Agenda Item No: 7

Recommissioning of the Healthy Child Programme

To:	Children and Young People Committee
Meeting Date:	12th March 2024
From:	Executive Director of Public Health
Electoral division(s):	All
Key decision:	Yes
Forward Plan ref:	KD2024/055

Executive Summary: This paper sets out the existing commissioning arrangements regarding Public Health funded provision of the Healthy Child Programme (HCP 0-19) across Cambridgeshire and Peterborough which are due to end 31st March 2025. This paper asks CYP Committee members to consider whether to commission an integrated service across Cambridgeshire and Peterborough or commission separately.

Recommendation: To commission an integrated service across Cambridgeshire and Peterborough in order to maintain the stability of this service, to allow for improvements in delivery to be consolidated and to avoid a dip in performance. The integrated model also allows for greater efficiencies in management costs and greater resilience in the specialist elements of the service. Once a decision is agreed on this, further papers will be brought to CYP Committee to consider 'the service model and what to include' in the 0-5 and 5-19 elements of the HCP and the approach to commissioning, which will look at options including Section 75 Agreements, procurement using the new Provider Selection Regime or In-house options.

Voting arrangements: Co-opted members of the committee are eligible to vote on this item.

Officer contact:
Name: Raj Lakshman
Post: Consultant in Public Health – Lead for Children's
Email: raj.lakshman@cambridgeshire.gov.uk

1. Creating a greener, fairer and more caring Cambridgeshire

1.1 The proposals set out in this report predominantly align to **Ambition 7** of the Strategic Framework 2023-28; Children and young people have opportunities to thrive. The service discussed in this paper is a national programme which aims to achieve good outcomes for all children and is focussed on improving health outcomes and reducing inequalities at individual, family and community levels.

1.2 This Programme also contributes to:

- **Ambition 3:** Health inequalities are reduced.
- **Ambition 4:** People enjoy healthy, safe, and independent lives through timely support that is most suited to their needs.
- **Ambition 6:** Places and communities prosper because they have a resilient and inclusive economy, access to good quality public services and social justice is prioritized.

2. Background

2.1 The Healthy Child Programme (HCP) which includes Health Visiting 0-5 and School Nursing 5-19, is a national public health programme with an overarching ambition to achieve good outcomes for all children from pregnancy through to 19 years of age. It is delivered at 4 levels-community, universal, targeted and specialist.

2.2 Delivery of the Healthy Child Programme is funded through the Public Health Grant, and therefore Local Authorities are subject to the Public Health Grant conditions, which include prescribed (mandated) and non-prescribed (non-mandated) functions. Further details on the programme can be found in section 3.2.

2.3 A single Section 75 Agreement has been in effect as of 1st October 2019 between Cambridgeshire County Council (CCC), Cambridgeshire Community Services (CCS) and Cambridgeshire and Peterborough Foundation Trust (CPFT) for delivery of an integrated 0-19 HCP service covering Cambridgeshire and Peterborough, with the two NHS trusts working together delivering this service under a 'joint venture' agreement.

2.4 A separate Delegation and Partnership agreement is in place delegating commissioning functions of the HCP by Peterborough City Council to Cambridgeshire County Council to enable this collaboration to work effectively. The existing arrangements are in place until 31st March 2025.

2.5 The current 23/24 contract value for Cambridgeshire is £9,126,108 per annum and the Peterborough value is £4,092,144 per annum. The approximate split between spend on 0-5 and 5-19 elements are shown in the table below:

	CCC	PCC
0-5 HCP (Health Visiting provision including Family Nurse Partnership)	£7,392,148 pa	£3,314,637 pa
5-19 HCP (School Nursing provision including Vision Screening)	£1,733, 960 pa	£777,507 pa
Total 0-19 HCP	£9,126,108 pa	£4,092,144 pa
Total	£13,218,252 pa	

2.6 It is important to note that since this is a single integrated service spanning Cambridgeshire and Peterborough, there are a number of shared posts particularly at senior (leadership & management) and specialist level, which are presently delivering financial efficiencies for both Authorities. Additional costs would be incurred if the services were delivered separately, either by age category or by geography. For Cambridgeshire this would mean approximately £129k budget pressure, the equivalent of 3 frontline practitioners (details in Appendix1 and summary in table below):

Cost to de-couple key roles		**Impact on available frontline staffing**	
Countywide Manager	£20,663	1 wte* Health visitor	£51,542
Principal Psychologist	£16,531	1wte* Staff nurse	£40,064
FNP supervisor	£16,241	1 wte* Assistant practitioner	£33,637
SPA team manager	£14,732		
Professional development lead	£19,152		
Infant feeding and SEND leads	£26,518		
Co-production lead	£14,732		
Total cost	**£128,569**	**Total savings needed**	**£125,243**

*whole time equivalent

3. Overview of the Healthy Child Programme (HCP)

3.1 The HCP is an evidence-based national programme focussed on improving health outcomes and reducing inequalities at individual, family and community levels. It is considered a holistic programme which requires a system response routed in partnership, integration, communication and multi-agency working to meet its set ambitions.

3.2 Provision of the HCP is funded through the Public Health Grant, and therefore Local Authorities are subject to the Public Health Grant conditions. The conditions include:

Prescribed (mandated) functions – this includes the mandated elements of the 0-5 programme (Regulation requires all families with babies to receive five health checks before their child reaches 2 and a half years of age as described in the Healthy Child Programme 0-5 years) and demonstrated below. (Please note that the 3-month and 6-month contacts are not mandated but are instead suggested additional contact points).

Non-prescribed (not-mandated) functions – Children's 0-5 non-mandated elements, and Children's 5-19 public health programmes (schedule of interventions recommended below), including vision screening.

3.3 Integral to the Public Health funded element and achieving both the prescribed and non-prescribed functions of the programme, is the unique role of the Specialist Community Public Health Nurse (known in the system as Health Visitors and School Nurses). National guidance recognises that this specialist trained workforce are leaders of the HCP, using their trained clinical

judgement and public health expertise to identify health needs early, determine potential risk, and provide early intervention to prevent issues escalating. These Public Health nurses provide continuity of care and undertake a ‘navigation role’ to support families through the health and care system. It is however acknowledged that whilst Health Visitors and School Nurses should lead on programme delivery, the offer is supported by a skill-mix of other staff such as community staff nurses, assistant practitioners, apprentices and staff from partner organisations through muti-agency working.

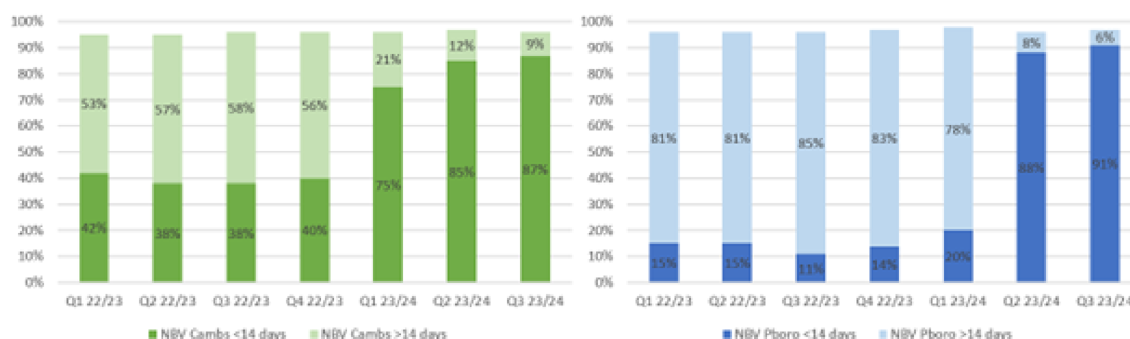
3.4 Locally, commissioners have worked closely with the delivery Providers to continually revise the Cambridgeshire and Peterborough HCP staffing model in response to sustained challenges in recruiting to specialist Health Visitor and School Nurse roles, which is echoed nationally. There is also an acknowledgement that some functions of the programme could be more effectively delivered through a skill mix model, led by the specialist public health nursing workforce. Using a locally designed demand and capacity tool, a new skill mix model has been agreed that builds on strong relationships with local universities and supports improved career pathways to support recruitment and retention. This is currently being implemented.

4. Performance

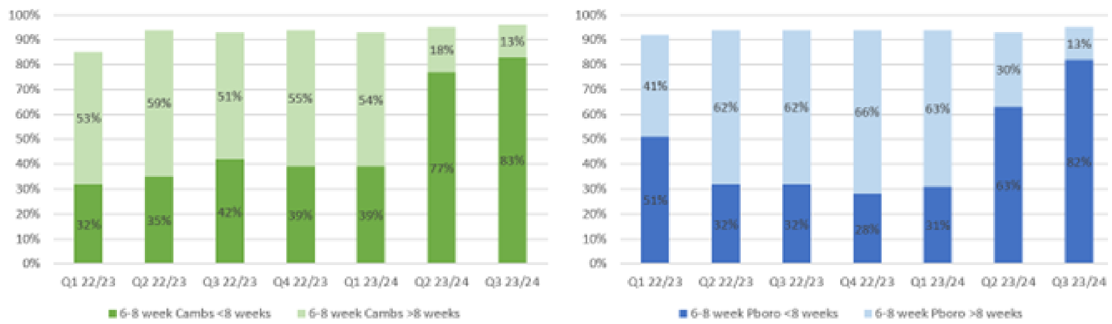
4.1 The service continues to experience challenges with capacity, including difficulties surrounding recruitment & retention, alongside adapting delivery to meet the changing needs of the population- increasing population numbers and increasing complexity of families’ needs.

4.2 **Mandated Contacts:**

4.2.1 Most families receive a new birth visit (avg. 96%). The Provider has worked hard over the past year to increase the proportion of families receiving this contact within 14 days of the birth of the baby, in line with national guidance, as demonstrated below (Cambridgeshire data in Green and Peterborough in Blue):

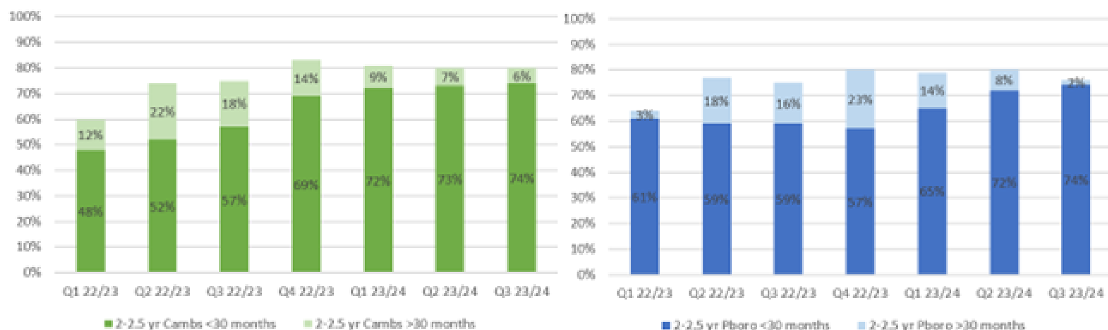


4.2.2 Similarly, there has been significant improvements in ensuring that families receive their 6-8 week review within 8 weeks, in line with national guidance. On average, over 90% of families receive this contact.



Although performance within timescales for both of these contacts remains below the locally set performance targets of 95% for the new birth visit and 90% for the 6-8 week review, the Providers are prioritising a face-to-face offer and working hard to ensure performance remains in an upward trajectory and continues to improve.

4.2.3 The percentage of 2.2-2.5-year reviews being completed within timescale in Cambridgeshire and Peterborough has also continued to improve over the last year, with approximately 75% now being completed within timescale and the provider is continuing to work to meet the locally set target of 90%. However, this is a challenging target to meet as many families ‘do not want’ or do not attend’ many of these later appointments.



4.3 Non-mandated activity:

4.3.1 Since the current Section 75 Agreement has been in place, the Providers have achieved the following:

- Designed and launched a new Cambridgeshire and Peterborough Children’s Health website which provides digital self-help support and guidance for families. [Home - NHS Children's Health (cambspborochildrenshealth.nhs.uk)](https://cambspborochildrenshealth.nhs.uk)
- The service received 12,106 calls to their #CallUsTextUs service in 23_24 Quarter 2, with the highest number being from families seeking support regarding minor illnesses, breastfeeding and their child’s development.
- They received 1,035 texts from young people to ‘Chat Health’ during the last quarter, most seeking support for their emotional health and wellbeing.
- 92% of reception children received vision screening in 23_24 Quarter 2 and the providers successfully caught up on a backlog during the pandemic by temporarily extending the offer into year 1 and introducing community clinics.

- The Family Nurse Partnership (FNP) supported 142 vulnerable teenage parents in the last year. Referrals of teenage parents to FNP is currently higher than places available.
- During the last quarter, 696 children and young people had an 'open case' with a school nurse, and 295 received 4+ sessions of support by the end of intervention which uses a Goals-based approach.
- The HCP delivered the 3rd year of the Getting Ready for Change questionnaires at key transition points (Reception, Year 6, Year 11). This supports families, children and young people in assessing and identifying health needs alongside offering signposting to support.
- It is important to note that while the universal mandated contacts are reported on, a larger proportion of time is spent on targeted (early help) and specialist (safeguarding) work as evidenced from the 'demand & capacity tool' (Appendix 2).

5. Main Issues

5.1 The below section outlines an option appraisal to aid the decision-making process on whether to commission an integrated HCP or to commission separately across the two authorities.

5.2 **An integrated service across Cambridgeshire & Peterborough**

5.2.1 In December 2018 it was agreed to bring together the Healthy Child Programme delivery across Cambridgeshire and Peterborough into a single integrated programme. Since this arrangement has been in place, the following improvements and successes have been achieved:

- The two providers developed an integrated and streamlined management structure and single service across Cambridgeshire and Peterborough, delivering a joint leadership and management structure, supported by 3 locality teams (Peterborough, North Cambridgeshire and South Cambridgeshire) providing increased resilience across the service and opportunities for sharing data and learning.
- Changing the support for teenage parents through retaining the Family Nurse Partnership for those young parents who are most vulnerable under a single supervisor, but enhancing access for all teenage parents, to extend beyond the universal mandated offer.
- Creating a single 'vision screening' team across the wider geography, enabling efficiency savings, resilience in a very small team, and improved relationships with colleagues in acute settings (specialist orthoptists).
- Redesigning universal access to advice by increasing access to immediate advice and support through an integrated digital offer – including a self-help website[2], Single Point of contact (Call Us: 0300 029 50 50 or TextUs: 07520 649 887) and Chathealth (confidential text messaging service for young people aged 11-19 years).
- Efficiency savings were achieved through shared posts at leadership, senior management, and specialist levels (see Appendix 1).

5.2.2 Whilst these achievements are commendable, any future integrated service will continue to build on this work through revising and improving the service

specification with the intention of improving outcomes for our children, young people, and families.

5.2.3 It is also worth mentioning that whilst celebrating successes, the ‘Joint Venture’ between the two provider NHS trusts has not been without its challenges operationally. This has predominantly been due to the two Trusts having different IT systems, websites, HR, and recruitment policies etc. The two trusts are currently working together to consider how the ‘Joint Venture’ should develop moving forward.

5.2.4 As a key part of several health pathways, having a consistent service offer across Cambridgeshire and Peterborough is helpful as it aligns with the geographical footprint of the NHS Cambridgeshire and Peterborough Integrated Care Board (ICB), the Health and Wellbeing Board, Combined Authority footprint and largely the two acute hospital trusts (North West Anglia Foundation Trust covering Peterborough, Fenland and Huntingdonshire; Cambridge University Hospital covering Cambridge City, East and South Cambridgeshire). Additionally, the Healthy Child Programme is a key contributor to a number of partnership strategies and programmes which span both Cambridgeshire and Peterborough. These include:

- Joint Health and Wellbeing/ Integrated Care System (ICS) strategy- Contributing to one of the 3 ambitions- i.e., better outcomes for children and all 4 of the priorities in particular ‘children being ready to enter education and exit well prepared for the next stage of their lives’.
- Family Hubs Programme - despite PCC being in a different funding position to CCC we are moving forward as a joint system to meet the vision of Family Hubs, building on the integrated Best Start in Life strategy.
- Infant Feeding Strategy– This strategy is led by Public Health and the ICB and its action plan covers their shared footprints of Cambridgeshire and Peterborough.
- Children & Young People and Perinatal Mental Health strategies – With the HCP services linked to wider pathways including the school-based provision (Mental Health Support Teams in Schools), Maternal and Perinatal mental health pathways and the YOUnited service (counselling service for Children & Young people).
- School-Aged Health Improvement Partnership (SHIP)- A joint partnership board across CCC & PCC chaired by Director of Public Health and the 2 Directors of Education to make the best use of collective resources to improve outcomes for this age-group.

5.2.5 Whilst the HCP operates under the banner of an integrated service via the Joint Venture; performance, workforce and financial monitoring of the HCP continues to be separated out between the two Local Authorities. This enables commissioners to effectively manage the contract, identify geography-specific variances in performance and provide Cambridgeshire and Peterborough with the required assurances that the financial resources of each Authority are deployed on services in the appropriate locality. The Cambridgeshire contribution is paid to Cambridgeshire Community Services NHS Trust (CCS) and the Peterborough contribution to Cambridgeshire & Peterborough Foundation Trust (CPFT) with the funding of shared posts split

across. The NHS Trusts maintain separate financial schedules to support separate financial monitoring (Appendix 1). Following a CCC internal audit of the contract in 2022, significant work has been undertaken to improve the level of financial information submitted by the Trusts to allow greater scrutiny of costs. If a decision is made to continue with an integrated service, it is expected that separate performance and finance monitoring arrangements will be a requirement.

5.3 **Commission separately for Cambridgeshire & Peterborough**

5.3.1 Commissioning separate services gives both Local Authorities greater control and enables each Local Authority to make different decisions regarding the approach to commissioning and the service delivery model. Although presently commissioners do receive separate contract monitoring information (performance and finance); separate commissioning arrangements, could arguably allow for greater accountability, assurance, budget management and spend allocation.

5.3.2 Having separate contracts could enable the two Local Authorities to change the service model and commissioning approach in response to local need allowing the Local Authorities to deliver on their different ambitions and priorities.

5.3.3 It would also allow for more opportunities for integration with Local Authority Children's services particularly Targeted Support (Early Help) and Child & Family Centres.

5.3.4 However, from a service delivery perspective, delivering a stand-alone service for Cambridgeshire or Peterborough would necessitate a higher percentage of funding allocated to management band and specialist posts which would reduce the frontline capacity released by sharing these roles in the current model.

5.4 The following table summarises the advantages and disadvantages of the two options:

Integrated or Separate CCC/PCC	Advantages	Disadvantages
Integrated service across Cambridgeshire and Peterborough	. Coterminous with NHS structures, Combined Authority, Police . Efficiencies of scale and increased resilience for small teams (such as vision screening) . Shared learning . Data sharing easier and less cross- border issues . Ability to deliver on many shared priorities and ambitions	. Less control over commissioning approach and service delivery . Greater risk of subsidising financial resources across the geographies . May present operational challenges if there are changes to 'Joint Venture' working relationships with the two NHS providers

	. Greater resilience in specialist elements of the service . Continued stability for this service	
Separate services in Cambridgeshire and Peterborough	. Greater control over commissioning approach and service delivery model . Greater control over spend allocation . Improved accountability and assurance . Ability to prioritise local needs and strategic ambitions	. Increased costs, or reduction in frontline capacity . Less resilience . Less specialist workforce available to each area . The improving trajectory on performance could be jeopardised . Progress made on a revised skill mix using the demand and capacity tool may be delayed . Progress on shared Cambridgeshire & Peterborough strategies may be disrupted and/or delayed

5.5 **Cost Benefit Analysis**

5.5.1 *What is the benefit to Cambridgeshire County Council of joint commissioning with Peterborough City Council?*

As described above the HCP is an integral delivery mechanism for a number of joint strategies and partnerships. It is easier for schools, children and families to navigate the public health, specialist and community NHS services through the single point of access and website. There are fewer border issues for children living in one Local Authority area and going to school in the other. Building on the ambition in the national guidance for the Healthy Child Programme to be 'universal in reach, personalised in response', the local place-based teams that make up the service work closely with local partners. This ensures that the service offer can be adapted to local needs around access and respond to emerging local pressures and opportunities.

5.5.2 Are there any financial risks to the Council, due to any ongoing financial challenges faced by Peterborough City Council, and how do we protect ourselves against the impact of this?

As mentioned in Section 3, there are financial efficiencies through a shared management model. The risks could be mitigated by having two separate contracts or Section 75 Agreements with the provider/s delivering an integrated service across the 2 local authority areas. This would need to be supported by a documented agreement (Memorandum of Understanding) between the 2 local authorities as to what any exit or separation arrangements would be if either authority wished to change the arrangement. The current arrangement in which Cambridgeshire acts as the lead commissioner supported by an underpinning Delegation & Partnership agreement to enable a transfer of resources from Peterborough would need to change during the recommissioning process.

5.5.3 *Maintaining robust local market capacity to meet the needs of Cambridgeshire residents*

The 2 NHS Trusts are our local providers of community health services (physical and mental health) with the HCP linked into the specialist pathways.

5.5.4 *Ensuring that resources, e.g. procurement, are targeted at delivering Cambridgeshire outcomes*

Contract monitoring is performed by the Children's Public Health team with separate finance and performance monitoring for Cambridgeshire and Peterborough. This will continue. As set out in the charts in Section 4.2, performance across Cambridgeshire and Peterborough is similar so there is no risk that more management time is spent on the Peterborough service and in fact a separation could lead to instability in the workforce and a dip in performance.

Setting up the current Section 75 Agreement has not required a lot of input from Procurement. A separate paper will discuss the commissioning approach and if a decision is made to change the current approach, the procurement implications will be considered. Both Cambridgeshire and Peterborough CLTs have indicated that they would not want to bring the service in-house. If an competitive procedure is undertaken under the Provider Selection Regime (PSR) there is a high probability that a single provider would win both the contracts as they are the leading regional provider and also the local provider of specialist children's community services. As such, opportunities for efficiencies would be lost as having two separate contracts would mean the benefits of the existing integrated arrangements would no longer be in place.

5.6 These options have been presented to CLT on 12th February and the Corporate Clearance Group on 26th February and the recommendation to commission an integrated service has been supported by CLT.

6. Alternative Options Considered

This option is required for all key decisions.

6.1 Do nothing. This is not viable due to the scheduled end-date of existing contractual arrangements coming to an end in March 2025. Officers have exhausted all extension opportunities.

6.2 Decommission the service; This is not recommended as the Local Authority is mandated to deliver certain elements of the programme through the Public Health grant, notably the five mandated health checks within the Health Visiting element of the programme. Working concurrently to this, Officers are exploring what a new service specification could look like and reviewing all elements of the current service.

6.3 The two recommissioning options for consideration are outlined in section 5.0. Once a decision has been taken as to commission an integrated or separate

HCP across the Cambridgeshire and Peterborough, Officers will undertake a further options appraisal to determine the recommended method of recommissioning; continue with a Section 75 agreement or Provider Selection Regime. These options will be brought to Committee members for consideration in due course.

7. Conclusion and reasons for recommendations

7.1 To commission an Integrated service across Cambridgeshire and Peterborough in order to maintain the stability of this service, to allow for improvements in delivery to be consolidated and to avoid a dip in performance. The integrated model also allows for greater efficiencies in management costs and greater resilience in the specialist elements of the service. Once a decision is agreed on this, further papers will be brought to CLT to consider ‘the service model and what to include’ in the 0-5 and 5-19 elements of the HCP and the approach to commissioning (which will look at options including Section 75 Agreements, procurement using the new Provider Selection Regime or In-house options).

7.2 In the meantime, the Children’s Public Health team are working with the public health commissioning governance group and system partners on the following areas, which will inform the work set out in 7.1:

- Work within the directorate and the newly established School-aged Health Improvement Partnership (SHIP) to explore the options of integrating or aligning the totality of public health funding for the 5-19 year age-group to maximise outcomes. In addition to the Specialist Public Health Nursing service described here, this includes the Healthy Schools Service, various Mental Health support services (including school anxiety, support for parents of children with mental health issues and whole-school approaches), Lifestyle/Behaviour Change Services (including the National Child Measurement Programme and Child Weight Management service), Sexual Health and Substance Misuse Services.
- Develop a revised service specification to include details on how the HCP will work with the Local Authority and NHS Children’s Services to avoid siloed working and provide a coherent offer to schools, children and families.
- Work with the providers to implement the new skill-mix staffing model to address capacity challenges and meet demand (model tested using local data with a demand and capacity modelling tool- Appendix 2). This could also result in efficiency savings so an uplift would not be needed in 24/25 in spite of the NHS pay increases, other inflationary pressures and population growth with greater complexity of need.
- Work with the providers on further service improvements through the annual development plan that moves towards an Outcomes-based commissioning model. The Local Outcomes which are updated annually are available at CYP-Outcomes_Sept2023-Cambs-Insight.2.xlsx (live.com)

8. Significant Implications

8.1 Finance Implications

These have been set out in section 2.5, 2.6 and 5.5

8.2 Legal Implications

These will be considered in a future paper on the approach to recommissioning - Section 75 Agreement, Provider Selection Regime or In-house provision. However, as a general point of reference, the Council has a duty under the Health and Social Care Act 2012 to be responsible for improving the health of the population of the county and to secure that early childhood services in its area are provided in an integrated way.

8.3 Risk Implications

These have been set out in section 5.4

8.4 Equality and Diversity Implications

The equality and diversity implications relating to this decision will differ depending on the option selected. Once a decision has been taken, Officers will undertake a comprehensive equality and impact assessment as part of the wider recommissioning work to develop a new service model. This will be presented back to committee members for consideration at the appropriate time.

8.5 Climate Change and Environment Implications (Key decisions only)

There are no climate change or environment implications in relation to the decision being taken in this report. Once recommissioning intentions and new service delivery model become clearer, Officers will undertake an assessment of potential climate and environmental impacts as part of this process.

9. Source Documents

9.1 Healthy child programme schedule of interventions - GOV.UK (www.gov.uk)

9.2 Healthy child programme: health visitor and school nurse commissioning - GOV.UK (www.gov.uk)

Appendix 1: Finance Monitoring Schedule

Role	Band	CCS WTE*	CPFT WTE*	Total WTE*
Countywide Manager	Band 8b	0.76	0.24	1
Principle Pyschologist	Band 8b	0.61	0.19	0.8
Locality Manager	Band 8a	2	1	3
Clinical Lead	Band 8a	1.22	0.38	1.6
FNP Supervisor	Band 8a	0.76	0.24	1
Deputy Clinical Lead	Band 7	0.76	0.24	1
Team Managers	Band 7	5.8	4	9.8
SPA Team manager	Band 7	0.76	0.24	1
Professional Leads	Band 7	2.41	1.09	3.5
Specialist Nurses	Band 7	1.37	0.43	1.8
FNP Nurses	Band 7	4	2	6
MASH Nurses	Band 7	2	1	3
Co-Production Lead	Band 7	0.76	0.24	1
Health Visitor	Band 6	40.4	24.46	64.86
School Nurse (SN)	Band 6	8.18	4.29	12.47
5-19 staff nurse	Band 5	4.5	2.46	6.96
0-5 Staff Nurse	Band 5	15.2	11.54	26.74
SCPHN Student Health Visitor	Band 5	7	5	12
SCPHN Student School Nurse	Band 5	2	1	3
Business Support Officer FNP	Band 5	0.61	0.19	0.8
Nursery Nurse (HV)	Band 4	22.8	9.76	32.56
Infant Feeding Advisors	Band 4	2.4	1	3.4
Assistant Practitioner (SN)	Band 4	3.82	1.62	5.44
Young Parent Nursery Nurse	Band 4	2	1	3
Apprentice Assistant Practitioners	Band 4	4	1	5
Vision Screeners	Band 3	2.11	0.67	2.78
Apprentice Assistant Practitioners	Band 3	2	1	3
Administration Manager	Band 5	1.8	0	1.8
Senior Administrator	Band 4	1	1	2
Administrator	Band 3	13.3	5	18.3
Totals		**156.32**	**82.29**	**238.61**
Service Director				
Non Pay				
Travel & Subsistence				
Staff Training				
Non Clinical Supplies				
Clinical Supplies				
Telecoms				
Office				
IT				
Translation				
Meeting Rooms & Room Hire				
NWAFT SLA				
Other				
Administrative Support Non Pay				
Estates				
Overheads				

*whole time equivalent

Appendix 2: Demand and Capacity Tool output for whole service