

# HEALTH COMMITTEE



**Thursday, 19 November 2020**

**Democratic and Members' Services**

Fiona McMillan

Monitoring Officer

**13:30**

Shire Hall

Castle Hill

Cambridge

CB3 0AP

## **COVID-19**

**During the Covid-19 pandemic Council and Committee meetings will be held virtually for Committee members and for members of the public who wish to participate. These meetings will held via Zoom and Microsoft Teams (for confidential or exempt items). For more information please contact the clerk for the meeting (details provided below).**

## **AGENDA**

**Open to Public and Press**

- 1. Apologies for absence and declarations of interest**  
*Guidance on declaring interests is available at <http://tinyurl.com/ccc-conduct-code>*
- 2. View minutes here**  
[Minutes - 15 October 2020](#)
- 3. Health Committee Minute Action Log for November meeting** **1 - 6**
- 4. Petitions and Public Questions**
- 5. Covid-19 Update Report to follow**

**SCRUTINY**

6. **Cambridge Children's Hospital Project and Engagement Update** 7 - 30

## **DECISIONS**

7. **Aligning the Age for Counselling Services for Children and Young People across Cambridgeshire and Peterborough** 31 - 40
8. **Healthy Weight In Cambridge** 41 - 52

## **INFORMATION AND MONITORING**

9. **Health Committee Agenda Plan** 53 - 56

The Health Committee comprises the following members:

*For more information about this meeting, including access arrangements please contact*

Councillor Peter Hudson (Chairman) Councillor Anne Hay (Vice-Chairwoman) Councillor David Connor Councillor Lorna Dupre Councillor Lynda Harford Councillor Linda Jones Councillor Lucy Nethsingha Councillor Kevin Reynolds Councillor Mandy Smith and Councillor Susan van de Ven

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Introduction:

This log captures the actions arising or outstanding from the previous Minute action log from the Health Committee from the meetings on 25<sup>th</sup> June 9<sup>th</sup> July 2020, 6<sup>th</sup> August 2020, and 15<sup>th</sup> October and updates Members on progress in delivering the necessary actions.

Item	Action to be taken by	Action	Comments	Status & Estimated Completion Date
Meeting Of 25 <sup>th</sup> June 2020				
Minute 310 Health Committee Agenda Plan - Arranging meetings between Members of the Committee and the CCS	Kate Parker	During discussion regarding liaison meetings starting up again, the question was raised why there was never any meetings between Members and CCS. Officers were asked to look into setting up a meeting with CCS.	Both Cambridgeshire Community Services and Royal Papworth Hospital Trust have agreed to participate in quarterly liaison meetings with Health Committee members. Officers are now in the process of setting these up.	Action completed

Meeting of 9 <sup>th</sup> July 2020				
2) Minute 316 Agenda Plan - Updates on Re-opening Minor Injuries Unit (MIU) at Doddington	Kate Parker / Jan Thomas	The Chairman indicated that as this was an area of particular interest to the Committee it would be looking for updates to future meetings.	<p>Discussion with CCG is ongoing as to the appropriate timing to bring updates back to Health Committee.</p> <p>The current position is that the Doddington MIU will continue to remain closed with a phased re-opening with a further update to be provided once the date of re-opening has been confirmed.</p>	Ongoing
Meeting of 6 <sup>th</sup> August 2020				
3. Minute 322 – Public Health Grant 2020-21 – Tackling Obesity	Val Thomas	The Chairman requested that a report on the actions to tackle obesity should be considered at a future meeting.	<p>At the October meeting A report was requested to be added for either November or December meeting.</p> <p>A report is included on the current agenda.</p>	Action completed
MEETING 15 <sup>th</sup> OCTOBER 2020				
4. Minute 338. - Petitions and Public Questions				
a) Text of petition and background material	Rob Sanderson	A Request was made for details of the written material relating to the petition to be circulated to the Committee.	This was circulated later the same day following the meeting	Action Completed

b) Raising issues from the petition presentation at the next Trust Liaison Meeting		The agreed resolution was the Vice Chairman would take the petition to the next Trust Liaison meeting and highlight the issues requiring further clarification raised at the Committee meeting with the Trust Chief Executive.	Oral update to be provided at the Committee meeting.	
5. Public Response To Covid- 19 Report  a) Insight website page link	Director of Public Health	Following a request for the latest infection rate per 100,000 figure which it was explained usually came out on Wednesday or Thursday nationally and would be made available on the Cambridgeshire Insight website page, the Director undertook to provide to the Committee the link to the relevant webpage.	The link is <a href="https://cambridgeshireinsight.org.uk/coronavirus_cambridgeshire/cambridgeshire-and-peterborough-public-health-covid-19-reports/">https://cambridgeshireinsight.org.uk/coronavirus_cambridgeshire/cambridgeshire-and-peterborough-public-health-covid-19-reports/</a> and reports are published regularly on a Thursday.	Action completed
b) Current position on testing In care homes	Director of Public Health	A query was raised on whether the issue of proactive testing in care home had been resolved and whether it was just staff that were being tested or residents as well. The Director would investigate the current position on testing in care homes and residential homes dealing with dementia patients and come back to Committee with an update outside of the meeting.	The Director of Public Health can confirm that proactive asymptomatic testing of staff in care homes and residential homes with dementia patients is now taking place. Care homes can apply for weekly testing of staff and 28 day testing of residents. <a href="#">Care home testing guidance</a>	Action completed

c) Public Health Advice to shops/ Commercial Promises	Director of Public Health	One Member referencing Public Health advice to shops/ commercial premises which had recently had to be withdrawn as a result of changed Government advice asked whether revised guidance had been issued. The Director undertook to check with the District Environmental Health Team and come back to the Committee outside of the meeting.	Verbal update to be provided	
d) More publicity regarding need to pre-book test at test centres	Director of Public Health / Communications Team.	It was suggested that more publicity should be undertaken on the need to pre-book a test to stop people turning up at a test centre without appointments.	Verbal update to be provided	
e) Halloween Celebration publicity	Director of Public Health / Communications Team.	With reference to the discussion on Halloween celebrations there was a request that at the same time when the advice was being given to restrict activities it could also provide advice on what could still be undertaken to avoid it being a completely negative message.	The Halloween information campaign on holding a covid-safe Halloween celebration was publicised on the Cambridgeshire County Council website and information was also included on the Director of Public Health's vlog.	Action completed
f) Plans being undertaken by University to support those unable to return	Director of Public Health	As it was likely that due to the restrictions a larger than usual number of students at universities would not be able to go home for Christmas at the end of the Autumn term a question was raised on what Universities would be doing	Public health staff are working closely with the universities on all aspects of their plans for the end of the Autumn term. A further verbal update to be provided at the meeting. .	

home at the end of term		differently to help support them. The Director of Public Health undertook to contact the Universities and come back to the Committee.		
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**Cambridge Children's Hospital – Project And Engagement Update**

**To:** Health Scrutiny Committee Meeting

**Meeting Date:** 19 November 2020

**From:** Cambridge Children's Hospital communications and engagement leads at CUH and CPFT

**Electoral division(s):** All

**Purpose:** The purpose of this report is to formally brief the Committee about developments with regard to the proposed new Children's Hospital in Cambridge and seek feedback from the committee about the approach to engagement, ensuring patients, families and the public are involved in co-developing the plans.

**Recommendation:** The Health Committee is asked to NOTE the report and FEED BACK its view on the approach to engagement outlined in section 2.

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## 1. Background

- 1.1 In December 2018, the Government announced that it would invest up to £100 million of capital to build a children's hospital in Cambridge for the East of England region.

This allocation was part of a process in which Cambridgeshire and Peterborough as a system attracted over £140 million. The allocation to this health and care system was one of the highest awarded nationally.

- 1.2 Cambridge Children's Hospital will deliver a whole new approach to healthcare for children and young people across the east of England and beyond.

Our ambition is to treat the whole child, making no distinction between their mental and physical health. We will look at the whole picture, understanding the person not just the patient and what's important to them.

This is a joint project between Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), Cambridge University Hospitals NHS Foundation Trust (CUH) and the University of Cambridge (UoC), together with children, young people and their families (CYPF), and partners across the region.

Cambridge Children's aspires to be more than a hospital, bringing together the talent and expertise from across the region and underpinned by world-leading research.

- 1.3 Since presenting to the Committee in March 2019, much work has been done to develop the plans further. As part of this CYPF, staff and regional partners have been engaged to capture their ideas and better understand their needs and how they can be met.

Despite the challenges of Covid-19 - which temporarily redeployed many team members onto a front-line response, caring for patients with coronavirus - we are now making fast progress with the project.

- 1.4 In April this year, we passed a critical milestone – approval of the Strategic Outline Case (SOC) by the Department for Health and Social Care (DHSC).

The SOC allows provision for 37 CAMHS beds, six operating theatres, 13 Paediatric Intensive Care beds and parent rooms, 71 inpatient beds (including beds for 16 to 19-year olds) and 28-day case beds. Approval of the SOC allows us to access early draw-down funding set aside by the Government so we can progress the project further.

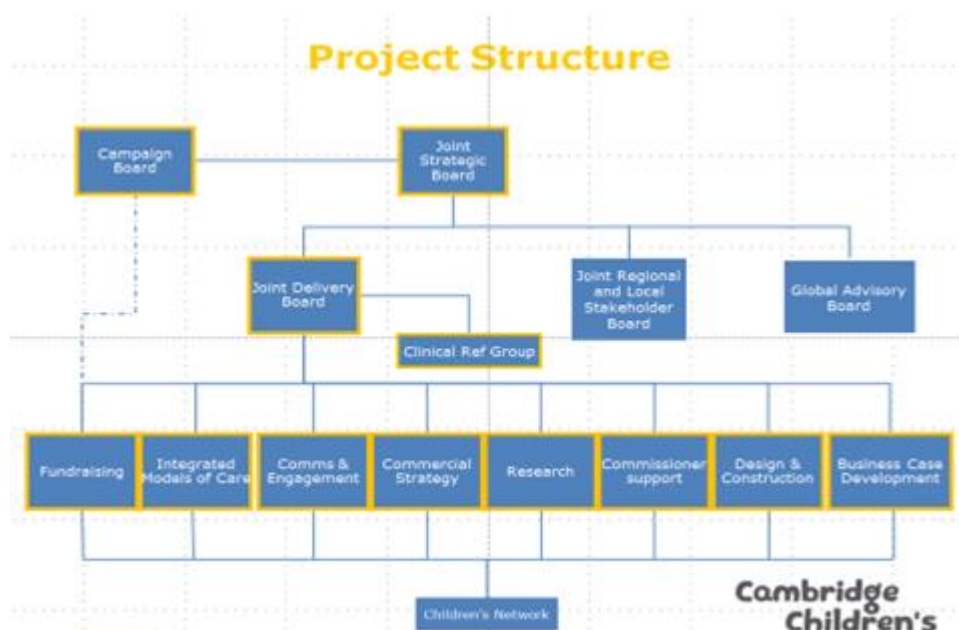
This paper seeks to update you on our progress since the approval of the SOC and highlight the next critical milestones of the project as we work towards submitting our Outline Business Case in the summer of 2021.

## 2. Main issues

Where are we now?

### 2.1 Establishment of the Cambridge Children's team

The diagram below shows the structure we have put in place to support the Cambridge Children's Hospital Project.



The boxes with a yellow border show the teams that are already in place.

There are eight workstreams which feed into monthly Joint Delivery Board meetings.

The Joint Strategic Board, led by Roland Sinker, CEO of CUH, is the final decision-making body.

To support the project further a Joint Regional Stakeholder Board and Global Advisory Board will be appointed over the coming year.

The Children's Network, the Clinical Reference Group and the Campaign Board are discussed in more detail below.

## 2.2 Progress towards our fundraising target

To deliver a children's hospital for the East of England – currently the only region without one - we need to match the £100 million of public funding committed by DHSC with around £100 million in philanthropic support.

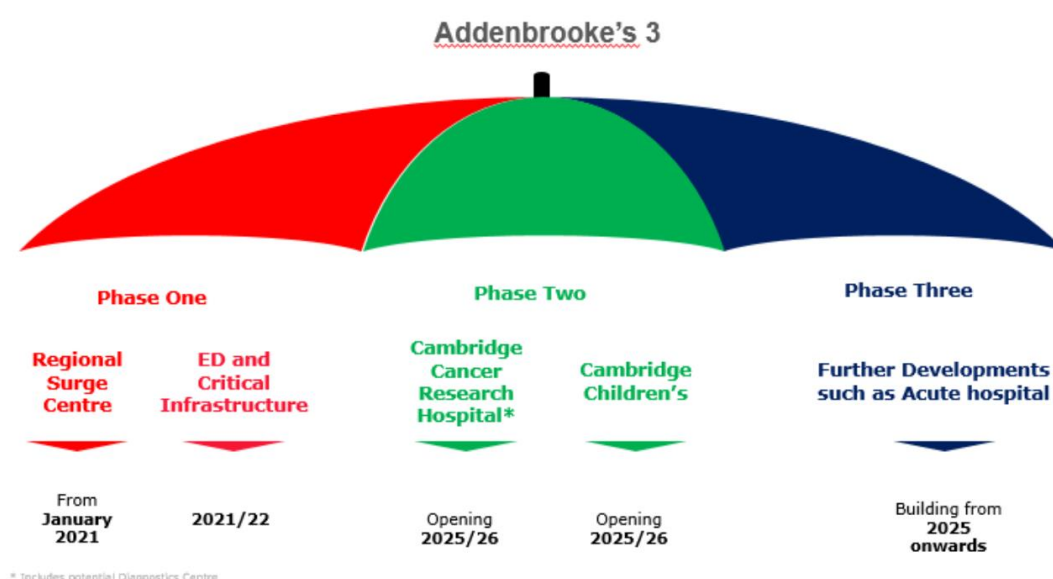
In order to do this, we established a Campaign Board to drive this work forwards, led by CUDAR (Cambridge University Development and Alumni Relations), Addenbrooke's Charitable Trust (ACT) and the CPFT hospital charity, Head to Toe.

A series of major gifts are being sought before launching the public fundraising phase. We expect to make an announcement regarding fundraising in the New Year.

## 2.3 Wider NHS context

### Addenbrooke's 3 Modernisation Programme

In July 2020, the CUH Board approved the creation of an 'Addenbrooke's 3' modernisation programme to manage a number of significant schemes that are being developed simultaneously. Cambridge Children's sits below this umbrella as demonstrated below.



More detail on this model will be provided at the next Health and Scrutiny Committee meeting in December 2020.

### Sale of Ida Darwin site

The three children's mental health wards – Croft, Phoenix and the Darwin - are currently based on the Ida Darwin site in Fulbourn. The Health Committee has been made aware previously of the need for these services to move by 2023 following the sale of the site to Homes England.

An extension has been agreed with Homes England to allow more time for the Children's Hospital to be built.

## 2.4 Working with children, young people and their families

Developing a shared vision for the children's hospital and involving patients, families, carers, the third sector, regional partners and the general public, is pivotal to the success of this project.

Significant engagement has already taken place to ensure the views of CYPF are central to the project, which has been a key focus from day 1 (see Appendix 1: Engagement to date).

Engagement has included the use of existing forums and system-wide networks, such as Family Voice in Peterborough and the Young Carers Group run by Cambridgeshire Community Services. There has also been significant engagement with patients and families on CPFT's children's wards to seek their views about what is important to them and the design of the new children's hospital.

The key themes identified from the engagement with these groups will be used as a platform for the Children's Network to expand upon and inform the next stages of the Cambridge Children's hospital development.

#### 2.4.1 Future engagement plans:

Co-production with CYPF of our new hospital and the services provided remains fundamental to our vision, to ensure we deliver outcomes that truly meet the needs of the region's youngest citizens.

We will undertake co-production and engagement via two approaches:

- a) Cambridge Children's Network
- b) Commissioning existing patient groups and networks across the region to carry out engagement and consultation on our behalf.

#### 2.4.2 Cambridge Children's Network

November 2020 sees the launch of Cambridge Children's Network, which will continue the work to engage CYPF in a range of creative ways to formally input into the Cambridge Children's hospital project.

See Appendix 2: Cambridge Children's Network strategy paper.

One of the first tasks of the Children's Network has been to assist in choosing the successful Design Team. Through a process of four facilitated creative Zoom workshops, eight young people came up with "The People Test" which they carried out with the three final design teams hoping to be appointed. (During the Committee meeting on 19<sup>th</sup> November we will play a short 90 second video giving a taster of The People Test preparations).

Feedback from the young people on whether they felt the three design teams were keen and able to work with them has been fed into the final selection stage.

### 2.4.3 Use of existing networks

Patient, family and public involvement already plays a central role in the work of both Cambridge University Hospitals (CUH) and Cambridgeshire and Peterborough NHS Foundation Trust (CPFT).

Both CPFT and CUH run existing forums for engaging CYPF - ACTIVE at CUH and Patient Participation Forums and carer groups at CPFT.

There are also a wide range of CYPF forums run by NHS, local authority and third sector partners, many of whom we work with as part of the Coproduction Collaborative – a forum to share learnings and co-ordinate involvement opportunities across the wider system. Through this we are building links with organisations such as; VoiceAbility and Speak Out Council, representing young people with special educational needs and learning disabilities; the Lantern Initiative supporting young people in the Muslim community in Peterborough; and others to ensure we are hearing representative voices.

Our plans for engagement go beyond consultation, ensuring that children and their families are embedded within the project and actively involved in developing plans for the hospital.

### 2.4.4 Involvement in governance

To ensure meaningful involvement we will embed CYPF representatives through the governance of the project. We want to formalise that by placing named champions in workstreams, and ensuring CYPF engagement is a standing item on agendas.

Ensuring all project group members working on Cambridge Children's Hospital have a clear and shared understanding of the value of involvement, is key to the success of this project. A dedicated workshop for project members, with involvement from patients and carers, is set up for 13 November to help them identify how they want to work with CYPF over the coming years to ensure genuine involvement.

A key outcome of this project will be learning how to co-produce so that it remains a core part of service delivery and development after the build is complete.

## 2.5 Commissioning view of approach to patient and public engagement

NHS England is the lead commissioner for Cambridge Children's and has a duty under Section 13Q of the NHS Act 2006 (as amended) to 'make arrangements' to involve the public in commissioning. The Midlands and East regional Specialised Commissioning Team requires any potential service change to be made subject to an assessment against this standard to ensure that appropriate engagement takes place.

At the previous discussion with the Health Committee in March 2019,

members were satisfied with the conclusion that a continuous cycle of engagement, rather than a formal public consultation, was a more meaningful, proportionate and appropriate approach to take for the development of the new children's hospital.

As the programme is now proposing a phased approach to the development, with the CAMHS services moving in Phase 1, the Head of Partnerships and Engagement for NHS England and NHS Improvement has reviewed the progress with the engagement plan, and the assessment of the approach to take.

The services in question are not 'walk-in' or 'elective' services. They are not chosen by the CYPF. CYP are referred to CAMHS services by health professionals and assessed by a consultant prior to being accepted for admission to determine if they are appropriate for the Cambridge and Peterborough services. The services are regional and national and therefore CYP can be admitted from anywhere in the country.

Whilst every effort is made to keep young people as close to home as possible, in the first eight months of 2019/20, 43% of children and young people are from outside the Cambridgeshire and Peterborough area.

In the first eight months of 2019/20 (pre Covid-19), there was an average of just under 30 patients in the affected services at any one time. The average length of stay for these patients is months, not weeks, and as such the total number of unique patients in the services in any one year is relatively low.

- There are 14 beds on Darwin ward, an acute inpatient ward, with an average length of stay of approximately 6-7 months, with some patients staying as long as 18 months.
- There are 12 beds on Phoenix ward, an eating disorder ward, with an average length of stay of approximately 4-6 months.
- There are 8 beds in The Croft, a specialist acute service for under 13s, with an average length of stay of 12 weeks.

In addition to consideration of the numbers of CYP using the CAMHS services from across the region and country, their length of stay and ease of access for visiting family, it is noted that the CAMHS services will have to move off the current site by 2023. It is also noted that in order to gain the benefits of integrated mental and physical healthcare, co-location of acute and CAMHS services is required. There is therefore only one option under consideration; integration into a single children's hospital in Cambridge. It had previously been determined that formal consultation was not appropriate, on the basis that targeted involvement of CYP with experience of CAMHS services, and their families, would provide more meaningful input into the plans than a generic public consultation. The comprehensive and targeted engagement plan proposed would be an appropriate response to fulfilling the duty to involve patients and the public in the planning and commissioning of services.

The involvement of Children and Young People in selecting the architects, with the architects' ability to listen to CYP and incorporate their views, being central criteria to their selection, their involvement in development of integrated healthcare models, and in the governance of the whole programme, and the building of links with community partners have been key developments since the approval of the Strategic Outline Case, and provide a strong base to continue meaningful involvement of CYPF.

In particular, this approach would ensure that engagement resources were directed towards those who understood, and had experienced the services, and those who may be affected by changes to the services, rather than diluted across a large regional, and even national population, the majority of whom would have little knowledge of CAMHS inpatient services.

However, it was noted that this should be tested with the Health Committee.

It was also recommended that a further assessment be carried out with regard to the involvement of patients and the public in the development of the new integrated healthcare models. It may then be appropriate to undertake public consultation on the new models of integrated care. This will be kept under review.

The project team has committed to continue regularly consulting the Health Committee throughout the project.

As part of the Outline Business Case submission we will be asked about our engagement. We are seeking approval from the Health Committee with this assessment. In particular that the Committee remains satisfied that our engagement proposals, outlined above, are preferable to a formal consultation exercise for the reasons given.

## 2.6 Staff engagement

Engagement with staff at CUH and CPFT is ongoing, and varies from regular updates at all staff briefings, to detailed working groups bringing together staff from paediatric services in both organisations.

An "Integrated Models of Care" workstream involving clinicians from CPFT and CUH is devoted to re-imagining how delivering care for the Whole Child without separation of mental and physical health care might look and feel like. This is an entirely novel and ground-breaking piece of joint work.

Once the design team has been appointed in early December we will be kicking off a fast and intense period of staff engagement across all three organisations to gather input into the early design. Representation will be invited from every discipline and specialism within paediatric and support services.



## 2.7 Clinical Reference Group

A new virtual reference group has been established so that clinical and operational staff from across the region can meet on a bimonthly basis to help build a shared vision for the new hospital.

This group brings together key paediatric leads from acute and community healthcare trusts across the East of England, along with commissioning representatives.

One important function of the group will be to share information about the various recent government investments in paediatric services across the region. It will be essential that we align all our plans in the best interests of our patients and make well-informed decisions about new pathways and models of care across the East of England, leveraging public funding to have maximum impact.

## 2.8 Car parking and travel

The new Cambridge Children's Hospital will be based on the biomedical campus, which has a number of good public transport links. This will make the services easier for people to get to using public transport, in comparison to Fulbourn, where the mental health wards are currently based.

Feedback from CPFT staff has included some concerns around car parking. This is something we will continue to explore with them and the design team as the project progresses.

## 2.9 Net zero carbon

We know that environmental impact is a top priority for young people, as well as for many staff and citizens of the region.

The NHS now requires all new builds to be net zero carbon. This is also an objective set out by the CUH Board and University of Cambridge.

We are in the process of agreeing an environmental and sustainability plan for all the new buildings as part of the Addenbrooke's 3 modernisation plan. This is likely to include electrically powered buildings, and ambitious BREEAM targets, amongst other measures.

## 2.10 Outline Business Case (OBC)

Our intention remains to progress this project at an ambitious pace, opening in 2025. We will submit the OBC in summer 2021, followed by the Full Business Case in spring 2023 with a view to starting construction in summer 2023.

We recognise what an ambitious target this is, but the need to provide improved services for the children, young people and their families of the region is paramount.

### 3. ALIGNMENT WITH CORPORATE PRIORITIES

#### 3.1 A good quality of life for everyone

The report above sets out the implications for this priority in sections 1 and 2.

#### 3.2 Thriving places for people to live

The report above sets out the implications for this priority in sections 1 and 2.

#### 3.3 The best start for Cambridgeshire's children

The report above sets out the implications for this priority in sections 1 and 2.

#### 3.4 Net zero carbon emissions for Cambridgeshire by 2050

See wording under 2.9 above.

## Appendix 1: Engagement to date

Meaningful collaboration, co-production and engagement with CYPF, voluntary sector, stakeholders and the general public is vital at each phase of the new hospital development.

A consultant architect was brought in to work closely with our CYPF on the mental health wards to understand what's important to them. The workshops were highly creative and generated lots of ideas about how they would want to use the space, what they currently like about their wards and what they would change. The sessions were focussed around key points in the young people's day and how their environment at each of those points can aid recovery and improve their experience, as pictured below.



*(Images from architectural workshop on the mental health children's units)*



*(‘The art of the possible’ – Imagining a new children’s hospital. Inspiration for a new hospital as imagined by young people on our mental health wards together with Murphy Philipps Architects)*

Other key engagement has included:

- Launch of a dedicated Cambridge Children’s website, newsletter and involvement request form to start to build a database of interested parties.
- A wide range of listening events and focus groups for CYPF and local people have taken place, including a ‘family fun’ day in Peterborough supported by third sector organisation, Family Voice, to engage CYPF with additional needs from outside Cambridgeshire.
- Engagement with young people at CUH via their young supporters group called ‘ACTIVE’ which meets several times a year with support from staff to help focus on adding value to areas and services used by children and young people across CUH.
- We had a Cambridge Children’s stand at CUH’s award-winning Fab Change Day for staff and patients from children’s services to come and celebrate the work being done across the services.
- Members of the public were invited to give feedback on Cambridge Children’s plans at the NIHR PPI event, which took place at the Cancer Research Centre.

- In September 2019 we unveiled our plans for Cambridge Children's at the annual Chariots of Fire race in Cambridge, with around 60 members of CUH staff amongst the 2,000 runners raising money for Addenbrooke's Charitable Trust.
- Engagement with the young carers group run by the Involvement Lead at Cambridgeshire Community Services to capture feedback from CYPF in the community.
- Several engagement sessions were held with patients on our mental health wards and their families/carers to capture their views. This engagement included focus groups, questionnaires and interviews.
- A Coproduction Collaborative has been set up by CPFT to bring together professionals and involvement experts from across health, social care and the third sector to co-ordinate engagement, providing additional channels and opportunities for involvement on Cambridge Children's.
- Number of media articles in the local and national press to help raise public awareness of the Children's Hospital, including a special in-depth feature on BBC Look East with interviews from all three partners.
- Interviews with previous patients from CPFT and CUH to understand their journey, what worked well for them in the current hospital environment and what would have made a difference to their care and experience.
- Working closely with the Head of Patient and Parent Involvement for young people and families at CPFT to ensure that feedback they receive through their pre-existing channels of engagement such as 'have your say groups,' are shared and heard within the project.





*(Images taken from the Family Fun Day in Peterborough)*



*(Chariots of Fire race participants supporting Cambridge Children's)*

## 2.3 Feedback from CYPF

Feedback from CYPF from mental health services was that they had concerns about being part of a bigger hospital, stigma and privacy but could see the benefits of integrating with physical health and the University of Cambridge. This feedback has fed into the initial design conversations and we are working with CYPF and staff to ensure their ideas and suggestions are included in the design brief.

For example, the concept for the hospital is to have a 'single front door' for everyone regardless of whether they are staff, researchers, families, physical or mental health patients, to try to break some of the stigma and silos. Young people were supportive of the idea of integration and helping to reduce stigma, however, were concerned about privacy if they were distressed or agitated. So, an additional entrance to the side of the building has been included in the design brief for young people who require additional privacy.

There were other concerns raised around parking for staff and visitors, which is being looked at as part of the wider Cambridge Biomedical Campus. It was however, acknowledged that public transport links there are better than in Fulbourn.

Other key priorities identified so far by CYPF for what they would want, include:

- Safety
- Homely, non-clinical feel
- Privacy and dignity
- Peaceful, low sensory
- Green space
- Facilities for families

There has been ongoing engagement with staff and union representatives to hear their suggestions and ideas for the hospital whilst capturing any concerns to ensure they are addressed. Weekly meetings relating to the development of Cambridge Children's include staff from all three organisations – CPFT, CUH and the UoC.

To date, two half-day workshops have focussed specifically on the model of integrated care, bringing together CPFT and CUH staff to start to develop this concept and what it might look like in practice. From these workshops individual workstreams focussed on specific clinical areas have been developed and there are regular meetings involving CUH and CPFT to progress these further. Co-creating the clinical model with CYPF is central to the project.

Some examples of broader engagement include:

- Briefings with partners across the whole Cambridge Biomedical campus from industry and academia.
- Two half-day meetings brokered by Cambridgeshire County Council with representation from various stakeholders including Cambridgeshire Community Services, Public Health England, Peterborough County Council, Cambridgeshire & Peterborough STP, Cambridgeshire & Peterborough CCG, PCN leads, etc.
- CUH have led on a number of meetings with regional stakeholders, socialising the concept of integrated physical and mental health care. CPFT are currently engaged in work with consortium partners across the region in relation to the establishment of a Provider Collaborative. For CAMHS services this is being led by Hertfordshire Partnership University NHS Foundation Trust.

- The CPFT and CUH co-chairs of the Cambridge Children's Joint Delivery Board have started a process of introductory meetings with local Councillors.
- The CPFT and CUH Council of Governors receive regular updates on the progress of the project and have been involved from the start in discussions. Further updates for CPFT Governors are scheduled for April, July, September, December 2020.
- The NHS England Head of Partnerships and Engagement met with the East of England Scrutiny Officers' Network in March 2019 to engage regional scrutiny colleagues. A further visit is planned for April 2020.
- Visits from Boris Johnson, Matt Hancock and Keir Starmer, who were briefed on Cambridge Children's. Further visits with MPs are planned

In addition to the above, the programme has started a process of identifying and learning from national and international best practice. The team has established close links with the Anna Freud Centre in London, which successfully completed a new build at Kings Cross in 2019 and have contact with centres of excellence such as Great Ormond Street, Toronto Sick Kids and Melbourne Children's Hospital. We have also established a collaboration with Copenhagen's Rigshospitalet which is being supported by the Lego Foundation to develop a new children's hospital.





# **Patient and Public Involvement (PPI)**

## **Cambridge Children's Network – Strategy paper**

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Authors: Andrea Grosbois (CPFT) and Sarah Vincent (CUH)

On behalf of the CC Comms and Engagement Workstream

Date: 03 Sept 2020

## **Introduction**

The NHS has a responsibility to respond to the needs of patients, services users, their families and carers, and the communities it serves. As stated in the Strategic Outline Case (SOC), our ambition for Cambridge Children's is to put children, young people and their families/carers at the heart of our project, demonstrating how it is "a whole new way" by highlighting our unique approach to children and young people's health and wellbeing:

*"We have made a commitment to involve children and young people (CYP), not only in the co-design of the services to be provided, but also in the co-production of the development of the hospital building itself. Developing a shared vision for the children's hospital and engaging with patients, their families/carers, voluntary sector, stakeholders and the general public, is pivotal to the success of this project. Listening to views and giving key stakeholders a voice will enable us to develop services that truly meet the requirements of CYP, garner collective ownership and help create a community of interest to provide momentum and support needed to develop fundraising for the hospital."*

It is therefore vital that we work in partnership with children, young people and their families (CYPF) to co-develop Cambridge Children's, through a comprehensive and thorough programme of engagement to collect meaningful input, feedback and insight.

The project's communication and engagement plan was approved by the Joint Strategic Board in May 2019 following discussion at the Scrutiny Committee in March 2019, where our proposed approach was supported. Since then there have been a number of engagement activities, primarily utilising existing networks and groups. This paper supplements the existing strategy by refocusing the objectives for the next phase of the development of the Outline Business Case and by bringing forward specific proposals for a Children's Network.

## **Patient and Public Involvement in Cambridge Children's**

Qualitative and quantitative insights gathered through patient and public involvement (PPI) will be used to help us co-create and co-design the project based on the views of CYPF.

There will be different levels of involvement required, depending on the objective and also the CYPF needs and abilities, therefore a varied approach that supports active, accessible and meaningful participation will be needed.

This ranges from information-giving activities and creative ways to stimulate thinking about the new hospital.

We will aim to find a consensus between all key stakeholders and integrate CYPF opinions into the project. We aim to empower patients and families to contribute to decision-making but also work in direct collaboration with key stakeholders.

Particular consideration will need to put in place to ensure we are able to effectively engage with CYPFs given the restrictions put in place as a result of Covid-19. While virtual platforms provide an obvious solution, this could potentially be a barrier to some members of society. We would like our work to be as safe, flexible and responsive as possible. We will aim to co-produce methods to reach as many CYPF as possible. CYPF of all ages will be encouraged to take part as well as those facing a broad range of physical and mental health conditions; we will take every step we can to create appropriate forums and experiences that accommodate health needs and facilitate participation.

We also need to ensure our PPI is proportionally representative of all future users, for example, we need to consider how we engage with the BAME community, gypsy and travelling community, as well as those living in more rural areas. We also need to ensure our PPI represents our geographical area of coverage, as well as CYPF who use the hospital in different ways, for example because it is their local hospital, or because they have been transferred here for specialist treatment, or because they are simply visiting.

Finally we need to ensure we receive feedback from CYPF of all ages and with a broad range of illnesses (physical and mental).

Our aim is to stimulate an informed conversation, create an atmosphere of mutual trust and confidence between clinicians, project members, patients and families, and contribute ultimately to the development of a whole new way of caring for patients and their families.

### **Use of existing networks**

Patient, family and public involvement already plays a central role in the work of both Cambridge University Hospitals (CUH) and Cambridgeshire and Peterborough NHS Foundation Trust (CPFT).

Both CPFT and CUH run existing forums for engaging CYPF, for example ACTIVE at CUH and Patient Participation Forums at CPFT.

There are also a wide range of CYPF forums run by NHS, local authority and third sector partners, with whom we work as part of the STP collaborative forum.

We will attend upcoming engagement events run by CPFT, CUH, the University of Cambridge and our partners both local and outside of the region, utilising identified experts in the field of co-production to support us with engaging with their groups.

These provide us with the opportunity to engage a broader and more diverse group of CYPF through existing participation forums, Citizen's Senates, schools and youth groups.

We will take a collaborative approach with involvement, working with partners across the eastern region to maximise engagement and involvement opportunities, and recruit to our Network and specific workstream roles.

To date, engagement on the project has been largely supported via existing groups and other system-wide networks, including Family Voice in Peterborough and the Young Carers Group run by Cambridgeshire Community Services NHS Trust. There has also been some early engagement with patients on CPFT's Tier 4 wards to seek their views about what is important to them regarding the design of the new children's hospital. The key themes identified from the engagement with these groups will be used as a platform for the network to expand upon and inform the Cambridge Children's hospital.

The engagement approach proposed below goes beyond consultation, ensuring that children and their families are embedded within the project and actively involved in developing plans for the hospital.

### **Objectives for involvement and engagement**

- 1) To ensure CYPF are actively involved in the development of Cambridge Children's hospital.

- 2) To inform, educate and stimulate thinking about the work of Cambridge Children's hospital through a range of creative, engaging, and targeted methods.
- 3) To ensure Cambridge Children's hospital is co-produced with CYPF, through active consultation, listening and involvement.
- 4) To create sustainable and long-term involvement to help continue to shape, develop and evaluate services provided by Cambridge Children's hospital.

## **Cambridge Children's Network**

This Cambridge Children's Network will provide CYPF with a range of different ways they can formally collaborate and engage with the Cambridge Children's hospital project.

We will use the Network to:

- Inform decision making
- Understand the community's experience and aspirations for Cambridge Children's
- Reach out to the unengaged, especially those affected by inequalities
- Work with Healthwatch and the Voluntary, Community and Social Enterprise (VCSE) and local groups
- Focus on patient and community empowerment
- Create clear public information about vision, plans and progress
- Redesign and rethink services and patient pathways
- Promote co production and collaboration in work streams in a range of creative ways

### **How the Network will run**

We will run the Network in two halves, one for children and young people and another for families and carers.

We will provide support to CYPF who get involved with the Network through bespoke training and briefings.

The Network will have a programme of activity aligned to the development stages of the project and linked to workstream priorities, to ensure CYPF views form a regular part of the collaboration process and they are kept-to-date on progress.

Activities may include surveys, focus groups, events, feedback on concepts and communications, and debate at virtual events. As the Cambridge Children's project advances, there will be new requirements for input from CYPF, and we will be able to approach the Network with these requirements as they arise.

Feedback to Network members will also be important so they know they have been listened to, that their opinions have been recorded and something has been done as a result. Not all ideas will be possible, so feedback will help ensure they don't feel ignored.

We have already sought feedback on the development of the Network from patients and carers at CUH and CPFT and will use this intelligence to formally launch Network recruitment from end September/October. We will target existing and past patients from CPFT and CUH, as well as patients and carers from other Trusts across the eastern region.

An involvement form has already been in place on the Cambridge Children's website for nearly a year, asking for people to register their interest. We have also generated interest from family members/carers of children that have accessed our services at the events that have taken place to date. This will allow us to start to develop a database of interested parties, forming the foundations of our Network.

The young people we engaged suggested providing an incentive for their involvement so once they have taken part in a number of engagement activities, we will provide them with a certificate they can include on their CV and something like a gift voucher.

## **Tiers of involvement**

Network members will be offered the chance to state their areas of interest and chose how they wish to be involved.

We will create a matrix of opportunities, including:

- Listening to CYPF about how they want to get involved and what works best for them in their individual circumstances
- Regular involvement with workstreams
- Attending workshops online
- Taking part in surveys
- Reviewing communications about the hospital

## **Involvement in workstreams**

To ensure effective and meaningful involvement, the voices of CYPF need to be embedded within the programme workstreams, as part of the governance process.

When identifying how workstreams involve CYPF in making decisions there eight key considerations that are useful to think through first to ensure engagement is meaningful and productive:

- 1) **Building relationships** - At the core of involvement are the relationships that we build with the people who want to get involved. In the same way we would consider what a new member of staff needs to feel valued and part of the team, it is important to consider this when involving young people and their representatives.  
We need to think about:
  - How we build this relationship?
  - Who will be the named person from the workstream that links with them and how will they offer support and supervision?
  - How can we ensure their voices are heard in the workstream?
  - Is involvement a standing agenda item or could the patient/carer co-chair the workstream?
- 2) **Purpose** – We need to identify what the reasons are for involving CYPF in the workstream and what we want to achieve. [The National Standards of Involvement](#) (4Pi) can help us think about this. Involving people who have used services and their families will help us consider what is needed from their perspective as well as the clinical perspective.
- 3) **How to engage** – We will need to consider what involvement activities will best meet the needs of the workstream. For example, are we looking to answer a specific set of questions, which could be done via a survey or would having a patient and/or carer representative

integrated as a member of the workstream provide more in-depth feedback? Do we need a one-off focus group or are there existing events run by other organisations that could provide opportunities to engage?

- 4) **Reimbursement** - Some activities will require travel expenses, others may require payment for time. We need to be clear at the beginning what reimbursements we are offering people. There is a clear policy around payment for involvement activities, and forms developed to enable people to claim expenses. Please contact the Comms and Engagement workstream for more information.

- 5) **Expectations** – We need to be clear about what we require from the people we want to involve and consider what experience we are looking for. For example, if we are looking to develop a clinical pathway it is often best to use people who have had specific and relevant experience of that service. We need to consider:

- Are there any specific skills we would like people to have?
- What is the commitment that we require?
- Is one person enough?
- Do they need to have had a DBS and Occupational health screening and what is the length of time we are looking to involve people?

Creating an advert to involve people is a good way to clarify thoughts. Please contact the Comms and Engagement workstream for an advert template.

- 6) **Contracting** - Creating a contract of involvement clearly stating what is needed for the role can help clarify the role we are looking for and understand what support may be needed. This is especially important if the involvement work is likely to be on going as opposed to a one-off event. There are specific considerations needed when engaging young people such as timing meetings to not clash with school hours and safeguarding measures for online engagement. Within the contract of involvement providing clear information about payment and any other support that will be offered is important. An example of a contract can be accessed from Comms and Engagement workstream.

- 7) **Advertising involvement opportunities** - Knowing what experience we would like will help identify the best way to advertise involvement opportunities. If we are looking for people who have experience of using our services the best place to advertise may be in the waiting room or by promoting involvement as part of a standard appointment letters. For more general advertising we can use the Children's Network and there are a number of pre-established groups that we can promote roles through. Please contact Comms and Engagement workstream for advertising support.

- 8) **Feedback** – It is important we talk to the people who are involved to find out how they would like to be kept updated on progress. This could be in the form of 'You said - We did' updates, via the Cambridge Children's website, or to them directly. If the workstream is meeting regularly this can form part of the agenda.

This engagement ladder can help determine what level of involvement we need:

Involvement	Examples
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Co-production	Consensus building / dialogue / Steering groups / Formalised involvement on strategic groups
Co-design	Task and finish / project groups, appreciative enquiry
Engagement and consultation	Focus groups / road shows / questionnaires / 15 steps
Inform / Educate	Open day / exhibitions / leaflets

### Useful links:

The Engage site has many useful resources for people: <http://engage.hscni.net/>

### Next steps

- Meet with existing patient engagement leads within children's services in CPFT and CUH to finalise this paper
- Seek formal agreement to begin recruitment to the Network
- Write terms of reference for membership of the Network
- Develop action plan to begin recruitment
- Run a workshop for workstream leads on how to ensure genuine CYPF within workstreams
- Work with D&C workstream to put together a CYPF panel for Stage 3 of design procurement (ideally from Network, but because of time pressures we may need to recruit directly to the panel)
- Work with patient engagement, project and workstream leads to develop plans for engagement opportunities and activities.
- Recruit!





## Aligning the Age for Counselling services for Children and Young People across Cambridgeshire and Peterborough

To: Health Committee

Meeting Date: 19<sup>th</sup> November 2020

From: Director of Public Health

Electoral division(s): All

Forward Plan ref: Not applicable

Key decision: No

Outcome: to agree on one of the following options in relation to the children and young people's counselling service that is being re-commissioned:

1. Increase the Cambridgeshire County Council (CCC) contribution by £70,000 enabling young people aged 18-25 to access the service.
2. Keep the CCC funding envelope as £280,000 and reduce the age limit of the service to 18 years (up to 18th birthday) with the older age group receiving the alternative services available to them.

Recommendation: To ensure there is a counselling service up to the age of 25 years with additional funding making this feasible.

### Officer contact:

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### Member contacts:

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# 1. Background

- 1.1 At the Health Committee meeting on 15<sup>th</sup> October 2020 it was agreed that Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) would lead a procurement, working jointly with Cambridgeshire County Council (CCC) and Peterborough City Council (PCC), to deliver children and youth counselling services across Cambridgeshire and Peterborough.
- 1.2 The new service will be operational from 1<sup>st</sup> July 2021 and the market engagement process is currently underway.
- 1.3 Currently the service, provided by CHUMS Mental Health and Emotional Wellbeing Service is available for those aged 4 (school age) to 25 years old in Cambridgeshire and 4 (school age) to 18 years old in Peterborough. The intention is to align the age range across the service. Health committee raised concerns about reducing the upper age limit for access to the new service from 25 to 18 years in Cambridgeshire.
- 1.4 Half of all mental health problems are established by the age of 14, with three quarters established by 24 years of age<sup>1</sup>. Prompt access to appropriate support enables children and young people experiencing difficulties to maximise their prospects for a healthy and happy life.
- 1.5 Between the ages of 16-18 years, young people are more susceptible to mental illness, undergoing physiological change and making important transitions in their lives. The structure of mental health services often creates gaps for young people undergoing the transition from children and young people's mental health services to appropriate support including adult mental health services<sup>2</sup>. The NHS Long Term Plan<sup>2</sup> recognises the challenges and vulnerability associated with the young adult population and sets out the intention to extend current service models to create a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults.
- 1.6 The NHS Long Term plan aims to deliver an integrated approach across health, social care, education and the voluntary sector with a clear focus on ensuring provision is available for 0-25s. Aligning to the ambition of the NHS Long Term Plan, the service that is being commissioned therefore needs to work towards ultimately being a 0-25s service.

# 2. Main Issues

## Estimating Need

- 2.1 Based on the 2019 needs assessment for children's mental health there are estimated to be over 13,000 young people (17-25 years old) who have a diagnosed mental health disorder in Cambridgeshire<sup>3</sup>. The number of diagnosed mental health conditions in children and young people in Cambridgeshire and Peterborough is forecast to grow by 10% between 2019 and 2024. These estimates do not take account of a range of local risk and protective factors for

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<sup>1</sup> NHS Digital (2018) Mental Health of Children and Young People in England, 2017 [PAS]. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-youngpeople-in-england/2017/2017>

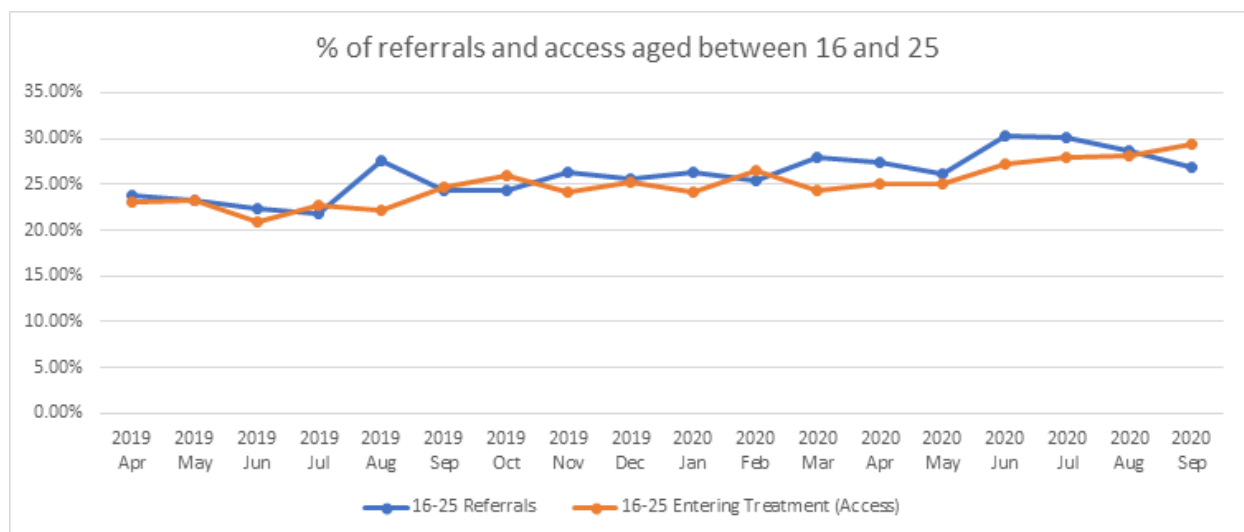
<sup>2</sup> The NHS Long Term Plan (2019) <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

<sup>3</sup> Mental Health and Wellbeing: Pre-birth to Age 25 years Needs Assessment (November 2019) <https://cambridgeshireinsight.org.uk/wp-content/uploads/2020/06/CYPMHNA-15.6.20.pdf>

mental health and are drawn from applying national prevalence figures (based on a large survey) to the local population. They also do not account for the potential impact of Covid-19, particularly considering the effect of unemployment, changes to education, bereavement and isolation on the mental health of this age group.

- 2.2 As a system we are beginning to see evidence of the impact of Covid-19 on young people accessing services and it is anticipated there will be an ongoing impact. Anecdotal feedback from services suggests there have been some increases in service usage and in some cases the complexity of cases has increased. Within the Cambridgeshire and Peterborough Foundation Trust (CPFT) Psychological Wellbeing service there has been a slight increase in those accessing the service between the ages of 16-25 years old since April 2019 and this been steady since March 2020, as show in the graph below (Figure 1).

Figure 1



### Self-harm

- 2.3 Cambridgeshire has a significantly higher rate of hospital admissions for self-harm than the England rate, and in particular for 15-24 year olds (see Figures 2 & 3 below). Hospital admissions, although helpful as a data source, do not capture the majority of self-harm cases that do not attend emergency settings. Between July 2019-June 2020 21% (41 individuals) of 18-25s referred to the local CHUMS service presented with self-harm.

We are aware as a mental health system there are gaps in provision for individuals with self-harm with some services not accepting young people actively self-harming, and others needing the level of severity to be high for them to reach the threshold of need. A key aim of this procurement will be to ensure that this service bridges the gap in provision, ensuring the service can offer self-harm support for those that need it, but may currently struggle to access the help needed. This will be particularly important for the 15-24s age group.

Figure 2 (source: <https://fingertips.phe.org.uk/>)

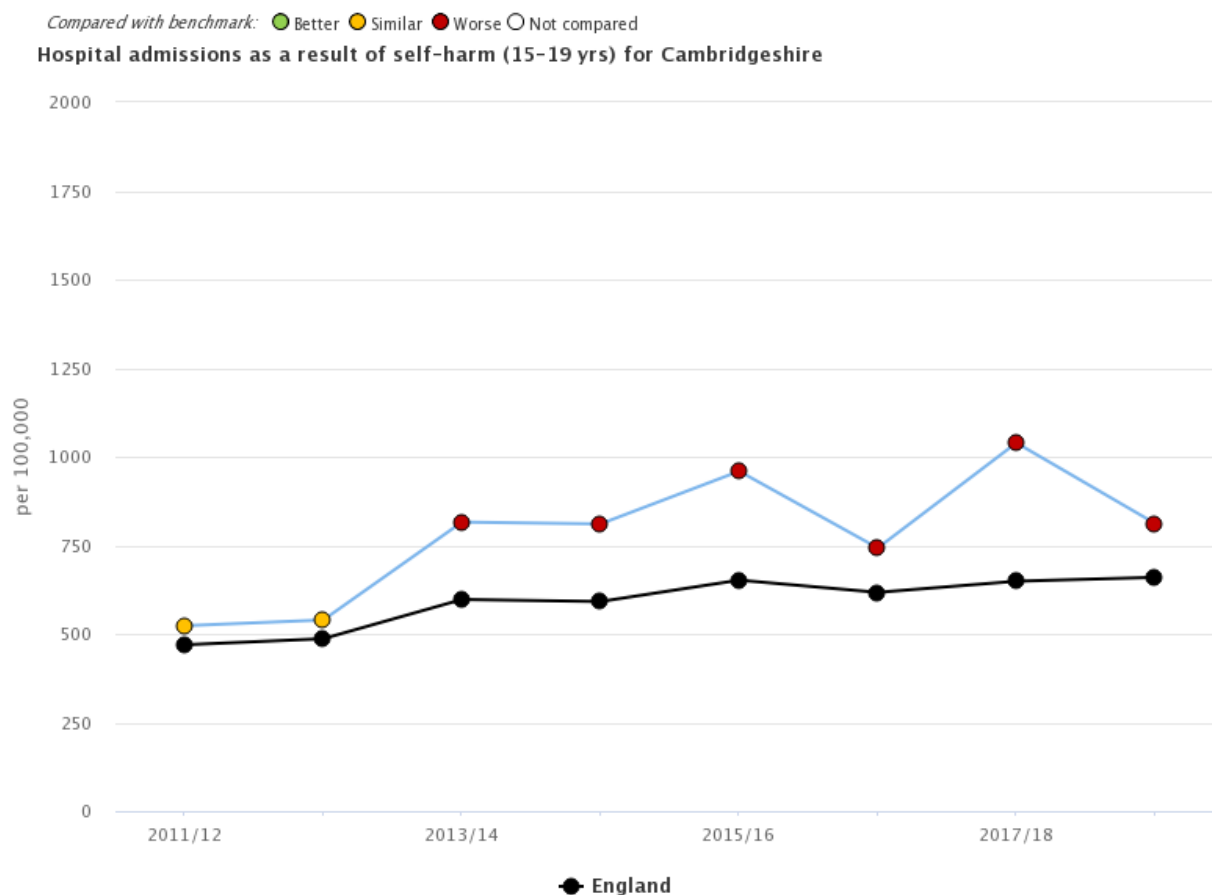
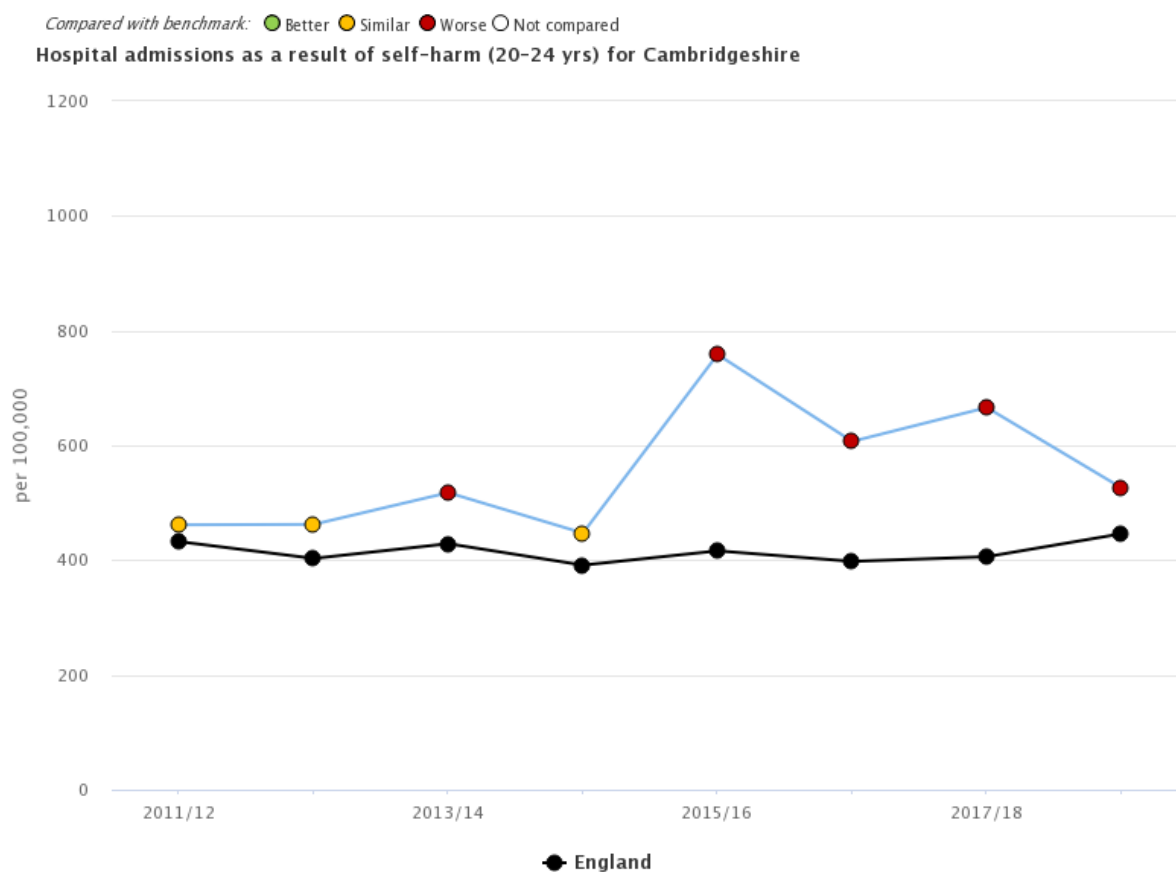


Figure 3 (source: <https://fingertips.phe.org.uk/>)



### **Existing Provision for 18-25 year olds**

- 2.4 A range of statutory and voluntary sector services deliver mental health support for 18-25 age group in Cambridgeshire and Peterborough, some of the key services are detailed below. This does not capture all of the services delivering in Cambridgeshire and therefore some young people may be accessing alternative services that may be privately funded or national programmes, or part of further/higher education or workplace support.

#### ***Transitions Pathway***

- 2.4.1 In recognition of the challenges of transitioning between child and adult mental health services CPFT community child and adolescent mental health services (CAMHS) upper age limit has risen to 18. The adult mental health age threshold has remained at 17 to provide a period of overlap for transitions to take place more gradually for those that need it.

Transitions Workers and Peer Support Workers were recruited in 2018 with the aim of a more supported and gradual process that minimised the potential negative impact of a care transition at an already vulnerable life stage. Following the introduction of the changes the number of 17 year olds receiving treatment in community CAMHS has increased from 352 in 2016/17 to 582 in 2018/19, with positive feedback from service users.

#### ***Adult Psychological Wellbeing Service (Increasing Access to Psychological Therapies [IAPT])***

- 2.4.2 The Adult Psychological Wellbeing Service offers support for those living with mild to moderate depression and anxiety disorders. Individuals may access the service directly or by being referred. Across Cambridgeshire and Peterborough IAPT is delivered by 6 providers (CPFT, Insight, Cambridgeshire, Peterborough and South Lincolnshire (CPSL) Mind, Peterborough Children's Services, Lawrence Way, Group Therapy Centre) with 4,321 18-25s accessing the service in 2019/20. For each provider this equated to between 19-29% of those accessing their service. For the largest provider (CPFT), who saw over 3,400 young people, this represented 29% of their service users.

#### ***CHUMS***

- 2.4.3 Between January 2018 and September 2020 CHUMS provided one-to-one interventions to 63 18-25 year olds which accounted for 4.13% of all the counselling interventions within the service. From the data it is not possible to ascertain how many young people were not accepted by the service. In 2019-20 CHUMS provided interventions for 31 young people who were 18-25 years old. Of the young people presenting to the service between July 2019 and June 2020 the top reasons for referral were depression (28%), anxiety (21%) and self-harm (21%).

#### ***QWELL***

- 2.4.4 Offers free online support and chat based counselling as well as moderated peer support forums for wellbeing support. The service launched in April 2020 and data available for May 2020 showed that the age with the highest proportion of users was 25 years old (5.19%), as this service develops it will be important to ensure there is linkage with the newly commissioned service and monitor usage within the young adult age group.

#### ***Centre 33***

- 2.4.5 The 'Someone To Talk To' service offers support for children and young people in Cambridgeshire offering support for a range of issues such as housing and employment, many of these individuals also have an underlying mental health need. The service engaged

with 1,802 young people in 2019 and 2020, with 64% being from the 18-25 age group. Clients accessing the service are most frequently aged 17-20 years.

- 2.5 It is challenging to robustly draw conclusions around how much need is currently being met by service provision without data on all services. Furthermore service usage is not necessarily reflective of need as if it is not appropriate in terms of access, engagement or interventions then it will not be utilised as well as it could be. However, based on the data presented above there is a considerable gap between estimated need and the number accessing some of the core services in Cambridgeshire for this age group.
- 2.6 Community counselling services also provide a slightly different service to more clinical services. The intention is for wide engagement with other services and a holistic approach recognising the breadth of issues affecting this age group and subsequently their mental health. For example it would be expected that services are able to link to support around debt management, job seeking and sexual health services as required.
- 2.7 It is also important to consider the differing needs and development of young people. Some may feel more comfortable accessing a service designed for adults between the ages of 18-25, whereas the needs of others may be better met in a service that is more young-person focused. This is a period of transition so offering choice is important to ensure that needs are adequately met.

### 3. Resource

- 3.1 The CHUMS service inherited a waiting list when it took over the contract and it has continued to struggle to meet demand with young people waiting an average of 150 days (21 weeks) in Cambridgeshire (data for Quarter 2 of 2020/21) for an assessment, and an average of 20 further days for a 1-to-1 assessment. At times there has been a waiting list in excess of 700 people across the Cambridgeshire and Peterborough service and in some quarters referrals have been in excess of 1,000. During the initial Covid-19 lockdown there was a fall in referrals, with many of the referring sources being closed, which has allowed for a reduction in the waiting list (272 people on the waiting list in the last quarter) and waiting times. The volume of referrals and ensuring quick access to appropriate support has historically been a challenge for similar services too.
- 3.2 Through the market engagement work that has already taken place it has been flagged by providers that the requirements being specified are challenging within the cost envelope. Investment from CCC has remained static for the past 5 years but demand is rising. The Clinical Commissioning Group (CCG) have increased their contribution to the service for this procurement, but this is not new funding and comes from other areas within the mental health system. PCC contribute disproportionately when population size and contract activity are accounted for (currently 220K PCC and 280K CCC). This means that PCC contributes 44% of local authority funding, while children and young people from Peterborough account for only 25-30% of overall contract activity.
- 3.3 Improvements in terms of efficiency are being sought in the re-commissioned service. Greater collaboration between providers is essential with a 'no wrong door' approach and single point of referral so that young people are not rejected or bounced from one service to another. This will improve quality and experience of the service for service users and improve access, but also in the long-term leads to a reduction in wasted resource.

3.4 To align with the longer term vision of 0-25 mental health services, and to meet the growing need of children and young people in Cambridgeshire, the intention as recommended by Health Committee is to create a 4-25s service across Cambridgeshire and Peterborough as part of this procurement. The vision will be to work towards a 0-25s service in the longer term. In order to achieve this, and provide a service that is appealing and appropriate for the 18-25 age group additional investment is required. Without growth in investment any service will struggle to keep pace with the growing number of young people with a mental health need, and there is a risk of detracting resource from the younger age groups and early intervention work.

3.5 The current contract is £736,000 per annum comprising of the following:

- Peterborough City Council £220,000 pa
- Cambridgeshire County Council £276,000 pa
- Cambridgeshire & Peterborough CCG £240,000 pa

Currently CCC contribute 56% of local authority funding compared to PCC's 44% which is not reflective of activity levels. Across the different aspects of the service the activity for CCC is 68-71% and PCC is 25-30%.

3.6 To realign the disproportionate split in investment and activity going forward it is proposed that the investment for the re-commissioned service is as follows:

- Peterborough City Council £150,000 pa (decrease of £70,000)
- Cambridgeshire County Council £350,000 pa (increase of £70,000 on current investment in the service)

This would give a 70% (CCC) and 30% (PCC) split that is reflective of population size and activity.

The CCG are also increasing investment to £565,000 but this is not new funding to the mental health system and comes from integrating other services e.g. online services.

This would take the total contract value to just over one million and allow for the extension of the age limit to 25 years.

3.7 Options for the re-commissioning of youth counselling services:

1. Increase the CCC contribution by £70,000, to balance the CCC and PCC contributions appropriately in relation to contract activity. This would enable young people aged 18-25 to continue accessing the service.
2. Keep the CCC funding envelope as £280,000 and reduce the age limit of the service to 18 years (up to 18th birthday) with the older age group receiving the alternative services available to them.

Option 1 is the recommended option as this rebalances the funding appropriately between CCC and PCC and enables a service for 18-25 year olds to continue. While there are other services which 18-25 year olds also access, there is also evidence of significant unmet need for this age group.

4. Alignment with corporate priorities

4.1 A good quality of life for everyone

The report above sets out the implications for this priority in Sections 1 and 2.

4.2 Thriving places for people to live

There are no significant implications for this priority.

4.3 The best start for Cambridgeshire's children

The report above sets out the implications for this priority in Sections 1 and 2.

4.4 Net zero carbon emissions for Cambridgeshire by 2050

There are no significant implications for this priority.

## 5. Significant Implications

5.1 Resource Implications

A request is being made for an additional investment of £70,000 to ensure there is an adequate service for young people in Cambridgeshire.

5.2 Procurement/Contractual/Council Contract Procedure Rules Implications

The additional investment would form part of the procurement being led by the CCG through a Section 76 Agreement with CCC. The procurement is following appropriate contractual rules and procedures and guided by NHS Shared Business Services who were awarded the contract for procurement input by the CCG.

5.3 Statutory, Legal and Risk Implications

There are no significant implications within this category.

5.4 Equality and Diversity Implications

There are no significant implications within this category.

5.5 Engagement and Communications Implications

There are no significant implications within this category.

5.6 Localism and Local Member Involvement

There are no significant implications within this category.

5.7 Public Health Implications

The report above sets out details of significant implications in section 2 and 3.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Stephen Howarth
Have the procurement/contractual/Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes Gus de Silva



<b>Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law?</b>	Yes Fiona McMillan
<b>Have the equality and diversity implications been cleared by your Service Contact?</b>	Yes Liz Robin :
<b>Have any engagement and communication implications been cleared by Communications?</b>	Yes or No Name of Officer:
<b>Have any localism and Local Member involvement issues been cleared by your Service Contact?</b>	Yes Liz Robin
<b>Have any Public Health implications been cleared by Public Health</b>	Yes Liz Robin

## 6. Source documents

### 6.1 Source documents

- Mental Health and Wellbeing: Pre-birth to Age 25 years Needs Assessment (November 2019)  
<https://cambridgeshireinsight.org.uk/wp-content/uploads/2020/06/CYPMHNA-15.6.20.pdf>
- The NHS Long Term Plan (2019)  
<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>
- Pro Bono Economics (2018) Economic evaluation of Place2Be's Counselling Service in Primary Schools.  
<https://www.place2be.org.uk/media/egob0dnv/economic-evaluation-of-place2bes-counselling-service-in-primary-schools-1.pdf>
- NHS Digital (2019) Talking therapies: New statistics show an increase in referrals, numbers starting treatment and recovery rates during 2018-19.  
<https://digital.nhs.uk/news-and-events/news/iapt-2018-19>
- Curtis, L. & Burns, A. (2018) Unit Costs of Health and Social Care 2018, Personal Social Services Research Unit, University of Kent, Canterbury.  
<https://doi.org/10.22024/UniKent/01.02.70995>

### 6.2 Location

- Mental Health and Wellbeing: Pre-birth to Age 25 years Needs Assessment (November 2019)  
<https://cambridgeshireinsight.org.uk/wp-content/uploads/2020/06/CYPMHNA-15.6.20.pdf>
- The NHS Long Term Plan (2019)  
<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>
- Pro Bono Economics (2018) Economic evaluation of Place2Be's Counselling Service in Primary Schools.

<https://www.place2be.org.uk/media/egob0dnv/economic-evaluation-of-place2bes-counselling-service-in-primary-schools-1.pdf>

- NHS Digital (2019) Talking therapies: New statistics show an increase in referrals, numbers starting treatment and recovery rates during 2018-19.  
<https://digital.nhs.uk/news-and-events/news/iapt-2018-19>
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## Healthy Weight in Cambridgeshire

To: Health Committee

Meeting Date: November 15 2020

From: Director of Public Health

Electoral division(s): all

Forward Plan ref:

Key decision: No

Outcome: The Committee is asked to consider the Cambridgeshire obesity issues and the proposals for contributing to the achievement of Healthy Weight outcomes.

Recommendation: The Committee is asked to agree the following recommendations.

- a) To commission a time limited project to identify the barriers and enablers for addressing Healthy Weight in Cambridgeshire through a system wide approach and the priorities that will have the most impact.
- b) To allocate up to £80,000 to the project which will also include drawing up an implementation plan that has partner commitment and involvement.
- c) To lead and work with partners on the immediate development and delivery of a programme of awareness raising and a campaign targeting those most at risk of the poor outcomes from COVID-19 that are associated with obesity.

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## 1. Background

- 1.1 The COVID pandemic has focused attention on obesity due to its association with susceptibility and poorer outcomes. The Health Committee has prioritised the issue and recently held a “Blue Sky” workshop to clarify how it wants to address this key Public Health challenge.
- 1.2 All participating workshop members have agreed that going forward the term Healthy Weight would be used instead of obesity except in appropriate, usually clinical contexts. The following key areas were identified for development.
  - Drive forward a system wide approach
  - Embed a proportionate approach that will address health inequalities
  - Ensure that the whole organisation is committed to addressing obesity
  - Think Communities needs to be an integral part of the approach
  - Allocation of resources to undertake a gap analysis, evaluation and capacity to drive efforts across the system.
- 1.3 Just prior to the start of the COVID 19 pandemic, work had commenced to refresh the Cambridgeshire and Peterborough Healthy Weight Strategy. This paper provides a brief overview of the following factors.
  - The evidenced based strategic drivers for improving obesity and aligns them to the priority areas.
  - Evidence of good practice.
  - What is currently being undertaken in Cambridgeshire.
  - The potential priorities for action along with any immediate associated costs.

## 2. Main Issues

- 2.1 Excess weight and obesity are both widespread and widely recognised as a key public health issue. In England, two thirds of adults, a quarter of two to ten year olds and one third of 11-15 year olds are overweight or obese. By 2050 obesity is predicted to affect 60% of adult men, 50% of adult women and 25% of children. Excess weight (overweight and obesity) is a leading cause of disease in England, associated with increased risk of multiple chronic diseases, including many of the leading causes of death. The resulting NHS costs attributable to overweight and obesity are projected to reach £9.7 billion by 2050, with wider costs to society estimated to reach £49.9 billion per year. These factors combine to make the prevention of obesity a major public health challenge.
- 2.2 The striking factor about obesity is that it is a national challenge affecting the population from childhood through adulthood and the older age groups. However within the national and local picture there are differences in the impact of obesity and there are inequalities primarily related to deprivation.

Table1: Childhood obesity in Cambridgeshire

Area	Percentage of Reception children overweight or obese	Percentage of Year 6 children overweight or obese
Cambridge City	6.1%	14.1%
East Cambs	6.6%	14.1%
Fenland	8.9%	20.2%
Hunts.	7.3%	15.4%
South Cambs	6.2%	11.8%
Cambs	7.0%	14.8%
East of England	8.5%	17.7%
England	9.4%	19.9%

Table 2: Adult obesity in Cambridgeshire

Area	Percentage of adults overweight or obese
Cambridge City	43.4%
East Cambs	60.0%
Fenland	68.5%
Hunts	65.1%
South Cambs	58.1%
East of England	62.1%
England	62.0%

- 2.3 Being overweight or obese is recognised as a significant risk factor for Type 2 diabetes, heart disease and hypertension, all risk factors for developing more severe diseases.

It has rapidly emerged that excess weight, a BMI over 25, is associated with higher risk of hospitalisation and admission to intensive care for those with COVID-19. Evidence also suggests a possible higher risk of death from COVID-19 with increasing BMI, an association that persists once other factors such as age, sex, ethnicity and socioeconomic status are accounted for.

- 2.4 Members at the “Blue Sky “ workshop agreed that the influential Foresight Report “Tackling Obesity” published in 2007 continues to inform thinking on addressing obesity. It presents the factors that obesity or Healthy Weight strategy needs to address over the next 40 years, categorising the causes of obesity as:

- Biological
- Behaviour – Diet and Physical Activity
- Life course impacted but early life is critical
- The Environment
- Economic drivers of consumption

Highlighting the multifactorial and complex determinants of obesity, the report argues that an effective approach to preventing and treating obesity must be an on-going, sustainable effort, targeting all life-stages and causes. Central to the Foresight Report is that it clearly articulates that these factors demand a system wide approach through which all partners

must consider, reverse and prevent the multiple determinants of obesity.

- 2.5 A whole systems approach to obesity provides unique opportunities to implement evidence-based effective changes, working collaboratively to successfully target and address the underlying causes of the problem and remove the barriers to achieving a Healthy Weight. Key features of successful whole system approaches included full engagement of relevant partners and community; strong leadership, embedding in broader policies and local evaluation.
- 2.6 Evidence indicates a number of strategic levers that impact upon obesity or the obesogenic environment and sit in different parts of the system. People's diets are influenced by a range of factors, including preferences and habits formed early on in life, educational opportunities, employment and psychosocial factors that influence behaviours such as family food preferences and meal patterns. National initiatives and policy changes can be supported and championed, but there are local opportunities that should also be used.
- Planning and Licensing – using planning and licensing powers to limit the concentration of unhealthy fast food retailers in key areas, such as around schools or in more deprived communities. Use licensing and planning powers to increase access to food for preparation in the home and reduce access to calorie dense, nutrient poor food.
  - Working with Local Business – partnering with local food outlets to encourage voluntary changes, such as reducing sodium, sugar or fat content of meals or facilitating the display of more nutritional information. Accessible nutritional information in restaurants and cafes, highlighting the larger portion sizes compared to at-home equivalents and the proportion of calories consumed through out-of-home dining.

Case Study: Gateshead Council – Getting Tough on Takeaways: Gateshead Council has introduced tough planning restrictions that allow officers to turn down applications for new takeaway shops in areas with high levels of obesity, a large number of takeaways, or close to schools and leisure centres. An environmental health post has been funded to liaise directly with takeaways in an attempt to get them to adopt better practices by using healthier ingredients and ways of cooking the food.

- 2.7 Physical activity and the physical environment has positive effects on obesity and excess weight, but also on wider health and wellbeing outcomes.
- Public Transport – strategic review of public transport incentivising public transport use (e.g. subsidising certain travel or loyalty discount for consistent use), disincentivising non-active transport whilst providing more accessible options (e.g. limiting parking areas, congestion charge)
  - Access to Cycling – increasing access to affordable bicycles for deprived or communities underserved by public transport (e.g. subsidising bicycle purchase, rollout of rental bicycles/redistribution of existing rental bicycles, supporting bicycle road safety courses for all ages), encouraging more bicycle use through more parking points, maintenance, improvement or extension of cycle lanes.
  - Increasing Walking – ensuring access to suitable footpaths and pavements along routes (e.g. identifying roads with no footpath, working with communities to maintain

footpaths in rural areas), local incentives for increasing walking (e.g. local campaign rewarding step targets/increase in steps taken over time with discounts/vouchers)

- Housing – influence housing planning/development to incorporate access to green space, public transport and adequate space, use housing levers to ensure such standards in social housing.

2.8 Tackling and preventing excess weight and obesity at a young age is vital to prevent even higher levels of preventable chronic disease in the future.

- School Meals – support/incentivisation for improving school meals, increasing access to fruit and vegetables within schools, working with schools to remove or limit vending machines or unhealthy food choices
- Education – developing educational packages or working with charity partners to deliver targeted healthy behaviour education within schools or to communities, working with NHS partners such as General Practitioners (GPs), school nurses and health visitors to incorporate healthy behaviour education into existing encounters
- Promoting Physical Activity – partnering with schools to incorporate more physical activity into the school day, facilitating more active transport to schools (e.g. supporting walking buses, providing safe crossings at key junctions), facilitating or subsidising physical activity groups or teams in local communities to encourage participation

2.9 A successful approach to tackling obesity requires concerted and coordinated action, across the life course. Targeting the working age population can halt or reverse the early sequelae of excess weight, prevent the development of chronic disease and disability and create the conditions for healthy ageing.

- Lead by Example – work with local government partners to increase access to active transport schemes (e.g. cycle to work), incentivise healthier options in the workplace such as subsidising healthier meals, contributions to gym or sport club memberships, encourage group activities such as Park Run.
- Public and Private Partnership – work with other employers to highlight the benefits of promoting healthy behaviours (e.g. increased satisfaction with work, higher productivity, less absenteeism), link employers with available services, improve workplace access to public and active transport to promote active transport to work, engage and work with employers to implement healthy behaviour campaigns (e.g. Couch to 5K).

2.10 The prevalence of obesity in different communities demonstrates significant socioeconomic, gender and ethnic inequalities. Such inequalities should be considered in the strategic prioritising, planning, commissioning interventions along with their delivery and evaluation. The intention is to effectively target resources where they are most required and not amplifying further existing inequalities. This work should include the two following approaches.

- Accessibility – use community consultation to effectively target interventions, with a better understanding of the barriers, ensure interventions are accessible (e.g. consideration of financial or time cost on the individual, and resource invested to widen accessibility)

- Community Engagement – work with higher risk communities to target health behaviour education and interventions appropriately, work with community connectors and health champions to increase community resilience and awareness, engage and consult with target communities to understand the expressed need and current barriers

2.11 In Cambridgeshire we already have solid foundations in place to be able to support Healthy Weight and we must look to utilise these, and build on them where necessary, as well as identifying and working to fill any gaps in the system.

#### Cambridgeshire County Council Public Health Commissioned Services for Healthy Weight

- Tackling inequalities: This is embedded into local work. Data is constantly analysed and utilised in order to inform our strategic direction, planning, commissioning and delivery priorities. For example, within the integrated lifestyles service there are specific KPI's around engaging deprived and hard to reach communities and we regularly performance monitor the provider to ensure that the service is weighted according to greatest need.
- Integrated Lifestyles Service: The Healthy You Service offers free support and advice to both adults and children around a number of lifestyle topics, including healthy eating, weight management and physical activity. Its intensive weight management services (tier 3) is jointly funded with the CCG.
- National Child Measurement Programme (NCMP): Provides some significant opportunities locally. The data helps to inform commissioning locally, and target resources in areas of greater need, and also allows us to track the effectiveness of any programmes and interventions targeting this age group.
- Healthy Schools Service: This aims to build resilience amongst our local children and includes a universal school based nutrition programme, as well as addressing the particular needs of children and young people related to obesity. There are a number of health and wellbeing awards included within the healthy school's service such as the Food Smart accreditation scheme. Alive and Kicking is a 6 week in school programme for children aged 7-11 to raise awareness of healthy eating and physical activity, and supporting wider school events. The Office of the Police and Crime Commissioner provides some funding for this Service.
- Healthy Workplaces Service: Aims to promote and manage the health and wellbeing of staff through a range of workplace based health interventions.
- Healthier Options: A local scheme which aims to increase healthier food and drink choices when eating out locally. It is led by Public Health, but delivered on the ground by Environmental Health Officers, and is for small and medium sized food outlets with a hygiene rating of 3 or above.



## Other Healthy Weight Initiatives

There are many interventions/initiatives being undertaken by organisations and partnerships across Cambridgeshire. The following describe some of wide ranging work that is being undertaken.

- **Communications and campaigns:** There is increasing collaboration between Cambridgeshire County Council's communications team, Public Health leads and partners to ensure that messages and campaigns to support Healthy Weight, such as physical activity and healthy eating campaigns, reach our local residents.
- **Prevention services:** Alongside the universal prevention work commissioned by Public Health are interventions which include population-wide services and initiatives that are provided/delivered by partners. These are targeted at the prevention of obesity and reinforcement of healthy eating and physical activity messages. The prevention element of the Integrated Lifestyles Service is delivered by a consortium made up of the District Councils (along with Living Sport). In addition, District Councils all manage or sub-contract leisure, environmental and community facilities that offer physical activity, sport and exercise opportunities which are accessible to all.
- **Local Maternity and Neonatal System (LMNS):** The LMNS provided a small pot of funding for Public Health to work on a prevention project with the overarching outcome of women having increased knowledge and skills to avoid weight gain before, during and after pregnancy.
- **Best Start in Life:** Some of the priorities that form part of the Best Start in Life work stream have synergies with obesity related interventions, such as a focus on infant feeding (including improving breastfeeding rates and providing information on appropriate formula use to avoid overfeeding) and healthy weaning. Again, this supports the life course approach and helps towards the vision that healthy messages and practices should be seen as the norm from a young age.
- **Local NHS:** The Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and Sustainable Transformation Partnership (STP) have prioritised obesity; an acknowledgement of its impact on health outcomes, especially diabetes and the cost to the health system. The CCG has allocated funding for both the prevention and treatment of obesity and has launched its BMI can do it campaign in 2020. There is considerable collaboration between the NHS and the local authority in taking forward work jointly.
- **Healthy Weight and Recovery:** The challenge of tackling obesity and enabling Healthy Weight is being addressed through Public Health and Prevention Recovery Sub-Group which reports to the COVID-19 Recovery Board which is part of the Local Resilience Forum. This presents a unique opportunity for multi-system working and an opportunity to build health enabling principles into the wider infrastructure, influencing housing, licensing, town planning, education, business, transport.
- **Policy and Investment Forums:** There is continued work within the system in different policy and investment forums. For example active travel is included in the Local Cycling

and Walking Investment Plans. Although this is often from more of an environment perspective rather than Healthy Weight per se these inclusions do focus attention upon the impact the environment has upon Healthy Weight. COVID has contributed to these developments. The Local Resilience Forum subgroup for Environment Recovery, in its COVID-19 Green Recovery Plan, dedicates an outcome to active travel, including investment in walking and cycling and reprioritising highways infrastructure to create more space for safe active travel.

- In addition this Recovery Sub-Group has identified the impacts of COVID-19 on health behaviours, including any negative consequences as well as positive impacts and opportunities. One of the areas of focus is nutrition and obesity, and a large part of this work is to monitor the impact of COVID-19 on health inequalities, identify any new or widening inequalities, and ensure we are working together as a system to reduce these.
- Cambridgeshire and Peterborough Joint Health and Wellbeing Strategy (2020-2024): The draft Cambridgeshire and Peterborough Joint Health and Wellbeing Strategy (2020-2024) includes a commitment within the system in priority 3 to staying healthy throughout life, with a specific section on Healthy Weight, obesity and diabetes; along with more broadly addressing inequalities. Although further development of the Strategy was suspended because of the pandemic, there was clear support across the system for the Healthy Weight priority.

- 2.12 The “Blue Sky” thinking workshop also supported identifying and strengthening existing opportunities to address Healthy Weight. This would include reviewing the Authority’s services and initiatives to identify how they can be developed to impact on Healthy Weight. This would include in particular Children and Adult services, for example Better Start in Life or Social Care. There are also opportunities in areas such as Planning and Development.

The concepts embedded in the Think Communities approach which the Local Authority has adopted will be key in engaging with communities and supporting them to grasp Healthy Weight and take action. Engaging and consulting with target communities to understand their expressed needs and current barriers to Healthy Weight is key. Along with supporting higher risk communities to target health behaviour and interventions, working with community connectors and health champions to increase community resilience and awareness using the Think Communities approach will ensure that communities are also part of the system wide efforts to address Healthy Weight.

- 2.13 Although there is considerable activity relating to Healthy Weight the initiatives are not part of an overarching strategic approach. There is substantial evidence that Healthy Weight efforts are most effective when part of a co-ordinated system wide approach. Based on this understanding it is proposed that the Health Committee commissions a time limited project to undertake the following pieces of work.

- Identify the barriers and enablers for having an integrated strategic and delivery model for addressing Healthy Weight.
- Gaps in local policy, programmes and services and the impact upon inequalities.
- Priority areas for addressing Healthy Weight in terms of needs, equality and achievability.

### 3. Alignment with corporate priorities

#### 3.1 A good quality of life for everyone

The report above sets out the implications for this priority in 2.1, 2.2, 2.3, 2.7, 2.8, and 2.11

#### 3.2 Thriving places for people to live

The report above sets out the implications for this priority in 2.4, 2.6, 2.7, and 2.9

#### 3.3 The best start for Cambridgeshire's children

The report above sets out the implications for this priority in 2.2, 2.3, 2.8, and 2.11

#### 3.4 Net zero carbon emissions for Cambridgeshire by 2050

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

- Central to addressing Healthy Weight is the promotion and adoption of active lifestyles that encourage walking and cycling and that these are embedded into social, leisure and working lives with less dependency on transport options associated with higher carbon emissions.

### 4. Significant Implications

#### 4.1 Resource Implications

The report above sets out details of significant implications in 2.12

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

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

- Any implications for procurement/contractual/Council contract procedure rules will be considered with the appropriate officers from these Departments and where necessary 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:

- The Public Health grant (in pursuant of the Local government Act 2003) can be used for both revenue and capital purposes to provide local authorities in England with the funding required to discharge the public health functions,

- Any legal or risk implications will be considered with the appropriate officers from these Departments and where necessary 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:

- Any equality and diversity implications will be identified before any action is taken to address Healthy Weight.

#### 4.5 Engagement and Communications Implications

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

- Any actions taken to address Healthy Weight will include consultation and engagement with communities affected.

#### 4.6 Localism and Local Member Involvement

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

- Addressing Healthy Weight will involve working with individuals and communities to identify how they can work together to tackle the many barriers to reducing obesity and improving their health and wellbeing.

#### 4.7 Public Health Implications

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

- Addressing Healthy Weight will involve working with individuals and communities to identify how they can work together to tackle the many barriers to reducing obesity and improving their health and wellbeing.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Stephen Howarth
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes Gus de Silva
Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law?	Yes Fiona McMillan

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

## 5. Source documents

### Source documents

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Base: 2,040 Online, England, Wales and NI, adults 16-75

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Department of Health and Social Care. (2020). Tackling Obesity : Empowering adults and children to live healthier lives.

<https://www.gov.uk/government/publications/tackling-obesity-government-strategy/tackling-obesity-empowering-adults-and-children-to-live-healthier-lives#a-call-to-action>

## Health Policy and Service Committee Agenda Plan and appointments to Outside Bodies and Advisory Panels

Published on 2nd November 2020

Update 11<sup>th</sup> November 2020

### Notes

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.

The following are standing agenda items which are considered at every Committee meeting:

- Minutes of previous meeting and Action Log
- Finance Report – The Council's Virtual Meeting Protocol has been amended so monitoring reports (including the Finance report) can be included at the discretion of the Committee.
- Agenda Plan, Training Plan and Appointments to Outside Bodies and Internal Advisory Groups and Panels

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
03/12/2020	Section 75 Procurement Arrangements for the Integrated Sexual and Reproductive Health Service Recommission	Val Thomas	2020/040	23/11/20	25/11/20
	Covid-19 Issues Report	Liz Robin	Not applicable		
	Business Planning Final Proposals	Liz Robin	Not applicable		
	Scrutiny -Addenbrooke's Hospital 2.p.m. - 2-45 p.m. slot a) Cambridge Cancer hospital b) Addeenbrooke's 3	Roland Sinker Claire Stoneham  Alison Bailry Ian walker Sarah Vincent			

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
	Quality Accounts	Kate Parker	Not applicable		
	Finance Monitoring Report <b>to be emailed around</b>	Stephen Howarth	Not applicable		
	Performance Report <b>to be emailed around when available</b>	Liz Robin	Not applicable		
	Agenda Plan and Appointments to Outside Bodies and Advisory Panels	Rob Sanderson	Not applicable		
21/01/21  <b>Chairman and Lead Member meeting on 4<sup>th</sup> November agreed this should now be a reserve date</b>	Trend Analysis of the Impact of the first COVID-19 wave on childhood vaccinations <b>this could be emailed around or re-scheduled for a later meeting</b>	Raj Lakshman	Not applicable	11/01/21	13/01/21
	Further report on the actions being taken to support children young people and families during covid-19 <b>this could be emailed around or re-scheduled for a later meeting</b>	Raj Lakshman	Not applicable		
	Covid-19 Issues Report	Liz Robin	Not applicable		
	Scrutiny Further report on Dental Services <b>(suggested it is moved to February)</b>				
	Finance Monitoring Report <b>to be emailed</b>	Stephen Howarth	Not applicable		



Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
	Agenda Plan and Appointments to Outside Bodies and advisory panels	Democratic Services Officer	Not applicable		
[11/02/21] Provisional Meeting					
11/03/21	Performance Report	Liz Robin	Not applicable	01/03/21	3/03/21
	Covid-19 Issues Report	Liz Robin	Not applicable		
	Health Committee Training Plan	Kate Parker	Not applicable		
	Agenda Plan and Appointments to Outside Bodies and advisory panels	Democratic Services Officer	Not applicable		
[08/04/21] Provisional Meeting					
10/06/21	Notification of Chairman/woman and Notification of Vice-Chairman/woman	Democratic Services Officer	Not applicable	31/05/21	02/06/21
	Co-option of District Members	Democratic Services Officer	Not applicable		
	Finance Monitoring Report	Stephen Howarth	Not applicable		
	Health Committee Training Plan	Kate Parker	Not applicable		
	Agenda Plan and Appointments to Outside Bodies and advisory panels	Democratic Services Officer	Not applicable		

Reports to be scheduled; –

- Royal Papworth Hospital – Response to Covid-19
- Care Quality Commission on the East of England Ambulance Service
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	Health Committee Risk Register	Liz Robin	Not applicable
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	Health Committee Training Plan	Kate Parker	Not applicable
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Please contact Democratic Services [democraticservices@cambridgeshire.gov.uk](mailto:democraticservices@cambridgeshire.gov.uk) if you require this information in a more accessible format