HEALTH COMMITTEE

Cambridgeshire County Council

Date:Thursday, 14 December 2017

Democratic and Members' Services
Quentin Baker
LGSS Director: Lawand Governance

13:30hr

Shire Hall
Castle Hill
Cambridge
CB3 0AP

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

AGENDA

Open to Public and Press

CONSTITUTIONAL MATTERS

1	**Apologies for Absence**	
2	**Declarations of Interest**	
	Guidance for Councillors on declaring interests is available at:	
	http://tinyurl.com/ccc-conduct-code	
3	**Minutes - 16th November 2017 & Action Log**	**5 - 18**
4	**Petitions**	

DECISIONS

5	**Finance & Performance Report - October 2017**	**19 - 38**

6	**Public Health Service Committee Review of Draft Revenue Business Planning Proposals for 2018-19 to 2022-23**	**39 - 84**
7	**Integrated Commissioning of Children's Health & Wellbeing Services**	**85 - 92**
	SCRUTINY ITEMS	
8	**Health Committee Update Regarding the Cambridge GP Out of Hours Base Move From Chesterton to Addenbrook's Including the Co-location of GP Streaming**	**93 - 100**
9	**Emerging Issues in the NHS**	
	OTHER BUSINESS	
10	**Health Committee Working Groups Update**	**101 - 106**
11	**Health Committee Training Plan**	**107 - 110**
12	**Health Committee Agenda Plan and Appointments to Outside Bodies**	**111 - 114**

The Health Committee comprises the following members:

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

Councillor Lorna Dupre Councillor Lynda Harford Councillor David Jenkins Councillor Linda Jones Councillor Kevin Reynolds Councillor Tom Sanderson Councillor Peter Topping and Councillor Susan van de Ven

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

Clerk Name: Daniel Snowdon

Clerk Telephone: 01223 699177

Clerk Email: Daniel.Snowdon@cambridgeshire.gov.uk

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HEALTH COMMITTEE: MINUTES

Date: Thursday 16th November 2017

Time: 1:30pm to 4.45pm

Present: Councillors C Boden (Vice-Chairman), D Connor (substituting for Councillor Harford), L Dupre, Cllr Hudson (Chairman), D Jenkins, L Jones, L Joseph (substituting for Councillor Reynolds), M Smith (substituting for Councillor Topping) and S van de Ven

District Councillors M Abbott (Cambridge City), M Cornwell (Fenland) and J Tavener (Huntingdonshire).

Apologies: County Councillors L Harford, K Reynolds and P Topping and District Councillor S Ellington (South Cambridgeshire)

56. DECLARATIONS OF INTEREST

There were no declarations of interest.

57. MINUTES – 19TH OCTOBER 2017 AND ACTION LOG:

The minutes of the meeting held on 19th October 2017 were agreed as a correct record and signed by the Chairman subject to the amendment of a typographical error contained within minute 46 and the addition of Councillor Cornwell to the apologies.

The action log was noted including the following updates relating to on-going actions:

Minute 17 – Officers had received assurance that an analyst was currently undertaking the analysis.

Minute 25 – It was anticipated that the appointment of a Member Champion for Mental Health would be resolved in the coming week.

Minute 32 – Feedback would be provided to Members regarding further discussions that been held with Fenland District Council.

Members drew attention to the Member workshop regarding the Fenland area, the importance of recognising the need for a clear objective for the workshop and to ensure that the focus was not entirely on Wisbech.

Members clarified that regarding Minute 37 the requested that the report not just focussed on the positive work undertaken but also information on the positive intervention be published more widely to the general public.

Members noted that the Adults Committee report regarding Delayed Transfers of Care had been circulated to Members.

58. PETITIONS

No petitions were received.

59. HEALTHY SCHOOLS SERVICE

The Committee received a report that sought the support of the Health Committee for a competitive tender for a new Healthy Schools Service for schools in both Cambridgeshire County Council and Peterborough City Council areas. Members were informed that the contract would represent the first that had been developed through the Public Health Joint Commissioning Unit. The contract would be held by Cambridgeshire County Council and the Public Health team would monitor performance.

The underlying principle of the service was that schools were vitally influential regarding the health of children. The contract proposed to bring together a number of existing programmes into one which naturally aligned with wider ambitions regarding joint working, closer integration with preventative services.

During discussion of the report Members:

- Welcomed the approach set out in the report and the principle of joint commissioning with Peterborough City Council and requested that consideration be given to a joint meeting between the Chairman and Vice Chairman of the Health Committee and the Cabinet Portfolio holder for Public Health at Peterborough City Council in order to make the decision together. Officers confirmed that a meeting would be arranged. **ACTION**

- Clarified the proposed funding of the service shared across Cambridgeshire and Peterborough on a capitated basis. Officer explained that funding was not strictly split on a capitated basis because Peterborough City Council received more funding per head of population than Cambridgeshire.

- Questioned how extensive the programme was. Officers explained that there were currently 30 schools prioritised. The programme was intended to intensively support a school for a period of time in order for the initiative to become self-sustaining at which point a light touch approach would be adopted and the intensive support would be moved to another school.

- Drew attention to the performance of the Soil Association and questioned whether there were resourcing issues that were impacting upon the performance. Officers explained that the programme was a good quality programme however it required adaptation in order to meet the varying needs of schools and that had been difficult to achieve. It was confirmed that contracts with the Soil Association had been running for approximately 5 years.

- Highlighted Key Performance Indicators (KPIs) and questioned the approach to monitoring of risk and the importance of qualitative KPIs. It was explained that high level outcomes for the contract had been determined and the associated KPIs would be developed once the service specification had been completed. Monthly contract monitoring reports would be received once the contract was in place.

- Drew attention to the risk that combining disparate programmes may lead to there being no organisation being able to deliver such an integrated service. Officers emphasised the common theme of changing the school environment in order to achieve improved health outcomes that drew the programmes together.

- Noted the governance arrangements of Peterborough City Council and that the commissioning of the service had been discussed with the Cabinet Portfolio Holder for Public Health

- Noted that schools did not purchase the service and it was provided by the Public Health ring-fenced grant.

- Emphasised the importance of the service to school children and questioned how schools could be encouraged to support the programmes. Officers explained that primarily schools were engaged by officers visiting them and promoting the service and its benefits to the school and children.

- Drew attention to the varying diets of children from different backgrounds.

- Noted the intention to retain areas of the service where there was a clear evidence base of success and the new service element of the contract regarded a new provider or mix of providers developing an integrated approach across schools in Cambridgeshire.

- Highlighted the success of the Kick-Ash service and noted that it would remain the same within the new contract, however expressed concern that its success was due to it being a well-defined product and if distinction between services was lost then their effectiveness may be reduced.

- Emphasised the cost of food to schools and families and the need to understand the pressures food pricing caused.

- Noted that there was opportunity for parents of school children to become involved and part of the Food for Life programme was to work with communities and families.

- Monitoring opportunity for case studies to see if there could be monitoring of families to determine progress – that can be investigated further.

- Noted that since 2005 a national measurement programme had been undertaken when the child is in reception class and when in year 6. The measurement programme provided robust evidence through which resources could be targeted to specific schools and support for parents.

Following discussion it was proposed by the Chairman with the unanimous agreement of the Committee that a Task and Finish Group be established that would review the specification of the contract and the KPIs by which the performance of the provider would be measured. **ACTION**

The Vice-Chairman proposed with the agreement of the Committee in light of discussions that would take place with the Cabinet Portfolio Holder for Public Health and the establishment of a Task and Finish Group that recommendation c) be amended to include “development of a section 75 agreement *or alternative arrangement)*.

It was resolved to:

a) Support the proposal to commission a Healthy Schools Service in both Cambridgeshire and Peterborough local authority areas.

b) Approve the tender process for a Healthy Schools Support Service

c) Approve the development of a section 75 agreement or alternative arrangement with Peterborough City Council, with CCC as lead commissioner and delegate sign off for the section 75 agreement or alternative arrangement to the Director of Public Health in consultation with the Chair and Vice Chair of the Committee

d) Delegate the award of the contract to the Director of Public Health in consultation with the Chair and Vice Chair of the Committee

60. FINANCE AND PERFORMANCE REPORT – SEPTEMBER 2017

The Committee received the September 2017 iteration of the Finance and Performance report. The Committee was informed that Public Health forecast position was to achieve an underspend of £96k at the end of the financial year. Due to the how the service was funded the underspend would be returned to the Council to address the overall overspend the Council faced.

During the course of discussion Members:

- Confirmed that the underspend would assist with addressing the overall overspend the Council faced in its budget. However the money would remain available for the directorate to spend if required up to the end of the financial year.

- Noted that £200k of funding for Public Health services was provided by the Council and therefore underspends in the service be returned to the Council.

- Queried whether any of the underspend was the result of underperformance by suppliers in previous years. It was explained that this was the case for a £46k accrual for Childhood Vision screening which was now not required. However for School Nursing, when the 40% 'under establishment' last year was further analysed it was evidence that a high proportion of nurses were either on training or long term sick. This would still have incurred a cost for CCS and the underspend would have been a lot less than predicted. Measures are in place through the Section 75 agreement to monitor this in the future.

- Noted that although the Committee could direct officers to allocate any underspend, it would be difficult to achieve best value so far into the financial year.

- Noted that £20k of the underspend was related to a vacancy which had arisen and had not been recruited to due to wider issues regarding recruitment of specialist staff.

- Highlighted the lack of incentive for employers to provide healthy workplaces when labour was so easily replaced particularly within the food processing industry located in the north of the county.

- Drew attention to the Key Performance Indicators (KPIs) and highlighted the risk of being too focussed on processes rather than outcomes.

- Requested that an overall summary of the position regarding KPIs be provided within the body of the report. **ACTION**

- Noted that regarding paragraph 4.4 of the officer report there were very few services that Public Health provided that were variable and therefore the amounts within the table were precise amounts.

It was resolved to:

> Review and comment on the report and to note the finance and performance position as at the end of September 2017.

61. PROPOSED APPROACH TO AIR QUALITY AND HEALTH ACROSS CAMBRIDGESHIRE

Members received a report that provided an outline of the statutory organisations with regard to the management and mitigation of air pollution and proposed a more strategic approach to the management of air quality across Cambridgeshire. Members' attention was drawn to table 1 of the officer report that set out the roles and responsibilities of statutory bodies regarding air quality. Officers informed Members that an error was contained within the report regarding local transport plans and who would be responsible for their development which had yet to be decided.

During discussion of the report Members:

- Drew attention to the Environment Agency that had a key role in the monitoring of emissions from industry not being included in the report.

- Questioned paragraph 3.3 of the officer report regarding the relationship between poor air quality and areas of deprivation as in London some of the most affluent areas were some of the most polluted in terms of air quality. Officers explained that the main cause of air pollution was traffic and deprived areas tended to be closer to main roads because the housing was less expensive.

- Noted that air quality data was published and requested that the data be more effectively publicised by local authorities.

- Drew attention to the passive role of the Public Health service regarding air quality set out in paragraph 2.1 of the report which was contrary to the proactive role description of the service set out on the Council's website.

- Drew attention to other organisations such as the Highways Agency and the Department for the Environment and Rural Affairs (DEFRA) that the Council interacts with and could influence that had not been included in the report, together with key stakeholders such as the Local Enterprise Partnership (LEP), transport providers, contractors, the NHS and Parish Councils.

- Highlighted the distributive nature of monitoring and regulatory responsibility together with the lack of consistency regarding the measurement of air quality.

- Expressed concern regarding the assumptions contained within the officer report regarding the Cambridgeshire and Peterborough Combined Authority regarding its functions.

- Requested a briefing paper be circulated to Members regarding the work of the Air Pollution Prevention Group. **ACTION**

- Drew attention to the Fenland area that had suffered from poor air quality in the past in specific areas. Fenland District Council required planning applications to contain a health impact assessment and a health strategy that would reference air quality was currently being authorised.

- Highlighted the impact of idling cars which was an offence. Officers informed Members that Cambridgeshire City Council had written to all schools highlighting the issue of cars idling especially when parents were waiting to collect children from school but had received no response.

It was proposed by Councillor Jenkins with the agreement of the Committee that a conference regarding air quality be organised in order to bring together organisations to be able to begin to address the issue. **ACTION**

It was resolved to comment on and agree the proposed strategic approach to air quality.

62. PUBLIC QUESTION

Mrs Jean Simpson was invited by the Chairman to address the Committee following the submission of a question by the prescribed deadline.

In her introduction she commented that the Sustainability Transformation and Partnership Board (STP) was meeting on 30th November at which terms of reference and governance arrangements for the Board would be agreed. With regard to the proposed membership of the Board, Mrs Simpson asked how many Local Authority Councillors would have places on the Board and whether the number would provide adequate representation of the Councils' views.

Mrs Simpson then went on to question what public representation there would be on the Board and referenced the Health and Social Care Act 2012 requirement for the public to be involved in the commissioning arrangements for health care, including the procurement and contracts.

The Chairman thanked Mrs Simpson for her question and informed her that the current proposal was for a Member of each upper tier Local Authority (Cambridgeshire County Council and Peterborough City Council) be appointed to the Board and represent the interests of their respective Councils.

The Chairman encouraged Members of the Committee question the officers of the STP regarding public representation on the Board and informed Mrs Simpson that a response to her question would be sent within 10 working days of the date of the Committee.

63. CAMBRIDGESHIRE AND PETERBOROUGH SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) – UPDATE REPORT

Members were presented an update regarding the Sustainability Transformation Partnership (STP). Scott Haldane informed Members that he was returning to his substantive post and introduced Catherine Pollard who would be taking over the role of Executive Programme Director.

An overview was provided by Stephen Legood, Director of People and Business Development regarding the current staffing position and the projected retirement forecast over the coming 5 years and the challenges faced by the Cambridgeshire and Peterborough health system. These included a growing, increasingly elderly population, significant health inequalities, workforce shortages, inconsistent operational performance and substantial financial challenges.

Catherine Pollard and Aidan Fallon, Head of Communications and Engagement presented the "Fit for Future" monthly information data and received questions.

In discussion Members:

- Identified the costs associated to training non-European Union (EU) nurses and the NHS's reliance on EU staff, and therefore questioned how the potential costs of new immigration controls once Britain left the EU were being budgeted for and whether the Government was aware of the problem. Officers explained that the Government was increasingly aware of the situation but could do more especially regarding workforce planning nationally. Cambridgeshire and Peterborough were working closely to develop new ways of working such as the Integrated Care Worker and adopted a creative approach to the recruitment of staff.

- Noted the critical role of the Human Resources (HR) STP programmes in supporting the delivery of the wider STP plans and objectives. Members requested that they be alerted to any issues that occurred that would have significant impact on the STP programmes. Officers confirmed that a regular HR update would be provided to Members and undertook to alert Members to issues that may impact upon the wider STP programme.

- Questioned where recruitment and retention of staff was plotted on the risk register. Officers emphasised the importance of maintaining safe staffing levels and the challenges facing the NHS in that regard. Although the risk was high regarding recruitment and retention of staff there were significant mitigations in place that would address any issues and maintain patient safety.

- Drew attention to Risk 17 regarding engagement of Primary Care providers that remained red. Members were informed that a "user group" within the STP had been established that was engaged with a number of work-streams such as G.P. workforce that was currently reviewing the workload of G.P.s due to the level of information and work generated by acute hospitals. The work-stream also sought to facilitate closer integration of G.P. practices that would achieve greater resilience through scale. The risk was rated as high, however work was ongoing that would address the issues and the risk rating would be reviewed in December.

- Questioned what the effects would be if demand increased and how the STP was addressing how the public view the NHS and the services it provided. Officers explained that in early 2018 geographical patches would be developed and a rolling

promotional programme that would explain the role of the STP and engage in dialogue regarding the priorities and expectations of the public regarding health and social care. Officers informed Members they would share the programme with Members and would welcome their input

- Noted that the STP Board was scheduled to meet in shadow form on 30th November 2017 and would operate the same way as statutory NHS boards. There was a strong commitment from the STP that the Board would meet in public. Following the meeting on 30th November the terms of reference and governance arrangements would be ratified by individual NHS Boards. Officers highlighted that none of the decisions of the STP Board were binding apart from a delegated decision making power regarding a modest transformation fund.

- Drew attention to the aim and purpose of the STP to facilitate effective integration between the health and social care systems and questioned how the STP viewed Minory Injury Units (MIUs) as an opportunity. Members were informed that an aspect of the General Practice work-stream led by the Clinical Commissioning Group (CCG) was to take the opportunity to meet urgent needs as close to where people live as possible. Attention was drawn to the Princess of Wales Hospital in Ely and the redevelopment of the site that brought urgent services closer to residents, recognising the growing population.

- Drew attention to the role of GPs regarding the delivery of transformation projects within the health service and questioned what incentives were offered to GPs to engage with projects. Members were informed that the plan was twofold. There was a need demonstrate new ways of working and demonstrate that there were new business models that continued to deliver general practice in a manner that was sustainable and there was input and investment from the Clinical Commissioning Group (CCG) that supported the work. There was also facilitation of closer integration of back office functions that would create greater resilience. There was some financial incentives together with investment of time and resources from the CCG. . Members requested that a future scrutiny report be presented to the Committee. **ACTION**

- Expressed concern regarding the withdrawal of services at the MIU in Doddington as services as there would be cost implications to any move or withdrawal of services. Officers noted the concerns and undertook to request the officer responsible contact the Local Member. The Chairman requested that feedback be provided to the Committee following contact with the Local Member **ACTION**

- Requested development sessions in advance of scrutiny by Committee be arranged regarding Primary Care and Minor Injury Units.

- Questioned whether the dashboard could be shared publicly. Officers explained that the information was already in the public domain and the document could be shared, however officers urged caution regarding the interpretation of the data.

It was resolved to review and comment on:

a) The information provided as part of the Workforce Planning workshop

b) The “Fit for Future” monthly information report; and

c) To decide which STP project(s) the Committee would like to scrutinise in more depth.

64. HEALTH COMMITTEE TRAINING PLAN

The Health Committee training plan was presented to Members. It was confirmed that the Deep Dive for Fenland would be prioritised as level one and would be arranged to take place in late February 2018.

A Primary Care development session and development session regarding Minor Injury Units (MIU) would be arranged.

It was resolved to note the training plan.

65. HEALTH COMMITTEE AGENDA PLAN AND APPOINTMENTS TO OUTSIDE BODIES

Members received the Health Committee agenda plan and noted that the item regarding Development of Primary Care in Northstowe would be moved from December to January 2018

Following a request made by South Cambridgeshire District Councillor, Sue Ellington following her attendance at a recent liaison meeting the Committee agreed to provisionally schedule a scrutiny item for the February meeting of the Health Committee regarding the East of England Ambulance Service.

It was noted that the Sustainability Transformation and Partnership (STP) scrutiny item would be removed from the December meeting however if an emerging issue arises then STP officers would be called in under the Emerging Issues at the NHS standing item.

Chairman

HEALTH COMMITTEE

Minutes-Action Log

Cambridgeshire County Council

Introduction:

This log captures the actions arising from the Health Committee on **20th July 2017** and updates Members on progress in delivering the necessary actions.

Minute No.	Item	Action to be taken by	Action	Comments	Status
17.	**Public Health Finance and Performance Report** **a) Health visiting mandated checks whether geographical / social reasons for lack of take-up**	**L Robin**	Health visiting mandated checks - the percentage of children who received 12 month review by 15 months – with reference to the decline in performance, a question was raised regarding whether there was a geographical / social pattern to them not being wanted or not attended? **Action: Dr Robin to find out and report back with more detail.**	Under investigation by CCS staff.	**On-going**
25.	**Appointment of a Member Champion for Mental Health**	**Democratic Services**	This continues to be discussed between Committees of the Council.		**On-going**
32.	**Finance & Performance Report – July 2017**	**V Thomas**	Information would be provided to Members regarding engagement with outreach health checks following a meeting with Fenland District Council's senior management team.	Further discussions have been held regarding how FDC can support us to work with larger employers	**Ongoing**

Minute No.	Item	Action to be taken by	Action	Comments	Status
37.	**Suicide Prevention Strategy Update**	**K Hartley**	Members requested that the report focussed more on the positive results of the strategy and that they be circulated to Members and the public.	Strategy will be presented to Health Scrutiny Committee in Peterborough and the Health and Wellbeing Boards before it is finalised and ready for circulation	**Ongoing**
48.	**Finance & Performance Report**		Members requested that an in depth analysis be undertaken and presented to the Committee of all the initiatives taking place in the Fenland area and whether they were successful in achieving their goals.	This will be taken forward as part of the preparation for a Member workshop on health in Fenland	**Ongoing**
49.	**Service Committee Review of the Draft Revenue Business Planning Proposals for 2018-19 to 2022-23**		Universal mandated checks at 1 year and 2-2.5 years that would be undertaken by lower skilled staff. Members requested that effective monitoring took place and reported to the Committee.	An alternative option has been proposed in the revenue business planning paper	**Ongoing**
59.	**Healthy Schools Service**	**V Thomas**	Members requested a meeting take place between the Chair and Vice-Chair of the Health Committee and the Peterborough City Council Portfolio holder for Public Health in order make the decision together	This has been noted and will be arranged at the time of contract award.	**Ongoing**
59.	**Healthy Schools Service**	**K Parker**	Members requested the formation of a Task and Finish Group.	Meeting date set for 21st December with a reserve date 4th January (if needed).	**Completed**
60.	**Finance & Performance Report September 2017**	**K Parker**	Members requested that the summary section should cross reference each KPI .	See FPR for numerical references to KPIs	**Completed**
61.	**Air Quality in Cambridgeshire**	**Stuart Keeble**	Members requested a briefing paper regarding the work of the Air Pollution Prevention Group.	This is in progress	**Ongoing**

Minute No.	Item	Action to be taken by	Action	Comments	Status
61.	**Air Quality in Cambridgeshire**		Members requested an air quality conference be arranged	The best timing for a conference is being considered, alongside other other air quality training and initiatives which are being planned.	**Ongoing**
63.	**Cambridgeshire & Peterborough Sustainability and Transformation Partnership Update Report**		Members requested that a future scrutiny item be scheduled regarding Primary Care	It is proposed that this item will be the focus of the STP scrutiny standing item in March 2018, following a training workshop in February. Arrangements are being confirmed with the NHS.	**Ongoing**
63.	**Cambridgeshire & Peterborough Sustainability and Transformation Partnership Update Report**		The Chairman requested that feedback be provided to the Committee by the Local Member regarding MIUs in his division.		**Ongoing**

Agenda Item No: 5

FINANCE AND PERFORMANCE REPORT – OCTOBER 2017

To:	**Health Committee**
Meeting Date:	**14th December 2017**
From:	**Director of Public Health** **Chief Finance Officer**
Electoral division(s):	**All**
Forward Plan ref:	**Not applicable** ***Key decision:*** **No**
Purpose:	**To provide the Committee with the October 2017 Finance and Performance report for Public Health.** **The report is presented to provide the Committee with the opportunity to comment on the financial and performance position as at the end of October 2017.**
Recommendation:	**The Committee is asked to review and comment on the report and to note the finance and performance position as at the end of October 2017.**

Officer contact:		***Member contacts:***	
Name:	Martin Wade	Names:	Councillor Peter Hudson
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1.0 BACKGROUND

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

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

2.0 MAIN ISSUES IN THE OCTOBER 2017 FINANCE & PERFORMANCE REPORT

2.1 The October 2017 Finance and Performance report is attached at Annex A.

2.2 A balanced budget was set for the Public Health Directorate for 2017/18, incorporating savings as a result of the reduction in Public Health grant.

Savings are tracked on a monthly basis, with any significant issues reported to the Health Committee, alongside any other projected under or overspends.

A forecast underspend of £96k has been identified across the Public Health budgets for 2017/18. Further detail on the outturn position can be found in Annex A.

The first call on any underspend is into the County Council's general reserve, as the County Council allocate some additional core budget to supplement the national ring-fenced grant. Any further underspend beyond the level of core funding will be allocated to the ring-fenced public heath grant reserve.

2.3 The Public Health Service Performance Management Framework for September 2017 is contained within the report. Of the twenty nine Health Committee performance indicators, five are red, nine are amber, twelve are green and three have no status.

3.0 ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

3.1.1 There are no significant implications for this priority.

3.2 Helping people live healthy and independent lives

3.2.1 There are no significant implications for this priority

3.3 Supporting and protecting vulnerable people

3.3.1 There are no significant implications for this priority

4.0 SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

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

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

4.2.1 There are no significant implications for this priority

4.3 Statutory, Legal and Risk Implications

4.3.1 There are no significant implications within this category.

4.4 Equality and Diversity Implications

4.4.1 There are no significant implications within this category.

4.5 Engagement and Communications Implications

4.5.1 There are no significant implications within this category.

4.6 Localism and Local Member Involvement

4.6.1 There are no significant implications within this category.

4.7 Public Health Implications

4.7.1 There are no significant implications within this category.

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

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

From: Martin Wade

Tel.: 01223 699733

Date: 14 Nov 2017

Public Health Directorate

Finance and Performance Report – October 2017

1 SUMMARY

1.1 Finance

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

1.2 Performance Indicators

Monthly Indicators	Red	Amber	Green	No Status	Total
Sep (No. of indicators)	5	9	12	3	29

2. INCOME AND EXPENDITURE

2.1 Overall Position

Forecast Variance - Outturn (Sep) £000	Service	Current Budget for 2017/18 £000	Current Variance £000	Forecast Variance - Outturn (Oct) £000	Forecast Variance - Outturn (Oct) %
-46	Children Health	9,200	-31	-46	-0.5%
0	Drug & Alcohol Misuse	5,845	1	0	0%
0	Sexual Health & Contraception	5,297	11	0	0%
-50	Behaviour Change / Preventing Long Term Conditions	3,910	-45	-50	-1.3%
0	General Prevention Activities	56	0	0	0%
0	Adult Mental Health & Community Safety	263	-14	0	0%
0	Public Health Directorate	2,149	-75	0	0%
-96	**Total Expenditure**	**26,720**	**-154**	**-96**	**-0.4%**
0	Public Health Grant	-26,041	0	0	0%
0	s75 Agreement NHSE-HIV	-144	0	0	0%
0	Other Income	-149	0	0	0%
0	Drawdown From Reserves	0	0	0	0%
0	**Total Income**	**-26,334**	**0**	**0**	**0%**
-96	**Net Total**	**386**	**-154**	**-96**	**-24.8%**

The service level budgetary control report for September 2017 can be found in appendix 1.

Further analysis of the results can be found in appendix 2.

2.2 Significant Issues

In Children Health, an underspend of £46k has been identified in the Vision Screening budget due to an accrual made during the closedown period of last financial year being higher than required.

In Behaviour Change/Preventing Long Term Conditions, a forecast underspend of £50k has been identified. Smoking cessation services expect an underspend of £30k due to a decreased use of medicines prescribed to support stop smoking attempts. In addition a projected underspend of £20k has been identified against NHS Health Checks due to the Programme nurse advisor/trainer moving out of area.

All other budgets are currently forecasting a balanced position but this will be kept under review in the coming months. 2017/18 Savings are monitored through the monthly savings tracker and are currently all on track; any exceptions will be reported to Health Committee and any resulting overspends would be included in this report.

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

The total Public Health ring-fenced grant allocation for 2017/18 is £26.9m, of which £26.041m is allocated directly to the Public Health Directorate.

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

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

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

3. BALANCE SHEET

3.1 Reserves

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

4. PERFORMANCE SUMMARY

4.1 Performance overview (Appendix 6)

Performance data relates to activity in September.

Sexual Health (KPI 1 & 2)

- Performance of sexual health and contraception services remains good with all indicators green.

Smoking Cessation (KPI 5)

- This service is being delivered by Everyone Health as part of the wider Lifestyle Service. Performance indicators for people setting and achieving a four week quit remains stable.

National Child Measurement programme (KPI 14 & 15)

- The new measurement programme for 2017/18 has commenced in September 2017 as measurements are undertaken during the school term. Performance is currently good with all indicators green.

NHS Health Checks (KPI 3 & 4)

- NHS Health Checks completed performance indicator remain red. Please see commentary for further details.
- The number of outreach health checks remains red and performance has dropped further in comparison to last month. Please see the commentary for detailed explanations.

Lifestyle Services (KPI 5, 16-29)

- From the 14 Integrated Lifestyle Service indicators reported the overall performance shows 6 green, 6 amber and two red indicators.
- Overall referrals to the service have fallen following a high referral rate the previous month.
- The red indicators relate to the number of physical activity groups and healthy eating groups held. The figures have been queried with the provider, it is worth noting that some of these groups commenced in September.

Health Visitor and School Nursing Data (KPI 6 – 13)

- Health Visiting and School Nursing data is reported on quarterly and the data provided reflects the Quarter 2 period for 2017/18 (July – Sept).
- As a result of quarterly reporting the overall performance indicators reported on will be the same information received by the Health Committee in November.
- In summary Health Visiting and School Nursing show two green, three amber and one red indicator (Q2)

4.2 Health Committee Priorities

Priorities identified on 7 September 2017 are as follows:

- Behaviour Change
- Mental Health for children and young people
- Health Inequalities
- Air pollution
- School readiness

- Review of effective public health interventions
- Access to services.

4.3 Health Scrutiny Indicators

Priorities identified on 7 September 2017 are as follows

- Delayed Transfer of Care (DTOCs)
- Sustainable Transformation Plans
    - Work programme, risk register and project list
    - Workforce planning
    - Communications and engagement
    - Primary Care developments

The Health Committee will now be in receipt of routine monthly data reports on the “Fit for the Future” programme circulated prior to meetings. The remaining scrutiny priorities around communications and engagement and Primary Care Developments requires further consideration from the committee on reporting requirements.

4.4 Public Health Services provided through a Memorandum of Understanding with other Directorates

The next update will be provided at the January Heatlh Committee meeting.

APPENDIX 1 – Public Health Directorate Budgetary Control Report

Forecast Variance Outturn (Sep) £'000	Service	Current Budget for 2017/18 £'000	Expected to end of Oct £'000	Actual to end of Oct £'000	Current Variance £'000	Current Variance %	Forecast Variance Outturn (Oct) £'000	Forecast Variance Outturn (Oct) %
	Children Health							
0	Children 0-5 PH Programme	7,253	3,627	3,627	0	0.00%	0	0.00%
-46	Children 5-19 PH Programme - Non Prescribed	1,707	1,026	992	-34	-3.34%	-46	-2.68%
0	Children Mental Health	240	234	237	3	1.35%	0	0.00%
-46	**Children Health Total**	**9,200**	**4,887**	**4,856**	**-31**	**-0.64%**	**-46**	**-0.50%**
	Drugs & Alcohol							
0	Drug & Alcohol Misuse	5,845	1,679	1,680	1	0.09%	0	0.00%
0	**Drugs & Alcohol Total**	**5,845**	**1,679**	**1,680**	**1**	**0.09%**	**0**	**0.00%**
	Sexual Health & Contraception							
0	SH STI testing & treatment – Prescribed	3,975	1,350	1,357	8	0.56%	0	0.00%
0	SH Contraception - Prescribed	1,170	331	334	3	0.78%	0	0.00%
0	SH Services Advice Prevn Promtn - Non-Presribed	152	66	67	1	1.08%	0	0.00%
0	**Sexual Health & Contraception Total**	**5,297**	**1,747**	**1,758**	**11**	**0.62%**	**0**	**0.00%**
	Behaviour Change / Preventing Long Term Conditions							
0	Integrated Lifestyle Services	2,006	1,131	1,128	-3	-0.27%	0	0.00%
0	Other Health Improvement	279	152	148	-4	-2.53%	0	0.00%
-30	Smoking Cessation GP & Pharmacy	828	224	203	-21	-9.43%	-30	-3.62%
0	Falls Prevention	80	48	48	0	0.68%	0	0.00%
-20	NHS Health Checks Prog – Prescribed	716	297	280	-17	-5.87%	-20	-2.79%
-50	**Behaviour Change / Preventing Long Term Conditions Total**	**3,910**	**1,852**	**1,807**	**-45**	**-2.44%**	**-50**	**-1.28%**
	General Prevention Activities							
0	General Prevention, Traveller Health	56	42	41	-0	-0.88%	0	0.00%
0	**General Prevention Activities Total**	**56**	**42**	**41**	**-0**	**-0.88%**	**0**	**0.00%**
	Adult Mental Health & Community Safety							
0	Adult Mental Health & Community Safety	263	121	107	-14	-11.74%	0	0.00%
0	**Adult Mental Health & Community Safety Total**	**263**	**121**	**107**	**-14**	**-11.74%**	**0**	**0.00%**

Forecast Variance Outturn (Sep) £'000	Service	Current Budget for 2017/18 £'000	Expected to end of Oct £'000	Actual to end of Oct £'000	Current Variance £'000	Current Variance %	Forecast Variance Outturn (Oct) *£'000*	Forecast Variance Outturn (Oct)
	Public Health Directorate							
0	Children Health	315	184	175	-9	-4.76%	0	0.00%
0	Drugs & Alcohol	265	155	108	-47	-30.13%	0	0.00%
0	Sexual Health & Contraception	189	110	116	6	5.22%	0	0.00%
0	Behaviour Change	723	390	348	-42	-10.71%	0	0.00%
0	General Prevention	152	89	92	3	3.76%	0	0.00%
0	Adult Mental Health	43	25	25	-0	-0.33%	0	0.00%
0	Health Protection	140	82	85	3	4.08%	0	0.00%
0	Analysts	322	188	198	10	5.41%	0	0.00%
0		**2,149**	**1,222**	**1,147**	**-75**	**-6.17%**	**0**	**0.00%**
-96	**Total Expenditure before Carry forward**	**26,720**	**11,550**	**11,396**	**-154**	**-1.33%**	**-96**	**-0.36%**
0	**Anticipated contribution to Public Health grant reserve**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0.00%**
	Funded By							
0	Public Health Grant	-26,041	-19,757	-19,757	0	0.00%	**0**	0.00%
0	S75 Agreement NHSE HIV	-144	216	216	0	0.00%	**0**	0.00%
0	Other Income	-149	0	0	0	0.00%	**0**	0.00%
	Drawdown From Reserves	0	0	0	0	0.00%	**0**	0.00%
0	**Income Total**	**-26,334**	**-19,541**	**-19,541**	**0**	**0.00%**	**0**	**0.00%**
-96	**Net Total**	**386**	**-7,991**	**-8,145**	**-154**	**-1.93%**	**-96**	**-24.83%**

APPENDIX 2 – Commentary on Expenditure Position

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

Service	Current Budget for 2017/18 £'000	Current Variance		Forecast Variance - Outturn	
		£'000	%	£'000	%

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

Awarding Body : DofH

Grant	Business Plan £'000	Adjusted Amount £'000	Notes
Public Health Grant as per Business Plan	**26,946**		Ring-fenced grant
Grant allocated as follows;			
Public Health Directorate	20,050	26,041	Including full year effect increase due to the transfer of the drug and alcohol treatment budget (£5,880k) from CFA to the PH Joint Commissioning Unit. Also the transfer of the MH Youth Counselling budget (£111k) from CFA to PH mental health budget.
CFA Directorate	6,322	331	£5,880k drug and alcohol treatment budget and £111k mental health youth counselling budgets transferred from CFA to PH as per above.
ETE Directorate	153	153	
CS&T Directorate	201	201	
LGSS Cambridge Office	220	220	
Total	**26,946**	**26,946**	

APPENDIX 4 – Virements and Budget Reconciliation

	£'000	Notes
Budget as per Business Plan	20,560	
Virements		
Non-material virements (+/- £160k)	-8	
Budget Reconciliation		
Drug and Alcohol budget from CFA to PH	6,058	
Youth Counselling budget from CFA to PH	111	
Current Budget 2016/17	**26,721**	

APPENDIX 5 – Reserve Schedule

Fund Description	Balance at 31 March 2017	2017/18		Forecast Closing Balance	Notes
		Movements in 2017/18	Balance at 31 Oct 2017		
	£'000	£'000	£'000	£'000	
General Reserve					
Public Health carry-forward	**1,040**	0	1,040	**1,040**	
subtotal	**1,040**	**0**	**1,040**	**1,040**	
Other Earmarked Funds					
Healthy Fenland Fund	400	0	400	300	Anticipated spend £100k per year over 5 years.
Falls Prevention Fund	400	0	400	200	Planned for use on joint work with the NHS in 2017/18 and 2018/19.
NHS Healthchecks programme	270	0	270	170	This funding will be used to install new software into GP practices which will identify patients for inclusion in Health Checks. The installation work will commence in June 2017. Funding will also be used for a comprehensive campaign to boost participation in NHS Health Checks.
Implementation of Cambridgeshire Public Health Integration Strategy	850	0	850	592	£517k Committed to the countywide 'Let's Get Moving' physical activity programme which runs for two years 2017/18 and 2018/19.
Other Reserves (<£50k)	0	0	0	0	
subtotal	**1,920**	**0**	**1,920**	**1,262**	
TOTAL	**2,960**	**0**	**2,960**	**2,302**	

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

Fund Description	Balance at 31 March 2017	2017/18		Forecast Closing Balance	Notes
		Movements in 2017/18	Balance at 31 Oct 2017		
	£'000	£'000	£'000	£'000	
General Reserve					
Joint Improvement Programme (JIP)	59	0	59	59	
Improving Screening & Immunisation uptake	9	0	9	9	£9k from NHS ~England for expenditure in Cambridgeshire and Peterborough
TOTAL	**68**		**0**	**68**	

APPENDIX 6 PERFORMANCE

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

Below previous month actual
No movement
Above previous month actual

The Public Health Service Performance Management Framework (PMF) for September 2017 can be seen within the tables below:

	Measures											
KPI no.	Measure	Period data relates to	Y/E Target 2017/18	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous period actual	Current period target	Current period actual	Direction of travel (from previous period)	Comments
1	GUM Access - offered appointments within 2 working days	Sep-17	98%	98%	100%	100%	G	100%	98%	100%	↔	
2	GUM ACCESS - % seen within 48 hours (% of those offered an appointment)	Sep-17	80%	80%	92%	92%	G	96%	80%	92%	↓	
3	Number of Health Checks completed	Q2 Jul-Sep 17	18,000	9,000	7,711	86%	R	85%	4500	87%	↑	The comprehensive Improvement Programme is continuing this year. The introduction of the new software into practices has commenced which is increasing the accuracy of the number of invitations that are sent out for NHS Health Check. Issues with the practice data templates have now been resolved and the data quality has improved with corresponding improvement in the Programme outputs.
4	Number of outreach health checks carried out	Sep-17	2,000	705	418	59%	R	54%	210	29%	↓	The Lifestyle Service is commissioned to provide outreach Health Checks for hard to reach groups in the community and in workplaces. Workplaces in the South of the county are performing well. However it has not been possible to secure access to the factories in Fenland where there are high risk workforces. This has affected overall performance. Engaging workplaces in Fenland is challenging with in excess of 100 workplaces and community centres contacted with very little uptake. There is a need to secure high level support that could be from an economic development perspective, if employers are to be effectively engaged. This would reflect the evidence that supporting employee health and well being brings cost benefits to businesses.
5	Smoking Cessation - four week quitters	Aug-17	2278	664	723	109%	G	120%	138	120%	↔	• The most recent Public Health Outcomes Framework figures (June 2017 data for 2016) suggest the prevalence of smoking in Cambridgeshire remains at a level statistically similar to the England average (15.2% v. 15.5%). Rates remain higher in Fenland (21.6%) than the Cambridgeshire and England figure • There is an ongoing programme to improve performance that includes targeting routine and manual workers (rates are known to be higher in these groups) and the Fenland area.

KPI no.	Measure	Period data relates to	Y/E Target 2017/18	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous period actual	Current period target	Current period actual	Direction of travel (from previous period)	Comments
6	Percentage of infants being breastfed (fully or partially) at 6 - 8 weeks	Q2 Jul-Sep 17	56%	56%	55%	55%	G	55%	56%	55%	↔	The 2017/18 target for breastfeeding has been established as 56%. This quarter the breastfeeding prevelance rate remains the same, falling just below target but is well within a 10% tolerance of the target position and exceeds the national average of 45%.
7	Health visiting mandated check - Percentage of first face-to-face antenatal contact with a HV at >28 weeks	Q2 Jul-Sep 17	50%	50%	28%	28%	R	27%	50%	29%	↑	The proportion of antenatal contacts continues to fall below the 50% target, although impovements have been made against last quarter's (Q1) performance. Performance data (%) for antenatal contacts is not available nationally due to difficulties with getting the relevant denominator and only numbers are reported nationally. Although the health visitor checks are mandated, there are no national targets set, instead these are agreed locally. Currently the antenatal visits are targeted to first time mothers and those who are vulnerable, as opposed to universally; this was agreed with providers as expectant mothers receive a lot of input from midwives during pregnancy. It was agreed that the health visitors would focus on the new birth visit, of which performance is above the 90% target. The notification from midwifery to health visiting, due to different IT systems has not historically been good, but is improving and processes are being put in place to improve notifications.
8	Health visiting mandated check - Percentage of births that receive a face to face New Birth Visit (NBV) within 14 days, by a health visitor	Q2 Jul-Sep 17	90%	90%	95%	95%	G	95%	90%	94%	↓	The number of New Birth Visits completed within 14 days of birth continues exceed the 90% target. Exemption reporting for this quarter arose for reasons pertaining to hospitalisation at birth, re-admission to hospital, visitng relatives and parental choice.
9	Health visiting mandated check - Percentage of children who received a 6 - 8 week review	Q2 Jul-Sep 17	90%	90%	89%	89%	A	93%	90%	85%	↓	The proportion of 6-8 week development checks completed within 8 weeks has declined this quarter, falling below the 90% target. With exemption reporting the percentage for this quarter is an average of 85%. There is a geographical difference; this target is being met in Huntingdon, Cambridge City and South Cambridgeshire, but is falling short in East Cambs and Fenland. This is due in part to a change in the way the 6 - 8 week visit is being offered to families. Families on the universal pathway are being offered clinic based appointments, whist home visits are offered to more vulnerable groups. This has meant a change in recording processes and staff training. Since this is a recording issue rather than an actual decline in performance, it is expected that the performance against the target will improve towards the end of Quarter 3, as the system changes are embedded.
10	Health visiting mandated check - Percentage of children who received a 12 month review by 15 months	Q2 Jul-Sep 17	100%	95%	87%	87%	A	87%	95%	87%	↔	This figure is below the set target but remains consistant against last quarter's performance. However if we take into account exception reporting (Not Wanted/Did Not Attend) the figure for Q2 increases to 96%, which falls within the target.
11	Health visiting mandated check - Percentage of children who received a 2 -2.5 year review	Q2 Jul-Sep 17	90%	90%	80%	80%	A	81%	90%	78%	↓	The number of 2-2.5 year reviews being completed is below the set target. However if exception reporting is accounted for, the figure for Q2 increases to 92% which is above the set target established for this year. It has been reported that there was a slight increase in the number of DNA's/Not Wanted appointments over July and August, the main holiday period, which is a time that families often cancel or defer their appointment for their convenience.
12	School nursing - Number of young people seen for behavioural interventions - smoking, sexual health advice, weight management or substance misuse	Q2 Jul-Sep 17	N/A	N/A	136	N/A	N/A	109	N/A	27	↓	The School Nursing service has introduced a duty desk this quarter to offer a more efficient and accessible service, which does mean that there is an expected reduction in children and young people attending clinic based appointments in school. Since opening the duty desk in June there has been a total of 1312 enquires. The figures reported are for those that have been seen in clinics in relation to a specific intervention. There has been a significant reduction in the number of pupils being seen this quarter due to the school summer break when no clinic based appointments are run during this period.
13	School nursing - number of young people seen for mental health & wellbeing concerns	Q2 Jul-Sep 17	N/A	N/A	1271	N/A	N/A	919	N/A	352	↓	The School Nursing service has introduced a duty desk to offer a more efficient and accessible service. Since opening in June there have been 1312 calls to the duty desk. The figures reported are for those that have been seen in clinics in relation to a specific intervention. Whilst there is an overall increasing trend in the volume of young people being seen for emotional health and wellbeing issues, there has been a decrease this quarter due to the school summer holidays, when clinics do not run. It has been reported that enhancements to the reporting system has identified that this figure has previously been overreported and work is being undertaken to assure accurancy of the data moving forward.

KPI no.	Measure	Period data relates to	Y/E Target 2017/18	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous period actual	Current period target	Current period actual	Direction of travel (from previous period)	Comments
14	Childhood Obesity (School year) - 90% coverage of children in year 6 by final submission (EOY)	Sep-17	90%	90.0%	91.6%	91.6%	G	N/A	90.0%	91.6%	← →	The National Child Measurement Programme (NCMP) has been completed for the 2016/17 academic year. The coverage target was met and the measurement data has been submitted to the PHE on 21/07/2017 in line required timeline. The cleaned measurement data will be available at the end of the year. The new measurement programme for 2017/18 started in Spetember.
15	Childhood Obesity (School year) - 90% coverage of children in reception by final submission (EOY)	Sep-17	90%	90.0%	95.0%	95%	G	N/A	90.0%	95.0%	← →	
15	Overall referrals to the service	Sep-17	5100	2240	2226	99%	A	161%	510	66%	↓	The fall in referrals follows a very high number in the previous month.
17	Personal Health Trainer Service - number of Personal Health Plans produced (PHPs) **(Pre-existing GP based service)**	Sep-17	1517	640	639	100%	G	166%	155	62%	↓	
18	Personal Health Trainer Service - Personal Health Plans completed **(Pre-existing GP based service)**	Sep-17	1138	423	381	90%	A	156%	116	55%	↓	This fall follows a very high number of completions in the previous month.
19	Number of physical activity groups held **(Pre-existing GP based service)**	Sep-17	664	305	343	112%	G	115%	60	90%	↓	
20	Number of healthy eating groups held **(Pre-existing GP based service)**	Sep-17	450	220	257	117%	G	83%	30	103%	↑	
21	Personal Health Trainer Service - number of PHPs produced (Extended Service)	Sep-17	723	318	359	113%	G	239%	70	77%	↓	
22	Personal Health Trainer Service - Personal Health Plans completed (Extended Service)	Sep-17	542	232	223	96%	A	150%	54	59%	↓	
23	Number of physical activity groups held (Extended Service)	Sep-17	830	320	208	65%	R	29%	80	16%	↓	These figures have been queried with provider. It is confident that the sessions commenced in September will be found in the October report.
24	Number of healthy eating groups held (Extended Service)	Sep-17	830	380	337	89%	R	25%	55	62%	↑	These figures have been queried with provider. It is confident that the sessions commenced in September will be found in the October report.
25	Proportion of Tier 2 clients completing the intervention who have achieved 5% weight loss.	Sep-17	30%	30%	25.7%	25.7%	A	35%	30%	25%	↓	The percentage of participants who achieve the recommended weight loss is affected by the severity of the obesity. As part of the demand management for the Tier 3 service, patients are directed to Tier 2, these patients are more complex and have higher levels of obesity. It should also be noted that this follows a high percentage of clients achieving the 5% weight loss.

KPI no.	Measure	Period data relates to	Y/E Target 2017/18	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous period actual	Current period target	Current period actual	Direction of travel (from previous period)	Comments
26	Proportion of Tier 3 clients completing the course who have achieved 10% weight loss	Sep-17	60%	60%	55.2%	55.2%	A	28.6%	60%	66.7%	↑	This figure has improved this month
27	% of children recruited who complete the weight management programme and maintain or reduce their BMI Z score by agreed amounts	Sep-17	80%	N/A	N/A	N/A	**N/A**	n/a	N/A	N/A	↔	No courses completed during this period
28	Falls prevention - number of referrals	Sep-17	386	160	174	109%	G	143%	30	98%	↓	
29	Falls prevention - number of personal health plans written	Sep-17	279	111	102	92%	A	123%	30	53%	↓	This follows a high number of referrals in the previous month.

* All figures received in October 2017 relate to September 2017 actuals with exception of Smoking Services, which are a month behind and Health Checks, some elements of the Lifestyle Service, School Nursing and Health Visitors which are reported quarterly.

** Direction of travel against previous month actuals

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

Agenda Item No: 6

PUBLIC HEALTH SERVICE: COMMITTEE REVIEW OF DRAFT REVENUE BUSINESS PLANNING PROPOSALS FOR 2018-19 TO 2022-23

To: **Health Committee**

Meeting Date: **14th December 2017**

From: **Director of Public Health**

Chief Finance Officer

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 the Public Health Service 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 2018/19 to 2022/23 Business Plan revenue proposals for the Service, updated since the last report to the Committee in October.

b) It is requested that the Committee comment on the draft revenue savings proposals that are within the remit of the Health Committee for 2018/19 to 2022/23,and identify their preferred option in regard to public health 0-19 services in 2018/19.

c) It is requested that the Committee endorse the draft revenue savings proposals for 2018/19 to 2022/23, including the Committee's preferred option for public health 0-19 services, to the General Purposes Committee as part of consideration for the Council's overall Business Plan.

Officer Contact:		***Chair Contact:***	
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1. PURPOSE AND BACKGROUND

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. 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. The 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.

1.2 In developing our plan we are responding to a combination of cost increases and reduced Government funding which mean we have to make our resources work harder than ever before. To balance the budget whilst still delivering for communities we need to identify savings or additional income of £37.9m for 2018-19, and totalling £101m across the full five years of the Business Plan.

2. FINANCIAL OVERVIEW UPDATE

2.1 In October, Committees received information about emerging draft proposals to respond to this challenge – at that point we had identified 85% of the savings required and the remaining budget gap for 2018/19 was £5,450k. More substantial gaps existed for the later years of the business plan.

2.2 Since October, work on the business plan has continued with a focus on;

- Developing new proposals to feed into the pipeline
- Further exploring the existing schemes, refining the business cases and seeking to push schemes further wherever possible
- Identifying mitigation measures for the identified pressures – aiming to minimise their impact on the savings requirement for the organisation
- Updating funding projections based on the latest available information to provide a current picture of the total resource available to the Council.

2.3 We are continuing as an authority to explore every avenue to identify further efficiency or to bring in more funding to the local economy and public sector. In particular;

- We are driving forward our Fairer Funding Campaign – arguing for Cambridgeshire to receive a higher and fairer allocation of national funding for education, social care and a range of other services
- We are applying to be a pilot area for the Government's Business Rates Retention Scheme – which would allow us to reinvest the output of local business growth in local public services and infrastructure
- We are deepening public service reform across our partnership of organisations. We are working closely with the Combined Authority on the Public Service Reform Agenda and strengthening the partnership with Peterborough City Council exploring further arrangements for shared and integrated services. There are already a number of shared roles and functions across the two Councils and there are likely to be further

opportunities for reducing cost and improving outcomes through sharing expertise and services.

- We are driving forward major change initiatives – for example the Adults Positive Challenge Programme which is reviewing every aspect of our adult social care model and supporting us to develop a new approach which will be sustainable in the face of growing demand
- We have established a programme of Outcome Focused Reviews re-examining how we meet our outcomes by looking at what we do, why we do it, and how we do it. This approach offers us the chance to think creatively about our relationship with the people of Cambridgeshire and to consider working in entirely different ways.

2.4 However the number and scale of the pressures on the organisation which are not directly controllable continues to increase. In addition to the ongoing reductions in grant from Government, we continue to see demand for services and in particular the most vulnerable increasing significantly. As a result of this picture, a number of new pressures on the business have been identified and some of the existing pressures in demand-led budgets have worsened since the position reported to Committees in October.

2.5 In Children's Services the key pressure is emerging from numbers of children in care which have been rising nationally over recent years, with a particular spike in the last financial year observed across the majority of local authorities in England. This has also been true in Cambridgeshire creating significant pressure on budgets for care placements. Our rate of children in care is now higher than the average for our statistical neighbours – in effect we have 90 more children in care than we would if the rate were at the average for an authority of our type. The demand for placements far outstrips the current availability of foster carers with our in-house service meaning we are reliant on more costly independent agencies – further exacerbating the financial impact. A transformation proposal is included in the business plan to respond to this – reducing numbers over time and also changing the mix of placements - but will take time to impact and so for 2018/19 we are now projecting the need for an additional investment in the LAC placements budget.

2.6 In Adults Services the context for the demand picture is ever increasing numbers of older people in the County. The population of over 85s has risen nearly 20% since 2011 and is projected to increase even more quickly in the coming period. We have been successful through early help in constraining this demand and reducing the proportion of over 85s in service, but the demographics are significant and the acuity of need is rising amongst those who are in services. As a consequence the whole health and social care system (nationally and locally) is under very significant strain. In particular Cambridgeshire hospitals are receiving admissions for more and more older people which is then translating into more and more pressure on the hospital discharge pathway for social care. Rightly, our focus is on ensuring that we provide care for these people and alleviate the pressure on our hospital partners. We have invested significantly in the discharge pathway and intermediate tier care and have succeeded in significantly reducing the number of delayed transfers of care (DTOCs). However this is having a considerable financial impact – with the much higher number of new and sizeable care packages being agreed for people leaving hospital showing as an additional pressure on care budgets. The other significant area of pressure in adults relates to learning disability where we continue to see greater complexity of needs and people living into later life and so requiring

care for longer. As we move into the winter period these are emerging and potentially growing areas of pressure with the potential to widen the savings challenge presented below.

2.7 The table below provides a summary of the various material (£100k or greater) changes since October in the overall business planning position for 2018/19. It reflects both the positive impact of the new proposals and transformation agenda and the growing pressures we face as a sector. As shown the level of unidentified savings has reduced by £2,808k overall but still remains at £2,738k. Work to identify and work up further ideas to fill the gap is ongoing and the pressures emerging are still under review as we monitor the trends and develop mitigating strategies. In January we will provide Committees with updated information so that they can make final recommendations to Full Council about the level of pressure, mitigations and savings.

Description	2018-19 £'000	2019-20 £'000	2020-21 £'000	2021-22 £'000	2022-23 £'000
Remaining Unidentified Savings at October Committees	**-5,450**	**-19,074**	**-17,652**	**-3,080**	**-5,660**
Supported Housing Commissioning Review	1,000	-	-	-	-
Continuation of Client Financial Re-assessment programme	412	-	-	-	-
Increasing savings/income from property and facilities	100	-	-	-	-
Efficiencies in procurement spend under £100k – new frameworks	100	-	-	-	-
Delivering greater impact for troubled families income generation	150	-	-	-150	-
Identification of later years saving targets within P&C	-	3,000	4,250	-	-
Identification of later years saving targets within Corporate services		3,550	1,800		
Extension of Adults fair cost of care review to years 2 and 3	-	500	500	-	-
Updated assumptions around Funding levels	-	-	-	3,000	-
Projected increase in Commercial investment returns	-	1,500	-	-	-
Total of New Business Planning Savings/ Income Schemes since October	**1,762**	**8,950**	**6,525**	**2,850**	**0**
Reduction in achievable saving on Charging Policy following Adults Committee Decision	-275	-	-	-	-
De-capitalisation of rolling laptop refresh programme from 2019-20	-	-1,100	-	-	-
Review of expected pressures due to Waste management contract	-	-500	-	-	-
Emerging P&C pressures* (this figure is subject to increase – see paragraphs 2.5 & 2.6 above)	-1,500	-	-	-	-
Reversal of avoided borrowing costs related to the role of Accountable Body (holding lower capital balances on behalf of other bodies)	-1,200	-	-	-	-

Total of New and Increased Pressures*	**-2,975**	**-1,600**	**0**	**0**	**0**
Change in assumption of ASC precept after 2019-20	-	-	-5,671	-5,939	-6,043
Review of expected Better Care Fund levels and phasing.	-	2,300	-2,300	-	-
Dedicated schools grant contribution towards central services extended to 2018-19	3,112	-3,079	-	-	-
Update of debt charges associated with the ongoing capital programme	668	147	429	-454	-479
Total of Other Changes to Business Plan Assumptions / Finance Adjustments	**3,780**	**-632**	**-7,542**	**-6,393**	**-6,522**
Technical finance adjustments	145	-132	547	197	550
Revised Gap at December Committees	**-2,738**	**-12,488**	**-18,122**	**-6,426**	**-11,362**

**Work to model the level of pressure in Looked After Children, Learning Disability, Older People and Mental Health care budgets is ongoing and will be discussed with Service Committees before final recommendation to General Purposes Committee in January*

2.8 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:

	2018-19 £'000	2019-20 £'000	2020-21 £'000	2021-22 £'000	2022-23 £'000	Total £'000
Total Saving Requirement	**38,646**	**25,056**	**20,103**	**7,701**	**11,621**	**91,506**
Identified Savings	-25,301	-9,556	-1,439	-1,074	-246	**-37,616**
Identified additional Income Generation	-10,607	-3,012	-542	-201	-13	**-14,375**
Residual Savings to be identified	**-2,738**	**-12,488**	**-18,122**	**-6,426**	**-11,362**	**-51,135**

3 ASSUMPTIONS AND RISKS

3.1 In the business planning tables the level of savings required is based on a 2% increase in Council Tax in 2018-19 and 2019-20, through levying the Adults Social Care precept in the years for which Government has made this flexibility available, and a 0% general Council Tax increase. For each 1% more or less that Council Tax is changed, the level of savings required will change by approximately +/-£2.5m.

3.2 There is currently a limit on the increase of Council Tax to 1.99%, above which approval must be sought from residents through a positive vote in a local referendum. The estimated cost of a referendum in May 2018 would be £742k with further costs incurred if the public reject the proposal as new bills would need to be issued

3.3 There are also a number of risks 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:

- 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 2018-19. This is particularly relevant to demand led budgets.

- 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. As such there is some uncertainty around the accuracy of our funding assumptions which will become clearer after the Local Government Finance settlement due in mid-December.

- The Council has applied to be a pilot area for the Government's Business Rates Retention Scheme – if we are selected as a pilot areas this could potentially alter the level of income available to the County Council. The impact is expected to be financially positive in the pilot period, but it is important to note that if the pilot schemes lead to a permanent arrangement then this would be expected to be fiscally neutral in the long run
- We are aware that some other local authorities are increasing their expectation around any national pay uplifts from April – should this be required it would create an additional pressure which is not currently accounted for

4. OVERVIEW OF PUBLIC HEALTH SERVICE DRAFT REVENUE PROGRAMME

4.1 Public Health services are funded by a ring-fenced grant from the Department of Health which currently totals £26,946K. 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 in 2017/18 by £0.7M. In 2018/19 and 2019/20 the grant is expected to reduce by a further £0.7M per year. These are cash reductions to the grant, which do not take account of local inflation, pressures or demography.

4.2 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

4.3 This section provides an overview of the savings and income proposals within the remit of the Committee which have been added to the draft plan since the proposals were presented in October or where the business case has altered materially. It also offers the option of an alternative proposal for public health 0-19 services (health visiting and school nursing) to that brought to Committee in October.

4.4 All of the proposals within the remit of the Committee, including those which are unaltered since October, are described in the business planning tables and business cases which form the appendices to this paper. Unchanged proposals are:

E/R.6.033	Recommission drug and alcohol treatment services	£154k
E/R.6.034	Sexual health services changes to delivery model	£140k
E/R.6.035	Integrated behaviour change services efficiencies	£84k
E/R.6.032	Miscellaneous public health efficiencies	£7k

The October papers are available to view https://tinyurl.com/yb99wwkm

4.5 The proposed saving: E/R.6.037 'Public Health Directorate – In house staff rationalisation: £50k' has been further developed. A restructure of the Public Health Business Programmes team is currently in progress, to realign functions such as risk management, business planning and business support within the directorate, in order to fully reflect and maximise the efficiency of joint working with Peterborough City Council. This has resulted in redundancy of one post and an associated recurrent saving of approx. £33k. The remainder of the saving will be achieved through holding a vacant public health analyst post, while reviewing the potential for future income generation.

4.6 A new proposed saving: E/R.6.038 Decreased Demand for Stop Smoking Services £28k has been included. This builds on the paper to October Health Committee 'Review of the Smoking Harm Reduction Project' which identified that a Smoking Harm Reduction pilot in the Fenland area had been unsuccessful, with very low demand for the service from local residents, and had therefore been ceased. It is proposed that the majority of the budget of £30k allocated to this project to pay for smoking cessation medication costs (e.g. NRT), will be removed recurrently to cover the £28k unallocated savings identified in the business planning paper to October Health Committee.

4.7 An alternative option is proposed for saving E/R.6.036 – Public Health 0-19 Services. Since the October revenue business planning papers were written, further opportunities have arisen to work through the Children's Health Joint Commissioning Unit, to develop a more transformational approach to integrated children's services across Cambridgeshire and Peterborough. In order to maintain a high quality service, with a shrinking resource and increasing demand, the proposal is to develop an integrated 0-19 service, including health visiting, family nurse partnership, school nursing, specialist therapy services, such as speech and language therapy, occupational therapy and physiotherapy, children's centres and child and adolescent mental health services. Transformation work with Cambridgeshire Community Services (provider of children's community health services in Cambridgeshire), and Cambridgeshire and Peterborough Foundation Trust (provider of these services in Peterborough), provides a significant opportunity to integrate services and achieve efficiency savings.

4.8 The work outlined in para 4.7 would take time, and the expectation is that a new model would be operational from the start of financial year 2019/20. There is an option to defer the 2018/19 savings to health visiting and school nursing proposed to Health Committee in October, and instead to fund the £238k savings shortfall in 2018/19 from public health reserves, while further work on the potential integration of children's services is completed .Although there would be an ongoing savings requirement of £238k (and potentially more) in 2019/20, more of this saving could be delivered through management efficiencies resulting from service integration, with reduced impact on front line services.

4.9 A financial risk associated with the proposed 2018/19 Public Health Service savings is that the Drug and Alcohol Services procurement is scheduled for implementation in October 2018. This means that savings will only have a part year effect and some use of public health reserves is likely to be needed to cover the first half of the year. Savings would be further reduced by any delay to the procurement process. The option of reconsidering the 2018/19 savings on health visiting and school nursing services would result in use of up to £238k of public health reserves. Currently the public health general reserve stands at £1040k.

4.10 A further risk is that a number of the public health proposals developed with commissioned services are transformational and innovative – therefore while they may have been trialled elsewhere with promising results, they will need ongoing local monitoring and evaluation

4.8 The Committee is asked to comment on these revised proposals, including the option to defer savings to health visiting and school nursing services until work on the wider integration of children's health and wellbeing services is complete and fund the shortfall from reserves, and to endorse them to General Purposes Committee for consideration as part of the Council's development of the Business Plan for the next five years. Although now well developed, the proposals are still draft at this stage and it is only at Full Council in February 2018 that proposals are finalised and become the Council's Business Plan.

5. NEXT STEPS

5.1 Following 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.

December	General Purposes Committee will consider the whole draft Business Plan for the first time Local Government Financial Settlement Published
January	General Purposes Committee will review the whole draft Business Plan – included final information about pressures, savings and other impacts as well as the outcome of the public consultation – before making a recommendation to Full Council
February	Full Council will consider the draft Business Plan

6. ALIGNMENT WITH CORPORATE PRIORITIES

6.1 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.

6.2 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.

6.3 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.

7. SIGNIFICANT IMPLICATIONS

7.1 **Resource implications**

Resource implications are outlined in paras 4.1-4.5

7.2 **Statutory, Legal and Risk Implications**

Details of the ring-fenced public health grant are given in para 4.1. Significant risks are outlined in para 4.7.

7.3 **Equality and Diversity Implications**

Equality and diversity implications are considered in the Community Impact Assessments in Appendix 2.

7.4 **Engagement and Communications**

There has been strong engagement with provider organisations in developing these proposals, and they have also been included at high level as part of the Council's overall consultation on the Business Plan.

7.5 **Localism and Local Member Involvement**

There are no significant implications at this stage.

7.6 **Public Health Implications**

The savings proposals made 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 Name of Financial Officer: Clare Andrews
Has the impact on Statutory, Legal and Risk implications been cleared by LGSS Law?	Previous version signed off by Fiona McMillan*.
Are there any Equality and Diversity implications?	These are covered in appendix 2 Name of Officer: Liz Robin
Have any engagement and communication implications been cleared by Communications?	Yes Name of Officer: Matthew Hall
Are there any Localism and Local Member involvement issues?	No Name of Officer: Liz Robin
Have any Public Health implications been cleared by Public Health	Yes Name of Officer: Liz Robin

**Previous version was submitted to LGSS Law prior to the addition of paras 4.7 and 4.8 and amendment of para 4.9. Confirmation of sign off from LGSS law will be sought for these amendments prior to the Health Committee meeting.*

Source Documents	Location
Strategic Framework	***https://cmis.cambridgeshire.gov.uk/ccc_live/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/182/Committee/2/Default.aspx***

Section 3 - E: Public Health

Table 1: Revenue - Summary of Net Budget by Operational Division

Budget Period: 2018-19 to 2022-23

Net Revised Opening Budget 2018-19 £000	Policy Line	Gross Budget 2018-19 £000	Fees, Charges & Ring-fenced Grants 2018-19 £000	Net Budget 2018-19 £000	Net Budget 2019-20 £000	Net Budget 2020-21 £000	Net Budget 2021-22 £000	Net Budget 2022-23 £000
	Children Health							
7,253	Children 0-5 PH Programme	7,015	-	7,015	7,015	7,015	7,015	7,015
1,707	Children 5-19 PH Programme - Non Prescribed	1,707	-	1,707	1,707	1,707	1,707	1,707
240	Children Mental Health	240	-	240	240	240	240	240
9,200	**Subtotal Children Health**	**8,962**	**-**	**8,962**	**8,962**	**8,962**	**8,962**	**8,962**
	Drugs & Alcohol							
5,780	Drug Misuse	5,742	-117	5,625	5,625	5,625	5,625	5,625
5,780	**Subtotal Drugs & Alcohol**	**5,742**	**-117**	**5,625**	**5,625**	**5,625**	**5,625**	**5,625**
	Sexual Health & Contraception							
3,975	SH STI testing & treatment - Prescribed	3,835	-	3,835	3,835	3,835	3,835	3,835
1,170	SH Contraception - Prescribed	1,170	-	1,170	1,170	1,170	1,170	1,170
152	SH Services Advice Prevn Promtn - Non-Prescribed	152	-	152	152	152	152	152
5,297	**Subtotal Sexual Health & Contraception**	**5,157**	**-**	**5,157**	**5,157**	**5,157**	**5,157**	**5,157**
	Behaviour Change / Preventing Long Term Conditions							
1,733	Integrated Lifestyle Services	1,649	-	1,649	1,649	1,649	1,649	1,649
281	Other Health Improvement	281	-	281	281	281	281	281
828	Smoking Cessation GP & Pharmacy	800	-	800	800	800	800	800
80	Falls Prevention	80	-	80	80	80	80	80
716	NHS Health Checks Prog - Prescribed	716	-	716	716	716	716	716
3,638	**Subtotal Behaviour Change / Preventing Long Term Conditions**	**3,526**	**-**	**3,526**	**3,526**	**3,526**	**3,526**	**3,526**
	General Prevention Activities							
56	General Prevention, Traveller Health	76	-20	56	56	56	56	56
56	**Subtotal General Prevention Activities**	**76**	**-20**	**56**	**56**	**56**	**56**	**56**
	Adult Mental Health & Community Safety							
263	Adult Mental Health & Community Safety	256	-	256	256	256	256	256
263	**Subtotal Adult Mental Health & Community Safety**	**256**	**-**	**256**	**256**	**256**	**256**	**256**

Section 3 - E: Public Health

Table 1: Revenue - Summary of Net Budget by Operational Division

Budget Period: 2018-19 to 2022-23

Net Revised Opening Budget 2018-19 £000	Policy Line	Gross Budget 2018-19 £000	Fees, Charges & Ring-fenced Grants 2018-19 £000	Net Budget 2018-19 £000	Net Budget 2019-20 £000	Net Budget 2020-21 £000	Net Budget 2021-22 £000	Net Budget 2022-23 £000
	Public Health Directorate							
-23,153	Public Health - Admin & Salaries	2,453	-25,638	-23,185	2,160	2,160	2,160	2,160
-23,153	**Subtotal Public Health Directorate**	**2,453**	**-25,638**	**-23,185**	**2,160**	**2,160**	**2,160**	**2,160**
	Future Years							
-	Inflation	-	-	-	18	41	64	87
-	Savings	-	-	-	-	-	-	-
1,081	**PUBLIC HEALTH TOTAL**	**26,172**	**-25,775**	**397**	**25,760**	**25,783**	**25,806**	**25,829**

Note: *Public Health - Admin & Salaries* includes direct delivery of health improvement programmes, health protection, and specialist healthcare public health advice services by public health directorate staff.

The above Public Health Directorate does not constitute the full extent of Public Health expenditure. The reconciliation below sets out where the Public Health grant is being managed in other areas of the County Council.

	Children, Families and Adults Services			
-	Public Health expenditure delivered by CFA	331	-331	-
-	**Subtotal Children, Families and Adults Services**	**331**	**-331**	**-**
	Economy, Transport and Environment Services			
-	Public Health expenditure delivered by ETE	120	-120	-
-	**Subtotal Economy, Transport and Environment Services**	**120**	**-120**	**-**
	Corporate Services			
-	Public Health expenditure delivered by CS	234	-234	-
-	**Subtotal Corporate Services**	**234**	**-234**	**-**
	LGSS - Cambridge Office			
-	Overheads associated with Public Health function	220	-220	-
-	**Subtotal LGSS - Cambridge Office**	**220**	**-220**	**-**
-	**PUBLIC HEALTH MANAGED IN OTHER SERVICE AREAS TOTAL**	**905**	**-905**	**-**
-431	Less Fees & Charges / Contributions	-430	430	-
650	**EXPENDITURE FUNDED BY PUBLIC HEALTH GRANT TOTAL**	**26,647**	**-26,250**	**397**

Section 3 - E: Public Health

Table 2: Revenue - Net Budget Changes by Operational Division

Budget Period: 2018-19

Policy Line	Net Revised Opening Budget £000	Net Inflation £000	Demography & Demand £000	Pressures £000	Investments £000	Savings & Income Adjustments £000	Net Budget £000
Children Health							
Children 0-5 PH Programme	7,253	-	-	-	-	-238	7,015
Children 5-19 PH Programme - Non Prescribed	1,707	-	-	-	-	-	1,707
Children Mental Health	240	-	-	-	-	-	240
Subtotal Children Health	**9,200**	**-**	**-**	**-**	**-**	**-238**	**8,962**
Drugs & Alcohol							
Drug Misuse	5,780	-1	-	-	-	-154	5,625
Subtotal Drugs & Alcohol	**5,780**	**-1**	**-**	**-**	**-**	**-154**	**5,625**
Sexual Health & Contraception							
SH STI testing & treatment - Prescribed	3,975	-	-	-	-	-140	3,835
SH Contraception - Prescribed	1,170	-	-	-	-	-	1,170
SH Services Advice Prevn Promtn - Non-Prescribed	152	-	-	-	-	-	152
Subtotal Sexual Health & Contraception	**5,297**	**-**	**-**	**-**	**-**	**-140**	**5,157**
Behaviour Change / Preventing Long Term Conditions							
Integrated Lifestyle Services	1,733	-	-	-	-	-84	1,649
Other Health Improvement	281	-	-	-	-	-	281
Smoking Cessation GP & Pharmacy	828	-	-	-	-	-28	800
Falls Prevention	80	-	-	-	-	-	80
NHS Health Checks Prog - Prescribed	716	-	-	-	-	-	716
Subtotal Behaviour Change / Preventing Long Term Conditions	**3,638**	**-**	**-**	**-**	**-**	**-112**	**3,526**
General Prevention Activities							
General Prevention, Traveller Health	56	-	-	-	-	-	56
Subtotal General Prevention Activities	**56**	**-**	**-**	**-**	**-**	**-**	**56**
Adult Mental Health & Community Safety							
Adult Mental Health & Community Safety	263	-	-	-	-	-7	256
Subtotal Adult Mental Health & Community Safety	**263**	**-**	**-**	**-**	**-**	**-7**	**256**

Section 3 - E: Public Health

Table 2: Revenue - Net Budget Changes by Operational Division

Budget Period: 2018-19

Policy Line	Net Revised Opening Budget £000	Net Inflation £000	Demography & Demand £000	Pressures £000	Investments £000	Savings & Income Adjustments £000	Net Budget £000
Public Health Directorate							
Public Health - Admin & Salaries	-23,153	17	-	-	-	-49	-23,185
Subtotal Public Health Directorate	**-23,153**	**17**	**-**	**-**	**-**	**-49**	**-23,185**
Public Health Ring-fenced Grant and Fees & Charges				-			-
PUBLIC HEALTH TOTAL	**1,081**	**16**	**-**	**-**	**-**	**-700**	**397**

Note: There is an option to fund the saving of £238k on Children Health in 2018/19 from Public Health reserves. If this option is taken then Tables 1,2 and 3 will be amended before GPC to remove this saving.

Note: *Public Health - Admin & Salaries* includes direct delivery of health improvement programmes, health protection, and specialist healthcare public health advice services by public health directorate staff.

Section 4 - E: Public Health

05-Dec-17

Table 3: Revenue - Overview

Budget Period: 2018-19 to 2022-23

	Detailed Plans	Outline Plans			

Ref	Title	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	2022-23 £000	Description
1	**OPENING GROSS EXPENDITURE**	**20,560**	**26,172**	**26,191**	**26,215**	**26,239**	
E/R.1.001	Base Adjustments	11	-	-	-	-	Adjustment for permanent changes to base budget from decisions made in 2017-18.
E/R.1.002	Movement of Budget for Drugs and Alcohol contracts from P&C to PH	6,173	-	-	-	-	The budget for the Drug and Alcohol treatment contracts was transferred from People and Communities to Public Health, due to the creation of the Public Health Joint Commissioning Unit (PHJCU) in May 2017.
E/R.1.003	Movement of Mental Health Youth Counselling Services from P&C to PH	111	-	-	-	-	The budget for youth counselling (funded from the PH grant) was transferred from People and Communities to Public Health in April 2017.
1.999	**REVISED OPENING GROSS EXPENDITURE**	**26,855**	**26,172**	**26,191**	**26,215**	**26,239**	
2	**INFLATION**						
E/R.2.001	Inflation	17	19	24	24	24	Forecast pressure from inflation in the Public Health Directorate, excluding inflation on any costs linked to the standard rate of inflation where the inflation rate is assumed to be 0%. Inflation appears low due to the majority of public health spend being committed to external contracts. Providers are expected to meet inflationary and demographic pressures within the agreed contract envelope.
2.999	**Subtotal Inflation**	**17**	**19**	**24**	**24**	**24**	
3	**DEMOGRAPHY AND DEMAND**						
3.999	**Subtotal Demography and Demand**	**-**	**-**	**-**	**-**	**-**	
4	**PRESSURES**						
4.999	**Subtotal Pressures**	**-**	**-**	**-**	**-**	**-**	
5	**INVESTMENTS**						
5.999	**Subtotal Investments**	**-**	**-**	**-**	**-**	**-**	
6	**SAVINGS**						
	Health						
E/R.6.032	Miscellaneous Public Health Efficiencies	-7	-	-	-	-	Reduction in public mental health budget of £7k, resulting from removal of non-recurrent set up costs spent in 2017/18 for the adult 'Keep Your Head' website and the post suicide bereavement service. This saving will not result in any reductions to services.

Section 4 - E: Public Health

05-Dec-17

Table 3: Revenue - Overview

Budget Period: 2018-19 to 2022-23

	Detailed Plans	Outline Plans			

Ref	Title	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	2022-23 £000	Description
E/R.6.033	Recommissioning Drug & Alcohol Treatment Services	-154	-	-	-	-	Savings will be secured through the re-commissioning of the Cambridgeshire Adult Drug and Alcohol Treatment Services, which will enable transformational changes. The Drug and Alcohol Treatment Services are currently commissioned as separate services but from the same provider, and the integration of drug and alcohol services through a planned formal contractual arrangement will afford efficiency savings. The Drugs and Alcohol Joint Strategic Needs Assessment, (2016) indicated changes in needs requiring a new service model. Notably an aging long-term drug using population that enter and re-enter the Service may have complex health and social problems. These clients do not require intensive acute drug treatment services but more cost effective support services to ensure that they have good mental & physical health and other support needs. There will be a focus on recovery using cost-effective peer support models to avoid readmission
E/R.6.034	Sexual Health Services - Changes to Delivery Model	-140	-	-	-	-	There are proposals to transform aspects of the model of delivery for sexual health services, firstly through moving to online screening and postal samples for low risk patients who do not have symptoms of infection. Secondly through reviewing the 'hub and spoke' model for sexual health clinics, as many patients prefer to use the 'hubs' and there is low attendance at some 'spoke' clinics. Thirdly through providing oral contraception to low risk patients who are registered with a GP for one year only and then referring back to their GP.
E/R.6.035	Integrated behaviour change services - efficiencies	-84	-	-	-	-	It is proposed that these savings would be made within the commissioned Integrated Lifestyle and Behaviour Change Services, through efficiencies and transformation following the transfer of the CAMQUIT Stop Smoking Service to Everyone Health earlier this year, which would not affect front line services.
E/R.6.036	Children's 0-19 Services - School Nursing and Health Visiting	-238	-	-	-	-	Savings are proposed for the Cambridgeshire Community Services Section 75 (contract) for Health Visiting and School Nursing - through a combination of modernisation and efficiency, including a reduction in management costs and a move to a more targeted offer. The use of technology will enable efficiency savings - for example online training for schools, introduction of a duty desk to manage and coordinate all referrals and a text messaging service for children and young people. The proposals also include some changes to delivery approaches and a reduction in school nursing services in low risk schools where there is little take up of services. A change to skill mix for some mandated checks for low risk families receiving the universal health visiting service is also proposed. Across the service resources will be targeted to areas of greatest need and delivery will be needs-led and evidenced based. The reduction in spend proposed of £238k is from a total annual contract value of £8,760k, which is a 2.7% reduction. An alternative option is also proposed, i.e. to maintain current services during 2018/19 to allow further work to be completed on the integration of children's health and wellbeing services for 2019/20, and to fund the resulting £238k budget shortfall from public health reserves.
E/R.6.037	Public Health Directorate - In house staff rationalisation	-49	-	-	-	-	The public health business programmes team is currently undergoing a restructure, to ensure that business management support reflects the integration of the wider public health directorate across Cambridgeshire and Peterborough. This will result in removal of one post with a shared saving across the two authorities. The remainder of the saving will be achieved through a review of pending vacancies and income generation opportunities.

Section 4 - E: Public Health

05-Dec-17

Table 3: Revenue - Overview

Budget Period: 2018-19 to 2022-23

		Detailed Plans	Outline Plans				
Ref	**Title**	**2018-19 £000**	**2019-20 £000**	**2020-21 £000**	**2021-22 £000**	**2022-23 £000**	**Description**
E/R.6.038	Decreased demand for Stop Smoking Services	-28	-	-	-	-	This proposal is for a saving of £28k to be made from stop smoking services. In recent years there have been decreased costs created from a fall in demand for services associated with the use of e-cigarettes and a smaller number of people who smoke in the county. The savings are because GPs and community pharmacists who provide the service are paid for each person they support to stop smoking and in addition an associated reduction in costs of medications which the majority of smokers use when they are making a quit attempt. This funding was originally allocated to an evidence based pilot harm reduction project. This aimed to support smokers from high risk groups in Fenland to quit by extending the period when support was provided for stopping smoking. The pilot however was unable to recruit sufficient numbers of smokers and it was discontinued.
6.999	**Subtotal Savings**	**-700**	**-**	**-**	**-**	**-**	
	TOTAL GROSS EXPENDITURE	**26,172**	**26,191**	**26,215**	**26,239**	**26,263**	
7	**FEES, CHARGES & RING-FENCED GRANTS**						
E/R.7.001	Previous year's fees, charges & ring-fenced grants	-26,351	-25,775	-431	-432	-433	Fees and charges expected to be received for services provided and Public Health ring-fenced grant from Government.
E/R.7.002	Changes to 2017-18 Fees and Charges	-119	-	-	-	-	Changes to fees and charges as a result of decisions in 2017-18.
E/R.7.003	Fess and Charges Inflation	-1	-1	-1	-1	-1	Inflation on external income.
	Changes to fees & charges						
E/R.7.201	Change in Public Health Grant	696	25,345	-	-	-	Grant reductions announced in the comprehensive spending review, and removal of the ring-fence in 2019-20
7.999	**Subtotal Fees, Charges & Ring-fenced Grants**	**-25,775**	**-431**	**-432**	**-433**	**-434**	
	TOTAL NET EXPENDITURE	**397**	**25,760**	**25,783**	**25,806**	**25,829**	

FUNDING SOURCES							
8	**FUNDING OF GROSS EXPENDITURE**						
E/R.8.001	Budget Allocation	-397	-25,760	-25,783	-25,806	-25,829	Net spend funded from general grants, business rates and Council Tax.
E/R.8.101	Public Health Grant	-25,345	-	-	-	-	Direct expenditure funded from Public Health grant.
E/R.8.102	Fees & Charges	-430	-431	-432	-433	-434	Income generation (various sources).
8.999	**TOTAL FUNDING OF GROSS EXPENDITURE**	**-26,172**	**-26,191**	**-26,215**	**-26,239**	**-26,263**	

Business Case

Adult Integrated Drug and Alcohol Treatment Services (E/R.6.033)

Project Overview

Project Title	Adult Integrated Drug and Alcohol Treatment Services (E/R.6.033)		
Project Code	PR000182	**Business Planning Reference**	E/R.6.033
Business Planning Brief Description	For savings to be secured through the re-commissioning of the Cambridgeshire Adult Drug and Alcohol Treatment services.		
Senior Responsible Officer	Val Thomas		

Project Approach

Background

Why do we need to undertake this project?

The service redesign which is currently being discussed is based on evidence from other areas which have successfully introduced new cost-effective delivery models and evidence based studies.

What would happen if we did not complete this project?

The new commission involves service design that will not only produce efficiencies but will also provide the opportunity to modernise the service, introduce new technologies which will better meet the changing landscape of needs. If it does not proceed the opportunity to make both these cost-effective savings and better address needs/the required outcomes will not occur.

Approach

Aims / Objectives

This proposal is for savings to be secured through the re-commissioning of the Cambridgeshire Adult Drug and Alcohol Treatment Services. The Drug and Alcohol Treatment 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.

Investing in Drug and Alcohol Services provides cost savings to different organisations across the system including Local Authorities, Health Services and the Criminal Justice System.

Project Overview - What are we doing

The procurement affords the opportunity to deliver savings through the following areas.

- The integration of drug and alcohol services through a planned formal contractual arrangement will afford increased integration that will produce further efficiency savings.
- Adult drug and alcohol treatment services provide cost savings for different organisations providing the opportunity for joint commissioning.
- 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 ensuing 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 for 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.

The commissioning model will promote the delivery of improved outcomes through payments being linked to outcomes. In addition the new contract will not come into effect until the third quarter. Therefore there will be only half year savings, (required full year savings - £154k) the shortfall can either be from Public Health reserves or through ongoing contractual arrangements with the new provider.

What assumptions have you made?

The assumptions that have been made are:

- That a new model of service delivery, including increased integration, will be effective and deliver the required savings.
- That although there is a changing landscape for drug and alcohol misuse, the prevalence will remain stable.

- New drugs have come into circulation that are harmful and popular. It is assumed that any increase in demand for these would be temporary and manageable.

What constraints does the project face?

That the new service model will not be flexible enough to meet the ever changing landscape of drug and alcohol misuse. It will have to meet a range of many new types of need e.g. the misuse of prescription drugs or new popular recreational drugs.

Delivery Options

Has an options and feasibility study been undertaken?

Both the drug and alcohol contracts will end and the new offer will afford the opportunity to develop a new

service model that will provide efficiencies and more effectively address the newly emerging needs.

The option of asking the current provider to find savings for the last six months of the contract was considered but not developed as it would require considerable support from the outgoing provider. Therefore no other options were considered.

Scope / Interdependencies

Scope

What is within scope?

Adult Drug and Alcohol Treatment Services

What is outside of scope?

Children and Young Peoples Drug and Alcohol Treatment Services. There is evidence that the integration of CYP drug and alcohol services with other services is most effective when it joins with sexual health services. This will be considered when the sexual health services are re-commissioned.

Project Dependencies

Title

Internal Dependencies

External Dependencies

Cost and Savings

See accompanying financial report

Non Financial Benefits

Non Financial Benefits Summary

Title

Risks

Title

The new service model will not be flexible enough to meet the ever changing landscape of drug and alcohol misuse. It will have to meet a range of many new types of need e.g. the misuse of prescription drugs or new popular recreational drugs.

Project Impact

Community Impact Assessment

Who will be affected by this proposal?

Service users and family networks

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.

What positive impacts are anticipated from this proposal?

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 are 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.

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, working more closely with all the organisations working in communities with clients will support closer working across communities.

What negative impacts are anticipated from this proposal?

None identified

Are there other impacts which are more neutral?

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.

Disproportionate impacts on specific groups with protected characteristics

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

N/A

Business Case

BP - Lifestyle Services (E/R.6.035)

Project Overview

Project Title	BP - Lifestyle Services (E/R.6.035)		
Project Code	PR000185	**Business Planning Reference**	E/R.6.035
Business Planning Brief Description	The savings will focus upon efficiencies and some transformational change with no change in commissioned outcomes. Commissioners will work with Everyone Health the current service provider to make savings within the contract. This would include rationalisation of management tiers and some consolidation of posts following transfer of the Stop Smoking Service into Everyone Health.		
Senior Responsible Officer	Val Thomas		

Project Approach

Background

Why do we need to undertake this project?

Consolidation of Management Tiers: In order to deliver savings, it is possible to consolidate a number of management tiers or posts through natural wastage and manageable demand in some areas.

It is possible to lose the two co-ordination posts that act as deputies for the locality coordinator's. These were necessary when the Service was being established.

The Stop Smoking Services is currently functioning without one of the posts that it transferred to the Lifestyle Services (May 2017); there has not been any capacity issues. In addition it is not necessary to hire bank staff for the Stop Smoking Services to cover holidays and sickness or high demand periods as the Health Trainers who are trained in behavioural change interventions are able to provide Stop Smoking interventions.

When the Stop Smoking Services were transferred to Everyone Health the communications project officer post was vacant, but the budget for the position was part of the financial envelope for the Service. As Everyone Health already has a communications lead these two posts will be consolidated and the funding that was transferred will contribute to the savings.

In the less deprived areas there is less demand for the health trainers. This has become clearer as the service has developed and it will be possible to consolidate two health trainers into one post.

Efficiency and the delivery of outcomes is key to deliver the related corporate outcomes.

Healthy Lifestyle Outcome Priority. The Lifestyle Services play a key role in supporting people to improve their lifestyles.

The Cambridgeshire economy prospers to the benefit of all Cambridgeshire residents. Stopping Smoking, Weight Management and community physical activity programmes contribute to workforce health. Smoking and obesity are amongst the biggest causes of long term health conditions that affect productivity

What would happen if we did not complete this project?

We would not be able to deliver these savings.

Approach

Aims / Objectives

The savings will focus upon efficiencies and some transformational change with no change in commissioned outcomes.

The Integrated Lifestyle Service is provided by Sport and Leisure Limited through its Public Health Division, Everyone Health. The overall aim of the service is to increase the number of people who lead a healthy lifestyle. It is in an integrated service that includes health trainers, the three tiers of adult weight management, children's weight management, community based lifestyle programmes, the National Child Measurement Programme, outreach NHS Health Checks, Behavioural Change training and in 2017/18 the Stop Smoking Service(CAMQUIT) transferred to Service. The areas that have been proposed for contributing to the savings target are as follows and reflect improved understanding of need and demand that enables the service to produce efficiencies and transformational changes.

Project Overview - What are we doing

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.

- 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.

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.

The savings proposals are based on the Service producing efficiencies and transformational changes through natural wastage. The changes focus upon using the skills of its staff more efficiently, an improved understanding of need and demand that will enable changes to the organisational structure to be implemented.

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 coordinator 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 managers.

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

Communications/Promotion Post: When the Stop Smoking services were 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 communication posts as Everyone Health already had a communications lead. These two posts will be consolidated and the funding that was transferred for the Stop Smoking post will contribute to the savings.

Health Coaches: As the Lifestyle Service has developed the needs and demand has become clearer. This clarity will enable in areas of lesser need to consolidate two health trainer posts in to one.

What assumptions have you made?

Managers in the Lifestyle Service have developed the Service to a point where tiers of management can be consolidated without undermining delivery of the Service.

Health Trainers who are trained to deliver lifestyle interventions will be able to deliver the same quality of service as the experienced CAMQUIT team.

One communications post can support the whole Service.

Service users will be able to access the same service as the savings will not affect service delivery to clients in anyway. Therefore a consultation will not be undertaken.

What constraints does the project face?

Delivery Options

Has an options and feasibility study been undertaken?

The Integrated Lifestyle Service has been commissioned from June 2015. During this period a greater understanding of needs and demand has led to the ongoing development of the Service. Part of this development has enabled efficiencies to be identified. The efficiencies that were identified for this business case are those that most support ongoing development of the service. Therefore no other options were considered. The changes however will be carefully monitored

Scope / Interdependencies

Scope

What is within scope?

Particular services included in the Integrated Lifestyle Service i.e. Stop Smoking and health Coaches services along with management staffing efficiencies.

What is outside of scope?

The proposal does not affect health trainers, adult and children's weight management services, National Child Measurement Programme, outreach NHS Health Checks, behavioural change training and community lifestyle services. Although indirectly they will affected by the general management changes.

Project Dependencies

Title

The project is dependent on collaborative work with service providers

Cost and Savings

See accompanying financial report

Non Financial Benefits

Non-Financial Benefits Summary

Title

Risks

Title

Increased demand for Lifestyle Services

Project Impact

Community Impact Assessment

Who will be affected by this proposal?

No planned change in Service Delivery

What positive impacts are anticipated from this proposal?

None identified

What negative impacts are anticipated from this proposal?

None identified

Are there other impacts which are more neutral?

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

Disproportionate impacts on specific groups with protected characteristics

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

Business Case

BP - Public Health - Children's 0-19 Service (E/R.6.036)

Project Overview

Project Title	BP - Public Health - Children's 0-19 Service (E/R.6.036)		
Project Code	PR000186	**Business Planning Reference**	E/R.6.036
Business Planning Brief Description	EITHER the saving will be delivered through a reduction to the CCS Section 75 (contract) value for Health Visiting and School Nursing OR the current contract value and services will be maintained during 2018/19, while work on proposals for wider integration of children's health and wellbeing services is developed for implementation in 2019/20, with the resultant budget shortfall covered by public health reserves.		
Senior Responsible Officer	Raj Lakshman		

Project Approach

Background

Why do we need to undertake this project?

Budget changes to date

When the commissioning responsibility for Health Visiting (HV) and Family Nurse Partnership (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 School Nursing (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 £1,506,540 (4.1% increase).

Total 0-19 Healthy Child Programme (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 £8,529,739.

In order to make these savings and mindful of the need for further savings for 19/20 the following changes are have been proposed to School Nursing and Health Visitors.

An alternative option is to maintain current funding levels during 2018/19 while planning for a wider and more transformative integration of children's health and wellbeing services in 2019/20, including integration across the Cambridgeshire and Peterborough areas, resulting in management efficiencies. This would require the £238k savings shortfall in 2018/19 to be covered from public health reserves.

What would happen if we did not complete this project?

Approach

Aims / Objectives

Saving will EITHER be delivered through a reduction to the Cambridgeshire Community Services (CCS) Section 75 (contract) value for Health Visiting and School Nursing OR funded from public health reserves for one year, while carrying out further work on wider integration of children's health and wellbeing services.

Project Overview - What are we doing

Changes proposed to deliver a £238k saving are as follows. The alternative option is to maintain current contract value and services during 2018/19, while working on longer term plans for integration of children's health and wellbeing services, described in the final bullet point below. Note: Some of the changes proposed for school nursing services are already in implementation phase, but this is to address unavoidable staffing shortages rather than for the purpose of delivering savings].

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.

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 longer term proposal 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 Cambridgeshire Community Services, Cambridge shire and Peterborough Foundation Trust (CPFT) and Children's Centers to develop an integrated service offer is currently underway.

What assumptions have you made?

That the proposed changes will deliver the savings required

What constraints does the project face?

N/A

Delivery Options

Has an options and feasibility study been undertaken?

Two alternative options have been outlined in this business case.

No other options have been considered for CYP public health savings, as the major portion of the rest of the 0-19 budget goes towards the counselling service which has recently been retendered, and via an Memorandum of Understanding to Children's Centres.

The most cost-effective way of making the savings have been explored with the provider Cambridgeshire Community Services (CCS) who have engaged with their staff to develop these proposals

Scope / Interdependencies

Scope

What is within scope?

Health Visiting and School Nursing

What is outside of scope?

Family Nurse Partnership as savings have already been made in previous years.

Project Dependencies

Title

Cost and Savings

See accompanying financial report

Non Financial Benefits

Non-Financial Benefits Summary

See community impact assessment

Title

Risks

Title

Possible emerging problems not identified

Lack of detailed modelling means the changes proposed may not reach the saving target of £238k

Project Impact

Community Impact Assessment

Who will be affected by this proposal?

If the proposals are implemented in 2018/19, then users of the School Nursing service and Health Visitors.

What positive impacts are anticipated from this proposal?

The savings proposals 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 increased offer to schools in areas of greatest need.

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

In the longer term, with either option, providing integrated Children, Young People and Families Health service across the Council has the potential to improve community cohesion.

What negative impacts are anticipated from this proposal?

If the proposal to reduce the contract value in 2018/19 is implemented, there would 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. To put this into context - in order to deliver the reduction of £238k the workforce would have to reduce by, for example, the equivalent of 5.5 WTE Health visitors; or 18 WTE band 6's (health visitors) would need to be replaced by the same number of band 4's (nursery nurses).Working in partnership

with our provider CCS, we would evaluate the impact of these changes using qualitative and quantitative data.

If the alternative option of maintaining contract value during 2018/19 while planning for a wider integration of children's health and wellbeing services is taken forward, there is potential to deliver a higher level of management savings and efficiencies from 2019/20, with reduced impact on the front-line workforce.

Are there other impacts which are more neutral?

With either option, the status quo will be maintained across some of the service for example FNP (which has already been re-organised), antenatal, new-birth and 6-8 week checks.

Disproportionate impacts on specific groups with protected characteristics

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

Business Case

Sexual Health Services (E/R.6.034)

Project Overview

Project Title	Sexual Health Services (E/R.6.034)		
Project Code	PR000226	**Business Planning Reference**	E/R.6.034
Business Planning Brief Description	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.		
Senior Responsible Officer	Val Thomas		

Project Approach

Background

Why do we need to undertake this project?

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 Cambridgeshire Integrated Sexual Health 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.

The Integrated Sexual Health Service was commissioned with some key objectives which included a commitment to ongoing modernisation of the services that would ensure that provide efficiencies and the adoption of new technologies and other innovative practice that would ensure that they were cost-effective and support the delivery of the service outputs and outcomes

What would happen if we did not complete this project?

The modernisation of services would be slower without the drive for savings and they would not be achieved

Approach

Aims / Objectives

To meet the sexual health and contraceptive needs of the population through innovative approaches, the efficient use of resources and new ways of working

Project Overview - What are we doing

Asymptomatic online screening: 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 and log waits for people who are asymptomatic. 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. 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.

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 preferred to access the Hubs. Often service users prefer the anonymity of accessing services out 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. Savings would be through fewer clinics and their associated staffing costs.

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) and oral contraception. All GP practices provide oral contraception as part of their main GMS contract. LARCS are also commissioned from GP practices by the Local Authority. The community clinics provide services for anyone and do not require registration with a GP practice. They are accessed by the more vulnerable high risk groups. 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 are asked 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. Savings would be through lower clinic costs associated with staff and the cost of contraceptives.

What assumptions have you made?

Asymptomatic screening assumption: That people will access the online service. This risk is that in sufficient numbers will not access online screening. This will be mitigated through a comprehensive promotional campaign.

Decreasing the number of spoke clinics assumption: That patients are willing to travel out of their local areas including high risk groups. The risk is that high risk groups will not be able to access a service as they do not want to access their GPs or are not registered with a GP. Mitigation will be through promoting the online service and GP services along with working closely working closely with the practices.

Oral Contraception assumption: That low risk women will attend their GP practices and that GPs will be able to meet any increase in demand for oral contraception. The risk is that women will not attend their GP practices and therefore do not access contraception. Mitigation will be through careful monitoring of request for contraception and promotion of GP services.

What constraints does the project face?

That the online screening service must be able to have same timeframes as the normal clinic service from result to diagnosis

Delivery Options

Has an options and feasibility study been undertaken?

Scope / Interdependencies

Scope

What is within scope?

Scope - Asymptomatic Testing : This proposal involves people requesting a sexually transmitted testing kit online if they do not have any symptoms of sexual transmitted infection. If the test is positive they will be treated at their local clinic
Scope - Rationalisation of Clinics: This proposal involves reviewing the demand for the spoke clinics in areas where there is low demand, access to services at local GP clinics or clients have a willingness to travel to other clinics.
Scope - Provision of oral contraception to low risk women: Provision of oral contraception to low risk women for one year with all follow up being provided by their GPs.

What is outside of scope?

The other services provided by the Integrated Sexual Health Services

Project Dependencies

Title

Internal Dependencies

External Dependencies Online technologies and GP capacity for providing contraception

Cost and Savings

See accompanying financial report

Non Financial Benefits

Non-Financial Benefits Summary

Title

Risks

Title

Risks detailed under assumptions

Project Impact

Community Impact Assessment

Who will be affected by this proposal?

Those who might be suffering from an asymptomatic sexually transmitted infection.

Those living in areas where there is overall low demand for clinics.

Low risk women who attend the Integrated Sexual Health Services for oral contraception who are registered with a GP practice. They will be provided with oral contraception for one year but then they will be asked to obtain the contraception from their GP. 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.

What positive impacts are anticipated from this proposal?

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.

What negative impacts are anticipated from this proposal?

None

Are there other impacts which are more neutral?

Although services will be delivered in a different way the aim will be to ensure that services remain acceptable and accessible to all patients.

Disproportionate impacts on specific groups with protected characteristics

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

Business Case

Miscellaneous Public Health Efficiencies (E/R.6.032)

Project Overview

Project Title	Miscellaneous Public Health Efficiencies (E/R.6.032)		
Project Code	PR000181	**Business Planning Reference**	E/R.6.032
Business Planning Brief Description	Reduction in public mental health budget resulting from removal of non-recurrent set up costs spent in 2017/18. This will not result in any reductions to services.		
Senior Responsible Officer	Liz Robin		

Project Approach

Background

Why do we need to undertake this project?

Given reductions in the public health ring-fenced grant it is important to take all opportunities to make efficiencies which will not affect services. The proposed reduction in the public mental health budget of £7k, results from removal of non-recurrent set up costs spent in 2017/18

What would happen if we did not complete this project?

The savings requirement on other budgets would be increase

Approach

Aims / Objectives

Reduction in public mental health budget of £7k, resulting from removal of non-recurrent set up costs spent in 2017/18.

Project Overview - What are we doing

In 2017/18, a total of £7k of the public mental health budget was allocated for the following non-recurrent purposes:
a) Adult Keep Your Head website: Public mental health budget in 2017/18 was allocated to support the development and set up costs of the adult 'Keep Your Head' website, which provides information on adult mental health and relevant local services. The website will be maintained by the local Service User Network (SUN) so this is not a recurrent cost.
b) Post suicide bereavement support service: The revenue costs of this service will be funded through the Sustainable Transformation Partnership (STP). There are some additional non-recurrent initial costs to set up the service to which public mental health budget was allocated in 2017/18.
Because these costs are non-recurrent, a total of £7k can be removed from the public mental health budget, without impacting on services.

What assumptions have you made?

N/A

What constraints does the project face?

N/A

Delivery Options

Has an options and feasibility study been undertaken?

Scope / Interdependencies

Scope

What is within scope?

2017/18 Public mental health budget allocated to non-recurrent set up costs.

What is outside of scope?

Recurrent public mental health budget allocated to services

Project Dependencies

Title

Cost and Savings

See accompanying financial report

Non Financial Benefits

Non-Financial Benefits Summary

N/A

Title

Risks

Title

Project Impact

Community Impact Assessment

Who will be affected by this proposal?

There is no change to services as a result of removing these non-recurrent set up costs from the budget, therefore the impact is neutral.

What positive impacts are anticipated from this proposal?

None identified

What negative impacts are anticipated from this proposal?

None identified

Are there other impacts which are more neutral?

None identified

Disproportionate impacts on specific groups with protected characteristics

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

Business Case

Public Health Directorate - in-house rationalisation (E/R.6.037)

Project Overview			
Project Title	Public Health Directorate - in-house rationalisation (E/R.6.037)		
Project Code	PR000187	**Business Planning Reference**	E/R.6.037
Business Planning Brief Description	Business Programmes Team restructure to achieve efficiencies in working practices and identify financial savings through new models and new business support structures		
Senior Responsible Officer	Liz Robin & Kate Parker		

Project Approach

Background

Why do we need to undertake this project?

The current business support structure was fit for purpose when the Public Health team transferred to from the NHS to Cambridgeshire County Council and Peterborough City Council. Over the last four years the Directorate has undergone a number of changes which include working across both Cambridgeshire County Council and Peterborough City Council, the establishment of the Joint Public Health Commissioning Unit, and changes to the roles and support needs of Senior Specialist staff working at Public Health Consultant level. This means that in effect almost all staff in the Directorate are working across the two Councils.

As a result, to make sure we are working in the most effective way, the business support function also needs to be re-aligned to work across both Council's - ensuring equitable provision of administration support is provided to senior specialist staff, and removing any unnecessary duplication of work. The proposals have been designed to achieve efficiencies in working practices for a Directorate with responsibilities to both Cambridgeshire County Council and Peterborough City Council as well as identifying potential savings for the Directorate.

What would happen if we did not complete this project?

The service would not be working in the most efficient manner.

Approach

Aims / Objectives

The proposals are expected to achieve the following objectives:

- To increase the efficiency of the current Business Support Team in the new context of joint work across Cambridgeshire and Peterborough, by proposing new processes and operational mechanisms to manage the administrative workload.
- To ensure there is equitable provision of business support to each of the Consultants working within the different Public Health Units.
- To identify financial savings through the introduction of new models and new business support structures.
- To provide a business support function across Cambridgeshire & Peterborough reflecting the change in provision of the Public Health Directorate across the two councils.
- To ensure there is the least amount of disruption to the existing business support team and involve them in the co-production of the developing model.

Project Overview - What are we doing

The Public Health Business Programmes Team is currently undergoing a restructure for business reasons, following other incremental changes in the public health directorate which have resulted in creation of a joint public health service across Cambridgeshire and Peterborough. The most recent of these incremental changes were the creation of a joint Cambridgeshire and Peterborough public health commissioning unit, and the transfer of the Cambridgeshire Smoking Cessation Service to external provider Everyone Health - both of which were included in the 2017/18 Business Plan. These changes mean that business management functions such as risk management, business planning, programme management, recruitment, administrative and PA supoprt, are best delivered through a joint structure across Cambridgeshire and Peterborough, with opportunities to realign roles to maximise effectiveness and minimise duplication.

The proposed restructure is currently out to consultation and includes the amalgamation of two posts, resulting in a saving. A proportion of this saving will be allocated to Peterborough City Council leaving a saving for Cambridgeshire County Council of £33k.

A public health analyst vacancy will be held on an interim basis to cover the remaining CCC revenue saving of £16k, pending a review during 2018/19 of opportunities for income generation.

The re-alignment of the Public Health Business Programmes Team will be achieved through the following mechanisms.

- Senior Public Health Administrators

  Business Support Staff will be assigned to a Public Health Unit to provide a dedicated staff time to support the associated Public Health Consultant. To implement this change it will not be necessary to change staff's current terms and conditions.

- Reduction in DPH PA provision

  Currently the Director of Public Health has two FTE PA's working in both Councils. The DPH will retain 1 FTE PA working across both Councils. This does not mean there is a risk of redundancy for the current post holders as there is still a need for capacity in the service. One of the post holders will be assimilated into the remaining Senior Public Health Administrator post.

- Deletion of the Performance & Projects Manager and the Public Health Business Manager.

  These posts were necessary when Public Health transferred from the NHS to Local Authority in 2013. However the directorate has now evolved and changed focus whereby we are proposing streamlining the provision of administration directly to Public Health Units with some functions incorporated into the Specialist Administration roles.

- Creation of an Executive Project Manager

  Key aspects of the proposals will be to work across both Cambridgeshire County Council and Peterborough City Council's Public Health Directorates, leading on a variety of strategic projects on behalf of the Director of Public Health. This will include the undertaking of project co-ordination work to support the Public Health Units across the directorate.

Key milestones:

- Close of Public Health Business Programmes consultation November 16th 2017
- Response to consultation published November 30th 2017
- Commence implementation of new roles and structures December 1st 2017
- Review of potential for income generation Q1 2018/19

What assumptions have you made?

There is an assumption that it will be feasible to make the proposed saving to public health business

programmes team through the changes outlined in the consultation. It is possible that the consultation feedback will result in change to the proposal

What constraints does the project face?

Delivery Options

Has an options and feasibility study been undertaken?

Alternative options would involve identifying other potential staff savings. However other teams within the public health directorate have already been integrated across Cambridgeshire and Peterborough, so there would not be the same business reasons for taking forward a further restructure/realignment at this point.

Scope / Interdependencies

Scope

What is within scope?

Public Health Business Programmes Team. The two posts proposed to be amalgamated, creating a saving, are the Public Health Business Manager, and Performance and Projects Manager roles.

Public health analyst vacancy to be held pending review of opportunities for income generation.

What is outside of scope?

Other functions and posts within the public health directorate.

Project Dependencies

Title

Cost and Savings

See accompanying financial report

Non Financial Benefits

Non-Financial Benefits Summary

Business programmes support will be structured to reflect Public Health Directorate joint working across Cambridgeshire and Peterborough

Title

Risks

Title

That the proposed new structure will not be sufficient to deliver the work required of the business programmes team. Careful planning and consultation should mitigate this risk.

Senior Public Health Analyst

Project Impact

Community Impact Assessment

Who will be affected by this proposal?

This project will not impact on service users.

What positive impacts are anticipated from this proposal?

None identified

What negative impacts are anticipated from this proposal?

None identified

Are there other impacts which are more neutral?

None identified

Disproportionate impacts on specific groups with protected characteristics

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

None identified

Business Case

Smoking Cessation (E/R.6.038)

Project Overview			
Project Title	Smoking Cessation (E/R.6.038)		
Project Code	PR000188	**Business Planning Reference**	E/R.6.038
Business Planning Brief Description	Fall in demand for stop smoking services in GP practices and pharmacies. Saving made against predicted ongoing reduction		
Senior Responsible Officer	Val Thomas		

Project Approach

Background

Why do we need to undertake this project?

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 stop smoking 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 CAMQUIT (County Council Stop Smoking Service) staff going into the GP practice to deliver clinics.

The demand for stop smoking services in GP practices and pharmacies has reduced over the past few years. There reflects the 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 visiting the service also means lower medication costs. Due to other pressures, there is an ongoing increase in demand by GP practices for 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 ongoing reduction in demand on the smoking cessation budget, but stop smoking services will continue to be easily accessible around the County as the service is being maintained by CAMQUIT staff in GP practices.

The fall in demand has been used to provide savings in other years. However the Health Committee supported using the savings for a harm reduction pilot in Fenland, an area with higher smoking rates especially among routine, manual and other vulnerable groups. The harm reduction model provides additional stop smoking service advisor and medication support for up to one year. There is evidence that this increases the quit rate in certain population groups and is cost-effective and cost saving. However the pilot, despite extensive wide ranging efforts was unable to recruit any smokers from the targeted groups and the pilot was ended. These population groups are continued to be targeted using the usual approaches used by the Stop Smoking Services.

What would happen if we did not complete this project?

Savings would have to be found from elsewhere.

Approach

Aims / Objectives

The savings revenue will be derived from the following
- GPs and community pharmacists are paid for each person they support to make a quit attempt. A fall in their activity creates savings
- Nearly 100% the quit attempts include medication costs which increases the likelihood of the quit attempt being successful.

Project Overview - What are we doing

The fall in demand for smoking cessation services has been continuous locally and nationally for the past four years. Although in Cambridgeshire the number of people smoking fell to below national levels the latest data indicates that it is now around the national level but it has not returned to the higher levels. The options explored were as follows

Increase demand for smoking cessation services. A range of initiatives have been introduced to try and increase demand for services back to former levels but these have not been successful. This is attributed to a real fall in prevalence (the number of people who smoke) and the use of e-cigarettes. This included the harm reduction pilot described above.

However a sizable proportion of people continue to smoke in Cambridgeshire and seek the support of the services.

It is important to continue to provide smoking cessation services to these smokers but the fall in demand and the way providers are funded means that current funding levels are able to sustain an allocation to savings. The efforts to recruit smokers especially from the targeted groups in the harm reduction pilot will continue within the existing budgets. In addition the Stop Smoking Services were transferred to the Integrated Lifestyle Service in July 2017 which has provided an additional source of referrals from these high risk groups. The referrals are key as the quit rate in this group is high.

What assumptions have you made?

That current capacity of the Stop Smoking Services can meet any increases in demand from GP practices for it to provide services in their practices and maintain a countywide service.
A small yet growing proportion of smokers who access CAMQUIT for support to make a quit attempt do not use NRT but fund their own e-cigarettes. Nationally this is the aid that is used most frequently by smokers to help them quit. It is assumed that this trend will continue.

What constraints does the project face?

Delivery Options

Has an options and feasibility study been undertaken?

Scope / Interdependencies

Scope

What is within scope?

The savings that have occurred through the fall in the demand for stop smoking services. Specifically these are payments made to GP practices and the medications used in stop smoking quit attempt.

What is outside of scope?

All other stop smoking resources both pay and non-pay are not affected.

Project Dependencies

Title

Cost and Savings

See accompanying financial report

Non Financial Benefits

Non-Financial Benefits Summary

Title

Risks

Title

Stopping smoking is cost saving and it is the prevention intervention that has the greatest impact on health. Additional funding will be required if prevalence rates increase.

That smoking prevalence will not increase to previous levels and the downward trend is maintained.

Project Impact

Community Impact Assessment

Who will be affected by this proposal?

No service users will be affected by this change as savings relate to natural decrease the number of in service users.

What positive impacts are anticipated from this proposal?

None identified

What negative impacts are anticipated from this proposal?

None identified

Are there other impacts which are more neutral?

None identified

Disproportionate impacts on specific groups with protected characteristics

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

None identified

Agenda Item No: 7

INTEGRATED COMMISSIONING OF CHILDREN'S HEALTH AND WELLBEING SERVICES

To:	**Health Committee**
Meeting Date:	**14th December 2017**
From:	**Director of Public Health**
Electoral division(s):	**All**
Forward Plan ref:	**N/A**
Key decision:	**No**

Purpose:	**To update Health Committee members on the Children's Centres restructure and links to Health Provision.**
Recommendation:	**To note work done to date and timescales for future implementation.**

	Officer contact:		***Member contacts:***
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1. BACKGROUND

1.1 The restructuring of Children's Centres in Cambridgeshire is part of the Children's Change Programme and seeks to ensure that the work of Children's Centres supports the transformation of services for children and families, particularly the youngest and most vulnerable, whilst delivering the agreed savings target.

1.2 The restructure is in line with the Children's Change vision statement:
"We want Cambridgeshire to be a place where all families have the opportunity to thrive, and, we will ensure, where it is safe and in their best interests, our children will live within their families and communities. We will support those families with high quality services that support good outcomes for all our children."

1.3 Plans to establish a new Child and Family Centre Offer were agreed by full council on the 17th October following a ten week public consultation. Officers are now working on the establishment of the new offer with an implementation date of the 1st April 2018.

1.4 The Children's Health Joint Commissioning Unit (CHJCU) gives us the opportunity to develop further integration with Community Health provision. An update on this work is provided in this paper.

2. MAIN ISSUES

2.1 Within the Children's Change programme, there is a commitment for the Child and Family Centre offer to be at the heart of District-based provision, linking across higher tier and specialist provision. This will ensure that services are clearly accessible for our most vulnerable families, and able to respond to the increasing complexities and higher levels of need emerging in the county.

2.2 Opportunities for integrating the delivery of services with health and other partners at a District level is a key ambition of the restructure. This was also a key message from the public consultation (see section 3.2 below) with families telling us that being able to access support from health colleagues like midwives, health visitors and speech therapists from Children's Centres has been a good thing. Moving forward we will look to further integrate our work with these partners across a range of venues to offer a seamless service to families.

2.3 Commissioners of Maternity Services in Cambridgeshire and Peterborough are leading on the implementation of the 'Better Births' programme. This is underpinned by national guidance from NHS England, and includes recommendations to establish community based provision where appropriate in 'Community Hubs' (see quote below from NHS Better Births document)

"Community hubs should be established, where maternity services, particularly ante- and postnatally, are provided alongside other family-orientated health and social services provided by statutory and voluntary agencies. Community hubs should work closely with their obstetric and neonatal unit(s)."

2.4 Children's Commissioners from CCC and PCC are leading on the Community Hubs element of this programme alongside colleagues from the CCG. As these officers are also responsible for the specification for Child and Family centres, these 2 work streams will be developed in line with each other.

2.5 The commissioning of children's and young people's health and care services including the 0-19 service in Cambridgeshire and Peterborough is strategically managed by the Children's Health Joint Commissioning Unit (CHJCU). Membership of the CHJCU consists of senior commissioners from Cambridgeshire County Council (CCC) Peterborough City Council (PCC) and Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) The CHJCU was set up in September 2015 with the following vision.
"That all children and families in Cambridgeshire and Peterborough have the right to* be kept safe and healthy, have excellent health services, enjoy school, play and family, help to help themselves and are part of strong and inclusive networks of *support."

2.6 Work is underway to build on the existing Healthy Child Programme Framework to be part of an integrated Cambridgeshire and Peterborough 0 - 19 service, including a range of provision; child and family centres; health visiting; family nurse partnership; school nursing, specialist therapy services, such as speech and language therapy, occupational therapy, physiotherapy; Child and Adolescent Mental Health Services. We are working towards this service being in place for April 2019.

3. ENGAGEMENT TO DATE

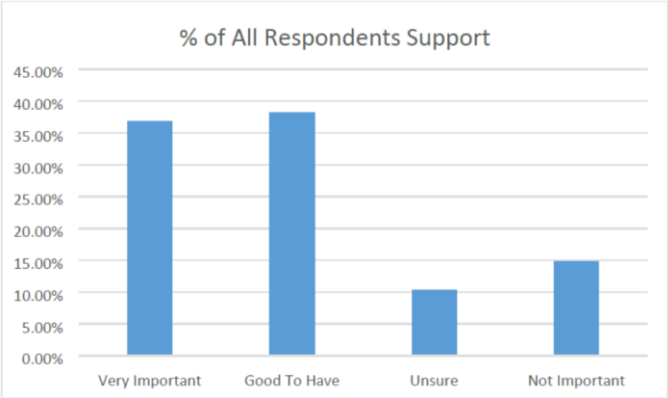
3.1 Details of the main engagement activities are outlined below:

- Officers and Members of the CYP committee have been engaged in an ongoing dialogue since May 2016 to understand the current Children's Centre offer and consideration on how these services might look going forward.
- From July 2016, this work was aligned with the emergent Children's Change Programme which placed the Children's Centre work within a district delivery structure.
- A members Seminar available to all members was held regarding the future direction of Children's Centres on the 13th January 2017. This presentation included the development of Child and Family Centres, as well as designing our future service delivery around a place-based approach.
- Initial discussions with current providers of Children's Centres within Cambridgeshire have taken place in February 2017, to help to develop early ideas around this work. (this included Children Centres operating from schools)
- In May 2017, two 0-19 Healthy Child Programme workshops were held with colleagues across commissioning and provider services. These sessions included looking at how we could move towards a more integrated model building on the Thrive model and existing good practice.

- Between 20th and 29th June place-based meetings were held in each District to engage with officers and partners from District Councils, Health, communities, etc to discuss service delivery and collaboration.
- A public consultation about the proposed Child and Family Centres ran between the 17th July and the 22nd September 2017. The consultation set out the proposals and the intended locations for service delivery across Cambridgeshire. (See section 3.2 below for more specific feedback relating to integration with health provision)
- Better Births Community Hubs workshop was held on the 3rd October with attendees from across Health, midwifery, children's services, Voluntary sector providers and service users. This looked at opportunities to deliver this programme in conjunction with the emerging new model for Children's Centres.
- Between the 3rd-5th October three update sessions were held with frontline Healthy Child programme staff employed by our health provider CCS. These sessions included considering opportunities for delivering a more seamless model to families moving forward.

3.2 Question 3 of the public consultation asked respondents how important it was to have access to health services in the same place as Child and Family services. 2260 respondents answered this question. 75.1% of respondents thought this was either 'very important' or 'good to have' and 14.8% thought it was not important. The remaining 10.3% were unsure.

Figure 10: Percentage of Respondent Support for Question 3



4. ALIGNMENT WITH CORPORATE PRIORITIES

4.1 Developing the local economy for the benefit of all

It is proposed this work will achieve better outcomes for children to help them become healthy and productive adults, as well as making the required savings.

4.2 Helping people live healthy and independent lives

The development of a whole systems approach focussing on early identification and support will support children, young people and families to be more resilient with better outcomes.

The redesigned service model will see greater integration with Community Health colleagues and look to ensure families can access both family support, parenting, child care and health support services in one place or via an integrated plan.

4.3 Supporting and protecting vulnerable people

The Child and Family Centres alongside 0-19 health services currently focus on identifying and targeting vulnerable children and families

5. SIGNIFICANT IMPLICATIONS

5.1 Resource Implications

5.1.1 The 2017/18 budget for children's centres is £5,272,159. This budget includes an element of corporately managed property service budgets for our current Local Authority Managed Children's Centres. By building a new service for Cambridgeshire Families, a permanent budget saving of £900,000 will be delivered representing 17% of the current total budget for Children's Centres. The level of front line service delivery is maintained. The revised budget for the Child and Family Centre offer in 2018/19 will therefore be £4,372,159 (subject to a potential uplift for cost inflation)

5.2 Statutory, Legal and Risk

5.2.1 The CHJCU is working with LGSS legal team, who will advise on the potential impact of future options.

5.2.2 Healthy Child Programme activities delivered by Health Visitors and Midwives are currently often located within Children's Centre buildings. We will ensure that family access to these services is protected in the emerging offer and wherever possible these services will be co-located and further integrated within a Children and Family Centre Offer.

5.3 Equality and Diversity

5.3.1 All equality and diversity implications of the restructuring of children's centres were fully considered and are outlined in the Community Impact Assessment that went to full council in October. A further community impact assessment will be collated for any of the future changes or options considered to move to further integration

5.4 Engagement and Communication

5.4.1 Please see section 3 above for details of engagement activities to date.

5.4.2 There will be an engagement and communication programme for any future changes or options considered.

5.5 Are there any localism and local Member involvement issues

5.5.1 There has been significant local Member involvement at all stages of this process and this will continue as any changes are implemented.

5.6 Procurement/Contractual/Council Contract Procedure Rules Implications

5.6.1 This new structure maintains a mixed model approach with current partners as appropriate, there are on-going discussions in some areas of the County in relation to Outreach delivery sites and activities. Solutions identified will be delivered in line with legal and property constraints and subject to County Council policies.

5.7 Public health implications

5.7.1 The restructured offer was developed in line with the current development of the 0-19 Healthy Child Programme and the Maternity Better Births workstream, linked into the Child Health Joint Commissioning Unit. As covered in section 5.2.2 above, we will ensure that family access to health services is protected in the emerging offer. The principles of proportionate universalism that underpin health delivery are supported by these proposals.

Implications	**Officer Clearance**
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: Martin Wade
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes Name of Officer: Paul White
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	Yes Name of Legal Officer: Virginia Lloyd
Have the equality and diversity implications been cleared by your Service Contact?	Yes or No Name of Officer: Liz Robin
Have any engagement and communication implications been cleared by Communications?	Yes or No Name of Officer: Liz Robin
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes or No Name of Officer: Liz Robin
Have any Public Health implications been cleared by Public Health	Yes Name of Officer: Raj Lakshman

Source Documents	Location
0-19 Joint Commissioning of Children's Health and Wellbeing Services Update- Health Committee June 2017	https://cmis.cambridgeshire.gov.uk/CCC_live/Document.ashx?czJKcaeAi5tUFL1DTL2UE4zNRBcoShgo=mnmySserzE4L%2fl94ShFn9S7wPgIBS2JMGoDFUkxAqUwfXhT8jB26QA%3d%3d&rUzwRPf%2bZ3zd4E7Ikn8Lyw%3d%3d=pwRE6AGJFLDNlh225F5QMaQWCtPHwdhUfCZ%2fLUQzgA2uL5jNRG4jdQ%3d%3d&mCTIbCubSFfXsDGW9IXnlg%3d%3d=hFflUdN3100%3d&kCx1AnS9%2fpWZQ40DXFvdEw%3d%3d=hFflUdN3100%3d&uJovDxwdjMPoYv%2bAJvYtyA%3d%3d=ctNJFf55vVA%3d&FgPlIEJYlotS%2bYGoBi5olA%3d%3d=NHdURQburHA%3d&d9Qjj0ag1Pd993jsyOJqFvmyB7X0CSQK=ctNJFf55vVA%3d&WGewmoAfeNR9xqBux0r1Q8Za60lavYmz=ctNJFf55vVA%3d&WGewmoAfeNQ16B2MHuCpMRKZMwaG1PaO=ctNJFf55vVA%3d
'Better Births', National Maternity Review, NHS England	https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf
Response to Children's Centre Consultation document and associated appendices.	https://www.cambridgeshire.gov.uk/residents/children-and-families/children-s-centres/children-s-centres-consultation/
Family Hubs: a discussion paper (Children's Commissioner, 2016)	https://tinyurl.com/y8yq274v

Agenda Item No: 8

HEALTH COMMITTEE UPDATE REGARDING THE CAMBRIDGE GP OUT OF HOURS BASE MOVE FROM CHESTERTON TO ADDENBROOKE'S INCLUDING THE CO-LOCATION OF GP STREAMING

To: **Cambridgeshire Health Committee**

Meeting Date:

From: **Ruth Derrett Director of Transformation, Urgent and Emergency Care, Cambridgeshire and Peterborough CCG**

Electoral division(s):

Forward Plan ref: **N/A** *Key decision:* No

Purpose: **Update on the Cambridge GP Out of Hours Base relocation from Chesterton to Addenbrookes (Clinic 9) including the colocation of GP Streaming**

Recommendation: **To note the contents of the**

	CCG contact:		***Member contacts:***
Name:	**Ian Weller**	Names:	Cllr Peter Hudson
Post:	Head of Urgent & Emergency care	Post:	Chair
Email:	i.weller@nhs.net	Email:	Peter.Hudson@cambridgeshire.gov.uk
Tel:	01480 387101	Tel:	01223 706398

1. BACKGROUND

Following public consultation in early 2017 the CCG undertook to relocate the Cambridge GP Out of Hours (OOH) base from Chesterton to the Cambridge University Hospitals NHS Foundation Trust (Addenbrooke's) site. Whilst supporting the proposal the Cambridgeshire Heath Committee raised a number of concerns about the move and requested that the CCG provide regular updates on the following issues:

- Service performance
- Patient & staff experience
- GP shift fill
- Pharmacy arrangements
- GP indemnity

This paper provides an update on these issues.

2. MAIN ISSUES

2.1 Service Status

On 8 August 2017 the CCG successfully relocated the OOH service to Addenbrooke's (Clinic 9), which had been extensively refurbished prior to occupation. Cambridgeshire patients who call NHS 111 and need to see an OOHs doctor (between 1830 – 0800 weekdays and 1830 Fri to 0800 Mon) are now booked into the OOH service operating from Clinic 9 which is adjacent to the hospital A&E department, if needed patients can also be seen in their own home.

To maximise workforce resilience and to ensure patients saw the right clinician first time, avoiding long waits in A&E, the aim was to co-locate the Addenbrooke's GP streaming service into Clinic 9 under a single contract with the current Out of Hours provider, Herts Urgent Care (HUC). Due to commissioning issues associated with the counting of Type 3 A&E activity and the recording of this and GP indemnity-related issues the GP streaming service has yet to be moved and remains in operation within the A&E department. The reasons for this are discussed further in this paper.

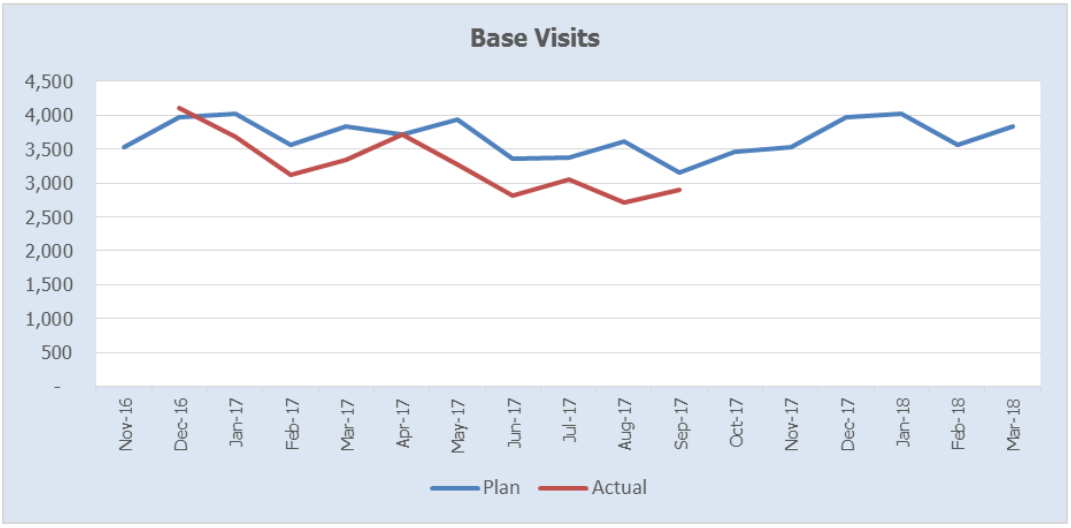
2.2. Service Performance

Since go live on 8 August through to the end of October the OOH service at Addenbrooke's has seen a total of 7,022 patients, of which:

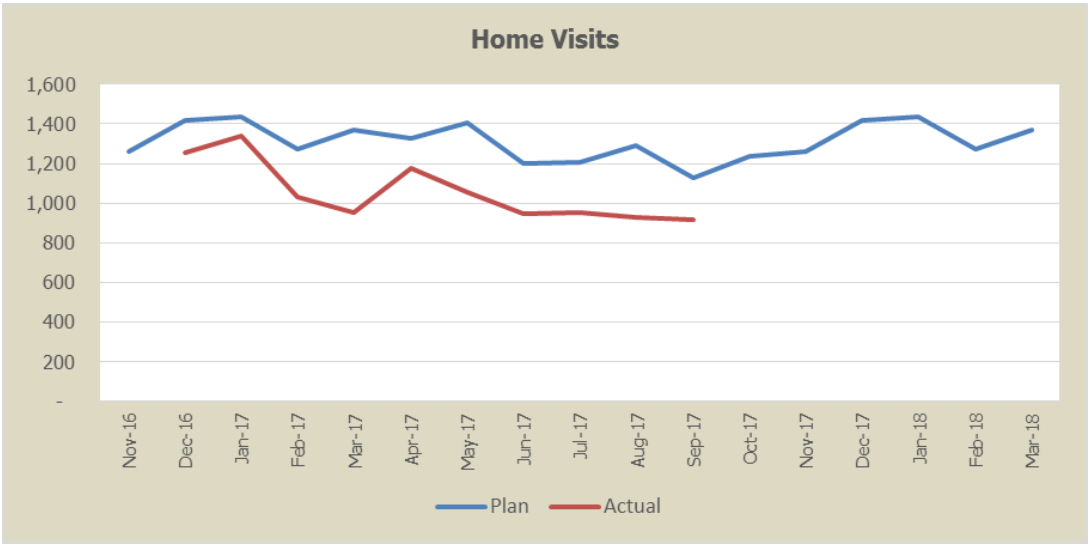
5,116 patients seen at the clinic via booked appointment through 111
1,906 patients who required a GP home visit

The number of patients accessing the relocated base OOH is between 20 - 25% less than that of Chesterton. However, this is in line with the general trend across the Integrated Urgent Care service across Cambridgeshire (see below) both home and base visits are below the planned expected level of activity, based on previous years.

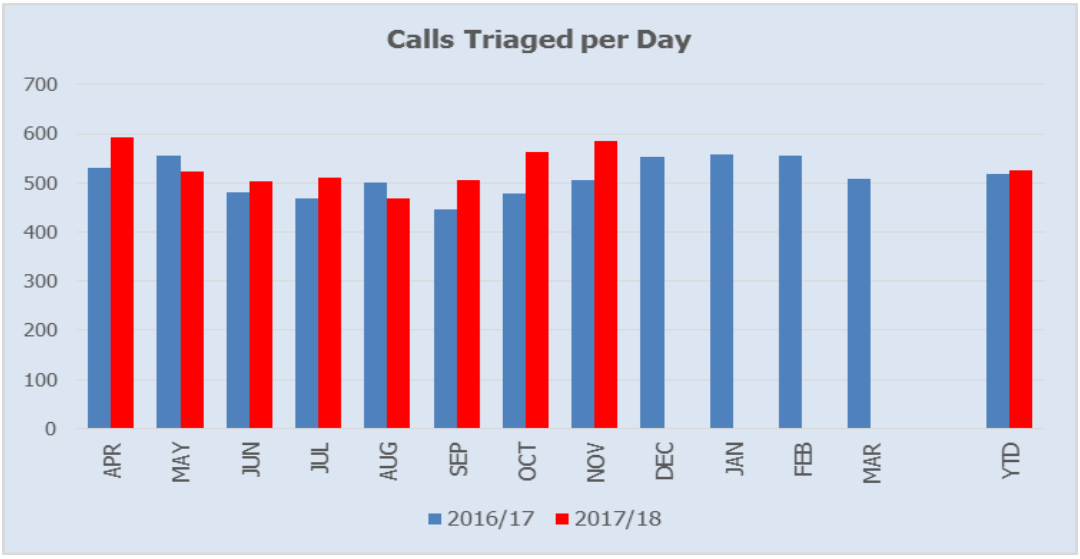
IUC service total number of base visits



IUC service total number of home visits



IUC Average number of calls triaged per day



Although the number of calls being triaged by NHS 111 has increased this year on last, the total number of calls to the service has decreased by around 7% compared with the same period. This could be associated with self-management approaches based on online information and/or GP/pharmacist advice and guidance coupled with the use of the MiDOS/MyHealth apps. This goes some way in explaining the drop in base/home visits, allied to this there has been an improvement in triage, as set out below:

- Improved triage process/capacity within the NHS 111 call centre by clinical advisers
- Improved telephone triage (advice & guidance) by base GPs reducing the need for a face to face appointment
- Impact of the clinical hub, in particular the mental health First Response Service (FRS) via pressing option 2.

Having the OOH base located at Addenbrooke's has had **no** impact on the activity attending the A&E department. Attendances at Addenbrooke's are in line with expected growth, circa 3.8% increase on last year 2015/16.

2.3. Patient & Staff Experience

Following service commencement at Clinic 9 in August Healthwatch agreed to develop a short survey that patients could complete and send back. So far there have only been three responses:

- One positive response about the service in general
- One positive response about the speed of receiving a call back and subsequent OOH appointment at Clinic 9
- One negative response regarding the NHS 111 call adviser not knowing the exact location of Clinic 9 on the Addenbrooke's site

One complaint from a patient who was sent to Chesterton after the service had moved.
Where deficiencies have been reported, training or remedial actions have been put in place.

In general permanent base staff are happy with the new facility. Whilst there was a high degree of apprehension staff have quickly adapted and in general feedback is good. The majority of GPs report that they like the new fresh looking facility and the co-location with A&E. Some GPs who previously worked at Chesterton have decided to take up shifts in other bases citing parking, ease of access and increased travel times.

HUC continually spot survey travel patterns to the clinic. Since the move the survey has shown a reduction in usage from patients living in the CB3, CB4 and CB5 postcodes, with a corresponding increase in usage from patients living in CB21-25 postcodes. This could be for a variety of reasons, particularly as there has been significant housing expansion to the south of the City, around the Trumpington location, further data collection & analysis is required to substantiate any theories at this stage.

In terms of travelling and the way in which patients get to the clinic, the methods of travel are very similar to that of Chesterton 9 (see below). In summary there has been a slight increase in the use of public transport, probably due to the good bus links into Addenbrooke's and a slight change in the patients driving or being driven by someone else, changes are shown in red

Survey of 100 patients in Sept 17 compared with Chesterton		
Method of Transport	Chesterton	Clinic 9
Walked	1	0
Drove themelves	15	20
Driven by someone else	79	70
Taxi	5	5
Pub Trans (bus)	0	5
Total	100	100

2.4. GP Shift Fill

The average GP shift fill at the clinic 9 base since go live is 79%, this is slightly less than Chesterton, which averaged 83%. This does vary depending on weekdays/weekends/school holidays etc. The base is designated as a tier 1 site along with Peterborough and Huntingdon, meaning that it takes priority over tier 2 sites, with GPs moving between bases to meet the operational needs of the service, which are reviewed daily.

HUC are continually reviewing their GP pay rates, terms and conditions and engaging with local practices to attract additional GPs into the OOH service as well as working with a range of locum agencies. This has translated into a number of key actions, namely:

- Setting up of a shift incentive scheme including bonus for booking > 12 shifts
- Dedicated GP recruitment events
- 2 open events at Clinic 9 led by HUC Chief Executive Officer
- Letters and visits to all Cambridge GP practices.

2.5. Pharmacy Provision

One of the concerns previously raised was that patients attending Addenbrooke's requiring a prescription needed to then go to their nearest pharmacy to exchange the issued FP10 prescription for medicines. The ambition was to have an on-site 'one stop shop' whereby patients could get their medicines at CUH from the onsite Lloyds Pharmacy.

The Lloyds Pharmacy contract with Addenbrooke's is up for renewal on 31 March 2018. At this point in time Addenbrooke's are looking at options to extend the current contract or re-tender the service using a revised service specification to include FP10 GP prescriptions as well as 'over the counter' (OTC) medicines. The current Lloyds provision is for hospital outpatient medicines only.

For patients attending OOH appointments or needing a home visit there is a limited stock of medicines held in Clinic 9 which can be issued at the discretion of the GP. If the patient requires a prescription then they would have to go to their nearest pharmacy. Information on opening times and location of all Cambridge pharmacies is provided to patients attending the OOH service. The

closest pharmacy to Clinic 9 is Numarks Pharmacy on Adkins Corner, CB1 3RU, some six minutes drive from the clinic and open until 23:00.

2.6. UTC Signage

One of the concerns raised by both patients' representatives, Healthwatch, and Councillors was the confusion that patients may experience when visiting the Addenbrooke's site around where to go to find the clinic. New signage has been erected at strategic places around the campus to direct patients to the clinic as well as additional lighting and the installation of a zebra crossing.

2.7. GP Indemnity

GPs working in the OOH service are deemed as self-employed clinicians; as a result they are required to have appropriate indemnity cover in place to mitigate any claims of malpractice/negligence etc.

GPs working as clinicians within the A&E department seeing patients are covered by the Addenbrooke's NHS Litigation Authority (NHSLA) indemnity cover, as the service activity forms part of the contracted activity with the CCG.

Should the GP streaming service transfer solely to HUC under a separate contract then Addenbrooke's would no longer provide indemnity cover. The streaming GPs would then be required to take out their own indemnity cover at significant cost. The CCG is investigating a model where HUC are sub-contracted by CUH to provide the streaming GP, in which case indemnity cover will be maintained by CUH.

This issue creates artificial boundaries between the two services which has to date contributed to the delay in moving the GP streaming service down from A&E to Clinic 9. Furthermore rising indemnity costs are being cited as one of the reasons dis-incentivising GPs form working in the OOH service.

In mitigation the NHS has recently published its review of GP indemnity and has set out details of a short term financial plan aimed at supporting practices with indemnity costs, in addition the national winter GP indemnity scheme is running between October 2017 and April 2018, again to support GPs indemnity premiums.

NHS England have recently indicated their intention, over the next 12-18 months, to develop a state-backed indemnity scheme. Whilst limited detail exists regarding the scheme the impact has seen indemnity providers reduce their premiums to GPs which is a positive indication. This may also attract additional GPs into the OOH service.

2.8. Future Developments

In April NHS England published a national Urgent & Emergency Care (UEC) Delivery Plan containing details of how the goals described within the Five Year Forward View (FYFV) will need to be implemented, these include the designation and implementation of Urgent Treatment Centres (UTC).

The intention is to further develop the service within Clinic 9 into that of a compliant primary care led UTC, which will enable patients to gain an appointment via NHS 111 or walk-in at which time

they will be seen by a GP or senior practitioner who has access to a range of diagnostic tests including X-ray and blood tests as well as being able to receive ambulance conveyances. The aim is to restrict activity going to the A&E department to emergency or life threatening cases only. National requirements are for this to be in place fully by October 2019.

2.9. Summary & Conclusions

In summary the move of the Cambridge OOH base from Chesterton to Addenbrooke's can be assessed as being less disruptive to patients and staff than as anticipated by some. Both staff and patients like the refurbished clinic 9 setting and despite a few teething problems there have been no significant complaints about the service.

GP shift remains a challenge both at all our OOH bases, in terms of base activity numbers are down compared to last year, however, this is replicated across the entire Integrated Urgent Care service.

In terms of Clinic 9 it is important that we continue to develop the patient offer by moving the GP streaming service down from the A&E department as soon as possible. This then paves the way for the development and implementation of a fully compliant UTC in 2018, in line with national requirements.

Produced by

Ian Weller
Head of Urgent and Emergency Care
Cambridgeshire and Peterborough CCG

November 2017

Agenda Item No: 10

HEALTH COMMITTEE WORKING GROUP UPDATE

To:	**HEALTH COMMITTEE**
Meeting Date:	**14th December 2017**
From	**Head of Public Health Business Programmes**
Electoral division(s):	**All**
Forward Plan ref:	**Not applicable**
Purpose:	**To inform the Committee of the activities and progress of the Committee's working groups since the last update.**
Recommendation:	**The Health Committee is asked to:**

1) **Note and endorse the progress made on health scrutiny through the liaison groups**

2) **Note the forthcoming schedule of ¼ liaison meetings (Appendix 1)**

3) **Consider any items from the ¼ liaison meetings that my need be included on the forward agenda plan**

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

1.0 BACKGROUND

1.1 The purpose of this report is to inform the Committee of the health scrutiny activities that have been undertaken or planned since the committee last discussed this at the meeting held on 7th September 2017.

1.2 This report updates the committee on the quarter2/3, joint liaison meeting with Cambridgeshire & Peterborough Clinical Commissioning Group (CPCCG) and Healthwatch Cambridgeshire & Peterborough, Cambridgeshire & Peterborough Foundation Trust (CPFT), and Cambridge University Hospitals NHS Foundation Trust (CUHFT) and North West Anglia NHS Foundation Trust (NWA)

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

2. MAIN ISSUES

2.1 <u>Liaison meeting with Cambridgeshire and Peterborough Foundation Trust (CPFT)</u>

The liaison group members in attendance were County Councillors Lina Joseph, District Councillor Susan Ellington and Cambridge City Councillor Margery Abbott. A meeting was held on 9th November with Tracy Dowling (CEO) and Deborah Cohen (Director of Service Integration). Apologies were noted from Cllr Hudson, Harford and Cllr van de Ven.

2.1.1 The following topics were discussed at this meeting:

- Update from CPFT on new management arrangements.
- Investments in CPFT from STP
  - Expansion of Joint Emergency Team
  - Long Term Conditions
  - Case Management
- Joining up of CCS / CPFT Children's services moving away from organisational silos working as a system.
- Expansion of the PRISM (Primary Care Mental Health Service) completion of roll out to all GP practices
- Update on service consultations
  - Learning Disabilities (no further development since last report)

2.1.2 Future potential items for the Health Committee's forward agenda plan were noted.

- Expansion of PRISM service (Phase 1 overview / Phase 2 plans)
- Development of First Response Service
- Issues around East of England Ambulance Service Trust

The next liaison meeting date with CPFT is scheduled for 7th March 2018.

2.2 Liaison Meeting with HealthWatch Cambridgeshire & Peterborough and the Clinical Commissioning Group (CCG)

The liaison group members in attendance were Councillors Harford, Hudson Jones, van de Ven and District Councillors Ellington. A meeting was held on 20th October with Sandie Smith (CEO) of Healthwatch, and Jessica Bawden (Director of Corporate Affairs, CCG)

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

- Update on Out of Hours Relocation (discussion over content of paper for December Health Committee)
- Chief Officer's Replacement
  - Appointment of Shelia Bremner (Interim Chief Officer)
- Capped Expenditure Process
- Social Prescribing

2.2.2 Sandie Smith provided members with an overview of Healthwatch Cambridgeshire & Peterborough.

- Boards merged on 1st April bringing the governance together along with a joint workprogramme
- Appointment of Sandie Smith as new CEO for Healthwatch Cambridgeshire & Peterborough (1st October 2017).
- Looking at redesign of CAMH services

2.2.3 Actions from this meeting:

- Consider Health Committee receiving an update on CCGs Financial position in 2018.
- Consider inviting Healthwatch Cambridgeshire & Peterborough to provider members with an overview on local issues being raised to Healthwatch.

The next liaison meeting is scheduled for 25th January 2018.

2.3 Liaison Meeting with Cambridge University Hospitals NHS Foundation Trust (CUHFT)

The Liaison group members in attendance were Councillors: Hudson, Jones and van de Ven and district Councillor Ellington. A meeting was held on 29th September with Roland Sinker (CEO) and Ian Walker (Director of Corporate Affairs). Apologies were received for Councillor Harford.

2.3.1 The following topics were raised by members and discussed at the meeting:

- Relocation of Out of Hours Service (Addenbrookes perspective)
- A & E Triage System
- Delayed Transfers of Care (DTOCs)
- Utilising Voluntary services
- Access to Hospital site

- Air Quality at Addenbrookes site.
- Healthy Weight Strategy – How can Addenbrookes support the delivery of the strategy.

2.3.2 Updates were received from Addenbrookes on the following areas:

- Emergency Care performance
- Elective Care performance
- Cancer performance
- Forum Site development and Papworth Hospital move (Sept 2018)
- Staffing updates
  - New Chief Finance Officer appointment - Paul Scott.
  - New Non-Executive appointments

2.3.2 Actions from the meeting:

- Ian Walker to send DTOC A&E delivery board information and copy of letter sent to system from Roland Sinker & Tracy Dowling
- KP to arrange for Ian Walker & Val Thomas to meet to discuss Healthy Weight Strategy – bring back to next liaison meeting.
- Consider items in Spring/ Summer from CUHFT to bring to Health committee on:
  - Performance & Patient Information on safeguarding
  - Life Science Strategy

The next liaison meeting date is 22nd December 2017.

2.4. <u>Liaison meeting with North West Anglia Foundation Trust (regarding Hinchingbrooke Hospital) NWAFT</u>

2.4.1 The liaison group members in attendance were County Council Lynda Harford, District Councillors Susan Ellington and Jill Tavener. Apologies were received from Cllr Hudson. A meeting was held on 7th November with Stephen Graves (CEO) and Caroline Walker (CFO)

2.4.2 The following topics were discussed at this meeting:

- Workforce Planning Issues (including recruitment)
  - Training into the nursing programme
  - Anaesthetist recruitment
- A&E update on service
  - Issues around Recruitment to Consultant posts
  - STP concepts around A&E
- Financial Position Update
- Green Travel Plan Development
- Update on Ambulance Service
  - Impact of Joint Emergency Teams (JET)
  - New Service standards for EEAST

2.4.3 Actions from the meeting:

- Jo Bennis (Chief Nurse) to be invited to attend next liaison meeting in regards to updates on nursing staffing in Hinchingbrooke Hospital.
- Consider Health Committee receiving an update from EEAST
- GP consortium development on next liaison meeting agenda.

3.0 SIGNIFICANT IMPLICATIONS

3.1 **Resource Implications**

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

3.2 **Statutory, Risk and Legal Implications**

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

3.3 **Equality and Diversity Implications**

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

3.4 **Engagement and Consultation Implications**

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

3.5 **Localism and Local Member Involvement**

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

3.6 **Public Health Implications**

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

Source Documents	Location
None	

HEALTH COMMITTEE TRAINING PLAN	Updated November 2017	**Agenda Item No: 11**

Ref	Subject	Desired Learning Outcome/Success Measures	Priority	Date	Responsibility	Nature of training	Attendance by:	Cllrs Attending	Percentage of total
1.	***Health Committee Induction Training***	To provide the new committee members with an overview of the Health Committee's remit. To provide members with background information on the Public Health executive function of the committee and its statutory health scrutiny function.	1	14th June	Democratic Services / Public Health	Training Seminar	For new members of Heath Committee (all members welcome)	9	**Completed** 60% of full committee
2.	***Finance Training***	To provide members with a background information around the council's finance process and familiarise new members with the specific details of the Public Health Directorate budgets	2	14th July 9.30-10.45	Public health	Training seminar	All members of Health Committee	9	**Completed** 60% of full committee
3.	***Sustainable Transformation Programme – workforce planning***	To provide new committee members with an overview of the Sustainable Transformation Programme	1	Nov 6th 11.30	Public Health	Scrutiny Training	All members of Health Committee	8	**Completed** 53% of full committee

Ref	Subject	Desired Learning Outcome/Success Measures	Priority	Date	Responsibility	Nature of training	Attendance by:	Cllrs Attending	Percentage of total
4.	***Health Committee Priorities 2017-18***	To develop and identify Public Health priority areas for the Health Committee to focus for 2017-18	1	21st July 2-4pm	Public Health	Development session	All members of Health Committee	8	**Completed** 53% of full committee
5.	***Public Health Business Planning (part 1)***	To discuss and advice on proposals for public health savings for 2018/19 as part of the councils business planning	1	22nd Sept 10-11.30 – 1pm	Public Health	Development Session	All members of Health Committee	5	**Completed** 33% of full committee
~~6.~~	~~***Public Health Business Planning (part 2)***~~ ~~***This may not be required***~~	~~To review final proposals for public health savings for 2018/19. Please note that this session may not be necessary and may be used for STP training.~~	~~2~~	~~Nov Tbc~~	~~Public Health~~	~~Development Session~~	~~All members of Health Committee~~		~~**Removed**~~
7.	***Health in Fenland***	To provide a deep dive into reviewing and understand the key health inequalities in the Fenland District. To be held at FDC March office.	1	March 2018	Public Health	Development Session	All members of Health Committee + Fenland Members + FDC + Wisbech Town Council		
8.	***Public Health Strategy***	To further develop the Public Health Strategy for the Health Committee	3	Jan 2018	Public Health	Development Session	All members of Health Committee		

Ref	Subject	Desired Learning Outcome/Success Measures	Priority	Date	Responsibility	Nature of training	Attendance by:	Cllrs Attending	Percentage of total
		PHE providing support around Prioritisation framework							
9.	***STP: STP developments to support general practice.***	To provide the committee members with an overview of STP work to develop and support GP led primary care.	2	Feb	Public Health	Development Session	All Health Committee members		

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

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

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

HEALTH POLICY AND SERVICE COMMITTEE AGENDA PLAN	Published 1 November 2017	Cambridgeshire County Council

Notes

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

The definition of a key decision is set out in the Council's Constitution in Part 2, Article 12.

* indicates items expected to be recommended for determination by full Council.

\+ indicates items expected to be confidential, which would exclude the press and public. Additional information about confidential items is given at the foot of this document.

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

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
14/12/17	Public Health Finance and performance report	Chris Malyon/ Liz Robin	Not applicable	01/12/17	05/12/17
	Business Planning 2018-19	Chris Malyon/ Liz Robin	Not applicable		
	Integrated commissioning of children's health and wellbeing services	Janet Dullaghan/ Helen Freeman	Not applicable		
	Scrutiny Item: emerging issues in the NHS (standing item)	Kate Parker	Not applicable		
	Update on Relocation of Out of Hours Service	Ruth Derrett, CCG	Not applicable		
	Committee training plan (standing item)	Kate Parker/ Ruth Yule	Not applicable		
	Agenda plan and appointments to outside bodies	Ruth Yule	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
16/01/18	Public Health Finance and performance report (including Risk Register Update)	Chris Malyon/ Liz Robin	Not applicable	03/01/18	05/01/18
	Scrutiny Item: Non-Emergency Patient Transport (NEPT) Service Performance: Six Month Update	Kyle Cliff, CCG	Not applicable		
	Scrutiny Item: Sustainability and Transformation Plan (STP) - East Cambs & Fenland Local Urgent Care Service hub pilot update [standing item]	Matthew Smith, CCG	Not applicable		
	Scrutiny Item: Development of Primary Care in Northstowe	Sue Watkinson	Not applicable		
	Scrutiny Item: emerging issues in the NHS (standing item)	Kate Parker	Not applicable		
	Committee training plan (standing item)	Kate Parker/ Ruth Yule	Not applicable		
	Agenda plan and appointments to outside bodies	Ruth Yule	Not applicable		
[08/02/18] Provisional meeting	*Scrutiny Item: East of England Ambulance Service*	*Kate Parker*	Not applicable	*26/01/18*	*30/01/18*
15/03/18	Public Health Finance and performance report	Chris Malyon/ Liz Robin	Not applicable	02/03/18	06/03/18
	Scrutiny Item: Sustainability and Transformation Plan (STP) update [standing item]		Not applicable		
	Scrutiny Item: emerging issues in the NHS (standing item)	Kate Parker	Not applicable		
	Committee training plan (standing item)	Kate Parker/ Ruth Yule	Not applicable		
	Agenda plan and appointments to outside bodies	Ruth Yule	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
[19/04/18] Provisional meeting				*06/04/18*	*10/04/18*
17/05/18	Notification of Chairman/woman and Vice-Chairman/woman	Ruth Yule	Not applicable	04/05/18	08/05/18
	Co-option of District non-voting Members	Ruth Yule	Not applicable		
	Public Health Finance and performance report	Chris Malyon/ Liz Robin	Not applicable		
	Scrutiny Item: NHS Quality Accounts (provisional)	Kate Parker	Not applicable		
	Scrutiny Item: Sustainability and Transformation Plan (STP) update [standing item]	Scott Haldane	Not applicable		
	Scrutiny Item: emerging issues in the NHS (standing item)	Kate Parker	Not applicable		
	Committee training plan (standing item)	Kate Parker/ Ruth Yule	Not applicable		
	Agenda plan and appointments to outside bodies	Ruth Yule	Not applicable		

Notice made under the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 in compliance with Regulation 5(7)

Decisions to be made in private as a matter of urgency in compliance with Regulation 5(6)

1. At least 28 clear days before a private meeting of a decision-making body, public notice must be given which must include a statement of reasons for the meeting to be held in private.
2. At least 5 clear days before a private meeting of a decision-making body, further public notice must be given which must include a statement of reasons for the meeting to be held in private, details of any representations received by the decision-making body about why the meeting should be open to the public and a statement of the Council's response to such representations.
3. Where the date by which a meeting must be held makes compliance with the above requirements impracticable, the meeting may only be held in private where the decision-making body has obtained agreement from the Chairman of the Council.
4. Compliance with the requirements for the giving of public notice has been impracticable in relation to the business detailed below.

Forward plan reference	Intended date of decision	Matter in respect of which the decision is to be made	Decision maker	List of documents to be submitted to the decision maker	Reason for the meeting to be held in private
…/…	[Insert Committee date here]		[Insert Committee name here]	Report of … Director	The decision is an exempt item within the meaning of paragraph … of Schedule 12A of the Local Government Act 1972 as it refers to information ….

5. The Chairman of the Council has agreed that the Committee may hold a private meeting to consider the business referred to in paragraph 4 above because the meeting is urgent and cannot reasonably be deferred for the reasons stated below.

Date of Chairman's agreement	Matter in respect of which the decision is to be made	Reasons why meeting urgent and cannot reasonably be deferred

For further information, please contact Quentin Baker on 01223 727961 or Quentin.Baker@cambridgeshire.gov.uk