# HEALTH COMMITTEE

## Date:Thursday, 16 November 2017

**13:30hr**

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

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 and declarations of interest**<br>*Guidance on declaring interests is available at http://tinyurl.com/ccc-conduct-code* | |
| 2 | **Minutes & Action Log - 19th October 2017** | **5 - 14** |
| 3 | **Petitions** | |

**KEY DECISIONS**

| | | |
|---|---|---|
| 4 | **Healthy Schools Service** | **15 - 24** |

**DECISIONS**

| | | |
|---|---|---|
| 5 | **Finance & Performance Report - September 2017** | **25 - 44** |

The Health Committee comprises the following members:

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

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

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


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**Agenda Item No: 2**

# HEALTH COMMITTEE: MINUTES

**Date:** Thursday 19th October 2017

**Time:** 1:30pm to 4:30pm

**Present:** Councillors C Boden, A Bradnam (substituting for Councillor Dupre), L Harford, Cllr Hudson (Chairman), D Jenkins, L Jones, L Joseph (substituting for Councillor Reynolds)

District Councillors M Abbott (Cambridge City), S Ellington (South Cambridgeshire)

**Apologies:** County Councillors L Dupre, K Reynolds and S van de Ven and District Councillor J Tavener (Huntingdonshire)

## 45. DECLARATIONS OF INTEREST

There were no declarations of interest.

## 46. MINUTES – 7th SEPTEMBER AND ACTION LOG:

The minutes of the meeting held on 7th September 2017 were agreed as a correct record and signed by the Chairman subject to the amendment of bullet point 9 of minute 31 to read, "the need for an over-arching Public Health strategy" and the recoding of apologies for District Councillor S Ellington.

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

Minute 25 – the appointment of a Member Champion for Mental Health was under discussion with other Committees of the Council.

Minute 32 – Engagement with outreach heath checks had been discussed with Fenland District Council's Senior Management Team and would be followed up.

The Sustainability Transformation Partnership would commence providing updates to Members regarding Delayed Transfers of Care from 27th October 2017.

The Healthy Weight Strategy would be presented to Executive Directors at management team meetings.

## 47. PETITIONS

No petitions were received.

## 48. FINANCE AND PERFORMANCE REPORT – AUGUST 2017

The Committee received the August 2017 iteration of the Finance and Performance report. The Committee was informed that Public Health forecast position was to balance at year end with no major variances reported.

During the course of discussion Members:

- Confirmed that children's health set out in table 2.1 of the officer report included children's mental health, but coded to the wrong line which would be amended.

- Clarified that the ring-fenced Public Health Grant was earmarked for specific purposes within the terms of the ring-fence. Officers explained that there was a general Public Health reserve that was also ring-fenced. The general public health reserve may be drawn on if public health redundancies occurred. If there was an underspend at the end of the financial year then the underspend may be returned to the corporate reserve, up to the limit of the corporate funding allocated to the directorate in 2017/18 to deliver public health functions.

- Drew attention to the health visiting mandated check – percentage of first face to face antenatal contact with a Health Visitor at 28 weeks key performance indicator and questioned whether Health Visitors had been sufficiently briefed on the changes to Children's Centres and services. Officers confirmed that the changes had been widely consulted on and information on health visitor and midwife clinics delivered in Children's Centres had been circulated to Lead Members.

- Noted that the Health visiting ante-natal mandated check was only achieving 28% against a target of 50% and questioned whether staffing levels were adversely affecting performance. Officers explained that the performance related to issues regarding transfer of information from midwifery to health visitors, and to the targeting of antenatal checks to first time mothers and higher needs families. The service was being developed further following its transfer to the Local Authority as its introduction had been quite recent. The target was ambitious and may require review.

- Drew attention to the performance regarding outreach health checks and smoking cessation that signalled issues in the Fenland area and questioned how the issues were being addressed. Officers informed Members that targets set for the Fenland area were deliberately challenging. There were a number of initiatives such as the Fenland Fund and Wisbech 2020 that were designed to engage with the community.

- Questioned why there was no target for the School Nursing Service and no anticipation of the volume of contacts that were likely to occur. Officers explained that data regarding the number of contacts was available but did not provide any detail, also there were changes to the service and new services commencing. Therefore targets had not been set at this point.

- Confirmed that the duty desk introduced by the School Nursing Service had improved the service with many issues resolved immediately by the duty desk.

- Questioned the figures contained within the School Nursing – number of young people seen for mental health and well-being concerns. Officers agreed to review the figures included in the report. **ACTION**

- Expressed concern regarding the Fenland area and the issues experienced there. Members requested that an in depth analysis be undertaken and presented to the Committee of all the initiatives taking place in the Fenland area and whether they were successful in achieving their goals. **ACTION**

It was resolved to:

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

## 49. SERVICE COMMITTEE REVIEW OF THE DRAFT REVENUE BUSINESS PLANNING PROPOSALS FOR 2018-19 TO 2022-23

Members received the service Committee review of the draft revenue business planning proposals for 2018-19 to 2022-23. Members were informed that the report represented the first iteration of the proposals and they would return to the Health Committee for presentation in December and then presented to the General Purposes Committee in January before they were submitted to Council in February 2018.

Attention was drawn to the table at paragraph 3.1 of the report that set out the total savings requirements year by year and Members noted that the ring-fenced grant received by the Council was reduced by £700k.

Officers highlighted the inflation forecast set out at paragraph 2.4 of the report explaining that the inflation figure was particularly low due to external contracts specifying that inflationary and demographic pressures would be absorbed by the provider.

Councillor Topping joined the meeting at 2.25pm.

During discussion of the report Members:

- Expressed concern regarding stipulating within contracts that providers must absorb inflationary costs as there was a risk that providers build a greater allowance for inflation within the contract which increases their profit.

- Drew attention to the Cambridgeshire Community Services contract for Integrated Sexual Health Services and sought reassurance that access to services would remain available for people who did not have internet access. Officers explained that most people that accessed the services were young people that had easy access to the internet and it was confirmed that services would remain accessible for residents of rural areas.

- Sought assurance that universal mandated checks at 1 year and 2-2.5 years that would be undertaken by lower skilled staff would be as effective and that the staff would equipped to identify issues. Officers explained that families that were low risk would receive checks by lower skilled staff and that training and supervision was closely monitored. Vulnerable families would remain with the Health Visitor. Members requested that effective monitoring took place and reported to the Committee. **ACTION**

- Questioned whether nocturnal enuresis was an indicator of anxiety or a mental health need. It was explained by officers that incontinence was a complex issue and a clear incontinence pathway had been established that was was the role of the community incontinence service and not the role of the school nursing service to provide.

- Highlighted the lack of an overarching Public Health strategy that the budget would aim to deliver. There were a number of transformation projects that the delivery of the budget rested on that warranted discussion and it would have been beneficial for a strategic discussion to have taken place prior to setting the budget. Members were reminded that a Business Planning Workshop took place in September where a number of proposals were discussed.

It was resolved to:

a) Note the overview and context provided for the 2018-19 to 2022-23 Business Plan revenue proposals for the service

b) To comment on the draft revenue savings proposals that are within the remit of the Health Committee for 2018-19 to 2022-23

## 50. PRESSURES IN THE SCHOOL NURSING SERVICES

The Committee received a report that provided Members with information about the School Nursing Service and to provide the Health Committee opportunity to comment on the service and changes to the service delivery.

Attention was drawn to the issues experienced nationally regarding recruitment and retention of staff. Section 3 of the report was highlighted to Member regarding the future planning for the service and the initiatives being undertaken to develop the service.

During the course of discussion Members:

- Confirmed that pictures could be sent through the Chat Health service.

- Noted the necessity of staff training but expressed concern regarding the additional strain it placed on resources. Officers confirmed that a risk assessment had been undertaken that addressed service continuity while staff were undertaking essential training that would in the long term address retention issues in the workforce.

- Noted that while case studies would have been welcomed within the report it was not possible to include them due to it leading to the possible identification of individuals.

- Confirmed that staff could be rotated around the structure in order that skills were maintained.

It was resolved to:

a) Note the content of the report and;

b) Support the action outlined in the report, which outlines the changes to the school nursing provision moving forward.

## 51. REVIEW OF THE SMOKING HARM REDUCTION PROJECT

Members were presented a report that provided the Committee with the findings from the evidence based harm reduction stop smoking pilot project which aimed to enable smokers who had not been successful in stopping smoking through using the existing quit smoking model.

Officers informed Members that the project had broadly failed in its objectives and analysis was taking place to understand the reasons. Smoking was embedded within some groups of the population within the Fenland area that were difficult to engage with. The project was due to run for one year but following a six month review it was discontinued due to the lack of success.

In discussion Members:

- Requested that the project form part of the deep dive regarding the Fenland area. **ACTION**

- Welcomed the honest report despite the disappointing outcome of the project. The role of e-cigarettes was highlighted and questioned whether they could be promoted more aggressively to smokers as they were less harmful than cigarettes. Officers explained that there was evidence that smoking rates in the Fenland area had reduced significantly over the course of the last 15 years but there was a group that were unable to be influenced. It was confirmed that promotion of e-cigarettes took place as part of the smoking cessation programme but they were not provided.

- Highlighted the role of employers in creating healthy work places and encouraging their employees to stop smoking.

- Drew attention to successful campaigns targeted at pregnant women in Liverpool that incentivised quitting smoking. Although it was not successful in the medium term there was a significant short term affect during pregnancy and when the children were born.

- Emphasised the addictiveness of cigarettes and questioned why people engaged with the project in the beginning. Officers informed Members that each person that showed interest in the project was contacted and that highlighted that certain groups were difficult to engage with. .

- Questioned whether money was spent in the most effective area. People that weren't engaging with the project were also difficult to reach for health checks. If health checks were targeted then it would assist in helping people value their health and bodies.

- Noted that support had been offered to smokers through a variety of means including a text messaging service.

It was resolved to:

Note the findings and support the approach adopted by the Stop Smoking Services.

## 52. IMMUNISATION UPTAKE IN CAMBRIDGESHIRE ACTION PLAN

The Committee was presented an update regarding the immunisation uptake in Cambridgeshire action plan. A Steering Task and Finish Group had been convened by Cambridgeshire County Council, Public Health England and NHS England following concern regarding low uptake for some vaccination programmes in Cambridgeshire.

Members were informed that 16 practices with poor uptake of vaccinations had been contacted and provided information regarding the number of vaccinations required. Of the 16 practices 7 had received a visit from officers to assist with improving performance.

During discussion Members:

- Confirmed that there was no clear geographical relationship to the poor uptake in vaccinations.

- Noted the success of 'nudge tactics' that were relatively inexpensive and questioned whether there were elements that could be applied to other areas of public health.

- Noted that there were no general links between the 16 worst performers in vaccinations and indices of deprivation. There were in central Cambridge a large number of academics that resided with their families in the city for a short period of time whose children may have visited a GP once and have remained on their system despite having left the area.

- Clarified that the 95% vaccination target set by the World Health Organisation was based on the level of vaccination required in order to achieve herd immunity for measles.

- Highlighted the various IT systems in use that did not allow data to be interrogated effectively.

- Drew attention to the impact of incorrect historical research on the side effects of the Measles Mumps and Rubella (MMR) vaccine and questioned how the erroneous information had been addressed. Members were informed that a catch up campaign had been carried out and large amounts of information and literature had been produced that addressed concerns.

- Questioned why the uptake of the MMR2 vaccine was so poor. The timing of the vaccine, Members were informed that the vaccine was administered when many parents had returned to work and therefore uptake was lower.

- Questioned whether alternatives such as pharmacists at supermarkets providing vaccinations would increase immunisation rates. It was explained that pharmacists do not have access to the necessary medical records in order to ensure that the

timing of the vaccination was appropriate and therefore there would be safety issues.

- Requested a progress report be provided for the Committee in 6 months. **ACTION**

It was resolved to note the update provided.

## 53. EMERGING ISSUES IN THE NHS

This item was removed from the agenda.

## 54. HEALTH COMMITTEE TRAINING PLAN

The Health Committee training plan was presented to Members. Members noted the Sustainability Transformation Partnership workshop scheduled for 6th November and asked that representatives address current pressures and staffing at the session

Members requested that a short evaluation form for training sessions be issues to Members at each session. **ACTION**

It was resolved to note the training plan.

## 55. HEALTH COMMITTEE AGENDA PLAN AND APPOINTMENTS TO OUTSIDE BODIES

Members received the Health Committee agenda plan and noted that the item regarding Delayed Transfers of Care scheduled for November would be removed from the plan and that the item titled Integrated Commissioning of Children's Health and Wellbeing Services would be moved from November to December.

Members requested a report regarding the integration of services following the changes to the provision of children's centres. The new service was due to start in April 2018 and it was therefore agreed that a report would be presented in summer 2018 regarding the integration of services within the remit of the Health Committee.

Members requested that a 'Deep Dive' workshop on issues in Fenland should be added to the Training Plan.

Members requested that a workshop on Public Health Strategy should be added to the Training Plan.

Members noted that Councillor Peter Topping was no longer able act as the Health Committee's representative on the Papworth Hospital Governors. The Chairman therefore proposed, seconded by the Vice-Chairman that Councillor Sue Ellington be appointed as replacement for Councillor Topping. The Chairman informed the Committee that advice had been sought from Democratic Services and the nomination of a co-opted District Council Member of the Health Committee would be appropriate.

It was resolved to appoint Councillor Sue Ellington as the Health Committee's representative to the Papworth Hospital Board of Governors.

**Agenda Item No: 2**

# HEALTH COMMITTEE

**Minutes-Action Log**

Cambridgeshire County Council

**Introduction:**

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

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

| Minute No. | Item | Action to be taken by | Action | Comments | Status |
|---|---|---|---|---|---|
| **37.** | **Suicide Prevention Strategy Update** | **K Hartley** | Members requested that the report focussed more on the positive results of the strategy and that they be circulated to Members and the public. | Strategy will be presented to Health Scrutiny Committee in Peterborough and the Health and Wellbeing Boards before it is finalised and ready for circulation | **Ongoing** |
| **48.** | **Finance & Performance Report** | | Members questioned the figures contained within the School Nursing – number of young people seen for mental health and well-being concerns. Officers agreed to review the figures included in the report. | Revised data reported on in latest FPR (Sept 2017). The July F&PR was based on quarterly data rather than monthly data. | **Completed** |
| **48.** | **Finance & Performance Report** | | Members requested that an in depth analysis be undertaken and presented to the Committee of all the initiatives taking place in the Fenland area and whether they were successful in achieving their goals. | This will be taken forward as part of the preparation for a Member workshop on health in Fenland | **Ongoing** |
| **49.** | **Service Committee Review of the Draft Revenue Business Planning Proposals for 2018-19 to 2022-23** | | Universal mandated checks at 1 year and 2-2.5 years that would be undertaken by lower skilled staff. Members requested that effective monitoring took place and reported to the Committee. | This is subject to ongoing discussion with CCS | **Ongoing** |
| **52.** | **Immunisation Uptake in Cambridgeshire Action Plan** | | Members requested an update be provided to the Committee in six months' time. | Added to the forward agenda plan. | **Completed** |
| **54.** | **Health Committee Training Plan** | **D Snowdon** | Members requested an evaluation form to complete once training had been completed. | Draft evaluation template to be used for 6th November Training. | **Completed** |

**Agenda Item No: 4**

**HEALTHY SCHOOLS SERVICE**

*To:* **Health Committee**

*Meeting Date:*

*From:* **Director of Public Health**

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

*Forward Plan ref:* **2017/052** *Key decision:* **Yes**

*Purpose:* The purpose of this paper is to secure the support of the Health Committee for a competitive tender for a new Healthy Schools Service for schools in both Cambridgeshire County Council and Peterborough City Council areas.

*Recommendation:* The Health Committee is asked to:

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

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

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

d) Delegate the Award of contract to the Director of Public Health in Consultation with the Chair and Vice Chair of the Committee.

| *Officer Contact:* | | *Chair Contact:* | |
|---|---|---|---|
| Name: | Val Thomas | Name: | Councillor |
| Post: | Consultant in Public Health | Post: | Peter Hudson |
| | | Email: | Peter.Hudson@cambridgeshire.gov.uk |
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## 1. BACKGROUND

1.1 Schools are uniquely placed to influence the health and wellbeing outcomes of their students from childhood into later life. There is also evidence that improvements in health and wellbeing have a positive impact on attainment. They are able to create appropriate learning opportunities and environments within schools and with the communities that they serve to influence the adoption of positive health behaviours. The mandatory responsibilities that require schools to demonstrate policies and interventions that support health and wellbeing acknowledge their key role.

2.2 Historically there have been a number of approaches to support schools with health and well being initiatives. These vary from the development of whole school strategic frameworks to inform policy to the direct delivery of school-based services. Some are universal and others targeted to areas of greatest need. A recurrent theme in many of the programmes is the development of a whole school approach. This approach reflects the evidence base that the whole school environment, which includes the wider community, needs to engage and support the development and maintenance of positive health behaviours. Schools and their wider communities need to develop the capacity and resilience to engage in supporting the health and well being agenda.

2.3 Schools have traditionally received support to achieve health and wellbeing outcomes from a variety of sources. This proposal aims to develop this work by bringing together resources into one commissioned service model that complements, develops and integrates existing services and programmes, creating efficiencies and securing increased value for money. It is focused upon developing the capacity and resilience of schools and their communities to improve health and well being outcomes. It will include direct provision of particular services, an advice and support service that will enable schools to develop interventions across a wide range of topics and quality assurance for externally secured/commissioned resources. This is the first service to be commissioned through the Cambridgeshire and Peterborough Public Health Joint Commissioning Unit, formed in May 2017, which will be for both areas. As this a jointly commissioned proposal it includes a description of services in Peterborough as contextual information.

## 2. MAIN ISSUES

Current Service Delivery

2.1 Cambridgeshire County Council has provided through its Personal Social and Health Education (PSHE) service a long-standing schools based programme. Most recently, it has been primarily developing strategic frameworks for schools to develop health and well being prevention and health promotion programmes. Public Health has also commissioned the PSHE service to undertake specific pieces of work, which has included developing a mental health video for schools and developing a toolkit for schools to use when implementing the new mandatory Sex and Relationship Education requirement. Recently the PSHE service was commissioned to scope out the different resources that schools currently use to develop and implement health and well being programmes. The aim was to identify their support needs.

2.2 Both the CCC and PCC areas have had a Healthy Schools Programme which is an

evidence based whole schools approach to improving health through the creation of an environment and culture that helps their pupils to be healthy, happy and achieve. It has an accreditation and award system. In Cambridgeshire, the programme is currently not promoted but a new Healthy Schools Programme has been developing in Peterborough. Programme development is being provided by Public Health and a staff member from PCC is supporting schools with implementing the Programme.

2.3 The following are commissioned services delivered by different providers across the two local authorities.

- Both CCC and PCC have tobacco control programmes. In Cambridgeshire, it is the peer led evidence based "Kick Ash" programme, provided by CCC's PSHE and Public Health teams with support from the Stop Smoking Service CAMQUIT. In Peterborough Operation Smokestorm is provided by the Lifestyle Service.

- The commissioned CCC Everyone Health and PCC Solutions 4 Health lifestyles services provide a range of services, which includes providing stop smoking training for school staff and stop smoking services for students, physical activity programmes, training youth health champions and student training for promoting health.

- Currently both CCC and PCC separately commission the Soil Association to provide its Food for Life programme in schools. The Food for Life Programme uses an evidence-based model to work 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. In Peterborough this is available to all schools but in Cambridgeshire it is targeted to areas where there are higher levels of childhood obesity.

The school nursing service also provides services that support prevention and the promotion of health and wellbeing.

- The Healthy Young Person's Advice Clinic (HYPA) is a schools based service that has input from different agencies and coordinated by school nurses. The HYPAs provide advice and support on young person's health issues

- School nurses also input into the PSHE programme provided by schools addressing a range of topics.

Other inputs are provided by agencies to provide specialist input around specific topics, e.g. sexual health or drugs and alcohol. These may be commissioned for schools as in the case of the voluntary agency DHIVERSE that is commissioned by Public Health to provide sexual health input. Alternatively, less commonly agencies such as the young people's drug and alcohol service provide clinicians to offer sessions free of charge to schools.

<u>New Service Delivery Model and Outcomes</u>

2.4 It is proposed to commission a new primary and secondary Healthy Schools Support Service that will contribute to the achievement of the 0-19 Healthy Child Programme outcomes. There is a particular focus upon the following health outcomes for children and young people.

- decrease in childhood obesity
- increase in levels of physical activity
- decrease in the level of self-harm
- decrease in levels of substance misuse including tobacco use.
- decrease in teenage pregnancy and sexually transmitted infections
- an improvement in school attainment

2.5 In 2016 Public Health commissioned CCC PSHE to identify which support services were available to schools. Schools commission a wide range of services to address the health and well being needs of their students. The aim was to identify what is available and what schools need to develop their programmes. The main findings were:

- school staff require training in relation to health and wellbeing
- schools require access to information about services and provision to support work on health and wellbeing
- quality assurance of resources and services which are available to schools to ensure that they reflect evidence and best practice
- organisations commissioned to provide support to schools need to be marketed effectively and monitored for use.

2.6 This information along with feedback from the Healthy Schools programme in Peterborough has informed the development of the proposed service delivery model.

- There will be two levels of service comparable to the universal and universal plus concept.

  **Universal Offer.** All schools will receive a universal offer, which will an include assessment of need based on evidence (e.g. annual National Child Measurement Programme, Health Related Behaviour Survey), policy development, toolkits for project delivery, advice, support and signposting. Information will be available on a website where schools will be able to assess their needs and secure information and tools to help then address their needs through the school's environment and the wider community.

  **Universal Plus Offer**: Schools with poorer health outcomes or health inequalities such as higher levels of childhood obesity will have a universal plus offer. This will enable them to access a health and well being advisor and where appropriate to be offered services to help them develop their school and community programmes. The following two programmes will be offered to schools with the highest needs.

  - Healthy Eating/Nutrition programme
  - Peer led whole school approach Tobacco Control programme (Kickash model)

Existing services such as the Peterborough Youth Champions will support delivery of these programmes. For example, the well evaluated Kickash programme is currently only provided in Cambridgeshire. In Peterborough, the School Health Champions will support the delivery of this model.

- The new service will have a key role in quality assuring services that schools wish to commission ensuring that they are evidence based, evaluated and meet any associated standards. Quality assurance has been clearly articulated by schools as one of the key areas where they require support. It should be noted that any direct service provision that is commissioned must meet the associated quality standards.

- It is acknowledged that the role of the proposed service has a clear interface with other services working in schools. A central role for the new Service will be to identify existing and potential prevention resources, working with schools to secure better value through avoiding duplication, aligning complementary services and enabling the expansion of and development of programmes. This will include engaging and working with different local agencies and communities to secure their support along with existing services and programmes such as school nursing, the emotional health and wellbeing service, physical activity programmes and the HYPAs, enabling them to develop and expand their services.

- The new Service will be tasked with expanding the Healthy Schools Accreditation Programme. The National Healthy Schools Programme (NHSP) was a joint Department of Health and the former Department for Children, Schools and Families initiative that was launched in 1998 to improve health, raise pupil achievement, improve social inclusion and encourage closer working between health and education providers. The NHSP included an accreditation and award scheme to schools which could demonstrate that they had embedded, through a whole school approach, four criteria relating to health and well being. The "whole school" concept means that all aspects of the school environment including the engagement and involvement of their local communities are included in efforts to support the achievement of health and wellbeing outcomes. This includes policies, strategies and programmes.

  The National Programme was discontinued in 2010 but many areas have since adopted the model. PCC has reintroduced the Healthy Schools award based on the former national Healthy Schools concept. The scheme is now in its second academic year and has 12 schools accredited as a "Healthy School".

  The proposed Healthy Schools Service would support schools to achieve "Healthy Schools" status and adopt the accreditation system established in Peterborough. Schools in both the Peterborough and Cambridgeshire areas would have the option to work towards securing Healthy Schools accreditation. However schools that do not choose to seek accreditation will not be excluded from receiving the Healthy Schools Service offer. Initial consultation with schools in Cambridgeshire suggests that the Healthy Schools accreditation would not be widely supported but Head Teachers were generally supportive of other aspects of the proposed support service.

<u>Performance Monitoring</u>

2.7 The new services will have the following deliverables and have measurable key performance indicators and targets. The following are the high-level indictors, which will measure activity. Others that indicate impact on behaviour change and quality measures will accompany these.

- schools engaged with the Service and receiving support.
- schools that offer a nutrition programme.
- schools offering a tobacco control programme
- organisations providing services in schools
- engaged community members with the capacity and resilience to support health and well being initiatives in schools.

Funding and Commissioning

2.8 The annual value of the proposed service is £223k shared across Cambridgeshire and Peterborough on capitated basis. This funding represents the current aggregated value of the existing commissioned contracts. The contract length would be 3 years plus 1 plus 1, giving a total value of £1,115,000.

The following table indicates the organisations currently receiving the funding which would be allocated to the new Service.

| | **Soil Association** | **CCC Personal, Social Health Education** | **Kick-Ash provided by PSHE** |
|---|---|---|---|
| **CCC Public Health** | 70k | 50k | 38k |
| **PCC Public Health** | 65k | 0 | 0 |
| **TOTAL** | 135k | 50k | 38k |

Please note that efficiency savings of £25k against the CCC Public Health Soil Association contract were made in 2017/18.

2.9. This not a savings proposal but the ambition is to secure better value from the funding. The Soil Association contract value was benchmarked against other similar schemes, which suggested that increased productivity was feasible. However, it is difficult to compare programmes as they invariably differ in required resources and costs.

Risks

2.10 The market for what is relatively a different type of school support service is not clear. This proposal focuses upon developing the capacity and resilience of schools and their communities to improve health and well being outcomes. It will being together a mixed service that includes direct provision, quality assurance, an advice and support service across a wide range of topics. Market testing is planned and some initial consultation work has commenced.

2.11 The proposed Service could potentially support a large number of primary and secondary schools across Cambridgeshire and Peterborough. The challenge will be to ensure that the resource allocation is informed by need and that there are different types of support available that use digital approaches as well as face-to-face contact.

2.12 CCC's PSHE Service is a Traded Service The inclusion of the funding that is currently allocated to CCC PSHE could affect the stability of this Service. The PSHE Service is included in those services that are scheduled to be reviewed by CCC in the coming months.

Commissioning Timeline

2.13 This is one of the first services to be commissioned by the new Cambridgeshire and Peterborough Public Health Joint Commissioning Unit. The contract will be with Cambridgeshire County Council and currently discussions have started with legal to formulate the appropriate agreement.

2.14 The two Soil Association contracts end on March 31st 2018 but exemptions have been secured until June 30 2018 to enable the current academic year programme of work to be completed. The PSHE work is provided through an internal CCC MOU, which expires at the end of the 2017/18 academic year.

2.15 The invitation to tender is scheduled for January 2018, an award being made at the end of May 2018 and a contract start date of September 1 2018 in line with the academic year.

## 3. ALIGNMENT WITH CORPORATE PRIORITIES

### 3.1 Developing the local economy for the benefit of all

There are no significant implications for the local economy.

### 3.2 Helping people live healthy and independent lives

The report above sets out the implications for this priority in paragraphs 1.1.amd 2.4

### 3.3 Supporting and protecting vulnerable people

The report above sets out the implications for this priority in paragraph 2.6

## 4. SIGNIFICANT IMPLICATIONS

### 4.1 Resource Implications

The report above sets out the implications for this priority in paragraph 2.8

### 4.2 Statutory, legal and risk implications

The report above sets out the implications for this priority in paragraphs 2.10, 2.11, and 2.12.

Legal advice on the process to be followed will be sought from LGSS Law who will work with officers to ensure the tender process is carried out in accordance with the requirements of the regulations

### 4.3 Equality and Diversity

The report above sets out the implications for this priority in paragraph 2.6

### 4.4 Engagement and communication implications

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

- The proposal will support schools to engage with their local communities, ensuring that they are involved in supporting and participating in school activities that support the health and well being of students and staff.

### 4.5 Localism and Local Member

- There are no localism or local member issues

### 4.6 Public Health

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

- Schools can positively influence the health and well being of their students, staff and local communities.
- Improving health and well being is associated with improving educational attainment.

| **Implications** | **Officer Clearance** |
|---|---|
| | |
| **Have the resource implications been cleared by Finance?** | Yes: 1 November 2017<br>Name of Financial Officer: Clare Andrews |
| | |
| **Has the impact on Statutory, Legal and Risk implications been cleared by LGSS Law?** | Yes : 31 October 2017<br>Name of Legal Officer: Fiona McMillan |
| | |
| **Are there any Equality and Diversity implications?** | No: 2 November 2017<br>Name of Officer: Diane Lane |
| | |
| **Have any engagement and communication implications been cleared by Communications?** | Yes : 1 November 2017<br>Name of Officer: Matthew Hall |
| | |
| **Are there any Localism and Local Member involvement issues?** | No : 31 October 2017<br>Name of Officer: Elaine Matthews |
| | |
| **Have any Public Health implications been cleared by Public Health** | Yes : 31 October 2017<br>Name of Officer: Raj Lakshman |

| Source Documents | Location |
| --- | --- |
| Promoting children and young people's emotional health and wellbeing: A whole school and college approach: Public health England 2015 | https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414908/Final_EHWB_draft_20_03_15.pdf |
| Guidance: Personal, social, health and economic (PSHE) education 2013. Department of Education | https://www.gov.uk/government/publications/personal-social-health-and-economic-education-pshe/personal-social-health-and-economic-pshe-education |
| Evaluation of the Greater London Authority's Healthy Schools London programme: London School of Hygiene & Tropical Medicine | https://clahrc-norththames.nihr.ac.uk/evaluation-healthy-schools-programme/ |
| National Healthy Schools Programme: Developing the Evidence Base: Institute of Education 2009 | http://eprints.ioe.ac.uk/4195/1/Warwick2009HlthySchlEvBase_FinRep.pdf |

**Agenda Item No: 5**

# FINANCE AND PERFORMANCE REPORT – SEPTEMBER 2017

| | |
|---|---|
| *To:* | **Health Committee** |
| *Meeting Date:* | **16th November 2017** |
| *From:* | **Director of Public Health**<br>**Chief Finance Officer** |
| *Electoral division(s):* | **All** |
| *Forward Plan ref:* | **Not applicable** ***Key decision:*** **No** |
| *Purpose:* | **To provide the Committee with the September 2017 Finance and Performance report for Public Health.**<br><br>**The report is presented to provide the Committee with the opportunity to comment on the financial and performance position as at the end of September 2017.** |
| *Recommendation:* | **The Committee is asked to review and comment on the report and to note the finance and performance position as at the end of September 2017.** |



| | ***Officer contact:*** | | ***Member contacts:*** |
|---|---|---|---|
| Name: | Martin Wade | Names: | Councillors Hudson and Boden |
| Post: | Strategic Finance Business Partner | Post: | Chairman and Vice-Chairman |
| Email: | martin.wade@cambridgeshire.gov.uk | Email: | Peter.hudson@cambridgeshire.gov.uk |
| Tel: | 01223 699733 | Tel: | 01223 706398 |

## 1.0 BACKGROUND

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

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

## 2.0 MAIN ISSUES IN THE SEPTEMBER 2017 FINANCE & PERFORMANCE REPORT

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

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

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

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

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

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

## 3.0 ALIGNMENT WITH CORPORATE PRIORITIES

### 3.1 Developing the local economy for the benefit of all

3.1.1 There are no significant implications for this priority.

### 3.2 Helping people live healthy and independent lives

3.2.1 There are no significant implications for this priority

### 3.3 Supporting and protecting vulnerable people

3.3.1 There are no significant implications for this priority

## 4.0 SIGNIFICANT IMPLICATIONS

### 4.1 Resource Implications

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

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

4.2.1 There are no significant implications for this priority

### 4.3 Statutory, Legal and Risk Implications

4.3.1 There are no significant implications within this category.

### 4.4 Equality and Diversity Implications

4.4.1 There are no significant implications within this category.

### 4.5 Engagement and Communications Implications

4.5.1 There are no significant implications within this category.

### 4.6 Localism and Local Member Involvement

4.6.1 There are no significant implications within this category.

### 4.7 Public Health Implications

4.7.1 There are no significant implications within this category.

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

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

From: Martin Wade

Tel.: 01223 699733

Date: 10 Oct 2017

**Public Health Directorate**

**Finance and Performance Report – September 2017**

## 1 SUMMARY

### 1.1 Finance

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

### 1.2 Performance Indicators

| Monthly Indicators | Red | Amber | Green | No Status | Total |
|---|---|---|---|---|---|
| Aug (No. of indicators) | 4 | 6 | 16 | 3 | 29 |

## 2. INCOME AND EXPENDITURE

### 2.1 Overall Position

| Forecast Variance - Outturn (Aug) £000 | Service | Current Budget for 2017/18 £000 | Current Variance £000 | Forecast Variance - Outturn (Sep) £000 | Forecast Variance - Outturn (Sep) % |
|---|---|---|---|---|---|
| 0 | Children Health | 9,200 | -49 | -46 | -0.5% |
| 0 | Drug & Alcohol Misuse | 5,845 | -11 | 0 | 0% |
| 0 | Sexual Health & Contraception | 5,297 | -18 | 0 | 0% |
| 0 | Behaviour Change / Preventing Long Term Conditions | 3,935 | -48 | -50 | -1.3% |
| 0 | General Prevention Activities | 56 | 1 | 0 | 0% |
| 0 | Adult Mental Health & Community Safety | 238 | -1 | 0 | 0% |
| 0 | Public Health Directorate | 2,149 | -129 | 0 | 0% |
| **0** | **Total Expenditure** | **26,720** | **-254** | **-96** | **-0.4%** |
| 0 | Public Health Grant | -26,041 | 0 | 0 | 0% |
| 0 | s75 Agreement NHSE-HIV | -144 | 0 | 0 | 0% |
| 0 | Other Income | -149 | 0 | 0 | 0% |
| 0 | Drawdown From Reserves | 0 | 0 | 0 | 0% |
| **0** | **Total Income** | **-26,334** | **0** | **0** | **0%** |
| **0** | **Net Total** | **386** | **-254** | **-96** | **-24.8%** |

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

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

## 2.2 Significant Issues

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

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

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

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

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

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

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

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

## 3. BALANCE SHEET

## 3.1 Reserves

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

## 4. PERFORMANCE SUMMARY

### 4.1 Performance overview (Appendix 6)

Sexual Health

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

Smoking Cessation

- The service is now being delivered by Everyone Health as part of the wider Lifestyle Service. Performance indicators for people setting and achieving a four week quit remain good.

National Child Measurement Programme

- The National Child Measurement programme for 2016/17 has been completed and clean measurement data will be reported on at the end of this year.
- The new measurement programme for 2017/18 has started in September 2017, measurements are undertaken during school term.

NHS Health Checks

- NHS Health Checks completed performance indicator remains red. Please see commentary for further details.
- The number of outreach health checks has dropped this month and the performance indicator has changed to red. Please see commentary for wider explanations.

Lifestyle Services

- From the 14 Integrated Lifestyle Service indicators reported the overall performance shows an improvement of ten green, three amber and one red indicator.
- The red indicator relates to the number of physical activity groups held and this reflects the Summer Holiday period as a number of interventions are school based.

Health Visitor and School Nurse Data

- The overall performance indicators for Health Visiting and School Nursing show two green, three amber and one red indicator, the commentary provides further explanation on the performance indicators.
- Health Visiting and school nursing data is reported on quarterly and the data provided reflects the Quarter 2 period for 2017/18 (July – Sept).

### 4.2 Health Committee Priorities

The following Public Health priorities for the Health Committee were agreed at the meeting held on the 7 September 2017.

- Behaviour Change
- Mental health for children and young people
- Health Inequalities
- Air pollution
- School readiness
- Review of effective public health interventions
- Access to services.

Details of specific reporting requirements for the new priorities need to be further discussed and agreed with Health Committee members.

### 4.3 Health Scrutiny Indicators

The following Health Scrutiny priorities for the Health Committee were agreed at the meeting held on the 7 September 2017.

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

Work on reporting some of these measures is currently underway. The Health Committee will now receive "Fit for the Future" monthly routine data reports that include information on the risk register, work programme and performance monitoring. DTOC may be included as part of this routine data but currently this is being provided by the CCC Transformation team.

The Sustainable Transformation Programme, delivery unit have been invited to provide a development session for Health Committee members to update them on the Workforce Planning programme.

The remaining scrutiny priorities around communications and engagement and Primary Care Developments requires further consideration from the committee on reporting requirements.

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

**SUMMARY**

| Directorate | YTD (Q2) expected spend | YTD (Q2) actual spend | Variance |
|---|---|---|---|
| P&C | £165,500 | £165,500 | £0 |
| ETE | £60,000 | £60,595 | (£595.00) |
| CS&T | £117,000 | £117,000 | £0 |
| LGSS | £110,000 | £110,000 | £0 |
| **TOTAL Q2** | **£452,500** | **£453,095** | **(£595.00)** |

A slight overspend has been seen against ETE Illicit Tobacco work, which was higher than predicted mainly due to co-ordinated work with Peterborough based colleagues and the HMRC. This overspend should show a reduction in Q3.

## APPENDIX 1 – Public Health Directorate Budgetary Control Report

| *Forecast Variance Outturn (Aug) £'000* | Service | Current Budget for 2017/18 £'000 | Expected to end of Sep £'000 | Actual to end of Sep £'000 | Current Variance £'000 | Current Variance % | Forecast Variance Outturn (Sep) £'000 | Forecast Variance Outturn (Sep) % |
|---|---|---|---|---|---|---|---|---|
| | **Children Health** | | | | | | | |
| 0 | Children 0-5 PH Programme | 7,253 | 3,022 | 3,056 | 34 | 1.14% | 0 | 0.00% |
| 0 | Children 5-19 PH Programme - Non Prescribed | 1,707 | 915 | 866 | -49 | -5.37% | -46 | -2.68% |
| 0 | Children Mental Health | 240 | 120 | 86 | -34 | -28.34% | 0 | 0.00% |
| **0** | **Children Health Total** | **9,200** | **4,058** | **4,009** | **-49** | **-1.20%** | **-46** | **-0.50%** |
| | **Drugs & Alcohol** | | | | | | | |
| 0 | Drug & Alcohol Misuse | 5,845 | 1,501 | 1,490 | -11 | -0.75% | 0 | 0.00% |
| **0** | **Drugs & Alcohol Total** | **5,845** | **1,501** | **1,490** | **-11** | **-0.75%** | **0** | **0.00%** |
| | **Sexual Health & Contraception** | | | | | | | |
| 0 | SH STI testing & treatment – Prescribed | 3,975 | 1,387 | 1,398 | 11 | 0.79% | 0 | 0.00% |
| 0 | SH Contraception - Prescribed | 1,170 | 123 | 103 | -19 | -15.79% | 0 | 0.00% |
| 0 | SH Services Advice Prevn Promtn - Non-Presribed | 152 | 76 | 67 | -9 | -12.00% | 0 | 0.00% |
| **0** | **Sexual Health & Contraception Total** | **5,297** | **1,586** | **1,568** | **-18** | **-1.11%** | **0** | **0.00%** |
| | **Behaviour Change / Preventing Long Term Conditions** | | | | | | | |
| 0 | Integrated Lifestyle Services | 2,006 | 941 | 942 | 1 | 0.14% | 0 | 0.00% |
| 0 | Other Health Improvement | 304 | 134 | 134 | 1 | 0.49% | 0 | 0.00% |
| 0 | Smoking Cessation GP & Pharmacy | 828 | 14 | -12 | -26 | -185.99% | -30 | -3.62% |
| 0 | Falls Prevention | 80 | 40 | 40 | 0 | 0.01% | 0 | 0.00% |
| 0 | NHS Health Checks Prog – Prescribed | 716 | 286 | 262 | -24 | -8.25% | -20 | -2.79% |
| **0** | **Behaviour Change / Preventing Long Term Conditions Total** | **3,935** | **1,414** | **1,366** | **-48** | **-3.39%** | **-50** | **-1.27%** |
| | **General Prevention Activities** | | | | | | | |
| 0 | General Prevention, Traveller Health | 56 | 27 | 28 | 1 | 4.21% | 0 | 0.00% |
| **0** | **General Prevention Activities Total** | **56** | **27** | **28** | **1** | **4.21%** | **0** | **0.00%** |
| | **Adult Mental Health & Community Safety** | | | | | | | |
| 0 | Adult Mental Health & Community Safety | 238 | 39 | 38 | -1 | -1.53% | 0 | 0.00% |
| **0** | **Adult Mental Health & Community Safety Total** | **238** | **39** | **38** | **-1** | **-1.53%** | **0** | **0.00%** |

| *Forecast Variance Outturn (Aug) £'000* | Service | Current Budget for 2017/18 £'000 | Expected to end of Sep £'000 | Actual to end of Sep £'000 | Current Variance £'000 | Current Variance % | Forecast Variance Outturn (Sep) *£'000* | Forecast Variance Outturn (Sep) |
|---|---|---|---|---|---|---|---|---|
| | **Public Health Directorate** | | | | | | | |
| 0 | Children Health | 315 | 165 | 153 | -12 | -7.05% | 0 | 0.00% |
| 0 | Drugs & Alcohol | 265 | 138 | 81 | -57 | -41.51% | 0 | 0.00% |
| 0 | Sexual Health & Contraception | 189 | 99 | 101 | 2 | 2.27% | 0 | 0.00% |
| 0 | Behaviour Change | 723 | 378 | 307 | -71 | -18.74% | 0 | 0.00% |
| 0 | General Prevention | 152 | 79 | 79 | -0 | -0.54% | 0 | 0.00% |
| 0 | Adult Mental Health | 43 | 22 | 22 | -0 | -2.09% | 0 | 0.00% |
| 0 | Health Protection | 140 | 73 | 74 | 1 | 1.15% | 0 | 0.00% |
| 0 | Analysts | 322 | 168 | 176 | 8 | 4.60% | 0 | 0.00% |
| **0** | | **2,149** | **1,122** | **993** | **-129** | **-11.48%** | **0** | **0.00%** |
| ***0*** | **Total Expenditure before Carry forward** | **26,720** | **9,747** | **9,493** | **-254** | **-2.61%** | **-96** | **-0.36%** |
| ***0*** | **Anticipated contribution to Public Health grant reserve** | **0** | **0** | **0** | **0** | **0.00%** | **0** | **0.00%** |
| | **Funded By** | | | | | | | |
| **0** | Public Health Grant | -26,041 | -13,020 | -13,020 | 0 | 0.00% | | 0.00% |
| **0** | S75 Agreement NHSE HIV | -144 | 216 | 216 | 0 | 0.00% | | 0.00% |
| **0** | Other Income | -149 | 0 | 0 | 0 | 0.00% | | 0.00% |
| | Drawdown From Reserves | 0 | 0 | 0 | 0 | 0.00% | | 0.00% |
| **0** | **Income Total** | **-26,334** | **-12,804** | **-12,804** | **0** | **0.00%** | **0** | **0.00%** |
| **0** | **Net Total** | **386** | **-3,057** | **-3,311** | **-254** | **-8.31%** | **-96** | **-24.83%** |

**APPENDIX 2 – Commentary on Expenditure Position**

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

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

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

**Awarding Body : DofH**

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

**APPENDIX 4 – Virements and Budget Reconciliation**

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

## APPENDIX 5 – Reserve Schedule

| Fund Description | Balance at 31 March 2017 | 2017/18 | | Forecast Closing Balance | Notes |
|---|---|---|---|---|---|
| | | Movements in 2017/18 | Balance at 30 Sep 2017 | | |
| | £'000 | £'000 | £'000 | £'000 | |
| **General Reserve** | | | | | |
| Public Health carry-forward | **1,040** | 0 | 1,040 | **1,040** | |
| | | | | | |
| **subtotal** | **1,040** | **0** | **1,040** | **1,040** | |
| | | | | | |
| **Other Earmarked Funds** | | | | | |
| Healthy Fenland Fund | 400 | 0 | 400 | 300 | Anticipated spend £100k per year over 5 years. |
| Falls Prevention Fund | 400 | 0 | 400 | 200 | Planned for use on joint work with the NHS in 2017/18 and 2018/19. |
| NHS Healthchecks programme | 270 | 0 | 270 | 170 | This funding will be used to install new software into GP practices which will identify patients for inclusion in Health Checks. The installation work will commence in June 2017. Funding will also be used for a comprehensive campaign to boost participation in NHS Health Checks. |
| Implementation of Cambridgeshire Public Health Integration Strategy | 850 | 0 | 850 | 592 | £517k Committed to the countywide 'Let's Get Moving' physical activity programme which runs for two years 2017/18 and 2018/19. |
| Other Reserves (<£50k) | 0 | 0 | 0 | 0 | |
| **subtotal** | **1,920** | **0** | **1,920** | **1,262** | |
| **TOTAL** | **2,960** | **0** | **2,960** | **2,302** | |

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

| Fund Description | Balance at 31 March 2017 | 2017/18 | | Forecast Closing Balance | Notes |
|---|---|---|---|---|---|
| | | Movements in 2017/18 | Balance at 30 Sep 2017 | | |
| | £'000 | £'000 | £'000 | £'000 | |
| **General Reserve** | | | | | |
| Joint Improvement Programme (JIP) | 59 | 0 | 59 | 59 | |
| Improving Screening & Immunisation uptake | 9 | 0 | 9 | 9 | £9k from NHS ~England for expenditure in Cambridgeshire and Peterborough |
| **TOTAL** | **68** | | **0** | **68** | |

## APPENDIX 6 PERFORMANCE

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

Below previous month actual
No movement
Above previous month actual

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

| Measures | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Measure | Y/E Target 2017/18 | YTD Target | YTD Actual | YTD % | YTD Actual RAG Status | Previous month actual | Current month target | Current month actual | Direction of travel (from previous month) | Comments |
| GUM Access - offered appointments within 2 working days | 98% | 98% | 100% | 100% | G | 98% | 98% | 100% | ↑ | |
| GUM ACCESS - % seen within 48 hours ( % of those offered an appointment) | 80% | 80% | 96% | 96% | G | 92% | 80% | 96% | ↑ | |
| Number of Health Checks completed | 18,000 | 4,000 | 3,810 | 85% | R | N/A | 4500 | 85% | ↔ | The comprehensive Improvement Programme is continuing this year. The introduction of the new software into practices has commenced which will increase the accuracy of the of the number of invitations that are sent for NHS Health Check. There is also ongoing training of practice staff. It has also discovered that the btemplate taht GP practcies were using for collecting data was not accurate. This has now been resolved and improvemnts are bring seen. |
| Number of outreach health checks carried out | 2,000 | 495 | 358 | 72% | R | 84% | 95 | 54% | ↓ | The Lifestyle Service is commissioned to provide outreach Health Checks for hard to reach groups in the community and in workplaces. Workplaces in the South of the county are performing well. However it has not been possible to secure access to the factories in Fenland where there are high risk workforces. This has affected overall performance. Engaging workplaces in Fenland is challenging with in excess of 100 workplaces and community centres contacted with very little uptake. There is a need to secure high level support that could be from an economic development perspective, if employers are to be effectively engaged. This would reflect the evidence that supporting employee health and well being brings cost benefits to businesses. |
| Smoking Cessation - four week quitters | 2278 | 526 | 557 | 106% | G | 101% | 130 | 120% | ↑ | • The most recent Public Health Outcomes Framework figures (June 2017 data for 2016) suggest the prevalence of smoking in Cambridgeshire remains at a level statistically similar to the England average (15.2% v. 15.5%). Rates remain higher in Fenland (21.6%) than the Cambridgeshire and England figure<br>• There is an ongoing programme to improve performance that includes targeting routine and manual workers (rates are known to be higher in these groups) and the Fenland area. |

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

| Measure | Y/E Target 2017/18 | YTD Target | YTD Actual | YTD % | YTD Actual RAG Status | Previous month actual | Current month target | Current month actual | Direction of travel (from previous month) | Comments |
|---|---|---|---|---|---|---|---|---|---|---|
| Childhood Obesity (School year) - 90% coverage of children in year 6 by final submission (EOY) | 90% | N/A | N/A | N/A | G | N/A | N/A | N/A | ↔ | The National Child Measurement Programme (NCMP) has been completed for the 2016/17 academic year. The coverage target was met and the measurement data has been submitted to the PHE on 21/07/2017 in line required timeline. The cleaned measurement data will be available at the end of the year. The new measurement programme for 2017/18 started in Spetember. |
| Childhood Obesity (School year) - 90% coverage of children in reception by final submission (EOY) | 90% | N/A | N/A | N/A | G | N/A | N/A | N/A | ↔ | |
| Overall referrals to the service | 5100 | 1730 | 1890 | 109% | G | 101% | 250 | 161% | ↑ | |
| Personal Health Trainer Service - number of Personal Health Plans produced (PHPs) **(Pre-existing GP based service)** | 1517 | 485 | 540 | 111% | G | 97% | 70 | 166% | ↑ | |
| Personal Health Trainer Service - Personal Health Plans completed **(Pre-existing GP based service)** | 1138 | 307 | 299 | 97% | A | 53% | 50 | 156% | ↑ | |
| Number of physical activity groups held **(Pre-existing GP based service)** | 664 | 245 | 277 | 113% | G | 87% | 55 | 115% | ↑ | |
| Number of healthy eating groups held **(Pre-existing GP based service)** | 450 | 190 | 226 | 119% | G | 187% | 30 | 83% | ↓ | Healthy eating sessions have reduced over the summer holidays as a number of sessions are schools based. |
| Personal Health Trainer Service - number of PHPs produced (Extended Service) | 723 | 248 | 306 | 123% | G | 150% | 31 | 239% | ↑ | |
| Personal Health Trainer Service - Personal Health Plans completed (Extended Service) | 542 | 178 | 191 | 107% | G | 80% | 28 | 150% | ↑ | |
| Number of physical activity groups held (Extended Service) | 830 | 240 | 174 | 73% | R | 94% | 65 | 29% | ↓ | This reflects the schools holiday as a number of the physical activity interventions are school based. |
| Number of healthy eating groups held (Extended Service) | 830 | 325 | 324 | 100% | G | 80% | 55 | 25% | ↓ | Healthy eating sessions have reduced over the summer holidays as a number of sessions were typically delivered in schools. |

| Measure | Y/E Target 2017/18 | YTD Target | YTD Actual | YTD % | YTD Actual RAG Status | Previous month actual | Current month target | Current month actual | Direction of travel (from previous month) | Comments |
|---|---|---|---|---|---|---|---|---|---|---|
| Proportion of Tier 2 clients completing the intervention who have achieved 5% weight loss. | 30% | 30% | 26% | 26% | A | 79% | 30% | 35% | ↓ | The percentage of participants who achieve the recommended weight loss is affected by the severity of the obesity. As part of the demand management for the Tier 3 service, patients are directed to Tier 2, these patients are more complex and have higher levels of obesity. |
| Proportion of Tier 3 clients completing the course who have achieved 10% weight loss | 60% | 60% | 50% | 50% | A | 75% | 60% | 28.6% | ↓ | |
| % of children recruited who complete the weight management programme and maintain or reduce their BMI Z score by agreed amounts | 80% | N/A | N/A | N/A | N/A | n/a | N/A | N/A | ↔ | No courses completed during this period |
| Falls prevention - number of referrals | 386 | 120 | 135 | 113% | G | 105% | 30 | 143% | ↑ | |
| Falls prevention - number of personal health plans written | 279 | 81 | 86 | 106% | G | 107% | 22 | 123% | ↑ | |

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

** Direction of travel against previous month actuals

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

**Agenda Item No: 6**

**Proposed Approach to Air Quality and Health across Cambridgeshire**

| | |
|---|---|
| *To:* | **Health Committee** |
| *Meeting Date:* | **Thursday 16th November** |
| *From:* | **Director of Public Health** |
| *Electoral division(s):* | **All** |
| *Forward Plan ref:* | **Not applicable** *Key decision:* **No** |
| *Purpose:* | **To outline responsibilities of statutory organisations with regard to the management and mitigation of air pollution and propose a more strategic approach to management of air quality across Cambridgeshire.** |
| *Recommendation:* | **The Health Committee is asked to comment on and agree the proposed strategic approach to air quality.** |



| | ***Officer contact:*** | | ***Member contacts:*** |
|---|---|---|---|
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## 1. BACKGROUND

1.1 At the September Health Committee members were provided with an update on measures to address concerns regarding air quality in Cambridgeshire, following the Health Committee recommendations from the 16th March 2017. The committee were disappointed with the level of progress made and requested that other organisations and local authorities attributed the issue as a higher priority. The Committee requested that a further report be presented in 2 months that 1) outlined responsibilities of statutory organisations with regard to the management and mitigation of air pollution and 2) propose an outline for an air quality partnership strategy.

## 2. Main Issues

### 2.1 Roles and responsibilities of Statutory Bodies in regard to Air Quality

The air quality agenda in Cambridgeshire is not owned by a single organisation or department. The role of public health is to provide information and support on the health based implications of air quality at a population level. We facilitate this by bringing together the key stakeholders listed in paragraph 2.3 below who may not normally meet for air quality issues or may only be considering the environmental aspects, for example Public Health are now contributing to the Transport needs review of the Cambridge Biomedical Campus (one of the Greater Cambridge Partnership Projects) following concerns raised by members of this Committee and officers at the City Council.

Districts and City Councils have statutory requirements to assess, monitor and develop action plans on air quality where required; they also have plan making powers which can effect air quality. The County Council, Combined Authority and Greater Cambridgeshire Partnership are responsible for actions and intervention's (mainly relating to transport) which can mitigate or reduce air pollution. Table 1 outlines in detail the roles and responsibilities of statutory bodies in relation to air quality across the local system.

**Table 1 - The Air Quality roles and responsibilities of Statutory Bodies**

| Responsibility | District Councils | County Council | Combined Authority/Greater Cambridgeshire Partnership |
|---|---|---|---|
| **Local Air Quality Management (LAQM) process** | | | |
| Review and Assessment of local air quality | District councils should carry out periodic review and assessment of air quality within their area. The results of this review and assessment should be set out in the Annual Status Report (ASR), which is to be completed each calendar year.<br>(Monitoring is the actual measurement of air quality i.e. by diffusion tubes and/or automatic monitors, Assessment is the process whereby the monitoring results are compared to the national objectives) | County councils have a number of obligations under LAQM including proactively engaging with the district council as soon as an air quality issue is identified. | It is assumed that the Combined Authority as a transport authority would be under similar obligations to the County Council |
| Designation of Air Quality Management Area (AQMA) | District councils are required to designate an AQMA when as a result of the review and assessment, it appears that any of the *air quality objectives are not being achieved<br>*Air quality objectives are the target levels for pollutants above which human health is considered to be at risk. | Where a district council is preparing an Action Plan, county councils are obliged to submit measures related to their functions (i.e. local transport, highways and public health) to help meet air quality objectives in their local area. | It is assumed that the Combined Authority as a transport authority would be under similar obligations to the County Council |
| Preparation of air quality action plans | Once an AQMA has been designated the district council should prepare an Action Plan that sets out how it will achieve the air quality standards or objectives for the area that it covers. | There is now strong evidence on the significant contribution of transport emissions to air pollution in urban areas and the Government expects county councils to bring forward measures in relation to addressing the transport impacts in its area for inclusion in any Action Plan. | It is assumed that the Combined Authority as a transport authority would be under similar obligations, and that the Greater Cambridge Partnership should play an active part in any Action Plan within its geographic boundary |
| Engagement and consultation | Engagement with the county council should take place at the start of the process. In reviewing and assessing air quality in a local authority area or preparing an Action Plan, the district council should take into account any recommendations made to it by the county council. It may not agree with these recommendations<br>The district council should consult on its Action Plan, and is expected to make a copy of the Plan and ASR freely available for public inspection. | The county council is a consultee to ASRs and Action Plans. The county council may make recommendations to the district council in relation to any review and assessment of air quality or development or amendment of Action Plans in the local authority area. | It is assumed that the Combined Authority as a transport authority would be under similar obligations to the County Council |

| **Local Transport Plan and Local Plans** | | | |
|---|---|---|---|
| Local Plan and development control | Local Plans can affect air quality through the location, types of development and the level of encouragement given to sustainable transport. In plan making, it is important to take into account AQMAs and other areas where there could be specific requirements or limitations on new development because of air quality. The Local Plan may need to consider:<br>• cumulative impact of a number of smaller developments on air quality as well as the effect of more substantial developments;<br>• the impact of point sources of air pollution;<br>• ways in which new development would be appropriate in locations where air quality is or likely to be a concern and not give rise to unacceptable risks from pollution<br>Air quality can be a material consideration in planning decisions, normally relating to pollution from additional traffic but also point sources | The County Council has development control powers over minerals and Waste functions which can effect air quality.<br><br>County council Transport Assessment team have a vital role in new developments to ensure access and growth do not contribute to congestion issues which may exacerbate existing issues or create new ones? | The Combined authority through its Non-Statutory Spatial Plan will have oversight of the supply of land for new homes and jobs and will map the totality of new infrastructure requirements, including road, rail, utilities and public services. |
| Local Transport Plan | | Integrating Air Quality Action Plans with Local Transport Plans (LTP) is strongly encouraged, and will need partnership working in two-tier and metropolitan areas.<br><br>It is important that LTPs are effectively coordinated with air quality, climate change and public health priorities – measures to achieve these goals are often complementary.<br><br>New road schemes require assessment for their AQ impacts using prescribed methodologies. | It is assumed that the Combined Authority as a transport authority would be under similar obligations to the County Council<br>New road schemes require assessment for their AQ impacts using prescribed methodologies. |
| Other Controls | Vehicle idling is an offence against the Road Traffic (Vehicle Emissions) (Fixed Penalty) (England) Regulations 2002. The law states that is an offence to idle your engine unnecessarily when stationary. If you fail to turn your engine off after being spoken to you may be issued with a fixed penalty notice of £20. This can be enforced by the police but Local Authorities can also apply to take up this power | | |

| **Other Regulators** |
| --- |
| Industrial pollution - regulators (Environment Agency, Local Authorities) have a duty to consider Local Air Quality Management when discharging their pollution control functions under:<br>• Environmental Permitting Regulations<br>• Integrated Pollution Prevention and Control<br>• Local Authority Pollution Prevention and Control<br>• Local Authority Integrated Pollution Prevention and Control |

2.2 **Challenges in developing a strategic approach to tackling air pollution**

There are number of challenges which need to be considered when developing a more joined up county wide approach to air quality.

2.2.1 Fragmented ownership of the air quality agenda

As outlined above the air quality agenda is not owned by a single organisations or group with responsibility for monitoring and mitigation held by different organisations, this makes a system wide response more challenging.

2.2.2 Burden of air quality varies across Cambridgeshire

Levels of recorded air pollution vary across Cambridgeshire with Air Quality Management Areas (AQMA) declared in Cambridge City, South Cambridgeshire, Huntingdonshire and Fenland; East Cambridgeshire currently does not have an AQMA. By nature this means that air quality does not have the same level of focus for all authorities.

2.2.3 Knowledge of air quality and its impact among transport and planning officers

Transport planners and local planners are not experts in air quality, and in two tier areas transport planners do not have access to air quality expertise in their organisations.

2.2.4 Lack of air quality specialist capacity

In many of the district councils there is limited air quality specialist capacity, which means the majority of their focus is on their statutory duties, with little capacity for broader advocacy work or influencing planning and transport decision.

2.2.5 Co-benefits from wider interventions

Air quality should not be seen in isolation as health modelling shows that interventions to increase active travel can result in significantly greater benefits from increased physical activity, compared to direct interventions targeting air quality overall – so greater health benefits will be achieved by people switching to walking and cycling than by switching to electric cars.

2.3 **Proposed approach**

We recognise the committee's frustrations on progress to date, however we are mindful that partners cannot be forced to engage and there is risk in investing our limited resources in developing a partnership strategy which although comprehensive may not lead to actual progress. Our recommendation would be, rather than developing a partnership strategy to focus our energies on 1) those areas of the county most effected by poor air quality whilst at the same time 2) directly informing broader strategic plans and programmes, such as transport plans and local plans, which have considerable impact on air quality across the whole of the county.

2.3.1 Local response

In Districts with declared Air Quality Management Areas (AQMA) the focus should continue to be on enabling and supporting the authorities to bring forward measures to improve air quality and ensure that the most vulnerable are protected e.g. children and those with health conditions.

2.3.2 Strategic response

Over the next two years Cambridgeshire County Council will be developing a new Cambridgeshire and Peterborough Local Transport Plan (LTP) on behalf of the Combined Authority. As transport is one of the main contributors to air quality this will be considered in the LTP. Public Health can play a role in bringing together stakeholders on air quality to provide a more comprehensive joined up response. The development of the LTP would also provide an opportunity to champion and influence opportunities for more active travel within the plan.

The combined authority is also developing a Non Statutory Spatial Plan which will focus on providing a county perspective on infrastructure, linking up local plans and the LTP. Air quality should be considered as part of this process and would be a consideration for a new Quality Charter for Growth which is currently being considered.

These plans will enable us to indirectly influence air quality in those localities where air quality is not deemed to be a priority.

2.3.3 Proposed Actions

1. We will work with the existing Cambridgeshire wide Air Pollution Prevention Group to:
    a. Support District/City Councils air quality specialists to engage relevant senior managers to raise awareness of air quality and the associated health impacts, and to identify opportunities where improving air quality can be integrated into their plans and projects.
    b. Provide a joint response to the Local Transport Plan and Non Statutory Spatial Plan.
2. Public Health will commission bespoke training for transport planning officers and other relevant officers within the ETE directorate of the Council to increase understanding of the health impact of air quality and its relationship with transport.
3. Develop a stronger evidence base locally which describes the health and economic co-benefits of active travel in relation to air pollution.

## 2.4 **Key stakeholders**

Due to the complexity of factors that contribute to air quality and the spread of expertise and responsibilities for air quality both across and within organisations, it is essential that the following are engaged in the air quality agenda.

- Districts and City councils
    - Air quality specialists
    - Planners
- County council
    - Transport planners
    - Sustainable transport
- Combined Authority
    - Local Transport Plan
    - Non Statutory Spatial Plan
- Greater Cambridgeshire Partnership

- Transport

## 3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 **Developing the local economy for the benefit of all**

This approach has the potential to address workplace health and productivity particularly by addressing active modes of transport to and from work. Increased active modes of transport would also contribute towards reduced traffic congestion.

3.2 **Helping people live healthy and independent lives**

Air pollution is one of the 20 leading risk factors for disease and contributed more than 2% of the annual disability-adjusted life years (DALYs)[1] lost in the UK in the 2010[2]. There is clear evidence that higher levels of air pollution are associated with exacerbation of conditions such as lung and heart disease which lead to increased use of health services.

3.3 **Supporting and protecting vulnerable people**

In England, the most deprived wards experience the highest levels of air pollution and there is a high proportion of children living in these areas. It is worth noting that some new developments in Cambridgeshire are sited near to poor air quality areas.

## 4. SIGNIFICANT IMPLICATIONS

4.1 **Resource Implications**

*There are no significant implications within this category.*

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

*There are no significant implications within this category.*

4.3 **Statutory, Legal and Risk Implications**

*There are no significant implications within this category.*

4.4 **Equality and Diversity Implications**

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

- The fragmented approach to Air Quality Management and differences in resources across the different organisations in the county creates inequalities in exposure to environmental pollution and the creation to create the associated health inequalities

4.5 **Engagement and Communications Implications**

*There are no significant implications within this category.*

4.6 **Localism and Local Member Involvement**

*There are no significant implications within this category.*

4.7 **Public Health Implications**

[1] One DALY can be thought of as one lost year of "healthy" life. The sum of these DALYs across the population, or the burden of disease, can be thought of as a measurement of the gap between current health status and an ideal health situation where the entire population lives to an advanced age, free of disease and disability.

[2] Global Burden of Disease comparative risk assessment

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

- Poor air quality can have an effect on the population's health especially vulnerable groups such as the young and older chronically sick.
- The report above sets out specific implications for this priority in paragraphs 2.1.5 and 2.2.1.

| Implications | Officer Clearance |
|---|---|
| | |
| **Have the resource implications been cleared by Finance?** | Yes 01 November 2017<br>Name of Financial Officer: Clare Andrews |
| | |
| **Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?** | Yes 30 October 2017<br>Name of Officer: Paul White |
| | |
| **Has the impact on statutory, legal and risk implications been cleared by LGSS Law?** | Yes 30 October 2017<br>Name of Legal Officer: Fiona McMillan |
| | |
| **Have the equality and diversity implications been cleared by your Service Contact?** | Yes 02 November 2017<br>Name of Officer: Val Thomas |
| | |
| **Have any engagement and communication implications been cleared by Communications?** | Yes 30 October 2017<br>Name of Officer: Matthew Hall |
| | |
| **Have any localism and Local Member involvement issues been cleared by your Service Contact?** | Yes 02 November 2017<br>Name of Officer: Val Thomas |
| | |
| **Have any Public Health implications been cleared by Public Health** | Yes 02 November 2017<br>Name of Officer: Val Thomas |

| Source Documents | Location |
|---|---|
| **Health Committee Paper 16 March 2017 - AIR QUALITY IN CAMBRIDGESHIRE – IMPLICATIONS FOR POPULATION HEALTH, and associated Minutes** | Web Link to Committee Paper<br><br>Web link to minutes |

**Appendix 1**
**Precis of Air quality from the transport and Health JSNA 2015**

**Brief recap on the findings of the Transport and Health JSNA**
There are levels of air pollution in Cambridgeshire that impact health, even though most annual averages may not be over Air Quality Thresholds, there are hot spots in Cambridgeshire caused by traffic-related pollution, especially in busy urban areas and around arterial and trunk roads such as the A14.

The JSNA identified several options for addressing air pollution in Cambridgeshire:

- Lower emission passenger transport fleet (e.g. buses and taxis) and traffic restraint.
- Modal shift from cars to walking and cycling. Switching journeys from cars to walking, cycling and public transport not only has a large beneficial impact on the individual's health, but a wider benefit to the population health as there are corresponding decreases in overall air pollution levels and, therefore, reduction in harm.
- Further investigation into the potential for reducing specific person exposure. For example:
    - Text alerts to vulnerable patient groups.
    - Monitoring measures to improve indoor air quality especially in newer office buildings.
    - Better use of health evidence when assessing the populations exposed in new developments.
    - Further understanding around the seasonal impact of air pollution and potential measures that could reduce this.

Further details on transport related air pollution and its impacts on health can be found in the Transport and Health JSNA (http://cambridgeshireinsight.org.uk/JSNA/Transport-and-Health-2014/15)

**The main pollutants, their sources and their impact on human health.**
Poor air quality impacts on the most vulnerable residents e.g. the youngest, oldest and those with health conditions, in itself it is **not** a direct cause of death but can be responsible for shortening people's lives. **Error! Reference source not found.** below summarises the main pollutants their sources and the associated health effects.

**Sources of Air Pollution and their Health Effects**

| Pollutant | Sources | Health Effects |
|---|---|---|
| **Nitrogen Dioxide** | Nitric oxide (NO) is mainly derived from road transport emissions and other combustion processes such as the electricity supply industry. Nitric oxide is not considered to be harmful to health. However, once released to the atmosphere, NO is usually very rapidly oxidized, mainly by ozone ($O_3$), to nitrogen dioxide ($NO_2$), which can be harmful to health. Nitrogen dioxide and NO are both oxides of nitrogen and together are referred to as nitrogen oxides ($NO_x$). | Nitrogen dioxide can irritate the lungs and lower resistance to respiratory infections such as influenza. Continued or frequent exposure to concentrations that are typically much higher than those normally found in the ambient air may cause increased incidence of acute respiratory illness in children. |
| **Fine Particles ($PM_{10}$, $PM_{2.5}$ and $PM_1$)** | Fine particles are composed of a wide range of materials arising from a variety of sources including: *combustion sources* (such as road traffic); *secondary particles*, mainly sulphate and nitrate formed by chemical reactions in the atmosphere, and often transported from far across Europe; *coarse particles*, suspended soils and dusts (eg, from the Sahara), sea salt, biological particles and particles from construction work. | Particles are measured in a number of size fractions according to their mean aerodynamic diameter. Most monitoring is currently focused on $PM_{10}$, but the finer fractions such as $PM_{2.5}$ and $PM_1$ are becoming of increasing interest in terms of health effects. Fine particles can be carried deep into the lungs where they can cause inflammation and a worsening of the condition of people with heart and lung diseases. In addition, they may carry surface-absorbed carcinogenic compounds into the lungs. |
| **Sulphur Dioxide** | Sulphur dioxide ($SO_2$) is produced when a material, or fuel, containing sulphur is burned. Globally, much of the $SO_2$ in the atmosphere comes from natural sources, but in the UK the predominant source is power stations burning fossil fuels, principally coal and heavy oils. Widespread domestic use of coal can also lead to high local concentrations of $SO_2$. | Even moderate concentrations may result in a fall in lung function in asthmatics. Tightness in the chest and coughing occur at high levels, and lung function of asthmatics may be impaired to the extent that medical help is required. Sulphur dioxide pollution is considered more harmful when particulate and other pollution concentrations are high. |
| **Benzene** | Benzene is a volatile organic compound (VOC) which is a minor constituent of petrol. The main sources of benzene in the atmosphere in Europe are the distribution and combustion of petrol. Of these, combustion by petrol vehicles is the single biggest source (70% of total). | Possible chronic health effects include cancer, central nervous system disorders, liver and kidney damage, reproductive disorders, and birth defects. |
| **1,3-Butadiene** | 1,3-butadiene, like benzene, is a VOC emitted into the atmosphere principally from fuel combustion of petrol and diesel vehicles. 1,3-butadiene is also an important chemical in certain industrial processes, particularly the manufacture of synthetic rubber. | Possible chronic health effects include cancer, central nervous system disorders, liver and kidney damage, reproductive disorders, and birth defects. |
| **Carbon Monoxide** | Carbon monoxide (CO) is a colourless, odourless poisonous gas produced by incomplete, or inefficient, combustion of fuel. It is predominantly produced by road transport, in particular petrol-engine vehicles. | This gas prevents the normal transport of oxygen by the blood. This can lead to a significant reduction in the supply of oxygen to the heart, particularly in people suffering from heart disease. |
| **Lead** | Since the introduction of unleaded petrol in the UK there has been a significant reduction in urban lead levels. In recent years industry, in particular secondary non-ferrous metal smelters, have become the most significant contributors to emissions of lead. The highest concentrations of lead and heavy metals are now therefore found around these installations in industrial areas. | Even small amounts of lead can be harmful, especially to infants and young children. In addition, lead taken in by the mother can interfere with the health of the unborn child. Exposure has also been linked to impaired mental function, visual-motor performance and neurological damage in children, and memory and attention span. |

**Agenda Item No: 7**

# CAMBRIDGESHIRE & PETERBOROUGH SUSTAINABILITY & TRANSFORMATION PARTNERSHIP (STP) – UPDATE REPORT

*To:* **Health Committee**

*Meeting Date:* **16th November 2017**

*From:* **Director of Public Health**

*Purpose:* **To provide the Committee with a summary report back on the workshop held on 6 November on the role of the workforce in the STP.**

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

**a) the information provided as part of the Workforce planning workshop**

**b) the "Fit for the Future" monthly information report**

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


| | ***Officer contact:*** | | ***Member contacts:*** |
|---|---|---|---|
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## 1.0 BACKGROUND

1.1 This cover report is presented to provide the Committee with the background information and context in which to comment on recent updates provided by the Sustainability & Transformation Partnership (STP).

1.2 Representatives from the STP will be in attendance to provide information on the STP workforce planning programme and the "Fit for the Future" monthly information data report sent to Health Committee members.

## 2.0 HEALTH COMMITTEE PRIORITIES FOR OVERVIEW AND SCRUTINY OF CAMBRIDGESHIRE & PETERBOROUGHS STP

2.1 The Health Committee received an update report from the STP in September 2017. As part of the Committee's Health Overview function, it was agreed to hold a workshop for committee members to provide an overview of the STP delivery units progress around workforce planning. This workshop has been held on 6 November 2017 with the following representatives in attendance:

- Catherine Boaden Head of System Strategy & Leadership – STP Delivery Unit
- David Wherrett, Director of Workforce - Cambridge University Hospitals NHS Foundation Trust
- Stephen Legood, Director of People and Business Development, Cambridgeshire and Peterborough NHS Foundation Trust
- Elaine Bailey, Associate Director, People Services, Cambridgeshire and Peterborough NHS Foundation Trust

Due to the timing of the workshop and the publication date for Health Committee papers, further details of the key areas of interest identified at the workshop will be highlighted at the Health Committee meeting.

2.2 A Request from the committee to receive "Fit for the Future" monthly routine data packs to include information on the STPs performance and risk assessments was made in September. The first pack was circulated to Health Committee members on 2 November 2017. The information provided in this pack will be available at the Health Committee meeting for members to discuss further, with representatives from the STP Delivery Unit.

2.3 A Priority Setting training session for the Health Committee was held on 21 July 2017, the committee agreed the following priority areas for scrutiny of the STP.

- Work programme, risk register and project list
- Workforce planning
- Communications and engagement
- Primary Care developments

In addition to the above priority areas, following the receipt of the monthly routine data packs, the Health Committee are asked to consider which STP project(s) should be identified for more in-depth scrutiny.

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| Cambridgeshire & Peterborough STP | http://www.fitforfuture.org.uk/documents/cambridgeshire-peterborough-sustainability-transformation-plan-october-2016/ |

| **HEALTH COMMITTEE TRAINING PLAN** | Updated November 2017 | **Agenda Item No: 8** |
|---|---|---|

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

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

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

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

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

| HEALTH POLICY AND SERVICE COMMITTEE AGENDA PLAN | Published 1 November 2017 | Cambridgeshire County Council<br>**Agenda Item No: 9** |
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**Notes**

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

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

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

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

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

| Committee date | Agenda item | Lead officer | Reference if key decision | Deadline for draft reports | Agenda despatch date |
|---|---|---|---|---|---|
| **14/12/17** | Public Health Finance and performance report | Chris Malyon/ Liz Robin | Not applicable | 01/12/17 | 05/12/17 |
| | Business Planning 2018-19 (provisional) | Chris Malyon/ Liz Robin | Not applicable | | |
| | Children's Centres Update | Helen Freeman | Not applicable | | |
| | Integrated commissioning of children's health and wellbeing services | Liz Robin | Not applicable | | |
| | Scrutiny Item: Development of Primary Care in Northstowe | Sue Watkinson | Not applicable | | |
| | Scrutiny Item: Sustainability and Transformation Plan (STP) update [standing item] | Scott Haldane | Not applicable | | |
| | Scrutiny Item: emerging issues in the NHS (standing item) | Kate Parker | Not applicable | | |

| Committee date | Agenda item | Lead officer | Reference if key decision | Deadline for draft reports | Agenda despatch date |
|---|---|---|---|---|---|
| | Update on Relocation of Out of Hours Service | Jessica Bawden, CCG | Not applicable | | |
| | Committee training plan (standing item) | Kate Parker/ Ruth Yule | Not applicable | | |
| | Agenda plan and appointments to outside bodies | Ruth Yule | Not applicable | | |
| **16/01/18** | Public Health Finance and performance report | Chris Malyon/ Liz Robin | Not applicable | 03/01/18 | 05/01/18 |
| | Public Health Risk Register update | | Not applicable | | |
| | Scrutiny Item: Non-Emergency Patient Transport (NEPT) Service Performance: Six Month Update | Kyle Cliff, CCG | Not applicable | | |
| | Scrutiny Item: Sustainability and Transformation Plan (STP) update [standing item] | Scott Haldane | Not applicable | | |
| | Scrutiny Item: emerging issues in the NHS (standing item) | Kate Parker | Not applicable | | |
| | Committee training plan (standing item) | Kate Parker/ Ruth Yule | Not applicable | | |
| | Agenda plan and appointments to outside bodies | Ruth Yule | Not applicable | | |
| *[08/02/18] Provisional meeting* | | | Not applicable | *26/01/18* | *30/01/18* |
| **15/03/18** | Public Health Finance and performance report | Chris Malyon/ Liz Robin | Not applicable | 02/03/18 | 06/03/18 |
| | Scrutiny Item: Sustainability and Transformation Plan (STP) update [standing item] | | Not applicable | | |
| | Scrutiny Item: emerging issues in the NHS (standing item) | Kate Parker | Not applicable | | |

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

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

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

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

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

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

| Date of Chairman's agreement | Matter in respect of which the decision is to be made | Reasons why meeting urgent and cannot reasonably be deferred |
|---|---|---|
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For further information, please contact Quentin Baker on 01223 727961 or Quentin.Baker@cambridgeshire.gov.uk