

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

To: Health Committee

Meeting Date: 11 October 2018

From: Director of Public Health

Electoral division(s): **All**

Forward Plan ref: **Not applicable** *Key decision:* **No**

Purpose: **This report provides the Committee with an overview of the draft Business Plan Revenue Proposals for services that are within the remit of the Health Committee.**

Recommendation: **a) It is requested that the Committee note the overview and context provided for the 2019-20 to 2023-24 Business Plan revenue proposals for the Service.**

b) It is requested that the Committee comment on the draft revenue proposals that are within the remit of the Health Committee for 2019-20 to 2023-24.

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1. OVERVIEW

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

Outcomes	
Older people live well independently.	
Places that work with children help them to reach their full potential.	
People lead a healthy lifestyle and stay healthy for longer.	
People with disabilities live well independently.	
People live in a safe environment.	
The Cambridgeshire economy prospers to the benefit of all Cambridgeshire residents.	
People at risk of harm are kept safe.	

- 1.2 To ensure we deliver this agenda, our focus is always on getting the maximum possible value for residents from every pound of public money we spend and doing things differently to respond to changing needs and new opportunities. The Business Plan therefore sets out how we aim to provide better public services and achieve better results for communities whilst responding to the challenge of reducing resources.
- 1.3 Like all Councils across the country, we are facing a major financial challenge. Demand is increasing and funding is reducing at a time when the cost of providing services continues to rise significantly due to inflationary and demographic pressures. Through our FairDeal4Cambs campaign we are currently linking with the 39 Shire County areas who make up membership of the County Council's Network and who are raising the issue of historic underfunding of Shire Counties with our MPs and through them with Government. As one of the fastest growing Counties in the country this financial challenge is greater in Cambridgeshire than elsewhere. We have already delivered £176m of savings over the last five years and have a strong track record of value for money improvements which protect front line services to the greatest possible extent. However we know that there will be diminishing returns from existing improvement schemes and that the substantial pressure on public finances remains. It is therefore clear that we need to work more closely with local communities to help them help themselves as well as going further and faster in redesigning the way we commission and deliver services.
- 1.4 As such our Business Plan recognises the scale of change needed and proposes a significant programme of change across our services, with our partners and, crucially, with our communities. To support this we have a dedicated transformation fund, providing the resource needed in the short term to drive the change we need for the future.

- 1.5 As the scope for traditional efficiencies diminishes our plan is increasingly focused on a range of more fundamental changes to the way we work. Some of the key themes driving our thinking are;
- Income and Commercialisation - identifying opportunities to bring in new sources of income which can fund crucial public services without raising taxes significantly and to take a more business-like approach to the way we do things in the council.
 - Strategic Partnerships – acting as ‘one public service’ with our partner organisations in the public sector and forming new and deeper partnerships with communities, the voluntary sector and businesses. The aim being to cut out duplication and make sure every contact with people in Cambridgeshire delivers what they need now and might need in the future.
 - Demand Management – working with people to help them help themselves or the person they care for e.g. access to advice and information about local support and access to assistive technology. Where public services are needed ensuring support is made available early so that people’s needs don’t escalate to the point where they need to rely heavily on public sector support in the long term– this is about supporting people to remain as healthy and independent as possible for as long as possible.
 - Commissioning – ensuring all services that are commissioned to deliver the outcomes people want at the best possible price – getting value for money in every instance.
 - Modernisation – ensuring the organisation is as efficient as possible and as much of the Council’s budget as possible is spent on front line services and not back office functions taking advantage of the latest technologies and most creative and dynamic ways of working to deliver the most value for the least cost.
- 1.6 The Council continues to undertake financial planning of its revenue budget over a five year period which creates links with its longer term financial modelling and planning for growth. This paper presents an overview of the proposals being put forward as part of the Council’s draft revenue budget, with a focus on those which are relevant to this Committee. Increasingly the emerging proposals reflect joint proposals between different directorate areas and more creative joined up thinking that recognise children live in families and families live in communities, so many proposals will go before multiple Committees to ensure appropriate oversight from all perspectives.
- 1.7 Funding projections have been updated based on the latest available information to provide a current picture of the total resource available to the Council. At this stage in the year, however, projections remain fluid and will be reviewed as more accurate data becomes available.
- 1.8 Equally as our proposals become more ambitious and innovative, in many instances they become less certain. Some proposals will deliver more or less than anticipated, equally some may encounter issues and delays and others might be accelerated if early results are promising. We have adapted our approach to business planning in order to manage these risks, specifically;

- Through the development of proposals which exceed the total savings/income requirement – so that where some schemes fall short they can be mitigated by others and we can manage the whole programme against a bottom-line position
 - By establishing a continual flow of new proposals into the change programme – moving away from a fixed cycle to a more dynamic view of new thinking coming in and existing schemes and estimates being refined
 - Taking a managed approach to risk – with clarity for members about which proposals have high confidence and certainty and which represent a more uncertain impact
- 1.9 The Committee is asked to comment on these initial proposals for consideration as part of the Council's development of the Business Plan for the next five years. Draft proposals across all Committees will continue to be developed over the next few months to ensure a robust plan and to allow as much mitigation as possible against the impact of these savings. Therefore these proposals may change as they are developed or alternatives found.
- 1.10 Committees will receive an update to the revenue business planning proposals in December at which point they will be asked to endorse the proposals to GPC as part of the consideration for the Council's overall Business Plan.

2. BUILDING THE REVENUE BUDGET

- 2.1 Changes to the previous year's budget are put forward as individual proposals for consideration by committees, General Purposes Committee and ultimately Full Council. Proposals are classified according to their type, as outlined in the attached Table 3, accounting for the forecasts of inflation, demand pressures and service pressures, such as new legislative requirements that have resource implications, as well as savings and investments.
- 2.2 The process of building the budget begins by identifying the cost of providing a similar level of service to the previous year. The previous year's budget is adjusted for the Council's best forecasts of the cost of inflation, the cost of changes in the number and level of need of service users (demand) and proposed investments. Should services have pressures, these are expected to be managed within that service where possible, if necessary being met through the achievement of additional savings or income. If this is not possible, particularly if the pressure is caused by legislative change, pressures are considered corporately. It should be noted, however, that there are no additional resources and therefore this results in an increase in the level of savings that are required to be found across all Council Services. The total expenditure level is compared to the available funding and, where this is insufficient to cover expenditure, the difference is the savings or income requirement to be met through transformational change and/or savings projects in order to achieve a set of balanced proposals.
- 2.3 The budget proposals being put forward include revised forecasts of the expected cost of inflation following a detailed review of inflation across all services at an individual budget line level. Inflation indices have been updated using the latest available forecasts and applied to the appropriate

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

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

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

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

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

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

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

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

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

3. SUMMARY OF THE DRAFT REVENUE BUDGET

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

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

- 3.2 As the table above shows there is still a significant level of savings or income to be found in order to produce a balanced budget for 2019-20. While actions are being taken to close the funding gap, as detailed below, it must be acknowledged that the proposals already identified are those with the lower risk and impact profiles and the further options being considered are those considered less certain, or with greater impact.
- 3.3 The actions currently being undertaken to close the gap are:
- Reviewing all the existing proposals to identify any which could be pushed further – in particular where additional investment could unlock additional savings
 - Identifying whether any longer-term savings can be brought forward
 - Reviewing the full list of in-year and 2019-20 pressures – developing mitigation plans wherever possible to reduce the impact of pressures on the savings requirement
 - Bringing more ideas into the pipeline – this work will continue to be led across service areas with support from the Transformation team – recognising that it is the responsibility of all areas of the Council to keep generating new proposals which help meet this challenge
- 3.4 There are also a number of risks or assumptions which are not included in the numbers above, or accompanying tables. These will be incorporated (as required) as the Business Plan is developed and the figures can be confirmed:

- The Business Plan includes a combined pressure relating to the increase in the National Living Wage however the apportionment of this pressure between service areas has not been confirmed. Additionally, the size of this pressure is likely to change following an update of establishment information in the Autumn.
 - The result of schools funding reforms, in particular the control of the Dedicated Schools Grant shifting further toward individual schools, is still under discussion and the significant current pressure will be updated as the outcome of this discussion becomes clear.
 - Movement in current year pressures – Work is ongoing to manage our in-year pressures downwards however any change to the out-turn position of the Council will impact the savings requirement in 2019-20. This is particularly relevant to demand led budgets such as children in care or adult social care provision.
 - Due to the level of reduction in Government grants in later years the Council did not take the multi-year settlement offered as part of the 2015 Spending Review. The settlement included a negative allocation of Revenue Support Grant for the Council in 2019/20. There has been a recent consultation regarding Negative Revenue Support Grant however the outcome will not be known until the provisional local finance settlement in mid-December. Our business plan currently makes a prudent assumption of a £7m negative RSG allocation in 2019/20 as proposed in the 2015 Spending Review. The Government's preferred treatment is to eliminate negative RSG using the central share of business rate receipts.
 - From 2020/21, local authorities will retain 75% of business rates, the tier split of business rates between Counties and Districts is subject to change, and the funding baselines for local authorities will be reassessed. There is therefore a significant level of uncertainty around the accuracy of our funding assumptions from 2020/21 onwards. The Council's future funding position will remain unclear until Government provides an indicative allocation of business rates in Spring 2019.
- 3.5 In some cases services have planned to increase income to prevent a reduction in service delivery. For the purpose of balancing the budget these two approaches have the same effect and are treated in the same way.
- 3.6 This report forms part of the process set out in the Medium Term Financial Strategy whereby the Council updates, alters and refines its revenue and capital proposals in line with new savings targets. New proposals are developed across Council to meet any additional savings requirement and all existing schemes are reviewed and updated before being presented to service committees for further review during December.
- 3.7 The level of savings required is based on a 1.99% increase in general Council tax and an additional 2% increase through levying the Adults Social Care precept. It should be noted that the Government has only confirmed that ASC precept will be available up to and including 2019-20. For each 1% more or less that Council Tax is changed, the level of savings required will change by approximately +/-£2.5m.

- 3.8 There is currently a limit on the increase of Council Tax to 2.99%, above which approval must be sought from residents through a positive vote in a local referendum. This presents the Council with the option to increase Council tax by a further 1%. It is estimated that the cost of holding a referendum for increases above 2.99% would be around £100k, rising to as much as £500k should the public reject the proposed tax increase (as new bills would need to be issued).
- 3.9 Following October and December service committees, GPC will review the overall programme in December, before recommending the programme in January as part of the overarching Business Plan for Full Council to consider in February.

4.0 BUSINESS PLANNING CONTEXT FOR HEALTH COMMITTEE

- 4.1 The majority of public health grant funding (over 90%) is spent on external contracts, with organisations which provide services at individual client level, such as health visiting, school nursing, contraception and sexual health, drug and alcohol treatment, smoking cessation and weight management.
- 4.2 The transformation programme for Public Health Services over the next five years focuses on the following key themes:
- Improving engagement with communities to support behaviour changes which will improve health in the longer term
 - Influencing the wider determinants of health, including the role of all tiers of local government in providing environments and services which support health and wellbeing
 - Maximising efficiency through our commissioning and procurement of services, including working in partnership with other organisations where this can improve outcomes or reduce commissioning costs.
- 4.3 Public Health services are funded by a ring-fenced grant from the Department of Health which currently totals approximately £26.3M. Following a period where the level of public health grant was increased in 2013/14 and 2014/15, Central government made the decision to reduce the public health grant over a five year period from 2016/17. In 2016/17 the grant to CCC was reduced by £2.3M and from 2017/18 to 2019/20 the grant is reducing by approximately £0.7M per year. These are cash reductions to the grant, which do not take account of local inflation, pressures or demography.
- 4.4 It is important to note that public health 'inflation' as outlined under para 2.4 appears very low. The reason for this is that public health contracts with external providers have been agreed with no inbuilt year on year uplifts for inflation or demography - therefore providers are expected to absorb wage inflation (e.g. NHS pay settlements) and other inflationary or demographic pressures through their own cost improvement programmes, and there is no direct inflationary pressure on the Council's commissioning budgets.
- 4.5 As noted above, transformation of the services we commission has been the main focus in developing new savings proposals for 2019/20 to meet the

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

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

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

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

5. OVERVIEW OF HEALTH COMMITTEE'S DRAFT REVENUE PROGRAMME

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

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

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

5.3 **Summary of proposals:**

E/R.6.031 NHS Health Checks IT Contract (-41k in 2019-20)

NHS Health Checks are commissioned from GP practices. The contract for an IT software system to manage the data in practices and for performance management has been terminated as it could not fully meet GDPR requirements. New arrangements with the Clinical Commissioning Group are now available at no additional cost.

E/R.6.032 NHS Health Checks Funding (-50k in 2019-20)

This proposal secures savings through a reduction in the allocation of funding for NHS Health Checks based on an historical budget that was transferred from the NHS. There has been a recurrent underspend and stable levels of activity.

E/R.6.033 Re-commissioning of Drug and Alcohol Treatment Service (-162k in 2019/20)

The Adult Drug and Alcohol Treatment Service was re-commissioned in 2017 and the new Service will commence in October 2018. The value of the contract is being reduced over its course, reflecting transformational changes in response to changing needs and service efficiencies.

E/R.6.034 Re-commissioning of Sexual Health Services (-15k in 2019-20)

The Integrated Sexual Health and Contraception Services are being re-commissioned with a new service starting in October 2019. It will be a joint commission with Peterborough City Council with efficiencies being found from sharing management and "backroom" functions along with ongoing transformational changes.

E/R.6.035 Mental Health Training - focusing on children and young people's workforce (-36k in 2019-20)

This proposal ceases funding for intensive training for a relatively small number of the young people's workforce each year, delivered face to face by Cambridgeshire and Peterborough NHS Foundation Trust. Instead it is proposed that Public Health staff work together with the Heads of Early Help to establish a clear specification of the training requirements and success criteria for an e-learning training package with less intensive face to face training in

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

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

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

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

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

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

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

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

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

6 LONGER TERM TRANSFORMATION TO CREATE A SUSTAINABLE SERVICE MODEL

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

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

7. NEXT STEPS

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

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

8. ALIGNMENT WITH CORPORATE PRIORITIES

- 8.1 **Developing the local economy for the benefit of all**
Public health services provide support to the local economy through their role in maintaining a healthy and productive workforce.
- 8.2 **Helping people live healthy and independent lives**
The purpose of public health services is to help people live healthy and independent lives at all ages.
- 8.3 **Supporting and protecting vulnerable people**
The majority of public health services include a focus on identifying and supporting children or adults who are more vulnerable to ill health and poor outcomes, as well as providing more universal preventive services.

9. SIGNIFICANT IMPLICATIONS

9.1 Resource Implications

Resource implications are outlined in paras 4.1-4.5

9.2 Statutory, Legal and Risk implications

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

9.3 Equality and Diversity Implications

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

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

9.4 **Engagement and Consultation Implications**

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

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

9.5 **Localism and Local Member Involvement**

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

9.6 **Public Health Implications**

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

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

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

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

APPENDIX 2: Financial – Table 3