HEALTH COMMITTEE

Date:Thursday, 15 March 2018

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** *Guidance on declaring interests is available at http://tinyurl.com/ccc-conduct-code*	
2	**Minutes & Action Log - 8th February 2018**	**5 - 14**
3	**Petitions**	

KEY DECISIONS

4	**Cambridgeshire Drug & Alcohol Treatment Services Procurement**	**15 - 34**

DECISIONS

The Health Committee comprises the following members:

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

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

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

Clerk Name: Daniel Snowdon

Clerk Telephone: 01223 699177

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

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Agenda Item No: 2

HEALTH COMMITTEE: MINUTES

Date: Tuesday 8th February 2018

Time: 3:00pm to 4:35pm

Present: Councillors C Boden, D Connor (substituting for Councillor P Topping), L Harford, M Howell (substituting for Councillor K Reynolds), P Hudson (Chairman), D Jenkins, L Jones, T Sanderson and S van de Venn.

District Councillors M Abbott (Cambridge City), S Ellington (South Cambridgeshire) and J Tavener (Huntingdonshire).

Apologies: County Councillors L Dupre, K Reynolds P Topping and District Councillor Cornwell.

89. DECLARATIONS OF INTEREST

None

90. MINUTES – 16TH JANUARY 2018 AND ACTION LOG:

The minutes of the meeting held on 16th January 2018 were agreed as a correct record and signed by the Chairman.

The action log was noted.

91. PETITIONS

No petitions were received.

92. NON-EMERGENCY PATIENT TRANSPORT SERVICE (NEPT) PERFORMANCE 6 MONTH UPDATE

The Committee received a report that provided an update regarding the performance of the Non-Emergency Patient Transport Service (NEPT). In presenting the report, the Associate Director, Commissioning and Contracting drew attention to the work undertaken by the service in collaboration with the Clinical Commissioning Group (CCG) and Hospital Trusts that developed an action plan addressing the performance of the service.

During discussion of the report Members:

- Sought greater clarity and understanding regarding the challenges faced by the service. Officers explained that there were initial issues regarding the activity levels when the contract was tendered that required large scale re-modelling of the service. Further work was required with acute hospitals and their performance regarding aborted calls where patients were either not ready for transportation or had made their own way to the hospital. Members were informed that there had been significant issues relating to the recruitment of staff that have improved but

some issues remained that needed to be addressed. A new job role had been designed for NEPTs provision via a car journey only. Officers informed Members that the NEPT Service was a planned service but was affected by the pressure and levels of demand experienced by Accident and Emergency departments including the focus of hospitals to release beds as promptly as possible.

- Welcomed the evidence of progress made regarding the service and questioned the ability of the service to meet targets that were dependent on circumstances that were out of the control of the service. Officers informed Members that the aim was to meet the set targets. The timing regarding the meeting of the targets had been realistic and early indicators relating to on the day discharges and collections having improved significantly. However, the impact of major infrastructure projects such as the new A14 and staff recruitment were challenging to manage.

  Noted the positive relationship between the service and the Clinical Commissioning Group (CCG). There were regular meetings and a close working relationship between the CCG and in addition to the monthly contract meetings there were quality meetings with the acute hospitals and NEPT service.
- Noted that vehicles were not routinely shared between NEPTS and the East of England Ambulance Service Trust (EEAST) however vehicles were able to be shared if there was a large scale emergency and they were not required by the service.

- Questioned whether there were geographical variations regarding performance across the CCG area. Officers explained that data had begun to be collated that demonstrated variations by acute hospital. Members noted that exception reasons were recorded for delays and each exception was classified as either acceptable or unacceptable. When classified as acceptable the CCG removed the delay from the performance data.

- Noted that activity data for Hinchingbrooke Hospital regarding discharging was not included within the original specification for the contract which had cause significant issues and therefore had been subject to significant remodelling that addressed the issues.

- Noted that if the high levels of aborted transports from hospitals then work would be undertaken with the specific wards and the newly appointed Discharge Coordinator to improve performance.

- Queried the level of collaboration with community transport services. Officers explained that patients who did not qualify for hospital transport were signposted to community transport services in their area.

- In summation the Chairman proposed with the unanimous agreement of the Committee that the CCG provide a briefing in 4 months' time regarding the performance of the service and that the NEPT Service, following the completion of

the action plan in May 2018, returned to the Committee to provide an update regarding the performance of the service including data by geographical area.

It was resolved to:

a) Note the contents of the report.

b) Request that the Clinical Commissioning Group (CCG) provide a briefing in 4 months' time regarding the performance of the service.

c) Request that the NEPT Service, following completion of the action plan in May 2018, return to the Health Committee to provide an update regarding the performance of the service that includes a breakdown by geographical area.

93. EAST OF ENGLAND AMBULANCE SERVICE TRUST (EEAST)

Members were presented an overview of the East Anglian Ambulance Service Trust, provided by the Director of Service Delivery and the Interim Sector Head that drew attention to the demand the service was facing, its performance in Cambridgeshire and the issues that affected its performance.

In making their presentation officers highlighted the change that occurred in October 2017 regarding the measurement of performance that focussed more greatly on providing the most appropriate response to the emergency.

Members were informed that the service had not been commissioned to deliver the new national standards of performance and a service review that took place in December 2017 identified that the service required £27m of investment in recruitment and the vehicle fleet in order those standards be delivered.

There were significant delays in handing over patients to Accident and Emergency Departments upon arrival at hospital. In December there were 3,300 delayed patient handovers that exceeded 1 hour for the eastern region.

Officers highlighted the performance of the service in terms of patient care which was rated as very good and the region performed above the national average.

A significant number of calls, 1 in 5 related to falls and the service had responded to the increased demand arising from falls. Officers commented that fallers did not necessarily require an ambulance therefore, by establishing early intervention falls workers as part of a multi-agency team that responded to the needs of the community pressures may be reduced.

During the course of discussion Members:

- Noted that 3,300 occurrences of delay of more than 1 hour in the handover of patients at Accident and Emergency Departments related to the eastern region as a whole. Officers agreed to provide Members with information that showed performance in Cambridgeshire. **ACTION**

- Drew attention to the funding the Council had provided to falls prevention programmes and the intelligence and data EEAST would be able to provide in assisting such programmes with particular reference to falls that occurred outside the home. Officers informed Members that information was provided through meetings of the Sustainability Transformation Partnership (STP) and highlighted the early intervention work the service was conducting regarding falls prevention, including the use of early intervention vehicles. It was confirmed that the performance of the vehicles were independently evaluated by Health Watch. The service also collaborated closely with the Fire and Rescue Service regarding falls prevention.

- Noted the existence of cross-border arrangements with neighbouring services in order to meet demand and ensure emergencies were responded to as quickly as possible.

- Noted that the services was consistently operating at 90% capacity which was far in excess of the 65% target that allowed for spikes in demand.

- Sought greater clarity regarding the levels of waste within the service arising from delays in the handover of patients upon arrival at hospital, delays arising from traffic congestion and the number of people that requested an ambulance but didn't require one. Officers explained that around 10% of calls were dealt with on the phone, 30% were treated at the scene and did not require taking to hospital and 60% were taken to hospital. Delays in handing over patients at hospital had a significant impact across the service and drew attention to the work of the newly established Joint Emergency Team (JET) and the daily system-wide conference calls that took place that highlighted pressures across the system in order they be effectively managed.

- Drew attention to falls that occurred within care homes and the number of calls to the service from care homes unable to lift residents that had fallen. Members were informed that there were schemes that involved Paramedics attending care homes in the morning to assess needs. The early intervention vehicles also had a list of care homes that they targeted to address issues.

- Requested that the falls prevention programme be extended to cover care homes.

- Highlighted that outcomes for stroke patients were worse than the national average. Officers explained that that there were significant challenges in the Norfolk area due to the rurality of the area and system wide work was being undertaken to address the issue.

- Noted the installation, installed over 1000 community based defibrillators and the Community First Responder scheme that were designed to assist in time critical emergencies such as cardiac arrest. Members requested that information be provided regarding Community First Responders. **ACTION**

- Questioned why demand continued to increase and whether there were themes that had emerged from the types of call received. Officers informed Members that demand was complex. People were living longer with more complex needs, there was also a perceived cultural shift where people aged between 30 and 40 expected an instant service. Significant work had been undertaken to keep people out of

hospital however the ambulance service was always available when other services had closed.

It was resolved to:

a) Note the contents of the report

b) Request the Northwest Anglia Hospital Trust provide a briefing paper regarding delays in the handover of patients from ambulances to Accident and Emergency departments with specific reference to Hinchingbrooke Hospital

c) Request a briefing note regarding the Falls Prevention Programme and its collaboration with EEAST.

94. HEALTH COMMITTEE AGENDA PLAN AND APPOINTMENTS TO OUTSIDE BODIES

Members received the Health Committee agenda plan and noted the following update provided at the meeting.

Integrated Childrens Commissioning would be moved from the March 2018 meeting to the May 2018 meeting.

It was resolved to:

a) Note the agenda plan and the update provided at the meeting

Chairman

HEALTH COMMITTEE

Minutes-Action Log

Cambridgeshire County Council

Introduction:

This log captures the actions arising from the Health Committee on **16th January 2018** and updates Members on progress in delivering the necessary actions.

Minute No.	Item	Action to be taken by	Action	Comments	Status & Estimated Completion Date
17.	**Public Health Finance and Performance Report** **a) Health visiting mandated checks whether geographical / social reasons for lack of take-up**	**L Robin**	Health visiting mandated checks - the percentage of children who received 12 month review by 15 months – with reference to the decline in performance, a question was raised regarding whether there was a geographical / social pattern to them not being wanted or not attended?	Meeting scheduled with CCS for Jan 2018 update will be provided at the March Health Committee	**Completed**
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.	The Wisbech 2020 steering group met and are progressing with the 20 days of support from LGA using an asset based approach. An update will be provided to the March meeting of the Health Committee.	**On-going** **March 2018**

Minute No.	Item	Action to be taken by	Action	Comments	Status & Estimated Completion Date
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.	Presented to the 1st Feb meeting of the Health and Wellbeing Board. Minutes available here: **https://tinyurl.com/FebHWB** Newsletter to Parish Councils have been sent out promoting positive aspects.	**Completed**
48.	**Finance & Performance Report**	**L Robin / K Parker**	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.	Discussed with Wisbech 2020 steering group that this deep dive could go ahead separately. Updated on health committee training plan with a view to set up in May 2018	**On-going May 2018**
71.	**Integrated Commissioning of Children's Health and Wellbeing Services**		Officers agreed to share work streams with Members and address specific concerns regarding accessibility with the Implementation Board.	Report coming to Health Committee at the May meeting	**On-going** **May 2018**
72.	**Health Committee Update Regarding the Cambridge GP Out of Hours Base Move from Chesterton to Addenbrooke's Including the Co-location of GP Streaming**		Members requested that the development of the re-tendering process for the pharmacy and the results of the travel survey be reported to the Committee.	Information expected from CCG and followed up by Democratic Services	**Ongoing** **March 2018**
85.	**Finance and Performance Report November 2017**	**L Robin**	Clarification of the tables within the risk register sought.	Further feedback regarding the issues has been requested from Members.	**Ongoing** **March 2018**

Minute No.	Item	Action to be taken by	Action	Comments	Status & Estimated Completion Date
93.	**EEAST**	**EEAST**	Provide information regarding the performance in Cambridgeshire relating to delays of more than 1 hour in the handover of patients at A&E	This is in progress although due to increased demand following recent poor weather it has taken longer than anticipated	**Ongoing** **End of March 2018**
93.	**EEAST**	**EEAST**	Provide information regarding the Community First Responder scheme	This is in progress although due to increased demand following recent poor weather it has taken longer than anticipated	**Ongoing** **End of March 2018**

Agenda Item No: 4

CAMBRIDGESHIRE ADULT DRUG AND ALCOHOL TREAMENT SERVICES PROCUREMENT

To:	**Health Committee**
Meeting Date:	**March 15th 2018**
From:	**Director of Public Health**
Electoral division(s):	**All**
Forward Plan ref:	**2018/009** *Key decision:* **Yes**

Purpose: The purpose of this paper is to ensure that arrangements are in place to award the contract for the Cambridgeshire Adult Drug and Alcohol Treatment Services.

The paper also summarises the procurement and the results of the consultation that was part of the tender process.

Recommendation: The Health Committee is asked to approve the following

1) Authorise the Director of Public Health, in consultation with the Chairman and Vice Chairman of the Health Committee, to formally award the contract subject to compliance with all required legal processes

2) Authorise the Director of Law, Property & Governance to approve and complete the necessary contract documentation.

Officer Contact:		***Chair Contact:***	
Name:	Val Thomas	Name:	Councillor
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1. BACKGROUND

1.1 In September 2017 the Health Committee gave its approval for the Cambridgeshire and Peterborough Public Health Joint Commissioning Unit (JCU) to undertake a competitive tender for the Cambridgeshire Adult Drug and Alcohol Treatment Services. It was also approved by the Cambridgeshire and Peterborough Joint Commissioning Board. See Appendix 1 for the original paper that provides background information.

1.2 Adult drug and alcohol specialist treatment (for those aged 18 years and over) provision across Cambridgeshire falls under two separate contracts provided by the same organisation, namely South Staffordshire and Shropshire Healthcare NHS Foundation Trust (SSSFT). Although there are two separate contracts the two services have operationally become increasingly integrated, driven in part by the need to realise savings due to a reduction in the Public Health grant. Locally the services are referred to as 'Inclusion'.

1.3 The contracts were let at different times due to historical funding arrangements that reflect the transfer of commissioning responsibilities from the NHS to Local Authorities.
Drug and alcohol prevention and treatment services are included in local authority public health commissioning categories that fall under the Public Health grant. The services are not specifically mandated, as mandated services are generally those which central government wants to be delivered in a standard way across the country. However, the public health grant conditions include the following statement: A local authority must, in using the grant, "…have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services…" Appendix 2 indicates the Public Health Outcome Framework indicators that relate to Adult Drug and Alcohol Treatment Services.

1.4 The Drug Treatment Contract commenced on 1st April 2012 and the Alcohol Treatment Contract on 1st April 2014. They have both now been aligned in terms of end dates and are due to terminate on the 30th September 2018.

2. MAIN ISSUES

2.1 The paper approved by the Health Committee in September 2017 described the cost of drug and alcohol misuse along with the evidence base for drug and alcohol treatment services that are effective and cost saving for the system in particular the criminal justice system, the NHS and social care.

2.2 Only the Cambridgeshire Adult Drug and Alcohol specialist treatment contracts are in scope for this procurement. This includes Tier 4 services. The Peterborough treatment contracts were let last year and its new integrated treatment service commenced on the 1st April 2016 and are not in scope for the tender. Although the treatment contracts across both Peterborough and Cambridgeshire are not currently coterminous, it is envisaged that going forward break clauses in the new contract will be aligned with Peterborough's contract to provide future options for integration across both geographical areas.

The Children and Young People's Service, (0-19 year olds) CASUS provided by Cambridgeshire and Peterborough Foundation Trust is also not in scope for the tender. This reflects in part that the contract end date does not align with those of the adult services but also the need to look at transformational service models that would enable increased integration with other young people's services.

2.3 The re-tendering of the Adult Drug and Alcohol treatment system in Cambridgeshire will provide the opportunity for transformational change that will more effectively address the emerging needs found in the recent Cambridgeshire Drugs and Alcohol Joint Strategic Needs Assessment and National Drugs Strategy. This includes the changing demographic of service users who have different needs, recovery, and the particular requirements of vulnerable groups. The aim is to secure evidence based, better value services, which have the following deliverables.

- An integrated specialist drug and alcohol treatment system across Cambridgeshire.
- Increased alignment and integration with related services to ensure that the complex needs (most notably poor mental and physical health, homelessness, unemployment) of service users are effectively addressed with treatment and recovery outcomes achieved.
- Robust recovery focused treatment approaches.
- A long-term condition treatment model, which decreases demand for acute treatment services and ensures that needs are appropriately addressed.
- Early intervention and harm reduction interventions.

2.4 A comprehensive consultation was undertaken as part of the tender process. This included a service user survey, general survey (online), GP survey, strategic one to one consultations and stakeholder engagement events. Overall there was a substantial level of positive comments about the Service. The recovery work of the current treatment model was especially well supported across all the consultations and surveys. The interventions, access, outreach services, volunteer and staff commitment were also especially valued.

The Service Specification indicates that it has responded to the results of the consultation and bidders have been asked to demonstrate how they would adopt innovative approaches to address the issues and challenges found in the Service Specification. The new Provider will be required to work with the commissioners to address these challenges and to develop the Service.

A number of issues were raised that in part reflected issues raised in other needs assessments. The following indicates the main concerns and suggestions identified in the Consultation along with a summary of the requirements in the Service Specification to address the.

Access and Pathways

- There were good reports of access but a proportion of responses highlighted ineffective or confusing pathways to treatment and a perceived lack of out of office hours opening, especially in relation to mental health and the criminal justice pathways. In rural areas, issues were magnified by a lack of equitable provision. Consequently in some cases services were not being accessed by those in need.

- Extending opportunities for co-located working was considered desirable by a range of professionals for securing clear effective pathways between different organisations, especially drug and alcohol service pathways with primary care and criminal justice agencies.

- There was a strong call that joint working between drug and alcohol services and mental health services needs to be improved if outcomes for service users who have

co-occurring conditions are to be improved.

- Consultation responses also included a request to improve the data relating to offenders which would help inform the development of more effective pathways and opportunities to respond to need.

- The new Service Specification requires the Provider to establish collaborative partnerships to strengthen and develop existing inter-agency pathways and working which would include co-location and increased outreach work. This includes health, social care, housing and employment services. There are particular requirements to improve access to services and outcomes for those with co-occurring drug and alcohol misuse and mental health conditions and those in the criminal justice system.

- In terms of mental health, support and promotion will be an implicit part of substance misuse treatment, and will be integral to the new treatment system. The following developments will focus upon addressing the very common co-occurring mental health and drug and alcohol misuse.

  - *Psychologist led, trauma informed provision:* A psychologist led service will transform delivery, reflecting the changing landscape of complexity, need and numbers presenting with co-occurring mild to moderate mental health conditions.
  - *Enhanced and improved psychosocial interventions:* This will result in the provision of a wide range of evidence based psychological and psychosocial interventions, structured according to need, with robust clinical pathways linking more severe co-occurrence with specialist mental health services.
  - *Upskilled workforce:* The impact of trauma on substance misusing behaviours will be fully understood throughout the Service, with the entire workforce trained in this way of working.

Primary Care Support

- The vast majority of GPs and other clinicians reported that they would not want to be involved in a shared care model of drug and alcohol treatment due to the complexity of clients, time required and lack of expertise.

- There was an interest in increasing GP engagement in delivering shared care with the drug and alcohol services but it was thought that this would require training and ongoing support. ‘Stable users’ and ‘alcohol users’ in particular were seen as appropriate for treatment in primary care.

- Responses supported existing evidence that there has been an increase in the misuse and dependence on prescription drugs and/or over the counter drugs. These cases are currently presenting to primary care, and clarity is needed regarding the treatment pathway for patients dependent on prescription medication.

- In addition community pharmacy staff, other professionals and service users expressed a view that pharmacies are able to deliver a wider range of interventions for example identification and brief advice alongside supervised consumption and needle exchange.

- There is a strong focus in the Service Specification that the Provider will develop its

communication and relationships with primary care ensuring that the wider health needs of clients in treatment can be effectively met and the prescribing issues jointly addressed. In addition, GP Federations will provide potential for new opportunities for supporting GPs in the development of drug and alcohol specialisms. There is also room for innovative ways to engage with Prism, the new primary care mental health service alongside providing training, mentoring and information to GPs to increase their confidence and expertise to care for substance misusing patients.

Older People

- Respondents reported a concern with an increasing number of older people accessing drug and alcohol services who reported that they did not 'fit' in a service that was designed for a much younger cohort.

- This is acknowledged in the Service Specification along with an understanding that this cohort often has a range of other health conditions, especially if they are long term drug users. This is another driver for closer working with primary care.

Increased Misuse of Alcohol

- There was a concern with the high number of alcohol specific and related episodes, especially in Cambridge City and Fenland. Intervening with effective advice and pathways to treatment was seen as important.

- The current Hospital Alcohol Liaison post at Cambridge University Hospitals will be maintained as it is a well evidence based intervention.

Recovery Focus

- Many respondents welcomed the recovery focus in the new service proposals but, a number of both service users and professionals stressed that this was not possible or desired by all substance misusers and meant that inappropriate aims of abstinence were set when harm reduction needed to be the goal. Service users expressed a strong demand for more group work, counselling and recovery and post recovery activities.

- The approach found in the new Service Specification adopts a flexible approach to recovery to ensure that different needs are addressed. Key elements are as follows.

- Those with lower levels of substance misuse who do not need structured treatment. This group may have received identification and brief interventions previously and want to engage with recovery activities to reach their own recovery goals.
- Those who have reached stability in treatment and are motivated to work towards personal recovery goals.
- Those who have successfully completed treatment and wish to utilise recovery support to reach their recovery goals.
- Those who require support following a lapse or relapse but do not need to return to structured treatment.

Wider Partnership Developments

In addition to the Service Specification the Drugs and Alcohol Delivery Board is facilitating and leading work with partner agencies that will support the development of collaborative working and more integrated pathways between the related services.

2.5 The contract is valued at £17,308,275 over three and half years, with an option of extending by one year plus one year. This would bring the total value for five and half years to £26,965,036. The contract award is scheduled for June 2018 with a start date of 1st October 2018.

Table 1 indicates the annual contract value over the lifetime of the contract. The first year is for six months, then it runs in line with each financial year. The annual value decreases reflecting the required savings.

Table 1: Adult Drugs and Alcohol Treatment Service Tender 2018

	Year 1 (6 months) Oct. 2018 - March 2019	**Year 2 2019/20**	**Year 3 2020/21**	**Year 4 2021/22**	**Year 5 2022/23 Optional extension**	**Year 6 2023/24 Optional extension**
Tender Price	£2,569,982	£5,018,244	£4,891,668	£4,828,380	£4,828,380	£4,828,380
Total				***£17,308,275*** (Contract Term***)***		***£26,965,036*** (including extension period)

2.6 In order to comply with appropriate governance under the Committee structure, the Health Committee is asked to authorise the Director of Public Health, in consultation with the Chair and Vice-Chair of the Committee, to formally award the contract, subject to compliance with all required legal processes, and to authorise the Director of Law, Property and Governance to approve and complete the necessary contract documentation.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

The report above sets out the implications for this priority in paragraphs **2.1**

3.2 Helping people live healthy and independent lives

The report sets out the implications for this priority in paragraphs **2.3 and 2.4**

3.3 Supporting and protecting vulnerable people

The report sets out the implications for this priority in paragraph **2.3.and 2.4**

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

The report above sets out details of significant implications in **22.5**

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

The report above sets out details of significant implications in **1.2, 1.3, 1.4 and 2.6**

The procurement has been approved by the Cambridgeshire and Peterborough Joint Commissioning Board. It has not been reviewed by the Commercial Board

4.3 Statutory, Legal and Risk Implications

The report above sets out details of significant implications in **1.3**

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

- Failure to provide effective drug and alcohol treatment services will result in significant poor health and social outcomes for those affected.
- Patterns of alcohol and drug use have changed in recent years and different types of interventions and services are required if treatment and management of all associated needs are to be effective.

4.4 Equality and Diversity Implications

The report above sets out details of significant implications in **2.2 and 2.3**

4.5 Engagement and Communications Implications

The report above sets out details of significant implications in **2.4**

4.6 Localism and Local Member Involvement

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

- Members are being asked to approve the request for delegating authority to the Director of Public Health, in consultation with the Chair and Vice-Chair of the Committee, to formally award the contract, subject to compliance with all required

legal processes, and to authorise the Director of Law, Property and Governance to approve and complete the necessary contract documentation.

4.7 Public Health Implications

The report above sets out details of significant implications in **2.1 and 2.3,**

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

Please include the table at the end of your report so that the Chief Executive/Executive Directors/Directors clearing the reports and the public are aware that you have cleared each implication with the relevant Team.

SOURCE DOCUMENTS GUIDANCE

It is a legal requirement for the following box to be completed by the report author.

Source Documents	**Location**
Cambridgeshire Drugs and Alcohol Joint Strategic Needs Assessment	*http://www.cambridgeshireinsight.org.uk/jsna*
National Drugs Strategy 2017, Home Office	https://www.gov.uk/government/publications/drug-strategy-2017

APPENDIX 1: Background Information Drug and Alcohol Treatment Services March 2018

Agenda Item No:

CAMBRIDGESHIRE ADULT DRUG AND ALCOHOL TREAMENT SERVICES PROCUREMENT

To:	**Health Committee**
Meeting Date:	**September 7th 2017**
From:	**Director of Public Health**
Electoral division(s):	**All**
Forward Plan ref:	**For key decisions Democratic Services can provide this reference** *Key decision:* **No**
Purpose:	The paper describes the rationale and benefits of procuring a new Cambridgeshire Adult Drug and Alcohol Treatment Services through a competitive tender.
Recommendation:	The Health Committee is asked to approve the following

a) Initiating a competitive tender for the procurement of a Cambridgeshire integrated drug and alcohol service.

b) The scope of service to be included in the tender.

c) A transformation approach that reflects the findings of the recent Drugs and Alcohol Joint Strategic Needs Assessment and the National Drugs Strategy, is evidence based and provides value for money.

Officer Contact:		***Chair Contact:***	
Name:	Val Thomas	Name:	Councillor
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Email:	Val.Thomas@cambridgeshire.gov.uk	Tel:	01223 706398
Tel:	01223 703264		

1. BACKGROUND

1.1 Adult Drug and Alcohol specialist treatment provision across Cambridgeshire falls under two separate contracts provided by the same organisation, namely South Staffordshire and Shropshire Healthcare NHS Foundation Trust (SSSFT). Although there are two separate contracts the two services have operationally become increasingly integrated, driven in part by the need to realise savings due to a reduction in the Public Health grant. Locally the services are referred to as 'Inclusion'.

1.2 The contracts were let at different times due to historical funding arrangements that reflect the transfer of commissioning responsibilities from the NHS to Local Authorities.
Drug and alcohol prevention and treatment services are included in local authority public health commissioning categories that fall under the Public Health grant. The services are not specifically mandated, as mandated services are generally those which central government wants to be delivered in a standard way across the country. However, the public health grant conditions include the following statement: A local authority must, in using the grant, "…have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services…"

1.3 Historically the commissioning was undertaken by the Drug and Alcohol Team (DAAT) that sat in the former Children, Families and Adults Directorate, although the services are funded from the Public Health Grant. The recent creation of the Cambridgeshire and Peterborough Public Health Joint Commissioning Unit (JCU) has brought together the majority of public health services that are commissioned, including Drugs and Alcohol Services.

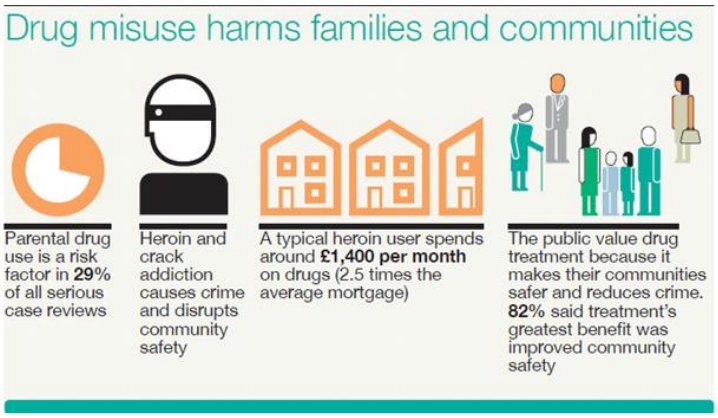
1.3 Both contracts will shortly expire, the Drug Treatment Contract commenced on 1st April 2012 and the Alcohol Treatment Contract on 1st April 2014. They have both now been aligned in terms of end dates and are due to terminate on the 30th September 2018. It is proposed to formally commence the procurement in September 2017 after securing support from the Health Committee, which has responsibility for the Council's public health services and policies. Contract award is planned for June 2018 with a contract start date of the 1st October 2018.

2. MAIN ISSUES

2.1 There are far ranging effects upon the physical and mental health of those who misuse drugs and alcohol, which impact upon their families and communities and across wider aspects of their lives that are captured in Figures 1 and 2.

Figure 1: Alcohol harms for families and communities

Figure 2 Drug misuse harms for families and communities



2.2 In addition there are socio-economic costs to society and services, which includes health services, social care, the criminal justice system, employers and housing services. The harms of drug and alcohol misuse have been modelled to show the costs of treating and addressing them. (Figures 3 and 4)

Figure 3: Annual cost of alcohol to society

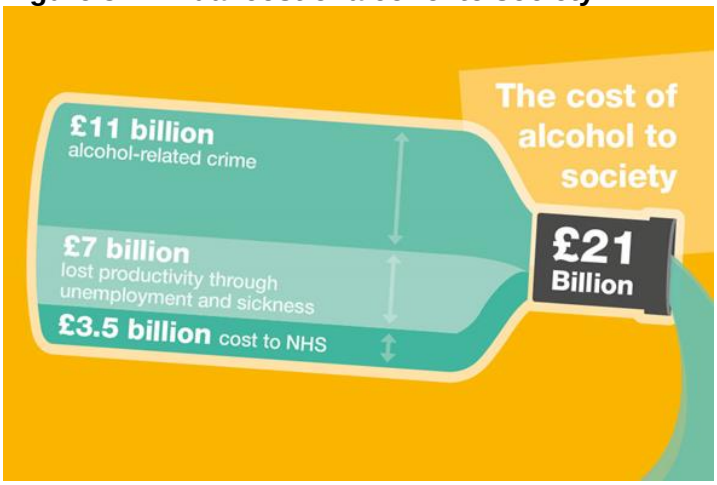
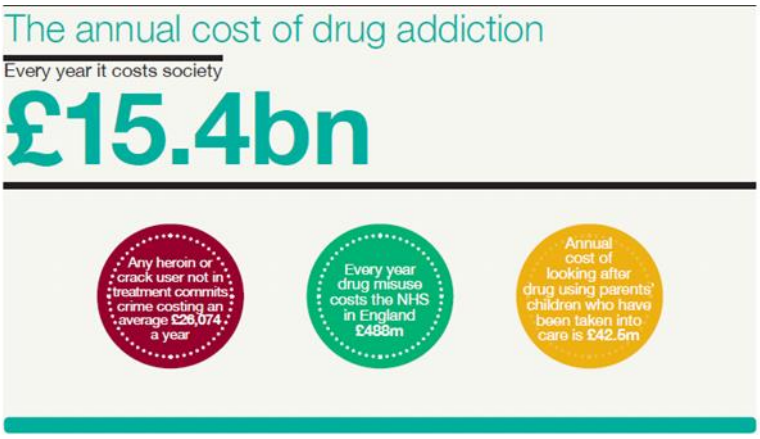


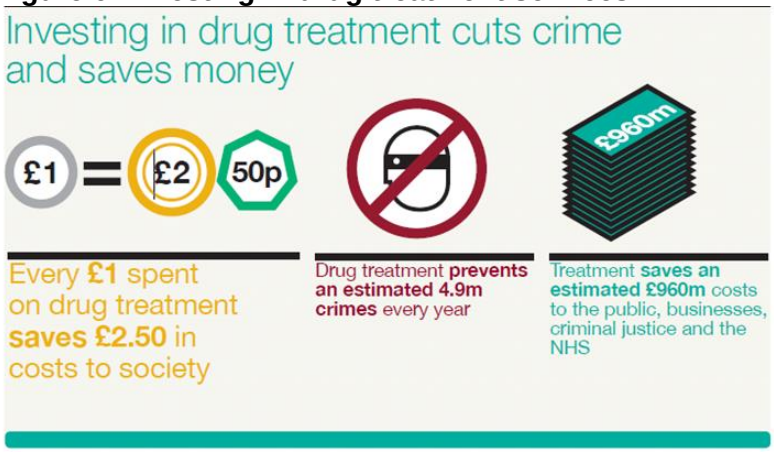
Figure 4: Annual cost of drug addiction to society



2.3 There is considerable evidence that investment in effective drug and alcohol treatment services can bring a range of benefits.

Figure 5: Investing in alcohol interventions

Figure 6: Investing in drug treatment services



2.4 Only the Cambridgeshire Adult Drug and Alcohol specialist treatment contracts are in scope for this procurement. This includes Tier 4 services. The Peterborough treatment contracts were let last year with its new integrated treatment service commencing on the 1st April 2016 and are not in scope for the tender.
Although the treatment contracts across both Peterborough and Cambridgeshire are not currently coterminous, it is envisaged that going forward break clauses in the new contract will be aligned with Peterborough's contract to provide future options for integration across both geographical areas.
The Children and Young People's Service, CASUS provided by Cambridgeshire and Peterborough Foundation Trust is also not in scope for the tender. This reflects in part that the contract end date does not align with those of the adult services but also the need to look at transformational service models that would enable increased integration with other young people's services. For example, there is evidence that the integration of young people's services for drugs and alcohol with sexual health services improves outcomes. This requires further exploration with a range of services, which will be undertaken prior to re-commissioning the Service.

2.5 The re-tendering of the Adult Drug and Alcohol treatment system in Cambridgeshire will provide the opportunity for transformational change that will more effectively address the emerging needs found in the recent Cambridgeshire Drugs and Alcohol Joint Strategic Needs Assessment and National Drugs Strategy. This includes the changing demographic of service users who have different needs, recovery, and the particular requirements of vulnerable groups. The aim is to secure evidence based, better value services, which have the following deliverables.

- An integrated specialist drug and alcohol treatment system across Cambridgeshire.
- Increased alignment and integration with related services to ensure that the complex needs (most notably poor mental and physical health, homelessness, unemployment) of service users are effectively addressed with treatment and recovery outcomes achieved.
- Robust recovery focused treatment approaches.
- A long-term condition treatment model, which decreases demand for acute treatment services and ensures that needs are appropriately addressed.
- Early intervention and harm reduction interventions.

2.6 Currently the adult drug and alcohol specialist treatment system spend in Cambridgeshire totals £5.3 million. Ongoing savings are required from the Public Health Grant, which potentially will affect the contract value. These will be identified in the business planning processes currently being undertaken.

2.7 On the 1st May 2017 the new Cambridgeshire and Peterborough Public Health Joint Commissioning Unit (JCU) was created, establishing a new joint structure across the two local authorities. The new Public Health JCU structure provides an opportunity to develop wider collaborative strategic and commissioning initiatives at the same time as creating efficiencies.
The tender will be undertaken by the Public Health JCU and overseen by organisational governance structures, which include the Cambridgeshire and Peterborough Commissioning Board. The Commissioning Board has approved the tender being taken forward and recommends that the Health Committee endorses the approach identified in this paper.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

The report above sets out the implications for this priority in paragraphs 2.2 and 2.3

3.2 Helping people live healthy and independent lives

The report sets out the implications for this priority in paragraphs 2.1 and 2.3.

3.3 Supporting and protecting vulnerable people

The report sets out the implications for this priority in paragraph 2.1.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

The report above sets out details of significant implications in **2.2, 2.3, *2.5 and 2.6***

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

The report above sets out details of significant implications in **1.3, 2.4, 2.5 and 2.7**

The proposal to undertake the procurement has been approved by the Cambridgeshire and Peterborough Joint Commissioning Board. It has not been reviewed by the Commercial Board

4.3 Statutory, Legal and Risk Implications

The report above sets out details of significant implications in **1.2**

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

- Failure to provide effective drug and alcohol treatment services will result in significant poor health and social outcomes for those affected.
- Patterns of alcohol and drug use have changed in recent years and different types of interventions and services are required if treatment and management of all associated needs are to be effective.

4.4 Equality and Diversity Implications

The report above sets out details of significant implications in **2.4 and 2.5**

4.5 Engagement and Communications Implications

The report above sets out details of significant implications in **2.4 and 2.5**

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

- An integral element of the procurement process will be the consultation with stakeholders, service users and the public. The information secured from these processes will influence the service specification and ongoing development of the services.

4.6 Localism and Local Member Involvement

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

- Members are being asked to approve the proposal to undertake a competitive tender for the adult drug and alcohol services in Cambridgeshire.

4.7 Public Health Implications

The report above sets out details of significant implications in **2.1, 2.2, 2.3, 2.4 and 2.5**

Implications	**Officer Clearance**
Have the resource implications been cleared by Finance?	Yes or No Name of Financial Officer:
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes or No Name of Officer:
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	Yes or No Name of Legal Officer:
Have the equality and diversity implications been cleared by your Service Contact?	Yes or No Name of Officer:
Have any engagement and communication implications been cleared by Communications?	Yes or No Name of Officer:

Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes or No Name of Officer:
Have any Public Health implications been cleared by Public Health	Yes or No Name of Officer:

Please include the table at the end of your report so that the Chief Executive/Executive Directors/Directors clearing the reports and the public are aware that you have cleared each implication with the relevant Team.

SOURCE DOCUMENTS GUIDANCE

It is a legal requirement for the following box to be completed by the report author.

Source Documents	Location
Cambridgeshire Drugs and Alcohol Joint Strategic Needs Assessment	*http://www.cambridgeshireinsight.org.uk/jsna*
National Drugs Strategy 2017, Home Office	https://www.gov.uk/government/publications/drug-strategy-2017

APPENDIX 2: Background Information Drug and Alcohol Treatment Services March 2018

Public Health Outcome Framework: Indicators Relating to Adult Drug and Alcohol Treatment Services

2.15i: Successful completion of drug treatment - opiate users

2.15ii - Successful completion of drug treatment - non-opiate users

2.15iii - Successful completion of alcohol treatment

2.15iv - Deaths from drug misuse

2.16 - Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison

2.18 - Admission episodes for alcohol-related conditions - narrow definition (Admissions to hospital where the primary diagnosis is an alcohol-attributable code or a secondary diagnosis is an alcohol-attributable external cause code. Directly age standardised rate per 100,000 population (standardised to the European standard population).)

Agenda Item No: 5

FINANCE AND PERFORMANCE REPORT – JANUARY 2018

To:	**Health Committee**
Meeting Date:	**15th March 2018**
From:	**Director of Public Health** **Chief Finance Officer**
Electoral division(s):	**All**
Forward Plan ref:	**Not applicable** ***Key decision:*** **No**
Purpose:	**To provide the Committee with the January 2018 Finance and Performance report for Public Health.** **The report is presented to provide the Committee with the opportunity to comment on the financial and performance position as at the end of January 2018.**
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 January 2018.**

Officer contact:		***Member contacts:***	
Name:	Martin Wade	Names:	Councillor Peter Hudson
Post:	Strategic Finance Business Partner	Post:	Chair
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 JANUARY 2018 FINANCE & PERFORMANCE REPORT

2.1 The January 2018 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 £283k has been identified across the Public Health budgets for 2017/18. This is an increase of £113k from the reported position at the end of the previous month, due to further underspends being identified against staffing budgets in the Public Health Directorate. 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 would be allocated to the ring-fenced public heath grant reserve.

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

3.0 ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

3.1.1 There are no significant implications for this priority.

3.2 Helping people live healthy and independent lives

3.2.1 There are no significant implications for this priority

3.3 Supporting and protecting vulnerable people

3.3.1 There are no significant implications for this priority

4.0 SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

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

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

4.2.1 There are no significant implications for this priority

4.3 Statutory, Legal and Risk Implications

4.3.1 There are no significant implications within this category.

4.4 Equality and Diversity Implications

4.4.1 There are no significant implications within this category.

4.5 Engagement and Communications Implications

4.5.1 There are no significant implications within this category.

4.6 Localism and Local Member Involvement

4.6.1 There are no significant implications within this category.

4.7 Public Health Implications

4.7.1 There are no significant implications within this category.

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

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

From: Martin Wade

Tel.: 01223 699733

Date: 08 Feb 2018

Public Health Directorate

Finance and Performance Report – January 2018

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
Dec (No. of indicators)	4	6	17	3	30

2. INCOME AND EXPENDITURE

2.1 Overall Position

Forecast Variance - Outturn (Dec) £000	Service	Current Budget for 2017/18 £000	Current Variance £000	Forecast Variance - Outturn (Jan) £000	Forecast Variance - Outturn (Jan) %
-46	Children Health	9,200	12	-46	-0.5%
-9	Drug & Alcohol Misuse	5,845	-30	-9	-0.2%
0	Sexual Health & Contraception	5,297	-32	0	0%
-50	Behaviour Change / Preventing Long Term Conditions	3,910	-27	-50	-1.3%
-5	General Prevention Activities	56	-7	-5	-8.9%
0	Adult Mental Health & Community Safety	263	-16	0	0%
-60	Public Health Directorate	2,149	-325	-173	-8.0%
-170	**Total Expenditure**	**26,720**	**-424**	**-283**	**-1.1%**
0	Public Health Grant	-26,041	-226	0	0%
0	s75 Agreement NHSE-HIV	-144	0	0	0%
0	Other Income	-149	43	0	0%
0	Drawdown From Reserves	0	0	0	0%
0	**Total Income**	**-26,334**	**-183**	**0**	**0%**
-170	**Net Total**	**386**	**-607**	**-283**	**-73.5%**

The service level budgetary control report for January 2018 can be found in appendix 1.

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

2.2 Significant Issues

The overall forecast underspend has increased by -£113k to -£283k.

The increase is due to a review of in-year spend on staffing budgets within the Public Health Directorate. The underspend in this area is now predicted to be -£173k. Part of this underspend, due to vacancies within the Drugs and Alcohol and Behaviour Change areas, had previously been identified. In addition, non-recurrent savings have been made by covering maternity leaves through supervised 'acting up' of senior public health specialist trainees, who are employed regionally at no cost to the Council, and further underspend has been identified against the drug and alcohol staffing area.

As previously reported, there are also forecast underspends against the following budgets:

- Children Health. £46k against the Vision Screening budget
- Behaviour Change/Preventing Long Term Conditions. £50k against the Smoking cessation and NHS Health Checks budgets.
- Small underspends have been identified in the Drug & Alcohol Misuse budget (£9k) and the General Prevention budget (£5k).

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)

The performance data reported on relates to activity in December 2017 and is compared with the previous month data which has not been reported to the Health Committee.

Sexual Health (KP1 & 2)

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

Smoking Cessation (KPI 5)

- This service is being delivered by Everyone Health as part of the wider Lifestyle Service. Performance indicators for people setting and achieving a four week quit remain at Amber as compared to November's data but there is an improvement in direction of travel.

National Child Measurement Programme (KPI 14 & 15)

- The new measurement programme for 2017/18 has commenced in September 2017. Measurements are undertaken during the school term.
- Performance remains at the same level as last month and is currently good.

NHS Health Checks (KPI 3 & 4)

- The data presented for the NHS Health Checks remains the same as last month (November) with both indicators at red. However the number of outreach health checks indicator is reporting an upward movement.

Lifestyle Services (KPI 5, 16-30)

- There are now 15 Lifestyle Service indicators reported, the overall performance is very good and shows 12 green, 3 amber and no red indicators. Direction of travel from the previous month is mixed with 6 indicators moving up.
- There are three new key performance indicators for Falls Prevention which have been introduced last month (November's data) as a result in changes to the system-wide programme. All indicators are green.

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

- Health Visiting and School Nursing data is reported on quarterly and the data provided reflects the Quarter 3 period for 2017/18 (Oct-Dec).
- The new Quarter 3 data shows 1 green, 3 amber and 2 red indicators.
- The breastfeeding prevalence rate continues to decline and explanations are detailed in the commentary.
- The proportion of Health Visitor antenatal contacts continues to fall below the 50% target, again the commentary provides further explanations.
- Performance on Health Visitor mandated checks is falling below the locally set target but there is an upward trend in the indicators for checks at 6-8 weeks and 2-2 ½ year review.
- More detailed explanations and analysis is provided in the commentary.

4.2 Health Committee Priorities

Priorities identified on 7 September 2017 are as follows:

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

4.3 Health Scrutiny Indicators

Priorities identified on 7 September 2017 are as follows

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

The Health Committee has requested routine monthly data reports on the “Fit for the Future” programme circulated prior to meetings, these are being received sporadically. The remaining scrutiny priorities around communications and engagement and Primary Care Developments requires further consideration from the committee on reporting requirements.

5.0 Public Health MOU

Information pertaining to Q3 updates on the MOU plus the summary can be found in Appendix 7.

APPENDIX 1 – Public Health Directorate Budgetary Control Report

Forecast Variance Outturn (Dec) £'000	Service	Current Budget for 2017/18 £'000	Expected to end of Jan £'000	Actual to end of Jan £'000	Current Variance £'000	Current Variance %	Forecast Variance Outturn (Jan) £'000	Forecast Variance Outturn (Jan) %
	Children Health							
0	Children 0-5 PH Programme	7,253	6,044	6,044	0	0.00%	0	0.00%
-46	Children 5-19 PH Programme - Non Prescribed	1,707	1,446	1,453	7	0.47%	-46	-2.68%
0	Children Mental Health	240	240	246	6	2.36%	0	0.00%
-46	**Children Health Total**	**9,200**	**7,731**	**7,743**	**12**	**0.16%**	**-46**	**-0.50%**
	Drugs & Alcohol							
0	Drug & Alcohol Misuse	5,845	5,314	5,284	-30	-0.56%	-9	-0.16%
0	**Drugs & Alcohol Total**	**5,845**	**5,314**	**5,284**	**-30**	**-0.56%**	**-9**	**-0.16%**
	Sexual Health & Contraception							
0	SH STI testing & treatment – Prescribed	3,975	2,653	2,652	-1	-0.05%	0	0.00%
0	SH Contraception - Prescribed	1,170	551	520	-31	-5.68%	0	0.00%
0	SH Services Advice Prevn Promtn - Non-Presribed	152	101	102	1	0.63%	0	0.00%
0	**Sexual Health & Contraception Total**	**5,297**	**3,305**	**3,273**	**-32**	**-0.97%**	**0**	**0.00%**
	Behaviour Change / Preventing Long Term Conditions							
0	Integrated Lifestyle Services	2,006	1,483	1,497	14	0.94%	0	0.00%
0	Other Health Improvement	279	358	357	-0	-0.13%	0	0.00%
-30	Smoking Cessation GP & Pharmacy	828	292	263	-29	-9.94%	-30	-3.62%
0	Falls Prevention	80	68	70	2	2.94%	0	0.00%
-20	NHS Health Checks Prog – Prescribed	716	426	412	-14	-3.21%	-20	-2.79%
-50	**Behaviour Change / Preventing Long Term Conditions Total**	**3,910**	**2,627**	**2,600**	**-27**	**-1.04%**	**-50**	**-1.28%**
	General Prevention Activities							
0	General Prevention, Traveller Health	56	37	30	-7	-18.35%	-5	-8.89%
0	**General Prevention Activities Total**	**56**	**37**	**30**	**-7**	**-18.35%**	**-5**	**-8.89%**
	Adult Mental Health & Community Safety							
0	Adult Mental Health & Community Safety	263	141	126	-16	-11.01%	0	0.00%
0	**Adult Mental Health & Community Safety Total**	**263**	**141**	**126**	**-16**	**-11.01%**	**0**	**0.00%**

Forecast Variance Outturn (Dec) £'000	Service	Current Budget for 2017/18 £'000	Expected to end of Jan £'000	Actual to end of Jan £'000	Current Variance £'000	Current Variance %	Forecast Variance Outturn (Jan) *£'000*	Forecast Variance Outturn (Jan)
	Public Health Directorate							
0	Children Health	315	274	236	-38	-13.94%	0	0.00%
-25	Drugs & Alcohol	265	231	171	-60	-25.88%	-138	-52.08%
0	Sexual Health & Contraception	189	165	157	-8	-4.58%	0	0.00%
-35	Behaviour Change	723	629	455	-174	-27.71%	-35	-4.84%
0	General Prevention	152	132	124	-8	-6.30%	0	0.00%
0	Adult Mental Health	43	37	34	-3	-9.18%	0	0.00%
0	Health Protection	140	122	115	-7	-5.65%	0	0.00%
0	Analysts	322	280	254	-26	-9.39%	0	0.00%
-60		**2,149**	**1,871**	**1,546**	**-325**	**-17.38%**	**-173**	**-8.07%**
-156	**Total Expenditure before Carry forward**	**26,720**	**21,026**	**20,602**	**-424**	**-2.02%**	**-283**	**-1.06%**
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	-26,041	-26,267	-226	-0.87%	**0**	0.00%
0	S75 Agreement NHSE HIV	-144	-144	-144	0	0.00%	**0**	0.00%
0	Other Income	-149	-126	-83	43	34.13%	**0**	0.00%
	Drawdown From Reserves	0	0	0	0	0.00%	**0**	0.00%
0	**Income Total**	**-26,334**	**-26,311**	**-26,494**	**-183**	**-0.70%**	**0**	**0.00%**
-156	**Net Total**	**386**	**-5,285**	**-5,892**	**-607**	**-11.49%**	**-283**	**-73.48%**

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	%
Public Health Directorate	**2,149**	**-325**	**-17.4**	**-173**	**-8.1**
An underspend is expect on staffing within the Public Health Directorate. This is partly due to vacancies within the Drugs and Alcohol and Behaviour Change areas. In addition, non-recurrent savings have been made by covering maternity leaves through supervised 'acting up' of senior public health specialist trainees, who are employed regionally at no cost to the Council					

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

Awarding Body : DofH

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

APPENDIX 4 – Virements and Budget Reconciliation

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

APPENDIX 5 – Reserve Schedule

Fund Description	Balance at 31 March 2017	2017/18		Forecast Closing Balance	Notes
		Movements in 2017/18	Balance at 31 Jan 2018		
	£'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	355	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**	**1,417**	
TOTAL	**2,960**	**0**	**2,960**	**2,457**	

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

Fund Description	Balance at 31 March 2017	2017/18		Forecast Closing Balance	Notes
		Movements in 2017/18	Balance at 31 Jan 2018		
	£'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 December 2017 can be seen within the tables below:

	Measures											
KPI no.	Measure	Period data relates to	Y/E Target 2017/18	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous period actual	Current period target	Current period actual	Direction of travel (from previous period)	Comments
1	GUM Access - offered appointments within 2 working days	Dec-17	98%	98%	99%	99%	G	100%	98%	99%	↓	
2	GUM ACCESS - % seen within 48 hours (% of those offered an appointment)	Dec-17	80%	80%	93%	93%	G	89%	80%	93%	↑	
3	Number of Health Checks completed	Q3 Oct - Dec 17	18,000	13,500	11,030	82%	R	87%	4500	74%	↓	The comprehensive Improvement Programme is continuing this year. The introduction of the new software into practices has commenced which is increasing the accuracy of the number of invitations that are sent out for NHS Health Checks. Issues with the practice data templates have now been resolved and the data quality has improved with corresponding improvement in the Programme outputs.However the full benefits cannot be realised as the NHS has made a major change to its IT connectors, so the Health Checks software cannot be fully utilized until changes have been made in the bespoke server for the programme. However performance is better than it was at this last year.
4	Number of outreach health checks carried out	Dec-17	2,000	1240	794	64%	R	43%	100	76%	↑	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. Mean while Job Centre Plus offices have expressed a wish to have sessions for their staff and those claiming benefits. In addition sessions in community centres in areas that have high risk populations are booked. A mobile service is being considered.
5	Smoking Cessation - four week quitters	Nov-17	2278	1225	1163	95%	A	64%	155	97%	↑	• The most recent Public Health Outcomes Framework figures (June 2017 data for 2016) suggest the prevalence of smoking in Cambridgeshire remains at a level statistically similar to the England average (15.2% v. 15.5%). Rates remain higher in Fenland (21.6%) than the Cambridgeshire and England figure • There is an ongoing programme to improve performance that includes targeting routine and manual workers (rates are known to be higher in these groups) and the Fenland area. It should be noted that performance is similar to where it was at this time in 2016/17

KPI no.	Measure	Period data relates to	Y/E Target 2017/18	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous period actual	Current period target	Current period actual	Direction of travel (from previous period)	Comments
6	Percentage of infants being breastfed (fully or partially) at 6 - 8 weeks	Q3 Oct-Dec 17	56%	56%	53%	53%	A	55%	56%	49%	↓	The 2017/18 target for breastfeeding has been established as 56%. This quarter the breastfeeding prevelance rate has continued to decline, dropping below the 10% tolerance of the target position and will need to be monitored to ensure this downward trend does not continue. However, in comparison to the national picture breastfeeding prevalence rates in Cambridgeshire continues to exceed the national average of 45%.
7	Health visiting mandated check - Percentage of first face-to-face antenatal contact with a HV at >28 weeks	Q3 Oct-Dec 17	50%	50%	26%	26%	R	29%	50%	22%	↓	The proportion of antenatal contacts continues to fall below the 50% target. Performance data (%) for antenatal contacts is not available nationally due to difficulties with getting the relevant denominator and only numbers are reported nationally; if this was reported then 340 visits will have been completed in Q3, further 29 were not wanted and 31 appointments were made but not attended. 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 processes are being put in place to improve notifications.
8	Health visiting mandated check - Percentage of births that receive a face to face New Birth Visit (NBV) within 14 days, by a health visitor	Q3 Oct-Dec 17	90%	90%	95%	95%	G	94%	90%	94%	↔	The number of New Birth Visits completed within 14 days of birth continues exceed the 90% target. This is better than the national performance which was 88% for 2016/17.
9	Health visiting mandated check - Percentage of children who received a 6 - 8 week review	Q3 Oct-Dec 17	90%	90%	89%	89%	A	85%	90%	88%	↑	The proportion of 6-8 week development checks completed within 8 weeks has increased this quarter, in comparison to Q2 reporting, although it continues to fall below the local target set at 90%. Processes have been put in place to improve this further in order to meet the local target which is above the national. National performance was 82.5% in 2016/17.
10	Health visiting mandated check - Percentage of children who received a 12 month review by 15 months	Q3 Oct-Dec 17	100%	95%	85%	85%	R	87%	95%	81%	↓	This figure is below the set target and has decreased further against last quarter's performance. If we take into account exception reporting (Not Wanted/Did Not Attend) the figure for Q2 increases to 91%, which compared to 96% in Q2 is still a decline, although falling just above target. This will need to be monitored closely to ensure the downward trend does not continue. A separte briefing is provided with detailed analysis of this. National performance was 82.4% in 2016/17.
11	Health visiting mandated check - Percentage of children who received a 2 -2.5 year review	Q3 Oct-Dec 17	90%	90%	80%	80%	A	78%	90%	80%	↑	The number of 2-2.5 year reviews being completed continues to fall below the set target. However if exception reporting is accounted for, the figure for Q3 increases to 94% which is above the set target established for this year. This quarter there were 141 families not wanting the check, 99 children where an appointment was made but the family did not attend and 106 instances where this was not recorded. A separate briefing is provided on this target. The National performance for 2016/17 was 77.6%.
12	School nursing - Number of young people seen for behavioural interventions - smoking, sexual health advice, weight management or substance misuse	Q3 Oct-Dec 17	N/A	N/A	226	N/A	N/A	33	N/A	81	↑	The School Nursing service has introduced a duty desk 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; this figure is only representative for those seen in clinics. There was a significant reduction in the number of pupils being seen last quarter due to the school summer break when no clinic based appointments are run, however this has since increased. The main reason pupils are being seen for, after mental health issues, are sexual health; 69% of appointments in this indicator were for sexual health related matters.
13	School nursing - number of young people seen for mental health & wellbeing concerns	Q3 Oct-Dec 17	N/A	N/A	1996	N/A	N/A	411	N/A	666	↑	The School Nursing service has introduced a duty desk to offer a more efficient and accessible service - reconfiguration on how this activity is reported on is underway and a clearer picture will be available in Q4. As such, these 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 number of young people being seen for emotional health and wellbeing issues, moving forward this may decline due to the introduction of Chathealth which is a text messaging service and the recently launched Emmotional Wellbeing and Mental Health service (CHUMS).

KPI no.	Measure	Period data relates to	Y/E Target 2017/18	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous period actual	Current period target	Current period actual	Direction of travel (from previous period)	Comments
14	Childhood Obesity (School year) - 90% coverage of children in year 6 by final submission (EOY)	Dec-17	90%	90.0%	300.0%	300.0%	G	163%	90.0%	300.0%	↑	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 September.
15	Childhood Obesity (School year) - 90% coverage of children in reception by final submission (EOY)	Dec-17	90%	90.0%	300.0%	300%	G	163%	90.0%	300.0%	↑	
16	Overall referrals to the service	Dec-17	5100	3162	4756	150%	G	161%	255	249%	↑	
17	Personal Health Trainer Service - number of Personal Health Plans produced (PHPs) **(Pre-existing GP based service)**	Dec-17	1517	941	947	101%	G	48%	76	26%	↓	
18	Personal Health Trainer Service - Personal Health Plans completed **(Pre-existing GP based service)**	Dec-17	1138	706	727	103%	G	156%	57	68%	↓	
19	Number of physical activity groups held **(Pre-existing GP based service)**	Dec-17	664	412	430	104%	G	172%	33	52%	↓	
20	Number of healthy eating groups held **(Pre-existing GP based service)**	Dec-17	450	279	281	101%	G	47%	23	22%	↓	
21	Personal Health Trainer Service - number of PHPs produced (Extended Service)	Dec-17	723	448	592	132%	G	102%	36	72%	↓	
22	Personal Health Trainer Service - Personal Health Plans completed (Extended Service)	Dec-17	542	336	464	136%	G	189%	27	189%	↔	
23	Number of physical activity groups held (Extended Service)	Dec-17	830	515	542	105%	G	25%	42	31%	↑	
24	Number of healthy eating groups held (Extended Service)	Dec-17	830	515	550	107%	G	109%	42	124%	↑	
25	Proportion of Tier 2 clients completing the intervention who have achieved 5% weight loss.	Dec-17	30%	30%	24.0%	80.0%	A	24%	30%	24%	↔	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. The movement however is upwards.

KPI no.	Measure	Period data relates to	Y/E Target 2017/18	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous period actual	Current period target	Current period actual	Direction of travel (from previous period)	Comments
26	Proportion of Tier 3 clients completing the course who have achieved 10% weight loss	Dec-17	60%	60%	57.0%	95.0%	A	64.0%	60%	80.0%	↑	It is difficult to make any robust observations about the % achieving the 10% weight loss from such small numbers, however the movement is upwards.
27	% of children recruited who complete the weight management programme and maintain or reduce their BMI Z score by agreed amounts	Dec-17	80%	80%	100%	125%	**N/A**	n/a	N/A	N/A	↔	No courses completed during this period. First course will be completed at the end of December 2017
28	Number of referrals received for multi factorial risk assessment for Falls Prevention	Dec-17	386	239	313	131%	G	166%	19	184%	↑	Changes in the wider system wide Falls Programme provided the opportunity to revise the KPIs and what is reported
29	Number of Multi Factorial Risk Assessments Completed - Falls Prevention	Dec-17	164	102	139	197%	G	46%	8	325%	↑	
30	Number clients completing their PHP - Falls Prevention	Dec-17	209	130	190	147%	G	25	10	20	↓	

* All figures received in January 2018 relate to December 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.

APPENDIX 7 : PUBLIC HEALTH MOU 2017-18 UPDATE FOR Q3

Directorate	Service	Allocated	Q3 Update
P&C	**Chronically Excluded Adults (MEAM)**	£68k	CEA caseload update: Referrals: 17 Accepted: 4 Closed: 2 Active: 28 (at end of quarter) 21 positively engaged in treatment and support including drug and alcohol treatment, mental health support, probation, physical health issues.
P&C	**Education Wellbeing/PSHE KickAsh**	£15k	10 secondary schools recruited and participating in the Kick Ash Programme for 2017-2018. Training programme for mentors completed. Primary programme planned for partner primary schools and currently being delivered across schools. Whole school collaborative event planned for all Kick Ash mentors for April 2018.
P&C	**Children's Centres**	£170k	No update available.
P&C	**CAMH Trainer**	£51k	The CAMH trainers are employed by CPFT and deliver specialist mental health training for a range of roles working with children and young people. Training specifically tailored to the needs of schools is also provided with a 1 day Youth Mental health Awareness course. They also provided a whole school briefing; setting the foundations for further engagement in training. £20,000 is being removed from this contract annually to go into a broader children's mental health service contract. It will fund mental health literacy work in schools. This contract came into effect on 1st January 2018 and has been awarded to CHUMS. Therefore the school briefings work is being reduced and the service offer is being altered to complement the new landscape. Between 1/4/17-17/10/17 there was delivery of: • Whole School Briefing (1 hour sessions) – delivered to 3 schools • Schools Workshops (follow-up to Whole School Briefing) – 2 schools • 'Be Confident' Seminar delivered • Youth Mental Health Awareness – 4 courses • Continued delivery of the Foundation Course for cohorts 14 and 15 (11 days across the 2 courses) • CPD day delivered • Resilience training – 3 courses • Youth Mental Health First Aid – 1 course.
P & C	**Strengthening Communities Service - KickAsh**	£23k	**October** **Training** was delivered to: • **20 mentors** at Cromwell Community College. • **18 mentors** at Sawtry Village College. • **12 mentors** at Cottenham Village College. The Trading Standards **Safety Zone** workshop was delivered to **over 500** year 5 pupils during the week 9th – 13th October at **Ely Fire Station**. **November** **Meetings** took place with new mentors at Longsands, Cottenham and Sawtry Colleges to discuss the year ahead and plan the work to be delivered including working with businesses and testing their compliance.

			Took part in a discussion with Bottisham Village College to plan a Christmas awareness display for the school show. The Trading Standards **Safety Zone** workshop was delivered to **over 220** year 5 pupils over 2.5 days at **Ramsey Fire Station**. **December** **Business visits** took place with **8 participating mentors** from Cromwell Community College. **7 shops** were visited in total – each receiving information about the Kick Ash project from the mentors, compliance with legislation and a Challenge 25 training pack to help the business comply with the age restriction applicable to tobacco products and NIPs
P & C	**Strengthening Communities Service**	£10k	• Providing regular support to the Area Champion for Fenland,. • Wisbech 2020: SCS Manager co-lead on the priority to 'secure resource to work within the community to develop new capacity', developing action plan and delivering to that. • Facilitating discussions between Support Cambridgeshire and the training provider for the CLG fully funded accredited training for public sector officers • Managing the Support Cambridgeshire contract • Regular meetings/sharing of information by the SCS 'Fenland Community Place Team', • Time Credit networks in Chatteris, March and Wisbech continue with support from officers in SCS. • Community Protection officers have been giving advice and support to four Fenland residents who were referred to the team as a result of investigations by the National Scams Team. Encouraging increased physical activity, health and wellbeing continues through • The Fenland Trails, promoting long distance walking routes within Wisbech, Wimblington, Chatteris and March. • Rings End Nature Intervention, with Friends of Rings end working with volunteers and developing their own nature intervention for health and wellbeing. • Wisbech Footpaths Volunteer Group, improved right of way network to encourage more people being physically active. • Table Tennis and sports sessions for young people and families with additional needs being provided in Wisbech. • Support for young people and families continues through • Weekly youth club run by volunteers in Gorefield and supported by Youth and Community coordinators. • Paws for Wellbeing: supporting animal assisted therapies for young people from a wellbeing centre in a primary school. • Library activities and Arts Alive/Library Presents performances in Fenland Libraries. Community resilience development • Rima Ladies and Families • Strengthening workforce in museums • Viva Communities and Families, play sessions for families
P&C	**Contribution to Anti-Bullying**	£7k	This is a nominal amount and is part of a large budget, it is therefore difficult to pull out exactly what the £7k covers, and difficult to apportion amounts. This will be spent in total.
			SUB TOTAL : P&C Q3
ETE	**Active Travel (overcoming safety barriers)**	£55k	A total of 93 schools are now using Modeshift STARS for school travel planning 48 schools achieved bronze accreditation for their Modeshift STARS travel plans in July, 1 school has achieved silver and 2 Gold. The next submission date is January. Walk to School Month activity was delivered in October. Barnabas Oley school won School of the East of England and have therefore been put forward for the School of the Nation Award to be announced in the Spring
ETE	**Explore**	£30k	Adverts for students in Student Pocket Guide to promote safe cycling.

	additional interventions for cyclist/ pedestrian safety		Be bright be seen campaign was delivered in October/November for school pupils and in wider media.
ETE	**Road Safety**	£20k	There are now 26 schools on the JTA scheme and 15 on the waiting list. There are now 144 JTAs and the new ones have been trained by the Road Safety Officer and are undertaking activity in their schools. Many took part in a competition to write a song or poem to encourage being seen as the clocks changed.
ETE	**Illicit Tobacco**	£15k	• Following warrants executed in February and further warrants and visits in late March, investigation work has continued. Pace interviews conducted and cases prepared for court. Proving ownership of a number of businesses is particularly problematical. • Financial investigations ongoing • Intelligence work ongoing • Two alcohol licence review hearings. One licence revoked and one suspended for 6 weeks. Neither decision appealed. • First court hearing for one seller of illicit • Liaison with Norfolk TS with regard to addresses in Kings Lynn and Gt Yarmouth which are linked to Cambridgeshire sellers
			SUB TOTAL : ETE Q3
C&CS	**Research**	£22k	• Development of Cambridgeshire Insight to ensure sound and future-proofed platform for publishing JSNAs and other PHI data aligned with other datasets about the county • Production of population forecasts • New development surveys to support robust population forecasting methodology
C&CS	**Transformation Team Support**	£27k	**Business Planning** The Transformation Team continues to lead the Council's Business Planning Process, ensuring that the Business Planning process sufficiently aligns with the work of the Public Health directorate, and supporting Public Health colleagues to engage with the Business Planning process **Business Transformation** The Transformation Team continued to provide project management support and advice to Public Health; as well as operating a range of projects that include public health representation **Links between Public Health, STP and Devolution** • The Transformation Team continue to engage and support the development of STP work led by Public Health, including the Ageing Well programme. • Devolution work also continues, and the Transformation team will be involved in work on future devolution deals including the potential inclusion of public health activity.
C&CS	**Communications**	£25k	Working on a range of campaigns including health checks, Stay Well Dry January, Stoptober, Be Well launch etc Development work also took place on the Be Well website We also supported PH on reactive comms (e.g. smoking and pregnancy etc)
C&CS	**Strategic Advice**	£22k	Leading the corporate Health, Safety and Wellbeing Board to ensure that Public Health, & its role in supporting for staff wellbeing, is given greater focus
C&CS	**Emergency Planning Support**	£5k	Close working with the Health Emergency Planning Officer (HEPRO) across a range of tasks • Provision of emergency planning support when the HEPRO is not available, including issuing of cold weather updates • Provision of out of hours support to ensure that the DPH is kept up to date with any incidents that may occur and have relevance to Public health • On-going support across all areas of resilience preparation
C&CS	**LGSS Managed Overheads**	£100k	This continues to be supported on an ongoing basis, including: • Provision of IT equipment • Office Accommodation • Telephony • Members allowances

			SUB TOTAL : CS&T Q3
LGSS	**Overheads associated with PH function**	£220k	This covers the Public Health contribution towards all of the fixed overhead costs. The total amount of £220k contains £65k of specific allocations as follows: Finance £20k HR £25k IT £20k The remaining £155k is a general contribution to LGSS overhead costs
			SUB TOTAL : LGSS Q3

SUMMARY

Directorate	YTD (Q3) expected spend	YTD (Q3) actual spend	Variance
P&C	£273,000	£272,171.90	£828.10
ETE	£90,000	£91,329	£1,329
CS&T	£150,750	£150,750	0
LGSS	£165,000	£165,000	0
TOTAL Q3	**£678,750**	**£679,250.9**	**-£500.90**

- ETE are showing an overspend of £1,329 at the end of Q3 against Illicit tobacco. We are assured that there will be no overspend at the end of Q4 and this will come in on target.

Agenda Item No: 6

NHS ENGLAND DENTISTRY

To:	**Health Committee**
Meeting Date:	**15th March 2018**
From:	**Democratic Services**
Electoral division(s):	***All***
Forward Plan ref:	*Key decision:*
	N/A **No**
Purpose:	**To update Members regarding the provision of NHS dentistry in Cambridgeshire with particular reference to new developments and growth areas within the county.**
Recommendation:	**The Committee is requested to note the presentation and responses to questions by representatives of NHS England**

	Officer contact:		***Member contacts:***
Name:	Daniel Snowdon	Names:	Councillor Peter Hudson
Post:	Democratic Services Officer	Post:	Chair
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Source Documents	Location
None	

Agenda Item No: 7

NHS QUALITY ACCOUNTS – ESTABLISHING A PROCESS FOR RESPONDING TO 2017-18 REQUESTS

To:	**HEALTH COMMITTEE**
Meeting Date:	**16th March 2018**
From	**The Monitoring Officer**
Electoral division(s):	**All**
Forward Plan ref:	**Not applicable**
Purpose:	**For the Committee, as part of its Health Scrutiny function, to agree the process to respond to statements on the Quality Accounts provided by NHS Provider Trusts.**
Recommendation:	**The Health Committee is asked to note the requirement for NHS Provider Trusts to request comment from Health Scrutiny committees and**

a) To consider if the committee wishes to respond to Quality Accounts and if so prioritise which Quality Accounts the Committee will respond to.

b) Establish and appoint to a Member Task and Finish Group that will provide feedback on the Quality Accounts.

c) Delegate approval of the responses to the Quality Accounts to the Head of Public Health Business Programmes and Democratic Service acting in consultation with the views of members of the Committee appointed to the Task and Finish Group.

	Officer contact:	***Member contact:***
Name:	Kate Parker	Cllr Peter Hudson
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1. BACKGROUND

1.1 NHS Healthcare providers are required under the Health Act 2009 to produce an annual Quality Account report. A Quality Account is a report about the quality of services by an NHS healthcare provider.

1.2 Quality Accounts are an important way for local NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders. The quality of the services is measured by looking at patient safety, the effectiveness of treatments that patients receive, and patient feedback about the care provided.

1.3 This paper outlines the proposed response to the Quality Accounts received by the Health Committee and the internal deadlines to respond to the NHS Trusts.

2. MAIN ISSUES

2.1 It is a requirement for NHS Healthcare providers to send to the Health Committee in its Overview and Scrutiny function a copy of their Quality Account for information and comment. Statements received from Healthwatch and Health Overview and Scrutiny Committees must be included in the published version.

2.2 NHS Healthcare providers are required to submit their final Quality Account to the Secretary of State by 30th June each year. For foundation trusts the Quality Accounts are required to be submitted to NHS Improvement by 31st May for audit purposes. However each provider will have internal deadlines for receipt of any comments from relevant statutory consultees.

2.3 As discussed at the Health Committee meeting in previous years, the timing of the Quality Account deadlines puts the Committee in a difficult position to provide an adequate response. Often NHS Trusts are unable to send copies of their draft Quality Accounts until mid to end of April, resulting in a short timescale for the committee members to formally agree a response. There is no statutory requirement for the Health Committee to respond to the Quality Accounts.

3. PROCESS FOR RESPONDING TO NHS QUALITY ACCOUNTS

3.1 Under the committee system of governance, it is not possible to delegate decisions to individual elected members or groups of members, but scrutiny regulations require that scrutiny be carried out by elected members and not delegated to officers.

3.2 Due to these time constraints previous responses have been limited to details of where the Trust has attended the Health Committee for the purposes of health scrutiny. Any recommendations made by the committee have been submitted within the statement. Feedback received from the Trusts over the last two years has noted that they have expected more of a reflection and comment on the content of the Quality Account rather than an overview of scrutiny actions.

3.3 This year the scheduling of the committee meeting does allow for members to discuss the responses at the Committee meeting on 16th May 2018. However section 4 outlines the expected deadlines from Trusts may require responses to be submitted prior to the committee meeting. In the past Trusts have refused to publish "draft" statements that have not been endorsed by the committee.

3.4 The committee is asked to prioritise which Quality Accounts should be responded to and to consider the feedback from the Trusts (See 3.2) in regards to an appropriate response.

3.5 It is suggested that the committee follows the procedures agreed last year and delegates approval of the responses to the Quality Accounts to the Head of Public Health Business Programmes, acting in consultation with, and in accordance with the views of the Committee. Further consideration needs to be given on how the views of committee members are received.

4.0 EXPECTED DEADLINES FOR RECEIPT OF QUALITY ACCOUNTS

4.1 In order to prioritise and prepare for responding to NHS Quality Accounts, Table 1 provides details of the timescales worked on in 2016 and 2017 to respond to Quality Accounts which vary for each trust and can be very tight.

Table 1: Quality Account Timeline

Organisation	Statutory Submission date for the Trust	Timescales for responding to Quality Accounts for 2015/16	Timescales for responding to Quality Accounts for 2016/17
Cambridge University Hospital Foundation Trust (CUHFT)	**Submission and publication with NHS Improvement on June 30th 2018.**	Received on 15th April 2016. Response requested 12th May 2016. Response sent 12th May 2016	Received 3rd April 2017 Response requested 13th April 2017 **Negotiated and response sent 24th April 2017**

	Completion for audit 31st May 2018		**Update for 2017/18** Notification that QA will be received by 3rd April with a response for 13th April 2018. This has been negotiated for the end of April 2018
Peterborough & Stamford Hospital Foundation Trust (PSHFT)	**As Above**	Received on 21st April 2016. Response requested 4th May 2016 Response sent 12th May 2016	Received 21st April 2017 with an invitation to attend external stakeholder meeting on 4th May 2017 to discuss opinions and comments Response requested by 3rd May 2017 **No response provided** as members considered PSHFT covered by PCC. For 2018 PHSFT will be replaced with NWAFT
Cambridgeshire & Peterborough Foundation Trust	**As Above**	Received on 27th April 2016 Response sent but was not published as it was noted by the Trust that they received a draft response.	Received on 10th May vs 1 Received on 16th May vs 2 **Response sent 19th May 2017.** Request from the Trust to present the Quality Account to members as concern that statement does not reflect the content of the report
Queen Elizabeth Hospital Kings Lynn (NHS Foundation Trust)	**As Above**	Previously received on 7th May 2016. Response requested 12th May 2016.	No Quality Account Received for 206/17 We have not had any scrutiny involvement

		Response sent 12th May 2016. CCC is not the local scrutiny committee for QE. The Quality Account was received	with QE Trust in 2016/17 **No Response sent**
Papworth Hospital (NHS Foundation Trust)	**As Above**	Received on 18th April 2016. Response requested 13th May 2016.	Received on 18th April 2017. Final responses required for 19th May **No Response sent**
Hinchingbrooke Health Care NHS Trust	**Non Foundation Trust 30th June 2017**	Previously received on 3rd May 2016. Response requested 15th May 2016.	Received 27th April 2017 **Response sent 26th May 2017** Hinchingbrooke Hospital now comes under North West Anglia Foundation Trust (NWAFT)
Cambridgeshire Community Services	**Non Foundation Trust 30th June 2017**	Previously received on 29th April 2016. Response requested by 30th June 2016. Members may wish to consider if they wish to respond. We have not had any direct scrutiny involvement with CCS in 2016/17	

SIGNIFICANT IMPLICATIONS

5.1 Resource Implications

Officer time in preparing a paper for the Committee.

5.2 Statutory, Risk and Legal Implications

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

5.3 Equality and Diversity Implications

There may be equality and diversity issues to be considered in relation to the quality accounts.

5.4 Engagement and Consultation Implications

There may be engagement and consultation issues to be considered in relation to the quality accounts.

5.5 Localism and Local Member Involvement

There may be relevant local issues in relation to the quality accounts.

5.6 Public Health Implications

The quality of services at local healthcare providers will impact on public health

Source Documents	Location
NHS Choices information on Quality Accounts	http://www.nhs.uk/aboutNHSChoices/professionals/healthandcareprofessionals/quality-accounts/Pages/about-quality-accounts.aspx
Reports to and minutes of Health Committee	https://cmis.cambridgeshire.gov.uk/ccc_live/Committees/tabid/62/ctl/ViewCMIS_CommitteeDetails/mid/381/id/6/Default.aspx

Agenda Item No: 8

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

To:	**Health Committee**
Meeting Date:	**15 March 2018**
From:	**Cambridgeshire and Peterborough Clinical Commissioning Group**
Electoral division(s):	**All**
Forward Plan ref:	**N/A** *Key decision:* **N/A**
Purpose:	**This report outlines current CAMHS provision in Cambridgeshire, recent developments, and areas of continued challenge**
Recommendation:	**The Health Committee is asked to note the report**

	Officer contact:
Name:	**Lee Miller**
Post:	Head of Transformation and Commissioning (Children and Maternity) Cambridgeshire and Peterborough CCG
Email:	Lee.miller@nhs.net

1. BACKGROUND

1.1 Child and Adolescent Mental Health Services (CAMHS) have come under increasing national and local attention in recent years. In 2015, the national review 'Future in Mind' was published and a programme of development and investment was announced by NHS England to improve local services.

1.2 As a result, the Cambridgeshire and Peterborough Joint Commissioning Unit for Children and Young People has led on this transformation programme, part of which requires the Clinical Commissioning Group (CCG) to publish its annual CAMHS Local Transformation Plan. The latest version can be found via the following link: www.cambridgeshireandpeterboroughccg.nhs.uk/your-health-and-services/children-and-young-people/

Key targets set by NHS England:

1. **At least 35% of children and young people with a diagnosable mental health condition receive treatment from an NHS-funded community mental health service by 2020/21.**
   This target reflects the relatively small proportion of children and young people who receive an NHS funded service and the large percentage (65%) who will still not receive NHS treatment post 2021.
   However, it also reflects the fact that NHS funded services are not appropriate for all children and young people and a broad range of support services are required.
   Cambridgeshire and Peterborough CCG's baseline for 2016-17 against this target was 13%, indicating a significant improvement was required. A considerable amount of work has taken place with providers to improve efficiency as well as an increase of £2.4m of CAMHS transformation funding per year which is invested in local services.

   Projections for 2017-18 indicate that Cambridgeshire and Peterborough CCG will achieve an end of year total of 26% against the target.

   The local trajectory requires us to achieve 32% in 2019-20 and 35% in 2020-21

2. **Children and young people with an eating disorder receiving treatment within four weeks (routine) and one week (urgent)**

   Specific funding has been allocated to develop a specialist service locally and the service has been in place since January 2017.

2. MAIN ISSUES

2.1 The key developments over the past few years

For the past two years, commissioning for Children and Young People's Emotional Health and Wellbeing has been the responsibility of the Joint Commissioning Unit covering Peterborough City Council, Cambridgeshire County Council, and Cambridgeshire and Peterborough CCG and led by Wendi Ogle-Welbourn. This has meant that the three organisations have been able to use their resources flexibly to meet the needs of children and young people.

The key principles underpinning recent work are:

- Integration of NHS and local authority services
- Shift of resource from specialist to early intervention
- Increase in numbers accessing services
- Effective use of resources.

An additional £2.4m per annum is now being invested across Cambridgeshire and Peterborough by the CCG compared to the 2015 baseline of £6m.

Prevention

The following training programmes have been funded

- Youth mental health awareness
- Stress LESS workshops for teachers include training school staff to deliver the 'Stress LESS' early intervention/prevention programme
- Training for practice nurses

A key element of our communication and support work has been the development of the website www.keep-your-head.com. The website is intended to be used as the local 'go to' site for all matters regarding emotional health and wellbeing for children and young people. There are tabs for professionals, young people, and parents, with links to information from self-help to specialist services. Due to its success, the website has now expanded to cover mental health information for all ages.

Parent Support

Pinpoint (Cambridgeshire) and Family Voice (Peterborough) have been funded to deliver parent support sessions and groups to provide additional support for parents of children with emotional wellbeing needs. Sessions are on different themes, such as ADHD, and often involve input from specialist clinicians able to answer questions to help parents understand how best to support their children.

Engagement with young people

Healthwatch Cambridgeshire and Peterborough has been funded over the past two years to employ a young people's engagement worker to enable input in all areas of service development and to ensure that all new priority areas can benefit from the input of children and young people.

Early Intervention

Counselling

A joint procurement of Youth Counselling services (Peterborough City Council, Cambridgeshire County Council, and the CCG) has been completed, with CHUMS being commissioned to provide services across Cambridgeshire and Peterborough from January 2018. The procurement was led by Peterborough City Council and aims to provide increased consistency and improved efficiency and effectiveness across Cambridgeshire and Peterborough. Increased funding has been invested

from the CCG as part of this procurement. CHUMS will offer the following services to children and young people up to the age of 18 in Peterborough and up to the age of 25 in Cambridgeshire:
• Advice and guided self help
• Drop in facility
• Mental Health and Resiliency group programmes
• Full mental health assessment
• Therapeutic group programmes for a variety of presenting issues including anxiety and low mood
• Recreational therapeutic support using football and music as tools of engagement
• Individual support
• Parent/carer groups

CHUMS are contracted to provide:

- interventions for 2000 children per year
- training in 50 schools
- four mental health literacy events

Other providers such as Centre 33 will continue to offer counselling services, although they are not now commissioned by the CCG or local authority.

Parenting programmes

These programmes have a good evidence base, particularly for younger children, and are used particularly as a first line of intervention and support for behavioural difficulties, ADHD, and Autism. The CCG has invested, via Cambridgeshire County Council, in a range of programmes across Cambridgeshire and Peterborough to ensure early access to this type of support. Specialist programmes for those with a diagnosis of ADHD and Autism have also been commissioned.

Online counselling and support

Xenzone has been commissioned to provide online counselling in Cambridgeshire and Peterborough via www.kooth.com as a pilot. A decision will be made about ongoing commissioning of this service in early 2018-19. Kooth is an open access service which offers one off consultations, a series of online counselling sessions, and moderated forums on specific topics. The service offers an alternative option for those young people who feel more able to access help online rather than via face to face services. A locally based worker is currently visiting schools and GP practices to publicise the work of Kooth and a publicity campaign is underway. The service has proven very popular with schools in particular.

Numbers of registrations for Kooth rose significantly in Q2 and Q3 of 2017-18, mainly as a result of increased publicity. The most popular elements of the service used are ‘message and chat counselling’ and ‘self help’ resources and there has been good anecdotal feedback from professionals.

Usage in Q3

- New registrations - 765
- Chat sessions – 200,146 young people
- Messages – 3,006,417 young people

- Articles viewed – 1,379,340 young people
- Forums viewed – 1,488,198 young people

Emotional health and wellbeing workers

Specialist CAMH workers are employed, one per local authority district, to work with local services such as schools and primary care services, to provide advice, consultation, training, and support in order to build skills and confidence in those working with children and young people with mental health problems and act as a first point of contact. They will work closely with the local authority Early Help teams and be based in the districts. This is a joint venture between Cambridgeshire Community Services NHS Trust (CCS) and Cambridgeshire and Peterborough NHS Foundation Trust (CPFT).

Specialist CAMHS

Eating Disorders

- A new specialist community based intensive intervention team is in place (from January 2017)
- The service is based in Huntingdon but will cover the whole CCG patch
- The service will work with up to 100 young people and families per year
- Waiting time targets are four weeks (routine), one week (urgent)
- Current performance is 75% of routine cases being seen in four weeks against a target of 95%. The key challenge is that 18 year olds are being seen by the adult service, which is not currently staffed to assess within these timeframes. The plan is now for all under 19 year olds to be seen by the CAMHS ED service.

ASD/ADHD

- Numbers waiting have significantly reduced from three years ago when waiting lists were closed
- There has been a redesigned pathway, based on NICE guidance, put in place requiring an early help assessment to take place and increased investment in early intervention (pre diagnosis) parenting programmes to ensure that those receiving an assessment for ASD or ADHD are appropriate. Waiting lists were reopened 2 years ago and demand is currently being managed effectively through the redesigned pathway.

- A new service commissioned from CPFT for ASD (11-17 year olds in Cambridgeshire) where there was previously a gap. The service has been in place since September 2017.
- Waiting times for assessment are a maximum of 18 weeks (95% target currently being achieved).
- The service model and pathway has drawn national attention and is being used as an example of good practice. Many other services across the region are struggling with very high referral rates and waiting times, so it is very pleasing to see that, currently, our new pathway seems to be effective.

Core CAMHS

Core CAMHS services have undergone redesign during the past 12 months. This has been done on the basis of a Demand and Capacity Model. This has led to particular improvements in throughput of cases in Peterborough and Huntingdon. The Cambridge team is currently in transition with some staffing gaps, but it is expected that similar improvements will be seen in the near future.

The above work has been a contributing factor in the improved CAMHS access performance and we are hopeful that further improvements can be achieved. Maximum waiting times are now below 18 weeks.

Crisis assessment/support

A model to support young people in mental health crisis has been developed. This focuses on having CAMHS professionals embedded within the First Response Service (FRS), which is accessed via NHS 111 option 2, to cover emergency assessments particularly during evening times and also to provide specialist telephone triage in addition to the existing 9am-5pm emergency assessment service. A business case for permanent funding of this FRS work is currently being considered by the CCG.

Transition from children's to adult mental health services

A review of services highlighted that there were gaps in provision for 17 year olds, with CAMHS finishing at the seventeenth birthday and adult services thresholds being considerably higher. There was a lack of continuity in provision. Parents and young people described how they felt that the difference in levels of service provision was like 'falling off a cliff' on moving from children's to adult services. Additional resource has been allocated for this group.

Under new arrangements, both adult services and CAMHS will work with 17 year olds and use the whole year for 'transition' to adult services. To enable this, a number of transition workers have been employed by CPFT alongside peer support workers who will take on a more informal support role with 17 year olds. This model has been developed with significant input from young people with experience of the transition for CAMHS to adult mental health services.

Transforming Care

This all age programme focuses on people with learning disabilities and/or Autism and aims to ensure that processes and services are in place to keep people in their local

communities rather than in inpatient mental health units or out of area residential care. Until recently, this programme has focused largely on the adult population. However, there has been increased emphasis on the children and young people cohort. As a result, there is agreement that a local lead post will be appointed to ensure that the needs of these young people are appropriately met.

Priorities for 2018-19

The Local Transformation Plan highlights a number of priority areas:

Children in Care (CIC)

This is one of our most vulnerable groups of children and young people. We are currently looking at the possibility of reshaping existing resources to meet the needs of this group of children and also the need for specific investment where commissioned services are not able to meet need.

Transforming Care

As detailed above, we are ensuring greater focus on this group of children.

Challenges

1. **Waiting times**
   Although significantly lower than in previous years, we would like waiting times for specialist services to reduce. We will work with providers to ensure that all opportunities are maximised to achieve the lowest possible waits.
2. **Increasing demand**
   Demand for services and intervention is increasing. Our strategy has been to invest as much resource as possible into a wide range of early intervention provision so that intervention is rapid when required. However, this must be balanced against the need to achieve the targets set by NHS England, especially for Access to CAMHS Treatment.
3. **Increased access targets**
   This continues to provide a significant challenge. Services have been redesigned to ensure that they work in the most effective and efficient way and are able to treat increased numbers of young people. However, the increase from our current 26% rate to the target of 35% by 2020 will require further innovation and focus.
4. **Workforce**
   The above programme has proven particularly challenging because of the lack of availability of an appropriately skilled workforce to deliver the increased expectations. We have invested local funding on looking at ways to recruit and retain staff and there is a national programme of training for new staff. However, there remain significant gaps in the workforce which, although reflected nationally, have proven problematic locally. We will continue to work as a system to ensure that we train as many new staff as possible as well as developing programmes to ‘grow our own’ from the existing children’s workforce.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

There are no significant implications for this priority.

3.2 Helping people live healthy and independent lives

See section 2 above.

3.3 Supporting and protecting vulnerable people

See section 2 above.

4. SIGNIFICANT IMPLICATIONS

N/A

4.1 Resource Implications

There are no significant implications within this category.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

N/A

4.3 Statutory, Legal and Risk Implications

N/A

4.4 Equality and Diversity Implications

N/A

4.5 Engagement and Communications Implications

N/A

4.6 Localism and Local Member Involvement

N/A

4.7 Public Health Implications

See section 2 above.

Please include the table at the end of your report so that the Chief Executive/Executive Directors/Directors clearing the reports and the public are aware that you have cleared each implication with the relevant Team.

Source Documents	**Location**
None	

Agenda Item No: 9

HEALTH COMMITTEE WORKING GROUP UPDATE

To:	**HEALTH COMMITTEE**
Meeting Date:	**15th March 2018**
From	**Head of Public Health Business Programmes**
Electoral division(s):	**All**
Forward Plan ref:	**Not applicable**
Purpose:	**To inform the Committee of the activities and progress of the Committee's working groups since the last update.**
Recommendation:	**The Health Committee is asked to:**

1) **Note and endorse the progress made on the Healthy Schools working group and the liaison groups**

2) **Note the forthcoming schedule of meetings**

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

Officer Contact:		***Chair Contact:***	
Name:	Kate Parker	Name:	Councillor Peter Hudson
Post:	Head of Public Health Business Programmes	Post:	Chair
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1.0 BACKGROUND

1.1 The purpose of this report is to inform the Committee of the health scrutiny activities that have been undertaken or planned since the committee last discussed this at the meeting held on 14th December 2017

1.2 This report updates the committee on the Healthy Schools Working group and the liaison meetings with health commissioners and providers. The report covers quarter 4 liaison meetings with:

- Cambridgeshire & Peterborough Clinical Commissioning Group (CCG) & Cambridgeshire & Peterborough Healthwatch
- North West Anglia Foundation Trust (NWAFT) – Hinchingbrooke Hospital

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

2. MAIN ISSUES

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

The liaison group members in attendance were Councillors Jones and van de Ven. A meeting was held on 25th January 2018 with Sandie Smith (CEO) of Healthwatch and Jessica Bawden (Director of Corporate Affairs, CCG)

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

- Improving access to Primary Care
  Members were notified of a number of procurements the CCG will be undertaking in the next few months i.e. Procurement on IV antibiotics, Specialist Wheelchair provision and engagement around NHS England procurement for opening surgeries from 8am-8pm
- Notification that the CCG are undertaking their annual stakeholder survey
- Update on North West Anglia Foundation Trust – Children's acute services. Children's acute services based at Hinchingbrooke Hospital were previously provided by Cambridgeshire Community Services and this function has been taken over by NWAFT with both trusts agreement.
- Primary Care Developments
  Further update on the International GP recruitment scheme which aims to have 115 GPs recruited by October 2018.
- Urgent Treatment Centre
  Further update following development session in January the CCG are submitting a business case to NHS England regarding exceptionality to

the new nation guidelines as what constitutes a Urgent Treatment Centre.

- Better Births plan (Led by STP) submitted in Sept/October and Healthwatch are involved in setting up maternity voices feedback.
- CCGs Financial Update
  Guidance due out on 22nd February 2018 so item scheduled on the March Health committee meeting will need to be delayed until the May meeting.

2.1.2 Sandie Smith provided members with an update on issues Healthwatch Cambridgeshire & Peterborough are currently dealing with.

- NHS Accessible Information standard – report (for clients with sensory impairment, communication needs, learning difficulties etc. Report was launched in November 2017 and providers are now discussing with Healthwatch how they will meet these standards. Healthwatch has received feedback from the Deaf Association regarding concerns that the standards are not being met.

http://www.healthwatchcambridgeshire.co.uk/news/new-healthwatch-report-aims-improve-healthwatch-campaigns-improve-care-people-learning-and

- Sandie Smith confirmed that Healthwatch had local intelligence on the scrutiny items around Non-Emergency Patient Transport and East of England Ambulance Service Trust, response times. It was agreed to provide health committee members with a briefing in preparation for the meeting on 8th February 2018.

2.1.3 Actions from this meeting:

- Healthwatch to provide a briefing on NEPTs & EEAST to Health Committee members (sent 31/1/18)
- CCG to provide briefing on GP Recruitment scheme to Health Committee members (sent 9/2/18)
- CCG to provide briefing on procurements detailed above.

2.1.4 The next liaison meeting is scheduled for Thursday 26th April @ 10am, Shire Hall, Cambridge

2.2 Liaison meeting with North West Anglia Foundation Trust (regarding Hinchingbrooke Hospital) NWAFT

2.2.1 The liaison group members in attendance were District Councillor Jill Tavener. A number of apologies were received from other members. A meeting was held on 8th February with Stephen Graves (CEO) and Caroline Walker (CFO)

2.2.2 The following topics were discussed at this meeting:

- A&E Staffing
  Members were notified that the trust is still experiencing recruitment issues for Hinchingbrooke Hospitals A&E department.
- Finance Update – trust is still struggling to hit an agreed budget issues relate to increased demand. The demand is associated with increase

use of A&E and urgent patient needs rather than increased surgical activity or the impact of new builds.

- Merger Update
  Operational changes as a result of the merger were completed in autumn 2017 but change has taken longer than expected. Now expecting the last corporate and clinical management changes to be in place for end of March / April 2018.
- Children Service Transfer to NWAFT
  Acute children's services at Hinchingbrooke Hospital were previously provided by Cambridgeshire Community Services (CCS) as part of an integrated acute and children's community service for Huntingdonshire. CCS gave notice to the CCG that they would cease providing the service in 2018 so NWAFT may be commissioned to provide this.
- Update A&E Ambulance handovers
  Members heard that there were occasions where the Trust had experienced ambulance queues due to capacity issues with A&E. Ambulance service now have a patient care support team which and send an extra crew in to enable the emergency crew to leave.
  It was reported that contractual performance of the patient transport provider and NWAFT have been incurring costs to meet the needs.
- CQC Inspections
  As a newly formed trust NWAFT should have received a QCQ Inspection in January 2018, inspections have been postponed nationally so this is unlikely to happen until May or June.

2.2.3 Actions from the meeting:

Next meeting to be scheduled for before June 2018 so members can be briefed on the NWAFT Site Strategy.

2.3 <u>Schedule of Quarterly Liaison Meetings</u>

Cambridge University Hospital (CUHFT) 23rd March 2018 @ 3 – 4.30pm
Cambridgeshire & Peterborough CCG 26th April 2018 @ 10am
Cambridgeshire & Peterborough Foundation Trust – 11th May @10am
North West Anglia Foundation Trust – awaiting dates

2.4 <u>Healthy Schools Service Specification – Task & Finish Group</u>

2.4.1 The Healthy Schools service specification meeting was held on 23rd January 2018. Councillors Jenkins, Jones, Sanderson and Cllr S. van de Ven withDistrict Councillor Sue Ellington met with Val Thomas (Consultant in Public Health) to discuss the specification.

Key aspects of the discussion:-

- Broad discussion of the Healthy Schools Service – Specification
  Focus upon the needs of schools to meet the health and wellbeing agenda. It was acknowledged that demonstrating health outcomes would be difficult but process indicators relating to behaviour change are required. The evidence base referencing the original World Health

Organisation and later London evaluation of its most recent Healthy Schools programme should be incorporated.

- The provider will be required to establish a website that all schools can access. This was generally supported and it was acknowledged that the local authority does not have the skills to produced a dynamic website that will attract schools.
- There was a discussion about the tiered offer to schools which would be needs led but potentially constrained by the available funding.
- There were specific elements of the service specification that would be amended to reflect the discussion.
  4.1 Strengthen the Vision Statement to explicitly emphasise that it involves all aspects of school life internally e.g. all teachers, and externally in the wider community.
  4.2 Substitute Health Eating for Excess Weight
  7.2 Amend the wording the evaluation section.

2.4.2 Due to the timescales associated with the procurement the task and finish group concluded its contribution to the service specification at this meeting and will not meet again.

3.0 SIGNIFICANT IMPLICATIONS

3.1 Resource Implications

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

3.2 Statutory, Risk and Legal Implications

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

3.3 Equality and Diversity Implications

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

3.4 Engagement and Consultation Implications

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

3.5 Localism and Local Member Involvement

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

3.6 Public Health Implications

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

Source Documents	Location
None.	

HEALTH COMMITTEE TRAINING PLAN	Updated March 2018	**Agenda Item No: 10**

Ref	Subject	Desired Learning Outcome/Success Measures	Priority	Date	Responsibility	Nature of training	Attendance by:	Cllrs Attending	Percentage of total
7.	***Health in Fenland***	To provide a deep dive into reviewing and understand the key health inequalities in the Fenland District. To be held at FDC March office.	1	May 2018 Date to be confirmed	Public Health	Development Session	All members of Health Committee + Fenland Members + FDC + Wisbech Town Council		
8. a	***Public Health Strategy PHE Prioritisation – 1***	To further develop the Public Health Strategy for the Health Committee PHE providing support around Prioritisation framework	3	Jan 30th pm 2018	Public Health	Development Session	All members of Health Committee	9	**Completed** 60% of Health committee
8. b	***Public Health Strategy PHE Prioritisation – 2***	PHE Prioritisation Workshop 2 – Scoring Programme This workshop has been converted to officer only.	2	8th March 13:00	Public Health	Development Session	Officer Only	Not Applicable	**Completed** Officer only.
8. c	***Public Health Strategy PHE Prioritisation – 3***	PHE Prioritisation Workshop 3 – Scoring Local Evidence	2	27h April 13:00	Public Health	Development Session	All members of		

Ref	Subject	Desired Learning Outcome/Success Measures	Priority	Date	Responsibility	Nature of training	Attendance by:	Cllrs Attending	Percentage of total
							Health Committee		
8 d.	***Public Health Strategy PHE Prioritisation – 4***	PHE Prioritisation Workshop 4 - recommendations	2	10th May 2pm	Public Health	Development Session	All members of Health Committee		
9.	***STP: STP developments to support general practice.***	To provide the committee members with an overview of STP work to develop and support GP led primary care.	2	Feb 8th TBC	Public Health	Development Session	All Health Committee members		

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

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

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

HEALTH POLICY AND SERVICE COMMITTEE AGENDA PLAN	Published 1st February 2018	Cambridgeshire County Council

Notes

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

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

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

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

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

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
15/03/18	Public Health Finance and performance report	Chris Malyon/ Liz Robin	Not applicable	02/03/18	06/03/18
	Procurement of Drug & Alcohol Services	Val Thomas	2018/009		
	Child and Adolescent Mental Health Services	Lee Miller	Not applicable		
	Scrutiny Item: NHS England Dentistry	David Barter	Not applicable		
	Scrutiny Item: NHS Quality Accounts delegated authority	Kate Parker	Not applicable		
	Scrutiny Item: emerging issues in the NHS (standing item)	Kate Parker	Not applicable		
	Committee training plan (standing item)	Kate Parker/ Daniel Snowdon	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
	Agenda plan and appointments to outside bodies	Daniel Snowdon	Not applicable		
[19/04/18] Provisional meeting				*06/04/18*	*10/04/18*
17/05/18	Notification of Chairman/woman and Vice-Chairman/woman	Daniel Snowdon	Not applicable	04/05/18	08/05/18
	Co-option of District non-voting Members	Daniel Snowdon	Not applicable		
	Public Health Finance and performance report	Chris Malyon/ Liz Robin	Not applicable		
	Integrated Children's Services 0-19 Child Health Services	Janet Dullaghan	Not applicable		
	Scrutiny Item: NHS Quality Accounts (Final Report)	Kate Parker	Not applicable		
	Scrutiny Item: Sustainability and Transformation Plan (STP) update - GP Provision	Catherine Pollard	Not applicable		
	Scrutiny Item: CCG Financial Position 2018-19		Not applicable		
	Scrutiny Item: emerging issues in the NHS (standing item)	Kate Parker	Not applicable		
	Committee training plan (standing item)	Kate Parker/ Daniel Snowdon	Not applicable		
	Agenda plan and appointments to outside bodies	Daniel Snowdon	Not applicable		
[14/06/18] Provisional meeting					
12/07/18	Public Health Finance and performance report	Chris Malyon/ Liz Robin	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
	Scrutiny Item: emerging issues in the NHS (standing item)	Kate Parker	Not applicable		
	Scrutiny Item: Eating Disorder Service Update.	Tracy Dowling.	Not applicable.		
	Committee training plan (standing item)	Kate Parker/ Daniel Snowdon	Not applicable		
	Agenda plan and appointments to outside bodies	Daniel Snowdon	Not applicable		
[09/08/18] Provisional meeting					
13/09/18	Public Health Finance and performance report	Chris Malyon/ Liz Robin	Not applicable		
	Scrutiny Item: emerging issues in the NHS (standing item)	Kate Parker	Not applicable		
	Committee training plan (standing item)	Kate Parker/ Daniel Snowdon	Not applicable		
	Agenda plan and appointments to outside bodies	Daniel Snowdon	Not applicable		
11/10/18	Public Health Finance and performance report	Chris Malyon/ Liz Robin	Not applicable		
	Scrutiny Item: emerging issues in the NHS (standing item)	Kate Parker	Not applicable		
	Committee training plan (standing item)	Kate Parker/ Daniel Snowdon	Not applicable		
	Agenda plan and appointments to outside bodies	Daniel Snowdon	Not applicable		
08/11/18	Public Health Finance and performance report	Chris Malyon/ Liz Robin	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/ Daniel Snowdon	Not applicable		
	Agenda plan and appointments to outside bodies	Daniel Snowdon	Not applicable		
06/12/18	Public Health Finance and performance report	Chris Malyon/ Liz Robin	Not applicable		
	Scrutiny Item: emerging issues in the NHS (standing item)	Kate Parker	Not applicable		
	Committee training plan (standing item)	Kate Parker/ Daniel Snowdon	Not applicable		
	Agenda plan and appointments to outside bodies	Daniel Snowdon	Not applicable		
17/01/19	Public Health Finance and performance report	Chris Malyon/ Liz Robin	Not applicable		
	Scrutiny Item: emerging issues in the NHS (standing item)	Kate Parker	Not applicable		
	Committee training plan (standing item)	Kate Parker/ Daniel Snowdon	Not applicable		
	Agenda plan and appointments to outside bodies	Daniel Snowdon	Not applicable		
[07/02/19] Provisional meeting					
14/03/19	Public Health Finance and performance report	Chris Malyon/ Liz Robin	Not applicable		
	Scrutiny Item: emerging issues in the NHS (standing item)	Kate Parker	Not applicable		
	Committee training plan (standing item)	Kate Parker/ Daniel Snowdon	Not applicable		
	Agenda plan and appointments to outside bodies	Daniel Snowdon	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
[11/04/19] Provisional meeting					
23/05/19	Public Health Finance and performance report	Chris Malyon/ Liz Robin	Not applicable		
	Scrutiny Item: emerging issues in the NHS (standing item)	Kate Parker	Not applicable		
	Committee training plan (standing item)	Kate Parker/ Daniel Snowdon	Not applicable		
	Agenda plan and appointments to outside bodies	Daniel Snowdon	Not applicable		

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

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

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

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

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

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

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