

# HEALTH COMMITTEE



**Thursday, 14 November 2019**

**Democratic and Members' Services**  
Fiona McMillan  
Monitoring Officer

**13:30**

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 - 17th October 2019 & Action Log**

**5 - 12**

**4 Petitions and Public Questions**

### **KEY DECISIONS**

<b>5</b>	<b>Delegated Authority to Award the Contract for the Prevention of Sexual Ill Health Service</b>	<b>13 - 18</b>
<b>6</b>	<b>Recommissioning Sexual Health Services</b>	<b>19 - 26</b>

## **DECISIONS**

<b>7</b>	<b>Finance Monitoring Report - September 2019</b>	<b>27 - 38</b>
<b>8</b>	<b>Health Committee Training Programme</b>	<b>39 - 40</b>
<b>9</b>	<b>Health Committee Forward Agenda Plan &amp; Appointments to Outside Bodies</b>	<b>41 - 44</b>

The Health Committee comprises the following members:

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

Councillor David Connor Councillor Lorna Dupre Councillor Lynda Harford 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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public. It also welcomes the use of social networking and micro-blogging websites (such as Twitter and Facebook) to communicate with people about what is happening, as it happens. These arrangements operate in accordance with a protocol agreed by the Chairman of the Council and political Group Leaders which can be accessed via the following link or made available on request: <http://tinyurl.com/ccc-film-record>.

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<https://tinyurl.com/CommitteeProcedure>

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**HEALTH COMMITTEE: MINUTES**

**Date:** Thursday, 17 October 2019

**Time:** 1.30p.m. – 3.11p.m.

**Present:** Councillors C Boden (Vice-Chairman), L Dupre, L Harford, P Hudson (Chairman), L Jones, M Smith, and S van de Ven

District Councillors D Ambrose-Smith, G Harvey and J Taverner

**Apologies:** County Councillors D Connor (Cllr M Smith substituting), K Reynolds, T Sanderson and P Topping

District Councillors G Harvey and N Massey

**251. DECLARATIONS OF INTEREST**

None.

**252. MINUTES – 19<sup>TH</sup> SEPTEMBER 2019**

The minutes of the meeting held on 19<sup>th</sup> September 2019 were agreed as a correct record and signed by the Chairman.

**253. HEALTH COMMITTEE – ACTION LOG**

The Action Log was noted including the following update:

Minute 243 - The full cost of invoices had been allocated to the Children 0-5 PH Programme and some should have been allocated to the Children 5-19 PH Programme and would therefore be amended.

**254. PETITIONS**

There were no petitions.

**255. COMMISSIONING INTEGRATED LIFESTYLE SERVICES**

The Committee received a report that informed Members of the re-commissioning of the Integrated Lifestyle Service for Cambridgeshire County Council and Peterborough City Council as one contract. Cambridgeshire County Council would act as the lead commissioner and the report sought approval for delegated authorities to award the contract following a competitive tender.

During discussion Members:

- In drawing attention to the potential break clauses contained at years 3 and 4 of the contract, questioned how the break clauses would be triggered when the service had been jointly commissioned. Officers explained that it would require the agreement of both Cambridgeshire County Council and Peterborough City Council to trigger the break clause of the contract.

- Noted that the contract retained flexibility in order to respond to any national changes to funding or policy.
- Sought greater clarity how the relationship between the partners was managed in the event that one partner was satisfied with the performance of the contract and the other was not. It was explained that Key Performance Indicators (KPIs) were the same across both partners although the target may differ according to need in a particular area. The service models were evidence based with the same measures of impact.
- Noted that while there were financial and other advantages that could be achieved through joint commissioning there was a negative quid pro quo that a partner could remain locked into a contract that they no longer wished to be.

It was resolved to support and approve:

- a) The establishment of a legal agreement between Cambridgeshire County Council (CCC) and Peterborough City Council (PCC) that assigns Cambridgeshire County Council as the lead commissioner;
- b) Delegate sign off for the agreement to the Director of Public Health in consultation with the Chair and Vice Chair of the Committee.
- c) Authorise the Director of Public Health, in consultation with the Chairman and Vice-Chairman of the Health Committee to formally award the new shared contract, effective from June 2020, subject to compliance with all the required legal processes; and
- d) Authorise the Consultant in Public Health, Health Improvement, in consultation with the Executive Director of LGSS Law to approve and complete the necessary contract documentation.

## **256. SERVICE COMMITTEE REVIEW OF DRAFT REVENUE BUSINESS PLANNING PROPOSALS FOR 2020-21 TO 2024-25**

Members received the draft Business Revenue Business Planning proposals for the services within the remit of the Health Committee. In presenting the report, the Director of Public Health drew attention to paragraph 4.2 of the report that focused on the key themes of the Public Health transformation programme.

Members noted that the current assumption of the Business Plan was that the ring-fenced public health grant provided by the Department of Health would remain the same. It had been recently announced that there would be a real terms increase in the public health grant in 2020/21. However, it had not been established whether there would be additional responsibilities or requirements attached to the increase.

During debate Members:

- Commented that the proposed Business Planning proposals presented an overall saving of £242k that did not have to be made as there was no reduction in the ring-fenced grant. Members noted that £142k related to historic savings and £100k

related to efficiencies achieved and questioned where the savings were returned to. Officers explained that following the significant corporate investment that was made in the Public Health directorate following the sizable reduction in the ring-fenced grant it was likely that further savings would be returned to the corporate budget in the first instance.

- Emphasised the importance of ambition and strategic thinking when investing in public health. Officers confirmed that such discussion would be taken forward with lead Members and the Chairman and Vice-Chairman.
- Drew attention to paragraph 4.5 of the report which highlighted the need for innovative joint approaches in order for further efficiencies to be achieved and expressed concern that efficiencies were taking precedent over investment.
- Commented that the priorities set out at paragraph 4.2 of the report required personnel to deliver them successfully and it was therefore essential that there was sufficient capacity to deliver them.
- Sought further information regarding the online service provided by the Sexual Health Service, with particular regard to the accessibility of services. Officers explained that a digital service had been place for approximately 5 years for young people for Chlamydia screening and appointments at clinics remained available. However, the demographic of people accessing services was under 35 years of age and were most familiar and comfortable using an online service. The clinics that were available were often poorly attended. A consultation had been undertaken in order to understand the reasons for the poor attendance.
- Commented that the sexual health services budget was not exclusively for young people and that it was important to remember that within 16-35 age range there was a significant portion that were not computer literate. Members requested information and data regarding the accessing of sexual health services. **ACTION**
- Noted that following the evaluation of programmes currently funded through reserves could be funded through the potential increase in the ring-fenced Public Health grant providing there were no additional responsibilities associated with an increase in funding.
- Clarified where savings highlighted in the report would be returned to. Officers explained that in year savings would be monitored closely with particular regard to vacancy savings.
- Noted the increasing need for a strategic vision. A Member expressed the view that prioritisation should not simply be a list of objectives but a rational decision that amends and aligns spending as required which could result in objectives being de-prioritised.
- Noted the comments of officers that a discussion with Members regarding overall strategy would be welcomed following recent restructuring of the Public Health team and new members of staff joining.
- Emphasised the importance of maintaining a watching brief on staff and managing pressure and workloads effectively.

It was resolved to:

- a) Note the overview and context provided for the 2020-21 to 2024-25 Business Plan revenue proposals for the service; and
- b) Comment on the draft revenue proposals that are within the remit of the Public Health Committee for 2020-21 to 2024-25

## **257. FINANCE MONITORING REPORT – AUGUST 2019**

Members were presented the August 2019 iteration of the Finance Monitoring report for the Public Health Directorate. The presenting officer informed the Committee that the overall position forecast an £86k underspend for the directorate, resulting from a small number of variances being report within Sexual Health and Contraception and Behaviour Change / Preventing Long-Term Conditions. Members noted that there were several large invoices from the NHS that had not yet been received and they were being actively chased.

It was resolved to:

Review and comment on the report and to note the finance position as at end of August 2019

## **258. CAMBRIDGE UNIVERSITY SCIENCE AND POLICY EXCHANGE (CUSPE) HEALTHY FENLAND EVALUATION**

The Chairman invited Cecilia Castro and Orla Woodward from the Cambridge University Science and Policy Exchange (CUSPE) to make a presentation attached at Appendix A to these minutes regarding the most appropriate evaluation method for the Healthy Fenland Fund. Councillor Ian Manning was also in attendance as Member Champion for the CUPSE work.

During discussion, Members:

- Welcomed the presentation and thanked Cecilia Castro and Orla Woodward who had undertaken the research and formulated the report.
- Commented that the purpose of the report was to trial approaches to evaluation methods in order to determine which were the most effective, rather than delivering the evaluation of the Healthy Fenland Fund and needed to be drawn out within the report more effectively.
- Requested a full reference list and bibliography to accompany the report as it was an area where there was a vast amount of literature that supported the work.
- Commented that there were methods to contact young people through questionnaires by using sketches and smiley faces to indicate satisfaction.
- Cautioned against assuming the same level of commitment experienced from the group within the study may not be replicated in the wider community. It was unlikely that people who were busy would complete a questionnaire that contained a large

number of open questions. Members noted that the demographic of the Healthy Fenland Fund tended to be older and that reflected in their level of commitment to the evaluation in terms of time.

- Drew attention to the mixture of towns and villages and the important distinction in the access from the towns and the villages and suggested that accessibility data should be broken down further which could be measured against areas of deprivation would be beneficial.
- Commented that although supportive of the work it was disappointing that it was necessary as when the service was commissioned the difficulties of evaluating its success was recognised. It was therefore essential that greater consideration be given to evaluation and analysis in the future.
- Requested to know the cost associated with recommendation b) of the officer report before committing to funding an external evaluation.
- Drew attention to the learning and improvement that could be achieved across the Council from the report.
- Highlighted the use of the term 'migrant community' within the report and emphasised that particularly in the Fenland area such communities were settled members of the community.

It was proposed with the unanimous agreement of the Committee to amend recommendation b) of the report to consider allocating funding to commission an external evaluation based on the findings of the evaluation report at the Chair, Vice—Chair and Lead Members meeting.

It was also proposed with the unanimous agreement of the Committee to amend recommendation c) to consider the implications of the evaluation of Public Health and other Local Authority programmes to be incorporated into the revised "Policy Challenge Objectives" for 2019/20

It was resolved to:

- a) note and discuss the Healthy Fenland Fund (HFF) Evaluation Report findings;
- b) consider allocating funding to commission an external evaluation based on the findings of the evaluation report at the Chair, Vice-Chair and Lead Members meeting; and
- c) consider the implications for the evaluation of Public Health and other Local Authority programmes to be incorporated into the revised "Policy Challenge Objectives" for 2019/20

## **259. HEALTH COMMITTEE WORKING GROUP Q1 UPDATE**

A report was presented that sought to inform the Committee of the activities of the Committee's working groups. In presenting the report attention was drawn to the visit that had taken place to the eating disorder unit at the Ida Darwin centre in Fulborn.

It was noted that dates with North West Anglia Foundation Trust (NWAFT) and Member attendance had been difficult to achieve on occasions. Members emphasised the importance of the liaison meetings and their commitment to them. Members requested that a liaison meeting be established with the new Papworth Hospital. **ACTION**

It was resolved to:

- a) Note the content of the quarterly liaison groups and consider recommendations that may need to be included on the forward agenda plan; and
- b) Note the forthcoming schedule of meetings.

#### **260. HEALTH COMMITTEE TRAINING PLAN**

The Committee received its Training Plan.

It was resolved to note the training plan.

#### **261. HEALTH COMMITTEE AGENDA PLAN,**

The Committee examined its agenda plan.

It was resolved to review the agenda plan

## HEALTH COMMITTEE

### Minutes-Action Log



**Agenda Item No: 3b**

**Cambridgeshire  
County Council**

#### Introduction:

This log captures the actions arising from the Health Committee up to the meeting on **17<sup>th</sup> October 2019** and updates Members on progress in delivering the necessary actions.

Minute No.	Item	Action to be taken by	Action	Comments	Status & Estimated Completion Date
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#### Meeting of 17 January 2019

185.	Finance & Performance Report – November 2019	Liz Robin	Provide further information relating to the Ambulance Trust within C&CS Research	Research team has been asked for an update.	Ongoing
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#### Meeting of 19 September 2019 & 17 October 2019

243.	Finance Monitoring Report	Liz Robin	Members sought greater clarity regarding Children 0-5 PH Programme and the Children 5-19 PH Programme contained in appendix 1 of the report.	The full cost of invoices had been allocated to the Children 0-5 PH Programme and some should have been allocated to the Children 5-19 PH Programme and would therefore be amended.	Complete
244.	Performance Report – Q1 2019/20	Liz Robin	Officers undertook to review and consider further the measures included in the report.	A report would be presented to the January 2020 meeting of the Committee	Complete

<b>256.</b>	<b>Service Committee Review of Draft Revenue Business Planning Proposals for 2020-21 to 2024-25</b>	<b>Val Thomas</b>	Members requested information and data regarding the accessing of sexual health services	Update to be provided at November meeting.	<b>Ongoing</b>
<b>259.</b>	<b>Health Committee Working Group Q1 Update</b>	<b>Kate Parker</b>	Members requested that a liaison meeting be established with the new Papworth Hospital	Work has begun to establish a liaison group with Papworth Hospital.	<b>Ongoing</b>

**DELEGATED AUTHORITY TO AWARD THE CONTRACT FOR THE PREVENTION OF SEXUAL ILL HEALTH SERVICES**

**To:** HEALTH COMMITTEE

**Meeting Date:** November 14<sup>th</sup> 2019

**From:** Director of Public Health

**Electoral division(s):** All

**Forward Plan ref:** 2019/74

**Key decision:**  
**YES**

**Purpose:** The Prevention of Sexual Ill Health Services is currently being re-commissioned for Cambridgeshire County Council (CCC) and Peterborough City Council (PCC) as one service under one contract, with Cambridgeshire County Council acting as the lead commissioner. This paper is to secure the delegated authorities to establish the appropriate agreements and to award the contract following the competitive tender.

**Recommendation:** The Health Committee is asked to agree the following.

1. The establishment of a legal agreement between CCC and PCC that assigns Cambridgeshire County Council as the lead commissioner.
2. Delegate sign off for the agreement to the Director of Public Health in consultation with the Chair and Vice Chair of the Committee.
3. Authorise the Director of Public Health, in consultation with the Chairman and Vice Chairman of the Health Committee, to formally award the new shared contract, effective from April 2020, subject to compliance with all the required legal processes.
4. Authorise the Consultant in Public Health, Health Improvement, in consultation with the Executive Director of LGSS Law to approve and complete the necessary contract documentation.

<b><i>Officer contact:</i></b>		<b><i>Member contacts:</i></b>	
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Tel:	01223 703265	Tel:	01223 706398

## **1. BACKGROUND**

- 1.1 In May 2019 the Health Committee approved the commission of a Prevention of Sexual Ill Health Service working across the CCC and PCC areas under one contract with CCC acting as the lead commissioner.
- 1.2 The Prevention of Sexual Ill Health Service will contribute to the improvement of sexual and reproductive health through enabling Cambridgeshire and Peterborough residents to make informed, healthy and responsible choices around their sexual and reproductive health, as it relates to themselves and their sexual partners. It contributes to the achievement of a number of high level high level public health outcomes.
- Under 18's conceptions
  - Improving late HIV diagnosis rates
  - Reducing sexually transmitted infections and specifically HIV infection
  - Reducing inequalities in sexual health
  - Reducing the stigma associated with HIV and other sexually transmitted infections

For Cambridgeshire reducing the number of under 18s conception rate in Fenland and the number of late HIV diagnosis are particular challenges.

- 1.3 The rationale for establishing a shared contract with a lead commissioning organisation is that it affords the potential of a more cost-effective service model.

## **2. MAIN ISSUES**

- 2.1 The joint procurement between CCC and PCC for a shared service to be delivered across Cambridgeshire and Peterborough with CCC as the lead commissioner will require a legal agreement between the two local authorities and provide the appropriate assurances.
- 2.2 The contract will be for three years plus one, plus one and will commence on April 1 2020.
- 2.3 The contract value is as follows

Cambridgeshire County Council Annual value: £150,000 (This includes £25,000 from Adult Social Care that contributes to the HIV support services)

Peterborough City Council: TBC

- 2.4 The new service will build on and develop current service deliverables to provide the following.
- General and targeted information to improve knowledge and awareness of sexual health and contraception issues through promotional activities and campaigns using appropriate media for the target population groups, which includes all age groups.
  - Alongside universal information activities the Service will target vulnerable people and high risk groups to increase awareness and knowledge about late testing for HIV.

- Befriending activities to engage vulnerable and high risk groups living with HIV supporting them to access health and other support services to ensure that their complex needs are met to prevent further adverse health outcomes.
- Develop referral pathways between different support organisations providing support to clients with complex needs.
- Target young people through school activities along with outreach work targeting vulnerable high risk groups.
- Build capacity and skills for improving sexual health by working with partner organisations, communities and target groups

### **3. ALIGNMENT WITH CORPORATE PRIORITIES**

#### **3.1 A good quality of life for everyone**

The report above sets out the implications for this priority in **1.2 and 1.3**

#### **3.2 Thriving places for people to live**

The report above sets out the implications for this priority in **1.1, 1.2 and 1.3**

#### **3.3 The best start for Cambridgeshire's children**

The following bullet points set out details of significant implications identified by officers:

- Young people are especially at risk of sexual ill health. This Service targets young people with prevention messages and skills to avoid risk taking behaviour.

### **4. SIGNIFICANT IMPLICATIONS**

#### **4.1 Resource Implications**

- The report above sets out details of significant implications in **2.3**

#### **4.2 Procurement/Contractual/Council Contract Procedure Rules Implications**

The following bullet points set out details of significant implications identified by officers:

- Any implications for procurement/contractual/Council contract procedure rules will be considered with the appropriate officers from these Departments and presented to the Health Committee before proceeding.

#### **4.3 Statutory, Legal and Risk Implications**

The following bullet points set out details of significant implications identified by officers:

- Any legal or risk implications will be considered with the appropriate officers from these Departments and presented to the Health Committee before proceeding.

#### **4.4 Equality and Diversity Implications**

The following bullet points set out details of significant implications identified by officers:

- The current Service is required to demonstrate that it is accessible to the whole population and there is a focus vulnerable and high risk.
- Any equality and diversity implications will be included in the consultation for the new Service. A Community Impact Assessment will be completed.

#### **4.5 Engagement and Communications Implications**

The following bullet points set out details of significant implications identified by officers:

- The current Service has remit to communicate and engage with communities and groups.
- The new procurement will include consultation with service providers and users.

#### **4.6 Localism and Local Member Involvement**

The following bullet points set out details of significant implications identified by officers:

- The commissioning of sexual health prevention services will involve working with individuals and communities to identify how they can best protect and improve their sexual health.

#### **4.7 Public Health Implications**

The following bullet points set out details of significant implications identified by officers:

- The re-commission will improve the sexual health of the population through interventions designed to prevent sexual ill health
- The service developments will include targeted actions that will address any inequalities and improve the outcomes for the most vulnerable and at risk populations.

<b>Implications</b>	<b>Officer Clearance</b>
<b>Have the resource implications been cleared by Finance?</b>	Yes Name of Financial Officer: Anna Parks
<b>Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?</b>	Yes Name of Officer: Jeandre Hunter
<b>Has the impact on statutory, legal and risk implications been cleared by LGSS Law?</b>	Yes Name of Legal Officer: Fiona McMillan
<b>Have the equality and diversity implications been cleared by your Service Contact?</b>	Yes Name of Officer: Liz Robin
<b>Have any engagement and communication implications been cleared by Communications?</b>	Yes Name of Officer: Matthew Hall
<b>Have any localism and Local Member involvement issues been cleared by your Service Contact?</b>	Yes Name of Officer: Liz Robin
<b>Have any Public Health implications been cleared by Public Health</b>	Yes Name of Officer: Liz Robin

<b>Source Documents</b>	<b>Location</b>
Public Health England: Making it work: A guide to whole system commissioning sexual health, reproductive health and HIV 2015	<a href="https://www.gov.uk/government/publications/commissioning-sexual-health-reproductive-health-and-hiv-services">https://www.gov.uk/government/publications/commissioning-sexual-health-reproductive-health-and-hiv-services</a>
Public Health England: Sexual Health, Reproductive Health and HIV: A Review of Commissioning 2017	<a href="https://www.gov.uk/government/publications/sexual-health-reproductive-health-and-hiv-commissioning-review">https://www.gov.uk/government/publications/sexual-health-reproductive-health-and-hiv-commissioning-review</a>



**RECOMMISSIONING SEXUAL HEALTH SERVICES**

*To:* Health Committee

*Meeting Date:* 14 November 2019

*From:* Director of Public Health

*Electoral division(s):* All

*Forward Plan ref:* 2019/066      *Key decision:* Yes

*Purpose:* The Integrated Sexual and Reproductive Health (SRH) Service is currently being re-commissioned for Cambridgeshire County Council (CCC) and Peterborough City Council (PCC) as one contract, with Cambridgeshire County Council acting as the lead commissioner. It also includes a collaborative commissioning arrangement with NHS England (NHSE) and the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG). This paper is to secure the appropriate delegated authorities to establish the appropriate agreements and to award the contract following the competitive tender.

*Recommendation:* The Health Committee is asked to support and approve the following key decisions.

- a) The establishment of a legal agreement between Cambridgeshire County Council and Peterborough City Council that assigns Cambridgeshire County Council as the lead commissioner.
- b) The establishment of a Section 75 agreement between CCC, NHSE and the CCG
- c) Delegate sign off for the agreements to the Director of Public Health in consultation with the Chair and Vice Chair of the Committee.
- d) Authorise the Director of Public Health, in consultation with the Chairman and Vice Chairman of the Health Committee, to formally award the contract subject to compliance with all required legal processes.
- e) Authorise the Consultant in Public Health, Health Improvement, in consultation the Executive Director of LGSS Law to approve and complete the necessary contract documentation.

**In addition the Health Committee is asked to approve:**

- f) The extension of the current interim contract for six months to enable a more robust competitive process**
- g) To change the initial proposed contract length from three years plus one, plus one to a three year plus two, plus two contract giving a maximum contract length of seven years.**

***Officer contact:***

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Tel:	01223 703264	Tel:	01223 706398
Tel:	01223 703264	Tel:	01223 706398

## **1. BACKGROUND**

- 1.1 Since 1st April 2013, Local Authorities (LAs) have a statutory duty to commission a wide range of Sexual and Reproductive Health (SRH) services as part of their wider public health responsibilities.
- 1.2 In May 2019 the Health Committee approved the commission of an Integrated SRH Service working across the CCC and PCC areas under one contract with CCC acting as the lead commissioner. The current CCC contract with Cambridgeshire Community Services (CCC) ends on the 31st March 2020.
- 1.3 The current community based integrated service model brings together contraception and sexual health into one service provided in one location, thereby improving accessibility to different related services.
- 1.4 The rationale for establishing a shared contract with a lead commissioning organisation is that it affords the potential of a more cost-effective service model.

## **2. MAIN ISSUES**

- 2.1 The joint procurement between CCC and PCC for a shared service to be delivered across Cambridgeshire and Peterborough with CCC as the lead commissioner will require a legal agreement between the two local authorities and provide the appropriate assurances.
- 2.2 In addition Public Health England (PHE) invited the Cambridgeshire and Peterborough system to be one of two local systems that it is sponsoring to undertake a feasibility study of collaborative commissioning for Sexual and Reproductive Health (SRH) services. It invited commissioners from the two Local Authorities, the Clinical Commissioning Group (CCG) and NHS England (NHSE) from across Cambridgeshire and Peterborough to explore together opportunities for future alignment and collaborative commissioning opportunities for Sexual and Reproductive Health (SRH) services in the area.
- 2.3 The Health Committee approved in May 2018 PHE's invitation. It authorised Public Health commissioners to lead the work with colleagues from the CCG and NHSE for the development of a more efficient and cost-effective system wide approach to the commissioning of SRH services that would greatly improve the patient experience though being able to access their different service needs in one location.
- 2.4 The commissioners from these organisations have been exploring different collaborative options. A collaborative service model has been agreed which will include cervical screening, HPV vaccination for Men who have Sex with Men (MSM), early termination of pregnancy and low level gynaecology .
- 2.5 There are other factors that are being addressed during the procurement.
  - Nationally there are many new developments that are influencing the delivery of iCaSH services that have the potential to deliver efficiencies but are also essential if managing any increase in demand for sexual health services. For example increased digitalisation of services.

- The CCC and PCC areas are very different in terms of needs and patient profiles, which demands a wider range of consultation events to ensure that the new service can address these needs and manage demand effectively.
  - CCS is the main provider of sexual health services across the region and the market is requiring stimulation to ensure a robust competitive process.
- 2.6 This procurement is complex and has required extensive negotiation with the collaborating commissioners to secure an agreed service model and the appropriate approvals from the different organisations.
- 2.7 In addition engagement with the market has clearly indicated that to ensure this is a robust competitive tender a longer lead time is required from the contract award to the start of the contract. This reflects the opportunities afforded by the changing organisational landscape and therefore a longer time to develop and implement these opportunities.
- 2.8 Another clear message that emerged from the market development work is that clinical services such as these require considerable investment. Therefore it is proposed that the contract length is changed from a three years plus one, plus one to five years plus one, plus one to ensure that it is attractive to potential bidders. This would give the contract a maximum life of seven years.
- 2.9 It has been agreed that the evaluation of the tender bids will consider both quality and price in making the contract award. This was considered to be important, as identifying a specific quality threshold is not easily applicable to this Service and bidders are being asked to demonstrate their ability to innovate and develop services in the future.
- 2.9 In view of these factors it is proposed to extend the current contracts held by Cambridgeshire and Peterborough by six months to secure a longer lead time between contract award and service implementation. This would change the date for the commencement of the new contract from April 1 2020 to October 1 2020. In view of the current procurement regulations this has been discussed with and supported by both procurement and legal leads for the following reasons.
- The contract extension is a response, following consultation, to market concerns.
  - It is very unlikely that providers would consider bidding for the relatively short extension.
  - That there would be a risk of not securing the full benefits of the collaborative commissioning initiative with the NHS.
  - The contract extension has been discussed with and is supported by the current Provider for both the CCC and PCC iCaSH services.
- 2.10 The current funding allocated to CCC and PCC iCaSH contracts are as follows.
- CCC annual contract value: £3,230,418
  - PCC annual contract value: £1,566,298
- 2.11 The contract award is a key decision as its value exceeds £500,000. Health Committee delegated authorities are required to award the contract and to establish the necessary agreements with the collaborating commissioning bodies.

### **3. ALIGNMENT WITH CORPORATE PRIORITIES**

#### **3.1 A good quality of life for everyone**

The report above sets out the implications for this priority in **1.1, 1.4, 2.2, 2.5**

#### **3.2 Thriving places for people to live**

The report above sets out the implications for this priority in **1.4, 2.2, 2.5**

#### **3.3 The best start for Cambridgeshire's children**

The following bullet points set out details of significant implications identified by officers:

- Young people are especially at risk of sexual ill health. The new Service will be required to responsive to the needs of young people and ensure that any service provision includes appropriate prevention messages.

### **4. SIGNIFICANT IMPLICATIONS**

#### **4.1 Resource Implications**

The report above sets out details of significant implications in **2.11**

#### **4.2 Procurement/Contractual/Council Contract Procedure Rules Implications**

The following bullet points set out details of significant implications identified by officers:

- Any implications for procurement/contractual/Council contract procedure rules will be considered with the appropriate officers from these Departments and presented to the Health Committee before proceeding.

#### **4.3 Statutory, Legal and Risk Implications**

The following bullet points set out details of significant implications identified by officers:

- Any legal or risk implications will be considered with the appropriate officers from these Departments and presented to the Health Committee before proceeding.

#### **4.4 Equality and Diversity Implications**

The following bullet points set out details of significant implications identified by officers:

- Any equality and diversity implications will be included in the consultation for the new Service. A Community Impact Assessment will be completed.

#### 4.5 Engagement and Communications Implications

The following bullet points set out details of significant implications identified by officers:

- The new procurement will include consultation with service providers and users.

#### 4.6 Localism and Local Member Involvement

The following bullet points set out details of significant implications identified by officers:

- The commissioning of sexual health prevention services will involve working with individuals and communities to identify how they can best protect and improve their sexual health.

#### 4.7 Public Health Implications

The following bullet points set out details of significant implications identified by officers:

- The re-commission will improve the sexual health of the population through providing an accessible service that promptly treats sexual transmitted infections and provides contraception.
- The new service will be universal but will need to include targeted actions to address any inequalities and improve the outcomes for the most vulnerable and at risk populations.

Implications	Officer Clearance
<b>Have the resource implications been cleared by Finance?</b>	Yes Name of Financial Officer: Stephen Howarth
<b>Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?</b>	Yes Name of Officer: Jeandre Hunter
<b>Has the impact on statutory, legal and risk implications been cleared by LGSS Law?</b>	Yes Name of Legal Officer: Fiona McMillan
<b>Have the equality and diversity implications been cleared by your Service Contact?</b>	Yes Name of Officer: Liz Robin

<b>Have any engagement and communication implications been cleared by Communications?</b>	Yes Name of Officer: Matthew Hall
<b>Have any localism and Local Member involvement issues been cleared by your Service Contact?</b>	Yes Name of Officer: Liz Robin
<b>Have any Public Health implications been cleared by Public Health</b>	Yes Name of Officer: Liz Robin

<b>Source Documents</b>	<b>Location</b>
Public Health England: Making it work: A guide to whole system commissioning sexual health, reproductive health and HIV 2015	<a href="https://www.gov.uk/government/publications/commissioning-sexual-health-reproductive-health-and-hiv-services">https://www.gov.uk/government/publications/commissioning-sexual-health-reproductive-health-and-hiv-services</a>
Public Health England: Sexual Health, Reproductive Health and HIV: A Review of Commissioning 2017	<a href="https://www.gov.uk/government/publications/sexual-health-reproductive-health-and-hiv-commissioning-review">https://www.gov.uk/government/publications/sexual-health-reproductive-health-and-hiv-commissioning-review</a>



**FINANCE MONITORING REPORT – SEPTEMBER 2019**

*To:* **Health Committee**

*Meeting Date:* **14 November 2019**

*From:* **Chief Finance Officer**  
**Director of Public Health**

*Electoral division(s):* **All**

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

*Purpose:* **To provide the Committee with the September 2019 Finance Monitoring Report for Public Health.**

**The report is presented to provide the Committee with the opportunity to comment on the financial position as at the end of September 2019.**

*Recommendation:* **The Committee is asked to review and comment on the report.**

<b><i>Officer contact:</i></b>	
Name:	Stephen Howarth
Post:	Strategic Finance Manager
Email:	<a href="mailto:stephen.howarth@cambridgeshire.gov.uk">stephen.howarth@cambridgeshire.gov.uk</a>
Tel:	01223 507126

## **1.0 BACKGROUND**

- 1.1 The revised Finance Monitoring Report is presented to scheduled substantive Committee meetings (but not reserve dates) to provide the Committee with the opportunity to comment on the financial position of the Public Health directorate.
- 1.3 The report is presented to provide the Committee with the opportunity to comment on the financial position of the services for which the Committee has responsibility.

## **2.0 MAIN ISSUES IN THE SEPTEMBER 2019 FINANCE MONITORING REPORT**

- 2.1 The September 2019 Finance Monitoring Report is attached at Appendix A.
- 2.2 A balanced budget was set for the Public Health Directorate for 2019/20, incorporating savings as a result of the reduction in Public Health grant.
- 2.3 Savings are tracked on a monthly basis, with any significant issues reported to the Health Committee, alongside any other projected under or overspends.
- 2.4 The August 2019 FMR reported a forecast underspend of £86k, which is unchanged at the end of September, due to a number of small variances identified following a review of spend in the first part of the year. This underspend is treated as being against the service's council-funded budget, consequently if the underspend is still present at year-end it will be returned to the general fund.

### **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.

<b>Implications</b>	<b>Officer Clearance</b>
<b>Have the resource implications been cleared by Finance?</b>	Yes
<b>Have the procurement/contractual/Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?</b>	N/A

<b>Has the impact on statutory, legal and risk implications been cleared by LGSS Law?</b>	N/A
<b>Have the equality and diversity implications been cleared by your Service Contact?</b>	N/A
<b>Have any engagement and communication implications been cleared by Communications?</b>	N/A
<b>Have any localism and Local Member involvement issues been cleared by your Service Contact?</b>	N/A
<b>Have any Public Health implications been cleared by Public Health?</b>	N/A

<b>Source Documents</b>	<b>Location</b>
As well as presentation of the FMR to the Committee when it meets, the report is made available online each month.	<a href="https://www.cambridgeshire.gov.uk/council/finance-and-budget/finance-&amp;-performance-reports/">https://www.cambridgeshire.gov.uk/council/finance-and-budget/finance-&amp;-performance-reports/</a>

<b>Service</b>	Public Health
<b>Subject</b>	Finance Monitoring Report – September 2019
<b>Date</b>	11 <sup>th</sup> October 2019

## **KEY INDICATORS**

<b>Previous Status</b>	<b>Category</b>	<b>Target</b>	<b>Current Status</b>	<b>Section Ref.</b>
<b>Green</b>	Revenue position by Directorate	Balanced year end position	<b>Green</b>	1.2

## **CONTENTS**

<b>Section</b>	<b>Item</b>	<b>Description</b>
1	Revenue Executive Summary	High level summary of information Narrative on key issues in revenue financial position
2	Savings Tracker Summary	Summary of the latest position on delivery of savings
3	Technical Note	Explanation of technical items that are included in some reports
Appx 1	Service Level Financial Information	Detailed financial tables for Public Health's main budget headings
Appx 2	Service Commentaries	Detailed notes on financial position of services that are predicting not to achieve their budget
Appx 3	Technical Appendix	Twice yearly, this will contain technical financial information for Public Health showing: <ul style="list-style-type: none"> <li>• Grant income received</li> <li>• Budget virements into or out of the service</li> <li>• Service reserves</li> </ul>
<i>The following appendix is not included each month as the information does not change as regularly</i>		
Appx 4	Savings Tracker	Each quarter, the Council's savings tracker is produced to give an update of the position of savings agreed in the business plan.

## 1. Revenue Executive Summary

### 1.1 Overall Position

Public Health is forecasting an underspend of £-86k at the end of September, unchanged since August.

### 1.2 Summary of Revenue

Forecast Outturn Variance (August) £000	Service	Budget for 2019/20 £000	Actual to end of September 19 £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
0	Children Health	8,799	4,251	0	0.0%
0	Drugs & Alcohol	5,463	1,300	0	0.0%
-66	Sexual Health & Contraception	5,097	1,876	-66	-1.3%
-20	Behaviour Change / Preventing Long Term Conditions	3,720	1,017	-20	-0.5%
0	Falls Prevention	190	16	0	0.0%
0	General Prevention Activities	13	-1	0	0.0%
0	Adult Mental Health & Community Safety	256	50	0	0.0%
0	Public Health Directorate	1,744	875	0	0.0%
<b>-86</b>	<b>Total Expenditure</b>	<b>25,283</b>	<b>9,384</b>	<b>-86</b>	<b>-1.8%</b>
0	Public Health Grant	-24,726	-12,370	0	0.0%
0	Other funding sources	-167	0	0	0.0%
<b>-86</b>	<b>Net Total</b>	<b>390</b>	<b>-2,986</b>	<b>-86</b>	

The service level budgetary control report for 2019/20 can be found in appendix 1.  
Further analysis of any significant variances can be found in appendix 2.

### 1.3 Significant Issues

At the end of September 2019, the overall Public Health forecast position is an underspend of £-86k.

A balanced budget has been set for the financial year 2019/20. Savings totalling £949k have been budgeted for and the achievement of savings is monitored through the savings tracker process, with exceptions being reported to Heath Committee and any resulting overspends reported through this monthly Finance Monitoring Report.

A number of small expected underspends have previously been identified totalling £86k following a review of activity in the first part of the year, and this remains the projection at the end of September.

## **2. Savings Tracker Summary**

The savings tracker is produced quarterly, and the savings tracker to the end of quarter 2 can be found in appendix four.

In summary, all 10 savings lines for Public Health are on track and expected to deliver broadly over their originally predicted phasing.

## **3. Technical note**

A technical financial appendix is included as appendix 3. This appendix covers:

- Grants that have been received by the service, and where these have been more or less than expected
- Budget movements (virements) into or out of Public Health from other services (but not within the service), to show why the budget might be different from that agreed by Full Council
- Service reserves – funds held for specific purposes that may be drawn down in-year or carried-forward – including use of funds and forecast draw-down.
- At regular intervals, information on spend outside of the Public Health Directorate under Memorandums of Understanding,

## APPENDIX 1 – Public Health Service Level Financial Information

Forecast Outturn Variance (Aug)	Service	Budget 2019/20	Actual September 2019	Forecast Outturn Variance	
£000's		£000's	£000's	£000's	%
<b>Children Health</b>					
0	Children 0-5 PH Programme	6,907	3,454	0	0%
0	Children 5-19 PH Programme - Non Prescribed	1,622	797	0	0%
0	Children Mental Health	271	0	0	0%
<b>0</b>	<b>Children Health Total</b>	<b>8,799</b>	<b>4,251</b>	<b>0</b>	<b>0%</b>
<b>Drugs &amp; Alcohol</b>					
0	Drug & Alcohol Misuse	5,463	1,300	0	0%
<b>0</b>	<b>Drugs &amp; Alcohol Total</b>	<b>5,463</b>	<b>1,300</b>	<b>0</b>	<b>0%</b>
<b>Sexual Health &amp; Contraception</b>					
-40	SH STI testing & treatment - Prescribed	3,829	1,811	-40	-1%
-20	SH Contraception - Prescribed	1,116	-35	-20	-2%
-6	SH Services Advice Prevention/Promotion - Non-Prescribed	152	99	-6	-4%
<b>-66</b>	<b>Sexual Health &amp; Contraception Total</b>	<b>5,097</b>	<b>1,876</b>	<b>-66</b>	<b>-1%</b>
<b>Behaviour Change / Preventing Long Term Conditions</b>					
-5	Integrated Lifestyle Services	1,984	860	0	0%
5	Other Health Improvement	408	157	0	0%
-20	Smoking Cessation GP & Pharmacy	703	-153	-20	-3%
0	NHS Health Checks Programme - Prescribed	625	154	0	0%
<b>-20</b>	<b>Behaviour Change / Preventing Long Term Conditions Total</b>	<b>3,720</b>	<b>1,017</b>	<b>-20</b>	<b>-1%</b>
<b>Falls Prevention</b>					
0	Falls Prevention	190	16	0	0%
<b>0</b>	<b>Falls Prevention Total</b>	<b>190</b>	<b>16</b>	<b>0</b>	<b>0%</b>
<b>General Prevention Activities</b>					
0	General Prevention, Traveller Health	13	-1	0	0%
<b>0</b>	<b>General Prevention Activities Total</b>	<b>13</b>	<b>-1</b>	<b>0</b>	<b>0%</b>
<b>Adult Mental Health &amp; Community Safety</b>					
0	Adult Mental Health & Community Safety	256	50	0	0%
<b>0</b>	<b>Adult Mental Health &amp; Community Safety Total</b>	<b>256</b>	<b>50</b>	<b>0</b>	<b>0%</b>
<b>Public Health Directorate</b>					
0	Children's Health	262	128	0	0%
0	Drugs & Alcohol	199	120	0	0%
0	Sexual Health & Contraception	143	66	0	0%
0	Prevention Long Term Conditions (Behaviour Change )	515	241	0	0%
0	General Prevention (Travellers)	189	110	0	0%
0	Adult Mental Health	19	13	0	0%
0	Health Protection	124	73	0	0%
0	Analysts	293	124	0	0%
<b>0</b>	<b>Public Health Directorate Total</b>	<b>1,744</b>	<b>875</b>	<b>0</b>	<b>0%</b>
<b>-86</b>	<b>Total Expenditure before Carry-forward</b>	<b>25,283</b>	<b>9,384</b>	<b>-86</b>	<b>0%</b>
<b>0</b>	<b>Anticipated Carry-forward of Public Health Grant</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Forecast Outturn Variance (Aug) £000's	Service	Budget 2019/20 £000's	Actual September 2019 £000's	Forecast Outturn Variance £000's	%
<b>Funded By</b>					
	Public Health Grant	-24,726	-12,370	0	0%
	Drawdown From Reserves	-167	0	0	0%
<b>0</b>	<b>Grant Funding Total</b>	<b>-24,893</b>	<b>-12,370</b>	<b>0</b>	<b>0%</b>
<b>-86</b>	<b>Overall Total - Core Council Funding</b>	<b>390</b>	<b>-2,986</b>	<b>-86</b>	

## APPENDIX 2 – Service Commentaries on Forecast Outturn Position

Narrative is given below where there is an adverse/positive variance greater than 2% of annual budget or £100,000 whichever is greater for a service area.

In September, no budgets measured at service level require additional commentary.

## APPENDIX 3 – Technical Appendix

### 5.1 Public Health Grant

Grant	Originally Expected £000	Currently Expected £000
Public Health Grant as per Business Plan	25,560	25,560
Grant allocated as follows:		
Public Health Directorate	24,726	24,726
People & Communities Directorate	293	283
Place & Economy Directorate	120	130
Corporate and Customer Services Directorate	201	201
LGSS Cambridge Office	220	220
<b>Total</b>	<b>25,560</b>	<b>25,560</b>

### 5.2 Virements and Budget Reconciliation

(Virements between Public Health and other service blocks)

No such virements have been performed in-year.

### 5.3 Reserve Schedule

Fund Description		Balance at 1 April 2019	Balance at end Sept 2019	Forecast Closing Balance	Notes
		£'000	£'000	£'000	
<b><u>General Reserve</u></b>					
	Public Health carry-forward	1,683	879	879	
	<b>subtotal</b>	<b>1,683</b>	<b>879</b>	<b>879</b>	
<b><u>Other Earmarked Funds</u></b>					
	Healthy Fenland Fund	199	199	99	Anticipated spend £100k per year over 5 years.
	Falls Prevention Fund	271	271	164	Joint project with the NHS
	NHS Healthchecks programme	270	270	270	Usage to be considered by Member working group
	Implementation of Cambridgeshire Public Health Integration Strategy	463	463	213	'Let's Get Moving' physical activity programme has been extended.
	Enhanced Falls Prevention Pilot	0	804	633	Anticipated spend over three years, including evaluation
	<b>subtotal</b>	<b>1,203</b>	<b>2,007</b>	<b>1,379</b>	
<b>TOTAL</b>		<b>2,886</b>	<b>2,886</b>	<b>2,258</b>	

## APPENDIX 4 – Savings Tracker

			£000	Forecast Savings 2019-20 £000							
			-949	-758	-28	-28	-137	-949	0		
Reference	Title	Committee	Original Saving 19-20	Current Forecast Phasing - Q1	Current Forecast Phasing - Q2	Current Forecast Phasing - Q3	Current Forecast Phasing - Q4	Forecast Saving 19-20	Variance from Plan	% Variance	RAG
E/R.6.031	NHS Health Checks - IT software contract decommissioned	Health	-41	-41	0	0	0	-41	0	0.00	Green
E/R.6.032	NHS Health Checks Funding	Health	-50	-13	-13	-13	-13	-50	0	0.00	Green
E/R.6.033	Drug & Alcohol service - funding reduction built in to new service contract	Health	-162	-162	0	0	0	-162	0	0.00	Green
E/R.6.035	Children 5-19 - Mental Health Training for Children's workforce	Health	-36	-36	0	0	0	-36	0	0.00	Green
E/R.6.036	Children's 0-19 Services - Healthy Child Programme - Proposal previously agreed in 2017/18 business planning process	Health	-238	-238	0	0	0	-238	0	0.00	Green
E/R.6.037	Children's 0-19 Services - Healthy Child Programme - Additional savings proposal for 2018/19	Health	-160	-160	0	0	0	-160	0	0.00	Green
E/R.6.038	Public Health Directorate - In house staff rationalisation	Health	-80	-80	0	0	0	-80	0	0.00	Green
E/R.6.039	Reduce Long Acting Reversible Contraception (LARCs) funding in line with audit results and completion of clinician training	Health	-60	-15	-15	-15	-15	-60	0	0.00	Green
E/R.6.040	Reduce immunisations promotion budget	Health	-13	-13	0	0	0	-13	0	0.00	Green
E/R.6.041	Expected operational savings across Public Health staffing and contracts	Health	-109	0	0	0	-109	-109	0	0.00	Green



HEALTH COMMITTEE TRAINING PLAN 2019/20			Updated Oct 2019			Agenda Item No: 8			
Proposals									
Ref	Subject	Desired Learning Outcome/Success Measures	Priority	Date	Responsibility	Nature of training	Attendance by:	Cllrs Attending	Percentage of total
	Public Health Performance reporting	To provide committee members with an increased understanding of the key performance indicators used in the F&PR  To review current reporting and an opportunity to discuss what information members receive in future Performance reports.  Business Planning updates were added to the training session	2	Sept 16 <sup>th</sup> 2019	Public Health	Development session	Health Committee Members	4	40%  <b>Completed</b>
	Business Planning 2020	To provide a development session on the Public Health Business Planning processes 2020	2	16 <sup>th</sup> September	Public Health	Development Session		4	40% <b>Completed</b>
	STP – Long Term Plan Submission	To provide committee members with an overview of the STP's response to the Long Term Plan	2	24 <sup>th</sup> October @ 9am	Public Health	Development Session	Health Committee Members (including	5	50% <b>Completed</b>

							district members)		
	<b>Mental Health Interventions</b>	To provide committee members with an overview of public mental health focusing on local interventions and services.	1	Nov provisional	Public Health	Development Session			
	<b>School Nursing Service Overview</b>	To provide a development session that specifically focusing on the provisions within the school nursing service and associated trend data around access.  To agree specific objectives for the session and outline to service providers	2	TBC	Public Health	Development Session			
	<b>Public Health Evaluation</b>	To discuss the wider learning from the CUSPE Evaluation of the Healthy Fenland Fund.	3	TBC	Public Health	Development Session			

# HEALTH POLICY AND SERVICE COMMITTEE AGENDA PLAN

Published on 1st November 2019



Cambridgeshire  
County Council

**Agenda Item No: 9**

## **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.

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
<b>14/11/19</b>	Finance & Performance Report	Liz Robin	Not applicable		
	Prevention of Sexual Ill Health Service Re-Commission	Val Thomas	2019/74		
	Approval of Relevant Delegations to Award the Sexual Health Services Contract	Val Thomas	2019/066		
	Business Planning (Reserve item)	Liz Robin	Not applicable		
	Health Committee Training Plan	Kate Parker	Not applicable		
	Agenda Plan and appointments to outside bodies	Daniel Snowdon	Not applicable		
<b>05/12/19</b>	Finance & Performance Report	Liz Robin	Not applicable		
	Joint Strategic Needs Assessment and Joint Health and Wellbeing Board Strategy	Liz Robin	Not applicable		
	Business Planning	Liz Robin	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
	Best Start in Life Strategy	Helen Freeman	Not applicable		
	Health Committee Training Plan	Kate Parker	Not applicable		
	Agenda Plan and appointments to outside bodies	Daniel Snowdon	Not applicable		
<b>23/01/20</b>	Finance & Performance Report	Liz Robin	Not applicable		
	Air Quality	Iain Green	Not applicable		
	STP Digital Strategy (Scrutiny Item)	STP	Not applicable		
	Performance Indicators	Liz Robin	Not applicable		
	Health Committee Training Plan	Kate Parker	Not applicable		
	Agenda Plan and appointments to outside bodies	Daniel Snowdon	Not applicable		
<i>[06/02/20] Provisional Meeting</i>					
<b>19/03/20</b>	Finance & Performance Report	Liz Robin	Not applicable		
	Health Committee Training Plan	Kate Parker	Not applicable		
	STP Workforce Strategy	STP	Not applicable.		
	STP GP Strategy (Scrutiny Item)	STP	Not applicable		
	Agenda Plan and appointments to outside bodies	Daniel Snowdon	Not applicable		
<i>[16/04/20] Provisional Meeting</i>					
<b>28/05/20</b>	Finance & Performance Report	Liz Robin	Not applicable		

<b>Committee date</b>	<b>Agenda item</b>	<b>Lead officer</b>	<b>Reference if key decision</b>	<b>Deadline for draft reports</b>	<b>Agenda despatch date</b>
	Health Committee Training Plan	Daniel Snowdon	Not applicable		
	Agenda Plan and appointments to outside bodies	Daniel Snowdon	Not applicable		

