

## 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: 26 <sup>th</sup> September 2016 .....		Date approved: .....
<b>Business Plan Proposal Number (if relevant)</b>	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 commissioned in 2014 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"> <li>• 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.</li> <li>• Address the health inequalities and inequities of service provision between the north and south of the county</li> <li>• Modernise the service to ensure that it is efficient and cost effective.</li> </ul>		
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"> <li>• Reviewing and identification of clinics where uptake is low and there are other services locally which are accessible.</li> <li>• 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.</li> </ul> <p>There have been changes in the demand for some of the Sexual Health and Contraception clinics across Cambridgeshire. A review of some of the service locations has resulted in limited changes to some clinics in terms of number and opening hours in 2016/17 to accommodate cost savings. Further review of the demand for clinics in different locations will inform any changes in 2017/18. This is currently being formulated with Cambridgeshire Community Services.</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.

<b>Positive Impact</b>
None
<b>Negative Impact</b>
None
<b>Neutral Impact</b>
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.
<b>Issues or Opportunities that may need to be addressed</b>
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 could be considered. Drug and Alcohol Services could be a possible option 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
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## Version Control

Version no.	Date	Updates / amendments	Author(s)
2	26/09/16		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: <a href="mailto:val.thomas@cambridgeshire.gov.uk">val.thomas@cambridgeshire.gov.uk</a> 01223 703264	
<b>Business Plan Proposal Number (if relevant)</b>	E/R.6.006	Date completed: 26 September 2016 .....	
		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.  <a href="http://www.nice.org.uk/guidance/ph54/">http://www.nice.org.uk/guidance/ph54/</a>            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?			
<p>The potential to co-fund existing schemes with the local NHS was explored but currently future funding from the NHS has not been confirmed.</p> <p>In line with the rules of the Public Health Grant all services funded by it are free at the point of delivery but it should be noted that exercise referral is provided by all District Authorities but there is a fee to clients.</p> <p>However Huntingdonshire District Council provides a free service to all those referred by GPs with around 25% of referrals being funded by Public Health.</p> <p>During 2016/17 work will be undertaken to identify how a more equitable physical activity scheme could be undertaken that would improve access across the whole of the county.</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		x	

maternity			
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. There are no positive impacts in terms of the exercise referral schemes, however there is the opportunity to develop countywide schemes for physical activity that will improve access and reduce inequity of provision.

#### Negative Impact

Exercise referral schemes will continue but district councils will charge a fee, which will impact most upon the deprived, those who are more rurally isolated who already have higher travel costs, and the young ,old age groups and those with disabilities who are more likely to be impoverished.

#### Neutral Impact

All those accessing a free service will be affected but it will not affect gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation in terms equity.

#### Issues or Opportunities that may need to be addressed

NHS funding of exercise referral schemes 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. The NHS has a current concerted focus upon long term conditions which is embedded into the Sustainable Transformation Plan and opportunities for NHS funding will continue to be sought.

#### 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	26/09/16		Val Thomas

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Public Health		Name: Dr Raj Lakshman/ Janet Dullaghan .....
Service / Document / Function being assessed		Job Title: Consultant in Public Health Medicine .....
Health Visiting (HV) & Family Nurse Partnership (FNP)		Contact details: raj.lakshman@cambridgeshire.gov.uk
Business Plan Proposal Number (if relevant)	ER 6-012	Date completed: 20 <sup>th</sup> Sept 2016.....
		Date approved: .....

### Aims and Objectives of Service / Document / Function

#### Health Visiting Service

- Public Health is responsible through the Children's Health Joint Commissioning Unit, for commissioning the Health Visitor service, a workforce of specialist community public health nurses who provide expert advice, support and interventions to families with children in the first years of life, and help empower parents to make decisions that affect their family's future health and wellbeing. 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 six high impact areas for the 0-5 Healthy Child Programme are
  - 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'.
- 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. The five mandated checks are:
  - Antenatal visit;
  - New baby review;
  - 6-8 week assessment;
  - 1 year assessment;
  - 2 to 2 1/2 year review.
- Between 2011 and 2015, in line with the 'Governments' Call to Action' the Government increased the number of Health Visitors nationally, and almost doubled the number of health visitors in Cambridgeshire. Whilst recognizing the importance of investing in 0-5 services and expanding the workforce, there may be opportunities to re-evaluate how elements of the 0-5 Healthy Child programme can be delivered.
- This will involve examining pathways of care to identify where savings can be made whilst minimizing the impact on frontline services and support to families. This might include identifying certain circumstances where other skilled and trained staff such as nursery nurses or family workers could perform certain roles or tasks instead of health visitors.

#### Family Nurse Partnership

- The Family Nurse Partnership (FNP) is a national preventive programme for vulnerable, young first-time mothers under 19 years of age. This service is commissioned alongside the Health Visiting Service and also transferred to Public Health in the Local Authority in October 2015.
- 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.

- The FNP was developed in the USA and requires a license in the UK with fidelity to a specific model. This includes restrictions on when teenagers can be enrolled (before 16 weeks), how long the programme lasts and when visits are scheduled. 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 funds places for less than 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 window of opportunity' for help and support from this intervention.
- In 2016/17 a modelling exercise was carried out by a multiagency 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 keep the FNP programme with the following changes.

Make it a core part of the HCP pathway for very vulnerable first-time mothers aged 16 years or under who are pregnant and meet at least one of the following 'fixed' criteria or at least four of the 'high risk' criteria

The fixed criteria are:

- Very young mothers – all first-time pregnant women aged 16 or under
- Currently in the care system as a Looked After Child (LAC), Child in Need (CIN), on Child Protection Plan (CPP) or recent care leavers.

'High-risk' criteria (any four or more of the following risk factors):

- Not living with their own mother or baby's father or partner
- No or low educational qualifications, i.e. no GCSEs or equivalent, low grade GCSEs
- Currently not in education, employment or training (NEET)
- Has mental health problems (need to clarify/define further)
- Ever 'looked after' as a child; or lived apart from parents for more than three months when under the age of 18
- Current smoker (and doesn't plan to give up during pregnancy)
- Living in disadvantaged area
- History/risk of abuse

Note: Some flexibility and judgement will be used in applying the criteria. Early graduation (before 2 yrs age) and flexibility of programme delivery are also possible.

Other recommendations

- Ensure the FNP service is integrated within the HCP service to support HV working with vulnerable teenagers who are pregnant on the partnership plus pathway so a step down to this support is seamless. Participation in the National FNP knowledge exchange will support transfer of knowledge from FNP to the wider HV workforce.
- It is essential that the notification pathway from midwifery is robust for ALL teenagers aged 16 and under who are pregnant. Each case could be assessed by a multi-disciplinary team including FNP, Midwifery, Health Visitor and Social Care to determine the level of support required. This could be FNP, universal, universal plus or partnership plus pathway for this group of vulnerable teenagers.

#### **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.

- Saving proposals include consideration of skill-mix following a capacity review carried out in 2016/17
- Redesign of the FNP service- targeted to the most vulnerable teenagers and consideration of a single service across Cambridgeshire & Peterborough if possible.
- Working in a more integrated way with other Council Services e.g- Children's Centres and Together for Families Programme.

**Who is involved in this impact assessment?**

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

**Cambridgeshire County Council, Peterborough City Council and Cambridgeshire & Peterborough CCG through the Joint Commissioning Unit**  
**Cambridge Community Services- current service provider**

## 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.

<b>Positive Impact</b>
None
<b>Negative Impact</b>
None
<b>Neutral Impact</b>
The front-line delivery of Health Visiting and FNP services will be maintained.
<b>Issues or Opportunities that may need to be addressed</b>
Working within the Children's Joint Commissioning Unit (Cambridgeshire County Council, Peterborough City Council, Cambridgeshire & Peterborough CCG) provides economies of scale, the ability to provide a more integrated service, redesign pathways and ensure a consistent approach.

## Community Cohesion

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

Providing an 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	20.09.16	First Draft	Raj Lakshman

DRAFT

## 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
Smoking Cessation		Contact details: val.thomas@cambridgeshire.gov.uk ...
Business Plan Proposal Number (if relevant)	E/R 6.025	Date completed: 23 September 2016
Date approved: .....		
Aims and Objectives of Service / Document / Function		
<p>The County Council commissions 'level 2' smoking cessation services from GP practices and pharmacies. These services support people who wish to stop smoking and provide a combination of medication such as nicotine replacement therapy (NRT) on prescription, and evidence based one to one or group support for behaviour change. 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 is 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. It is important that smoking cessation services are easily accessible for people to use, so in Cambridgeshire we have tried to ensure that every GP practice offers a smoking cessation service – either through their own staff, for which payment is made, or through County Council CAMQUIT staff going into the GP practice to deliver clinics.</p>		
What is changing?		
<p>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.</p>		
<p>The demand for smoking cessation services in GP practices and pharmacies has reduced over the past few years. There has been a fall in the overall percentage of adults who smoke in the county and increased usage of electronic cigarettes. Because GPs and pharmacies are paid per person receiving the service, the spend on these services has therefore reduced. Fewer people visting the service also means lower medication costs. Due to other pressures, an increased number of GP practices have asked CAMQUIT staff to come in and provide an on-site clinic, which means they are no longer paid. These factors mean that the predicted spend against budgets for smoking cessation services and GP practices have reduced. The saving is therefore made against a predicted reduction in demand on the smoking cessation budget, but smoking cessation services will continue to be easily accessible around the County.</p>		
Who is involved in this impact assessment?		
e.g. Council officers, partners, service users and community representatives.		
<p>This CIA was complied 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 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.

<b>Positive Impact</b>
None
<b>Negative Impact</b>
None
<b>Neutral Impact</b>
Because this saving is based on observed demand being lower than allowed for, and local residents are still able to attend smoking cessation services it should not impact on equalities groups. 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 to pilot a harm reduction model for smokers who wish to quit more gradually, in accordance with NICE guidance .
<b>Issues or Opportunities that may need to be addressed</b>
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.

## Community Cohesion

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

N/A
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## Version Control

Version no.	Date	Updates / amendments	Author(s)
V1	22 09 16		Val Thomas

DRAFT

## 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 .....
Laboratory testing for the Chlamydia Screening programme		Contact details: val.thomas@cambridgeshire.gov.uk ...
Business Plan Proposal Number (if relevant)	6.027	Date completed: 22 09 16 .....
		Date approved: .....

### Aims and Objectives of Service / Document / Function

#### Chlamydia Screening Programme

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.

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;

Locally Public Health commissions chlamydia screening mainly from Cambridgeshire Community Services(CCS) through its countywide Integrated Sexual Health Service. CCS sub-contracts with the Terence Higgins Trust to provide outreach screening with high risk groups that have high prevalence of chlamydia infection.

Screening is also commissioned from GPs. These screens are sent to the Public Health England laboratories at Cambridge University Hospitals Foundation Trust for analysis.

An online screening programme is commissioned from Source Bioscience that enables young people to order a screening kit online and to return the completed screening pack to Source Bioscience for analysis.

#### 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.

There has been a decrease in the number of screens analysed at the Public Health England (PHE) and Source Bioscience laboratories. This is a consequence of the following.

- 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.
- 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. There has been decline in demand for the online service over the past two years.
- GP practices are commissioned to provide chlamydia screening and have in recent years adopted a more targeted approach which has led to decrease in overall screens but an increase in the detection of positive screens. GP screens are analysed at the PHE 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 to 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.

The decrease in predicted demand is based on the 2011/15/16 outturn. It is reflected in the underspend on the allocated funding to the PHE laboratories and the Source Bio Science services for 2015/16. Activity to date (September 2016) confirms that the fall in activity has been sustained.

Therefore a consultation is not proposed as the savings have been created by fall in demand.

**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 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.

<b>Positive Impact</b> <p>The positive impact of the ongoing changes to the Chlamydia Screening Programme is that it targets those groups most at risk either through age, deprivation, disability or rural isolation.</p>
<b>Negative Impact</b> <p>None identified. The identification and treatment of chlamydia is associated with the avoidance of gynaecological complications.</p>
<b>Neutral Impact</b> <p>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.</p>
<b>Issues or Opportunities that may need to be addressed</b> <p>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.</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	22.09/16		Val Thomas

DRAFT



## 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 .....
Joint Commission Cambridgeshire County Council(CCC) and Peterborough County Council (PCC)		Contact details: val.thomas@cambridgeshire.gov.uk ...
Date completed: 22 09 16 .....		Date approved: .....
<b>Business Plan Proposal Number (if relevant)</b>	6.028	
Aims and Objectives of Service / Document / Function		
<p>The aim of the Food for Life Programme is to promote a healthy eating lifestyle and contribute to reduction in childhood obesity.</p> <p>Currently both CCC and PCC commission separately Food For Life to deliver a programme in schools. The Food for Life Programme is part of the Soil Association and works with schools helping them build knowledge and skills through a 'whole setting approach'. This engages children and parents, staff, patients and visitors, caterers, carers and the wider community to adopt a healthier eating lifestyle. It has been operational in Cambridgeshire for four years, focusing upon schools in more deprived areas where there are higher rates of childhood obesity. Over 1 in 4 children in Year 6 are either obese or overweight; this increases in the more deprived areas of the county.</p>		
What is changing?		
<p>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.</p> <p>The proposal is to procure new schools based Programme that will promote healthy eating and also physical activity. This will be through a joint procurement with PCC. Any Programme commissioned will focus upon areas that are more deprived with higher levels of childhood obesity.</p> <p>The Programme will be implemented across the two local authorities through the employment of one co-ordinator which will create savings through reducing duplication and facilitating the sharing of resources, for example shared events. Currently the Programme has a strong focus in Fenland and other more deprived areas. This will remain unchanged; however innovative approaches that are cost-effective and enable the Programme to be rolled out more widely will be sought through the procurement.</p>		
Who is involved in this impact assessment?		
E.g. Council officers, partners, service users and community representatives.		
This CIA was compiled by CCC 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.

<b>Positive Impact</b>
The programme will target schools in areas of deprivation, rurally isolated areas and where there is high level of disability amongst students.
<b>Negative Impact</b>
None
<b>Neutral Impact</b>
There would a neutral impact on a number of the groups, indicated above. As the focus on the Programme and its activities will not change in anyway that would affect the equality of any of these groups.
<b>Issues or Opportunities that may need to be addressed</b>
<p>It might prove difficult for Programme to be managed effectively across CCC and PCC with one coordinator. The demand from more schools for the Programme could exceed its capacity to provide support.</p> <p>This could be addressed through additional funding or the development of model where schools contribute to the funding of the Programme, as is the case in other areas.</p>

## Community Cohesion

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

The Programme can contribute to building closer links between families, communities and schools

**Version Control**

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V1	22 09 16		Val Thomas

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