

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
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Business Plan Proposal Number (if relevant) </div> <div style="width: 35%;">E/R 6.034</div> </div>		Date completed: 26 th September 2017
Date approved:		
Aims and Objectives of Service / Document / Function		
<p>Integrated Sexual Health Services</p> <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 also offer the full range of contraception services. They are a mandated local authority public health service under the Health and Social Care Act (2013). The Integrated Service was commissioned in 2014 and brought together sexual health and contraception into the integrated service. The Service is delivered through a Hub and Spoke model whereby there are three hubs that offer the full range of clinical services and are Consultant led (Wisbech, Cambridge City and Huntingdon). In addition there are nurse led spoke clinics that provide less complex sexual health and contraception services.</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?

Proposed Savings

Online Asymptomatic Testing. A number of people who attend sexual health clinics do not have any symptoms i.e. they are asymptomatic and on testing are found not to have any infections. Different service models have been introduced that decrease the number of clinic attendances of people who are asymptomatic. Asymptomatic pathways can reduce long clinic waits. A number of asymptomatic pathways have been developed and introduced. This started with asymptomatic service users being asked to fill in a questionnaire and then being seen by a healthcare support worker. However now some areas are offering online screening to asymptomatic patients. For example Guys and St Thomas's clinics in London no longer accept walk-ins for asymptomatic check-ups with patients being referred for online testing. Cambridgeshire Community Services have recently started the same asymptomatic service in Norfolk. Online testing means that those who do not have any symptoms access an online home testing kit. (There has been online testing for Chlamydia for many several years in Cambridgeshire which has been accessed by many people. They only proceed to a clinic appointment if they test positive and require treatment. The online tests are free but for those who test negative the unit cost of the test is cheaper as clinic costs are not incurred. Overall clinic activity will not fall but there will be a reduction in clinic opening times and the savings will be through the associated lower staffing costs.

Reviewing the existing Spokes Clinics: The Hub and Spoke service model was established in 2015. The clinic locations were based on the tender consultation, however it became apparent that a large proportion of people prefer to access the Hubs. Often service users prefer the anonymity of accessing services out of their home area. The spokes are being continuously reviewed as in some locations numbers attending are very small and the clinics become very expensive to operate and not cost-effective. Currently activity in clinics varies and is low in some areas. The activity levels, opening hours and access to alternative provision is being reviewed. Any change in access to spoke clinics must be in areas where the GP clinics in the areas offer a full contraceptive service that may be accessed by the local community.

Transferring Ongoing Oral Contraception Follow Up Management to General Practice: Community sexual health and contraception clinics provide all types of contraception. This includes the most effective (especially for high risk groups) and cost saving form, Long Acting Reversible Contraception (LARCs) as well as oral contraception. All GP practices provide oral contraception as part of their main GMS contraception. LARCS are also commissioned from GP practices by Cambridgeshire County Council. It is proposed that the Integrated Sexual Health and Contraception Service provide women who are registered with a GP practice and are not high risk with oral contraception for one year but then they ask them to access any further oral contraception from their GPs. Women from vulnerable high risk groups would not be affected and they would be able to continue to receive all their contraception from community clinics.

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
Those living in more rural isolated or deprived areas would benefit from having access to testing from the internet, avoiding the need to travel which may be difficult and expensive. Travel would only be necessary if treatment is required.
Negative Impact
None
Neutral Impact
Although services will be delivered in a different way the aim will be to ensure that services remain acceptable and accessible to all patients.
Issues or Opportunities that may need to be addressed
The key issues are whether clients are happy to access testing on the Internet. Although it should be noted that there has been an online chlamydia testing service that has been accessed by many people for several years in Cambridgeshire. Changes in access to clinics must be in areas where there are robust GP clinics that high risk groups would be comfortable accessing. Any change must have support from a comprehensive local consultation.

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	11/09/17		Val Thomas

COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Public Health		Name: Dr Raj Lakshman
Service / Document / Function being assessed		Job Title: Consultant in Public Health Medicine
Healthy Child Programme 0-19: Health Visiting (HV), Family Nurse Partnership (FNP), School Nursing (SN)		Contact details: raj.lakshman@cambridgeshire.gov.uk
Business Plan Proposal Number (if relevant)	E/R.6.036	Date completed: 22 nd September 2017
Date approved:		
Aims and Objectives of Service / Document / Function		
<p>Public Health is responsible through the Children's Health Joint Commissioning Unit (CHJCU) for commissioning the 0-19 Healthy Child Programme (HCP) which consists of Health Visiting (0-5yrs), Family Nurse Partnership (for vulnerable teenage parents), and School Nursing (5-19yrs). Commissioning arrangements of Health Visiting and FNP transferred to the Local Authority in October 2015. School Nursing continues to be commissioned by the Local Authority since April 2013 when Public Health responsibilities transferred from the NHS to Local Authorities. Currently a Section 75 agreement is in place for Cambridgeshire Community Services NHS Trust (CCS) to deliver the service.</p> <p>The Healthy Child Programme (0-19yrs) provides a framework to support collaborative work and more integrated delivery and aims to:</p> <ul style="list-style-type: none"> help parents develop and sustain a strong bond with children encourage care that keeps children healthy and safe protect children from serious disease, through screening and immunisation reduce childhood obesity by promoting healthy eating and physical activity identify health issues early, so support can be provided in a timely manner make sure children are prepared for and supported in all child care, early years and education settings and especially are supported to be 'ready for to learn at two and ready for school by five. Identify and help children, young people and families with problems that might affect their chances later in life. <p>The Healthy Child programme is a universal-progressive, needs-based service delivered at 4 levels: Community, Universal, Universal Plus (single agency involvement) and Universal Partnership Plus (multi-agency involvement). All children, young people and families are offered a core programme of evidence based, early intervention and preventative health care with additional care and support for those who need it.</p> <p>Health Visiting Service</p> <p>Health Visitors (HV) are a workforce of specialist community public health nurses who provide evidence-based advice, support and interventions to families with children under the age of 5. Health visitors lead the delivery of the 0-5 Healthy Child Programme, the evidence-based, preventive, universal-progressive service for children in the early years of life. The work with families is needs-led to help empower parents to make decisions that affect their families' future health and wellbeing. Health visitors manage and supervise skill mix teams whilst working in partnership with other partner agencies.</p> <p>The six high impact areas for the 0-5 Healthy Child Programme are</p> <ul style="list-style-type: none"> transition to parenthood and the early years (0-5) maternal mental health breastfeeding (initiation and duration) healthy weight, healthy nutrition and physical activity managing minor illness and reducing hospital attendance and admission health, wellbeing and development of the child age 2– 2.5 year old review (integrated review) and support to be 'ready for school'. <p>The HV service uses a national service specification whereby specific elements of universal service provision are mandated for the first 5 years to ensure that there is universal coverage to a national standard format.</p> <p>The five mandated universal checks are: antenatal, new birth, 6-8 wks, 1 year and 2-2.5 yrs.</p> <p>Health visitors assess families' needs at the universal contacts and then work in partnership with the family to</p>		

provide a package of care and improve outcomes for the child and family.

Family Nurse Partnership

The Family Nurse Partnership (FNP) is a national preventive programme for vulnerable, young first-time mothers under 19 years of age.

It is a structured home visiting parenting programme, delivered by specially trained family nurses, from early pregnancy until the child is two years old. The family nurse and the young parent(s) commit to an average of 64 planned home visits over two and a half years. 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.

In 2016/17 a modelling exercise was carried out by a multi- agency team to look at the impact of reducing/stopping FNP or revising the eligibility criteria to provide FNP to the most vulnerable teenagers. The outcome and recommendation of the group was to make this a targeted provision for the most vulnerable young parents – i.e. the service is no longer available to all teenage parents but targeted to need. Those not meeting criteria would receive the universal HCP programme delivered through the health visiting service. In addition to making savings, sharing good practice including training has enhanced the interface between FNP and HCP and the offer to families. The National FNP knowledge exchange is also available to the wider HCP.

School Nursing Service

The School Nursing (SN) Service is a workforce of specialist public health nurses who work in skill mix teams to provide child-centered evidence based advice, support and interventions to school age children (5-19) and their families. School nurses are qualified nurses who may also hold an additional specialist public health qualification, which is recordable with the Nursing and Midwifery Council. School nurses are clinically skilled in providing holistic, individualised and population health needs assessment, to provide Tier 1 and Tier 2 health interventions. The service is central to the delivery of the 5-19 Healthy Child Programme.

Further details about the 0-19 HCP can be found here:

[Healthy Child Programme: Pregnancy and the first five years of life](#)

[Healthy Child Programme: From 5-19 years old](#)

<http://www.nhs.uk/conditions/pregnancy-and-baby/pages/baby-reviews.aspx>

What is changing?

Where relevant, consider including: how the service/document/function will be implemented; what factors could contribute to or detract from this; how many people with protected characteristics are potentially impacted upon; who the main stakeholders are; and, details of any previous or planned consultation/engagement to inform the CIA.

Budget changes to date

When the commissioning responsibility for HV and FNP transferred over to the Local Authority in October 2015, the 2015/16 budget was **£7,593,199**. With the cut in the Public Health ring-fenced grant, £340K (4.5% reduction) savings were made over 2 years (£190K in 16/17 and £150K in 17/18), and the contract value in 2017/18 is **£7,253,199**.

The SN budget has been protected and in 2015/16 and 2016/17, the budget for school nursing was **£1,446,540**. In 2017/18 and an additional 60K investment was put into school nursing for the extension of coverage to special schools, taking the annual contract value to (4.1% increase).

Total 0-19 HCP budget for 2017/18 is **£8,759,739**. A saving proposal of £238K (2.7% reduction) would take the budget for 18/19 to **£8,521,739**.

In order to make these savings and mindful of the fact that 232K savings are required for 19/20 the following changes are proposed.

Health Visiting

- **Universal mandated checks at 1 year and 2-2.5 years:** It is proposed to change the way these are delivered to clinic based rather than home visits and use of lower skilled staff (e.g. nursery nurses). Home visits will only be offered for high need (Universal Partnership Plus) families.
- **Efficiency savings** by integration with Children's Centres- Child and Family hubs. Identify what can be delivered by Children's centre staff trained by CCS- e.g. school readiness. Other efficiency savings will be explored with the provider CCS.

School Nursing

- **Duty desk:** A duty desk and help line has been launched to manage and coordinate all referrals and queries into the SN service, provide one to one support and where necessary, signpost callers to appropriate services. All telephone calls are now redirected from nine locations across Cambridgeshire plus from the School Nurses' mobile phones. The duty desk is staffed by a school nurse and an administrator and is open Monday to Friday, 9.30am to 4pm term time. During the recent summer holidays, only emails were responded to, and not telephone calls. It is planned to keep the duty desk open for phone calls on reduced hours during school holidays in the future.
- **Chat Health:** Chat Health is a confidential texting service for young people aged 11-19 years. It guarantees swift access to a school nurse, during normal working hours, for signposting, advice and / or booking into an appointment clinic, as appropriate. Out of working hours, signposting advice is given particularly in relation to safeguarding. This scheme has been successfully implemented in different areas of the UK and a pilot in East Cambs and Fenland has been completed. The aim is to continue to build on the service in East Cambs and Fenland and to introduce this service to the whole of Cambridgeshire.
- **Emotional Health and Wellbeing:** Contract monitoring information suggests that schools nurses spend a high proportion of their time supporting children with emotional health and wellbeing issues. There has been significant investment into the provision of emotional health and wellbeing services, particularly as a result of the transformation of Child and Adolescent Mental Health Services (CAMHS). Self-help is promoted through a website developed by the public health team (www.keep-your-head.com) and is intended to be used as the local 'go to' site for all matters regarding emotional health and wellbeing for children and young people. Six new Emotional Health and Wellbeing posts have been created to work with local services, such as schools and primary care services, to provide advice, consultation, training, and support in order to build skills and confidence in those working with children and young people with mental health problems. They will work closely with the Local Authority Early Help teams and be based in the districts. A drop-in service has been set up in Huntingdon and on-line counselling services have been commissioned (www.kooth.com). In addition, there has also been a recent invitation to tender for counselling services across Peterborough and Cambridgeshire, which will commence delivery from January 2018. These new services will reduce the pressure on the school nurse provision, and provide a more integrated offer for schools across the county.
- **On-line medicines management** guidance for primary and secondary schools: Traditionally, Medicines Management was carried out by school nurses at each school regarding management of 4 chronic/acute conditions (epilepsy, anaphylaxis, asthma, diabetes). The new on-line service offers a consistent, evidence-based model, which is convenient for schools since teachers can complete it at their convenience and reduces demand on school nurse time.
- **Nocturnal Enuresis:** As part of the Children and Maternity Sustainability Transformation Partnership (STP), pathways are being developed for the management of children with incontinence in the community. A clear pathway has been now been put in place for management of nocturnal enuresis so that children who do not need any dietary, behaviour or alarm support and only need medication are no longer seen by the school nursing service.
- **Safeguarding:** School nurses used to spend a lot of their time attending child protection conferences where there were no health concerns and the child/family were not known to the service. Working with the CCG designated nurse and CCS safeguarding lead, clear and consistent guidance has been agreed ensuring that the needs of children and young people are placed at the centre and that the school nurses comply with safeguarding requirement.
- **Targeted support for areas of greater need:** Rather than having a named school nurse for every secondary school and its feeder primary schools, the service will be targeted to areas of most need based on the Child Poverty Index (Income Deprivation Affecting Children Index (IDACI)). These schools have been identified by the County Council Business Intelligence and Public health teams and a discussion with CCS will be had on which of the 31 secondary schools and feeder primary schools will be prioritised. CCS plan to introduce an allocated time for each school to identify local health needs so that they are able to plan individual PSHE sessions and / or offer themed drop in sessions where young people can drop in to get a range of health support - including advice and guidance on sexual health and contraception, drug and alcohol issues, emotional health and wellbeing and weight management.

Integrated 0-19 service: In order to maintain a high quality service, with a shrinking resource and increasing demand, the long term plan is for an integrated 0-19 service including a range of provision- healthy child programme, children's centers, specialist therapy services, such as speech and language therapy, occupational therapy, physiotherapy, and CAMH. Transformation work with Cambridge shire and Peterborough Foundation Trust (CPFT) and Children's Centers to develop an integrated service offer is currently underway.

Who is involved in this impact assessment?

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

Janet Dullaghan (Head of Commissioning CHJCU), Pam Setterfield (Commissioner CHJCU), Nicola Maclean (Children and Young People's Service Lead CCS), John Peberdy (Service Director - Children and Young People's Health Services CCS), Fleur Seekins (Clinical Lead Healthy Child Programme- CCS)

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

We are still following the principles of Proportionate (or progressive) Universalism but targeting more resources to areas of high need. We are following the iTHRIVE principles which promote a needs-led approach, shared decision making, and evidence based interventions that are outcome focused.

Duty Desk: School nurses are positive about the duty desk, as they are able to contain their workload, and concentrate on planned work. This should boost morale and help with recruitment and retention of a sparse workforce. Schools are reporting that in some cases the service is much more accessible.

A new Universal Offer to 6 Special Schools in Cambridgeshire

Introduction of digital technology i.e. Chat Health texting service will improve accessibility of the service for a greater number of young people including those who are home-schooled.

There will be a consistent offer to all schools with an enhanced offer to schools in areas of greatest need.

Closer working relationships with Children Centres, Localities and Emotional Health & Wellbeing (Early Help), CPFT will enhance synergy and maximise resource usage.

Negative Impact

There will be a reduction in the Healthy Child Programme (HCP) workforce as a result of the reduced budget. The existing funded workforce is a skill mix of 142 WTE. In order to deliver the reduction of £238k the workforce will have to reduce by the equivalent of 5.5 WTE Health visitors or 18 WTE band 6's (health visitors) skilled mixed to band 4's (nursery nurses).

Working in partnership with our provider CCS, we will evaluate the impact of these changes using qualitative and quantitative data.

Neutral Impact

The status quo will be maintained across some of the service for example FNP (which has already been reorganised), antenatal, new-birth and 6-8 week health visitor checks.

Issues or Opportunities that may need to be addressed

Detailed modelling has not yet been undertaken to validate the changes to the 1 year review and 2-2.5 year check (as described above) and whether this will make the financial savings necessary. Other measures may therefore still be required.

Sharing good practice including training will enhance the interface between FNP and HCP and the offer to families. Service improvement / redesign opportunities will be taken.

Community Cohesion

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

Providing integrated Children, Young People and Families Health service across the Council has the potential to improve community cohesion.

Version Control

Version no.	Date	Updates / amendments	Author(s)
1	01.09.17	First Draft	Raj Lakshman
2	04.09.17	Second Draft	Added comments from Pam & Janet
3	06.09.17	Third Draft	Added comments from John Peberdy
4	22.09.17	Fourth Draft	Added comments from PHE, Fleur Seekins and Health Committee workshop

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
<p>The proposal to commission a new Adult Drugs and Alcohol Treatment Service in 2018/19 that will make efficiency and transformational changes.</p>		Contact details: val.thomas@cambridgeshire.gov.uk
<p>Date completed: 11 September 2017</p> <p>Date approved:</p>		
Business Plan Proposal Number (if relevant)	E/R 6.033	
Aims and Objectives of Service / Document / Function		
<p>The overall aim of the service is to provide an effective, recovery focused drug and alcohol misuse treatment service to enable clients to access appropriate and timely treatment resulting in a planned exit from treatment following cessation of drug and alcohol misuse.</p> <p>The current Services offer a complete pathway through treatment to recovery. It includes</p> <ul style="list-style-type: none"> A Single Point of Contact/Advice and information/Assessment Structured psychosocial interventions Detoxification Structured Day Programmes Family Support Supervised consumption GP Shared Care Support to Criminal Justice System through its Drug Interventions Programme Harm Reduction i.e. Needle Exchange Schemes, Vaccination for Blood Borne Viruses Support fro recovery <p>The Service works with wide range of partners which includes the Constabulary, the Office of the Police and Crime Commissioner, the Probation Service, the Cambridgeshire and Peterborough Clinical Commissioning Group, Primary Care, Cambridgeshire and Peterborough NHS Foundation Trust and various housing and homelessness services. This liaison work is essential and a key objective for the Service as it reflects the diverse and complex needs of the clients.</p>		
What is changing?		

The commissioning of services for drugs and alcohol will be through one contract. The Drug and Alcohol Services are currently commissioned as separate services but from the same provider. However, they have become increasingly integrated and secured savings through efficiencies created by the integration. This will become formalised through one contract and this will enable more efficiencies will secured through for example management structures, multi-skilled staff.

The Drugs and Alcohol Joint Strategic Needs Assessment that was completed in 2016 demonstrated a number of changes in the landscape of drug and alcohol misuse.

- An aging long-term drug using population that enter and re-enter the Service may have complex health and social problems, are now seen as having a long-term condition. These clients do not require intensive acute drug treatment services but more cost effective support services to ensure that they have good mental and physical health care along with their addressing their social care needs.
- Patterns of alcohol misuse have changed with it becoming less prevalent amongst young people but increasing amongst some older age groups.
- Mental health remains a key challenge in terms of ensuring that there are responsive and appropriate pathways to ensure that those with both substance misuse and mental health issues (dual diagnosis) receive the most effective treatment.
- Housing is a key challenge and very much influences prevention along with the success of treatment and recovery interventions.
- The increase in the use of prescribed drugs and other new popular recreational drugs that have implications of how the Service works and the organisations with which it is engaged.
- Drug and alcohol misuse was identified as a particular issue for vulnerable groups especially those with mental health problems, vulnerable children and young people , in particular those with parents who misuse substances and the homeless

The new Service will need to be re-focused to address these needs if the best outcomes are to be achieved. Long-term users of the services will need a less intensive acute service and their other health and social care needs will need to be addressed through working with other agencies. Similarly for vulnerable groups, those with mental and physical health and social care needs a similar approach will need to be developed building from the current arrangements. More support to recovery with further development of the peer support workers will be needed to avoid repeat admissions.

The consequence of these changes will be less activity in more costly intensive programmes, more pathways to other appropriate services, a targeted approach for vulnerable groups and strengthening recovery support service though, cost-effective interventions such as peer support workers.

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
Older age groups who are long- term misusers of drugs or have started to increase their alcohol consumption will experience a positive impact. These groups usually require wide ranging types of health and social care support that reflect their age and health status. A key deliverable for the new Service will be to ensure that all these wider needs are part of client's treatment and recovery pathway.
Those who misuse drug and alcohol very often deprived and experience unemployment, are homeless and other social issues. The new Service will be required to work effectively with commissioners and partners to ensure that these wider issues are addressed to ensure that successful treatment and recovery outcomes are achieved.
Negative Impact
None identified
Neutral Impact
The new Service will have a neutral impact of the groups identified as the services are open to all members of the community and there is no difference in the care of these groups as treatment is according to need.
Issues or Opportunities that may need to be addressed
The level and patterns of demand will be closely monitored to identify changes in prevalence and needs amongst any particular group.
The main opportunity is to develop effective treatment and recovery pathways that will ensure that the entire needs essential to person's effective treatment and recovery are addressed.

Community Cohesion

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

The further development of peer recovery workers that provide community support to those recovering from drug and alcohol misuse will have a positive impact on cohesion.
In addition, by working more closely with all the organisations working in communities with clients supports closer working across communities.

Version Control

Version no.	Date	Updates / amendments	Author(s)
V.1	11/09/17		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
The proposal to make efficiency and transformational changes to the Integrated Lifestyle Service.		Contact details: val.thomas@cambridgeshire.gov.uk
Date completed: 11 September 2017		Date approved:
Business Plan Proposal Number (if relevant)	E/R 6.035	
Aims and Objectives of Service / Document / Function		
<p>The Integrated Lifestyle Service is provided by Sport and Leisure Limited through its Public Health Division, Everyone Health. Its overall aim is to increase the number of people who have healthy lifestyle. It is an integrated service and brings together the following services.</p> <ul style="list-style-type: none"> Health trainers – support people for up to one year to make healthy lifestyle changes Three tiers of adult weight management: Tier 1 whole community interventions e.g. physical activity sessions. Tier 2 community weight management group sessions. Tier 3 Intensive weight management programme for the morbidly obese often with complex health issues Child Weight Management: Lifestyle programme for children and their families that provides opportunities for improving their diet and levels of physical activity. National Child Measurement Programme: Annual weighing and measuring of all children in reception and year 6 Outreach NHS Health Checks: Focuses upon employers that have a large routine and manual workforce Behavioural Change Training for staff across the statutory and voluntary sectors to enable them to motivate their patients/clients to make healthy lifestyle changes Community healthy eating and physical activity interventions In 2017/18 the Stop Smoking Service(CAMQUIT) transferred into the Integrated Lifestyle Service. <p>Each service has a number of outcome deliverables for them to deliver. The service deliverables focus upon lifestyle changes that will help prevent ill health and improve the health of those already affected by an unhealthy lifestyle. The business case proposal will not affect these outcome deliverables.</p> <p>The savings proposals are based on the Service developing an increased skill set amongst its staff and reflect an improved understanding of need and demand that will enable the service primarily through its management structure to produce efficiencies and transformational changes.</p>		
What is changing?		

The following elements of the integrated Lifestyle Service will secure efficiencies and some transformational change. There will not be any change to the commissioned outcomes.

Consolidation of Management Tiers: The Everyone Health team operates across the whole LA area. It has a management structure that includes area managers who each have a locality co-ordinator working as their deputies. As the Service is now well established the two co-ordination posts will be removed from the structure and their functions combined with those of the locality contractors.

Stop Smoking Services (SSS)/Camquit: Currently the Service is functioning without one post through natural wastage. This has not created any capacity pressures and it is planned not to appoint to this post. At high demand periods the Health Trainers will provide Stop Smoking interventions as they are trained in behavioural change interventions.

Communications/Promotion Post: When CAMQUIT was transferred to Everyone Health the communications project officer post was vacant, but the budget was transferred with the Service. The transfer of CAMQUIT created two communications posts as Everyone Health already had a communications lead. These two posts will be consolidated and the funding that was transferred for the CAMQUIT post will contribute to the savings.

Health Coaches: The Everyone Health Coaches work in the less deprived areas undertaking a health trainer role. The different term is used to differentiate between health trainers working on the 20% most deprived areas where they are attached to GP practices. As the service has developed need and demand has become clearer. In lower need areas it is possible to consolidate two health coach posts into one.

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?

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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

None identified

Neutral Impact

There should not be any impact in equalities as there is no planned change in service delivery. Services are open to all members of the community. The current service has a focus upon communities where there are high rates of smoking, low levels of physical activity, high levels of unhealthy eating and high rates of obesity and consequent health inequalities. Services are weighted to ensure that they have the capacity and skills to address the challenges in these areas

Issues or Opportunities that may need to be addressed

The changes to the Service will need to be closely monitored to ensure that the changes do not affect performance especially if there are changes in demand.

The transfer of the Stop Smoking Services to the Integrated Lifestyle Services supports the proposals as the health trainers can provide stop smoking services in periods of high demand. Going forward increased integration between the stop smoking specialists and health trainers will provide the opportunity to develop a robust team of behavioural change specialists that could provide further efficiencies.

Community Cohesion

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

Everyone Health provides the majority of its services in community venues and sometimes peer support groups form amongst clients who have accessed the services. These groups support each other to maintain their lifestyle changes.

Version Control

Version no.	Date	Updates / amendments	Author(s)
V.1	11/09/17		Val Thomas