. Campaign work to target these behaviours will be significantly reduced as a result of these proposals and will likely mean less male road users will receive targeted information campaigns.

Rural isolation – Research¹ has shown that people, particularly young people, who live in rural areas of Cambridgeshire, in particular in Fenland, are at greater risk of being involved in a serious road traffic collision due to the type of roads they drive on and their increased exposure due to reliance on driving to access services. Reduced resources for targeted interventions will likely mean fewer people in these areas will receive these interventions. Car user casualties in NE Cambridgeshire (parliamentary constituency) are 55% higher than the national rate, the 7th worst district in the country, and in NW Cambridgeshire are 36% higher than the national rate².

Deprivation – Cambridgeshire residents in more deprived IMD quintiles are overrepresented in road traffic collisions while those in less deprived IMD quintiles are underrepresented. Reduced resources for targeted interventions will likely mean fewer people in these areas will receive these interventions.

Neutral Impact

Disability, gender reassignment, marriage and civil partnership, religion or belief and sexual orientation are not characteristics associated with increased risk of road traffic collision involvement or access to the programmes affected; therefore a neutral impact on these groups is expected.

Issues or Opportunities that may need to be addressed

Public Health indicator 1.10 the “number of people reported killed or seriously injured on the roads” is currently worse than the national average in Cambridgeshire overall, worse than the national average in East Cambs, Fenland and South Cambs (showing red on the public health profiles 2015) and similar to the national average in Cambridge and Hunts (amber on the public health profiles 2015)³.

The team have identified opportunities to source other grant funding and/or income generation to mitigate this reduction, and other proposed reductions in funding during the current period of CCC Business Planning. The provision of non-recurrent transformation funding recognises the need for resources to transform the team’s delivery in order to realise these opportunities and potentially mitigate some or all of the negative impacts identified above.

Past reductions in staff across all partner organisations have had a critical impact on the effectiveness of partnership working. It is important to address the effect these proposals will have on the Cambridgeshire and Peterborough Road Safety Partnership as a whole as this has been identified as a key mechanism to continue casualty prevention and reduction work in this area going forward.

Community Cohesion

If it is relevant to your area you should also consider the impact on community cohesion.

The Road Safety Officers often provide a link between school and parish concerns relating to road user behaviour, particularly in village locations, and work alongside the Local Highways Officers to resolve issues and support communities in bidding for Local Highways Improvement schemes. The resource for Road Safety Officers to do this is likely to reduce as part of these proposals if other sources of funding cannot be secured and this will have a knock-on effect on the work of other staff such as the Local Highway Officers.

Version Control

Version no.	Date	Updates / amendments	Author(s)

¹ Fosdick, T. (2012) Young Drivers’ Road Risk and Rurality. Road Safety Analysis.

² PACTS Constituency Dashboard <http://www.pacts.org.uk/dashboard/>

³ Local PHOF summary for Cambridgeshire – November 2015 <http://www.cambridgeshireinsight.org.uk/file/2381/download>

COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer(s) undertaking the assessment
Public Health Grant into ETE – Trading Standards (Supporting Business and Communities)		Name: Liz Robin (Public Health) ; Aileen Andrews (SBC, ETE) Job Title: LR - Director of Public Health/ AA - Acting Head of Supporting Businesses and Communities Contact details: liz.robin@cambridgeshire.gov.uk / aileen.andrews@cambridgeshire.gov.uk Date completed: 8 Jan 2016 Date approved:
Service / Document / Function being assessed		
Review trading standards public health activities		
Business Plan Proposal Number (if relevant)		
Aims and Objectives of Service / Document / Function		
Trading Standards (part of Supporting Business and Communities) receives public health grant funding to support test purchasing of cigarette sales and age related smoking prevention (through the Kick Ash programme), prevention of underage sales of alcohol and a small amount of funding for investigating sales of illicit tobacco.		
What is changing?		
<p>Due to a £2.7M savings requirement on public health grant funded services, it is proposed to reduce public health grant funding into ETE trading standards from £53k to £38k. This is equivalent to the sum currently allocated for test purchasing of alcohol to prevent underage sales.</p> <p>The three funded areas (illicit tobacco, Kick Ash and underage alcohol sales) continue to be priority areas for Trading Standards.</p> <p>Taking an intelligence based approach to re-prioritising resource and activity in these three areas, if agreed by Public Health, would allow for the £15k reduction in public health grant funding in 2016/17 having a low impact on the outcomes and responsibilities.</p> <p>This proposed reallocation of resource has been carefully considered as a direct result of the work carried out by Supporting Businesses and Communities during 2015/16 to improve the effectiveness and efficiency of resources and processes in these funded priority areas and use available intelligence to prioritise areas of most concern.</p> <p>In particular for 2016/17, to minimise the impact of the reduced funding, less resource will be used to deliver Kick Ash and underage alcohol sales and more resource to focus on removal of illicit tobacco.</p>		
Who is involved in this impact assessment?		
e.g. Council officers, partners, service users and community representatives.		
Council officers (Trading Standards) Public Health (PH Consultants; Kick Ash Programme Manager)		

What will the impact be?

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age		X	
Disability		X	
Gender reassignment		X	

Marriage and civil partnership		X	
Pregnancy and maternity		X	
Race		X	

Impact	Positive	Neutral	Negative
Religion or belief		X	
Sex		X	
Sexual orientation		x	

The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation		X	
Deprivation		x	

For each of the above characteristics where there is an expected positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

Positive Impact
The changes are not expected to have any positive impact on the protected characteristics.
Negative Impact
The changes are not expected to have any negative impact on the protected characteristics.
Neutral Impact
The changes are expected to have a neutral impact on the protected characteristics.
Issues or Opportunities that may need to be addressed
The findings of 2015/16 work to improve the efficiency and effectiveness of delivery, review resource requirements and gather intelligence to assist prioritisation of resource has been used to propose best use of reduced funding for 2016/17.

Community Cohesion

If it is relevant to your area you should also consider the impact on community cohesion.

There is a possibility of a negative impact on community cohesion if enforcement and business advice on illicit tobacco is perceived to be targeting only those businesses owned or run by particular population groups.
To mitigate this risk, all enforcement activity will be intelligence led. Activity to identify problem premises and ensure compliance across all businesses will be based on random selection of other similar businesses in that local area. All activity regarding business compliance will be carried out in line with the Service's Enforcement Policy.

Version Control

Version no.	Date	Updates / amendments	Author(s)
V0.1	8 Jan 2016		Elaine Matthews
V0.2	11 Jan 2016	Community cohesion mitigation confirmed	Aileen Andrews/Elaine Matthews

COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Public health grant to ETE: Fenland Learning Service		Name: Liz Robin (Public Health) Lynsi Hayward-Smith (ETE) Job Title: Director of Public Health/ Contact details: liz.robin@cambridgeshire.gov.uk Date completed: 8 January 2016 Date approved:
Business Plan Proposal Number (if relevant)		
Aims and Objectives of Service / Document / Function		
<p>The Focus for the Learning and Skills Services is to help individuals, communities and businesses fulfill their potential and grow, by giving them access to learning and skills development. The services work to offer a consistent and high quality experience for people wherever they engage with us and to work with partners to ensure we reach those furthest from learning. The teams within the service can offer careers advice and guidance, assessment, initial and advanced skills learning and a range of support for skills development and routes into employment.</p> <p>The work is focused on closing the gap for the targeted learners who are out of learning and unemployed or lacking in skills to gain sustainable employment. It supports intergenerational learning to break the cycle of deprivation within families.</p> <p>The wider outcomes of learning are well documented and the impact of this work will facilitate reduction in other budgets by reducing dependency on mental health and other care and health services. (<i>Fujiwara D. Valuing The Impact of Adult Learning 2012</i>).</p> <p>Public health grant was used to replace £90k ETE funding for Fenland learning service, recognising the overall benefits to people's health of being in employment, and the wider picture of health inequalities in Fenland.</p>		
What is changing?		
<p>If the revenue grant is no longer provided there would be a significantly reduced offer in Fenland and one centre would no longer be sustainable and would have to close.</p> <p>This would mean reduced opportunities for people to undertake training related to employment or volunteering and reduced opportunities for people to come out of isolation and join a programme at a learning centre. *AL&S outcome data</p> <ul style="list-style-type: none"> 1000 individuals supported through Learn My Way in the two learning centre and outreach location across Fenland; -488 of these were supported at Wisbech and March Learning Centre by tutors. 288 individuals have used the free Work Club provision we have set up at March Learning Centre 200 learners undertook and gained Qualifications at Wisbech and March Learning Centre. <p>23% of those who gained specific work related qualifications gained sustainable employment as a direct consequence of completing the course (Learn Direct data 2014/15 against a target of 20%)</p> <p>It is difficult to quantify the exact impact and value for money of the Fenland Learning Service on public health outcomes, as there are a number of steps between provision of this service, users of the service gaining employment, and any resulting health gains or reduction in health inequalities as the result of being in employment or improved health literacy. However the impact data gathered as feedback from learners demonstrate that learning and gaining employment are closely linked .</p>		

Who is involved in this impact assessment?

e.g. Council officers, partners, service users and community representatives.

Council officers

What will the impact be?

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age		X	
Disability			x
Gender reassignment		X	
Marriage and civil partnership		X	
Pregnancy and maternity		X	
Race		X	

Impact	Positive	Neutral	Negative
Religion or belief		X	
Sex		X	
Sexual orientation		X	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation			X
Deprivation			X

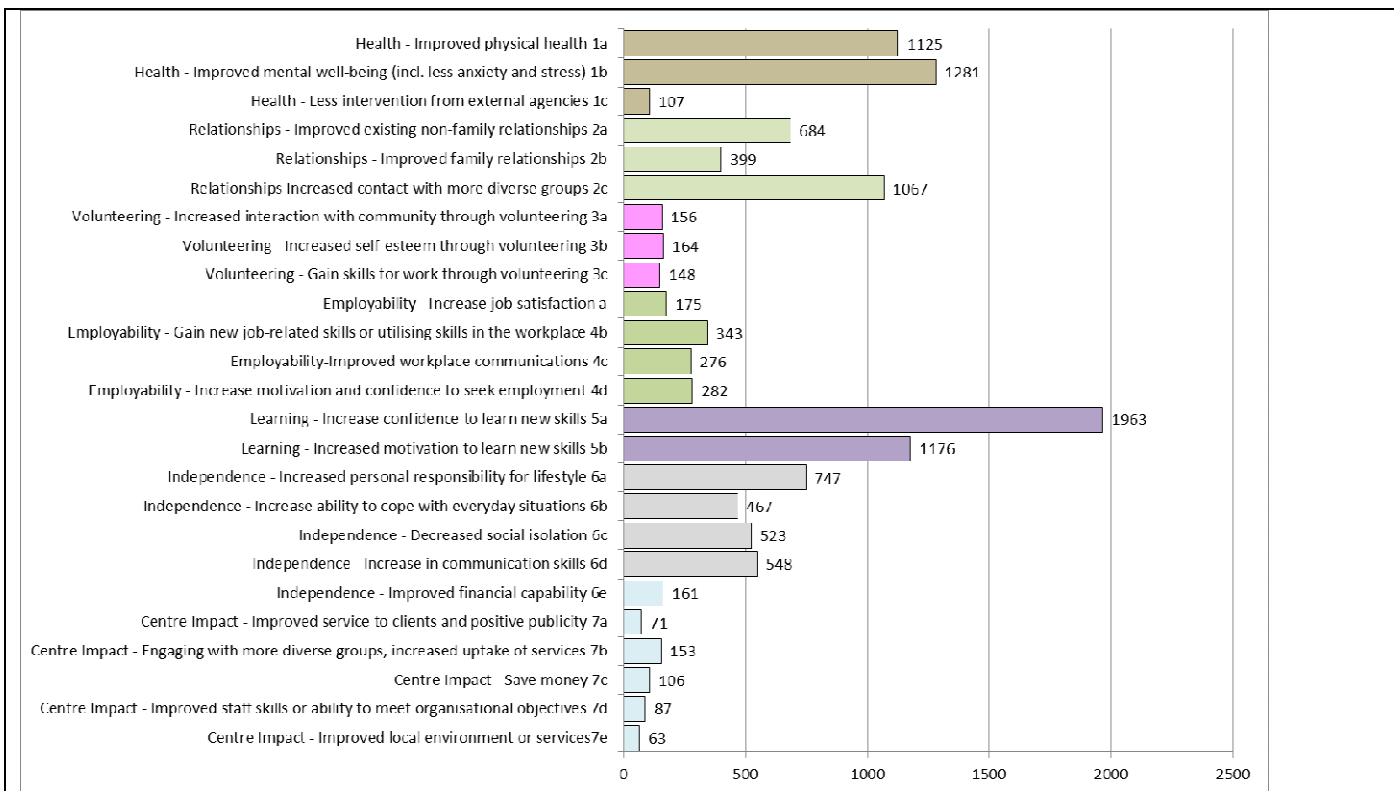
For each of the above characteristics where there is an expected positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

Positive Impact**Negative Impact**

The most noticeable negative impact will be on learners who cannot travel to other centres for their learning. As the number of disabled people in the population is higher than other areas of Cambridgeshire it may impact disproportionately on that group. The service may not have the data to support this as people frequently do not declare a disability when they sign up for a programme of learning

The learning centres are located in areas of significant deprivation and rural isolation The closure or reduced availability of a learning centre would impact negatively on those communities.

*Adult Learning and Skills Wider Outcome data for info.
See table below



Neutral Impact

Issues or Opportunities that may need to be addressed

Community Cohesion

If it is relevant to your area you should also consider the impact on community cohesion.

Version Control

Version no.	Date	Updates / amendments	Author(s)

COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Public Health grant: CS&T community engagement/timebanking		Name: Val Thomas & Sue Grace.....
Service / Document / Function being assessed		Job Title: Consultant in Public Health Director of Customer Service and Transformation.....
CS&T – Public Health Expenditure – Community Engagement and Timebanking		Contact details: val.thomas@cambridgeshire.gov.uk 01223 703264 sue.grace@cambridgeshire.gov.uk 01223 715680 Date completed: 06/01/16
Business Plan Proposal Number (if relevant)	Public Health MOU	Date approved:
Aims and Objectives of Service / Document / Function		
<p>Public Health Funding was allocated to CS&T Customer Services and Community Engagement Team to enable them to provide Contact Centre and community engagement activities, which includes support for Public Health projects and timebanking. These activities support the public health objective of engaging individuals and communities with taking responsibility for their health and the wider Council priorities of supporting healthy lifestyles and the development of community resilience.</p> <p>The CS&T Community Engagement team have strong links into communities across Cambridgeshire which contribute to achieving the Public Health objective of engaging communities in their own health. The links have provided opportunities to link with communities especially in Fenland. Staff from the CS&T Team have provided support to the development of the Healthy Fenland Fund initiative and were involved in the procurement process to award the contract for running the Initiative to Care Network.</p> <p>The Contact Centre has assisted with the winter Warm Homes Healthy People campaign that targets vulnerable groups which includes older people and children under the age of 5. It provides a dedicated telephone number in the winter months that people can call to find out about the services that are available to help them mitigate the impact of winter upon their health and wellbeing.</p>		
What is changing?		
<p>It is proposed to decrease public health grant funding to CS&T by £34.5k which will impact upon community engagement activities (£28k) and the Contact Centre (£6.5k).</p> <p>The wider budget pressures within CS & T, including the significant reduction of the community engagement team in 2014/15 alongside the closure of Shape Your Place, has meant that the public health grant funding has been critical in enabling us to maintain a small core community engagement team of three people to support community engagement / community resilience across the council. This has included the support to Public Health outlined above. This team has supported time-banking county wide, is working closely with Cllr Criswell, the Localism Champion, on the Connecting Councillors programme, is providing leadership in our developing work with Parish Councils and supports the transformation of other council services to reflect the principles and practice outlined in the Community Resilience Strategy Stronger Together. The loss of this investment would mean we could not retain this staffing resource at the current level this would impact on our ability to deliver our Community Resilience Strategy.</p> <p>The Contact Centre is already under significant pressure where the resourcing has not kept pace with the increased volume of work flowing through the centre. These increased volumes have been seen particularly in our support for vulnerable people both young and old. This has regrettably led to an inability for us to meet the performance standards that we would and should be meeting for our customers. This further reduction of support for the Contact Centre would add to this already pressured situation and would impact directly on our ability to respond in a timely and effective way to our customers and to deliver critical support to the most vulnerable through initiatives such as the Winter Warmth campaign.</p> <p>The main focus of the CS&T Community Engagement work in support of Public Health has been in Fenland with</p>		

the Healthy Fenland Fund. The initial engagement work for the Programme has been completed and this will now be taken forward as planned by the community workers employed by Care Network. In addition the Integrated Lifestyle Service provided by Everyone Health employs Health Trainers and engages volunteers who have a remit to develop links with communities and support them to become engaged in health promoting activities. Therefore this tranche of public health developmental work involving CS&T staff has largely finished and been handed on to an external provider. However it is anticipated that as the Programme develops further, Public Health and Care Network would benefit from the support of the CS&T Team. More generally the strategic leadership and support of this small team needs to continue to be available for Public Health colleagues as well as the rest of the council.

Timebanking was started in Cambridgeshire in 2006. It is a way for people to come together and help each other by exchanging knowledge, help and skills on an hourly basis. They may be set up by community organisations or individuals. Timebank coordinators, who are often employed by a community organisations match people's skills, arrange time exchanges and keep a record of all the members 'banked' hours. Cambridgeshire currently has community Timebanks in five different areas, each having its own coordinator. It has almost 500 individual members and 65 organisational members with ages ranging from 3 to 96 years old. The total numbers of hours exchanged to date have been 12,033. The continued development and rollout of this and other initiatives as a means of strengthening community resilience is a key aspect of our implementation of our Community Resilience Strategy Stronger Together which supports many aspects of the public health agenda

The Contact Centre has provided for two years a dedicated number for providing information to the public about the risks to health during the winter months and where support can be secured. For example grants for heating improvements. It is proposed that this bespoke number is discontinued. The Contact Centre has received fewer calls than anticipated since its inception, despite widespread publicity. (Between 4-6calls per month) Since the number has been established the voluntary sector has expanded its helplines and these provide similar information. In addition as part of the Older People' s Service development a bespoke helpline has been established to provide information which includes avoiding the risks to health associated with winter conditions. Nevertheless the Contact Centre needs to retain its ability to respond to the health needs of our customers, through providing information and signposting people to a range of health services including public health in house and commissioned services. In addition it has an important role in supporting Public Health colleagues in conveying key messages and supporting future campaigns.

Who is involved in this impact assessment?

e.g. Council officers, partners, service users and community representatives.

This CIA was prepared by Council Officers

What will the impact be?

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age			x
Disability			x
Gender reassignment			x
Marriage and civil partnership			x
Pregnancy and maternity			x
Race			x

Impact	Positive	Neutral	Negative
Religion or belief			x
Sex			x
Sexual orientation			x
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation			x
Deprivation			x

For each of the above characteristics where there is an expected positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

Positive Impact
None
Negative Impact
Community engagement seeks to engage all members of the community especially those at risk of inequalities. The lack of an overall coordinator to facilitate new projects and provide strategic direction could limit the expansion of the Programme in these high risk groups. It can be more difficult to engage people from high risk groups in community activities and additional external support is required to develop projects and new and innovative ways of engagement.
Neutral Impact
None
Issues or Opportunities that may need to be addressed
It takes time to build relationships with communities; change can compromise these relationships and any ongoing engagement work. If community engagement activity becomes more limited and there is a perception that support is being withdrawn before communities are ready to take responsibility for any projects it will need to be addressed.

Community Cohesion

If it is relevant to your area you should also consider the impact on community cohesion.

The withdrawal of external support for community engagement work can as described above undermine the building of communities and community cohesion.

Version Control

Version no.	Date	Updates / amendments	Author(s)
V1	29/12/15		Val Thomas
V2	06/01/16		Val Thomas & Sue Grace