

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Public Health		Name: Val Thomas.....
Service / Document / Function being assessed		Job Title: Consultant in Public Health .....
Cambridgeshire Community Services contract for Integrated Sexual Health Services		Contact details: val.thomas@cambridgeshire.gov.uk .....
Date completed: 26 <sup>th</sup> September 2016 .....		Date approved: 6 <sup>th</sup> December 2016 .....
<b>Business Plan Proposal Number (if relevant)</b>	E/R.6.003	
Aims and Objectives of Service / Document / Function		
<p>The Local Authority commissions an Integrated Sexual Health and Contraception Service from Cambridgeshire Community Services. Sexual health clinics offer testing, treatment and contact tracing for people at risk of sexually transmitted infections. Services are 'open access' – i.e. people can refer themselves and are entitled to be seen. They are a mandated local authority public health service under the Health and Social Care Act (2012). The Integrated Service commissioned in 2014 brought together sexual health and contraception services.</p> <p>It was commissioned to meet the following main objectives.</p> <ul style="list-style-type: none"> <li>• Integrate sexual health and contraception services so that patients are able to address all their sexual health and contraception needs in one service and location.</li> <li>• Address the health inequalities and inequities of service provision between the north and south of the county</li> <li>• Modernise the service to ensure that it is efficient and cost effective.</li> </ul>		
What is changing?		
<p>There will be reduction in the contract value for 2016/17 and 2017/18. CCS has been asked to find efficiencies. Initial discussions indicate that these will focus upon the following areas.</p> <ul style="list-style-type: none"> <li>• Reviewing and identification of clinics where uptake is low and there are other services locally which are accessible.</li> <li>• Reviewing of clinic opening times to identify if the out of hours services are fully utilized. Out of hours clinics cost more to operate due to increased staff costs.</li> </ul> <p>There have been changes in the demand for some of the Sexual Health and Contraception clinics across Cambridgeshire.</p> <p>A review of some of the service locations has resulted in limited changes to some clinics in terms of number and opening hours in 2016/17 to accommodate cost savings. Further review of the demand for clinics in different locations will inform any changes in 2017/18. This is currently being formulated with Cambridgeshire Community Services.</p>		
Who is involved in this impact assessment?		
e.g. Council officers, partners, service users and community representatives.		
This CIA was completed by Council Officers		

## What will the impact be?

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age		x	
Disability		x	
Gender reassignment		x	
Marriage and civil partnership		x	
Pregnancy and maternity		x	
Race		x	

Impact	Positive	Neutral	Negative
Religion or belief		x	
Sex		x	
Sexual orientation		x	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation		x	
Deprivation		x	

For each of the above characteristics where there is an expected positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

<b>Positive Impact</b>
None
<b>Negative Impact</b>
None
<b>Neutral Impact</b>
The aim will be to ensure that services will meet current demand and that any service efficiencies will be based on an assessment of service demand and what is known about local needs. Priority will be given to realising savings from services in the less deprived areas where residents are more likely to be able to access services in other areas.
<b>Issues or Opportunities that may need to be addressed</b>
If intelligence indicates that sexual health needs are not being met in the more deprived areas then alternative savings would be required.  The potential for co-locating services in the new Wisbech Clinic could be considered. Drug and Alcohol Services could be a possible option to co-locate with Sexual Health Services.

## Community Cohesion

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

N/A
-----

## Version Control

Version no.	Date	Updates / amendments	Author(s)
2	26/09/16		Val Thomas

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Public Health		Name: Val Thomas.....
Service / Document / Function being assessed		Job Title: Consultant in Public Health .....
Review exercise referral schemes and potential to joint fund with the NHS		Contact details: <a href="mailto:val.thomas@cambridgeshire.gov.uk">val.thomas@cambridgeshire.gov.uk</a> 01223 703264
<b>Business Plan Proposal Number (if relevant)</b>	E/R.6.006	Date completed: 5 <sup>th</sup> December 2016 ..... Date approved: .....

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

#### Exercise Referral Schemes

Exercise referral schemes seek to increase someone's physical activity levels on the basis that physical activity has a range of positive health benefits. Currently Public Health provides a grant to Huntingdonshire District Council and to Cambridge City Borough Council that contribute to the exercise referral schemes that they provide through their Leisure Services. Patients are assessed by their local GP and if they do not meet the guidelines for levels of physical activity and have a long term health condition they are able to be referred to their local scheme. There a personal assessment by a physical activity specialist determines what programme of physical activity would best suit their needs.

This approach reflects current evidence found in NICE Guidance for Exercise Referral Schemes.

<http://www.nice.org.uk/guidance/ph54/>

This Guidance states that referrals should only be made for people who are sedentary or inactive and have existing health conditions (Long Tern Conditions) that put them at risk of ill health. They are should not be adopted as a public health promotion intervention to increase levels of physical activity in the general population

#### Workplace I Physical Activity Programme

A pilot workplace physical activity programme based on the NICE business case "promoting physical Activity in the Workplace (2008) was delivered for 18 months (commencing September 2014). The importance of workplace wellbeing is becoming increasingly recognised in the UK and locally in the Authority. The "Fit4Life" project aimed to increase staff retention and reduce sickness absence rates for employees based at Scott House, Huntingdon. This was to be accomplished by increasing employee participation in physical activity; providing opportunities to be more active within the workplace whilst raising the profile of other physical activity opportunities.

<https://www.nice.org.uk/guidance/ph13/.../business-case-65652733>

### What is changing?

#### Exercise Referral Schemes

The funding of exercise referral schemes has been reviewed and in view of the inequitable funding amongst the districts and that exercise referral is not an intervention that affects population uptake of physical activity it is

proposed to discontinue funding of £48k to the two local district authorities.

In addition in line with the rules of the Public Health Grant all services funded by it are free at the point of delivery but it should be noted that exercise referral is provided by all District Authorities but there is a fee to clients. However Huntingdonshire District Council provides a free service to all those referred by GPs with around 25% of referrals being funded by Public Health. The funding that Public Health gives to Cambridge City enables is to offer a limited number of free exercise referral courses in areas of deprivation.

The proposal is in the context of the Health Committee agreeing funding of £513k over two years for a countywide physical activity programme that will be implemented in all the districts by the local councils. This will be focused on improving population levels of physical activity through new programmes and building pathways between the different services and opportunities for people to be physically active.

In addition Public Health has raised the issue of Exercise Referral schemes with the CCG in view of the number of referrals that GPs make to the schemes across the county so that it might consider at some stage allocating funding to support the schemes.

#### Workplace Physical Activity Programme

An additional 16k recurrent saving has been identified which has resulted from the end of the workplace physical activity pilot at the County Council premises Scott House. The evaluation and learning from implementing the pilot programme is now mainstreamed as part of a wider Healthy Workplace initiative that is being delivered across the whole organisation. This is in accordance with the recommendations from the NICE (2015). These new guidelines on workplace and management practices to improve the health and wellbeing of employees highlighted the need for leadership and senior management involvement in supporting the health and wellbeing of employees.

<https://pathways.nice.org.uk/pathways/workplace-health-policy-and-management-practices>  
<https://www.nice.org.uk/guidance/ph13>

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

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

This CIA was compiled by Council officers

#### **What will the impact be?**

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

#### **Exercise referral scheme**

Impact	Positive	Neutral	Negative
Age			x
Disability			x
Gender reassignment		x	
Marriage and civil partnership		x	
Pregnancy and maternity		x	
Race		x	

Impact	Positive	Neutral	Negative
Religion or belief		x	
Sex		x	
Sexual orientation		x	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation			x
Deprivation			x

#### **Workplace Physical Activity Programme**

Impact	Positive	Neutral	Negative
--------	----------	---------	----------

Age	x		
-----	---	--	--

<b>Disability</b>	x		
<b>Gender reassignment</b>		x	
<b>Marriage and civil partnership</b>		x	
<b>Pregnancy and maternity</b>		x	
<b>Race</b>		x	

<b>Impact</b>	<b>Positive</b>	<b>Neutral</b>	<b>Negative</b>
---------------	-----------------	----------------	-----------------

<b>Religion or belief</b>		x	
<b>Sex</b>		x	
<b>Sexual orientation</b>		x	
The following additional characteristics can be significant in areas of Cambridgeshire.			
<b>Rural isolation</b>	x		
<b>Deprivation</b>	x		

For each of the above characteristics where there is an expected positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

<b>Positive Impact</b>
<p><b>Exercise Referral Schemes</b></p> <p>None. There are no positive impacts in terms of the exercise referral schemes, however there is the opportunity to develop countywide schemes for physical activity in the whole population that will improve access and reduce inequity of provision.</p> <p>In the longer term the CCG may provide funding that is more equitable across the county.</p> <p><b>Workplace Physical Activity Programme</b></p> <p>Workplace Physical Activity Programmes aim to embed physical activity into workplace activities and provide an opportunity to take part in different activities. The Project is now embedded into the Scott House workplace. Those employees who through age, disability, rural isolation and deprivation have less access or opportunities to take part in physical activity have benefitted for this now established Programme.</p>
<b>Negative Impact</b>
<p><b>Exercise Referral</b></p> <p>Public Health funded exercise referral schemes will continue but district councils will charge a fee, which will impact most upon the deprived, those who are more rurally isolated who already have higher travel costs, and the young, older age groups and those with disabilities who are more likely to be impoverished.</p> <p><b>Workplace Physical Activity Programme</b></p> <p>No negative effects were identified in terms of equity as the workplace initiative is accessible to anyone and takes into consideration those with particular needs.</p>
<b>Neutral Impact</b>
<p><b>Exercise Referral</b></p> <p>The potential introduction of fees will affect all people previously not being charged. However it will not affect gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation in terms of equity.</p> <p><b>Workplace Physical Activity Programme</b></p> <p>There will a neutral impact on gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation as the physical activity programme does not discriminate in any way that could create inequalities for these groups.</p>

## Community Cohesion

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

Exercise Referral – N/A

Workplace Physical Activity Programme – This has helped bring together staff at Scott House on an ongoing basis to take part in shared activities.

## Version Control

Version no.	Date	Updates / amendments	Author(s)
V.1	26/09/16		Val Thomas
V2	5/12/16		Val Thomas

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Public Health		Name: Dr Raj Lakshman/ Janet Dullaghan.....
Service / Document / Function being assessed		Job Title: Consultant in Public Health Medicine .....
Healthy Child Programme 0-19: Health Visiting (HV), Family Nurse Partnership (FNP), School Nursing (SN)		Contact details: raj.lakshman@cambridgeshire.gov.uk
<b>Business Plan Proposal Number (if relevant)</b>	ER 6-012	Date completed: 8th November 2016 .....
		Date approved: 6 <sup>th</sup> December 2016 .....

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

Public Health is responsible through the Children's Health Joint Commissioning Unit for commissioning the 0- 19 Healthy Child Programme which consists of Health Visiting, Family Nurse Partnership and School Nursing. **School Nursing continues to be commissioned by the Local Authority. Commissioning arrangements of Health Visiting and FNP transferred to the Local Authority in October 2015.**

#### Health Visiting Service:

- Health Visitors are a workforce of specialist community public health nurses who provide evidenced based advice, support and interventions to families with children under the age of 5. Health visitors lead the delivery of the 0-5 Healthy Child Programme, the evidence-based, preventive, universal-progressive service for children in the early years of life. The work with families is needs led to help empower parents to make decisions that affect their families' future health and wellbeing. Health visitors manage and supervise skill mix teams whilst working in partnership with other partner agencies.
- The universal-progressive service is delivered at 4 levels: Community, Universal (five mandated checks), Universal Plus (single agency involvement), Universal Partnership Plus (multi-agency involvement).
- The six high impact areas for the 0-5 Healthy Child Programme are
  - Transition to parenthood and the early years (0-5)
  - Maternal mental health
  - Breastfeeding (initiation and duration)
  - Healthy weight, healthy nutrition and physical activity
  - Managing minor illness and reducing hospital attendance and admission
  - Health, wellbeing and development of the child age 2 – 2.5 year old review (integrated review) and support to be 'ready for school'.
- The HV service uses a national service specification whereby specific elements of universal service provision are mandated for the first 5 years to ensure that there is universal coverage to a national standard format.
- The five mandated universal checks are:
  - Antenatal visit;
  - New baby review;
  - 6-8 week assessment;
  - 1 year assessment;
  - 2 to 2 1/2 year review.
 Health visitors assess families' needs at the universal contacts and then work in partnership with the family to provide a package of care and improve outcomes for the child, young person and family.
- Between 2011 and 2015, in line with the 'Government's Call to Action' the Government increased the number of Health Visitors nationally, and almost doubled the number of health visitors in Cambridgeshire.
- In October 2016, the Government's 'Call to Action' ceased and commissioning responsibility transferred from NHS England to the Local Authority. Although HV numbers were no longer protected the status quo was maintained in the service.

#### Family Nurse Partnership

- The Family Nurse Partnership (FNP) is a national preventive programme for vulnerable, young first-time mothers under 19 years of age.
- It is a structured home visiting parenting programme, delivered by specially trained family nurses, from early pregnancy until the child is two. The family nurse and the young parent(s) commit to an average of 64

planned home visits over two and a half years. The team work in partnership with other health professionals, social care professionals and other agencies to ensure the best possible outcomes for young people, their children and families.

- The FNP was developed in the USA and has over 35 years of extensive research behind it. It requires a license in the UK with fidelity to a specific model. This includes restrictions on when teenagers can be enrolled (before 28 weeks), how long the programme lasts and when visits are scheduled. Challenges of the FNP licensing requirements are that it requires fidelity to the specific FNP model to ensure consistency in its delivery.
- The current FNP programme in Cambridgeshire supports 20% of the teenage population pregnancies. Once caseloads are full this means that some vulnerable teenagers may miss the window of opportunity from this intervention, regardless of need. This also potentially excludes some teenage parents who are leaving care or who are looked after. These limitations mean that some vulnerable teenagers may 'miss the window of opportunity' for help and support from this intervention. These teenage families would then be supported by the universal Healthy Child Programme offer which is less structured.
- In 2016/17 a modelling exercise was carried out by a multi- agency team to look at the impact of reducing/stopping FNP or revising the eligibility criteria to provide FNP to the most vulnerable teenagers.
- The outcome and recommendation of the group was to keep the FNP programme with the following changes:
  - Make it a core part of the HCP pathway for very vulnerable first-time mothers aged 19 years or under who are pregnant and meet at least one of the following 'fixed' criteria or at least four of the 'high risk' criteria.

The fixed criteria are:

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

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

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

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

Other recommendations:

- Ensure the FNP service is integrated within the HCP service to support HV working with vulnerable teenagers who are pregnant on the partnership plus pathway so that the transition of support is seamless. Participation in the National FNP knowledge exchange will support transfer of knowledge from FNP to the wider HV workforce.
- It is unclear of the number of young parents who will access the family nurse partnership programme therefore it will be essential to closely monitor the data and impact this will have upon the healthy child programme.
- It is essential that the notification pathway from midwifery is robust for ALL teenage women. Each case could be assessed by a multi-disciplinary team including FNP, Midwifery, Health Visitor, Early Help & Social Care to determine the level of support required. This could be FNP, universal, universal plus or partnership plus pathway for this group of vulnerable teenagers.

## **School Nursing Service**

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

- Help parents develop and sustain a strong bond with children;
- Encourage care that keeps children healthy and safe;



- Protect children from serious disease, through screening and immunisation;
- Reduce childhood obesity by promoting healthy eating and physical activity;
- Identify health issues early, so support can be provided in a timely manner;
- Make sure children are prepared for and supported in education settings;
- Identify and help children, young people and families with problems that might affect their chances later in life.

### **What is changing?**

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

### **Health Visiting and FNP**

The total budget in 2015/16 was **£7,593,199**. With the £340K reduction (£190K in 16/17 and £150K in 17/18), the contract value in 01/18 would be **£7,253,199** (4.5% reduction). This CIA describes the overall changes in service between 2015/16 and 2017/18, as the savings are being made in an integrated way over the two years.

In order to make the £340K savings:

- The service have used a strategic, evidenced based workforce model to analyse the clinical workload with workforce requirements based on the needs of the population within Cambridgeshire. The model showed that only 43% of time is available to deliver the universal offer, 16% is available for Universal Plus and a disproportionately high 41% time is required to deliver Partnership Plus. The model also identified capacity tensions in areas and plans are in progress to ensure that each offer is delivered by the right skill set of staff. A reduction in numbers within the Healthy Child Programme workforce to meet budget requirements uses this model while aiming for minimal impact.
- Internal service efficiencies have been identified to increase the percentage of face-to-face time with children, young people and families. A number of proposals are under consideration and are in their initial stages of discussion. For example attendance at child protection and child in need conferences could cease where a child has no health need (to be discussed with CFA); A&E notifications could no longer be processed and this instead could go, for instance, through the Child Health Information System (CHIS); Follow-up appointments and clinics will be rationalised.
- Redesign of the FNP service- targeted to the most vulnerable teenagers and consideration of a single service across Cambridgeshire & Peterborough if procurement rules allow. A Band 7 FNP has been removed from the establishment following the FNP review
- Working in a more integrated way with other Council Services e.g. Children's Centres and Together for Families Programme

### **School Nursing**

The current budget is **£1,446,540** and an additional 60K investment is proposed, taking the contract value to **£1,446,600** (4.1% increase).

The 60K additional investment is for

- Extension of the universal school nursing service to special schools: Additional funding for 1.5 wte school nurses to provide the 'universal offer' for the 6 special schools which currently do not receive this service.

Other service changes proposed are

- Medicines Management training: the school nursing service provides training for schools regarding management of 4 chronic/acute conditions (epilepsy, anaphylaxis, asthma, diabetes). Although ensuring staff are trained is the responsibility of the schools, how well the schools are trained has a knock on effect on the wider health system. The school nursing service currently provide this training face-to-face in individual schools and propose to change to a model of online training to enable an increased improved offer to schools. The final decision as to implementation of this new model and the nature of its roll out will be taken in consultation with stakeholders, particularly head teachers of both primary and secondary schools. Introduction of a texting service for secondary school age pupils (Chat health): the pilot in Fenland has evaluated that the school nursing service is more responsive and accessible to young people. All appointments in school will be by 'Chat health' referral reducing missed appointments and triaging according to need. 'Chat health' could be made available to children not in the school system (home schooled) and possibly to parents of children in primary schools. Service improvements are a continual process and the service is working to enhance its primary school offer and ensure consistency and equity.

### **Other relevant factors:**

- In 2015, the service changed from separate Health Visiting and School Nursing services to the Healthy Child Programme; aiming for equitable and appropriate provision of services across the 0 – 19 age range.
- The impact of the transformation of Children's services in the Council and the NHS (including transformation of mental health services) will be kept under review.

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

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

**Cambridgeshire County Council, Peterborough City Council and Cambridgeshire & Peterborough CCG through the Joint Commissioning Unit and Cambridgeshire Community Services NHS Trust (current service provider).**

**What will the impact be?**

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age		X	
Disability	X		
Gender reassignment		X	
Marriage and civil partnership		X	
Pregnancy and maternity		X	
Race		X	

Impact	Positive	Neutral	Negative
Religion or belief		X	
Sex		X	
Sexual orientation		X	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation		X	
Deprivation		X	

For each of the above characteristics where there is a positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

**Positive Impact**

A new Universal Offer to 6 Special Schools in Cambridgeshire

There will be an introduction of digital technology in some areas of the service, i.e. Chat Health. This will improve the accessibility of the service for a greater number of young people

An enhanced, equitable and consistent offer to primary schools

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

**Negative Impact**

There will be a reduction in the Healthy Child Programme (HCP) workforce as a result of the reduced budget, therefore services will be reduced accordingly as described in 'what is changing' above

Health visiting students are scheduled to no longer receive a salary from Health Education England from 2017/18. This drop in income will need to be considered when delivering services

**Neutral Impact**

The status quo will be maintained across some of the service

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

Sharing good practice including training will enhance the interface between FNP and HCP and the offer to families. The National FNP knowledge exchange available to the wider HCP.

Service improvement / redesign opportunities will be taken.

**Community Cohesion**

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

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

**Version Control**

Version no.	Date	Updates / amendments	Author(s)
1	20.09.16	First Draft	Raj Lakshman
2	14.10.16	Second Draft	Fleur Seekin & Raj Lakshman
3	08.11.16	Third Draft	Raj Lakshman & Nicola McLean

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Public Health		Name: Val Thomas.....
<b>Service / Document / Function being assessed</b>		Job Title: Consultant in Public Health .....
<p>The proposal to transfer the in house core Stop Smoking Services (CAMQUIT) to an external provider.</p>		<p>Contact details: val.thomas@cambridgeshire.gov.uk</p> <p>Date completed: 28 November 2016 .....</p> <p>Date approved: 6<sup>th</sup> December 2016 .....</p>
<b>Business Plan Proposal Number (if relevant)</b>	<b>6.019</b>	
<b>Aims and Objectives of Service / Document / Function</b>		
<p>Camquit is Cambridgeshire County Council's (CCC) local evidence based core Stop Smoking Service that supports smokers to quit. This means that smokers are offered behavioural therapy (which may be either individual or group counselling) which involves scheduled face-to-face meetings between the smoker and a practitioner from the Stop Smoking Services trained in smoking cessation. A quit date is set initially and typically, this is followed by weekly sessions over a period of at least 4 weeks after the quit date and is normally combined with NRT/drug therapy. The Camquit Service is delivered through a number of different providers.</p> <p>The core team is an in- house provider and is part of the Public Health Provider Team. It includes smoking cessation specialists and data staff support staff. It is responsible for the overall co-ordination of the Service. The staff provide support to smokers wanting to quit, delivering specialist services such as the smoking in pregnancy and young person's programmes, service marketing, targeted project work, managing data processing, analysis and reporting. It also provides support to other providers through delivering training in line with national guidance and practice visits if required.</p> <p>In addition Cambridgeshire County Council (CCC) also has contracts with all 77 GP practices within Cambridgeshire to deliver stop smoking support to smokers registered with their practice. The GP based services are delivered by practice staff such as the practice nurse or healthcare assistant. As demands on practices have increased there are a growing number of practices that have chosen to have Camquit advisors to deliver their services.</p> <p>Community pharmacies are also contracted to deliver stop smoking cessation, but the number has been declining steadily in recent years. They do not have any quitter targets. They also receive training and support from the Camquit core Team.</p>		

### What is changing?

The delivery and provision of Stop Smoking Services have been evolving nationally but also locally. This is in response to an increased focus upon commissioning within Public Health and also more widely within Cambridgeshire County Council. Secondly there has been the development generally of lifestyle services across the country and these usually include stop smoking services.

In the context of these changes this paper proposes that the core Stop Smoking Service is commissioned from an external provider with the aim of it becoming part of an integrated lifestyle service which provides a number of advantages. The externally commissioned stop smoking service would be responsible for providing the full range of functions, indicated above, that the core service currently provides. This would include providing support to GP and community pharmacies for them to deliver services. It will be specified to provide the same service that is currently provided.

There will be cost saving of circa £50k. Currently the core Stop Smoking Service has a senior co-ordinator role which has overall responsibility for managing the Service but also plays a key role in the commissioning of the other stop smoking providers. It is proposed that this post is not transferred and that its functions are absorbed into the management function of new provider organisation. However the deputy co-ordinator would not be transferred and this post currently plays a large part in the co-ordination of the service and daily operational aspects of delivery.

However the contracts with the GPs and community pharmacists would continue to be commissioned and performance managed by CCC. The current core Stop Smoking Service function of managing the data and payments for the GP and community pharmacy contracts would remain within Public Health.

### Who is involved in this impact assessment?

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

This CIA was compiled by Council officers

### What will the impact be?

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age		x	
Disability		x	
Gender reassignment		x	
Marriage and civil partnership		x	
Pregnancy and maternity		x	
Race		x	

Impact	Positive	Neutral	Negative
Religion or belief		x	
Sex		x	
Sexual orientation		x	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation		x	
Deprivation		x	

For each of the above characteristics where there is an expected positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

### Positive Impact

None identified

### Negative Impact

None identified

**Neutral Impact**

There should not be any impact in equalities as there is no planned change in service delivery. Services are open to all members of the community. However the current service has a focus upon communities where there are high rates of smoking and consequent health inequalities. There is the possibility over time to use commissioning levers to enhance this focus on health inequalities.

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

The new Service will require careful monitoring to ensure that its performance does not fall during the transfer and the initial change period when it will be establishing itself as part of another organisation.

Over the longer term if the Service is established in an integrated lifestyle service this will provide the opportunity to use other staff such as health trainers to support the delivery of Stop Smoking Services.

**Community Cohesion**

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

Stop Smoking Services do provide some of their services in community venues and sometimes peer support groups form amongst smokers who have quit with the help of the service. These groups support each other to remain quit.

**Version Control**

Version no.	Date	Updates / amendments	Author(s)
V.1	28/11/16		Val Thomas

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Public Health Directorate, also involving CFA Enhanced and Preventative Services Directorate		Name: Liz Robin  Job Title: Director of Public Health  Contact details: liz.robin@cambridgeshire.gov.uk
Service / Document / Function being assessed		
Creation of a Joint Public Health Commissioning Unit across Cambridgeshire County Council and Peterborough City Council		
Business Plan Proposal Number (if relevant)	E/R.6.021	
Aims and Objectives of Service / Document / Function		
<p>The Public health commissioning function commissions sexual health and contraception services, drug and alcohol misuse services, smoking cessation services, integrated lifestyle services, health checks and other relevant public health services from external providers, with the objectives of meeting the needs of Cambridgeshire residents, improving population health, reducing health inequalities and achieving best value from available resources.</p> <p>In addition the Local Authorities in Peterborough and Cambridgeshire fund leadership functions which drive the development and delivery of key strategic plans in relation to, for example, Domestic Abuse.</p>		
What is changing?		
<p>Currently, public health commissioning in Cambridgeshire County Council (CCC) and Peterborough City Council (PCC) is carried out by different public health commissioning teams in the two Councils, although the 'subject matter expert' public health staff advising and supporting commissioners are now working jointly across CCC and PCC.</p> <p>Within Children Families and Adults Services (CCC), commissioning functions are currently dispersed across the Directorates. A separate consultation will consider the wider opportunities to bring these functions together. As part of these current arrangements, the Safer Communities Team within CFA leads on a wide range of Community Safety functions, including the commissioning of drug and alcohol misuse and some domestic abuse services. In PCC drug and alcohol commissioning is integrated within the wider public health commissioning team.</p> <p>This proposal is to create a joint public health commissioning unit across Cambridgeshire County Council and Peterborough City Council, learning from the existing Joint Children's Health Commissioning Unit. The new joint public health commissioning unit would combine the functions of CCC public health commissioning, CCC drug and alcohol commissioning and PCC public health commissioning, potentially including the commissioning of domestic abuse services.</p> <p>Wider functions within Cambridgeshire currently undertaken by the Safer Communities Team, will be considered in parallel as part of the wider work to look at the Community and Safety functions across Cambridgeshire and Peterborough going forward.</p>		
Who is involved in this impact assessment?		
e.g. Council officers, partners, service users and community representatives.		
This CIA was compiled by CCC council officers.		

## What will the impact be?

Tick to indicate if the impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age		√	
Disability		√	
Gender reassignment		√	
Marriage and civil partnership		√	
Pregnancy and maternity		√	
Race		√	

Impact	Positive	Neutral	Negative
Religion or belief		√	
Sex		√	
Sexual orientation		√	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation		√	
Deprivation		√	

For each of the above characteristics where there is a positive, negative and / or neutral impact, please provide details, including evidence for this view. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

<b>Positive Impact</b>
<b>Negative Impact</b>
<b>Neutral Impact</b>
The proposal only affects commissioning functions of the two Councils, therefore should not directly impact on front line service delivery and communities.
<b>Issues or Opportunities that may need to be addressed</b>
The development and alignment of commissioning functions set out in this CIA needs to be considered in the wider strategic context of the two Local Authorities, and Community and Safety functions going forward. The wider strategic partnership for both domestic abuse and drug and alcohol services needs to be considered and involved as part of these arrangements. In this context, the current work of the Safer Communities Team (CFA) will need to be carefully reviewed to ensure that any non-commissioning functions which the team delivers continue to be appropriately delivered.

## Community Cohesion

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

--



## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Public Health		Name: Val Thomas
Service / Document / Function being assessed		Job Title: Consultant in Public Health
Smoking Cessation		Contact details: val.thomas@cambridgeshire.gov.uk ...
Business Plan Proposal Number (if relevant)	E/R 6.025	Date completed: 23 September 2016
		Date approved: 6 <sup>th</sup> December 2016 .....
Aims and Objectives of Service / Document / Function		
<p>The County Council commissions 'level 2' smoking cessation services from GP practices and pharmacies. These services support people who wish to stop smoking and provide a combination of medication such as nicotine replacement therapy (NRT) on prescription, and evidence based one to one or group support for behaviour change. People are four times more likely to succeed in quitting when they use this service than if they try to quit without support or medication. When people succeed in stopping smoking is results in significant improvement to their health and in overall savings to the NHS due to their reduced risk of heart and circulatory disease, lung disease and cancers. It is important that smoking cessation services are easily accessible for people to use, so in Cambridgeshire we have tried to ensure that every GP practice offers a smoking cessation service – either through their own staff, for which payment is made, or through County Council CAMQUIT staff going into the GP practice to deliver clinics.</p>		
What is changing?		
<p>Where relevant, consider including: how the service/document/function will be implemented; what factors could contribute to or detract from this; how many people with protected characteristics are potentially impacted upon; who the main stakeholders are; and, details of any previous or planned consultation/engagement to inform the CIA.</p>		
<p>The demand for smoking cessation services in GP practices and pharmacies has reduced over the past few years. There has been a fall in the overall percentage of adults who smoke in the county and increased usage of electronic cigarettes. Because GPs and pharmacies are paid per person receiving the service, the spend on these services has therefore reduced. Fewer people vising the service also means lower medication costs. Due to other pressures, an increased number of GP practices have asked CAMQUIT staff to come in and provide an on-site clinic, which means they are no longer paid. These factors mean that the predicted spend against budgets for smoking cessation services and GP practices have reduced. The saving is therefore made against a predicted reduction in demand on the smoking cessation budget, but smoking cessation services will continue to be easily accessible around the County.</p>		
Who is involved in this impact assessment?		
<p>e.g. Council officers, partners, service users and community representatives.</p>		
<p>This CIA was compiled by Council officers</p>		

## What will the impact be?

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age		x	
Disability		x	
Gender reassignment		x	
Marriage and civil partnership		x	
Pregnancy and maternity		x	
Race		x	

Impact	Positive	Neutral	Negative
Religion or belief		X	
Sex		X	
Sexual orientation		X	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation		X	
Deprivation		X	

For each of the above characteristics where there is a positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

<b>Positive Impact</b>
None
<b>Negative Impact</b>
None
<b>Neutral Impact</b>
Because this saving is based on observed demand being lower than allowed for, and local residents are still able to attend smoking cessation services it should not impact on equalities groups. The scale of the saving is such that funding should still be available to promote smoking cessation services in areas of higher deprivation which also have higher smoking rates, and to pilot a harm reduction model for smokers who wish to quit more gradually, in accordance with NICE guidance.
<b>Issues or Opportunities that may need to be addressed</b>
Because this saving relies on a forecast reduction in demand, if demand rises unexpectedly then in-year savings may need to be found from alternative sources.

## Community Cohesion

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

N/A
-----

## Version Control

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

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Public Health		Name: Val Thomas.....
Service / Document / Function being assessed		Job Title: Consultant in Public Health .....
Laboratory testing for the Chlamydia Screening programme		Contact details: val.thomas@cambridgeshire.gov.uk ...
<b>Business Plan Proposal Number (if relevant)</b>	<b>6.026</b>	Date completed: 22 09 16 .....
		Date approved: .....

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

#### Chlamydia Screening Programme

The Chlamydia Screening Programme is a national programme that offers opportunistic chlamydia testing for the sexually active under 25year olds. Chlamydia is the most common bacterial sexually transmitted infection, with sexually active young people at highest risk. Chlamydia often has no symptoms and can have serious health consequences.

1. Preventing and control chlamydia through early detection and treatment of infection;
2. Reduce onward transmission to sexual partners;
3. Prevent the consequences of untreated infection;
4. Ensure all sexually active under 25 year olds are informed about chlamydia, and have access to sexual health services that can reduce risk of infection or transmission;

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

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

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

#### What is changing?

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

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

- Although it is difficult to confirm prevalence of chlamydia infection it is likely that it is low in Cambridgeshire given the overall general sexual health of the population which compares favourably to other areas. Consequently the programme has in recent years adopted the strategic approach of targeting population groups that have a high risk of testing positive. This means the actual numbers of screens have declined but the detection of positive screens has increased.
- An online Service has been commissioned the company, Source Bio-Science to send out kits to young people that have requested them online and to analyse their returned samples. There has been decline in demand for the online service over the past two years.
- GP practices are commissioned to provide chlamydia screening and have in recent years adopted a more targeted approach which has led to decrease in overall screens but an increase in the detection of positive screens. GP screens are analysed at the PHE laboratories

- Cambridgeshire Community Services (CCS) as part of the Integrated Sexual Health Service has sub-contracted with the Terence Higgins Trust to provide outreach chlamydia screening to high risk populations. This started when the new Service was launched in September 2014. The laboratory costs are absorbed into the block contract with CCS.

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

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

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

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

This CIA was completed by Council officers

#### What will the impact be?

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age	x		
Disability	x		
Gender reassignment		x	
Marriage and civil partnership		x	
Pregnancy and maternity		x	
Race		x	

Impact	Positive	Neutral	Negative
Religion or belief		x	
Sex		x	
Sexual orientation		x	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation	x		
Deprivation	x		

For each of the above characteristics where there is a positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

#### Positive Impact

The positive impact of the ongoing changes to the Chlamydia Screening Programme is that it targets those groups most at risk either through age, deprivation, disability or rural isolation.

#### Negative Impact

None identified. The identification and treatment of chlamydia is associated with the avoidance of gynaecological complications.

#### Neutral Impact

The likelihood of a low chlamydia prevalence and the changes to the Chlamydia Screening programme that have already been introduced have not had any observed impact on those groups indicated above in this category.

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

There is the opportunity to further review the strategic approach of the Chlamydia Screening Programme to ensure that the most cost-effective approaches are being used and that the service reflects need.

**Community Cohesion**

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

N/A

**Version Control**

Version no.	Date	Updates / amendments	Author(s)
V1	22.09/16		Val Thomas

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Public Health		Name: Val Thomas.....
Service / Document / Function being assessed		Job Title: Consultant in Public Health .....
Joint Commission Food for Life Programme across Cambridgeshire County Council(CCC) and Peterborough County Council (PCC)		Contact details: val.thomas@cambridgeshire.gov.uk ...
Date completed: 22 09 16 .....		Date approved: 6 <sup>th</sup> December 2016 .....
<b>Business Plan Proposal Number (if relevant)</b>	6.028	
Aims and Objectives of Service / Document / Function		
<p>The aim of the Food for Life Programme is to promote a healthy eating lifestyle and contribute to reduction in childhood obesity.</p> <p>Currently both CCC and PCC commission separately Food For Life to deliver a programme in schools. The Food for Life Programme is part of the Soil Association and works with schools helping them build knowledge and skills through a 'whole setting approach'. This engages children and parents, staff, patients and visitors, caterers, carers and the wider community to adopt a healthier eating lifestyle. It has been operational in Cambridgeshire for four years, focusing upon schools in more deprived areas where there are higher rates of childhood obesity. Over 1 in 4 children in Year 6 are either obese or overweight; this increases in the more deprived areas of the county.</p>		
What is changing?		
<p>Where relevant, consider including: how the service/document/function will be implemented; what factors could contribute to or detract from this; how many people with protected characteristics are potentially impacted upon; who the main stakeholders are; and, details of any previous or planned consultation/engagement to inform the CIA.</p> <p>The proposal is to procure new schools based Programme that will promote healthy eating and also physical activity. This will be through a joint procurement with PCC. Any Programme commissioned will focus upon areas that are more deprived with higher levels of childhood obesity.</p> <p>The Programme will be implemented across the two local authorities through the employment of one co-ordinator which will create savings through reducing duplication and facilitating the sharing of resources, for example shared events. Currently the Programme has a strong focus in Fenland and other more deprived areas. This will remain unchanged; however innovative approaches that are cost-effective and enable the Programme to be rolled out more widely will be sought through the procurement.</p>		
Who is involved in this impact assessment?		
E.g. Council officers, partners, service users and community representatives.		
This CIA was compiled by CCC officers.		

## What will the impact be?

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age	x		
Disability	x		
Gender reassignment		x	
Marriage and civil partnership		x	
Pregnancy and maternity		x	
Race		x	

Impact	Positive	Neutral	Negative
Religion or belief		x	
Sex		x	
Sexual orientation		x	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation	x		
Deprivation	x		

For each of the above characteristics where there is a positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

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

## Community Cohesion

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

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

## Version Control

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

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Public Health / Gypsy & Traveller Health Team		Name: Kate Parker
<b>Service / Document / Function being assessed</b>		Job Title: Head of Public Health Programmes
2017/18 Public Health Programmes Savings: Review of		Contact details: Kate.Parker@cambridgeshire.gov.uk
Date completed: 15 <sup>th</sup> October 2016		Date approved: 6 <sup>th</sup> December 2016
<b>Business Plan Proposal Number (if relevant)</b>	<b>E/R.6.029</b>	
Aims and Objectives of Service / Document / Function		
<p><b>Project Aim</b></p> <p>The project aim is to improve the health and well-being of Gypsies and Travellers in Cambridgeshire, thereby decreasing health inequalities by providing a dedicated team of health and community development staff.</p> <p>Findings show that life expectancy within Gypsy and Travellers communities is likely to be 10-12years shorter than the rest of the population.</p> <p><b>Background</b></p> <p>The Gypsy &amp; Traveller Health Team were established in 2008/9. To build on the existing work Ormiston Children &amp; Families Trust had developed around the Gypsy &amp; Traveller communities a Memorandum of Understanding (MOU) was set up between Ormiston Children &amp; Families Trust and Public Health Team (previously based in Cambridgeshire Primary Care Trust). The MOU set out that the Ormiston Trust would provide set up links to the communities as well as funding admin support and a senior worker.</p> <p>In 2016/17 additional funding was released from the team which included a 10k reduction from the public health programmes budget set aside as non-pay to support the team in providing small scale project support work particularly around literacy training. It was determined that reducing non-pay by 10k would have a minimum impact on the team as the current literacy tutoring work is being provided through the access to grants from the Community Adult learning fund. In addition further savings were found last year through the removal of the Public Health Specialist Nurse post who had responsibility for management of the Gypsy &amp; Traveller Health Team. These management responsibilities were integrated into the Gypsy &amp; Traveller Senior Lead Nurse's role.</p>		
<p><b>What is changing?</b> Where relevant, consider including: how the service/document/function will be implemented; what factors could contribute to or detract from this; how many people with protected characteristics are potentially impacted upon; who the main stakeholders are; and, details of any previous or planned consultation/engagement to inform the CIA.</p>		
<p><b>Service Provision</b></p> <p>Since 2009 the Gypsy &amp; Traveller Health team has developed and now has excellent partnership links and established sound relationships with the Gypsy &amp; Traveller community. The Gypsy &amp; Traveller Health Team as a service has evolved. As the Senior Gypsy &amp; Traveller Nurse has taken on more work the emphasis with this community is supporting those with long standing health needs in line with the original objectives of the programme. The Gypsy &amp; Traveller Community Development worker now works more in a support role for adults who are chronically ill (both mentally and physically). This work involve supporting clients with attending medical appointments and complying with treatment plans under the supervision of the lead nurse. The community development worker has developed knowledge and experience of the wider health system and is able to support individuals with housing issues, debt management and benefit applications. The team as a whole works towards supporting clients to access mainstream support where possible e.g. floating support services. More recently the team has experience increasing demand for mental health support for the community.</p>		



**Proposed changes**

Public Health currently fund a Senior Practitioner post that is employed directly by Ormiston Children & Family Trust. The current funding arrangement has been reviewed and a reduction in funding for his post has been agreed releasing £12,800 savings to reinvest. Ormiston Trust have agreed to make up the shortfall.

The current funding of 32,880k to Ormiston Trust has primarily been focused on providing advocacy support work to the Gypsy and Traveller Community e.g. supporting with benefit appeals and housing issues. The reduction in funding allows the team to make savings and to look at reinvestment into developing more sustainable partnerships with statutory services & mainstream voluntary services. This will also allow the team to look at developing further support and partnership working around the provision of mental health support systems for this community.

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

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

The CIA was compiled by Council Officers

**What will the impact be?**

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age		X	
Disability		X	
Gender reassignment		X	
Marriage and civil partnership		X	
Pregnancy and maternity		X	
Race		X	

Impact	Positive	Neutral	Negative
Religion or belief		X	
Sex		X	
Sexual orientation		X	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation		X	
Deprivation		X	

For each of the above characteristics where there is a positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

**Positive Impact****Negative Impact**

### Neutral Impact

The Gypsy & Traveller communities are the largest ethnic minority in the county. The savings noted above will not result in any service changes to the current provision for this community however the reinvestment may result in longer term opportunities identified in the section below.

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

It is expected that in the long term the changes will enable reinvestment into the service to develop a more sustainable programme that is through partnership working will be more responsive to the emerging health needs of the population e.g. increase focus on mental health support.

### Community Cohesion

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

### Version Control

Version no.	Date	Updates / amendments	Author(s)
1	15-10-16		Kate Parker
2	11-11-16		Kate Parker

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Strategy and Commissioning		Name: Helen Andrews .....  Job Title: VCS Market manager .....  Contact details: Helen.andrews@cambridgeshire.gov.uk .....
Service / Document / Function being assessed		
Home and Community Support Service contract delivered by Home Start Cambridgeshire		
Business Plan Proposal Number (if relevant)	ER 6.031	
Aims and Objectives of Service / Document / Function		
<p>Home Start Cambridgeshire provides home visiting, peer support and practical assistance to families with children under the age of 5 years old with additional needs and experiencing parenting problems across Cambridgeshire. In addition to this service, the contractor also provides some volunteer-led activities at Children's Centres and/or community settings</p>		
What is changing?		
<p>The Home and Community Support Service contract awarded to Homestart was for 3 years, with an end date of 31<sup>st</sup> March 2016. The value of the contract is £266,194.00 per annum. This had been jointly funded by Cambridgeshire County Council with NHS England who contributed £98,448. At the point that the contract for delivery of Health Visiting transferred from NHS England to Public Health, within the Local Authority in 2015, responsibility for this element of the contract also transferred to Public Health.</p> <p>Discussions have been underway for the last year of the contract with Homestart, highlighting that it was scheduled to end as no further extensions or exemptions were technically possible. Taking this into account Homestart were given a 6 month extension in order for them to apply for other sources of funding in order to continue the service.</p> <p>All work with families has been joint working with in the main the LA. Over the remaining year of the contract this activity was scaled back to ensure families were receiving support from the partner agency if required in the long term.</p> <p>Homestart have also been successful in being awarded grants from a number of organisations including Child in Need and Comic Relief which whilst not meeting the total amount of the contract has ensured they are sustainable and continuing to provide services</p>		

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

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

Council officers, referrers to Home Start.

A Smart Survey was opened to general public. Service users, parents and referrers to Home Start Cambridgeshire services were also invited to do the survey and make comments.

**What will the impact be?**

Tick to indicate if the impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age		x	
Disability		x	
Gender reassignment		x	
Marriage and civil partnership		x	
Pregnancy and maternity		x	
Race		x	

Impact	Positive	Neutral	Negative
Religion or belief		x	
Sex		x	
Sexual orientation		x	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation		x	
Deprivation		x	

For each of the above characteristics where there is a positive, negative and / or neutral impact, please provide details, including evidence for this view. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

**Positive Impact**

.

**Negative Impact**

A survey of parents using the Homestart services when asked about the future and what would happen if Home Start ended said they would access support from Children's Centres (14%), preschool provision (9%), church based activities (8%) and most significantly web based information

There is an opportunity here to ensure parents receive the right information and advice, signposting and direction to local networks and activities, and it is critical to build this into the Council's Transformational work The population is increasingly active online, and whilst this requires challenge for those providing services to adapt, it presents a significant opportunity to explore alternative and more efficient approaches to deliver services

Rural isolation and deprivation was the area of most concern to responders to the survey. This is an important issue that the whole Council must address. Home start continues to have funding which has ensured its sustainability and the links with key charitable organisations support their work in tackling deprivation and reducing rural isolation.

#### Neutral Impact

Whilst Homestart is no longer funded by the County Council it has ensured it is funded through alternative means – Comic Relief and Children in Need being two charitable organisation supporting them. This has meant that activity around Group Work and Peri-natal mental health continues and Home Start also continues to play a key role for families and communities.

#### Community Cohesion

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

#### Version Control

Version no.	Date	Updates / amendments	Author(s)
1	29 sept 2016	CIA created	Helen Andrews and Jo Sollars
2	23 <sup>rd</sup> November 2016	Home Start Cambridgeshire report they have successfully secured the following grants for the next 2 years: Evelyn Trust, Children in Need and Comic Relief. Home Start Cambridgeshire is awaiting news on their application to the Big Lottery Fund.	Helen Andrews