

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Public Health		Name: Dr Liz Robin
Service / Document / Function being assessed		Job Title: Director of Public Health
Externally commissioned public health services		
Business Plan Proposal Number (if relevant)		
Contact details: 01223 703259		
Aims and Objectives of Service / Document / Function		
Externally commissioned public health services cover a range of programmes detailed in previous papers on public health services and performance to the Health Committee.		
What is changing?		
Due to there being no cash uplift in the ring-fenced public health grant to Cambridgeshire for 2015/16, all providers of commissioned public health services will be asked to deliver cost improvement programmes to cover any additional costs of inflation or demography which may impact on their services.		
Who is involved in this impact assessment?		
e.g. Council officers, partners, service users and community representatives.		
Council officers.		

## What will the impact be?

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

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

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

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

<b>Positive Impact</b>
<b>Negative Impact</b>
<b>Neutral Impact</b>
<p>If providers of commissioned services are able to deliver cost improvement programmes without changing service levels, the impact of this proposal will be neutral. This CIA is a dynamic document, and if providers make proposals for service reductions, then the impact for specific services may change and require mitigation. It is proposed to write to all providers explaining that there is no funding available for cash uplifts to contracts, and requesting cost improvement programmes to cover any pressures from demography and inflation, following the October health committee meeting.</p>
<b>Issues or Opportunities that may need to be addressed</b>

## Community Cohesion

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

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Public Health		Name: Dr Liz Robin
Service / Document / Function being assessed		Job Title: Director of Public Health
Public health directorate		
Business Plan Proposal Number (if relevant)		
Contact details: 01223 703259		
Aims and Objectives of Service / Document / Function		
<p>The public health directorate delivers a range of public health services including health promotion campaigns, commissioning of public health services, development and implementation of public health policies and strategies, delivery of patient facing services (e.g. CAMQUIT, Traveller Health Team), health protection, and public health advice to NHS commissioners.</p>		
What is changing?		
<p>There will be no cash uplift to the public health directorate budget, therefore pressures resulting from inflation and demography will need to be covered through cost improvements in non-pay costs, use of agency staff and holding of vacancies.</p>		
Who is involved in this impact assessment?		
<p>e.g. Council officers, partners, service users and community representatives.</p>		
<p>Council officers</p>		

## What will the impact be?

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

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

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

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

<b>Positive Impact</b>
<b>Negative Impact</b>
<b>Neutral Impact</b>
The cost improvements will be spread across categories of public health work and should not impact on any specific inequalities group.
<b>Issues or Opportunities that may need to be addressed</b>

## Community Cohesion

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

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## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Public Health		Name: Dr Liz Robin
Service / Document / Function being assessed		Job Title: Director of Public Health  Contact details: 01223 703259
Smoking cessation: prescribing and payments to external contractors		
Business Plan Proposal Number (if relevant)		
Aims and Objectives of Service / Document / Function		
<p>The smoking cessation service 'CAMQUIT' aims to support Cambridgeshire residents who are smokers to stop smoking through an evidence based programme involving both pharmacologic and counselling support. Users of the service have a five times higher chance of successfully quitting, compared to smokers to attempt to quit without support.</p>		
What is changing?		
<p>Recently use of smoking cessation services has fallen nationally, regionally and locally and this is thought to be associated with use of electronic cigarettes. This has resulted in underspends on the smoking cessation budget – both for Nicotine Replacement Therapy (NRT) prescriptions and on payments to GPs and pharmacists, who are paid dependent on the number of patients they support. However the workload of the core CAMQUIT team has not fallen, as they are being asked to cover more clinics in GP surgeries due to other pressures on GP practice staff team. The saving being put against smoking cessation reflects the predicted underspend on NRT prescriptions and payments to GP surgeries/pharmacies in 2015/16, assuming that this follows a similar pattern to 2013/14 and 2014/15.</p>		
Who is involved in this impact assessment?		
e.g. Council officers, partners, service users and community representatives.		
Council officers		

## What will the impact be?

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

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

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

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

### Positive Impact

### Negative Impact

### Neutral Impact

Because the saving reflects a forecast underspend due to reduction in demand, rather than a proactive reduction in service, it should not impact on any specific inequalities group.

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

## Community Cohesion

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

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment	
Public Health		Name: Ailsa Lyons  Job Title: Health Improvement Specialist  Contact details: <a href="mailto:Ailsa.Lyons@cambridgeshire.gov.uk">Ailsa.Lyons@cambridgeshire.gov.uk</a>	
Service / Document / Function being assessed			
QUIT – smoking cessation telephone service			
<b>Business Plan Proposal Number (if relevant)</b>			
Aims and Objectives of Service / Document / Function			
<p>The aim of the smoking cessation telephone service is to reduce the prevalence of smoking in Cambridgeshire by helping those who want to quit with effective stop smoking support.</p> <p>The objectives are to:</p> <ol style="list-style-type: none"> <li>1. Provide a telephone service to answer all incoming calls to the Camquit telephone service.</li> <li>2. Offer a brief intervention and either             <ol style="list-style-type: none"> <li>a) signpost callers to local services or</li> <li>b) book clients into a Camquit clinic or</li> <li>c) provide a Telephone Counselling Call Back Service to support a four week quit attempt.</li> </ol> </li> <li>3. To follow up previous service users and encourage them to make another quit attempt.</li> <li>4. Ensure appropriate systems are in place for effective monitoring and reporting of this service.</li> </ol>			
What is changing?			
<p>The service provider is changing. Currently the smoking cessation telephone service that is being delivered in Cambridgeshire is being provided by QUIT, an external organisation based in London. This contract will not be continuing and the service will be brought in-house and provided by Cambridgeshire County Council's existing smoking cessation service, Camquit.</p>			



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

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

Public Health and Camquit

**What will the impact be?**

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

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

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

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

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

**Neutral Impact**

There will be a neutral effect on the change of service provider for the smoking cessation telephone service for the end user as there will be no noticeable difference in the service provided to those that phone the smoking cessation telephone service.

However, the telephone service itself has a positive impact disability, rural isolation, and deprivation as it allows those unable to travel to the service for whatever reason to be able to access stop smoking advice and support. The telephone service is also free to the end user.

The telephone number for the telephone service is used in most of the Camquit services promotion and advertising.

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

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

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Public Health		Name: Dr Liz Robin
Service / Document / Function being assessed		Job Title: Director of Public Health
Dental Public Health		
Business Plan Proposal Number (if relevant)		
Contact details: 01223 703259		
Aims and Objectives of Service / Document / Function		
<p>The aims and objectives of dental public health promotion are to reduce the numbers of decayed, filled and missing teeth for children, and to avoid poor dental health in adults and older people, which may in turn impact on their general health.</p>		
What is changing?		
<p>A budget for dental health promotion has been held by the public health directorate, but has been underspent. Many of the risk factors for poor dental health, such as poor diet, smoking and excessive alcohol use are addressed through more general health promotion programmes. Therefore it is proposed to reduce the dental public health budget, and continue to promote dental health through wider public health campaigns and initiatives.</p>		
Who is involved in this impact assessment?		
<p>e.g. Council officers, partners, service users and community representatives.</p> <p>Council officers.</p>		

## What will the impact be?

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

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

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

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

### Positive Impact

### Negative Impact

Poor dental health can impact on the general health of older people in particular due to associated poor nutrition. This will be mitigated through inclusion of dental health in more general health promotion work across age groups. Poor dental health is more commonly associated with deprivation. This will be mitigated through inclusion of dental health in more general health promotion work with communities subject to deprivation.

### Neutral Impact

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

## Community Cohesion

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

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## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Public Health		Name: Val Thomas  Job Title: Consultant in Public Health  Contact details: 01223 703264 or mobile: 07884 183374 or email: <a href="mailto:val.thomas@cambridgeshire.gov.uk">val.thomas@cambridgeshire.gov.uk</a>
Service / Document / Function being assessed		
Sexual Health Promotion - Savings		
<b>Business Plan Proposal Number (if relevant)</b>		
Aims and Objectives of Service / Document / Function		
<p>The aim of the Sexual Health Promotion Programme is to contribute to the prevention of the transmission of sexual infections and unwanted pregnancies. It specifically supports the delivery of the three sexual health outcomes found in the Public Health Outcomes Framework i.e.</p> <ul style="list-style-type: none"> <li>• Under 18 conceptions</li> <li>• Chlamydia Diagnosis</li> <li>• People presenting with HIV at a later stage of infection</li> </ul> <p>There is a range of prevention and treatment services that address these priorities. The Sexual Health Promotion Programme focuses upon promoting the prevention messages and sexual health and contraception services and includes the following.</p> <ul style="list-style-type: none"> <li>- Sexual Health Campaigns which involves purchasing of resources and advertising in different media</li> <li>- Specific activities to promote the Chlamydia Screening Programme and increase uptake amongst the target population. This included promotional activities in young people's settings (15-24 year olds), additional commissioned outreach work, incentive projects to encourage young people to take a Chlamydia test</li> <li>- Sexual Health Promotion projects with hard to reach groups such as Lesbian, Gay, Bisexual and Transgender (LGBY) groups</li> <li>- Specific projects in schools and other young people's settings e.g. Centre 33</li> </ul>		
What is changing?		
<p>The disinvestment of £120k from the Sexual Health Promotion Programme is supported by epidemiological factors and changes in the commissioning and provision of services.</p> <p>Over the past 10 years there has been investment in sexual health services in Cambridgeshire mainly on the Chlamydia Screening Programme, campaign activities and local projects to tackle teenage pregnancy. Recent data shows that teenage pregnancy rates have improved throughout the county and sexually transmitted infection rates are remaining low and compare well to other areas.</p> <p>The disinvestment in sexual health promotion will not compromise these ongoing improvements as a substantial proportion of the activities have been incorporated into new service specifications and contracts.</p>		

### *Cambridgeshire Integrated Sexual Health and Contraception Service*

The Cambridgeshire Integrated Sexual Health and Contraception Service will be launched on October 1 2014 following a competitive tender process which was won by Cambridgeshire Community Services (CCS). This will bring together sexual health and contraception services in the same location and provide the services across the whole county. It will increase the number of locations and improve access to services by users especially in the north of the county. In addition to the provision of clinical services the Provider is expected to deliver the following sexual health promotion activities in line with the Service Specification

- Provide Sexual health information and advice in order to develop increased knowledge especially in high need communities
- Engagement with local prevention groups and voluntary sector organisations to engage them in service development and health promotion activities
- Promoting service and key sexual health messages to the local population via the use of innovative and appropriate media and marketing techniques tailored to specific audiences
- To provide evidence based behaviour change interventions tailored to meet the specific needs of target groups or individuals
- To deliver prevention and sexual health promotion interventions in targeted settings which includes schools and community youth settings

The new Service will not only increase the number of clinic locations to increase accessibility but also increase in the number of young people's clinics. Some young people are at higher risk of unwanted pregnancy and sexually transmitted infection. There is evidence that bespoke clinics increase their access by young people. They have the highest prevalence of sexually transmitted infections and are also the highest users of sexual health services.

The new Service will also provide the Chlamydia Screening Programme. There has been a change of focus in the Chlamydia Screening Programme in recent years. Initially there was an extensive promotion of the Programme with a high target number of young people to screen. This necessitated a population wide intensive ongoing promotional campaign with young people. The focus now is increasing the number of positive screens which calls for specific outreach work with high risk groups. CCS to deliver this part of its contract has sub-contracted with the Terence Higgins Trust to provide this outreach work in the more isolated high risk groups in Fenland and over time to other high risk groups. Secondly, the national strategic direction for the Chlamydia Screening Programme is to embed it into existing services. It is firmly embedded into the care provided by the current and new countywide Contraceptive and Sexual Health Services which will be available at an increased number of locations across the county. In addition, Public Health commissions Chlamydia screening from GP practices which is consistently identifying a high number of positive screens.

Consequently the need for much of the additional promotion and outreach is not required as the programme is both embedded into existing services and the new Integrated Contraception and Sexual Health Service has responsibility for promoting the Chlamydia Screening Programme.

### *Long Acting Reversible Contraception*

Public Health commissions long acting reversible contraception from GP practices across the county and this includes the promotion of these services. These services have been growing annually for several years with an increasing number of women using the services. This is decreasing the need for the promotion of these services.

### *DHIVERSE*

Public Health commissions the local voluntary organisation DHIVERSE to provide a range of preventative interventions. Historically DHIVERSE focused on HIV prevention with high risk groups and support for those living with HIV/AIDs. However, in recent years with the decline in HIV rates its service specification has evolved and now includes all sexually transmitted infections and has a whole population approach. (Although it still has a key role in HIV prevention and support). This includes the provision of wide ranging local and national sexual health campaigns and working with schools, employers and youth services in different settings, targeting older age groups

who are at risk of sexually transmitted infections and decreasing the number of late diagnoses of HIV.

*Cambridgeshire County Council Library Services*

Public Health has recently decommissioned its Health Promotion Resource Service (HPRS) from Hinchingbrooke Hospital and commissioned the service from Cambridgeshire County Council (CCC) Library Service. This improves access to promotion resources due to the network of libraries across the county by professionals and the public. The new specification with the Library Service includes it securing and disseminating resources for campaigns throughout the county. The move of the HPRS to the Library service was cost-effective and has released resources for the funding of campaign materials. The combined factors will reduce the need for commissioning additional campaign activity.

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

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

This CIA was compiled by County officers and includes consideration of information secured through the wide ranging consultation that was undertaken as part of the procurement process for the Integrated Sexual Health and Contraception Service. This included a wide range of statutory and voluntary organisations, service users and the wider public.

**What will the impact be?**

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

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

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

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

**Positive Impact**

Age: The new Integrated Service will have a specific focus on providing promotional activities in different settings for young people and services that are especially designed to meet their needs and be easily accessible in terms of location and opening times. DHIVERSE is responsible for specific targeting of older age groups with appropriate messages

Disabilities: DHIVERSE currently undertakes work with people living with disabilities which will be further developed in the new service specification. In addition the Integrated Service includes clinicians who are able to provide expert advice on the contraception, reproductive, sexual health and mental health challenges that this group may confront

Gender Re-assignment and Sexual orientation: DHIVERSE has a role in working to support these groups and this will be a focus of the new service specification. The Integrated Service will include clinicians who are able to provide expert advice on the contraception, reproductive, sexual health and mental challenges that this group may confront

**Pregnancy and maternity:** The Integrated Service has role for providing accessible contraception services across the county and also to participate in promotional campaigns. Also clinical staff will be involved in the delivery of SRE and information about services in schools and other settings.

**Race:** A key driver for the new Integrated Service was to provide more services in the north of the county to address the service inequity and health inequalities. Fenland has a large migrant community. There have been efforts to promote the sexual health messages and services with these communities who are reluctant to access services. The new Integrated Service is responsible for targeting this community and will use the specialist skills of the Terence Higgins Trust to develop outreach services.

**Rural Isolation:** The new Integrated Service has wider responsibilities in terms of prevention and the promotion of good sexual and contraceptive health. As described it has a particular remit to focus on more isolated communities especially in the north of the county.

**Deprivation:** The new Integrated Service has wider responsibilities in terms of prevention and the promotion of good sexual and contraceptive health. As described it has a particular remit to focus on more deprived communities. The location of its new services is designed to ensure that these areas are well serviced by accessible services especially in the north of the county.

#### **Negative Impact**

None

#### **Neutral Impact**

This CIA identified that there would be a neutral impact on Religion or belief, marriage and civil partnership and sex

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

There are further opportunities for the promotion of sexual health through working with the appropriate Directorate within the County Council e.g. Criminal Justice, PSHE. Learning Service – School links

### **Community Cohesion**

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

Outreach work in the community will help to develop links between communities/groups and local services and will support their being involved in their ongoing development.



## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Public Health		Name: Dr Liz Robin
Service / Document / Function being assessed		Job Title: Director of Public Health
Reducing smoking prevalence: tobacco control		
Business Plan Proposal Number (if relevant)		
Contact details: 01223 703259		
Aims and Objectives of Service / Document / Function		
<p>Investing in a regional collaborative approach to tobacco control, which aims to reduce the prevalence of smoking in Cambridgeshire and in the East of England.</p>		
What is changing?		
<p>Currently Cambridgeshire County Council both commission and directly provides elements of the smoking cessation service CAMQUIT. The Council also carries out some tobacco control initiatives such as media publicity, introduction of the County Council smoke free environment policy etc.</p> <p>A regional approach to tobacco control has been demonstrated elsewhere in the UK to reduce the prevalence of smoking and to be very cost effective. Economies of scale allow initiatives such as mass media campaigns, actions to tackle availability of illicit tobacco working with HMRC, and targetted engagement with different organisations and population groups, to be funded, which it would not be possible to deliver cost effectively on a single local authority footprint.</p> <p>Reducing smoking prevalence will in turn lead to reduced incidence of smoking related disease such as heart disease and stroke, cancer, and chronic obstructive pulmonary disease and associated healthcare and social care costs.</p>		
Who is involved in this impact assessment?		
e.g. Council officers, partners, service users and community representatives.		
Council officers		

## What will the impact be?

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

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

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

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

### Positive Impact

Smoking in pregnancy results in increased risk of complications and poorer birth outcomes. A regional collaborative approach has been taken to smoking in pregnancy in other parts of the UK, and evidence based programmes are available. Smoking rates are higher for residents in areas of deprivation, and access to illicit tobacco is often an important feature enabling people to smoke more due to low prices. An evidence based regional collaborative approach is therefore likely to be particularly advantageous to health outcomes for communities in areas of deprivation.

### Negative Impact

### Neutral Impact

For most equalities groups the benefits of a regional collaborative approach to tobacco control will be similar to those for the general population.

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

## Community Cohesion

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

Addressing illicit tobacco through a regional collaborative approach may have a positive impact on community cohesion by decreasing illicit activity.

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Public Health		Name: Val Thomas  Job Title: Consultant in Public Health  Contact details: 01223 703264 or mobile: 07884 183374 or email: <a href="mailto:val.thomas@cambridgeshire.gov.uk">val.thomas@cambridgeshire.gov.uk</a>
Service / Document / Function being assessed		
Workplace Health Support - Investment		
<b>Business Plan Proposal Number (if relevant)</b>		
Aims and Objectives of Service / Document / Function		
<p>The aim of the Workplace Health Programme is to promote and contribute to an improvement in the health of manual workers</p> <p>The key objectives are to</p> <ul style="list-style-type: none"> <li>- To increase the access of manual workers in their workplaces to information, support and services for healthy lifestyle changes</li> <li>- To increase the number of employers with manual workforces to engage in a healthy lifestyle programme and to develop sustainable programmes</li> <li>- To focus on and increase the uptake of the programme by workplaces where the prevalence of unhealthy lifestyles and poor health outcomes is high</li> </ul> <p>These objectives will be delivered through the development and expansion of the existing workplace Programme in Cambridgeshire and the creation of links between workplaces and community lifestyle services in the community e.g. District Council Sport and Leisure Facilities and the new Cambridgeshire County Council (CCC) commissioned Lifestyle Service (currently being procured)</p> <p><b>Health of Manual Workers</b></p> <p>There is evidence that manual workers have a higher risk of unhealthy lifestyles and poorer health outcomes. For example in Cambridgeshire 36% of routine and manual workers smoke compared to the national figure of 30% and the overall smoking rate for Cambridgeshire of 18%. In Cambridgeshire there is a concentration of manual workers in the more deprived areas where there is a known higher prevalence obesity associated with unhealthy diets and low levels of physical activity. (Public Health Outcomes Framework).</p> <p>There is also evidence that manual workers are more likely to experience poorer physical working conditions and be affected by the stress factors of lower wages, unsociable shift work patterns and job instability.</p> <p>Manual workers especially male are less likely to access health services that would provide them with information about their health and identify any health issues.</p> <p>The number of smokers accessing Stop Smoking Services has fallen nationally and locally in the past two years by circa 25%. CAMQUIT the Cambridgeshire Stop Smoking Services has seen a decline in areas where there are large numbers of manual workers accessing service. In addition the NHS Health Checks Programme which provides a health risk assessment for cardio-vascular disease for 40–74 year olds has a lower uptake in Fenland where there is a high proportion of manual workers in the population.</p>		
Cambridgeshire Workplace Health Programme		
<p>There are a number of programmes currently commissioned or provided by the Public Health Directorate that are supporting workplaces along with partners to adopt workplace health improvement programmes. These include the following</p> <ul style="list-style-type: none"> <li>• CAMQUIT: Public Health in house Cambridgeshire Stop Smoking Service</li> </ul>		

- Health Trainer Service: commissioned by CCC Public Health (To be part of the new Lifestyle Service from April 1 2015)
- Workplace NHS Health Checks Programme (Fenland only): commissioned by CCC Public Health from Community Pharmacy and as part of the Health Trainer Service
- Workhealthy Cambridgeshire Programme: Public Health in house service that recruits workplaces to workplace health programme that offers support for the development of a multi-component strategy and programme to improve staff health. This includes training individual workplace health champions who will lead and facilitate workplace programmes and introducing lifestyle programmes or ensuring that external agencies provide services in the workplaces.
- Workplace Programmes and Partners: The current workplace programmes work with a range of partners that are in position to support healthy workplaces. For example local District and City Councils have Sport and Leisure Services that are able to support lifestyle changes along with legal responsibilities relating to working conditions, the Health and Safety Executive have specific health and safety responsibilities. These services and functions all contribute to the overall health of the workforce.

### **What is changing?**

Currently as described there are a number of workplace activities that can be included in the Workplace Programme in Cambridgeshire. The Workhealthy Cambridgeshire initiative has started to provide an umbrella coordinating function for these activities in Fenland. However, there is a key need to increase the capacity of this initiative to engage more workplaces and to ensure that the public health and partner resource are most effectively and efficiently utilised.

Currently there is 0.4 w.t.e. member of staff to co-ordinate the Workhealthy Programme which includes the recruitment, training partner liaison responsibilities described above.

The additional investment of £45k will be used to increase capacity for the co-ordination and delivery of the Programme with the specific tasks as follows

- General promotion of the Programme with employers and employer organisations e.g. Chambers of Commerce
- Identification and engagement of workplaces with high numbers of manual workers and supporting them with lifestyle needs assessments
- Engagement of partners to support workplaces in their strategy and programme development and implementation. For example, this will include the provision of on-site Stop Smoking Service (CAMQUIT) and NHS Health Checks or Mini Health MOTs provided by Health Trainers
- Support for the development and introduction of workplace policies that support healthy lifestyles e.g. Smoking, Healthy Catering
- Training and ongoing support of workplace health champions. For example, training them in Smoking Cessation
- Provide funding where necessary for additional provision of services where there is insufficient capacity in local services e.g. Workplace Physical Activity Sessions

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

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

This assessment has been undertaken by Council Officers. Information secured from partners involved in Programme delivery. These include the following

- District and City Councils
- Lifestyle Provider Services: CAMQUIT, Community Pharmacies, Health Trainers, Weight Management Services, Drug and Alcohol Services, Mental Health Services

- Travel for Cambridgeshire
- Business in the Community
- Drug and Alcohol Team (DAAT)

### What will the impact be?

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

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

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

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

### Positive Impact

**Age:** Manual workers fall into an age category (16-65) that means that they are often less likely to access services that provide information and identification of health risks. Secondly workers over 50 years of age are especially more likely to be at high risk or already experiencing ill health that has not been identified. The Workplace Programme aims to improve access to services and earlier identification of ill health in this age group.

**Disability:** The Workplace Programme will help to identify those with any disability and work with employers to ensure that there is appropriate support for any special requirements that they may need to support their good health in terms of both lifestyle and health safety. This is particularly relevant for those with long term health conditions, in Britain there are currently 11.5 million people with long term health conditions.

**Gender Reassignment and Sexual Orientation:** Gender Re-assignment and sometimes sexual orientation may be associated with stress and demand changes in workplace arrangements and additional support from employers. The Workplace Programme will support the development of support processes and appropriate workplace policies

**Pregnancy and maternity:** Pregnant manual workers will be able to receive appropriate healthy lifestyle information/services and guidance regarding maternity services and benefits. Employers will receive advice regarding appropriate workplace policies that will support the health of pregnant employees.

**Race:** In parts of the county the manual workforce has a high proportion of routine and manual workers drawn from migrant communities. These communities often have a high prevalence of unhealthy lifestyles and also may not access health services.

**Sex:** Males of working age are less likely to access services where they might receive advice on their health and identification of any health issues. The workplace programme will not positively discriminate for men but it will increase access to males from this age group.

**Rural isolation:** The Programme focuses on manual workers. In Cambridgeshire, this will include the more isolated rural communities where the population is employed in agricultural activities.

Deprivation: Manual workers from the more deprived communities where there is high prevalence of unhealthy lifestyles and poorer health outcomes. These workers will be a focus of the Programme.

#### **Negative Impact**

None

#### **Neutral Impact**

Marriage and Civil Partnership and Religion or Belief: No impacts have been identified in this assessment

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

Many employers recognise that they have obligations to the health and well being of their workforce. There is national evidence that investing in the health of employees brings business benefits such as reduced sickness, increased loyalty and better staff retention.

More broadly this will have positive effect on the local productivity and economy.

Manual workers from more deprived areas are more likely to experience lower wages and poorer working conditions and this requires a more targeted approach to the Programme with focus on workplaces in these areas

#### **Community Cohesion**

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

This Programme will contribute to community cohesion through improving relationships between employers and their workforce. In addition, supporting closer working between employers and other organisations in the community.

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment	
Public Health		Name: Dr Liz Robin  Job Title: Director of Public Health  Contact details: 01223 703259	
Service / Document / Function being assessed			
Healthy Fenland Fund - infrastructure costs			
<b>Business Plan Proposal Number (if relevant)</b>			
Aims and Objectives of Service / Document / Function			
The aim of the Healthy Fenland fund will be to address documented inequalities in health outcomes and behaviours in Fenland, through a community engagement approach. The Healthy Fenland Fund will require good quality co-ordination, communications and community engagement, together with identification of a range of potential further funding sources (e.g. Lottery, British Heart Foundation, etc).			
What is changing?			
The Healthy Fenland Fund will enable communities and voluntary agencies to take forward projects with a positive local impact on health and on lifestyle behaviours. This may be across a geographical area or for specific at-risk groups in the population.			
Who is involved in this impact assessment?			
e.g. Council officers, partners, service users and community representatives.  Council officers to date. Wider consultation will take place in future.			



## What will the impact be?

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

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

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

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

### Positive Impact

Fenland has a higher proportion of older people than other parts of Cambridgeshire, therefore there is likely to be a positive impact for this age group. There may also be a positive impact for migrant workers through work with the voluntary sector. The Healthy Fenland fund will address health issues and behaviours associated with rural isolation and deprivation.

### Negative Impact

### Neutral Impact

There may be a positive impact for other equalities groups, if projects are identified for funding which relate to these groups. It is not possible to clarify this at such an early stage.

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

## Community Cohesion

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

The fund would aim to improve community cohesion in the context of positive health impacts for the whole community.

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Public Health		Name: Emma de Zoete
Service / Document / Function being assessed		Job Title: Consultant in public health
Child and young people's mental health		
Business Plan Proposal Number (if relevant)		
Contact details: <a href="mailto:emma.dezoete@cambridgeshire.gov.uk">emma.dezoete@cambridgeshire.gov.uk</a> 01223 703 250		
Aims and Objectives of Service / Document / Function		
<p>The aim of the Counselling Services for Young People in Cambridgeshire is to meet the changing emotional and mental health needs of young people from the age of 13 up to 25 years old through free community based counselling services. To enable young people to better understand themselves, their relationships and feel better able to cope with their difficulties.</p> <p>There is a growing evidence base of interventions that have a positive effect on mental health outcomes for children and young people, and a good mental health service is described as one where children can access school and youth counselling.</p> <p>NICE have recommended (clinical guideline 133) that commissioners should considering offering 3-12 sessions of a psychological intervention that is specifically structured for people who self-harm, with the aim of reducing self-harm.</p>		
What is changing?		
<p>Trends in self-harm and suicide coupled with significant service pressures in children's mental health services are clear in Cambridgeshire. In particular Tier 2 counselling services have been identified as a key service gap. These trends are worrying and additional investment in these services, alongside other continued work to improve support for children and young people with mental health problems is urgently needed.</p> <p>We are increasing investment in these services by £80k a year. This will provide additional counselling capacity for children who self harm, focused in the most deprived areas of the county, where needs are greatest and where there are current service gaps as identified in a JSNA.</p>		
Who is involved in this impact assessment?		
e.g. Council officers, partners, service users and community representatives.		
<p>Voluntary sector partners, and the Clinical Commissioning Group have been involved in the development of this proposal.</p>		

## What will the impact be?

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

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

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

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

### Positive Impact

We know that there are higher numbers of admissions for self-harm from more deprived areas, and there are service gaps in some parts of the county, as identified in the JSNA on the Mental Health of Children and Young people. This additional capacity will be focused in the most deprived areas of the county. For example in Fenland, one of the areas of highest mental health need, only 59 children were seen in the YMCA counselling service in 2013/14. This is 9% of all the existing counselling activity.

Overall the aim of this increased capacity is to ensure that more children receive counselling services in the most deprived areas of the county, and that this contributes to reduced self-harm hospital admissions rates over time.

### Negative Impact

None.

### Neutral Impact

This will not specifically impact on many of the criteria listed above.

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

This additional capacity will not duplicate or replace any existing school counselling service provision.

## Community Cohesion

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

The impact on community cohesion is small, but children whose mental health needs are effectively treated are more likely to play an active, and positive part in their community.

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Public Health		Name: Emma de Zoete
Service / Document / Function being assessed		Job Title: Consultant in Public Health
Public Mental Health Strategy - Implementation		
Business Plan Proposal Number (if relevant)		
Contact details: <a href="mailto:emma.dezoete@cambridgeshire.gov.uk">emma.dezoete@cambridgeshire.gov.uk</a> 01223703250		
Aims and Objectives of Service / Document / Function		
<p>'Public mental health focuses on wider prevention of mental illness and promotion of mental health across the life course...There is no public health without public mental health'.</p> <p>Public mental health strategies focus on what action can be taken to promote positive mental health and wellbeing and to prevent mental illness or disorder.</p> <p>The proposed aim of the strategy is to:</p> <ol style="list-style-type: none"> <li>Ensure we have a common understanding of what it means to improve public mental health.</li> <li>Ensure that we maximise the opportunities to promote mental health and prevent mental illness within Cambridgeshire. Including: <ul style="list-style-type: none"> <li>- promoting a more holistic approach to physical and mental health</li> <li>- integrating mental health into all aspects of our work</li> <li>- developing a wider environment that supports mental health</li> <li>- taking a life course approach to promoting mental health</li> </ul> </li> </ol> <p>It is proposed that the objectives of the strategy are to:</p> <ol style="list-style-type: none"> <li>Articulate the benefits of promoting positive mental health and wellbeing, preventing mental illness.</li> <li>Identify evidence based interventions (including those recommended by NICE) to promote positive mental health and wellbeing and prevent mental illness.</li> <li>Provide a clear plan of action to improve mental health and wellbeing within Cambridgeshire.</li> </ol>		
What is changing?		
<p>We are working through the evidence base, as outlined in the recent Chief Medical Officer's report and the relevant NICE guidance, to ensure that we maximise the impact of any investment in public mental health initiatives. The strategy will include consideration of evidence based interventions in the following areas:</p> <ul style="list-style-type: none"> <li>- Interventions to reduce bullying and improve parenting.</li> <li>- Supporting the development of a 'whole school approach' to promoting the social and emotional wellbeing of young people.</li> <li>- Mental health screening and support for people with long term conditions.</li> <li>- Use of anti-stigma and discrimination tools, such as the 'Time for Change' campaign.</li> <li>- Workforce training, and maximising the opportunities within workplaces to promote mental health.</li> <li>- Preventing social isolation and loneliness among older people.</li> </ul>		
Who is involved in this impact assessment?		
e.g. Council officers, partners, service users and community representatives.		

There will be full consultation on the draft strategy in 2015, which will allow partners, service users and community representatives to comment on the proposed priorities for action.

### What will the impact be?

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

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

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

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

#### Positive Impact

This work should have an impact on the large proportion of the population who suffer from mental illness. It should also impact on disability and improved physical health for those with mental illness.

- Mental illness is the largest single cause of disability and represents 23% of the national disease burden in the UK. It is the leading cause of sickness absence in the UK, accounting for 70 million sick days in 2013.
- Mental illness costs the UK economy £70-100 billion per year; 4.5% of Gross Domestic Product.
- People with mental illness die on average 15-20 years earlier than those without, often from avoidable causes.

#### Negative Impact

There should be not be any negative impact to this work.

#### Neutral Impact

The impact of this work is neutral on the large number of measures above.

## Community Cohesion

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

It is not possible to say at this stage if the interventions prioritised will improve community cohesion, but they are likely to have some positive impact on cohesion (although this may not be possible to measure).