HEALTH COMMITTEE

Date:Thursday, 08 November 2018

13:30hr

Democratic and Members' Services
Fiona McMillan
Monitoring Officer

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 - 11th October 2018**	**5 - 12**
3	**Health Committee Action Log**	**13 - 14**
4	**Petitions and Public Questions**	

KEY DECISIONS

5	**The Adoption of a Dynamic Purchasing System (DPS) for Public Health Primary Care Commissioning**	**15 - 20**

DECISIONS

The Health Committee comprises the following members:

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

Councillor David Connor Councillor Lynda Harford Councillor David Jenkins Councillor Linda Jones Councillor Kevin Reynolds Councillor Simone Taylor 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

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Agenda Item No: 2

HEALTH COMMITTEE: MINUTES

Date: Thursday 11 October 2018

Time: 1.30pm to 3:45pm

Present: Councillors C Boden (Vice Chairman), L Harford, M Howell (substituting for Cllr Reynolds), P Hudson (Chairman), D Jenkins, L Jones, P Topping and S van de Ven.

District Councillors

Apologies: County Councillors D Connor and K Reynolds
District Councillor J Tavener

146. DECLARATIONS OF INTEREST

There were no declarations of interest.

147. MINUTES AND ACTION LOG: 13th SEPTEMBER 2018

The minutes of the meeting held on 13th September 2018 were agreed as a correct record and signed by the Chairman

A Member requested that in relation to the Community First (Learning Disability Beds Consultation) item Members were provided the public consultation responses. It was confirmed that the responses would be provided at the quarterly liaison meeting for review.

The Action Log was noted including the following updates:

- No further clarification required on CCG figures. Councillor Boden had had further correspondence and was satisfied with the explanation provided.
- There would be detailed information in the next Finance and Performance report on delivery against the public health Memorandum of Understanding with other directorates.
- Work was ongoing to bring together different streams of cycle safety and promoting active travel.
- Procurement queries have been raised with LGSS procurement and there is ongoing correspondence
- Cambridgeshire Community Services NHS Trust (CCS) was continuing to link with maternity units and ensure better notification to support delivery of health visitor ante-natal visits. The Rosie was the last area to be linked in this and would use the learning from other units. There was no exact date but should take place within months.

148. PETITIONS

There were no petitions.

149. RE-COMMISSIONING OF CHILDREN AND YOUNG PEOPLE'S SUBSTANCE MISUSE SERVICES

The Committee received a report that presented an options appraisal to Members regarding the service model and approach for re-commissioning of the Young People's Substance Misuse Treatment Service for Cambridgeshire.

Members noted that the services worked closely and the decision required was whether they remained separate or integrated within the Community Young People's Drug and Alcohol Treatment Service or integrated further within another area of young people's health provision.

Attention was drawn to the tables contained within the officer report that set out the potential advantages and disadvantages of the options before the Committee. Maintaining the closeness of the relationship between the treatment service and Youth Offending Service (YOS) was important and an advantage to further integration would be that workers would be placed under the same governance structures within a specialist service.

Before moving to the debate, the Chairman requested that recommendation b), relating to the service model options be debated and be agreed before moving to recommendation a) relating to the commissioning options.

During the course of discussion Members:

- Expressed a preference for option 2 in relation to the service models which could provide a better quality service. However, assurance was sought regarding the potential impact on the YOS team and that they were not drawn into one area and their priorities changed as a result. Members noted that following discussions between officers, YOS managers and clinicians there was a commitment to the closeness of the working relationships both in terms of the physical location of the workers and the protocols between the services would be maintained.

- Commented that option 3, relating to the integration of the service within other young people's health provision risked the dilution of the service as it was a specialist service.

- Questioned whether demand for services was increasing as evidence at Cambridge City Council suggested it was and whether the service was managing with the current level of resources and whether it would following the restructure. Officers explained that no concerns regarding demand had been expressed by the service. If demand had increased then it had been managed effectively within the team. Demand was monitored closely as part of the performance reporting cycle. Officers confirmed that there was no change to the value of the contract and therefore the value of resources remained the same.

- Noted that the other young people's services detailed in option 3 related to mental health services. Officers informed Members that YOS was approximately a quarter of the size of the Drug and Alcohol Team.

- Noted the aims of the service, to build resistance to risk taking behaviour in in young people which included clinical psychological interventions.

- Questioned whether it was likely that YOS would be reorganised. Officers explained that it did not form part of the scope. It was a service that was constantly evolving.

- Noted that through integration it made it possible to make changes and develop the service that would be more challenging to achieve otherwise.

It was resolved by majority to select:

Option 2: Integrate the YOS provision into the community young people's specialist drug and alcohol treatment service.

Following the selection of the proposed service model Members debated recommendation a) regarding the options for the approach to be adopted for the commissioning of Young People's Drug and Alcohol Services.

During discussion Members:

- Noted the significance of the potential spend and therefore ordinarily a competitive tender would be preferable, however due to the circumstances and nature of the services it was therefore unclear whether a competitive tender would deliver value for money and therefore entering into a S75 agreement presented the best option..

- Noted that that Trade Unions had not been consulted.

- Highlighted the strength of the relationship between the services and therefore would support a S75 agreement however, it was vital to ensure that costs were monitored closely.

- Drew attention to the potential instability the competitive tender process can bring.

- Commented that there was a risk that through a S75 agreement relationships between organisations were too comfortable and that a competitive tender focussed the relationship much more. It was therefore essential that close monitoring was undertaken. Officers confirmed that performance monitoring would be included within the S75 agreement.

It was resolved unanimously to select:

Option 1: A Section 75 agreement with the current provider of Young People's Drug and Alcohol Treatment Services which includes the following:

- Approval for the development and implementation of a Section 75 agreement;

- Approval for the development of a new service specification in collaboration with the Section 75 provider;

- Authorisation of the Director of Public Health in consultation with the Chair and Vice-Chair of the Health Committee to complete the negotiation of the proposed Section 75 agreement, finalise arrangements and enter into the proposed agreement; and

- Authorisation of LGSS Law to draft and complete the necessary documentation to enter into the agreement.

150. FINANCE AND PERFORMANCE REPORT – AUGUST 2018

The Committee received the August 2018 iteration of the Finance and Performance Report which showed a change in the balanced forecast outturn for the Public Health Directorate. There was an underspend reported of £281k that related back 2 financial years where an error in the year end accounts had led to a sum being double counted.

In discussing the report members:

- Noted the explanation regarding the £281k that had been incorrectly accounted and questioned whether there were further sums that had not yet been identified. Officers confirmed that the brought forwards had been thoroughly reviewed and no further incidents had been identified. The error had not been visible in the 2017/18 accounts and it was the change to the accounting system that had prompted its identification.

- Drew attention to the smoking cessation budget that was underspent due to the differing accountancy processes between the NHS and the Council. Members commented that the differing methods did not help decision making and made the accounts less transparent. Although Members understood the reasons why it was important to have a standardised accounting method.

- Drew attention to the Section agreement NHSE-HIV contained in table 2.1 of the report and sought clarity regarding the figures shown. Officers explained that it related to 2 periods. One period the NHS owed the Council and an older period where the Council owed the NHS. Officers informed the Committee that despite having been requested to do so, the NHS had not submitted an invoice for the money owed and therefore no payment could be made.

It was resolved to:

Review and comment on the report and to note the finance and performance position as at the end of August 2018.

151. SERVICE COMMITTEE REVIEW OF DRAFT REVENUE BUSINESS PLANNING PROPOSALS FOR 2019-20 TO 2023-24

Members were presented the draft business planning proposals for services that were within the remit of the Health Committee. Attention was drawn to section 4 of the report that illustrated the majority of Public Health grant funding (over 90%) was spent on external contracts. Members noted that inflation figures set out in section 2.4 of the report appeared very low as only wage inflation for internal staff was factored. Providers were required as per their contracts to manage inflation.

Officers highlighted the table set out in section 4.5 of the report that illustrated the savings across public health contracts and directorate since 2015 and the risk associated to the lack of clarity beyond 2021 due to the changes in Local Government funding related to Business Rates and public health ring-fence. Another key risk highlighted was the recruitment and retention of the workforce which applied system wide.

In discussing the report members:

- Discussed business case 36, 'Integrating Healthy Child Programme across Cambridgeshire and Peterborough' and drew attention to two areas of concern. Firstly the business case for delivery of the additional £160k saving was unclear, and concerns were expressed about impact on the quality of service delivery and in particular the potential negative impact on the Universal Plus aspects of the service, which support families with needs over and above the universal health visitor mandated checks. Officers responded that they were working very closely with the service provider and focussing further on potential savings from overhead and management costs, following a collaborative joint review of the section 75 with support from the LGSS internal audit team. Workshops have been held with staff to understand the potential for changes to skill mix. The savings from a joint management structure across CCS (Cambridgeshire service) and CPFT (Peterborough service) are also being quantified. Clinic attendance was also being reviewed, with the potential to reduce clinic frequency where attendance was low. Members expressed concern that mothers from more disadvantaged areas may have more difficulty attending clinics leading to lower attendance. The Family Nurse Partnership programme was also being reviewed with potential to focus on the most vulnerable teenage mothers, together with the introduction of a more integrated teenage parent pathway led by FNP nurses, which would expand the service's reach.

- Expressed concern regarding the recruitment and retention of the workforce which was a serious issue across health and social care and commented that the risks were not truly reflected within the report. Officers explained that because other local authorities were reducing their staff numbers a wider pool of resource to recruit from was available however, officers would make the risks more explicit within the report.

- Commented that it was essential that areas where services could not be recruited to and therefore not provided as a result be included within the business plan in order that they were not budgeted for.

- Highlighted the potential risk posed by the Assurance Framework as it could reduce the flexibility in how the money was spent and would encourage that message to be relayed to Public Health England.

- Questioned whether there was a risk regarding inflation figures factored within Public Health fixed price multi-year contracts in that additional costs could be created by the transference of inflationary pressures to providers. Officers explained that contracts had not generally exceeded the historical baseline however, officers would consider the point further.

- Expressed concern that services offered were not being utilised by those that needed them, resulting in services being withdrawn through a seeming lack of demand and questioned the impact on other services. Outcomes were regularly

and carefully monitored, officers explained and provided an example of a person that may attend a breast feeding clinic once a week but then seek support through alternative means such as telephone. Assurance was provided that there were a number of access routes to services and outcomes were monitored carefully.

- Sought clarity regarding section 5.2 of the officer report. Officers explained that Council transformation resources 'may' be required rather than 'will', and this was unlikely for the current year.

- Noted that the workshops undertaken with Public Health England to set out the priorities for the Committee informed the business plan.

- Drew attention to the level of savings achieved by the directorate in comparison to other service areas. Officers explained that due to the reductions in the national Public Heath Grant it had been necessary to significantly reduce expenditure.

- Commented that the purpose of the Committee was to improve the health of the county and expenditure should not be reduced consistently and suggested that a list of potential public health investments be promoted to the Council. Officers explained that in recent years there had been a tendency to make investments from reserves and other sources. Investment had been made in the 'Lets Get Moving' programme and the 'Healthy Fenland Fund'.

- Questioned whether follow up work was undertaken in relation to staff that had taken early retirement in order to understand the reasons why they had decided to leave early. Officers confirmed that work was undertaken to understand the reasons and people that had taken early retirement were also actively encouraged to return to work.

- Commented on the increased numbers of looked after children and drew a link to the reduction in the delivery of early help and there was a point at which no further reductions in funding or service could take place.

It was resolved unanimously to:

a) Note the overview and context provided for the 2019-20 to 2023-24 Business Plan revenue proposals for the Service

b) Comment on the draft revenue proposals that are within the remit of the Health Committee for 2019-20 to 2023-24

152. MINOR INJURY UNITS IN EAST CAMBRIDGESHIRE AND FENLAND UPDATE

Matthew Smith, Managing Director for Emergency Care at the Clinical Commissioning Group provided an update to Members regarding Minor Injury Units (MIU) in East Cambridgeshire and Fenland.

Three MIUs had been established within East Cambridgeshire and Fenland located at Princess of Wales Hospital, Ely; Doddington Hospital; and North Cambridgeshire Hospital, Wisbech.

In presenting the report officers drew attention to the workforce challenges experienced in Fenland in terms of GP support however, progress had been made in Wisbech and officers were optimistic regarding the Doddington MIU.

In discussing the report members:

- Welcomed and expressed support for MIUs however following an issue regarding a constituent that had attended the Wisbech MIU and had been turned away because it was too close to the 6pm closing time to be assessed, questioned how important it was to ensure 100% opening and whether there was a target. Officers explained that ordinarily patients would be seen up to the closing time of the MIU. Occasionally there would be an unexpected influx of patients that could affect the operation. The aim was for 100% opening and drew attention to the Local Urgent Care Service (LUCS) that when fully operational would enable the extension of the range of skills and staff available to treat patients.

- Questioned the learnings that had arisen from the high vacancy rate and how confident officers were in the sustainability of the model. Officers acknowledged that recruitment and retention was a challenge across the health system and had recognised at an early stage that a different approach was required to recruitment as there were no applicants to posts advertised. A Clinical and Operational Manager position was created which created a focus on the recruitment process and fostered a more collaborative approach undertaken across the system. The skill mix of staff had been reviewed together with a more flexible approach to working and an emphasis on staff development, which had all contributed to significantly reducing the vacancy rate.

- Noted the importance of MIUs which were recognised nationally and questioned whether there was an intention for opening hours to be standardised across the county. Officers confirmed that if there were sufficient resources then an equitable service would be established.

- Noted the use of an ‘e-roster’, and the methods used to cover staff absence. Officers confirmed that the Jet team were utilised on occasion however, the impact of doing so was acknowledged.

- Questioned the level of confidence of officers in the sustainability of the staffing pool. Officers acknowledged the challenge presented by the overall 10% vacancy rate in doctors and nurses across the system and drew attention to initiatives such as introducing a rotation scheme to allow nurse practitioners to develop across the system.

- Drew attention to National Standards that existing facilities at the time did not meet and questioned whether they would be modified. Officers explained that there had been a number of discussions with the Government. There was an imperative to enable MIUs to be successful in order to provide an alternative to Accident and Emergency rather than meeting the prescribed standards.

- Noted that pharmacies were located at the Ely and North Cambridgeshire Hospital site however there was not one at Doddington Hospital.

- Noted that work was being undertaken to promote integration with the Out of Hours service which were located at Ely and Doddington. There was a separate Out of Hours service located at the North Cambridgeshire Hospital site.

- Noted that work was being undertaken with regard to students and how they can be supported effectively within the service and grow.

It was resolved to:

Note the report and provide a further update to the Committee in 6 months' time.

153. HEALTH COMMITTEE WORKING GROUP QUARTER 2 UPDATE

Members received a report that provided an update regarding the activities and progress of the Health Committee's Working Groups since the last update.

In discussing the Chairman emphasised the importance of Member attendance at the meetings. Members therefore requested that a system of substitutes be established in order that attendance be maintained. Officers agreed upon receipt of apologies to contact the Committee as a whole for a substitute to attend.

It was agreed unanimously to:

a) Note the content of the quarterly liaison groups and consider recommendations that may need to be included on the forward agenda plan.

b) Note the forthcoming schedule of meetings.

154. TRAINING PROGRAMME

The Committee examined its training plan and noted that a briefing had been requested from the Greater Cambridge Partnership regarding access to the Addenbrooke's Hospital campus.

It was resolved unanimously to:

Note the Committee training programme

155. HEALTH COMMITTEE AGENDA PLAN AND APPOINTMENTS TO OUTSIDE BODIES

The Committee examined its agenda plan and the addition of a further item regarding Minor Injury Units.

It was resolved unanimously to:

i. Note the Forward Agenda Plan, subject to the following changes made in the course of the meeting:

Agenda Item No: 3

HEALTH COMMITTEE

Minutes-Action Log

Cambridgeshire County Council

Introduction:

This log captures the actions arising from the Health Committee up to the meeting on **12 July 2018** and updates Members on progress in delivering the necessary actions.

Meeting of 12 July 2018

Minute No.	Item	Action to be taken by	Action	Comments	Status & Estimated Completion Date
130	**Finance and Performance Report – May 2018**	**L Robin**	Emphasised the benefits of interventions for cycle and pedestrian safety as an investment in the future. It was requested that officers explore ways to find funds in order to avoid any reduction in the "Bikeability" scheme.	Work is continuing to bring together different streams of cycle safety and promoting active travel.	**Ongoing**
131	**Annual Public Health Performance Report 2017/18**	**Democratic Services**	Questioned whether regarding significant procurement exercises there was scope for greater Member involvement at an earlier stage of the procurement process. Officers agreed to investigate further the possibility of earlier Member involvement.	This query has been raised with the LGSS Procurement Team correspondence is continuing and an update will be provided.	**Ongoing**

Meeting of 13 September 2018

142	**Community First (Learning Disability Beds Consultation)**		Officers agreed to provide a spreadsheet detailing the funding of the project.	This has been requested from the CCG and has been chased.	**Ongoing**

Agenda Item No: 5

THE ADOPTION OF A DYNAMIC PURCHASING SYSTEM (DPS) FOR PUBLIC HEALTH PRIMARY CARE COMMISSIONING

To:	**Health Committee**
Meeting Date:	**November 8th 2018**
From:	**Director of Public Health**
Electoral division(s):	**All**
Forward Plan ref:	**2018/069**
Key decision:	**Yes**
Purpose:	The purpose of this paper is to describe the issues relating to the multiple primary care contracts that Cambridgeshire County Council (CCC) and Peterborough City Council (PCC) Public Health hold with primary care. Secondly to consider the proposal to adopt the "Dynamic Purchasing System" (DPS) contractual arrangements for Cambridgeshire County Council Public Health contracts with Primary Care providers for the duration of five years, effective from April 2019.
Recommendation:	**The Health Committee is asked to agree with the proposal to adopt the Dynamic Purchasing System (DPS) contractual arrangements for the Cambridgeshire County Council Public Health contracts with primary care providers.**

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

1.1 There are 77 GP practices and 109 community pharmacies located within the boundaries of CCC. All are offered, providing they meet the clinical requirements for providing them, the option of providing all or some of the services. In 2017/18 in CCC and PCC 91 practices provided at least one of the services. The majority provided all of them. Of the community pharmacies 46 provided EHC. There is a range of annual contract values between £15k to £30k per annum as the contract may include some or all of the services.

1.2 GP practices are in a unique position in terms of the provision of their services. Firstly in terms of access to the target populations for the services that are being commissioned means that they can improve their uptake. There is strong evidence that endorsement of a service by a GP or any clinician increases acceptability and compliance with a service. Access to GP records is necessary to identify and invite those eligible for an NHS Health Check.

1.3 Consequently when these primary care contracts transferred to Local Authorities in 2013, as part of the transfer of the Public Health function from the NHS to Local Authorities under the Health and Social Care Act they were not competitively tendered. Through the exemption process the contracts are renewed on annual basis.

1.4 The constant exemption processes and contract renewal is time consuming and challenges commissioning/contracting capacity and is not cost-effective given the large number of relatively low value contracts.

1.5 In addition primary care contractors are experiencing new expectations for their services and high levels of demand. The constant renewal of contracts is viewed as time consuming and is a disincentive to providing the services.

1.7 There are concerns about repeat exemptions and in general these are not encouraged by the Authority.

1.8 There are also a number of process advantages that could be afforded by the adoption of the DPS.

1.9 The CCC total aggregated annual value of all the primary care services commissioned includes payments to providers and drug costs. The drug costs are CCG and community pharmacy re-charges, (contraception, nicotine replacement therapy, stop smoking and drug detoxification medications).

Provider payments: £1,146,000
Drug recharges to the CCG and community pharmacies: £1,080,000
Total: £2,226,000

2. MAIN ISSUES

2.1 The Public Health Joint Commissioning Unit is responsible for commissioning these contracts across both local authorities. It is proposed to adopt the DPS procedure for Primary Care contracts held by in CCC and PCC based on the rationale of creating efficiencies and improving the commissioning relationship with primary care providers.

There are two contractual arrangements that could be termed an “umbrella agreement” which could potentially be used to avoid the annual contracting process for GP contracts.

2.2 A framework agreement is a procedure that sets the terms (particularly relating to price, quality and quantity) under which individual contracts can be made throughout the period of the agreement (normally a maximum of 4 years). Once a framework is set up the procurement is closed and no other provider can join the framework until it is re-procured. A framework is typically used where the authority knows they are likely to have a need for particular products or services, but are unsure of the extent. Consequently framework agreements are commonly set up to cover things like office supplies, IT equipment, consultancy services, and repair and maintenance services. A Framework is not flexible and it does not allow for “new providers” joining. Although the framework has benefits, it does not provide the flexibility required for the provision of primary care services.

2.3 The Dynamic Purchasing System (DPS) is a procedure available for contracts for works, services and goods commonly available on the market. As a procurement tool, it has some aspects that are similar to a Framework agreement, but with DPS new providers can join or leave at any time during the period of validity. In addition the Public Contracts Regulations 2015 (“PCR 2015”) introduced some changes, one being the introduction of the Light Touch Regime (LTR). The LTR allows the Authority to design procurement procedures suitable for these services provided they comply with general principles such as transparency. There are some key benefits of a DPS system.

- It can be used to make procurement more efficient for both providers and buyers, as providers are not required to demonstrate suitability and capability every time they wish to tender under the DPS, they are also only required to demonstrate the minimum requirements, so for services that are regulated this procedure is very simplistic.
- The DPS gives providers another opportunity if at first they are unsuccessful. Many contractors are not poor providers, they are poor tenderers. The use of frameworks unnecessarily locks these providers out of the market for up to four years. DPS offers a solution where if they don’t succeed at first they can try again.
- A DPS can now run for more than four years which supports the development of relationships with key providers.
- A DPS is likely to have more providers awarded into the system than a framework agreement. This would serve to spread the risk for the authority.
- It is fully electronic system with no complicated evaluations and moderations.

2.4 The DPS system will facilitate various improvements in terms of quality assurance and efficiencies in performance management.

- Currently there are differences in the approaches to primary care contracts across CCC and PCC. There is a good working relationship with the Primary Care commissioners in the Clinical Commissioning Group (CCG) and the Local Medical Committee (LMC) and are keen to harmonise the contracts across the local authorities. The introduction of a DPS system affords the opportunity to align contract timeframes, ensure specifications include the same quality assurance processes and payment systems across all contracts. The pricing system however is based on historical differences and some differences will remain.
- It will be a more time effective system though reducing the administration time for both CCC and PCC Public Health JCU along with the Authorities' respective procurement and legal teams.

2.5 The primary care landscape is changing and going forward there is the risk that different contractual arrangements will be required, the DPS would be sufficiently flexible to accommodate these changes.

2.6 Establishing DPS system will require each primary care provider to effectively "bid" to provide a service. This would be a new approach for most GP practices and community pharmacists. However the JCU will work with practices to support them with these processes.

2.7 LGSS Procurement has advised on the adoption of the DPS and the proposal has been approved by the Cambridgeshire and Peterborough Joint Commissioning Board.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

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

- The introduction of DPS will improve the efficiency of the contracting process and encourage primary care providers to deliver the services to avoid more complex annual contractual arrangements.

3.2 Helping people live healthy and independent lives

- The DPS system will encourage more primary care providers to deliver services that aim to improve the health of the population.

3.3 Supporting and protecting vulnerable people

- The DPS system will encourage more primary care providers to deliver services that aim to improve the health of the population. These services are designed to target areas of higher need.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

The report above sets out details of significant implications in ***1.1 and 1.9***

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

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

4.3 Statutory, Legal and Risk Implications

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

4.4 Equality and Diversity Implications

There are no significant implications within this category

4.5 Engagement and Communications Implications

The report above sets out details of significant implications in 2.6

4.6 Localism and Local Member Involvement

The report above sets out details of significant implications in 2.6

4.7 Public Health Implications

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

The introduction of DBS will encourage and support practices to deliver public health services that will improve the health of the population.

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	Yes

risk implications been cleared by LGSS Law?	Name of Legal Officer: Allis Karim
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 Name of Officer: Jo Dickson
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:

Source Documents	**Location**
Mills and Reeve User Guide to the Public Contracts Regulations 2015	https://www.procurementportal.com/files/Uploads/Documents/public_contracts_regs_2015_guide.pdf

Agenda Item No: 6

FINANCE AND PERFORMANCE REPORT – SEPTEMBER 2018

To:	**Health Committee**
Meeting Date:	**8th November 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 September 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 September 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 September 2018.**

	Officer contact:		***Member contacts:***
Name:	Martin Wade	Names:	Councillor Peter Hudson
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Email:	martin.wade@cambridgeshire.gov.uk	Email:	Peter.Hudson@cambridgeshire.gov.uk
Tel:	01223 699733	Tel:	01223 706398

1.0 BACKGROUND

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

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

2.0 MAIN ISSUES IN THE SEPTEMBER 2018 FINANCE & PERFORMANCE REPORT

2.1 The September 2018 Finance and Performance report is attached at Annex A.

2.2 The forecast outturn for the Public Health Directorate is currently an underspend of £391k. This is an increase of £110k from last month's reported position, as a result of anticipated underspends being identified against stop smoking (£50k), contraception (£50k) and prevention activities (£10k). Any underspend within the Public Health directorate up to the level of corporate funding allocated on top of the public health grant funding (£391k) will be attributed to corporate reserves at year end.

A balanced budget was set for the Public Health Directorate for 2018/19, 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.

Further detail on the outturn position can be found in Annex A.

2.3 The Public Health Service Performance Management Framework for August 2018 is contained within the report. Of the thirty one Health Committee performance indicators, six are red, five 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: 10 October 2018

Public Health Directorate

Finance and Performance Report – September 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
Aug (No. of indicators)	6	5	17	3	31

2. INCOME AND EXPENDITURE

2.1 Overall Position

Forecast Outturn Variance (Aug) £000	Service	Budget for 2018/19 £000	Actual to end of Sep 18 £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
0	Children Health	9,266	3,959	0	0%
0	Drug & Alcohol Misuse	5,625	2,111	0	0%
-281	Sexual Health & Contraception	5,157	1,694	-331	6%
0	Behaviour Change / Preventing Long Term Conditions	3,812	1,132	-50	-1%
0	Falls Prevention	80	8	0	0%
0	General Prevention Activities	56	32	-10	-18%
0	Adult Mental Health & Community Safety	256	60	0	0%
0	Public Health Directorate	2,019	751	0	0%
-281	**Total Expenditure**	**26,271**	**9,747**	**-391**	**-1%**
0	Public Health Grant	-25,419	-12,915	0	0%
0	s75 Agreement NHSE-HIV	-144	144	0	0%
0	Other Income	-40	-0	0	0%
0	Drawdown From Reserves	-39	0	0	0%
0	**Total Income**	**-25,642**	**-12,771**	**0**	**0%**
-281	**Net Total**	**629**	**-3,024**	**-391**	**-62%**

The service level budgetary control report for 2018/19 can be found in appendix 1.

Further analysis can be found in appendix 2.

2.2 Significant Issues

A balanced budget has been set for the financial year 2018/19. Savings totalling £465k have been budgeted for and the achievement of savings will be monitored through the monthly savings tracker, with exceptions being reported to Heath Committee and any resulting overspends reported through this monthly Finance and Performance Report.

The total forecast underspend for the Public Health Directorate is £391k, an increase of £110k from last months reported position. An underspend of £50k has been identified against the stop smoking budget area; this is as a result of a reduction in prescribing costs. Additionally, a £50k underspend has been identified against the LARC (long acting reversible contraception) budget due to a reduction in the cost of injectable contraception. This is in addition to the previously identified underspend as a result of an over-accrual from a previous financial year, bringing the total expected underspend on sexual health budgets to £331k. A small underspend has also been identified against general prevention activities (£10k). Any underspend within the Public Health directorate up to the level of corporate funding allocated on top of the public health grant funding (£391k) will be attributed to corporate reserves at year end.

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

The total Public Health ring-fenced grant allocation for 2018/19 is £26.253m, of which £25.541m 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 August 2018.

Sexual Health (KP1 & 2)

- Performance of sexual health and contraception services is good however the target for percentage seen within 48 hours has moved to amber reflecting the fall in performance earlier this year. This performance is being monitored carefully.

Smoking Cessation (KPI 5)

This service is being delivered by Everyone Health as part of the wider Lifestyle Service.

- There has been an improvement in this months performance but indicators for people setting and achieving a four week quit remain at red.
- Appendix 6 provides further commentary on the ongoing programme to improve performance.

National Child Measurement Programme (KPI 14 & 15)

- The coverage target for the programme was met. Year end data for the 2017/18 programme will be available at the end of 2018.
- Measurements for the 2018/19 programme are taken during the academic year and the programme will re-commence in November 2018.

NHS Health Checks (KPI 3 & 4)

- Indicator 3 for the number of health checks completed by GPs is reported on quarterly. For Q1 this indicator is reporting as red.
- Indicator 4 for the number of outreach health checks remains red
- Further details of the refocus for the service are available in the commentary in Appendix 6.

Lifestyle Services (KPI 5,16-30)

- There are now 16 Lifestyle Service indicators reported on, the overall performance is good and the same as last month showing 13 green, 1 amber and 2 red indicators.
- Appendix 6 provides further explanation on the red indicator for the personal health trainer service, proportion of Tier 2 clients completing weight loss interventions and smoking cessation.

Health Visiting and School Nurse Services (KPI 6-13)

The performance data provided reports on the Q1 (April –June 2018) for the Health Visiting and School Nurse service.

- Summary of this quarter has been reported on in the previous finance and performance report for July 2018.
- Quarter 2 (July-Sept) is planned to be reported on in Decembers finance and performance report.

4.2 Public Health Services provided through a Memorandum of Understanding (MOU) with other Directorates (Appendix 7)

Appendix 7 provides an update on Quarter 1 reports for the Public Health MOU services. Current spend is within an expected range

APPENDIX 1 – Public Health Directorate Budgetary Control Report

Previous Outturn (Aug) £'000	Service	Budget 2018/19 £'000	Actual to end of Sep £'000	Outturn Forecast £'000	%
	Children Health				
0	Children 0-5 PH Programme	7,253	1,586	0	0%
0	Children 5-19 PH Programme - Non Prescribed	1,706	2,093	0	0%
0	Children Mental Health	307	281	0	0%
0	**Children Health Total**	**9,266**	**3,959**	**0**	**0%**
	Drugs & Alcohol				
0	Drug & Alcohol Misuse	5,625	2,111	0	0%
0	**Drugs & Alcohol Total**	**5,625**	**2,111**	**0**	**0%**
	Sexual Health & Contraception				
-281	SH STI testing & treatment – Prescribed	3,829	1,525	-281	-7%
0	SH Contraception - Prescribed	1,176	169	-50	-4%
0	SH Services Advice Prevn Promtn - Non-Presribed	152	1	0	0%
-281	**Sexual Health & Contraception Total**	**5,157**	**1,694**	**-331**	**-6%**
	Behaviour Change / Preventing Long Term Conditions				
0	Integrated Lifestyle Services	1,980	1,141	-0	0%
0	Other Health Improvement	413	-59	0	0%
0	Smoking Cessation GP & Pharmacy	703	-206	-50	-7%
0	NHS Health Checks Prog – Prescribed	716	256	0	0%
0	**Behaviour Change / Preventing Long Term Conditions Total**	**3,812**	**1,132**	**-50**	**-1%**
	Falls Prevention				
0	Falls Prevention	80	8	0	0%
0	**Falls Prevention Total**	**80**	**8**	**0**	**0%**
	General Prevention Activities				
0	General Prevention, Traveller Health	56	32	-10	-18%
0	**General Prevention Activities Total**	**56**	**32**	**-10**	**-18%**
	Adult Mental Health & Community Safety				
0	Adult Mental Health & Community Safety	256	60	0	0%
0	**Adult Mental Health & Community Safety Total**	**256**	**60**	**0**	**0%**

Previous Outturn (Jul) £'000	Service	Budget 2018/19 £'000	Actual to end of Aug £'000	Outturn Forecast £'000	%
	Public Health Directorate				
0	Children Health	189	80		0%
0	Drugs & Alcohol	287	97		0%
0	Sexual Health & Contraception	164	61		0%
0	Behaviour Change	753	282		0%
0	General Prevention	199	87		0%
0	Adult Mental Health	36	10		0%
0	Health Protection	53	24		0%
0	Analysts	338	110		0%
0		**2,019**	**751**	**0**	**0%**
-281	**Total Expenditure before Carry forward**	**26,271**	**9,747**	**-391**	**-1%**
0	**Anticipated contribution to Public Health grant reserve**	**0**	**0**	**0**	**0.00%**
	Funded By				
0	Public Health Grant	-25,419	-12,915		0%
0	S75 Agreement NHSE HIV	-144	144		0%
0	Other Income	-40	0		0%
	Drawdown From Reserves	-39	0		0%
0	**Income Total**	**-25,642**	**-12,771**	**0**	**0%**
-281	**Net Total**	**629**	**-3,024**	**-391**	**-62%**

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	Budget 2018/19 £'000	Forecast Outturn Variance	
		£'000	%
Sexual Health Testing and Treatment	**3,829**	**-281**	**-7%**
An underspend of £281k has been identified against the Sexual Health budget. This is as a result of an over-accrual which had been carried forward from a previous financial year in error. The over-accrual will be moved into Public Health ring-fenced grant reserve and will be used to fund £281k of Public Health eligible funding during 2018/19 in place of £281k of general CCC funding, producing an underspend against the CCC corporate funding.			

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	**26,253**	**26,253**	Ring-fenced grant
Grant allocated as follows;			
Public Health Directorate	25,419	25,419	
P&C Directorate	283	293	£10k movement of Strengthening Communities Funding moved from P&E to P&C
P&E Directorate	130	120	£10k movement of Strengthening Communities Funding moved from P&E to P&C
CS&T Directorate	201	201	
LGSS Cambridge Office	220	220	
Total	**26,253**	**26,253**	

APPENDIX 4 – Virements and Budget Reconciliation

	£'000	Notes
Budget as per Business Plan		
Virements		
Non-material virements (+/- £160k)		
Budget Reconciliation		
Current Budget 2018/19		

APPENDIX 5 – Reserve Schedule

Fund Description	Balance at 31 March 2018	2018/19		Forecast Closing Balance	Notes
		Movements in 2018/19	Balance at end Sep 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	300	0	300	200	Anticipated spend £100k per year over 5 years.
Falls Prevention Fund	378	0	378	259	Planned for use on joint work with the NHS in 2017/18 and 2018/19.
NHS Healthchecks programme	270	0	270	270	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	579	0	579	300	£517k Committed to the countywide 'Let's Get Moving' physical activity programme which runs for two years from July 2017-June 2019.
subtotal	**1,527**	**0**	**1,527**	**1,029**	
TOTAL	**2,567**	**0**	**2,567**	**2,069**	

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

Fund Description	Balance at 31 March 2018	2018/19		Forecast Closing Balance	Notes
		Movements in 2018/19	Balance at end Sep 2018		
	£'000	£'000	£'000	£'000	
General Reserve					
Joint Improvement Programme (JIP)	136	0	136	136	
Improving Screening & Immunisation uptake	9	0	9	9	£9k from NHS ~England for expenditure in Cambridgeshire and Peterborough
TOTAL	**145**		**145**	**145**	

APPENDIX 6 PERFORMANCE

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

↓	Below previous month actual
↔	No movement
↑	Above previous month actual

The Public Health Service Performance Management Framework (PMF) for August 2018 can be seen within the tables below:

	Measures										
KPI no.	Measure	Period data relates to	Y/E Target 2018/19	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	Aug-18	98%	98%	100%	100%	G	98%	98%	98%	↔	
2	GUM ACCESS - % seen within 48 hours (% of those offered an appointment)	Aug-18	80%	80%	93%	92%	A	92%	80%	91%	↓	This reflects the fall in performance earlier in the year. The performance is being monitored carefully in view of past increases in activity.
3	Number of Health Checks completed (GPs)	Q1 (Apr - Jun18)	18,000	4500	3747	83%	R	N/A	4500	3489	↔	This is an improvement on performance at this time last year.
4	Number of outreach health checks carried out	Aug-18	1,800	770	567	74%	R	125%	110	63%	↓	The Lifestyle Service is commissioned to provide outreach Health Checks for hard to reach groups in the community and in workplaces. This includes securing access to workplaces in Fenland where there are high risk workforces. Wisbech Job Centre Plus is receiving sessions for staff and those claiming benefits. In addition sessions in community centres in areas that have high risk populations are ongoing A mobile service has been piloted and will be introduced. Performance in Fenland continues to overachieve. However although performance in the rest of county has improved it remains below target and consequently this KPI remains on red.
5	Smoking Cessation - four week quitters	Jul-18	2154	640	437	68%	R	62%	160	76%	↑	• There has been an improvement this month in performance. 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. A new promotional campaign is planned and other new approaches are being developed. •The most recent Public Health Outcomes Framework figures released in July 2018 with data for 2017) suggest the prevalence of smoking in Cambridgeshire is statistically similar to the England figure , 14.5% v 14.9%. All districts are now statistically similar to the England figure. Most notable has been the improvement in Fenland where it has dropped from 21.6% to 16.3%, making it lower than the Cambridge City rate of 17.0%

KPI no.	Measure	Period data relates to	Y/E Target 2018/19	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	Q1 April - June 2018	56%	56%	53%	53%	A	50%	56%	53%	↑	The breastfeeding prevalence target will remain at 56% in 2018/19, although it is recognised that across the county this is a challenging target. Breastfeeding statistics have seen a 3% increase since the last reporting period. Analysis does show very different breastfeeding rates across the county. Breast feeding rates in South Cambridgeshire is 67% over this period, whilst the rates for East Cambs and Fenland are currently 33%. An action plan is in place and the Health Visitor Infant Feeding lead is working with acute midwifery units to attempt to improve the breastfeeding rates collaboratively. A pilot is to begin whereby mothers are contacted via telephone on discharge from hospital to offer an early follow up appointment to support breast feeding. In order to measure the impact and outcome of this pilot a change in process needs to take place within System One - this is being addressed. Overall however, the breastfeeding rates in Cambridgeshire remains higher than the national average of 44%. Breastfeeding prevalence rates will continue to be monitored closely, particularly in East Cambs and Fenland, with the aim of achieving the 56% target.
7	Health visiting mandated check - Percentage of first face-to-face antenatal contact with a HV from 28 weeks	Q1 April - June 2018	50%	50%	20%	20%	R	21%	50%	20%	↓	In Cambridgeshire a local target has been set for 50%, with the longer term goal of achieving a target of 90% by 2020. The overall performance this quarter has decreased by 1%. However, this does not reflect the month on month improvements in working towards this target. There was, in April an initial fall in performance to 14%, but then has been followed by significant improvement in June reaching 27% of face to face contacts completed. Looking at each individual areas, all have seen improvements with Huntingdon achieving 38%, East Cambs and Fenland reaching 37% and Cambs City and South reaching 13%. Whilst all areas need to continue to improve, a particular focus is required to improve the position in Cambs City and South. These improvements are in part due to the improvements in the notification process with midwifery, but also as a result of the health visiting team now beginning to recognise the importance of this assessment and are therefore beginning to embed this contact into their day to day working practice. An electronic process has been established with the Queen Elizabeth Hospital EH and went live two weeks ago. The clinical lead has had successful discussions with Hinchinbrook and Peterborough midwifery units and we are awaiting a 'go live' date. Once these hospital are established negotiations will then commence with Addenbrookes.
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	Q1 April - June 2018	90%	90%	95%	95%	G	95%	90%	95%	↔	The 10 - 14 new birth visit remains consistent each month and numbers are well within the 90% target.
9	Health visiting mandated check - Percentage of children who received a 6 - 8 week review	Q1 April - June 2018	90%	90%	85%	85%	A	84%	90%	85%	↑	The performance for the 6 - 8 week review has increased one percentile this quarter, from 84% in Q4 2017/18, to 85%. Cambridgeshire continues to exceed the national average for this visit, which in 2016/17 was 82.5%. Analysis of the data shows that the 90% target was achieved in both Cambs City and South (91%) and Hunts (95%), but East Cambs and Fenland only achieved 66%. This was a local capacity issue in East Cambs and Fenland. Consequently it was locally agreed not to prioritise the review, meaning completion levels in this area fell, impacting the county figure as a whole. The Area Manager is working with staff to ensure this is re-prioritised moving forward.
10	Health visiting mandated check - Percentage of children who received a 12 month review by 15 months	Q1 April - June 2018	95%	95%	85%	85%	A	85%	95%	85%	↔	Performance against the 12 month visit by 15 months target has remained at 85% this quarter. However if exception reporting is accounted for, this increases to a quarterly average of 95%, thus meeting the target. This quarter 72 visits were not wanted by the family and a further 90 were not attended. Staff working in the East Cambs and Fenland locality have now returned to offering this review as a home visit rather than in a clinic setting as data demonstrated that clinic appointments increased the number of people not attending. By returning to home visits there has been an increase in success of completing this assessment in this area.
11	Health visiting mandated check - Percentage of children who received a 2 -2.5 year review	Q1 April - June 2018	90%	90%	67%	67%	R	77%	90%	67%	↓	The number of two year old checks completed this quarter has declined, from 77% in Q4 2017/18 to 67%. If data is looked at in terms exception reporting, which includes parents who did not want/attend the 2 year check then the average percentage achieved for this quarter increases to 82%. During this quarter,137 appointments were not wanted and 118 were not attended. Both Cambs City and South and Huntingdon Districts have performed at 72% and 75% respectively, but East Cambs and Fenland only achieved 56% during this quarter. A decrease in performance is attributed to a change in delivery model for the East Cambridgeshire and Fenland team, who introduced development clinics to account for staffing and capacity issues. This is led to an increase in DNA's, however due to pre-booked appointments, the team are unable to return to home-visiting until July. This has now been addressed and performance is expected to improve next quarter. There has also been recruitment to 2.6fte Nursery Nurse posts. These are currently progressing through the recruitment process. One post will be placed in East Cambs and Fenland and the remaining will work in Cambs City. These posts will increase the teams capacity and ability to meet this target.
12	School nursing - Number of young people seen for behavioural interventions - smoking, sexual health advice, weight management, emotional health and well being, substance misuse or domestic violence	Q1 April - June 2018	N/A	N/A	100	N/A	N/A	N/A	N/A	100	N/A	Whilst the school nursing services has seen changes to the way it is delivered the service continues to offer face to face interventions to children and young people in settings relating to a range of subjects. There has been a fall in the number of interventions around emotional health and well being, although this may be attributed to the introduction of CHUMS Counselling and Talking Therapies service and Emotional Wellbeing Practitioners, who are offering services to children and young people and supporting existing services including schools and the School Nursing service.
13a	School nursing - number of calls made to the duty desk	Q1 April - June 2018	N/A	N/A	801	N/A	N/A	Not applicable	N/A	801	N/A	The school nursing service has developed over the last 12 months, which includes the introduction of a duty desk, which operates as a single point of access and CHAT Health, a text based support service for children and young people. As a result the information collected and reported has changed and therefore the measure provided in this report has been changed to reflect the services being accessed via the 5 - 19 services. The duty desk has received 801 calls during the quarter 1 period offering immediate access to staff for support, referral and advice. Chat Health has been accessed by 742 children and young people over the quarter. Analysis of the Chat Health attributes indicate that the service has been used to support an additional 11 CYP regarding sexual health, 27 for emotional health and well being concerns and 2 for substance misuse.
13b	School nursing - Number of children and young people who access health advices and support through Chat Health	Q1 April - June 2018	N/A	N/A	742	N/A	N/A	Not applicable	N/A	742	N/A	

KPI no.	Measure	Period data relates to	Y/E Target 2018/19	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)	Aug-18	>90%	>90%	>90%	91%	G	91.3%	91.3%	90.0%	N/A	The National Child Measurement Programme (NCMP) has been completed for the 2016/17 academic year. The coverage target was met and the measurement data has been submitted to the PHE in line with the required timeline. The cleaned measurement data will be available at the end of the year. The 2018/19 measurement programme commences in November
15	Childhood Obesity (School year) - 90% coverage of children in reception by final submission (EOY)	Aug-18	>90%	>90%	>90%	95%	G	95.1%	95.1%	90.0%	N/A	
16	Overall referrals to the service	Aug-18	5610	1964	2743	140%	G	139%	281	148%	↑	Although downwards the number of referrals is still above target.
17	Personal Health Trainer Service - number of Personal Health Plans produced (PHPs) **(Pre-existing GP based service)**	Aug-18	1670	585	578	99%	G	80%	84	92%	↑	
18	Personal Health Trainer Service - Personal Health Plans completed **(Pre-existing GP based service)**	Aug-18	1252	438	516	118%	G	149%	63	222%	↑	
19	Number of physical activity groups held **(Pre-existing GP based service)**	Aug-18	730	256	409	160%	G	208%	37	262%	↑	
20	Number of healthy eating groups held **(Pre-existing GP based service)**	Aug-18	495	173	220	127%	G	131%	25	50%	↓	The fall reflects seasonal variation and the overachievement in the previous month.
21	Personal Health Trainer Service - number of PHPs produced (Extended Service)	Aug-18	795	278	394	142%	G	164%	40	190%	↑	
22	Personal Health Trainer Service - Personal Health Plans completed (Extended Service)	Aug-18	596	209	234	112%	G	147%	30	113%	↓	The fall reflects seasonal variation and the overachievement in the previous month.
23	Number of physical activity groups held (Extended Service)	Aug-18	913	320	297	93%	A	164%	37	102%	↓	There has been a considerable improvement in performance overall, this month is above target and although there is fall this reflects the very high overachievement last month.
24	Number of healthy eating groups held (Extended Service)	Aug-18	627	219	249	114%	G	102%	25	39%	↓	The fall reflects seasonal variation and the overachievement in the previous month.

KPI no.	Measure	Period data relates to	Y/E Target 2018/19	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
25	Proportion of Tier 2 clients completing the intervention who have achieved 5% weight loss.	Aug-18	30%	30%	21.0%	70.0%	R	25%	30%	22%	↓	There has been an ongoing issue with staff changes, to ensure that there is consistent services To address this Everyone Health is contracting with Slimming World and Weight Watchers to deliver the Tier 2 weight management services. The Programmes of both these organisations have been very well evaluated and they have robust evidence for the effectiveness of their services.
26	Proportion of Tier 3 clients completing the course who have achieved 10% weight loss	Aug-18	60%	60%	61.0%	101.0%	G	50.0%	60%	67.0%	↑	
27	% of children recruited who complete the weight management programme and maintain or reduce their BMI Z score by agreed amounts	Aug-18	80%	80%	80%	100.0%	G	0%	80%	0%	↔	A new programme has commenced.
28	Number of referrals received for multi factorial risk assessment for Falls Prevention	Aug-18	425	149	245	164%	G	208%	21	295%	↑	
29	Number of Multi Factorial Risk Assessments Completed - Falls Prevention	Aug-18	180	63	301	478%	G	609%	9	511%	↑	
30	Number clients completing their PHP - Falls Prevention	Aug-18	230	81	135	167%	G	414%	12	158%	↓	The fall reflects seasonal variation and the overachievement in the previous month.

* All figures received in September 2018 relate to August 2018 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 2018-19 UPDATE FOR Q1

Directorate	YTD (Q1) expected spend	YTD (Q1) actual spend	Variance
P&C	£73,250	£72,811	£439
ETE	£30,000	£28,005	£1,995
CS&T	£50,250	£50,250	0
LGSS	£55,000	£55,000	0
TOTAL Q1	**£208,500**	**£206,066**	**£2,434**

Directorate	Service	Q4 Update	YTD expected spend	YTD actual spend	Variance
P&C	**Counting every Adult (MEAM)**	CEA caseload update: Referrals: 16 Accepted: 6 Closed: 3 Active: 31 (at end of quarter) 21 positively engaged in treatment and support including drug and alcohol treatment, mental health support, probation, physical health issues.	£17,000	£17,000	0
P&C	**Education Wellbeing/PSHE KickAsh**	Primary programme visits c/ompleted (Education Wellbeing Team, planned, coordinated, managed and delivered the programme with Kick Ash mentors from participating secondary schools).	£3,750	£3,750	0

P&C	**Children's Centres**	We have now launched the new Child and Family Centre offer across Cambridgeshire which operates across a wider age range, offering more responsive and flexible services on a district based structure. The level of frontline delivery has remained the same in the new offer including the same commitment to delivering integrated health provision as a key part of this offer. The overall aim of the offer remains ensuring a healthy start to life for all children and ensuring readiness for school, whilst maintaining a focus on inequalities in the early years, and targeting support which will minimise the need to access specialist services where possible. The Public Health funding is utilised as part of the total budget to improve health of children, with particular focus on the youngest children. We are continuing our work to transform services to create a more integrated offer for families with community health colleagues in Health Visiting, Family Nurse Partnership and Maternity Services.	£42,500	£42,400	0
P&C	**Strengthening Communities Service - KickAsh**	Work has continued to be carried out under the instruction of PHSE Services who led on Kick Ash programme in this reporting period. *Update from Sarah Freeman on Strengthening Communities work in Q1 as part of the Kick Ash team.* This Q1 leads us towards the end of the school year. Nine of the ten schools have received training, encouragement and support for their mentors from Strengthening Communities in order to deliver a number of different activities over the year including: • Raising awareness with their peers on and around National No Smoking Day in March and Stoptober (October stop smoking campaign). • Participating in Year 8 career or personal development days in school – showing the interactive computer session Operation Smokestorm. • Holding lunch time peer support sessions.	£5,750	£5,223	£527

		• Kick Ash Mentors carrying out business visits on behalf of Trading Standards. • Delivering training to year 6 pupils in their partner primary schools. • Interviewing some players from Cambridge United Football Club about their ideas about smoking and to gain the club support. St Peters school chose to not take part in Kick Ash in this academic year despite best efforts from officers to encourage them to do so. Their decision was made too late in the annual programme to invite another school as a replacement. Some Business Visits by Kick Ash mentors took place, but the main focus this year shifted away from conducting business visits to working with the young people to understand and share positives of not vaping, supported by the findings of the 2016 Health Related Behaviour Survey (which suggested low levels of vaping in the schools). Students disputed the findings of the Survey (their understanding is that vaping levels are much higher) and it led to some interesting discussions between the pupils. As well as the usual administration and contact with schools, specific activity during Quarter 1 of 2018-19 includes:- • **April** (which included a two week Easter break): Kick Ash "big event" , designed to bring mentors together from all Kick Ash participating schools to network, share experiences, celebrate achievements and team build. Our Kick Ash officer spent time resourcing and booking venues and activities (Krashball / Zorbing football) but insufficient take-up resulted in cancellation of the event. A full refund from the activity company and a partial refund for the venue was negotiated. Met the mentor group at **Cottenham VC** to continue the support and to encourage ideas for the remainder of the term. Organised a KA resource team meeting to discuss various items for the future and to begin planning ideas for September.			

		• **<u>May</u>** (included a half term break): • Visited **Bottisham VC** to offer continued support and **Sawtry Academy** to finalise the rota for the visits to two primary school visits in May and early June. • In preparation for the planned "big event" and Krashball activity we had invited **Cambridge United Football Club** to attend and show support and encouragement for the Kick Ash project and the young mentors. Despite the event being cancelled, new arrangements were negotiated with CUFC and two students from **Swavesey VC** were given the opportunity to meet and interview some of the players at their training ground. This gave the young mentors the chance to ask players to share their thoughts about being healthy and smoke-free. Our officer chaperoned the students and made all the necessary arrangements with CUFC and with our corporate Communications Team (for the occasion to be captured on film and still images to be shared on social media and web pages). This proved a very positive experience for both the mentors and the players who have now pledged, as part of Cambridge United Football Club, to support Kick Ash, sharing short videos and photos on their social media and web pages. • General Data Protection Regulations came into force on 25th May and the consent forms used for newly recruited mentors were updated. • Safety Zone took place in St Neots over 4½ days. Officers from the Community Protection Team helped to deliver safety messages about the effects of tobacco and e-cigarettes on health as well as information about age restrictions and shop policies to some 450 aged 9/10 year olds from 16 different schools. • **<u>June:</u>** Organised and chaired resource team meeting to discuss the marketing strategy, social media and communications support and fulfilment. Evaluation meetings took place with **Cottenham** and **Sawtry** school leads for the end of year with recruitment options discussed and new contacts established. All meetings to support the schools were fulfilled.			

P&C	**Strengthening Communities Service**	For period 1 April to 30 June]. Business as usual continues in Fenland, below are a few of the highlights for this quarter. **Prevention at Scale** Normally a Health based initiative, in the case of Wisbech Prevention at Scale is being used to achieve greater impacts in Community Development and Engagement, the rationale being that if there is greater engagement from communities overall, if they are empowered to understand and commit to changes, if they begin to own projects or services and exert a voice and influence then, impacts are likely to be greater, whether that be in heath, well-being, skills, employment or educational attainment (or indeed any other broad theme). This project is about the population and communities of Wisbech and dovetails neatly with the overarching vision and themes of Wisbech 2020. **Wisbech Community Led Local Delivery (CLLD)** Using ESF and partnership funding (including CCC) , Wisbech CLLD is a programme being delivered through a range of local projects which will help people facing multiple disadvantages to move closer to work, either into paid employment or into activities that may build their confidence and skills to help them find work. Project funding applications are considered by a Local Action Group which includes Strengthening Communities and as a result of our involvement, local community leaders who are representative of the town's demographics. **Time Credit networks** in Chatteris, March and Wisbech continue with support from officers in SCS. A total of 50,000 hours have been worked by volunteers across Cambridgeshire throughout the life of Time Credits, expectation is that a third of those will be in Fenland. The communication campaign publicising the programme and the 50k milestone featured 'Glenda' from Wisbech who was previously homeless and gained confidence, support, experience and employment through Time Credits. Officers are currently progressing the ambitious plans for sustainable Time Credits work post Jan 2019 when the current contract with Spice ends.	£2,500	£2,588	-£88

		Community Protection officers engaged with over 150 residents and volunteers at the Golden Age Fair in Manea sharing advice and support on how to prevent financial detriment and emotional harm caused by scams and rogue traders, the triggers for people being more susceptible to being a victim - which includes loneliness, isolation, memory loss/early onset dementia - and how the community can mitigate the risk of that happening to their vulnerable residents. A number of victim referrals have been received by the team as a result of investigations by the National Scams Team. Those affected by loneliness and social isolation are encouraged to take up offers of help from local community groups and coordinators. Referral pathways into local and partner victim support, adult social care and mental health support are being reviewed and improved in partnership with other services, organisations and businesses with an interest in victim support. **Dementia Friendly Communities** Strengthening Communities manager has arranged for elected members to receive training and advice on setting up Dementia Friendly communities and is working with District Council colleagues to progress, including across Fenland.			
P&C	**Contribution to Anti-Bullying**	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.	£1,750	£1,750	£0
		SUB TOTAL : P&C Q1	**£73,250**	**£72,811**	**£439**
ETE	**Active Travel (overcoming safety barriers)**	102 schools are now using the Modeshift STARS system. Submissions for July are for 54 bronze accreditations, 1 silver, 2 gold. There is one school waiting to see if they have achieved gold so possibly 3 gold in total. Walk to school week activities took place in May and bike week activities in June.	£13,750	£13,750	0
ETE	**Explore additional interventions for**	Adverts for students in Student Pocket Guide to promote safe cycling.	£7,500	£7,500	0

	cyclist/ pedestrian safety	Work with Cambridge City Council, Police and Cambridge Cycling Campaign to explore some of the issues facing cyclists in Cambridge. Looking at some additional analysis of collisions where close pass recorded as a factor.			
ETE	**Road Safety**	This academic year has seen an increase to 26 schools on the JTA scheme and a further 15 on the waiting list. There are now 144 JTAs across the 26 schools. Activities they have undertaken include: - A competition to write 'be bright be seen' songs and poems for when the clocks changed - Walk to school promotion, including Happy Shoes Day - School assemblies - A school play - Designing their own banners for outside school - Charity events to support the Road Victims Trust Moving forward there is an opportunity to grow the scheme and meet the additional demand through the Council's new road safety hub approach in partnership with Peterborough City Council. A separate funding bid to the Office of the Police and Crime Commissioner has been submitted to extend the programme to deliver Youth Travel Ambassador in 10 secondary schools across Cambridgeshire and Peterborough in the new academic year.	£5,000	£5,000	0
ETE	**Illicit Tobacco**	• Preparation and cases in the Magistrates Court. Hearing dates in June resulted in arrest warrants being issued as defendants failed to appear and another case hearing will be in September. • Intelligence work on going. Intelligence received on shops as other premises selling in various places across the county.	£3,750	£1,755	£1,995
		SUB TOTAL : ETE Q1	**£30,000**	**£28,005**	**£1,995**
C&CS	**Research**	The main focus for quarter one has been the delivery of the New Communities survey work. This will provide insight into the demographics of new communities (in support of the	£5,500	£5,500	0

		planning of new facilities and services) and also include some questions on the perceived health of respondents. The team are currently surveying the Cambridge fringe developments. The consistent review and update to CambridgeshireInsight and CambridgeshireInsight OpenData continues. A recent finance paper to the CambridgeInsight steering group identified an annual cost for each partner £4,110 per anum for basic maintenance and upkeep for the site. It is assumed that the MOU covers this cost.			
C&CS	**Transformation Team Support**	**Business Planning** The Transformation Team continues to lead the Council's Business Planning Process, ensuring that the 2018-19 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 remain available to provide project management support and advice to Public Health; as well as operating a range of projects that include public health representation • The authority's new project management system continues to be rolled out and refined at present; this includes Public Health projects and wider projects that public health colleagues are engaged in. **Links between Public Health, STP and Devolution** • The Transformation Team continue to engage and support the development of STP work led by Public Health. • 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.	£6,750	£6,750	0
C&CS	**Communications**	- Supporting the Change for Life campaign on physical activity - Developing a PR communications strategy for the PH team - Continuing to work on the falls prevention campaign - Stay Well evaluation	£6,250	£6,250	0

		- Heatwave communications			
C&CS	**Strategic Advice**	• Leading the corporate Health, Safety and Wellbeing Board to ensure that Public Health, & its role in supporting for staff wellbeing, is given greater focus • Support with specification and supply of analytical software • Managing the corporate risk management and corporate performance management frameworks and ensuring that Public Health is fully accounted for in these	£5,500	£5,500	0
C&CS	**Emergency Planning Support**	Close co-operation with the Health Emergency Planning Officer (HEPRO) across a range of resilience tasks. • Provision of emergency planning support when the HEPRO is not available • Provision of out of hours support to ensure that the DPH is kept up to date with any incidents that may occur, and which may have impact upon Public Health. • Ongoing support across all areas of resilience preparation	£1,250	£1,250	0
C&CS	**LGSS Managed Overheads**	This continues to be supported on an ongoing basis, including: • Provision of IT equipment • Office Accommodation • Telephony • Members allowances	£25,000	£25,000	0
		SUB TOTAL : CCS Q1	**£50,250**	**£50,250**	**0**
LGSS	**Overheads associated with PH function**	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	**£55,000**	**£55,000**	**0**
		SUB TOTAL : LGSS Q1	**£55,000**	**£55,000**	**£0**

Agenda Item No: 7

PROGRESS REPORT: PROGRAMMES FUNDED FROM PUBLIC HEALTH RESERVES

To:	**Health Committee**
Meeting Date:	**November 8th 2018**
From:	**Director of Public Health**
Electoral division(s):	**All**
Forward Plan ref:	**N/A** *Key decision:* **No**
Purpose:	**The purpose of this paper is to provide progress reports on three pilot programmes funded by the Health Committee from Public Health Reserves.**
Recommendation:	**The Committee is asked to review the progress reports and support the following recommendations.**

a) Acknowledge the positive progress achieved by the three programmes.

b) Support the request to continue to fund the Let's Get Moving Programme for a minimum of one year from April 2019.

c) To note that that public health allocated funding to support the system wide Falls Prevention Programme will end in January 2020 and its future funding will require review by the Health Committee.

	Officer contact:		***Member contacts:***
Names:	**Val Thomas, Helen Tunster**	Names:	Councillor Peter Hudson
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1. BACKGROUND

1.1 The Health Committee funded from Public Health Reserves three new public health initiatives. These programmes are being closely monitored to provide evidence of their impact, effectiveness and their potential cost benefits. They include:

- Falls Prevention Programme
- Let's Get Moving
- Healthy Fenland Fund

1.2 Falls Prevention Programme
The Health Committee allocated an earmarked reserve of £400k for falls prevention work, which is being used for a collaborative falls prevention pilot, working with the Sustainable Transformation Programme and Better Care Fund Integrated Commissioning Board. Cambridgeshire County Council public health reserve funding into this pilot is approx £119k funding per year over two years, together with some mainstream revenue funding. The aim of the Falls Prevention Programme is to reduce serious falls that require medical attention and improve the quality of life and health outcomes of older people by implementing an integrated, evidence-based falls prevention pathway across Cambridgeshire and Peterborough. The supporting paper outlines the achievements to date, impact, issues encountered and proposed next steps. The paper provides early indications of a positive return on investment for adult social care, but data for a longer time period is needed in order to give a robust result.

1.3 Let's Get Moving
In 2016 the Health Committee approved £513,000 public health earmarked reserves to fund over two years the countywide physical activity programme, Let's Get Moving. The Lets Get Moving Programme proposal was developed as a collaborative initiative between the district councils, their partners and County Sports Partnership Living Sport, to provide a countywide physical activity programme that would increase levels of physical activity especially in areas and groups with high needs. It has a key role in the delivery of the Cambridgeshire Healthy Weight Strategy with its central themes of collaboration across the system to support healthy behavioural change and communities taking responsibility for their health and wellbeing. These themes and objectives are reflected in the Lets Get Moving Programme which focuses upon increasing levels of physical activity through engaging local communities, including the use of the district council facilities, to a level that will enable them to become self-sustaining.

1.4 Healthy Fenland Fund
The Health Committee approved funding for the Healthy Fenland Fund (HFF) which reflected its commitment to improving health outcomes and inequalities in Fenland. The aim of the Programme is to contribute to improvements in the health and wellbeing of communities in Fenland through supporting the development of strong and resilient communities that are fully engaged in identifying and addressing their needs.

Care Network successfully bid in a competitive tender for the delivery of the HFF, with the contract commencing in January 2016. HFF is funded for five years with a total value of £825,000, of which £500,000 is from a public health earmarked reserve, and has two mutually dependent elements. The "Fund" can be accessed by communities who want to develop activities to engage their members in activities that they think will improve their

health and wellbeing. Care Network sub-contracted with the Cambridgeshire Community Fund to administer the Fund. Care Network was also commissioned to provide a small team of community development workers to engage and develop the skills within communities for identifying their needs and assets along with how they could address these needs. This included supporting them to make bids against the HFF and also to other sources of funding.

2. MAIN ISSUES

2.1 The funding for these three programmes is non-recurring as it is from the Public Health Reserves. The objective of the funding was to develop new public health initiatives that would prove to be effective, bring cost benefits attracting other more secure funding sources. The funding for the Falls Programme will end in January 2020 and for Let's Get Moving in April 2019. Both Programmes have started to provide evidence of their impact that suggests that additional funding would consolidate the programmes and secure more robust evidence of their impact and effectiveness.

2.2 Based on the early indications of a reduction of hospital admissions due to falls, the recommendation is for Public Health to continue to contribute to the funding for the system-wide implementation of the Falls Prevention Programme when funding ends in 2020 to build on existing practice and consolidate cross-agency join-up and action.

2.3 The supporting paper for Let's Get Moving describes evidence of impact, innovation, increased opportunities and engagement of individuals and communities in physical activity. However demonstrating the impact of behaviour change programmes presents challenges. The data for the first year of the Programme is promising but it is challenging to capture the impact of behaviour change programmes in terms of participant reporting and overlap of the structured physical activity programmes across years. The second year of the Programme is focusing upon further development of programmes, capturing any sustained behaviour change and initiatives. The recommendation is to extend funding which will enable the outputs from the second year to be captured, to use the learning to inform the ongoing development of the Programme, to bench mark with other areas and to further develop and expand the initial cost benefit analysis described in the supporting paper.

2.4 The supporting paper for the Healthy Fenland Fund (HFF) describes its progress to date and suggests strongly that the HFF has engaged with and impacted upon communities in Fenland. The tangible evidence of this is number of community projects that have been supported and received grants. There is also evidence that community assets have been realised through the identification and energising of community connectors, peer support, volunteers and the impressive 74% of projects which continue to be self-sustaining after receiving development and funding from the HFF.
An economic analysis of the HFF has not been undertaken. However based on analysis from other community development initiatives where an assets based approach has been adopted there is growing evidence that it has cost benefits.
There is however a need to work to develop further to fully understand whether the HFF is reaching those most in need. Additional measures of community assets need to be identified and captured to demonstrate more robustly its contribution to strengthening and developing the assets of the community in Fenland.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

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

All three programmes will contribute to reducing the costs to the local economy through reducing ill health

3.2 Helping people live healthy and independent lives

All three programmes aim to improve the health and wellbeing of the population and enable people to live independently.

3.3 Supporting and protecting vulnerable people

All three programmes have focus upon supporting and protecting those most in need and any associated health inequalities.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

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

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

See wording under 4.1 and guidance in Appendix 2.

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

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

4.3 Statutory, Legal and Risk Implications

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

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

4.4 Equality and Diversity Implications

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

- The programmes are monitored to ensure that any equality and diversity implications are identified and any ensure that appropriate action is undertaken.

4.5 Engagement and Communications Implications

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

- The programmes secure regular feedback from their patients and clients
- All programmes involve ongoing engagement with individuals and communities

4.6 Localism and Local Member Involvement

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

- The programmes reflect the differing needs found across Cambridgeshire and are tailored to address these through consultation with residents, stakeholders and partner organisations.

4.7 Public Health Implications

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

- The programmes present growing evidence that they are preventing ill health and improving health of the population through the range of interventions that have been developed.

- The programmes also target those most vulnerable and in need to address inequalities and improve the outcomes for these population groups.

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

Source Documents	Location
The source documents can be found at the end of the supporting appendices	

Appendix A

TO: **HEALTH COMMITTEE**

RE: **SUPPORTING INFORMATION FOR STP FALLS PREVENTION PROGRAMME PROGRESS REPORT**

DATE: **NOVEMBER 8 2018**

FROM: **HELEN TUNSTER, SENIOR PARTNERSHIP MANAGER**

1 ISSUE

To provide a progress update on the STP falls prevention programme.

2 BACKGROUND INFORMATION

- The one year STP Falls Prevention Programme business case was approved by the Sustainability and Transformation Programme (STP) in June 2017 and entered the delivery phase on 1 October 2017.
- The aim of the falls business case is to **reduce injurious falls[1] and improve the quality of life and health outcomes of older** by implementing a comprehensive, standardised, and integrated falls prevention pathway across Cambridgeshire and Peterborough. The pathway will include the:
    - Proactive identification of those at risk of falls
    - Comprehensive multifactorial assessment offered to those at risk of falling with appropriate intervention plan to address risks identified
    - Increased provision and improved quality of evidence-based targeted interventions
    - Strengthened system-wide integration and co-ordination.
- The six distinct elements of the programme are described in Appendix 1.
- Gross investment of £261K from the STP and £232K investment from the Public Health Directorate and the Better Care Fund was agreed for year 1 across Cambridgeshire and Peterborough.
- The STP funding was for one year with funding beyond this dependent on meeting a £1 for £1 return on investment (ROI) on the STP System Investment Fund (SIF). Public Health and BCF funding was fixed term for 2 years.
- Reductions to the number of observed emergency admissions for injuries due to falls (65+ years) and a reduction in observed number of fractured neck of femur (50+ years) will be used to calculate the ROI.
- To meet this ROI, the programme aimed to prevent 90 presentations at A&E due to a fall, 84 emergency hospital admissions for injurious fall and 7 admissions for neck of femur fracture in year 1.

3 IMPLEMENTATION – ACHIEVEMENTS TO DATE

- Successful recruitment to the majority of programme posts/uplifts including:
    a. Falls Clinical Lead (STP funded)
    b. Senior Partnership Manager – Falls Prevention (Public Health funded)
    c. Four band 7 Locality Falls Leads (STP funded) (N.B. One now vacant)
    d. Three band 4 Therapy Assistants (Public Health and BCF funded)

[1] Injurious falls are defined as falls that result in injuries requiring medical attention

e. Two Falls Prevention Health Trainers (Public Health funded)
f. Clinical Exercise Specialist uplift (STP funded).

- Staff in all four Cambridgeshire and Peterborough CPFT localities have been trained, are receiving clinical supervision and are delivering high quality assessments
- Comprehensive CPFT IT falls documentation has been adapted and embedded to support the screening and identification of patients on CPFT therapy case-loads who are at risk of falls
- Recruitment, induction and delivery of increased capacity of Everyone Health Falls Prevention Health Trainer service from September 2018
- Agreement of service contract, recruitment, service mobilisation and delivery of Solutions4Health Falls Prevention Health Trainer from May 2018
- Cambridgeshire and Peterborough wide 'Stay Stronger for Longer' strength and balance campaign launched (1st October 2018) complete with marketing materials, communications toolkit(s) and Be Well webpages developed based on academic research and local engagement with older people
- Review of fracture liaison service (FLS) provision across Cambridgeshire and Peterborough
- Specialist support provided to North West Anglia NHS Foundation Trust to develop an FLS business case for submission
- Comprehensive falls metrics dashboard developed and monitored monthly
- Inception of a new Cambridgeshire and Peterborough Falls Prevention Strategy Group with priorities aligned with the Falls and Fragility Fractures Statement (PHE, 2017)
- Gap analysis of services responding to those who have fallen and unable to get up off the floor, such as the Ambulance service and CCC Enhanced Response service, to ensure join up
- Ongoing work to improve and strengthen the falls prevention pathway with CCC adult social care pathways and with the acute sector falls prevention pathway
- Scoping underway of local situation and effective interventions that could be implemented in residential and care homes to provide an evidence based approach to future action.

4 MONITORING AND PERFORMANCE

4.1 Multi-factorial falls risk assessments

4.1.1 Referrals for assessment

- 2831 older people were referred into CPFT for a multi-factorial falls risk assessment between October 2017 and September 2018 as the primary reason for referral
- 237 older people were referred into CPFT for a multi-factorial falls risk assessments between October 2017 and September 2018 as a secondary reason for the referral
- 601 older people were referred into Everyone Health for a multi-factorial falls risk assessment between October 2017 and August 2018 (64.7% higher than the target of 365).

4.1.2 Screening for falls risk (CPFT)

- 8140 older people were screened for falls risk as part of the new falls triage process in CPFT between October 2017 and September 2018 (the figure includes primary and secondary referrals as well as people identified through implementation of the new IT system as part of the phased roll out).

4.1.3 Training and supervision

- 142 therapy staff and 230 nursing staff in 14 Neighbourhood Teams have received training from the Locality Falls Leads between October 2017 and September 2018 to deliver high quality multi-factorial falls risk assessments and intervention plans
- 97 'other' CPFT staff received training between October 2017 and September 2018
- 20 primary care staff received training between October 2017 and September 2018
- 909 face-to-face clinical supervision sessions have been provided to staff by the Locality Falls Leads between April and September 2018 (excludes forms of support such as telephone calls, emails, face to face brief questions and tasks on SystmOne etc).

4.1.4 High quality multi-factorial falls risk assessments completed

- 1838 multi-factorial falls risk assessments have been completed by Neighbourhood Team staff between October 2017 and September 2018 (No target agreed)
- 554 multi-factorial falls risk assessments have been completed by Everyone Health staff between October 2017 and August 2018 (79.1% higher than the target of 309).

4.2 Strength and balance exercise programmes

4.2.1 Referrals

- 219 older people were referred to Everyone Health for a home strength and balance exercise programme between October 2017 and August 2018 (35.6% lower than the target of 340).

4.2.2 Strength and balance programmes set up

- The following numbers of older people were given an individualised home strength and balance exercise programmes:
    - 631 from Everyone Health staff between October 2017 and August 2018 (139.1% higher than the target of 264)
    - 60 from CPFT Therapy Assistants between January 2018 and September 2018 (no target defined)
    - 51 from Solutions4Health between May 2018 and September 2018 (45.7% higher than the target of 35).

4.3 Intervention plans completed

- 185 older people completed their intervention plan containing falls prevention goals with support from Everyone Health between November 2017 and August 2018 (8.8% higher than the target of 170).

5 ISSUES

- Slower increases in levels of activity than expected due to delays in operational elements being in place. All the elements are in place by the end of year 1.
- Monitoring data showed fewer falls assessments being completed than expected by staff in CPFT due to capacity issues and a 3 month lag period after training before staff adopted new, high quality clinical practice at scale
- Lack of activity from nursing staff led to refinement of the delivery model and the discontinuation of training and supervision for nurses in May 2018
- Training and clinical supervision of CPFT staff has taken longer than expected due to competing workload pressures, significant levels of supervision required and practical challenges in providing supervision leading to delays in the phased roll out

- Resignation of one of the four Locality Falls Lead in February 2018 contributed to the 6 month delay to the 'go live' in Peterborough in order to enable existing Locality Falls Leads to support the clinical supervision of staff in previously trained areas
- The CPFT recruitment freeze of STP posts initiated in May 2018 due to insecurity of future funding arrangements stalled the recruitment process of the final fourth Therapy Assistant post in Cambridgeshire. No decision has been made to release this post to date
- A Therapy Assistant is on a period of extended absence and this has negatively impacted on the performance of these posts. The staff member is due back at the beginning of October 2018
- Resignation of one of the Everyone Health Falls Prevention Health Trainers in March 2018 delayed the expected increase in activity in mid-March through the fourth practitioner who took up post in January 2018. An increase in activity is now expected from September 2018 following the successful backfill and commencement of the successor (4 June 2018).
- A delay in increased capacity through the Solutions4Health Falls Prevention Health Trainer service due a prolonged contract negotiation period with Solutions4Health.

6 OUTCOMES AND RETURN ON INVESTMENT

Work is currently being undertaken to understand the outcome of the programme on hospital admissions due to injurious falls and hip fracture and to quantify a return on investment to adult social care. While initial 'falls dashboard' data on the programme indicated a very positive effect in a surprisingly short timescale, further review of the 'do nothing' falls admissions trajectory used in the dashboard indicated that it was overly pessimistic, reflecting a short term 'blip' of increased falls admissions in 2017 – and therefore needed recalibrating.

In addition, due to time taken to recruit, the falls prevention programme was only fully rolled out in the CUHFT (Addenbrookes) area by February 2018 and in the NWAFT (Peterborough and Hinchingbrooke hospitals) area by September 2018. Therefore the preliminary analysis outlined below focusses only on the February 2018 to June 2018 period in the CUHFT (Addenbrookes) catchment area.

Preliminary analysis of data on falls admissions from February 2018 to June 2018 in the CUHFT (Addenbrookes) area is promising, although not conclusive. When compared with the February-June period in 2017, unplanned admissions for falls for people aged 65+ were 8% lower in 2018, whereas overall unplanned admissions for people aged 65+ were 2% higher. In contrast in the NWAFT catchment area (where the falls prevention programme had not yet been fully rolled out) over the same period, unplanned admissions for falls for people aged 65+ were 5% higher in 2018 and overall unplanned admissions for people aged 65+ were 6% higher.

Over the five month February-June period in the CUH catchment area, this would indicate a reduction of 57 falls in 2018 compared to expected numbers. Using costings from a large Scottish research study on the costs of residential and home care after hospital admission for a fall, this would indicate total estimated savings of approx £870k, of which approx £500k would be realised in the first year after the prevented falls. Making a further assumption that 40% of this cost would be funded by local authority adult social care (rather than self funders/NHS) this would be an indicative saving of approximately £350k in total and £200k in the first year after the prevented falls. The overall cost to

Cambridgeshire County Council (public health and BCF) for five months of the programme is £73k, indicating a significant positive return on investment.

However there are a number of caveats, which mean it is much too early to draw firm conclusions:

- There is a lot of month on month random variation in falls admissions to CUH. More data is needed for a longer period to exclude the possibility that these results are the result of chance variation.
- There are a number of programmes in place in Cambridgeshire which aim to reduce unplanned admissions among older people, which may also have impacted on falls admissions to CUH.
- This level of impact at an early stage of the programme was not predicted and considerably surpassed (relatively conservative) expectations.
- Costs are estimated based on the findings of a health economics research study in another area, rather than using local adult social care costs.

Monitoring of at least a year from both the CUH and NWAFT catchment areas after full roll out of the programme, together with further refinement of the evaluation using local costing data is needed, before robust conclusions can be drawn.

7 IMPLEMENTATION – NEXT STEPS

The **current areas of focus for implementation** and immediate next steps are:

- Continue to evaluate the STP Falls Prevention Programme including quantification of ROI
- Further work to quantify savings specifically to adult social care
- Evaluate the 'Stronger for Longer' strength and balance exercise campaign
- Explore opportunities to deliver the vacant Therapy Assistant post or an equivalent in Cambridgeshire using the funding available
- Explore the implementation of other evidence-based interventions shown to be effective at reducing injurious falls and produce a financial return on investment e.g. Home hazard assessment and modification programmes
- Continue to strengthen links with the adult social care, acute trusts, Ambulance trust and care homes.

8 CONCLUSION

Early indications are that the STP falls prevention programme has been successful in preventing injurious falls in Cambridgeshire since its implementation from October 2017. Further robust analysis is currently being undertaken to agree the precise mechanism and contribution of the STP Falls Prevention Programme in achieving the indicated reduction and allow the subsequent calculation of associated savings to a range of sectors including to adult social care.

The STP falls prevention programme has successfully achieved the milestones set out in the plan (with the exception of the FLS now being taken forward as a separate business case by NWAFT), and this has been accompanied by considerable increases in the delivery of evidence based falls prevention activity. Substantial increases in the number of older people receiving high quality multi-factorial falls risk assessment and home based strength and balance exercise programmes has been achieved with the number of falls assessments expected to increase further following the roll out of the programme to Peterborough Neighbourhood Teams in

September 2018. Similarly, the number of home exercise programmes is expected to show an upward trend as the delivery of activity by new practitioners gains momentum, practice is embedded, and other individual and system-level barriers to implementation are overcome.

The future funding of the programme is essential to maintain and build on the high quality foundations established in the implementation of the last year of this integrated and effective falls prevention programme.

9 RECOMMENDATION

- Continue to fund the system-wide implementation of the Falls Prevention Programme to build on existing practice and consolidate cross-agency join-up and action.
- Consider additional investment to increase the scale and depth of the programme.

Appendix 1: Overview of the six elements of the falls prevention programme

To achieve its aim, the current programme of falls prevention activities across Cambridgeshire and Peterborough CCG area will need to be strengthened and expanded by applying the evidence base to the local infrastructure and by utilising existing models. The following projects, programmes and services are proposed across Cambridgeshire and Peterborough:

1. **Strengthen Falls Prevention Delivery and Integration in the Community – STP funded (£265,770 forecasted spends in year 1)**
   Funding for three new CPFT band 7 Locality Falls Leads, a band 8a uplift, band 7 backfill and a band 6 uplift to establish the necessary staff roles, expertise and falls pathways in CPFT to increase the number and quality of multi-factorial falls risk assessments completed by existing therapy and nursing staff in the 14 Neighbourhood Teams.

2. **Enhancement of the existing specialist Falls Prevention Health Trainer Service across Cambridgeshire and Peterborough - Joint funded by Public Health (£55,420 total or £27,710/yr) and Better Care Fund funded (£72,000 total or £36,000/yr)**
   Funding for two additional Falls Prevention Health Trainers - one additional Falls Prevention Health Trainer to add capacity to the Everyone Health Falls Prevention Health Trainer service in Cambridgeshire and a new post to establish a specialist Falls Prevention Health Trainer service in Peterborough to address the inequity in service provision across the CCG area.

3. **Enhancement and expansion of strength and balance exercise provision - Joint Public Health funded (£168,756 or £84,378/yr (forecasted)) and BCF funded (£56,254 total, £28,127/yr)**
   Funding for four CPFT band 4 therapy assistants to increase the number of frailer older people (75+) who successfully complete the recommended 50 hours of strength and balance training.

4. **Developing and implementing a falls prevention mass media campaign (£10K, Joint Public Health (£6,890) and BCF funded (£3,110).**
   Funding to develop a social marketing campaign targeting those entering retirement and beyond to improve awareness of key falls prevention messages for maintaining and improving strength and balance as we age.

5. **System-wide leadership, coordination and integration - Joint Public Health funded (£78,900 total, £39,450/yr) and BCF funded (£32,400 total, £16,200/yr)**
   Funding for a Band 8 (equivalent) Falls Prevention Co-ordinator to lead, coordinate, monitor and evaluate the implementation of a comprehensive, standardised and integrated preventative programme.

6. **Development and implementation of Fracture Liaison Services (FLS) across all acute Trust areas (No funding in year 1)**
   Funding was requested for year 2 to allow for planning, development and mobilisation of a high quality service in year 1 with the aim of reducing repeat fractures by identifying and treating people at risk.

Appendix B

TO: **HEALTH COMMITTEE**

RE: **SUPPORTING INFORMATION FOR THE LET'S GET MOVING PROGRESS REPORT**

DATE: **NOVEMBER 8 2018**

FROM: **VAL THOMAS, CONSULTANT IN PUBLIC HEALTH**

1. PURPOSE

The following is a report on the progress of the Cambridgeshire Let's Get Moving physical activity programme which describes its background, outputs and impact during its first year

2. BACKGROUND

The rates of physical inactivity in the Cambridgeshire districts is better than the national figure with the exception of Fenland where it is above the national figure. Also East Cambridgeshire has seen recently a slight increase in its rate of physical inactivity. Physical inactivity for adults is defined here as undertaking less than 30 minutes of physical activity per week.

In 2016 the Public Health Reference Group (PHRG) reviewed the need and evidence for promoting and establishing a healthy lifestyle and prioritized for action physical activity along with healthy weight and community engagement. (The PHRG provides whole system leadership and multi-agency co-ordination for public health initiatives in Cambridgeshire and has a wide membership that includes CCC, the district councils, Cambridgeshire and Peterborough CCG, the voluntary sector and academics from Cambridge and Anglia Ruskin Universities).

In response the Health Committee approved £513,000 to fund over two years the countywide physical activity programme, Let's Get Moving. The Lets Get Moving Programme proposal was developed as a collaborative initiative between the district councils, their partners and County Sports Partnership Living Sport, to provide a countywide physical activity programme that would increase levels of physical activity especially in areas of and groups with high needs. It has a key role in the delivery of the Cambridgeshire Healthy Weight Strategy with its central themes of collaboration across the system to support healthy behavioural change and communities taking responsibility for their health and wellbeing. These themes and objectives are reflected in the Lets Get Moving Programme which focuses upon increasing levels of physical activity through engaging local communities in the use of the district council facilities to a level that will enable them to become self-sustaining.

3. PROGRAMME DESCRIPTION

3.1 The Programme is delivered by the five Cambridgeshire district local authorities and the County Sports Partnership, Living Sport.

District Authority Responsibilities

- The district authorities employ co-ordinators to develop local initiatives and work collaboratively with other district coordinators and the county coordinator
- The district coordinators develop and support initiatives through working with local communities and programmes run by their local authority or partner organisations.

Living Sport Responsibilities

Living Sport has the county wide coordination responsibility for the programme which includes

- Monitoring and evaluation of the programme which includes collecting and collating data from each of the districts
- A central promotion/campaign and communication function.
- Supporting the development of district activities
- Training and development of district staff which includes supporting learning across the county.
- Identifying and securing additional funding for Lets Get Moving (LGM)

3.2 Its aim is to encourage and support an increase in the numbers of people in Cambridgeshire population who are physically active focusing upon areas and groups where there are higher needs.

LGM has the following three main activity themes.

- **Promoting**- Promoting physical activity and local opportunities to participate in sport and physical activity
- **Development** - Developing new opportunities in partnership with organisations and communities for people to participate in sport and physical activity
- **Engaging and Supporting** - Engaging and supporting individuals and communities to change their physical activity behaviour and to lead and sustain physical activity initiatives.

3.3 The information relates to the first year of the programme as the outputs from some interventions will not be available until year 2 of the programme. It should also be noted that formally the Programme commenced in April 2017. However not all the districts launched their programmes at this time due to delays in recruiting and finalising contracts. Therefore the data presented here underrepresents year 1 data from some districts that started LGM several months into the contractual year.

The information provided here aims to demonstrate that the three themes of the Programme have been delivered and evidence that indicates changes in physical activity

behaviour and increased community leadership for initiating, owning and sustaining community physical activities.

The data collected includes:

- Quantitative activity and output data at programme level
- Changes in behaviour at an individual level
- Community engagement is described through community ownership of activities, volunteering and partnership activities. (Appendix 1)
- Qualitative case study information (Appendix 2)
- Legacy for programme development
- Funding and return on investment

4. PROMOTING THE LETS GET MOVING MESSAGES

4.1 To promote the benefits of physical activity and opportunities available locally the 'Let's Get Moving' brand was developed. Campaigns have been run regularly both at a countywide and district level. These have reflected national campaigns when appropriate. In the first year there were three countywide campaigns which included the LGM launch campaign, National Walking Month and Sport Relief. There were ongoing local promotional events that provided opportunities for LGM to promote its brand and messages along with strengthening and embedding it into existing local activities and services.

4.2 Social marketing included e- marketing, a LGM website, facebook and twitter activities. The LGM Cambridgeshire website was designed in order to operate as a landing page for referrals / signposting, to direct individuals to further information of interest regarding activities and opportunities available locally and to enable individuals to sign up for support from a physical activity coordinator in their locality. In addition there is a section for news / articles which shares information about new activities, good news stories / case studies, and advice on being more active. The LGM Cambridgeshire Facebook page was created in order to communicate with local people and communities.

4.3 LGM Launch Campaign

This was undertaken several months after the Programme started (January 2018) as the Partners started at different times reflecting recruitment challenges and agreement of contracts. The impact of the campaign was most tangible through the website and social media activity.

- The LGM website was started in October 2017 and has had since then an average of returning visitors of 66.4%. During the campaign this increased to 74.5%.
- There were 462 page views on the website during the campaign at an average of 33 per day, whereas in comparison to the lifetime of the website the average per day was 4.97 per day.
- The Let's Get Moving Cambridgeshire Facebook page had 106 followers and 101 likes at the end of the campaign compared to 72 followers and 68 likes before the campaign. The Facebook page now has 237 followers and 220 likes (October 2018). The impact of having a greater number of followers and page likes is that your posts are more likely to

be seen and shared, which effectively increases your chance of engagement in the posts.

- There were 17 posts during the campaign with varying levels of engagement. The most effective post was a call to action to sign up for support which reached over 12500 people, was shared 22 times and engaged four people in comments on the post.

The LGM Launch Campaign

4.4 Walk This May (2018)

This campaign resulted in a number of new walks being established where there had been gaps in provision. It also led to the establishment of some key partnerships including the Richmond Fellowship in Fenland and with the Integrated Lifestyle Service, Everyone Health. “Walking Sport” activities were also started from this campaign with a number of new walking football and walking netball activities established. Subsequently there has been a walking sports festival in Swavesey (in September 2018).

4.5 Sport Relief March 2018

This focused on the workforces in the different local authority workforces with the aim of raising the local profile of the locality coordinator roles. It did not focus therefore on the communities but on gaining support in the local authorities for the programme and for initiating new initiatives.

5. GROWING, DEVELOPING AND SUSTAINING LGM: INTEGRATION WITH OTHER ORGANISATIONS AND INITIATIVES.

5.1 Central to LGM is the need to provide added value through its integration with other related services and initiatives with the objectives of improving access, increasing awareness amongst organisations that they can play an important role in promoting physical activity through referring people to local opportunities and the sharing of resources to deliver activities.

Consequently LGM staff have worked with a wide range of partner agencies to engage their support for establishing activities, developing pathways and referral processes. This work includes improving the understanding and knowledge that GP practices and community pharmacies have of LGM and how it can help their patients. It has also been important to link the LGM brand with other established local physical activity brands so that there are consistent messages to communities. This collaborative working also avoids duplication and better use of resources.

The following gives some examples of how LGM has facilitated the development of a collaborative approach to developing and implementing physical activity opportunities across the county.

5.2 Countywide LGM

- The Living Sport LGM countywide function is to support local developments and disseminate good practice across the county.
- An example of this was the Cambridge United Community Trust –Man V Fat programme. LGM facilitated its development not just in Cambridge but across Cambridgeshire with locality level partnerships setting up walking football and disability sessions. This included LGM reimbursing the registration fee of any Cambridgeshire residents who took part in Man V Fat, completed pre and post programme questionnaires and attended 60% of the sessions. The walking football and disability football coaches were also paid by LGM to deliver sessions.
- Another example is the Cycling Programme currently being developed which will be one cycling countywide scheme, with one name, but might operate slightly differently in some areas based on local need and demographic variances.

- LGM has a close working relationship with the countywide Integrated Lifestyle Service provided by Everyone Health. This includes LGM collaborating with the Lifestyle Service to develop and deliver a range of activities.

- LGM has been central in the development of two of the new Parkruns (St Neots and Coldhams Common) through undertaking the public consultations, land permission

audits, recruitment of delivery teams and establishing facilitative partnerships (e.g. negotiating with One Leisure in St Neots to open the centre early on a Saturday morning for access to the changing rooms). In addition more generally LGM intelligence has enabled Living Sport's to focus its work with local parkrun ambassadors in areas of greater need.

5.3 Fenland LGM

- There are also examples where local partners have provided funding to develop activities. In Fenland LGM worked with Clarion Housing which led to it providing funding to develop physical activity opportunities in the localities where its housing is situated.

- LGM is working with the Richmond Fellowship on a countywide partnership which has already been initiated in Fenland that will target engaging those with mental health issues in walking and talking sessions.

- At the Oasis Community Centre in Wisbech LGM has introduced a number of activities. As a community centre a wide range of people access the centre, many of whom do not take part in physical activities. The relationships the staff at the Oasis Centre have established with local people means they are trusted and respected. When they offer advice and signpost to activities this is often well received and many people have been signposted to LGM by these types of partners. LGM has also delivered or paid for an activity in the Centre and identified community members to continue the sessions if they are successful. In return the Centre provides discounted use of the facility and will continue to support the activities over the longer term.

- The Rosmini Centre is another important community partner for engaging people from Eastern Europe. The Centre assists with translation and works with LGM to support the development of activities at the Centre.

- Active Fenland is the physical activity programme that was funded for three years by Sport England. It had a focus on 14+ year olds engaging in sport and physical activity. The Active Fenland name and brand was established and is now widely accepted in Fenland, therefore the approach taken was to use Active Fenland 'in partnership" with Let's Get Moving Cambridgeshire'. The joint working has enabled the Active Fenland programme to diversify its offer and target certain groups.

5.4 East Cambridgeshire LGM

- Littleport Leisure Centre has emerged as a particularly valuable partner in a priority area. It has an open and innovative approach that has enabled LGM to try new ideas to engage less active residents in physical activity.

- Millbrook House is a care home in Soham. The local LGM Coordinator leads a bi-weekly walk from the Care Home with residents taking a brisk and manageable walk around the town. It is open to the wider community and promoted as such through various local routes. It is part of a new community based model for delivering social care which is being piloted in St Ives and Soham.

5.5 Huntingdonshire LGM

- The local leisure service provider “One Leisure” has been proactive in in enabling and sustaining activities.

- Papworth Hospital has provided LGM with the opportunity of promoting local physical activity opportunities including exercise referral with cardiac patients completing the cardiac rehabilitation programme.
- Local Back to Netball and Walking Netball activities linking with England Netball have been developed supported by Living Sport funding.

5.6 Cambridge City LGM

- LGM worked with a Physical Education teacher from the North Cambridge Academy who had identified a particular demographic (girls not engaging in PE) to develop an after school programme that would appeal to them.

- A partnership with the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) CAMEO is an early intervention service for people with mental ill health. It has developed a joint initiative for engaging patients in physical activity.

- Chesterton Sports Centre has been working with LGM to try new approaches to engage local people in physical activity using the facilities at the Centre. It is piloting a number of new activities that includes Swim and Tone (a woman only activity who experience anxiety, low self-confidence and body image concerns) and Try it for 10.

5.7 South Cambridgeshire LGM

- As described above LGM worked with Cambridge United Community Trust on its Man VS Fat initiative.

- The Forever Active Programme targets older people with appropriate physical activities and worked with LGM to develop a number of new activities for older people in locations with limited access to leisure facilities.

- The Granta GP Group has a social navigator to support the wide ranging needs of many of its patients. LGM is developing with the social navigator a package of physical activity opportunities as part of the social prescribing programme.

6. INCREASING THE NUMBER OF PEOPLE WHO ARE PHYSICALLY ACTIVE.

6.1 The previous sections have described the campaign activities and how LGM through working with partners and communities has increased the opportunities to access a wide range of physical. Appendix 1: provides descriptive examples of the range of activities that LGM has stimulated through working with organisations and communities.

However it is important that LGM is able to demonstrate that it has changed the lifestyle behaviours of individuals and increased the numbers of people who are physical active in Cambridgeshire.

6.2 Although LGM has stimulated the development of activities across five different localities a challenge for the evaluation is capturing the increase in the number of peoples accessing these activities, that there has been sustained behavioural changes and that there has been improvement in the areas highest need.

The more in depth data relating to behaviour changes has been collected from the structured programmes where people take part in a number of sessions. This has been challenging due to compliance issues amongst participants with regard to completing follow up questionnaires. The information below does not include the one off events that have been run by LGM in the localities.

6.3 Table 1 is summary of activity in Year 1 complied from some of the Key Performance Indicators (KPIs) for LGM and based on data that is collected from each district.

Table 1: Summary of LGM activity in Year 1

LGM KPIs	County wide	Cambridge City	East Cambs	Fenland	Hunts.	South Cambs
Number of new programmes developed to date (end Q4)	60	16	14	12	11	7
Growth in number of new programmes (Q3 to Q4)	66%	100%	180%	71%	57%	40%
Number of community led programmes initiated (I)/supported (S) by LGM	I = 23 S = 60	I = 5 S = 4	I = 8 S = 7	I = 3 S = 37	I = 5 S = 7	I = 2 S = 5
% of programmes in 20% most deprived wards of each LA area	64%	44%	44%	88%	60%	86%
Number of new participants in <u>all</u> programmes (excl. events)	2272	528	153	816	484	291
% of programme completers in <u>formal</u> programmes	60%	69%	55%	No data	66%	48%

6.4 Table 2 indicates that there was considerable growth in the number of programmes in the first year of LGM, particularly during the last quarter of the year. Where it is indicated that a programme has been supported by LGM it means that LGM has enabled through different methods, for example some start-up funding, training, connecting stakeholders; a programme to be developed and sustained.

The 20% most deprived areas of each local authority have been targeted for the development of new activities. These are generally areas where levels of physical activity are lower and there are poorer health outcomes. Although other areas are not excluded when a specific need has been identified. The high numbers of new participants across all programmes shows that the programmes are being targeted in the right places and to the right people. In year 2 it will be interesting to see whether new participants join existing programmes of activity (highlighting the need for good signposting) or whether further new programmes are created based on need.

On average 60% of participants complete the formal more structured programmes. This compares well to for example Tier 2 weight management programmes, which offer a combination physical activity and healthy eating interventions, where a 30% retention rate is the average.

6.5 Table 3 indicates the baseline and follow-up data based on participants' completed questionnaires. However these reflect only a proportion of participants who complete the programmes as it has been difficult to secure compliance from participants and there limited staff capacity in some of activities to engage participants in completing the documentation.

Table 2: Physical Activity Behaviour Changes

LGM Participant Questionnaire	County-wide	Cambridge City	East Cambs.	Fenland	Hunts.	South Cambs.
% inactive on joining LGM	31%	19%	39%	34%	No data	38%
% undertaking limited physical activity on joining LGM	71%	65%	73%	72%	No data	79%
% reporting improvement in physical activity levels	46%	21%	20%	53%	No data	67%
% reporting an increase in level of wellbeing	60%	43%	83%	60%	No data	78%
% undertaking limited physical activity on joining LGM who are now achieving CMO guidelines	43%	43%	0%	52%	No data	17%

6.6 Data in the above table is based only on the questionnaires collected. Some districts have lower numbers of questionnaire respondents (East Cambridgeshire and South Cambridgeshire) which distorts percentage comparisons. The data shows that LGM is engaging with those who it is aiming to target i.e. those who are either inactive or not active enough to benefit their health. Approximately two thirds of new participants across all districts fall into this latter category.

Both physical and mental wellbeing levels were reported as improved following participation in LGM for approximately half of the participants who reported their outcomes. 46% reported that their physical well-being and 60% that their mental well- being had improved.

Nearly half (43%) of those who did not meet the desired physical activity levels when they joined LGM are now achieving the CMO guidelines. All data is based on follow-up at 3 months.

7. ADDRESSING HEALTH INEQUALITIES

7.1 A healthy lifestyle that includes regular physical activity is one of the key protective factors against ill health. A key objective of the LGM is to increase physical activity in areas and groups that experience health inequalities or poorer health outcomes.

Each district has targeted areas and groups with health inequalities to engage individuals and communities in physical activities. There is a strong association between health inequalities and deprivation but also amongst certain groups for example those with disabilities or carers. Again many people who are living with a long term health condition, in particular mental health benefit from becoming more active.

7.2 Each district used the Index of Multiple Deprivation (IMD) scored to identify wards or Middle Layer Super Output Areas (MSOA) that fall into most 20% deprived areas in their districts. Table 3 describes the proportion of activity programmes in each district that took place in the 20% most deprived areas.

Table 3: Proportion of LGM Programmes in the 20% Most Deprived Areas in each District

Let's Get Moving Districts	Cambridge City	East Cambs.	Fenland	Hunts.	South Cambs.
% of programmes in 20% most deprived wards of each district.	44%	44%	88%	60%	86%

7.3 In terms of targeting groups that experience poorer health outcomes and in many cases deprivation the following gives examples of programmes targeting these groups.

South Cambridgeshire
Sawston has the highest percentage of adults aged 65 to 74 years in South Cambridgeshire (37.2%). The New Age Kurling group was established in Sawston for a group of people (Owl Group) with learning disabilities.

Cambridge City
The Cambridge United Football Club Community Trust in partnership with LGM has set up a wheelchair football group.

The CAMEO service is provided by the Cambridgeshire and Peterborough Community Foundation Trust (CPFT) as an early intervention service support service for those living or at risk of developing a psychosis. A twelve week physical activity course (CAMEO), has been developed and all participants are reporting an increase in their activity levels

Cambridge City and Fenland

LGM has linked with Job Centre Plus in Cambridge City and Wisbech to include referral to physical activity programmes for those benefit recipients who have a disability or long term condition. LGM have also attended Department of Work and Pension events to promote opportunities for becoming more active.

Huntingdonshire

The Muslim Community Association in Huntingdon is based in one of the most deprived areas in Huntingdonshire. This is a new relationship that targeted activities during the Eid festival and is in the process of developing a new group

East Cambridgeshire

A high proportion of older people (average 60% to 70%) take part in different activities in East Cambridgeshire which includes walking netball and strength and balance
A walking group has been set up in Soham that leaves from the care home which also enables enabling older age residents to get out in the local community.

In Littleport the drive to increase physical activity has highlighted the deprivation and health inequalities in the area. Consequently there is a new initiative in Littleport that is developing Asset Based Community Development approach to community development with the aim of improving health outcomes.

Fenland

The focus in Fenland, in line with its level of deprivation, has in the main been upon the more deprived areas.

General Targeted Activities

Campaigns have been run specifically targeting women, girls and older age adults encouraging them to be more active. The walking groups have been effective at engaging inactive people and upskilling volunteers to lead activities. For example someone from the women's refuge in Cambridge City has been trained become a walk leader and she is setting up safe walks for her service users. Similarly representatives from the Black and Minority Ethnic (BME) communities have been trained to become walk leaders to set up walks for BME participants.

8. BUILDING COMMUNITY CAPACITY

8.1 Sustaining initiatives that increase physical activity levels can be supported through developing leaders from the community to take the activities forward and motivate existing and new participants. One of the key learning points identified by LGM leads in all the districts is that the most successful programmes were those where someone from the community assumed a leadership role or a community asset such as a facility was part of the imitative.

8.2 There are a number of examples of community ownership, volunteer upskilling and leadership throughout the programme. 'Let's Run Girls' and 'Run For Your Lives' are two of the running groups that have scaled up their offer significantly through training new leaders and establishing running communities with LGM support. The Papworth New Age Kurling

group is good example of a completely new activity although initially supported by LGM went on to be developed and owned by a village. The end of year 2 data will provide a clearer understanding of how many initiatives have been sustained.

9. COUNTYWIDE COORDINATION

Living Sport has provided the overall coordination of the Programme. The following are its key outputs.

9.1 The campaigns and promotional activity are described in section 3 which included the website, social media and campaigns. The annual budget allocated to this activity is £2, 500 and all of this was spent in year 1.

9.2 The Countywide Co-ordinator also organised and provided training and development opportunities for the district coordinators and local projects. Only £3,000 out of the annual £5,000 allocation was spent due to the uneven commencement of LGM in different areas. This will be used for training and development in year 2.

9.3 The Countywide Coordination function also provided ongoing support to the district coordinators. They have received advice on projects and their development. Regular meetings are held with each district coordinator and they come together as a group facilitated by the district coordinator to discuss projects, share ideas and good practice. This also facilitates peer support which the district coordinators acknowledge as being facilitative and encouraging.

9.4 The role has been key in facilitating partnership working at a district and county level ensuring local collaboration across a wide range of organisations and stakeholders. This whole system approach to the physical activity pathway has led to the increased involvement of many organisations including primary care and lifestyle behaviour change services. It is proposed to further develop links with voluntary services and social prescribing models which could enhance its sustainability.

9.5 The Countywide Coordinator has ensured that data is collected from all of the different initiatives and collated to inform this report. This has included the development of the datasets and questionnaires.

9.6 In addition to this Living Sport has brought funding support to the programme, contributing in excess of £25,000 for the development of physical activity programmes in the first year and an additional £12,000 in external funding for year two programmes already.

9.7 Capacity and expertise support has been provided by the wider Living Sport team including Insight and evidence base for physical activity, disability networks, funding programmes and workforce development support.

10. VALUE FOR MONEY

10.1 Table 1 indicates the funding allocated to the two year programme. It should be noted that Living Sport has in addition to its contribution in the Table secured an additional £37,000 for local project developments over the two years. (See section 7)

Table: Annual Implementation costs for Cambridgeshire Let's Get Moving Programme

	Cost	Living Sport Contribution		Actual Funding required
		Cash	In-kind	
Programme Co-ordinator	£39,000*	£10,000		£29,000
Locality Co-ordinators x 5 @ £32.5K	£162,500**			£162,500
Training, Development and Mentoring	£5,000			£5,000
Operational Budget	£50,000			£50,000
Promotion and Marketing	£10,000		£2,500	£7,500
Evaluation	£10,000		£7,500	£2,500
Total	**£276,500**	**£10,000**	**£10,000**	**£256,500**

10.2 The LGM is a diverse programme which means that any evaluation is complex and for year 1 there is currently limited data. As a proxy for its financial impact two activities have been modelled using the Sport England Return on Investment (ROI) tool, to highlight the ROI for some of the activities that are replicated across the County. For example walking netball is currently being held in 4 of the 5 districts, for every £1 invested in walking netball it was estimated it would save the NHS £11.29 in cost avoided. Similarly Couch to 5k running groups take place in all 5 districts, for every £ invested in this activity it saves the NHS £5.15.

This analysis does have its limitation but it does indicate the potential for return on investment, although the cost benefits identified are only for the NHS. This analysis will be further developed at the end of year 2.

11. LGM LEARNING AND LEGACY

11.1 The programmes where there has been an increase in scale have been those with minimum ongoing costs and there is a simple flexible entry level and progression pathway. Consequently walking and running programmes, which may be community led, have expanded more than other initiatives which are more resource intensive. Currently LGM is developing a cycling scheme based on this model.

11.2 Walking sports such as walking football have been effective at engaging a wide demographic of inactive participants. The feasibility of widening this beyond football and netball to other activities is being explored.

11.3 Effective operational structures have been established that enable upwards, downwards and sideward reporting and activity, ensuring transparency and ongoing stakeholder engagement. It is important that all partners engaged with LGM are clear on their roles and responsibilities and have clarity on the objectives of the programme.

11.4 A whole system approach is needed to make a difference to individuals and communities and affect behaviour change. Understanding the many factors that impact upon a person's life and considering the best way to promote and engage people in physical activity is much more challenging than developing new activities and hoping people attend. The Let's Get Moving programme has identified this and developed strategies accordingly. The right partners are essential to ensure diversity in the programme and sustainability of physical activity opportunities. The central coordinating role played by Living Sport has been critical as it has enabled it to an overview of the opportunities across the whole system.

11.5 Participants need to be involved from the beginning for them to take a greater ownership of the activities. Becoming fitter or healthier is very often not the driver for people to take part in physical activity, it is more than often the by-product of people wanting to volunteer and lead their communities.

11.6 Feedback from a Coordinators Review provides evidence of support for ongoing promotion using the LGM brand as a means of engaging people. The opportunity to work with colleagues from across the county is valued as it provided good learning opportunities and the confidence to try new approaches. There is a strongly held common view that engaging people in physical activity is more than just improving their physical health but also there are social and mental health benefits and a reduction in social isolation. There is also an awareness of the challenge of achieving behaviour change, that it takes patience and time.

12 YEAR TWO PRIORITIES

The following priority actions for year 2 have been identified.

1. Continue to target areas with greatest health inequalities and where increases in physical activity can have the greatest health benefits.

   See Appendix 3

2. Continue to develop the physical activity pathway that beings together individuals, communities and organisations to maximise physical activity behaviour change and access to opportunities for taking part in physical activity. This includes using opportunities for collaboration and integration with other work programmes associated with Living Sport including Active Families, Active New Communities and Daily Mile require development

3. Ensure that there is transformational leadership for the strategic development of the physical activity pathway engaging with key stakeholders including primary and secondary health care, statutory services, voluntary, community services (VCS) and third party organisations.

4. The countywide campaigns led by Living Sport will be delivered on a local level, tapping into national and local campaigns. The campaigns should along with working with organisations and communities promote the culture of making appropriate physical activity a normal part of everyone's life.

5. Ensure that communication enables shared learning across the districts and a collaborative approach to working.

6. Continue to monitor and evaluate the programme in order to evidence impact on identified outcomes. This will include further analysis of the cost benefits of LGM and benchmarking with other areas.

7. Make funding applications to secure additional funding for the programme.

13. CASE STUDIES

Case Study reports have been recorded from across the county that provide an insight into how the LGM Programme has impacted on their lives and changed the way they live. They incorporate the views and opinions of the participants and offer an insight into why the activities developed have worked. All of the districts are represented in the case studies provided and some of the activities reported in the case studies have been replicated/scaled-up in other districts. (See Appendix 2)

This programme has been effective at engaging with a range of priority demographic groups including older age adults at risk of trips or falls, disabled people suffering from social isolation, people suffering from mental illness and families living in areas of deprivation, to name a few. In engaging with these groups the case studies provide evidence that of improvements in physical activity levels, self-esteem, confidence and adherence to exercise, as well as self-reported physiological improvements including weight loss and cardiovascular fitness.

14. SUMMARY AND RECOMMENDATIONS

14.1 In its first year LGM has demonstrated that it has increased the number of physical activity opportunities and also attracted individuals to engage and take part in these initiatives. There is also evidence that this engagement has increased community involvement in the leadership and sustainability of these activities.

14.2 There is clear evidence that LGM has engaged and is working with wide range of partners that has enabled it to develop and support an increased number and range of programmes.

14.3 Its promotional activities have attracted attention and discussion but require further development at the local level and at a greater intensity.

14.4 The training and development allocation was underspent which may reflect the later start of some of LGM districts but this funding is designed to increase capacity in the county for the delivery of physical activity initiatives. It will be important to monitor how these activities have been implemented in year 2.

14.5 There has been considerable learning from year 1 which is important for strengthening and developing the programme. There has been an initial analysis of the cost benefits of different activities that is promising and would it would beneficial to expand and aggregate this analysis to provide a more robust evaluation of the economic benefits of the programme. However it should be noted that the time frames for the cost benefits are longer term.

14.6 The LGM programme is currently funded until March 2019, the recommendation is to extend its funding, based on the positive information in this report. In addition it would provide the opportunity to benefit from the learning, capture more data that would support the emerging more robust measures for the evaluation of the LGM's outputs.

References

Cambridgeshire Healthy Weight Strategy: ..\..\Health Improvement\Obesity\PHRG Obesity Strategy from 2016\DRAFT Healthy Weight Strategy 28 July 2016.docx

UK Active Report Lets Get Moving: http://www.ukactive.com/partnerships/working-with-ukactive/let-s-get-moving

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APPENDIX 1: Examples of Physical Activity Initiatives stimulated and supported by LGM

Activity	Description
Adults Badminton	Badminton sessions set up in leisure centres in Fenland to try to get adults accessing the centre and getting more active.
Back to netball	Sessions for women that want to get back into the sport but haven't played for a long time. Also suitable for new players that have never played.
BME Health Walks	The health walks are really successful and having targeted walks for a specific demographic group has also shown to be effective at engaging new participants. This session has been developed in Cambridge City with a number of new leaders trained locally to deliver the sessions for their community
Buggy bootcamp	Usually held in a park, this activity is for mothers who want to exercise with their babies who are in their buggies/prams. Higher intensity than buggy walks so can be a progression session.
Buggy walk	Brisk walk for mothers with their babies in buggies. The social element of these sessions is key as mothers can get active while having a chat with other mothers.
Glow	UV glow fitness sessions in Cambridge City using glow sticks. This activity is accessible to all and proved very popular. East Cambridgeshire also developed a glow sports activity with Ely College engaging 14+ year old girls in afterschool activity.
Kurling	Community sessions developed in South Cambs Predominantly engaging older age and disabled participants.
Ladies Badminton	Badminton sessions set up specifically for women in Fenland.
Let's Go Girls Festival	Events designed to engage women and girls in sport and physical activity. A number of free activities or classes for participants able to join afterwards if they are interested in continuing.
Man VS Fat	This is a weight management programme developed specifically for overweight men. Participants are given advice about eating healthily and are weighed weekly before taking part in football games. If they have lost weight they earn a goal for their football team.
One to One	This is one to one support provided by the locality coordinators to individuals. This includes meeting up for a coffee and talking about what they would be interested in doing, attending activities with them in order to support them where they are anxious and follow up calls to ask them how they are doing with their physical activity journey.
Park Tennis	Suitable for all. This has been delivered in a number of locations where there are tennis courts.
Pickleball	New sport developed in Cambridge. A resident approached the locality team asking for support to get this set up, which they agreed to do and support him to promote to new people.
RP Fitness	A gym based 10 week programme where participants could try

	different classes and activities that they have never done before with other similar people.
Running Groups	These include couch to 5k programmes which get the participants from not doing any running to being able to run 5 kilometres in 9 weeks. Some running groups are not necessarily to achieve a specific distance and are just beginners running groups. These are designed to be supportive to less active participants being slower and very social.
Shape	Activity programme for people living with psychosis in partnership with Cameo a service offered by CPFT.
Strength and Balance	These sessions are delivered for older age people who are at risk of or have had a trip or fall. These are run in partnership with Everyone Health, forever active and in some instances delivered by the locality teams. There are also Functional Fitness MOT's being carried out to identify people that could benefits from these sessions.
Swim & Tone	Women only swimming sessions delivered in Chesterton.
Swimming Teaching	Adults swimming teaching sessions.
Tai Chi	This beginners Tai Chi session developed in Ellesmere centre in Stetchworth is engaging older age women in a new activity
Try it for 10	Similar to RP Fitness, but participants received a session card with 10 credits that enabled them to attend any activity (including sports) in Littleport leisure centre. This was available to adults living in Littleport and surrounding area
Walking Football	Low intensity sport suitable for all as the rules make this inclusive. Mostly older age men took part in these activities which have been run in the majority of districts
Walking Netball	Low intensity sport suitable for all. There has been a good mix of young and older participants in these sessions, which are happening in all districts.
Wheelchair Football	Disability football session in partnership with CUFC.
Workplace walks	Walks developed within for authority staff, usually carried out during lunch time for the staff.

APPENDIX 2: CASE STUDIES

SOUTH CAMBRIDGESHIRE LGM

New Age Kurling (NAK) at Papworth Village Hall

This new inclusive activity has been developed in Papworth to support an older age local demographic with an activity that is on the doorstep and encourages social interaction. With 15 – 20 people regularly attending the weekly session it has become a key activity in the village.

Why does it work?

- GP surgery promote and signpost to this
- Social element of this activity – important to all but appears to be particularly important to those with a disability
- Wheelchair users like that it is inclusive and engage with able bodied people
- Rewarding to the leaders that they can help others

Case Study

"We are both reasonably active for our age, but we needed to very quickly integrate into the area, and joined the Kurling Group for that reason. We have since joined the Bowling Club, Over 60's and W.I. There is a good mix of retired local people at the Kurling Sessions, with various levels of fitness and like us all benefit from 'keeping on the move'. The more able bodied are able to help those who are not so fortunate and we have built up a friendly group with a good deal of team spirit.

When Ellen told us that she would have to be moving on – we were very keen that the group should continue. We felt it would be a pity for it close because everyone seemed to get such pleasure from meeting each week. We agreed to take on responsibility for the running of the Club, which involved dealing with bookings through the Parish Council, and dealing with the cash, and are sure that other members will help with the setting up and putting away the equipment, as well as taking turns in the making of the coffee. We are confident that the Club will continue to run as successfully as Ellen originally set it up".

Joan and Eddie Tomkinson (aged 75 and 78) moved to Papworth in December 2017 from Scotland.

EAST CAMBRIDGESHIRE LGM

Walking Netball Littleport – Replication and scalability of walking netball has been very effective in the programme and this case study indicates the impact it has made on one particular lady participant.

As a part of the 'Let's Get Moving East Cambridgeshire' programme I set up a walking netball club at Littleport Leisure Centre. This was to target an area and a demographic that was shown to have lower levels of physical activity. The idea of walking netball is to reintroduce people to a sport that they may well have played long ago but with a gentler pace. It is suitable for all ages and abilities regardless of fitness level. The intention was also to ensure there was a social element.

Case Study Valerie's story:
At the age of 77 I thought my netball days were well in the past. I had not played since 1955. Although generally fit (I will not add 'for my age,' I am quite fit), I am unable to run properly or jump due to a 'dead leg' following a badly slipped disc in 1971 which results in my right leg having no lifting power, although it does fully support my weight.

I had heard of walking netball and was delighted when I heard it was starting in Littleport – I was there the first night! From the start, I felt this was something I could do on an equal footing (pun intended!) with everyone else. I can't run or jump – that's fine, it's not allowed anyway – so I was at an advantage, the others had to be reminded not to run!

I am the oldest person attending – the youngest is 15 – so age doesn't matter at all. No-one needs to feel 'different' or insignificant, we are all there to play the game, but it's not the only reason; the main thing is we have good healthy exercise, we interact with others and most important of all – WE HAVE FUN! Since starting, and in line with a diet, I have lost nearly two stone. I feel healthier, I have more energy and I am much suppler, meaning that everyday tasks such as going up stairs, or walking my dogs are so much easier.

Sophie has worked so hard with us, encouraging us from the literally two or three at first, building up to 17 last week – enough for two full teams and some subs! We now have a name 'Littleport Allsorts', team shirts, and are ready to take on other clubs!
So don't sit there thinking – 'well, I might like to but…' come along on Wednesday evening at 7pm and try, or just watch. You will be very welcome.

EAST CAMBRIDGESHIRE LGM

Let's run girls – Beginners running group (Ely)

Couch to 5k in Ely– Community leadership and ownership that included undertaking training and volunteering to motivate others.

Case Study

Jasmin had not been running in a long time when she come across an advert for a 'Couch to 5K' programme starting in Cambridge. The Let's Run Girls programme, developed through Let's Get Moving by the Cambridge City team, was such a good experience for Jasmin that upon completing the 9 weeks course she decided she wanted to be a run leader to support other people like her that wanted to get more active.

As she had recently moved to Ely from Cambridge the Let's Get Moving team in East Cambridgeshire supported her with run leaders training and helped set up and promote a Couch to 5k programme in Ely. This has gone from strength to strength with an additional three run leaders trained, a second and third cohort of beginners signing up for the course and the development of a regular 5k running group for beginners to access once they have completed their course.

The key ingredient for the success of this programme is good leadership. Identifying the right leaders who have the motivation and enthusiasm to inspire others is essential for the success of a community programme. Now there is collective leadership in the Ely beginners running group. The original run leader (Jasmine) is now acting as a mentor to other newly trained leaders and they have a Facebook group with an active community supporting new participants. This is being scaled up across East Cambridgeshire with groups being set up in Soham and Littleport.

CASE STUDY – CAMBRIDGE CITY LGM - SHAPE

The SHAPE programme is for people that have Psychosis and as a result of the medication they are prescribed, put on weight. It is a programme that has been developed in partnership with Cameo (Part of the Cambridgeshire and Peterborough Mental Health Trust).

Participants were specifically targeted because they have a high risk of developing a metabolic syndrome, owing to lifestyle and anti-psychotic medication. Although these participants are in the minority, they need a lot of support to lead healthier lifestyles. Co-morbidity for this particular cohort is 80% higher than in the average population and life expectancy significantly lower. Participants who have attended the full 12 week programme have increased their physical activity levels by an average of one hour per week, and all but one (who is returning to university) have signed up for the next 12 week block – SHAPE2.

Most activities take place in the drop-in clinic on Mill road, however some are external sessions if suitable to the group

<u>The Case Study</u>

Mr X is a 22 year old male who has attended 12 weeks on the SHAPE project.
At the beginning of the project Mr X was overweight due to medication and lack of motivation and fatigue. He was very quiet and his self-esteem was very low. He was also too unwell to continue at University.

Over his time on the project during a PING (table tennis) session he revealed that he had played table tennis semi-professionally, he was also an adept tennis player. Mr X was encouraged to lead on some of the racket sports sessions which he was really keen to do.

Thereafter he taught the group various table tennis and tennis skills. These new skills enabled other members of the group to enjoy these activities and these skills motivated other members of the group to take part in the racket sports activities.

Over the 12 weeks it was clear that his confidence increased and he became a very proactive member of the group to the point that when he was fully recovered he wanted to work as a peer support worker.

Since Mr X completed the SHAPE project he has been able to return to his University studies and he has lost much of the weight he had gained.

It is important that much of his recovery came from his medical treatment but the project enabled Mr X to start socialising more, take part in regular activities and increase his self-esteem.

FENLAND LGM

Waterlees Your Sport - Youth Session
Waterlees Your Sport – A housing estate in Wisbech with ongoing issues among young people of anti-social behaviour and segregation between nationalities leading to unrest in the local community. The outcomes of this programme and the knock on effect on the community have provided key learning for future programmes in the area.

Case Study; Aaron – The Coach
Aaron has been acting as the facilitator coach for the Waterlees Your Sport session. The sessions are weekly and follow a kick about style ethos where the participants choose the activities. Looking back to the start of the project Aaron recalls the first few sessions he was involved in:

"It was slow and hard at the start. Many children were reserved and not sure whether to join in, they often stood and watched. But we also had some trouble as some children stole all of our footballs and were very rude to us [coaches] and the other participants, they used a lot of bad language" He went on to talk about the barriers the local community faced: **"we had a lot of different nationalities turn up to play and there was a clear language barrier. They were almost segregated, staying in their own groups and not integrating into a mixed team."**

Over the following next few months Aaron and the other coach worked hard to bring the different groups together, and gain confidence in those that were not sure, eventually seeing changes over time. By the end of the project Aaron describes the changes that have occurred since the start:

"Over time the ones that stood at the side had started joining in. We even had some that didn't like football but still came and joined in weekly. We started being able to play one big match where all nationalities, ages and genders play without discrimination."

Aaron continued to talk about the impact the sessions has had on the participants themselves, he said:
"I think they have matured. There seems to be a new respect for one another, the older participants are acting as positive role models to the younger participants. There is less aggression and anti-social behaviour towards one another and us as coaches."

He continues:
"It provides the local youth with something to do and something to look forward to, it keeps them out of trouble and off the streets. They benefit from the weekly exercise, they are fitter and more active because of the sessions. They even continue to use the astro-turf outside of the sessions now. They've learnt to work as a team and communicate."
In terms of the whole community Aaron commented on the impact to the wider community:
"A resident from the local community has spoken to us and said what we were doing for the youth was good. We've had a few dads come and watch too"

When asked how he felt being involved in the project and if he has learnt anything along way he said:
"It's exciting. I've loved being involved. It is great to see how the different groups of nationalities has been brought together through a simple session structure and physical activity, it has been a million percent successful for the community. I have learnt mostly how to communicate with the youth, even those with little English."

Walking Football:

From a referees perspective.

Mark has been involved in the walking football ever since it started in Fenland. He couldn't wait to be involved in the sessions after being a keen footballer for years. But after those years he had not been very active, enjoying the odd bike ride and regular dog walk.

After being involved in walking football for over a year now he said **"I feel great now. I had a shock when I went for my annual check up at the GP's recently and was told I had dropped two and a half stone!"**

He continued to describe how he feels, **"I certainly have more energy than I used to have and feel a bit sharper mentally. I am fitter, busier and more motivated than I previously was."**

When describing what motivates him he said "it is the joy I get from playing, it is akin to the feeling I had when I first found out as a lad that I could play a bit."

Mark progressed his walking football and completed the WFA Referee's course in 2017. He is very proud to say **"I was the first person in the UK to be graded as a WFA Tournament Referee!"**

Since that course, when asked has been his highlights Mark said**; "I have been appointed as a league referee for the National Walking Football League (South) and has been asked by the England walking football manager to referee the England trials in February 2018."**

If that wasn't enough, Mark continued to mention **"I have been asked to TRA (who operate the national walking football leagues) to devise and present a course for training future referees which will see me travelling throughout the UK and then onto Europe."**

In Fenland, he runs and referees for the walking football competitive team in Wisbech called the Spitfires, which originated from the walking football sessions.

Mark explained what he enjoys about being a referee and how it makes him feel: **"I enjoy the ability to make the game fair and safe for participants. I particularly enjoy the banter on the pitch, everyone has a word of advice for the ref, and it certainly sharpens your wit."**

When asked if he had any advice for anyone else in regards to attending an activity he said: **"Don't hesitate, get involved. It can be a real life changer."**

FENLAND LGM

Wisbech Beginners Running Group provides opportunities for those new to running

Case Study

Ms X originally saw the Wisbech Beginners run group advertised on Facebook. She had already lost over a stone in weight by dieting and using Slimming World and decided this would be the next step. She attended her first session back in May and has been going ever since. She found the sessions really friendly and thought it was great that there were many different shapes and sizes.
Once she built her fitness and stamina up she started running with Three Counties Running Club at their Trackless session and then went on to join the club.
She has now lost a total of 3 stone and ran several races with Three Counties including park runs and a 5mile Spud Run with March Athletics. She managed to knock 5mins of her PB at a park run in Kings Lynn in just one month after her first one.
Ms V now runs 6 miles with the club on Wednesdays and Fridays and still attends Trackless on Mondays and Active Fenlands Tuesday Morning session. She has built her fitness level up from nothing and she is still losing weight and getting fitter every day.
She loves the sense of achievement you get from running and says it has helped with symptoms of her condition fibromyalgia**.** V said 'beginner sessions are great as it changes your mind set and you're never left alone'. She would recommend the Running Club to anyone.
Her targets this year are to complete a half marathon and get to her goal weight. Nothing seems to be slowing her down!

APPENDIX 3: Let's Get Moving Year 3: Target Areas of Activity

Countywide

- Consolidate newly established programmes in the 20% most deprived areas and aim to secure their sustainability. This will include working with the developing social prescribing agenda with GP practices in the more deprived areas. This will build on the model that has been developed with the Granta group of practices.
- Further developing links with workplaces and Job Centre Plus in the targeted areas to work with the unemployed but also those who are employed but have health conditions that could compromise their ongoing employment.
- Develop a countywide cycling scheme focusing on engaging the least active people and those not currently cycling whether due to low confidence, lack of skills, accessibility or motivation.

Cambridge City

- Cambridge City Council will focus work in deprived wards, including Abbey, Arbury, Kings Hedges and Trumpington.
- Extending work with mental health service users, to expand pilot schemes and strengthen the City Wide 'Invigorate' programme to specifically to engage Mental Health Users in physical activity sessions.
- Extension of the targeted work with women and girls to encourage and motivate inactive people to get active through the 'Return to' or 'innovative Beginners' sessions across the City, this will focus on working with the Women's Aid Programme and secondary schools girls.

South Cambridgeshire

- Build on the asset based community development approach; the aim will be to strengthen LGM's position within communities supporting them to take ownership of opportunities to be active. Target and support carers to be more active with a bespoke package of respite and physical activity opportunities.
- The growth areas in the district will provide both opportunity and challenges as there is a greater demand on our services and transport networks. The work that is developing around cycling, running and walking will focus upon these communities and future work with housing partners.

Fenland

- The Active Fenland brand has become well established as a community activity provider. Through this the district will continue to develop new opportunities for engagement which includes targeted approaches.
- A particular focus area is adults with mental health issues. A partnership project has been established with the Richmond Fellowship and Cambridgeshire and Peterborough NHS Foundation Trust to develop a mental health physical activity intervention.

Huntingdonshire

- The Huntingdonshire focus is engagement with people with long term health conditions and low levels of activity in the priority more deprived locations in the district.
- The aim is to develop two new interventions that engage people with heart disease and diabetes in physical activity, contributing to better management of their condition and positive social, emotional and mental health outcomes. Ramsey, St Neots and Huntingdon will be three of the key focus areas due to inequalities in socio-economic and health outcomes.

East Cambridgeshire

CONNECTIVITY: creating a coherent system.

- Develop Local Activity Partnerships – Littleport, Soham - Asset –based Community Development approach, to
  - Build community capital
  - Utilise existing trust networks
  - Generate locally informed and driven solutions and initiatives
- Stronger strategic linkages – partner engagement with health, education, voluntary sector providers
- Social prescription

EXCLUSION: programmes to mitigate barriers to participation

- By target group
  - Isolated groups, communities and individuals – including unemployed bereaved, and geographically disconnected
  - Non-participant young people
  - Older people
  - Women

BROADENING OPPORTUNITIES: broadening and tailoring provision to fit community needs

- Let's Get Moving Outdoors – walking, cycling, running, informal activities
- Let's Get Moving Outside The Box
  - Informal & non-standard activities including play-based, to complement structured provision
  - Check / challenge structured provision in sports clubs and centres to improve accessibility for new participants (price, culture, programme design)

Appendix C

TO: **HEALTH COMMITTEE**

RE: **SUPPORTING INFORMATION FOR THE HEALTHY FENLAND FUND PROGRESS REPORT**

DATE: **NOVEMBER 8 2018**

FROM: **VAL THOMAS, CONSULTANT IN PUBLIC HEALTH**

1. PURPOSE

The following is a report on the progress of the Healthy Fenland Fund describing its background, outputs and impact during its first two years.

2. BACKGROUND

Fenland has a substantial number of health outcomes, health behaviours and health determinants that are worse than the national average. Specific issues that have been identified relate to mental health and isolation, lack of engagement with public services, social issues, language barriers, and income and child deprivation.

The Health Committee approved funding for the Healthy Fenland Fund (HFF) which reflected its commitment to improving health outcomes and inequalities in Fenland. Care Network successfully bid in a competitive tender for the delivery of the HFF, with the contract commencing in January 2016. The HFF is funded for five years with a total value of £825,000 and has two mutually dependent elements which is a small community grants fund and a community development team.

3. PROGRAMME DESCRIPTION

3.1 The Healthy Fenland "Fund" may be accessed by community individuals or groups who want funding to develop activities or projects that they think will improve their health and wellbeing. It also enables community members to engage other members of their communities to take forward community initiatives. The funding

therefore aims to strengthen the community by supporting the "building blocks" or for a specific project that addresses a community issue. Care Network sub-contracted with the Cambridgeshire Community Fund to administer the allocation of the Fund.

3.2 The remit of the small team of community development workers is to engage and develop the skills of community members for identifying their own community needs and assets along with how they could address these needs. This includes supporting communities to make bids to the HFF and also to other sources of funding.

3.3 The aim of the Programme is to contribute to improvements in the health and wellbeing of communities in Fenland through supporting the development of strong and resilient communities that are fully engaged in identifying and addressing their needs. Although the formal start date of the contract was January 2016, recruitment and training took several months, therefore the information presented here describes the impact of the HFF is from June 2016 until September 2018.

4. CHALLENGES FOR EVALUATING COMMUNITY PROGRAMMES

4.1 The HFF aims to support improvements in mental and physical health through facilitating community led health improving activity programmes. This acknowledges that there are different types of activities that can impact upon health and wellbeing. However the activities that bring the anticipated improvements are identified by the community.

4.2 This reflects the Assets Based Community Development (ABCD) approach of sustainable community driven development that has been adopted by the HFF. Asset Based Community Development's premise is that communities can drive the development process themselves by identifying, mobilizing existing, but often unrecognised assets and developing new ones. These assets enable communities to respond to their needs and challenges to create local health and social improvements.

Evaluating the impact of community programmes upon health is notoriously challenging. The core concepts that have been identified with community centred approaches to health and wellbeing are; voice and control, leading to people having a greater say in their lives and health; equity, leading to a reduction in avoidable inequalities, and social connectedness, leading to healthier more cohesive communities. These assets enable communities to become more resilient and better able to drive improvements in their health and well.

The following are the tangible community assets associated with health improvement.

- the skills, knowledge, social competence and commitment of individual community members
- friendships, inter-generational solidarity, community cohesion and neighbourliness

- local groups and community and voluntary associations, ranging from formal organisations to informal, mutual aid networks such as babysitting circles
- physical, environmental and economic resources
- assets brought by external agencies including the public, private and third sector

4.3 The information presented in this report describes specific health improving activities but it also indicates that the HFF is contributing to building the community assets that support improvements in health and wellbeing and reductions in health inequalities. The evaluation framework is still in development but the data that is being collected aims to capture both changes in health behaviours along with the assets associated with supporting of health and wellbeing.

5. THE DELIVERY MODEL

5.1 The HFF community development team invested a considerable amount of effort into becoming embedded within communities in Fenland to establish HFF as a trusted "brand". The aim was to identify the 'community connectors' who will take social action and use their community strengths, physical and social assets to make connections in their communities.

These community activities included:

1. Community confidence building e.g. helped community connectors to take an idea and turn it into reality, building confidence, providing encouragement and support to increase confidence

2. Skills development: provided training on group governance, book keeping and any other areas needed to achieve sustainability fundraising, poster design and generally acting as a 'go to' with any queries

3. Accessing grant funding: supported the community connectors to work with their communities to access funding from the Healthy Fenland Fund or other funding opportunities

4. Access to information: offered easy access and a single point of contact for communities though providing online and digital information which also increased the connectivity between relevant community groups and organisations.

5. Partnerships: built robust and effective collaboration for supporting communities at both strategic and operational levels.

6. COMMUNITY GROUPS

The headline figures for engaging with community groups are as follows.

- 108 groups have been supported by the team
- 2 groups have required community development support, but did not require funding.
- Actual number of beneficiaries reported to date 2,345 (95% of target)
- 1561 people who have participated in community groups and activities supported by HFP report improved physical, mental and emotional wellbeing
- 246 people reported increased participation in community activities
- 224 residents have gained new skills as a result of engaging with community groups supported by HFP
- 210 people have engaged with activities that promote healthy lifestyles, such as healthy eating and smoking cessation
- 52 beneficiaries have gone on to access additional support services to improve health and wellbeing following support from a HFF group
- 27 groups did not pursue support after initial engagement as they did not meet the criteria of the HFF, or the community leader/connector or group were not ready to take their idea forward or the community leader/connector identified that in the long term, the group would not be sustainable

7. DISTRIBUTION OF THE GRANT

7.1 The HFF grants are divided into three categories

- Start-up funding for up to £500 for groups in early development stages to try out their ideas.
- £1,500 available for new groups for equipment, venue hire, publicity)
- £5,000 available at quarterly application points for larger projects

Table 1 indicates that around £122k was awarded to communities in two years. This is 81% of the value of grant available for this period. Of these awards 20 organisations have received the small grant totalling £9,376.27.

It is anticipated that the demand will continue to increase for grants as the HFF becomes further embedded into Fenland communities.

Table 1: Summary of Activity

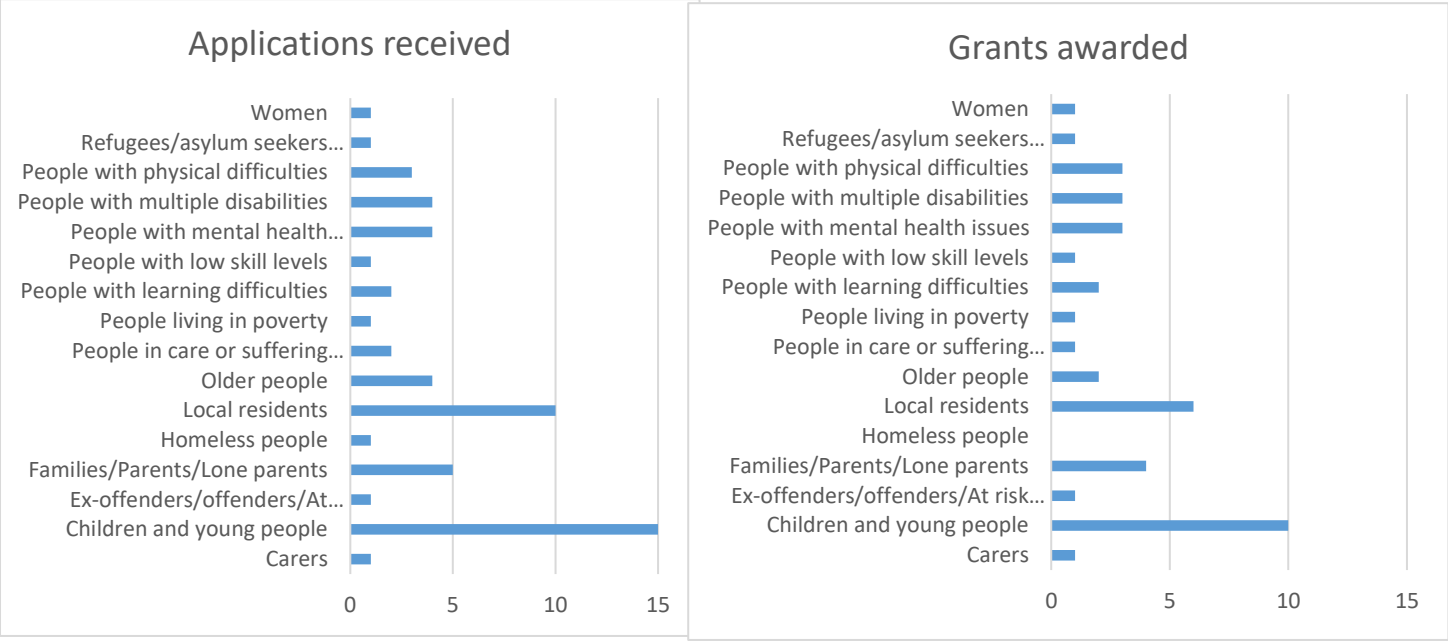
Application status	No. applications	Value (£)
No. received	56	£190,068
Withdrawn by CCF / applicant	9	£28,869*
Rejected	7	£23,877*
Grants awarded	40	£121,950*
Requests under review	0	£0
Projects complete, and reporting received	23	£66,309

**The value awarded, under review, rejected and withdrawn does not equal the amount requested because a number of applications were part funded, including four applications which received 50% or less of the amount they requested – highlighted in Table 2.*

** Please note that total applications (117) is larger than the 108 groups the HFF team have supported as some groups were applying directly for funding without engaging with support from the HFF team.*

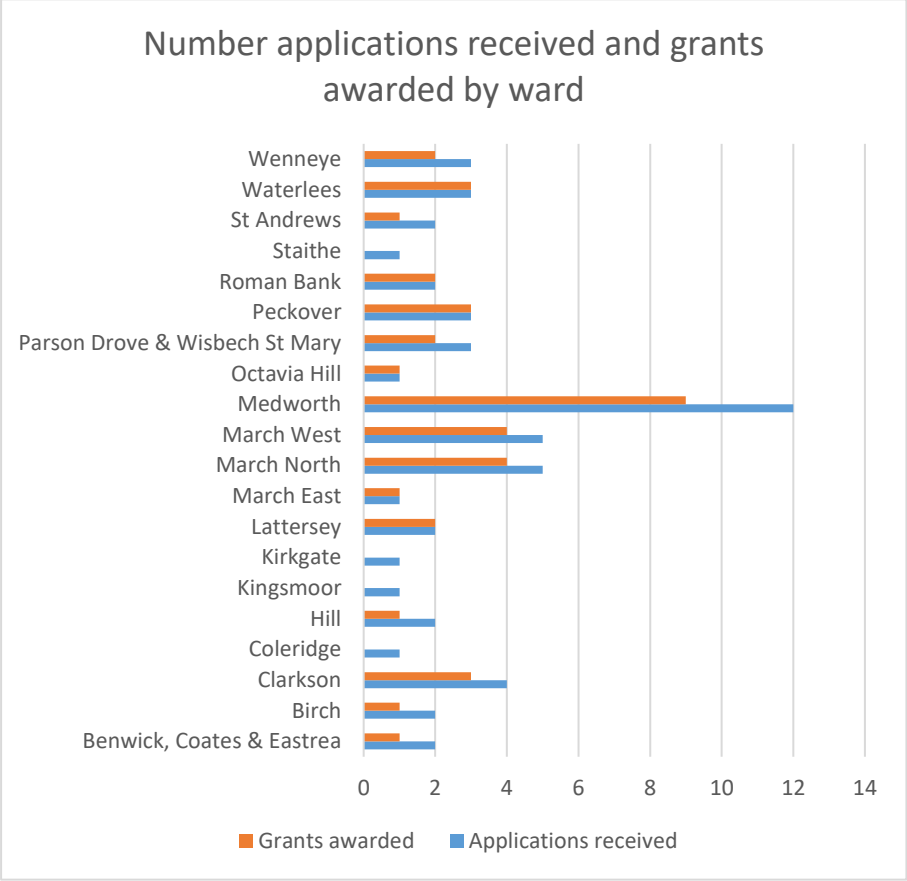
7.2 Figure one indicates the number of applications made and the grant awards by primary beneficiary group.

Figure 1: Number of Applications and Awards by Primary Beneficiary Group



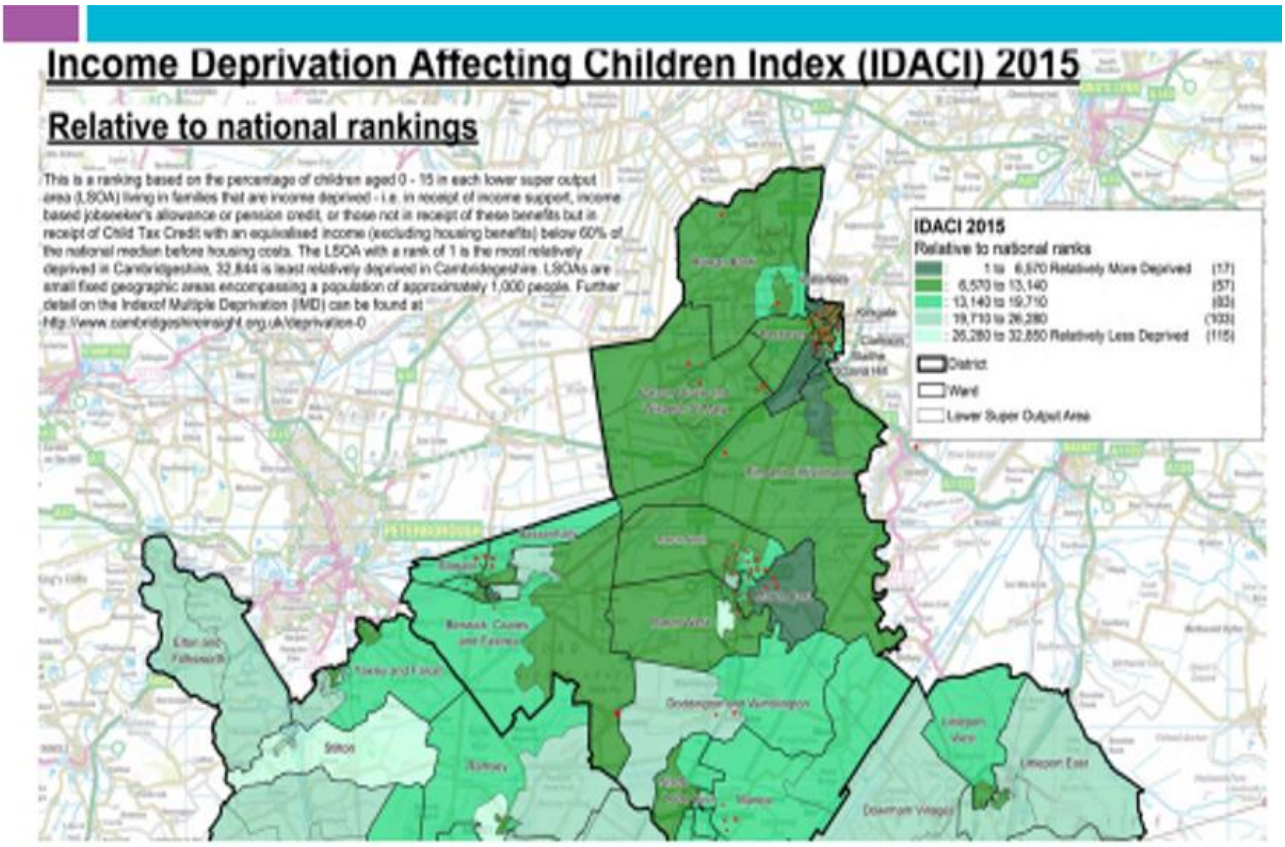
7.3 Figure 2 demonstrates that the applications for grants come in the main from the more deprived wards.

Figure 2. Spread of applications received and grants awarded across Fenland wards.



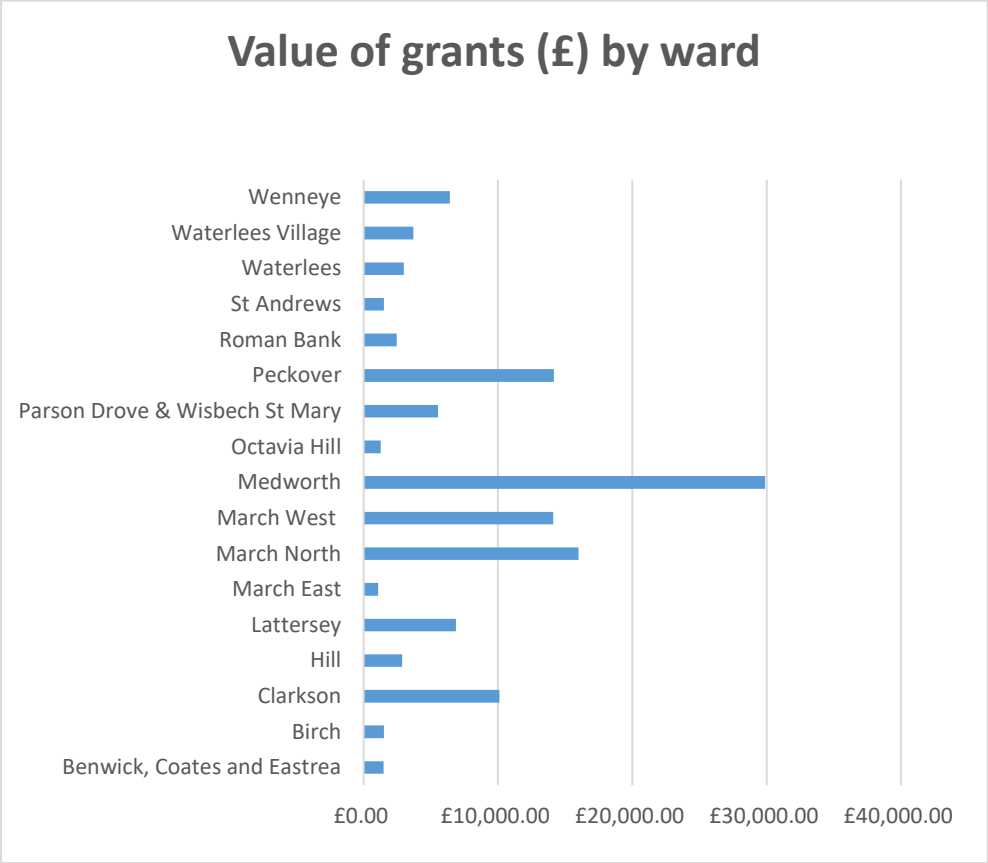
7.4 Figure 3 indicates the geographical spread of projects in relation to the more deprived areas in Fenland. The red dots indicate the location of projects

Figure 3: Geographical Location of Community Projects in Relation to Deprivation (red dots indicate project locations)



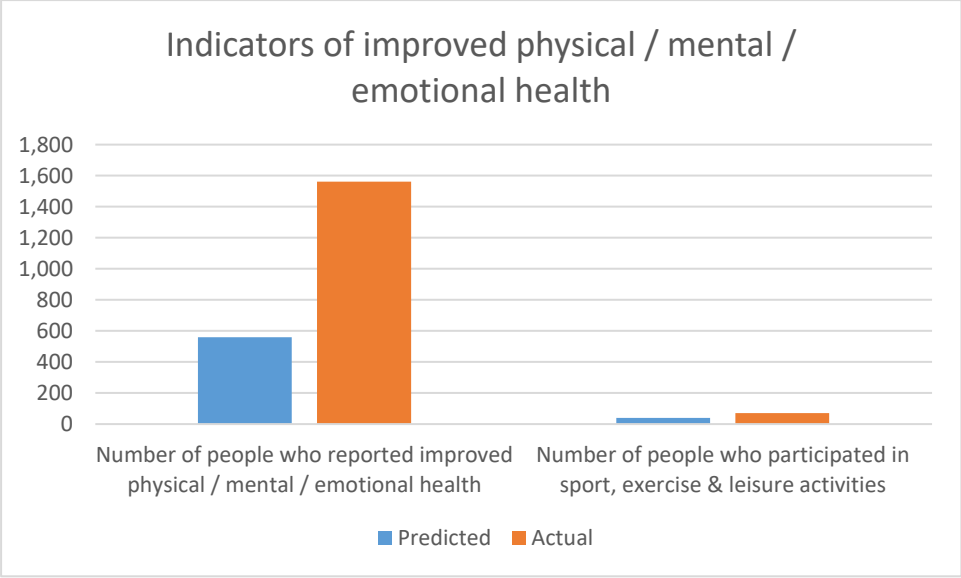
7.5 Figure 4 shows the total value of grants awarded in each ward in Fenland

Figure 4. Value of grants awarded across Fenland wards.



7.6 Key objectives for the HFF is to improve lifestyles and health. Figure 5 details the *reported* improvements on projects where reporting has been completed.

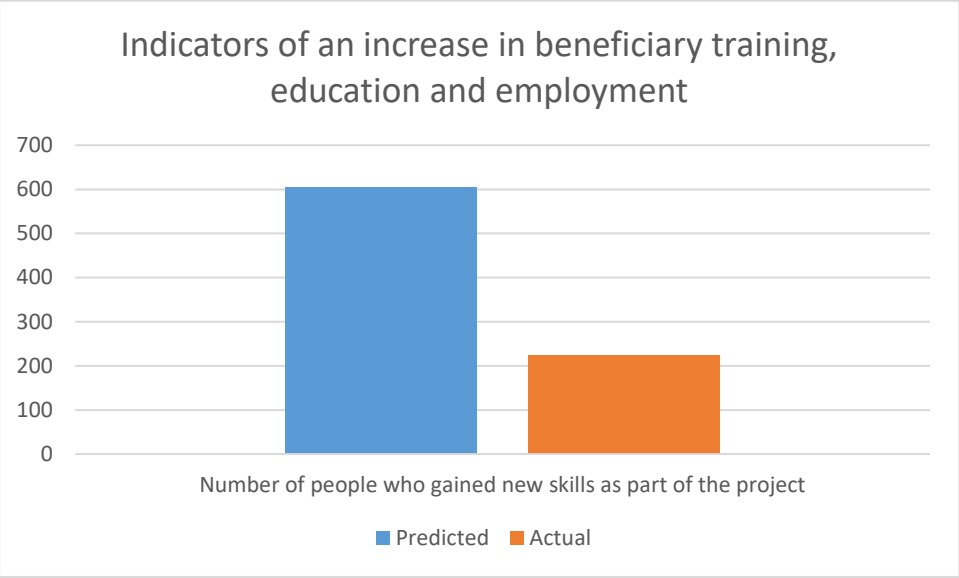
Figure 5. The Number of People who have Reported Improvements in Health (physical / mental / emotional)



Although fewer activities, groups and hours of activities provided have been reported than were initially predicted by funded groups, the number of people reporting improved health and participation in sport and exercise has exceeded predictions.

7.7 Along with improvements in health the HFF aims to increase the number of beneficiaries involved training, education, accreditation and employment opportunities as indicated in Figure 6 which shows the number of people reporting that they have acquired new skills on projects where reporting has been completed

Figure 6. The Number of People who have Reported that they have Gained New Skills.



8. STRENGTHENING COMMUNITY ASSETS

8.1 Each supported group is asked provide feedback information to the community development team about the impact of the support and funding that they have received. Additional information was also secured through a workshop which included the community development team and grant recipients. The responses are reported below and include increased opportunities and skills development.

- Increase in volunteering opportunities and volunteers
- Peer support and mentoring within groups
- Increase skill and experience which provides opportunities for local communities to share best practice through networking events facilitated by the HFF.

8.2 The strongest evidence for the impact that the HFF has had on building community assets is that 74% of HFP groups have gone on to be self-sustaining, after receiving development and funding support from the HFF.

9.2 ADDED VALUE OF CARE NETWORK

9.1 The organisation Care Network has a track record of working in Fenland and understands the community development approach as it is embedded into the delivery of many of their work programmes. This has enabled it to support the community development team in their efforts to engage with communities

9.2 The Care Network Management Team has supported the HFF at a strategic level and facilitates the flow of information from the HFF to the Care Network Leadership Team, commissioners and other key partners. This has resulted in building collaborative working between the HFF and other local initiatives or services. For example the Diabetes Care Team Fenland Children's Centre and a Sheltered Housing Scheme for older people.

10. THE CHALLENGES AND LEARNING

10.1 Gaining the trust of local communities demanded considerable time and effort. In the first year the HFF community development team focused upon being visible in the community, for example having a weekly market stall in Wisbech, where HFF branded tea bags and plant seed packets were distributed. The team continues to have a presence at many community events to maintain its visibility.

10.2 There were especial challenges when engaging with migrant communities. Community development is not part of the migrant community culture and an unknown concept. Recruiting a member of the team from the migrant community, has helped overcome language barriers, as well as suspicion of the community development approach. There is a lack of confidence or understanding of how to participate and run a community group and new approaches are in development.

10.3 The introduction in year 2 of small easy to access £500 grants increased applications for larger value grants as groups developed the confidence and skills to expand their projects.

10.4 It is important that requests for funding are processed quickly. If not, Groups become frustrated and lose the trust in the brand and can lose interest in continuing.

10. COST BENEFITS – THE EVIDENCE

10.1 NICE has stated that the understanding of the costs and economic benefits of community-centred approaches is limited, partly because it is difficult to assess and measure wider social impacts and compare areas. However community-centred approaches offer a different way to use local resources, and some studies have evidenced that there is good social return on investment.

10.2 The London School of Economics found that:

- timebanking has a return of £2.89 for every £1 invested
- befriending for older people gives a return of £3.75 for every £1 invested
- community navigators have a return of £3 for every £1 invested

The Cabinet Office and Department for Work and Pensions' report Wellbeing and civil society found that:

- the value that frequent volunteers place on volunteering is around £13,500 per year *'not being able to meet up with friends a number of times per week' is equivalent to a cost of £17,300 per year
- the value that people place on 'living in a society where they feel they can trust people' is about £15,900 per year

11. SUMMARY AND RECOMMENDATIONS

11.1 The information presented in this progress report suggests strongly that the HFF has engaged with and impacted upon communities in Fenland. The tangible evidence of this is number of community projects that have been supported and received grants.

11.2 There is also evidence that community assets have been realised through the identification and energising of community connectors, peer support, volunteers and the impressive 74% of projects who continue to self-sustaining after receiving development and funding from the HFF.

11.3 An economic analysis of the HFF has not been undertaken. However based on analysis from other community development initiatives where an assets based approach has been adopted there is growing evidence that it has cost benefits.

11.4 There is however a need to work to develop further to fully understand whether the HFF is reaching those most in need.

11.5 Additional measures of community assets need to be identified and captured to demonstrate more robustly its contribution to strengthening and developing the assets of the community in Fenland.

APPENDIX 1: All HFF Applications Received.

Grant Application: Grant Application Name	Date Received	Amount applied for	Amount Awarded	Status
Wisbech PHAB Club	28/04/2016	£1,486.00	£1,486.00	Fully Paid
Reuseful UK	28/04/2016	£6,000.00	£5,000.00	Complete
Hudson Indoor Bowls Club Wisbech	17/05/2016	£1,394.00	£0.00	Withdrawn
Young People March	23/05/2016	£3,725.00	£0.00	Withdrawn
Fen Tigers Goalball	28/06/2016	£1,444.00	£1,000.00	Fully Paid
Illuminate Charity CIO	06/07/2016	£4,710.00	£0.00	Withdrawn
Chatteris Town Youth FC	06/07/2016	£5,000.00	£2,534.00	Complete
People & Animals UK CIC	18/07/2016	£1,450.00	£0.00	Rejected
Viva	20/07/2016	£2,842.00	£0.00	Withdrawn
Rosmini Centre Wisbech	21/07/2016	£4,958.00	£4,958.00	Complete
March Community Can't Sing Choir	10/08/2016	£3,539.00	£3,539.00	Fully Paid
Wisbech Community Development Trust	17/08/2016	£1,488.00	£1,488.00	Fully Paid
Viva Families and Communities	14/09/2016	£2,862.00	£2,862.00	Complete
Something To Look Forward To Ltd	22/09/2016	£3,500.00	£0.00	Rejected
Positive People Care	30/09/2016	£1,499.00	£1,500.00	Fully Paid
The Ferry Project	30/09/2016	£5,000.00	£5,000.00	Complete
Cambridgeshire Invisible Illness Support	06/10/2016	£1,268.10	£0.00	Withdrawn
Whittlesey Beginners Running Group	25/10/2016	£2,666.71	£2,666.00	Complete
Fenland Communication and Connection Workshops	29/10/2016	£5,000.00	£0.00	Withdrawn
Chatteris Cricket Club	30/10/2016	£3,874.28	£3,874.00	Complete
Trinity Bowls Club	12/11/2016	£1,500.00	£1,429.00	Fully Paid
Centre 33	25/01/2017	£5,000.00	£5,000.00	Complete
Fenland Association for Community Transport	26/01/2017	£5,821.20	£0.00	Rejected
V.I.P. Club (formerly the K.I.T. club)	30/01/2017	£5,000.00	£1,000.00*	Fully Allocated
Arthur Rank Hospice Charity	01/02/2017	£3,900.00	£3,900.00	Fully Paid
Wisbech Warblers Singalong	09/02/2017	£1,500.00	£1,500.00	Complete
Wisbech Projects CIC	10/02/2017	£3,275.00	£1,500.00	Complete
Reuseful UK	15/02/2017	£5,000.00	£5,000.00	Fully Paid
Newton Bowls Club	21/02/2017	£1,320.00	£1,040.00	Fully Paid
Defibrillators for All	27/03/2017	£5,000.00	£0.00	Rejected
Fen Trek	04/04/2017	£1,500.00	£0.00	Withdrawn
Whittlesey Kurling Club	04/04/2017	£1,493.00	£1,493.00	Fully Paid
The Let's Cook Project CIC	24/04/2017	£7,930.00	£7,900.00**	Fully Allocated
March & District Model Railway Club	18/05/2017	£680.00	£680.00	Fully Paid
Whittlesey Table Tennis Club	19/05/2017	£1,500.00	£1,500.00	Fully Paid
Living Sport	02/06/2017	£5,000.00	£5,000.00	Complete
Bedazzle Projects	22/06/2017	£1,500.00	£1,500.00	Fully Paid
Friends of Rings End Nature Reserve	23/07/2017	£4,984.97	£2,000.00	Complete
Friends of Polish Supplementary School	27/07/2017	£4,505.00	£4,505.00	Fully Allocated

Chatteris Cycling Club	31/07/2017	£4,910.00	£0.00	Withdrawn
LEADA Cambs	01/08/2017	£3,520.00	£0.00	Withdrawn
Murrow Preschool	02/10/2017	£769.62	£540.00	Fully Paid
The Ferry Project	08/01/2018	£1,499.00	£0.00	Rejected
Rima's Ladies and Families	10/01/2018	£5,510.00	£4,710.00	Fully Paid
Fenland Villages Archery Club	24/01/2018	£1,417.00	£1,417.00	Fully Allocated
Benwick Street Pride Volunteer Group (Known as Benwick In Bloom)	31/01/2018	£1,501.60	£0.00	Rejected
Young Technicians CIC	31/01/2018	£4,195.00	£4,195.00	Fully Paid
Friends of Fenland Home Educators	31/01/2018	£4,199.84	£4,199.00	Fully Paid
CHS Group	01/02/2018	£5,105.00	£0.00	Rejected
Shedders and Fixers	01/02/2018	£5,000.00	£5,000.00	Fully Paid
Association of Mindfulness Arts	22/02/2018	£5,000.00	£5,000.00	Fully Paid
Fenland Breatheasy (March)	08/03/2018	£1,080.00	£1,080.00	Fully Allocated
Viva Families and Communities	26/04/2018	£1,280.00	£1,280.00	Fully Paid
Wisbech Street Pride Group	30/04/2018	£4,970.99	£4,970.00	Fully Allocated
Wisbech Women's Badminton Group	10/05/2018	£5,000.00	£5,000.00	Fully Allocated
Black Panther Events	28/07/2018	£4,995.00	£3,705.00	Fully Allocated
		£190,068.31	**£121,950.00**	

APPENDIX 2: Long Lasting Impact – Case Studies

Case Study 1: Migrant Community Engagement: Evidence of Migrant Engagement, Community Cohesion to Reduce Social Isolation, Sustainable Group Activity

There is a Russian Orthodox community based in Wisbech who meet together at the St. Peter's and St. Paul's Church on a regular basis. In the early days of the HFF, this group approached us for support, but because they were a religious closed group, the community did not qualify for funding.

We have been working together over the last 12 months to see how we could engage this community and make sure that they keep on meeting regularly as well as attract other members of public to promote community cohesion and integration.

Migrant Communities in Fenland do not have skills and experience in Community Development and therefore, struggle to come up with ideas on keeping a group together and sustainable. We tried to offer a model of local groups and suggested organising a Lunch Club inviting local members of the public and migrant communities. The community liked this idea and so in April of this year, it applied to our Small Grant Fund, which allowed them to organise a Russian Easter Lunch. The event enabled all members of migrant and local community to meet up, have a traditional Easter lunch together as well as socialising together. 52 people attended this event.

The Russian Orthodox Lunch Club was able to fundraise £100 from this event, by suggesting people leave a donation. There has now been further engagement between communities and there will be another migrant and locals lunch which will be covered by the funds raised from the Easter lunch.

The group hopes to have regular lunches 3-4 times a year which will give an opportunity for everyone else to join in whatever their religion, race and language.

Case Study 2: Benefits of the Small Funding Pot, Evidence of Improved Mental Wellbeing, Collaborative working with local partner organisations

S contacted the HFF as he had an idea of starting up a club that would use photography as a conduit for peer support for those who felt socially isolated and or had mental health problems.

His idea was to encourage people to come together to share their enjoyment of photography by using their mobile phones to take the photographs rather than the normal camera (although these weren't excluded) and to then download and print their work.

S had previously had mental health issues and found that getting out and taking photographs with his phone, opened a whole new world to him. Initially he approached the staff at the Oasis Centre in Wisbech to help him develop his idea.

The Oasis Centre referred S to the HFF and one of the team met with him several times over the course of a couple of months to develop his idea and support with

funding. This was required for venue hire, refreshments and small equipment items, so he decided that the ‘start up’ fund would be sufficient for his initial needs.

S was granted the funding and his first 6 week course was at full capacity. He intends to continue these delivery blocks of his project from October, as there is plenty of demand within the local community to engage with his group.

We hope to work with S again very soon to help him with further funding to expand his project.

Case Study 3: March Carers Group: Evidence of Peer Support, Improved Health and Wellbeing, Challenges to local groups in achieving sustainability and the need for HFF community development support

This group was initially set up at the Cornerstone GP Practice in March in 2017 with an average attendance of approximately 10 people. The group was formed to reach out to carers who may be struggling to cope, feeling lonely or isolated. Although it began positively, there were operational issues, such as only being able to hold support sessions during lunch time, when the practice was closed, which meant attendance numbers declined.

The group decided to move to another location to overcome this challenge and moved to St Peters Church Hall on a Monday mornings 10.30 – 12.30 the third Monday of the month. This allowed them to meet for longer, have access to a kitchen for refreshments (thus raising funds to become financially sustainable), invite speakers in and be able to hold group activity sessions.

To facilitate this plan they approached the HFF for support and received a small grant award to facilitate this move. Despite this positive action and hard work to promote the group, attendance numbers dwindled.

They are now considering changing the structure of the group from just Family Carers to something more all-encompassing, to include people who may be lonely or isolated, may have mental health issues or may have lost their caring role.

The hope is that by doing this and also moving the group to a more central location in the town (within walking distance to the shops) that the group will grow and be able to become sustainable in their own right.

HFF will continue to support the group with these changes. The Small Grant fund is designed to enable groups to “have a go” and is flexible enough to allow them to develop the group at this early stage without too many restrictions.

Case Study 4 Bedazzle Project: Evidence of physical and social activity with impacts upon loneliness and social isolation.

This project was awarded a grant of £1,500 to set up a new theatre and dance group in Wisbech for at least 10 adults with additional needs. “A is a complex young man with mental health issues as well as being Downs Syndrome. He has faced various challenges being a part of a group, he finds it difficult to form relationships with his

peers as they don't fully understand him or his needs. He has challenging behaviour which is why he has a full-time support worker when he accesses the community. A has overcome his shyness with attending the Imagine show, although he found it difficult, being on stage was a huge success, we paired him up with a member of staff and he embraced his time on stage and overcame his nerves. When we decided to put on a pantomime he took on the role of two characters, he learnt his lines by memory as he cannot read, he surprised us all. He invited family and friends and has now found his place in the group. At lunch time he now chooses to sit with the other students and talks about his family and home life, he has come into his own and feels very much a part of the Bedazzle group."

Figure 6. Bedazzle theatre and dance group.

Case Study 5: March & District Model Railway Club: Evidence of addressing learning disabilities and mental health issues in community activities

The Club received a grant of £680 to engage with people who have learning difficulties and mental health issues. March & District Model Railway Club were invited to talk at the March Dementia Café meeting in February 2018. Their attendance at the Dementia Café was well received and promoted lots of memories and conversation. The chairman Keith Sharp talked about the model club, showed models and explained how to make buildings from "mounting card". "Two men who regularly attend the Dementia Café never speak when sitting around the table with others. After watching a demonstration of the Fenland Yard shunting puzzle, and having the opportunity to operate the shunting puzzle, one of the men started to chat about going train spotting when he was young. After a short time the other man who also hardly speaks, talked about his father being a train driver at March, then about biking to Whitemore Marshalling Yard (in March) to ride in the cab of a diesel shunter his father was driving."

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The Marmot Review: Fair Society: Healthy Lives 2010: http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review

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NICE Guideline 44 Community engagement: improving health and wellbeing and reducing health inequalities 2016: https://www.nice.org.uk/guidance/ng44

NHS England: NHS Five Year Forward View :https://www.england.nhs.uk/five-year-forward-view/

SUSTAINABILITY & TRANSFORMATION PARTNERSHIP – WORKFORCE UPDATE REPORT

To:	**HEALTH COMMITTEE**
Meeting Date:	**8 November 2018**
From:	**David Wherrett, Director of Workforce, Cambridge University Hospital's NHS Foundation Trust** **Stephen Legood, Director of People and Business Development, Cambridgeshire & Peterborough NHS Foundation Trust**
Electoral division(s):	**All**
Forward Plan ref:	**Not applicable**
Purpose:	**This report provides a one-year-on update to Health Committee members on system workforce issues**
Recommendation:	**The Health Committee is asked to consider the content of this report**

	Officer contact:
Name:	Claire London
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1. BACKGROUND

1.1 As part of the Committee's health overview function, a workshop was held for committee members, in September 2017, to provide an overview of the Cambridgeshire and Peterborough Sustainability and Transformation Partnership (STP) system workforce, and this was followed by a discussion at the 16 November 2017 formal Committee meeting.

1.2 This report provides the Health Committee with an update on the workforce context, areas of focus for the STP, as well as a progress over the last year.

2. MAIN ISSUES

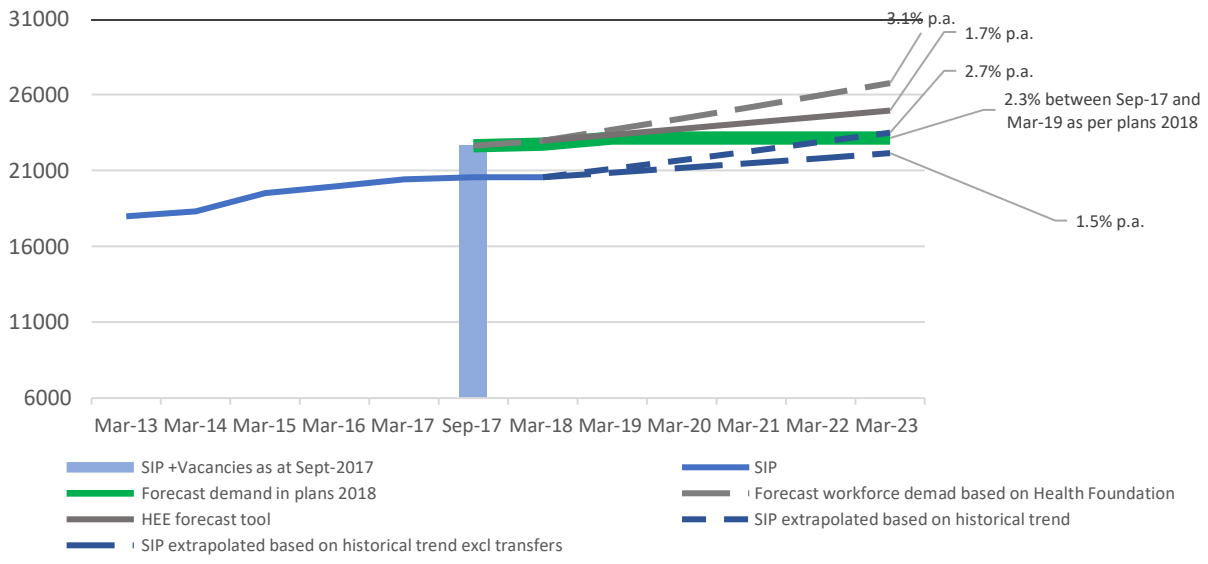
2.1 Current Workforce Context

2.1.1 Health and social care workforce supply and retention remains a significant challenge in Cambridgeshire and Peterborough. Committee members will be aware, from previous briefings, that some of this is driven by national factors (e.g. nursing bursaries, numbers of university medical placements, etc.) as well as factors specific to Cambridgeshire & Peterborough. Although we have the advantage of having centres of excellence in the county, the high cost of living and transport problems, particularly in the south of the county, adversely impact recruitment and retention.

2.1.2 Committee members are asked to note that:

- Our workforce (not including primary care and social care) grew by 14% between 2013 and 2018 (see Figure 1);
- Our workforce plans for the period 2017-2019 indicate that the demand for workforce will increase by 2.3% over that period;
- Projected hospital-based activity growth linked to population change indicates that, in the longer-term, a workforce growth of 1.7% per annum will be required at current levels of productivity to meet health needs of a growing and ageing population;
- Staff numbers extrapolation using historical trends indicates a growth in the region of 1.5%-2.7%.

Figure 1: Actual staff in post (SIP) and future demand



2.1.3 Figure 2 sets out vacancy levels across the system and we are challenging the reliance that vacancy levels place on the use of agency staff. Nationally, changes to funding for pre-registered students has seen, on the whole, less students joining adult nursing programmes at universities than in 2016 (although in some areas children's' and mental health have increased).

Figure 2: Annual vacancy rates as at December 2017

		NWA NHS FT		Royal Papworth NHS FT		CCG		CPFT NHS FT	CCS NHS Trust		CUH NHS FT
As at 31 December 2017											
Vacancy rate Registered Nurses (excl vacant posts where there is a post holder awaiting PIN)	% n	10.19%	196.73	10.87%	71.86	12.90%	5.40	18.21%	10.00%	86.01	14.20%
Vacancy rate Medical (excl doctors in training)	% n	18.36%	88.18	2.08%	3.00			15.29%	7.00%	5.29	7.40%
Vacancy rate Allied Health Professionals	% n	6.05%	19.22	14.09%	11.93			23.20%	9.00%	13.15	12.17%
Vacancy rate Healthcare Assistants (bands 2, 3 and 4)	% n	6.53%	45.46	17.42%	27.17			27.03%	21.00%	17.34	23.90%
Whole Time Equivalent employed staff	wte	5,317		1,696		285		3,272	1,720		8,991

2.1.4 As can be seen above, we continue to experience shortages of qualified nurses across most specialties and settings and trends suggest that considerably fewer nurses from the European Economic Area (EEA) are seeking registration with the Nursing and Midwifery Council (NMC) (see Figure 3).

Figure 3: Nursing and Midwifery Council Nursing Registrations

2.1.4 We know that, as a system, we still face challenges in relation to the supply of skilled and experienced GPs and specialist clinicians, and that we have an aging workforce.

2.2 Organising ourselves to meet the workforce challenges

2.2.1 To support the workforce elements of the Cambridgeshire and Peterborough STP, organisations from across the system are working in partnership. Over the past 12 months, the Local Workforce Advisory Board (LWAB) has established a series of partnership forums bringing together provider and commissioning organisations across health and care with representatives of Health Education England (HEE). LWABs have two areas of responsibility: supporting STPs across a broad range of workforce and HR activity; and the

local delivery of the HEE Mandate from the Department of Health and other key workforce priorities in line with national policies.

2.2.2 **Vision and workforce ambitions**

Through these arrangements, we have articulated a vision and high-level ambitions for our system health and care workforce. This vision seeks to ensure that we deliver the workforce requirements, both for today and for the future. It also states that, individually and collectively, [we will] *develop confident and competent organisations who can lead their own workforce development agendas as well as working collaboratively where this adds value*. As a health and care system, we now have five key ambitions which will address our workforce challenges:

1. Using shared data and intelligence to understand workforce requirements, and identify innovative approaches, workforce models, and new ways of working to build a sustainable workforce;

2. Ensuring we take steps to maximise recruitment and retention activities across the system to develop a culture of growing our own, collectively maximising apprenticeship levy contributions and provide clear career pathways for people to learn as they earn across the system;

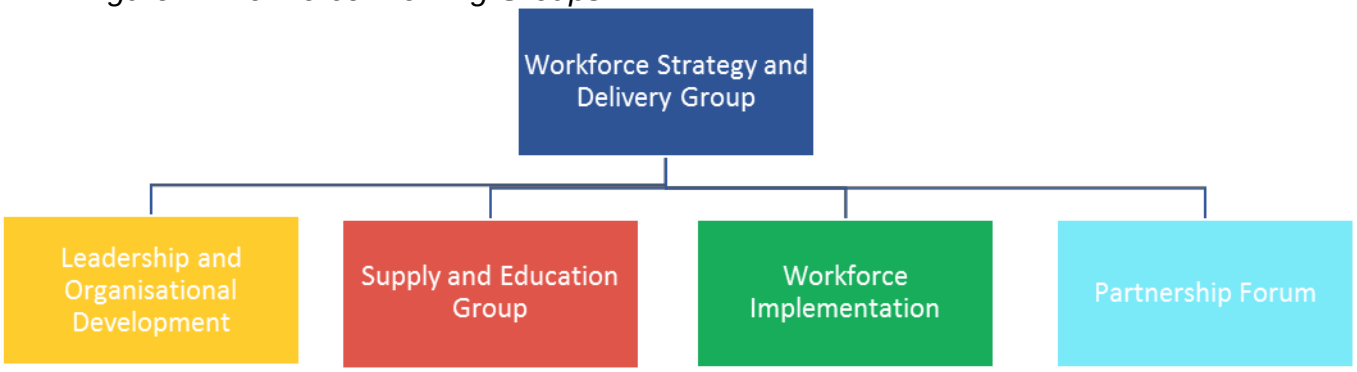
3. Supporting a more dynamic workforce across the system and to allow people to attain their personal goals and career aspirations in order to provide quality care for all;

4. Enabling our workforce to work flexibly, efficiently and effectively across the system, through increased collaboration and standardisation of employment practices (including pay) where possible; and

5. Providing our staff with quality educational experiences and ensure opportunities for people to gain employment within the system upon qualification are available.

2.2.3 HR Directors (the Workforce Strategy and Delivery Group) established working groups, with bespoke workplans, to deliver the above ambitions (see Figure 4). These working groups have representation from all system partners including both health and social care colleagues.

Figure 4: Workforce Working Groups



2.2.4 A *GP Forward View* Delivery Group has also been established to focus on the particular challenges facing general practice, including workforce.

2.3 Progress

2.3.1 A summary of the key priorities and deliverables, as well as achievements to date, for each of the four workforce working groups described at Figure 4 above, can be found at appendix 1.

2.3.2 Progress to date from the GP Forward View Delivery Group includes:

- *Development of Care Navigator Roles*
  230 GP practice receptionists have been trained to signpost patients where indicated to the appropriate provider. This work is being supported through the role out of the MyDocs system and 35 practices are live with this across the system;

- *Development of New Roles*
  Super Health Care Assistants are being trained; the first cohort of 12 are in the system now, using a delivery model designed at Thistlemoor Road Surgery in Peterborough. These staff are developing a range of skills that enable more efficient and appropriate patient support, and helping to reduce GP workload;

- *Practice Manager Development Programmes*
  A range of practice manager masterclasses have been delivered to support the development of this cohort of key staff, that focus on leadership, coaching and mentoring;

- *International GP Recruitment*
  NHS England had originally planned to attract 2000 GP's[1] through this nationally run scheme. However, results to date have been disappointing; and

- *Development of Cambridgeshire and Peterborough's GPFV STP Workforce Plan - 2017 – 2020*
  This workforce plan sets out a vision for a sustainable future which '*involves practices working together to engage a wide range of staff to deliver proactive, standardised and integrated care'.* (Cambridgeshire and Peterborough's General Practice Forward View Strategy 2017) Practices are increasingly delivering care at scale as part of integrated neighbourhood care hubs supported by community, acute, mental health, local authority and voluntary sector services. Specialised support, both from GPs with a special interest, and from secondary care, will link into these at-scale models to provide input directly to patient care as well as up-skilling GPs, nurses and other community professionals.

2.3.3 In addition, some of our partners are developing 'grow your own' or 'earn while you learn' schemes. These schemes seek to increase the take-up of nurse training (to BSc level) through effective utilisation of the apprenticeship levy. The purpose of the levy is to encourage employers to invest in apprenticeship programmes and to raise additional funds to improve the quality and quantity of apprenticeships.

2.3.4 Addenbrookes Hospital, for example, has 78 nurses on their programme, with a further 44 to recruit, internally and externally, to achieve their target of 122 by January 2019. In sciences, there are 10 starting in 2019 5-degree level apprenticeships. Other schemes are in development for implementation in 2018/19 and beyond including for the following services:

- Radiography
- Physiotherapy
- Occupational Therapy

[1] https://www.england.nhs.uk/gp/gpfv/workforce/building-the-general-practice-workforce/international-gp-recruitment/about/

- Midwifery

2.4 LGA Peer Review

2.4.1 Although progress has been made to develop a common vision for workforce development across the System, feedback from the recent Cambridgeshire and Peterborough health and social care peer challenge (24th-27th September 2018) helpfully reinforced a number of known issues.

2.4.2 Firstly, it recommended that we ensure **there is a cross-system organisational development programme**, that reflects the whole system vision and supports staff in new ways of working. This programme should support enhanced clinical leadership of new care processes and ways of working across. Much of this is reflected in the System's organisational development strategy.

2.4.3 Secondly, it recommended that the System develop a **holistic workforce strategy for health and social care**, something we have not yet done. We received feedback that, while there was evidence of all partners wanting to collaborate, that there was more to do to ensure health and social care partners fully engaged in with each other on system workforce development.

2.4.4 Finally, the peer challenge also acknowledged that risks remain regarding our ability to recruit and retain sufficient numbers of appropriately qualified health and care staff, currently, and in the future as demand continues to increase. Risks are currently mitigated by ensuring Delivery/Enabling group chairs actively monitor the delivery of STP objectives, resolving issues and escalating any unresolved issues to the Health and Care Executive. A key mitigation for many risks will be the deployment of effective organisational development interventions which provide the building blocks to develop the necessary system capability and capacity. Whilst individual organisations have their own workforce agendas and actions, the STP work is intended to add value where collaboration is beneficial.

2.5 Looking to the future

2.5.1 We recognise that the challenges facing workforce are multi-factoral and that, as a system, we are operating in an environment where demand outstrips workforce supply, where geographical, social and economic pressures mean that this region has strong competition from neighbouring areas and where, within our system, models of care are evolving to meet the changing needs of the population. Our aim is to promote the system as a model, modern employer, creating a clear brand and unique selling points (USP):

1. Enable employees (and applicants) to move across our partner organisations, supporting our talent to develop and remain within the system;
2. Clear and attractive career pathways that demonstrate routes to progress in work, providing opportunities that attract individuals, enabling them to boost their earning power, and to imagine their future within the NHS long-term;
3. Improving collaboration on bank, temporary workforce and other key staffing challenges;
4. Improve workforce information sharing;
5. Collaborate on a system-wide approach to the Apprenticeship Levy and develop approaches to "growing our own" and "earn while you learn";
6. Maximise the benefits of workforce IT systems;
7. Exploring a job-hub or similar offering with a dedicated careers service to the region, engaging with schools, colleges, universities as part of a system-wide attraction strategy;

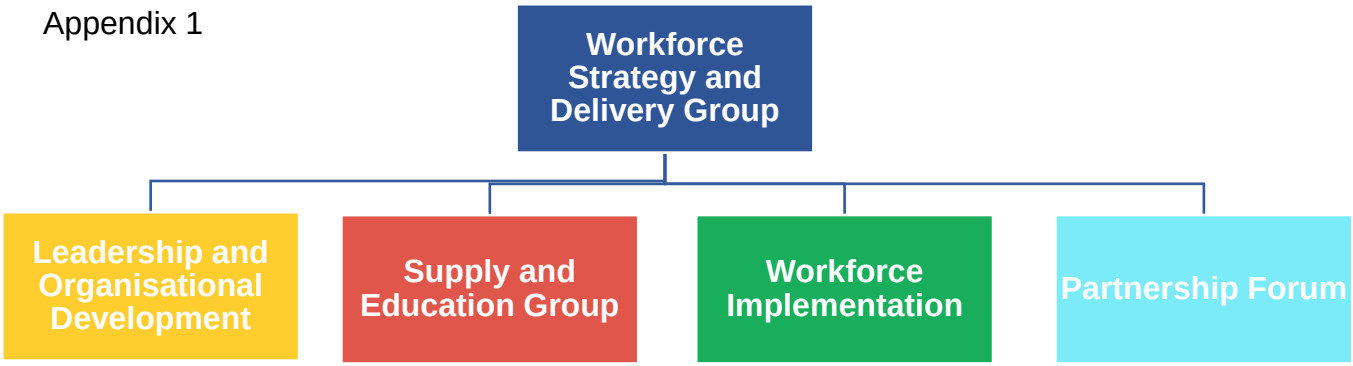
8. Support and facilitate discussions with key stakeholders to identify infrastructure improvements such as affordable housing; and
9. Build sustainable leadership capacity and capability.

3. CONCLUSION

3.1 The STP faces significant workforce challenges in relation to supply, high cost of living, infrastructure, travel and transport etc. and progress across health and care organisations can be complex and slow. However, with clear focus, structure and governance in place, as has been established over the past 12 months, progress can and is being made.

3.2 To address these challenges, we will continue to work together, building closer relationships across health and social care. Only together can we deliver the workforce of today and tomorrow, ensuring we have the right amount of staff with the right skills, values and behaviours, at the right time and in the right place, feeling supported to do work of high quality and to improve the health and wellbeing of our population.

Appendix 1



Leadership and Organisational Development Priorities and Deliverables 2018/19

- Establish a 'Mary Seacole local' training programme across the Cambridge and Peterborough system. The Mary Seacole programme is a six-month leadership development programme which was designed by the NHS Leadership Academy in partnership with global experts.
- Develop a STP wide Organisational Development plan
- Develop and embed a system approach to talent management to maximise and retain talent within the system, including the establishment of a system wide 'Step into my Shoes' programme
- Maximise all opportunities for learning and development across the system, taking a system wide collaborative

Leadership and Organisational Development Achievements to Date

- Four cohorts (20 per cohort) of the 'Mary Seacole local' training programme is being delivered across the system currently with 4-5 further cohorts planned for 2019
- System wide Professor Michael West Master classes were delivered with 170 participants engaging in leadership development in February 2018
- An organisational development plan and priorities for delivery in 18/19 and beyond has been agreed, (see appendix 2)
- 'Stepping into my shoes' initiative will be launching to help leaders at all levels work across teams and organisational boundaries, to create public services that are more integrated based on the needs of the local population

Supply and Education Priorities and Deliverables 2018/19

- Introduce a consistent approach to growing our own workforce through the utilisation of the apprenticeship levy to increase the supply of nursing and other health professions into the region
- Enhancing the learning environment
- Retention of pre and post registration learners
- Commitment to development of our Workforce
- Develop clear clinical career pathways which will enable staff progression and enhance retention across the STP

Supply and Education Achievements to date

- Apprenticeship project collaboration across the system, scoping for a regional programme in order to accelerate apprenticeship development in areas of critical need which includes scoping of placement capacity across the system
- Cross-system data gathering exercise underway to scope approaches to attraction, retention and support for newly qualified staff aimed at reducing attrition of pre and post registration learners
- Sharing of best practice approaches to improve learner experience based on student feedback, learning the lessons system-wide

Workforce Implementation Priorities and Deliverables 2018/19

- Establish and understand workforce plans with each employing organisation to develop a system wide plan
- Collaborative working to improve the recruitment and retention of the workforce
- Collaborative system working for temporary staffing

Workforce Implementation Achievements to date

- Pilot of HR directors' workforce information report completed, work underway to create a bi-monthly cross-system HR directors report to support visibility of workforce issues
- Memorandum of understanding awaiting sign off to ensure ease of staff movement between system organisations
- Temporary staffing research (phase 1) complete with phase 2 underway to identify areas where greater collaboration can benefit the system partners

Partnership Forum Priorities and Deliverables 2018/19

- Establish a partnership forum to support successful system transformation through a structured approach to engagement and joint working with staff side organisations.
- Influence and provide a partnership input to the workforce implications of system transformation plans and policies
- Provide evidence and insight that will maximise the benefits for the workforce of system change and minimise potential detriment

Partnership Forum Priorities and Deliverables 2018/19

- Staff partners forums held in 2018 to establish good working relationships.
- Quarterly forum meetings planned for 2019 to include engagement with workstream leads and STP programmes to support shared learning and partnership working

Approach to delivery: how we'll deliver

Our system

The system needs a robust, sustainable and long term programme to support our transformation agenda. This is a long term commitment, to equip our staff with the skills to deliver the programme of work and to achieve long term cultural change across our system. Agreement of a 'C&P STP methodology' (a system-wide approach) is our best chance of success. The focus of the plan will be on identifying high impact interventions to support delivery of our 18/19 priorities across the system. In addition, all activities will support the development of effective teams; building trust across our system and enabling our staff to work easily across boundaries and our health and care system. Funding of £250,000 has been identified to support the implementation of this plan. The following '6 strategic' pillars have been identified for the Cambridgeshire and Peterborough system:

Leadership	Clinical communities	Culture and behaviours	Organisational readiness for change	Softening organisational boundaries	Talent management
System wide, local, in house and bespoke programmes: • For all: Mary Seacole, Spring Board, Step into my shoes • For STP Board and senior leaders across the system: Series of 'masterclasses' – learning from the best/others • STP Board development • For GP Practices and Lead Managers: Triumvirate • For GP Leaders: Thrive • Collaborative Leadership	• Clinicians to lead the solutions • Develop and utilise clinical networks to build engagement and deliver change • Create a system wide clinical community • Peer support and challenge • Evidence based change • Telling the story for change	• Embed the ambitions agreed in the MOU • Develop and share leadership charter • Use clinical networks to design, agree and embed new ways of working • Build trust and courage • Develop a common language across the system • Standardised QI methodology based on Plan, Do, Study, Act • Focus on using data for improvment • Delivery and Enabling groups specific OD/team development	• Focus on ensuring our staff experience and engagement is the best it can be across our system • Create a sense of belonging to the system	For 2018/19 • DG prioritisation of projects benefiting from OD e.g., D2A, Neighbourhoods, cardiology CC • Enable project teams to develop their own proposals for how to work seamlessly across our system and organisations • Establish a QI network Longer-term • Single system wide approach for transformation of care pathway	• Understand the talent pipeline • Develop existing staff – systematic rotations or system leadership roles • Retain existing staff with an emphasis on 'growing our own' • Development of system careers • Step into my shoes – an interchange programme • Promoting C&P as employing ICS of choice

Agenda Item No: 9

UPDATE ON CAMBRIDGESHIRE AND PETERBOROUGH CCG'S FINANCIAL POSITION AND IMPROVEMENT AND DELIVERY PLAN

To:	**HEALTH COMMITTEE**
Meeting Date:	**08 November 2018**
From:	**Louis Kamfer, CCG Chief Finance Officer**
Electoral division(s):	**All**
Forward Plan ref:	**Not applicable**
Purpose:	**To provide the Committee with a briefing on the CCG's 2018/19 financial position and progress against its improvement plan.**
Recommendation:	**The Committee is asked to note the CCG's financial position.**

	Officer contact:
Name:	CCG Engagement Team
Post:	Lockton House, Clarendon Road, Cambridge CB2 8FH
Email:	capccg.contact@nhs.net
Tel:	01223 725474

1. BACKGROUND

1.1 The CCG has agreed a planned deficit control total of £35.069m for 2018/19 with NHS England (NHSE), which requires delivery of a £35.142m QIPP savings plan. This report details the CCG's month 5 and forecast financial position, in the context of our Improvement and Delivery Plan (IDP).

2. MAIN ISSUES

2.1 Improvement and Delivery Plan (IDP)

Due to the CCG's deteriorating financial position, early in 2018 the CCG commissioned PricewaterhouseCoopers (PwC) to conduct a Capability, Capacity and Independent Review of our financial plan. The review identified significant failings in financial control, contract and performance management, leadership and governance; which together with instability at an Executive level had contributed to the CCG's position. In addition, the CCG was rated Inadequate by NHSE's CCG Improvement and Assessment Framework (CIAF) for 2017-18, leading to special measures and a continuation of NHSE Legal Directions first put in place in 2016. The CCG's External Auditors also exercised its powers under Section 24 (Schedule 7) of the Local Audit and Accountability Act 2014 and issued statutory recommendations to the CCG (also reported to the Secretary of State and NHS England) which required the CCG to develop a detailed improvement plan which should be formally ratified by NHSE; and formally agree a robust medium term financial plan to return to normal NHS business rules in a timeframe agreed by NHSE.

Through our Improvement and Delivery Plan (IDP), the CCG has provided assurance to NHSE of our commitment to sustainable improvement, which will be in three stages:

- Driving Immediate Improvement – delivering the recommendations from the PwC Report and requirements from NHSE
- Meeting National Must Dos and CIAF Domains (Better Health, Better Care, Sustainability and Leadership)
- Transforming to an Integrated Care System.

The CCG's Governing Body is fully committed to delivering the Plan to ensure that there is sustained and embedded improvement. This has required a significant shift in culture and a refreshed Organisational Development programme to support this. Over the last four months, the CCG has made good progress and is on track to deliver the Plan. Key areas of focus have been:

- Recruitment of a substantive Accountable Officer, and new Executive Director Team
- Recruitment of two new Lay Members and a refresh of Committee leadership
- Implementation of a detailed Governing Body Development programme
- Refresh of the CCG's Organisational Development Strategy and Plan, Leadership Strategy and Communications and Engagement Strategy
- Clear focus on delivery of key performance targets, with a taskforce approach on areas of significant risk.

Responsibility for delivering the Plan rests with the Chief Officer (Accountable Officer), supported by the Executive and Clinical Executive leadership team. Regular monitoring

and scrutiny of actions is in place to ensure that the improvements are effectively measured to provide assurance to the Governing Body and to NHSE.

2.2 Financial Overview

Financial Overview	YTD Month 5				Forecast Position			
	Plan	Actual	Variance		Plan	Actual	Variance	
			Fav / (Adv)				Fav / (Adv)	
	£'000	£'000	£'000	%	£'000	£'000	£'000	%
Allocation	492,023	492,023	0	0.0	1,185,343	1,185,343	0	0.0
Programme Expenditure								
Acute Services	251,359	253,972	(2,613)	(1.0)	603,156	605,818	(2,662)	(0.4)
Mental Health Services	48,845	50,697	(1,852)	(3.8)	117,227	120,289	(3,062)	(2.6)
Community Services	43,312	43,832	(519)	(1.2)	103,950	104,428	(478)	(0.5)
Continuing Care	28,243	27,765	478	1.7	67,784	66,825	959	1.4
Primary Care (incl Delegated)	109,877	108,235	1,642	1.5	268,847	268,625	222	0.1
Central Budgets and Reserves	16,403	14,699	1,704	10.4	38,820	34,505	4,314	11.1
Total Programme Expenditure	**498,040**	**499,200**	**(1,160)**	**(0.2)**	**1,199,784**	**1,200,490**	**(706)**	**(0.1)**
Running Costs	8,595	8,166	428	5.0	20,628	19,922	706.0	3.4
Total Expenditure	**506,635**	**507,366**	**(731)**	**(0.1)**	**1,220,412**	**1,220,412**	**(0)**	**(0.0)**
In year deficit	**(14,612)**	**(15,343)**	**(731)**	**5.0**	**(35,069)**	**(35,069)**	**(0)**	**0.0**
B/Fwd Cumulative Deficit	(24,184)	(24,184)	0	0.0	(58,042)	(58,042)	0	0.0
Total Surplus / (Deficit)	(38,796)	(39,528)	(731)	1.9	(93,111)	(93,111)	(0)	0.0

The table above shows that the CCG is reporting an adverse variance to plan of £0.731m but is forecasting to recover this position and to achieve its planned deficit of £35.1m by year end. A brief description of the main areas is given below.

- **Acute** – The CCG has agreed Guaranteed Income Contracts (GICs) with its main providers, which has significantly reduced the in-year financial risk to the CCG and also enables the system to work in partnership to reduce costs across the system.

  The overspend is driven by costs of Discharge to Assess (D2A), winter bed provision, increased costs at Addenbrooke's (CUHFT) for High Cost Drugs (HCD) that sit outside of the GIC also; and the impact of the Delayed Transfers of Care (DToCs) penalties at CUHFT. Managing DToCs and resolving the D2A overspend are two of the CCG's priorities, and task groups are in place to focus on these areas.

- **Mental Health services** – the overspend is due to pressure on S117 cases and LD

Pool charges. S117 is the third priority of the CCG and a task force has been established to manage this expenditure.

- **Community Services** – the year to date overspend is mainly the result of under delivery of QIPP savings, along with some small community contract overspends. The forecast assumes that these smaller contracts continue to overspend but the QIPP savings will be identified.

- **Continuing Care** – this underspend is due to tighter control on high cost Stroke and ABI placements.

- **Central budgets** – this underspend is a result of the release of contingency and uncommitted reserves budgets to mitigate against the pressures realised above.

2.2 QIPP Delivery

Workstream	Full Year Plan	YTD Plan	YTD Actual	YTD Variance	Forecast
	£'000	£'000	£'000	£'000	£'000
Acute	14,000	5,936	6,035	99	14,321
CHC	7,500	3,125	3,125	0	7,500
Community Services	5,500	2,292	1,975	(317)	4,793
Mental Health	300	125	125	0	300
Prescribing	5,700	2,375	2,576	201	5,700
Primary Care	2,000	833	833	0	2,000
Corporate Affairs	142	59	208	149	528
Total	**35,142**	**14,745**	**14,877**	**132**	**35,142**

The above table shows a small £0.01m favourable position, against the QIPP target at Month 5. The risk to non-delivery against any acute QIPP schemes has been managed in-year by agreeing Guaranteed Income Contracts (GICs) with CUHFT, NWAFT and Papworth. As a result of progress to date, the CCG is forecasting full delivery of the QIPP target for 2018/19.

2.3 Risks

Key Financial Metrics	Plan £m	Actual £m	Variance £m
Gross Risks	(25.2)	(28.1)	(2.9)
Risk mitigation plans	22.0	25.0	3.0
Contingency Reserve	3.2	3.2	0.0
Forecast Net Risk Position	0.0	0.0	0.0

The CCG has significant in year financial risks of £28.1m; however, there are currently sufficient mitigations in place as well as contingency release which reduce the net risk position to break even.

3. CONCLUSION

It is clear that the CCG still faces significant financial challenges as it is required to deliver a £35.1m savings programme, but this still results in a year end deficit position of £35.1m. There are risks to delivery of this £35.1m control total and the CCG currently has sufficient mitigating actions to mitigate this risks. However, we need to ensure that these actions are delivered and this will be the focus of the CCG over the coming months.

HEALTH COMMITTEE TRAINING PLAN 2018/19	Updated October 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 Boathouse, Wisbech	1	19th Sep 2018	Public Health	Development Session	All members of Health Committee	8	80%
1.	***Business Planning (Strategic)***	To provide the committee members with an overview of CCC strategic Business Planning timescales and deadlines	1	9th August	Public Health	Development session	All CCC Health Committee members	6	60%
2.	***Business Planning (Operational)***	To discuss the Public Health Business Planning priorities for 2019/20	1	13th Sept 2018	Public Health	Development Session	All CC Health Committee members + districts	8	53%
3.	***Delayed Transfers of Care – System wide perspective***	Overview session for Health Committee members with background information on DTOCs.	2	TBA Dec/Jan	Public Health	Development Session	All CCC Health Committee members + districts		
4.	***Proposed: Transport & Access to Addenbrookes Site***	Agreed to receive a briefing from the Greater Cambridgeshire Partnership around transport and access issues for the biomedical site.		TBA	Public Health	Development Session	All CCC Health Committee + district + ETE committee		

5.	***Health in Fenland***	To hold a follow up session from the Fenland Deep Dive that was held on 19th September	2	11th October	Public Health	Development Session	CCC Health Committee members	8	80%

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	Updated 31st October 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.

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
06/12/18	Public Health Finance and performance report	Chris Malyon/ Liz Robin	Not applicable		
	Healthy Child Programme – Options Model (TBC) Health visiting recruitment & retention	Raj Lakshman	Not applicable		
	Scrutiny Item: emerging issues in the NHS (standing item)	Kate Parker	Not applicable		
	Business Planning	Liz Robin	Not applicable		
	Scrutiny Item: STP: Digital/IT Work Stream Update	Kate Parker.	Not applicable		
	Scrutiny Item: NHS Dentistry Provision / Healthwatch	NHSE	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
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		
	Business Planning	Liz Robin	Not applicable		
	Scrutiny Item: Motor Neurone Disease	Tracy Dowling	Not applicable		
	Scrutiny Item: Eating Disorders Service	Tracy Dowling	Not applicable		
	Section 75 for Health Visiting and School Nursing Service	Liz Robin	2019/015		
	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		
[11/04/19] Provisional meeting					
23/05/19	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: Minor Injury Unit Update				
	Committee training plan (standing item)	Kate Parker/ Daniel Snowdon	Not applicable		
	Agenda plan and appointments to outside bodies	Daniel Snowdon	Not applicable		