

HEALTH COMMITTEE



Thursday, 05 December 2019

Democratic and Members' Services

Fiona McMillan

Monitoring Officer

13:30

Shire Hall

Castle Hill

Cambridge

CB3 0AP

Kreis Viersen Room

Shire Hall, Castle Hill, Cambridge, CB3 0AP

AGENDA

Open to Public and Press

CONSTITUTIONAL MATTERS

1 Apologies for Absence

2 Declarations of Interest

Guidance for Councillors on declaring interests is available at:

<http://tinyurl.com/ccc-conduct-code>

3 Minutes - 14th November 2019 & Action Log

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4 Petitions and Public Questions

DECISIONS

**5 Health Committee Review of Draft Revenue Business Planning
Proposals for 2020-21 to 2024-25**

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The Health Committee comprises the following members:

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

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

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

Clerk Name: Daniel Snowdon

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Council and political Group Leaders which can be accessed via the following link or made available on request: <http://tinyurl.com/ccc-film-record>.

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<https://tinyurl.com/CommitteeProcedure>

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HEALTH COMMITTEE: MINUTES

Date: Thursday, 14 November 2019

Time: 1.30p.m. – 14.19 p.m.

Present: Councillors C Boden (Vice-Chairman), D Connor, L Dupre, L Harford, P Hudson (Chairman), L Jones, K Reynolds, T Sanderson and S van de Ven

District Councillors D Ambrose-Smith, and S Wilson

Apologies: District Councillors A Bristow, G Harvey and J Taverner (S Wilson substituting)

262. DECLARATIONS OF INTEREST

None.

263. CO-OPTION OF DISTRICT MEMBERS

The Chairman exercised his discretion with the agreement of the Committee to allow this additional item to be heard in order for Huntingdonshire District Council to be represented at the meeting.

It was resolved to co-opt Councillor S Wilson to the Committee as substitute member for Huntingdonshire District Council

264. MINUTES – 17TH OCTOBER 2019

The minutes of the meeting held on 17th October 2019 were agreed as a correct record and signed by the Chairman.

265. HEALTH COMMITTEE – ACTION LOG

The Action Log was noted including the following update:

Minute 244 – Members were informed that a report would be presented at the December meeting of the Committee.

Minute 256 – information that had been requested had been collated and would be circulated to Members.

Minute 259 – arrangements to establish a Liaison Group with the new Papworth Hospital were being made.

266. PETITIONS

There were no petitions.

269. DELEGATED AUTHORITY TO AWARD THE CONTRACT FOR THE PREVENTION OF SEXUAL ILL HEALTH SERVICE

The Committee received a report that sought the necessary delegated authorities to establish the appropriate agreements and to award the contract following the competitive tender.

During discussion Members:

- Questioned in relation to paragraph 2.3 of the report how much Peterborough City Council (PCC) would contribute to the overall contract value. Officers confirmed that PCC would contribute £72k based on approximate head of population.
- Sought clarity regarding the safeguards and protections written into the contract in the event that PCC could not meet its funding responsibilities. Officers explained that both Local Authorities sought to be protected in such an eventuality. There were notice periods and clauses contained within the contract that would maintain service provision in the event of a partner wishing to withdraw from the agreement.
- Requested that future reports set out the liabilities and protections contained within the contract for the Council when entering partnership agreements.
- Drew attention to the Council's Climate Change Strategy that would be implemented during the lifetime of the contract. It was essential that the Council was at the forefront of mitigating climate change and consideration needed to be given to how it could be achieved through contracts.

It was resolved unanimously to support and approve:

- a) The establishment of a legal agreement between Cambridgeshire County Council (CCC) and Peterborough City Council (PCC) that assigns Cambridgeshire County Council as the lead commissioner;
- b) Delegate sign off for the agreement to the Director of Public Health in consultation with the Chair and Vice Chair of the Committee.
- c) Authorise the Director of Public Health, in consultation with the Chairman and Vice-Chairman of the Health Committee to formally award the new shared contract, effective from April 2020, subject to compliance with all the required legal processes; and
- d) Authorise the Consultant in Public Health, Health Improvement, in consultation with the Executive Director of LGSS Law to approve and complete the necessary contract documentation.

270. RECOMMISSIONING SEXUAL HEALTH SERVICES

Members received a report that sought to secure the appropriate delegated authorities to establish the appropriate agreements and to award the contract following a competitive tender for the recommissioning of Sexual Health Services.

In presenting the report, attention was drawn to recommendation b) of the report that sought establishment of a Section 75 agreement between Cambridgeshire County Council, NHS England and the Clinical Commissioning Group.

Members noted the extension of the current contract would provide the opportunity for a robust competitive tender to take place. The alteration of the contract length and break points had received positive feedback from the market as it made bidding more attractive.

During debate Members:

- Noted that Cambridgeshire County Council would enter into the Section 75 agreement as the lead commissioner. Peterborough would therefore not enter into its own Section 75 agreement.
- Welcomed the flexibility relating to contract framing and commented that it would be evident by year three of the contract whether the performance of the provider was satisfactory.
- Highlighted the length of the contract in relation to the Council's Climate Change Strategy that would likely be implemented during the lifetime of the contract.
- Noted that paragraph 2.8 of the report was incorrect and should reflect the contract duration set out in recommendation g) of the report.
- Drew attention to the length of the contract and the degree of continuity it provided as a result. However, consideration needed to be given to the likely policy changes in Public Health that would occur during the duration of the contract.
- Noted that there was no remuneration to the Council for acting as lead commissioner as the number of contracts where Peterborough City Council were the lead commissioner was broadly even with the number that Cambridgeshire County Council acted as lead for.

It was resolved unanimously to:

- a) The establishment of a legal agreement between Cambridgeshire County Council (CCC) and Peterborough City Council (PCC) that assigns Cambridgeshire County Council as the lead commissioner;
- b) The establishment of a Section 75 Agreement between CCC, NHS England and the Clinical Commissioning Group.
- c) Delegate sign-off for the for the agreements to the Director of Public Health in consultation with the Chair and Vice Chair of the Health Committee
- d) Authorise the Director of Public Health, in consultation with the Chairman and Vice-Chairman of the Health Committee to formally award the new shared contract, subject to compliance with all the required legal processes;
- e) Authorise the Consultant in Public Health, Health Improvement, in consultation with the Executive Director of LGSS Law to approve and complete the necessary contract documentation;
- f) Approve the extension of the current interim contract for six months to enable a more robust competitive tender; and

- g) Change the initial proposed contract length from three years plus one, plus one to a three year plus two, plus two contract giving a maximum contract length of seven years.

271. FINANCE MONITORING REPORT – SEPTEMBER 2019

Members were presented the September 2019 iteration of the Finance Monitoring report for the Public Health Directorate. In presenting the report attention was drawn to a forecast underspend for Directorate which totaled £86k. Negative actuals continued to reside in the report where partner agencies had not yet issued invoices and were being pursued by officers.

Members noted the savings tracker contained at Appendix 4 of the report which would be presented three times a year and showed that savings were in line with what was agreed as part of the Business Plan.

In response to a Member question officers explained that the August Finance Monitoring report contained an error relating to Integrated Lifestyle Services that had been corrected.

It was resolved to:

Review and comment on the report and to note the finance position as at end of September 2019

272. HEALTH COMMITTEE TRAINING PLAN

The Committee received its Training Plan.

It was resolved to note the training plan.

273. HEALTH COMMITTEE AGENDA PLAN,

The Committee examined its revised agenda plan tabled at the meeting and attached as Appendix A to these minutes.

Members requested that the new Papworth Hospital be invited to the March meeting of the Committee for scrutiny. **ACTION**

It was resolved to review the agenda plan

HEALTH COMMITTEE

Minutes-Action Log



Introduction:

This log captures the actions arising from the Health Committee up to the meeting on **14th November 2019** and updates Members on progress in delivering the necessary actions.

| Minute No. | Item | Action to be taken by | Action | Comments | Status & Estimated Completion Date |
|------------|------|-----------------------|--------|----------|------------------------------------|
|------------|------|-----------------------|--------|----------|------------------------------------|

Meeting of 17 January 2019

| | | | | | |
|------|--|-----------|--|---|---------|
| 185. | Finance & Performance Report – November 2019 | Liz Robin | Provide further information relating to the Ambulance Trust within C&CS Research | Research team has been asked for an update. | Ongoing |
|------|--|-----------|--|---|---------|

Meeting of 17 October 2019 & 14 November

| | | | | | |
|------|--|-------------|--|--|---------|
| 256. | Service Committee Review of Draft Revenue Business Planning Proposals for 2020-21 to 2024-25 | Val Thomas | Members requested information and data regarding the accessing of sexual health services | Information had been collated and would be circulated | Ongoing |
| 259. | Health Committee Working Group Q1 Update | Kate Parker | Members requested that a liaison meeting be established with the new Papworth Hospital | Work has begun to establish a liaison group with Papworth Hospital | Ongoing |

| | | | | | |
|-------------|---|---------------------------|--|---|-----------------|
| 273. | Health Committee Agenda Plan | Daniel Snowdon | Members requested Papworth Hospital be invited for scrutiny at the March 2020 meeting of the Committee | This has been added to the forward agenda plan and arrangements are being made. | Complete |
|-------------|---|---------------------------|--|---|-----------------|

HEALTH COMMITTEE REVIEW OF DRAFT REVENUE BUSINESS PLANNING PROPOSALS FOR 2020/21 TO 2024/25

To: **Public Health Committee**

Meeting Date: **5 December 2019**

From: **Director of Public Health
Chief Finance Officer**

Electoral division(s): **All**

Forward Plan ref: **Not applicable** *Key decision:* **No**

Purpose: **This report provides the Committee with an overview of the draft Business Plan revenue proposals for services that are within the remit of the Health Committee.**

Recommendation: **It is requested that:**

- a) The Committee note the overview and context provided for the 2020/21 to 2024/25 Business Plan revenue proposals for the Service, updated since the last report to the Committee in October.**
- b) The Committee comment on the draft budget and savings proposals that are within the remit of the Health Committee for 2020/21 to 2024/25, and endorse them to the General Purposes Committee as part of consideration for the Council’s overall Business Plan.**

| <i>Officer contact:</i> | <i>Member contact:</i> |
|---|---|
| Name: Dr Liz Robin | Name: Councillor Peter Hudson |
| Post: Director of Public Health | Post: Chairman |
| Email: Liz.Robin@cambridgeshire.gov.uk | Email: Peter.Hudson@cambridgeshire.gov.uk |
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1. PURPOSE AND BACKGROUND

- 1.1 The Council's Business Plan sets out how we will spend the resources we have at our disposal to achieve our vision and priorities for Cambridgeshire, and the outcomes we want for people. This paper presents an overview of the proposals being put forward as part of the Council's draft revenue and capital budgets, with a focus on those which are relevant to this Committee. The report forms part of the process set out in the Medium Term Financial Strategy whereby the Council updates, alters and refines its revenue and capital proposals in line with new savings targets.
- 1.2 In developing our plan we are responding to a combination of cost increases and continuing resource pressures following a decade of sustained reductions in Government funding. To balance the budget whilst still delivering for communities we need to identify savings or additional income of £21.4m for 2020-21, and totaling £68.5m across the full five years of the Business Plan.

2. FINANCIAL OVERVIEW UPDATE

- 2.1 In October, Committees received information about emerging draft proposals to respond to this challenge – at that point we had identified 44% of the savings required and the remaining budget gap for 2020/21 was £12.6m. Additional gaps also existed for the later years of the business plan.
- 2.2 Since October, work on the business plan has continued with a focus on;
- Further exploring the existing schemes, refining the business cases and seeking to push schemes further wherever possible
 - Identifying mitigation measures for the identified pressures – aiming to minimise their impact on the savings requirement for the organisation
 - Incorporating revised forecasts of the grant funding which the Council expects to receive following the announcement of the 2019 Spending Round in September
- 2.3 We are continuing as an authority to explore every avenue to identify further efficiency or to bring in more funding to the local economy and public sector. In particular;
- We continue to drive forward our Fairer Funding Campaign – arguing for Cambridgeshire to receive a higher and fairer allocation of national funding for education, social care and a range of other services.
 - In collaboration with Cambridgeshire District Authorities and Peterborough City Council, we have submitted a joint bid for a business rates pooling arrangement which would allow the Council to share the benefit of a reduced levy on business rates growth in Cambridgeshire.
 - We are developing a growing portfolio of commercial investments which is expected to deliver a net benefit of £7.3m to the Council's budget by 2024/25 to support the delivery of frontline services.
 - We continue to work closely with care providers to manage the rising costs of care placements through outcomes based performance management,

developing placement capacity to respond to the changing needs of service users and exploring joint commissioning arrangements with Peterborough City Council.

- We are driving forward innovative cross-service approaches to delivering Adult Social Care through our Adults Positive Challenge Programme, helping us to address the challenge of growing demand for services.

2.4 Similar to councils nationally, cost pressures are being faced by adult social care services in Cambridgeshire. These are being faced most acutely within care for Older People, where the weekly costs of residential and nursing placements are increasing on average by around 10% per year. This is coupled with a national focus on reducing delayed transfers of care out of hospitals, resulting in higher numbers of placements as more people are discharged.

Care costs for working age adults are also increasing by more than expected. These are relatively static cohorts of people whose needs are increasing year on year, and there continues to be progress made in discharging people out of secure hospitals and into community placements as part of the Transforming Care agenda.

Good progress has been made with mitigating the increasing demand for services through the Adults Positive Challenge Programme, which is focusing on maximising the use of technology, Reablement and other preventative services to ensure people stay as independent as possible. We have also relied on government grant funding to offset care pressures similar to many councils, and have welcomed announcements that these will continue into 2020/21, but there remains uncertainty thereafter.

2.5 Within Children's services, although reducing, numbers of children in care remain higher than expected based on the performance of Cambridgeshire's statistical neighbours. This continues to place pressure on directly related budgets – those associated with placement costs, supervised contact and legal costs. Additionally, the foster placement capacity both in house and externally is very stretched by demand both locally and nationally. Over 18 unaccompanied asylum seeking children (UASC) also continues to be a pressure due to the increased number of children turning 18 and acquiring care leaver status and the ongoing disparity between the costs associated with supporting this group of young people and the level of grant received from the Home Office.

2.6 Within Education we have seen an 11% increase in pupils with Education, Health and Care Plans (EHCPs) between October 2018 and October 2019 and a continuing increase in pupils attending special schools and units over the same period. This continuing rise in numbers, and complexity of need, has increased pressures on the High Needs Block element of the Dedicated Schools Grant (DSG) and associated Special Educational Needs & Disability (SEND) budgets such as transport.

We are seeing more pupils with SEND being transported and, due to local provision reaching capacity, pupils are being transported significant distances to access education which results in higher transport costs. An increase in

complexity of needs has also contributed to this pressure with more pupils needing specialist equipment or passenger assistants to assist their travel. This is against a backdrop of a challenging transport market with quoted costs for routes being significantly higher than in previous years.

2.7 The table below provides a summary of the various material (£100k or greater) changes since October in the overall business planning position for 2020/21. It reflects both the positive impact of the new proposals and transformation agenda and the growing pressures we face as a sector. As shown below, the level of unidentified savings has reduced by £8.7m to £3.9m. Work to identify and work up further ideas to fill the gap is ongoing and the pressures emerging are still under review as we monitor trends and develop mitigating strategies.

| Description | 2020-21 £'000 | 2021-22 £'000 | 2022-23 £'000 | 2023-24 £'000 | 2024-25 £'000 |
|--|------------------|------------------|------------------|------------------|------------------|
| Remaining Unidentified Savings at October Committees | 12,565 | 10,435 | 9,658 | 12,538 | 9,741 |
| Increased needs of working age adults with disabilities in previous years | 600 | | | | |
| Increasing Home to School Transport - Special | 210 | | | | |
| Children in Care - Secure Accommodation | 190 | | | | |
| Coroner Service – increasing demand and complexity of cases | 391 | -37 | | | |
| Impact of National Living Wage (NLW) on Contracts | | 920 | 920 | | |
| Guided Busway Defects – litigation delay | 1,300 | -1,300 | | | |
| Winter Highway Maintenance – contractual pressure | 463 | | | | |
| Repatriation of LGSS services, revised funding mechanism & loss of income, following agreement | 400 | 750 | | | |
| Updated estimate of nationally negotiated pay award (admin band) | 250 | | | | |
| Cams 2020: Spokes buildings operating costs | 395 | | | | |
| Updated calculation of pension contribution (vacant posts) | | -480 | -240 | -240 | -240 |
| Miscellaneous pressures <£100k | -39 | | | | |
| Subtotal revised pressures | 16,725 | 10,288 | 10,338 | 12,298 | 9,501 |
| Investment in Social Care Capacity | 2,600 | | -1,300 | | |
| Commercial Team | | 258 | | | |
| Subtotal new investments | 19,325 | 10,546 | 9,038 | 12,298 | 9,501 |
| Home to School Transport savings as per GPC case | -600 | | | | |
| Review of commissioned domiciliary care | -300 | | | | |
| Learning Disabilities Commissioning | -250 | -400 | | | |
| Mental Health Commissioning | -144 | -24 | -24 | | |

| | | | | | |
|---|----------------|---------------|---------------|---------------|---------------|
| Improved Better Care Fund uplift | -170 | | | | |
| Income from utilisation of vacant block care provision by self-funders | -150 | | | | |
| Registration Service - Certificate Income (national price changes) | -140 | | | | |
| Review of commissioning approaches for accommodation based care | | -175 | -175 | | |
| Revised commissioning approach for interim bed provision | | -150 | | | |
| Adults Positive Challenge Programme | | -100 | -100 | -100 | |
| Subtotal P&C savings and income proposals | 17,571 | 9,697 | 8,739 | 12,198 | 9,501 |
| Waste – demand management | -400 | | | | |
| Public Health – uplift in ring-fenced grant to fund Public Health directorate | -191 | | | | |
| Increase in ESPO (Purchasing Organisation) dividend | -250 | | | | |
| Soham Solar Farm | -118 | -83 | -29 | -14 | -13 |
| Commercial income related to Commercial team | -105 | -758 | -500 | -750 | -750 |
| Sharing with other Councils – updated to match pressure | 110 | | | | |
| Cambs 2020 Operational Savings | | -605 | | | |
| Revised income expectation from Energy projects | | -401 | 1,418 | -157 | -249 |
| Miscellaneous savings and income proposals <£100k | -135 | 196 | -175 | -96 | |
| Subtotal PH, P&E, C&I and CS savings and income proposals | 16,482 | 8,046 | 9,453 | 11,181 | 8,489 |
| Social Care Grant Funding (Spending Round 2019) | -8,453 | | | | |
| Local taxation grants - updated assumptions | -1,050 | -650 | | | |
| Debt charges - cost of financing capital expenditure | -3,738 | -1,555 | -2,367 | -330 | 1,804 |
| Additional changes to funding forecasts and/or holding reserves at policy level | 703 | -851 | 1,277 | -11 | 4 |
| Total Financing Adjustments | -12,538 | -3,056 | -1,090 | -341 | 1,808 |
| Revised Gap at December Committees | 3,944 | 4,990 | 8,363 | 10,840 | 10,297 |

2.8 The following table shows the total level of savings necessary for each of the next five years, the amount of savings attributed from identified savings and the residual gap for which saving or income has still to be found:

| | 2020-21 £'000 | 2021-22 £'000 | 2022-23 £'000 | 2022-24 £'000 | 2024-25 £'000 |
|--|------------------|------------------|------------------|------------------|------------------|
| Total Saving Requirement | 21,248 | 13,107 | 11,070 | 12,058 | 10,860 |
| Identified Savings | -11,841 | -3,991 | -705 | 80 | 327 |
| Identified additional Income Generation | -5,463 | -4,126 | -2,002 | -1,298 | -890 |
| Residual Savings to be identified | 3,944 | 4,990 | 8,363 | 10,840 | 10,297 |

2.9 The following funding options are available to the council to contribute towards closing the gap for 2020/21 and beyond:

| Item | 2020-21 | 2021-22 | Recurring/ non-recurring | Confirmed/ unconfirmed |
|--|--------------|--------------|--|---------------------------|
| Further 2% Council tax increase | £5.8m | £0.4m | Recurring | Local Decision |
| Revenue investment of recurring MRP savings | £2.0m | | Recurring but diminishing, at least £2m until 2025 | Local Decision |
| Subtotal - locally controlled/recurrent | £7.8m | £0.4m | | |

In addition to the broad areas of focus set out in section 2.2, the following savings and income generation proposals are currently being developed to contribute towards closing the gap:

- **Horizons funding:** the Council may receive a small one-off revenue allocation from the Horizons Rolling Fund, subject to approval from the Horizons Board
- **Learning Disability Partnership (LDP):** General Purposes Committee will be asked to consider a transformation bid to fund a detailed case review of partner contributions to the LDP pooled budget. The work will ensure that LD clients eligible to receive free NHS healthcare consistently receive the support to which they are entitled.
- **Organisational and business support review:** an organisation-wide review of staffing and business support capacity is proposed to ensure that Council resources are deployed efficiently and effectively to support the delivery of frontline services

The revenue impacts of the above proposals will be included in the budget as work progresses to establish timeframes and expected income or savings.

3 ASSUMPTIONS AND RISKS

- 3.1 In the business planning tables the level of savings required is based on a 2% increase in Council Tax in 2020-21, through levying the Adult Social Care precept. The Council's Medium Term Financial Strategy assumes 2% increases in the Adult Social Care precept from 2021-22 onwards, however there has been no confirmation as yet that the precept will be available beyond 2020-21. For each 1% more or less that Council Tax is changed, the level of savings required will change by approximately +/-£2.9m.
- 3.2 There is currently a limit on the increase of Council Tax to 3.99%, above which approval must be sought from residents through a positive vote in a local referendum. The estimated cost of a referendum in May 2020 would be £742k with further costs incurred if the public reject the proposal as new bills would need to be issued.
- 3.3 There are also a number of risks which are not included in the numbers above, or accompanying tables. These will be incorporated (as required) as the Business Plan is developed and the figures can be confirmed:

- Movement in current year pressures – Work is ongoing to manage our in-year pressures downwards; however any change to the outturn position of the Council will impact the savings requirement in 2020-21. This is particularly relevant to demand led budgets such as children in care or adult social care provision.
- Public Sector pay inflation – the business plan assumes that staff pay will increase by 2% in 2020-21 and 2021-22 and by 1% thereafter. Pay awards across the public sector are widely in excess of 2% from 2020-21 and have followed an upward trajectory in recent years. It is therefore possible that the Council could face additional costs as a result of nationally negotiated pay settlements.
- The Government announced additional one-off funding allocations for Social Care in the 2018 Autumn Budget and more recently in the 2019 Spending Round. Due to the postponement of the Fair Funding Review, the funding outlook from 2021/22 remains unclear. The Council is assuming, in line with other Local Authorities, that the additional funding announced for Social Care will continue for the duration of the business plan period.
- From 2021/22, Local Authorities will retain 75% of locally generated income from business rates. The tier split of business rates between Counties and Districts is subject to change, and the funding baselines for Local Authorities will be reassessed. There is therefore a significant level of uncertainty around the accuracy of our funding assumptions from 2021/22 onwards. The Council's future funding position will remain unclear until Government provides an indicative allocation of business rates in Spring 2021.

4. OVERVIEW OF PUBLIC HEALTH DRAFT REVENUE PROGRAMME

- 4.1 This section provides an overview of the savings and income proposals within the remit of the Committee. No additional proposals have been added to the draft plan since the proposals were presented in October.
- 4.2 All of the proposals within the remit of the Committee are described in the business planning tables (Appendix 1) and business cases (Appendix 2). The October papers are available to view [here](#).
- 4.3 The Committee is asked to comment on these proposals, and endorse them to GPC for consideration as part of the Council's development of the Business Plan for the next five years. Although now well developed, the proposals are still draft at this stage and it is only at Full Council in February 2020 that proposals are finalised and become the Council's Business Plan. The following proposals can be found in Appendix 2.
- 4.4 **E/R.6.042 Joint re-procurement of sexual health services with digital delivery (-£50k)**
- 4.5 **E/R.6.043 Joint re-procurement of integrated lifestyle services with Peterborough City Council (-£50k)**

4.6 There has been a national announcement that the ring-fenced public health grant to local authorities will increase in real terms in 2020/21. Although the allocation has not yet been finalised, in the Finance tables (Appendix 1) it is assumed that this increase will be 2% or £511k. It is proposed that the uplift in the ring-fenced public health grant will be used to fund the full public health directorate budget, and the £191k currently provided to the public health directorate as recurrent funding from core Cambridgeshire County Council funds can therefore be ceased. This will provide a £191k benefit to the Council's overall position. For the remainder of the public health grant increase, it's assumed at this stage that there may be new burdens or requirements associated with the uplift - and further announcements are awaited.

5. TRANSFORMATION FUND INVESTMENTS

5.1 A transformation programme of this scale requires additional investment and so services are identifying where transformation funding is needed to support delivery. GPC has responsibility for oversight and management of the Transformation Fund and will be asked to approve the necessary investments associated with the proposals at January committee.

6. NEXT STEPS

6.1 Following December service committees, GPC will review the overall programme in December, before recommending the programme in January as part of the overarching Business Plan for Full Council to consider in February.

| | |
|----------|---|
| December | GPC will review the budget tables for all service areas for the first time Local Government Financial Settlement Published, although there is a likelihood this could be delayed contingent on the outcome of the general election |
| January | GPC will review the whole draft Business Plan for recommendation to Full Council |
| February | Full Council will consider the draft Business Plan |

7. ALIGNMENT WITH CORPORATE PRIORITIES

7.1 A good quality of life for everyone

The impact of these proposals is summarised in the community impact assessments included within Appendix 2.

7.2 Thriving places for people to live

The impact of these proposals is summarised in the community impact assessments, included within Appendix 2.

- 7.3 **The best start for Cambridgeshire's children**
The impact of these proposals is summarised in the community impact assessments, included within Appendix 2.

8. SIGNIFICANT IMPLICATIONS

8.1 Resource Implications

The proposals set out the response to the financial context and the need to change our service offer and model to maintain a sustainable budget. The full detail of the financial proposals and impact on budget is described in the financial tables of the business plan, attached as an appendix

8.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category.

8.3 Statutory, Legal and Risk implications

The proposals set out in this report respond to the statutory duty on the Local Authority to deliver a balanced budget.

8.4 Equality and Diversity Implications

The Community Impact Assessments describe the impact of each proposal, in particular any disproportionate impact on vulnerable or minority groups.

8.5 Engagement and Consultation Implications

Our Business Planning proposals are informed by the CCC public consultation on the Business Plan and will be discussed with a wide range of partners throughout the process (some of which has begun already). The feedback from consultation will continue to inform the refinement of proposals. Where this leads to significant amendments to the recommendations a report would be provided to the Health Committee.

Draft Community Impact Assessments (CIAs) for the savings proposals are included within the business cases attached to this paper for consideration by the Committee, and where applicable these are developed based on consultation with service users and stakeholders.

8.6 Localism and Local Member Involvement

As the proposals develop, we will have detailed conversations with Members about the impact of the proposals on their localities. We are working with members on materials which will help them have conversations with Parish Councils, local residents and other groups about where they can make an impact and support us to mitigate the impact of budget reductions.

8.7 Public Health Implications

Public health implications are outlined in the business cases and community impact assessments outlined in appendix 2.

| 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 LGSS Law? | Yes Monitoring Officer: Fiona McMillan, LGSS Law |
| | |
| Are there any Equality and Diversity implications? | Covered in Business Case impact assessments. Owen Garling |
| | |
| Have any engagement and communication implications been cleared by Communications? | Yes Matthew Hall |
| | |
| Are there any Localism and Local Member involvement issues? | No Julia Turner |
| | |
| Have any Public Health implications been cleared by Public Health | Yes Liz Robin |

| Source Documents | Location |
|---|---|
| October 2019 Committee Business Planning Papers | https://cambridgeshire.cmis.uk.com/ccc_live/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/1026/Committee/4/Default.aspx |

Appendix 1 Health Revenue Finance Tables 1 - 3

Appendix 2 Health Draft Business Cases

Section 3 - E: Public Health

Table 1: Revenue - Summary of Net Budget by Operational Division

Budget Period: 2020-21 to 2024-25

| Net Revised Opening Budget 2019-20 £000 | Policy Line | Gross Budget 2020-21 £000 | Fees, Charges & Ring-fenced Grants 2020-21 £000 | Net Budget 2020-21 £000 | Net Budget 2021-22 £000 | Net Budget 2022-23 £000 | Net Budget 2023-24 £000 | Net Budget 2024-25 £000 |
|--|--|------------------------------|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | Children Health | | | | | | | |
| 6,907 | Children 0-5 PH Programme | 6,907 | - | 6,907 | 6,907 | 6,907 | 6,907 | 6,907 |
| 1,622 | Children 5-19 PH Programme - Non Prescribed | 1,622 | - | 1,622 | 1,622 | 1,622 | 1,622 | 1,622 |
| 270 | Children Mental Health | 271 | - | 271 | 271 | 271 | 271 | 271 |
| 8,799 | Subtotal Children Health | 8,800 | - | 8,800 | 8,800 | 8,800 | 8,800 | 8,800 |
| | Drugs & Alcohol | | | | | | | |
| 5,463 | Drug & Alcohol Misuse | 5,469 | -134 | 5,335 | 5,272 | 5,272 | 5,272 | 5,272 |
| 5,463 | Subtotal Drugs & Alcohol | 5,469 | -134 | 5,335 | 5,272 | 5,272 | 5,272 | 5,272 |
| | Sexual Health & Contraception | | | | | | | |
| 3,829 | SH STI testing & treatment - Prescribed | 3,764 | - | 3,764 | 3,764 | 3,764 | 3,764 | 3,764 |
| 1,116 | SH Contraception - Prescribed | 1,116 | - | 1,116 | 1,116 | 1,116 | 1,116 | 1,116 |
| 152 | SH Services Advice Prevn Promtn - Non-Prescribed | 152 | - | 152 | 152 | 152 | 152 | 152 |
| 5,097 | Subtotal Sexual Health & Contraception | 5,032 | - | 5,032 | 5,032 | 5,032 | 5,032 | 5,032 |
| | Behaviour Change / Preventing Long Term Conditions | | | | | | | |
| 1,984 | Integrated Lifestyle Services | 1,934 | - | 1,934 | 1,934 | 1,934 | 1,934 | 1,934 |
| 408 | Other Health Improvement | 518 | -110 | 408 | 408 | 408 | 408 | 408 |
| 703 | Smoking Cessation GP & Pharmacy | 703 | - | 703 | 703 | 703 | 703 | 703 |
| 625 | NHS Health Checks Prog - Prescribed | 625 | - | 625 | 625 | 625 | 625 | 625 |
| 3,720 | Subtotal Behaviour Change / Preventing Long Term Conditions | 3,780 | -110 | 3,670 | 3,670 | 3,670 | 3,670 | 3,670 |
| | Falls Prevention | | | | | | | |
| 80 | Falls Prevention | 80 | - | 80 | 80 | 80 | 80 | 80 |
| 80 | Subtotal Falls Prevention | 80 | - | 80 | 80 | 80 | 80 | 80 |
| | General Prevention Activities | | | | | | | |
| 13 | General Prevention, Traveller Health | 13 | - | 13 | 13 | 13 | 13 | 13 |
| 13 | Subtotal General Prevention Activities | 13 | - | 13 | 13 | 13 | 13 | 13 |
| | Adult Mental Health & Community Safety | | | | | | | |
| 256 | Adult Mental Health & Community Safety | 256 | - | 256 | 256 | 256 | 256 | 256 |
| 256 | Subtotal Adult Mental Health & Community Safety | 256 | - | 256 | 256 | 256 | 256 | 256 |

Section 3 - E: Public Health

Table 1: Revenue - Summary of Net Budget by Operational Division

Budget Period: 2020-21 to 2024-25

| Net Revised Opening Budget 2019-20 £000 | Policy Line | Gross Budget 2020-21 £000 | Fees, Charges & Ring-fenced Grants 2020-21 £000 | Net Budget 2020-21 £000 | Net Budget 2021-22 £000 | Net Budget 2022-23 £000 | Net Budget 2023-24 £000 | Net Budget 2024-25 £000 |
|--|--|------------------------------|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 2,008 | Public Health Directorate Public Health - Admin & Salaries | 2,236 | -185 | 2,051 | 2,051 | 2,051 | 2,051 | 2,051 |
| 2,008 | Subtotal Public Health Directorate | 2,236 | -185 | 2,051 | 2,051 | 2,051 | 2,051 | 2,051 |
| | Public Health Grant Future years' inflation | | -25,237 | -25,237 | - | - | - | - |
| | | | | | 43 | 64 | 85 | 106 |
| 25,436 | PUBLIC HEALTH TOTAL | 25,666 | -25,666 | - | 25,217 | 25,238 | 25,259 | 25,280 |

Note: *Public Health - Admin & Salaries* includes direct delivery of health improvement programmes, health protection, and specialist healthcare public health advice services by public health directorate staff.

The above Public Health Directorate does not constitute the full extent of Public Health expenditure. The reconciliation below sets out where the Public Health grant is being managed in other areas of the County Council.

| | | | |
|--|---------------|----------------|----------|
| People & Communities Services Public Health expenditure delivered by P&C | 293 | -293 | - |
| Subtotal Children, Families and Adults Services | 293 | -293 | - |
| Place & Economy Services Public Health expenditure delivered by P&E | 120 | -120 | - |
| Subtotal Economy, Transport and Environment Services | 120 | -120 | - |
| Corporate Services Public Health expenditure delivered by CS | 201 | -201 | - |
| Subtotal Corporate Services | 201 | -201 | - |
| LGSS - Cambridge Office Overheads associated with Public Health function | 220 | -220 | - |
| Subtotal LGSS - Cambridge Office | 220 | -220 | - |
| PUBLIC HEALTH MANAGED IN OTHER SERVICE AREAS TOTAL | 834 | -834 | - |
| Less Fees & Charges / Contributions | -429 | 429 | - |
| EXPENDITURE FUNDED BY PUBLIC HEALTH GRANT TOTAL | 26,071 | -26,071 | - |

Section 3 - E: Public Health

Table 2: Revenue - Net Budget Changes by Operational Division

Budget Period: 2020-21

| Policy Line | Net Revised Opening Budget £000 | Net Inflation £000 | Demography & Demand £000 | Pressures £000 | Investments £000 | Savings & Income Adjustments £000 | Net Budget £000 |
|--|---------------------------------------|-----------------------|--------------------------------|-------------------|---------------------|--|--------------------|
| Children Health | | | | | | | |
| Children 0-5 PH Programme | 6,907 | - | - | - | - | - | 6,907 |
| Children 5-19 PH Programme - Non Prescribed | 1,622 | - | - | - | - | - | 1,622 |
| Children Mental Health | 270 | - | - | - | - | - | 271 |
| Subtotal Children Health | 8,799 | - | - | - | - | - | 8,800 |
| Drugs & Alcohol | | | | | | | |
| Drug & Alcohol Misuse | 5,463 | -1 | - | - | - | -127 | 5,335 |
| Subtotal Drugs & Alcohol | 5,463 | -1 | - | - | - | -127 | 5,335 |
| Sexual Health & Contraception | | | | | | | |
| SH STI testing & treatment - Prescribed | 3,829 | - | - | - | - | -65 | 3,764 |
| SH Contraception - Prescribed | 1,116 | - | - | - | - | - | 1,116 |
| SH Services Advice Prevn Promtn - Non-Prescribed | 152 | - | - | - | - | - | 152 |
| Subtotal Sexual Health & Contraception | 5,097 | - | - | - | - | -65 | 5,032 |
| Behaviour Change / Preventing Long Term Conditions | | | | | | | |
| Integrated Lifestyle Services | 1,984 | - | - | - | - | -50 | 1,934 |
| Other Health Improvement | 408 | - | - | - | - | - | 408 |
| Smoking Cessation GP & Pharmacy | 703 | - | - | - | - | - | 703 |
| NHS Health Checks Prog - Prescribed | 625 | - | - | - | - | - | 625 |
| Subtotal Behaviour Change / Preventing Long Term Conditions | 3,720 | - | - | - | - | -50 | 3,670 |
| Falls Prevention | | | | | | | |
| Falls Prevention | 80 | - | - | - | - | - | 80 |
| Subtotal Falls Prevention | 80 | - | - | - | - | - | 80 |
| General Prevention Activities | | | | | | | |
| General Prevention, Traveller Health | 13 | - | - | - | - | - | 13 |
| Subtotal General Prevention Activities | 13 | - | - | - | - | - | 13 |
| Adult Mental Health & Community Safety | | | | | | | |
| Adult Mental Health & Community Safety | 256 | - | - | - | - | - | 256 |
| Subtotal Adult Mental Health & Community Safety | 256 | - | - | - | - | - | 256 |

Section 3 - E: Public Health

Table 2: Revenue - Net Budget Changes by Operational Division

Budget Period: 2020-21

| Policy Line | Net Revised Opening Budget £000 | Net Inflation £000 | Demography & Demand £000 | Pressures £000 | Investments £000 | Savings & Income Adjustments £000 | Net Budget £000 |
|---|---------------------------------------|-----------------------|--------------------------------|-------------------|---------------------|--|--------------------|
| Public Health Directorate | | | | | | | |
| Public Health - Admin & Salaries | 2,008 | 44 | - | - | - | - | 2,051 |
| Subtotal Public Health Directorate | 2,008 | 44 | - | - | - | - | 2,051 |
| Public Health Grant | -25,237 | | | - | | | -25,237 |
| PUBLIC HEALTH TOTAL | 199 | 43 | - | - | - | -242 | - |

Section 3 - E: Public Health

Table 3: Revenue - Overview
Budget Period: 2020-21 to 2024-25

| Detailed Plans | Outline Plans |
|----------------|---------------|
|----------------|---------------|

| Ref | Title | 2020-21 £000 | 2021-22 £000 | 2022-23 £000 | 2023-24 £000 | 2024-25 £000 | Description | Committee |
|--------------|--|-----------------|-----------------|-----------------|-----------------|-----------------|---|-----------|
| 1 | OPENING GROSS EXPENDITURE | 25,492 | 25,666 | 25,648 | 25,671 | 25,694 | | |
| E/R.1.001 | Base Adjustments | 51 | - | - | - | - | - Adjustment for permanent changes to base budget from decisions made in 2019-20. | Health |
| E/R.1.002 | Assumed new Public Health burdens | 320 | - | - | - | - | - It is assumed that the expected increase in Public Health grant will come with a number of new burdens that will need to be paid by the council | Health |
| 1.999 | REVISED OPENING GROSS EXPENDITURE | 25,863 | 25,666 | 25,648 | 25,671 | 25,694 | | |
| 2 | INFLATION | | | | | | | |
| E/R.2.001 | Inflation | 45 | 45 | 23 | 23 | 23 | Forecast pressure from inflation in the Public Health Directorate, excluding inflation on any costs linked to the standard rate of inflation where the inflation rate is assumed to be 0%. Inflation appears low due to the majority of public health spend being committed to external contracts. Providers are expected to meet inflationary and demographic pressures within the agreed contract envelope. | Health |
| 2.999 | Subtotal Inflation | 45 | 45 | 23 | 23 | 23 | | |
| 3 | DEMOGRAPHY AND DEMAND | | | | | | | |
| 3.999 | Subtotal Demography and Demand | - | - | - | - | - | | |
| 4 | PRESSURES | | | | | | | |
| 4.999 | Subtotal Pressures | - | - | - | - | - | | |
| 5 | INVESTMENTS | | | | | | | |
| 5.999 | Subtotal Investments | - | - | - | - | - | | |
| 6 | SAVINGS | | | | | | | |
| | Health | | | | | | | |
| E/R.6.033 | Drug & Alcohol service - funding reduction built in to new service contract | -127 | -63 | - | - | - | - This saving has been built into the contract for Adult Drug and Alcohol Treatment Services which was awarded to Change Grow Live (CGL) and implemented in October 2018. The savings are being achieved through a new service model with strengthened recovery services using cost effective peer support models to avoid readmission, different staffing models, and a mobile outreach service. | Health |
| E/R.6.034 | Recommissioning of the Integrated Contraception and Sexual Health (iCASH) Service contract | -15 | - | - | - | - | - This saving has been deferred from 2019/20 into 2020/21 and refers to the recommissioning of integrated sexual and reproductive health services described under saving E/R.6.042 | Health |
| E/R.6.042 | Joint re-procurement of Sexual Health Services | -50 | - | - | - | - | - The re-commissioning of Integrated Sexual and Reproductive Health Services (SRH) for one service across Cambridgeshire and Peterborough. Peterborough City Council will delegate authority to Cambridgeshire County Council to commission, contract and performance manage the successful bidder on its behalf. Service efficiencies and transformational changes will secure the planned savings. | Health |

Section 3 - E: Public Health

Table 3: Revenue - Overview
Budget Period: 2020-21 to 2024-25

| Detailed Plans | Outline Plans |
|----------------|---------------|
|----------------|---------------|

| Ref | Title | 2020-21 £000 | 2021-22 £000 | 2022-23 £000 | 2023-24 £000 | 2024-25 £000 | Description | Committee |
|--------------------------------|--|-----------------|-----------------|-----------------|-----------------|-----------------|--|-----------|
| E/R.6.043 | Joint re-procurement of Integrated Lifestyle Services | -50 | - | - | - | - | Re-commissioning of the integrated lifestyle services as one service across Cambridgeshire and Peterborough. Peterborough City Council will delegate authority to Cambridgeshire County Council to commission, contract and performance manage the new provider. | Health |
| 6.999 | Subtotal Savings | -242 | -63 | - | - | - | | |
| TOTAL GROSS EXPENDITURE | | 25,666 | 25,648 | 25,671 | 25,694 | 25,717 | | |
| 7 | FEES, CHARGES & RING-FENCED GRANTS | | | | | | | |
| E/R.7.001 | Previous year's fees, charges & ring-fenced grants | -25,102 | -25,666 | -431 | -433 | -435 | Fees and charges expected to be received for services provided and Public Health ring-fenced grant from Government. | Health |
| E/R.7.002 | Changes to 2019-20 Fees and Charges | -51 | - | - | - | - | Changes to fees and charges as a result of decisions in 2019-20. | Health |
| E/R.7.003 | Fees and Charges Inflation | -2 | -2 | -2 | -2 | -2 | Inflation on external income. | Health |
| E/R.7.201 | Change in Public Health Grant | -511 | 25,327 | - | - | - | It is assumed following recent announcements that the Public Health Grant will increase by 2% in 2020/21, and that the ring-fence will be removed in 2021/22 | Health |
| 7.999 | Subtotal Fees, Charges & Ring-fenced Grants | -25,666 | -341 | -433 | -435 | -437 | | |
| TOTAL NET EXPENDITURE | | - | 25,307 | 25,238 | 25,259 | 25,280 | | |

FUNDING SOURCES

| | | | | | | | | |
|--------------|---|----------------|----------------|----------------|----------------|----------------|---|--------|
| 8 | FUNDING OF GROSS EXPENDITURE | | | | | | | |
| E/R.8.001 | Budget Allocation | - | -25,217 | -25,238 | -25,259 | -25,280 | Net spend funded from general grants, business rates and Council Tax. | Health |
| E/R.8.101 | Public Health Grant | -25,237 | - | - | - | - | Direct expenditure funded from Public Health grant. As the ring-fence is assumed to be removed in 2021/22, the grant will be treated corporately and replaced with budget allocation for Public Health services | Health |
| E/R.8.102 | Fees & Charges | -429 | -431 | -433 | -435 | -437 | Income generation (various sources). | Health |
| 8.999 | TOTAL FUNDING OF GROSS EXPENDITURE | -25,666 | -25,648 | -25,671 | -25,694 | -25,717 | | |

Business Case

E/R.6.042 - Joint re-procurement of Sexual Health Services including digital delivery

Project Overview

| | | | |
|--|--|------------------------------------|-----------|
| Project Title | E/R.6.042 - Joint re-procurement of Sexual Health Services including digital delivery | | |
| Project Code | TR001533 | Business Planning Reference | E/E.6.042 |
| Business Planning Brief Description | This business case is for the re-commissioning of Integrated Sexual and Reproductive Health Services (SRH) for one service across Cambridgeshire and Peterborough. Peterborough City Council will delegate authority to Cambridgeshire County Council to commission, contract and performance manage the successful bidder on its behalf. Service efficiencies and transformational changes will secure the planned savings. | | |
| Senior Responsible Officer | Val Thomas | | |

Project Approach

Background

Why do we need to undertake this project?

Cash reductions in the Public Health Grant and financial pressures upon the Local Authority require efficiencies and cost-effective innovative approaches to delivering commissioned services. The re-commissioning of this service across Cambridgeshire County Council and Peterborough City Council will bring efficiencies and there will be further development of the transformational service redesign and efficiencies that have been taking place during the past three years in both areas.

In addition, Cambridgeshire and Peterborough were selected as one of two sites in the country by Public Health England to pilot collaborative commissioning with other commissioners of Sexual and Reproductive Health (SRH) services in the NHS. This is providing the opportunity to improve pathways and the patient experience.

What would happen if we did not complete this project?

If these services were not provided there would be the following consequences

- The Sexual and Reproductive Health (SRH) current contract ends on the 31st March 2020. It has already been extended and any further extensions are not possible.
- People with Sexually Transmitted Infections (STIs) would not be treated if the current Service contract ends and there is a very high risk that this would lead to outbreaks of STIs in the population.

Approach

Aims / Objectives

The aim to is recommission Sexual and Reproductive Health (SRH) Services for Cambridgeshire and Peterborough

Specific objectives are:

- to provide access to all SRH services across the county providing easy and acceptable access to high risk population groups to avoid increases in sexually transmitted infections and unplanned pregnancies
- to ensure there are robust pathways to related services
- to introduce efficiencies and transformational changes in service delivery that provide cost efficiencies and savings

Project Overview - What are we doing

Background

Cambridgeshire County Council and Peterborough City Council commissioned Integrated Sexual Health and Reproductive Health Services from Cambridgeshire Community Services. The clinics offer testing, treatment and contact tracing for people at risk of sexually transmitted infections along with the full range of contraception services. Services are 'open access' – i.e. people can refer themselves and are entitled to be seen.

They are a mandated local authority public health service under the Health and Social Care Act (2013). The Integrated Service was commissioned in 2014 and it brought together sexual health and contraception into the integrated service. The Service is delivered through a Hub and Spoke model whereby there are three hubs that offer the full range of clinical services and are Consultant led (Wisbech, Cambridge City and Huntingdon). In addition there are nurse led spoke clinics that provide less complex sexual health and contraception services.

It was commissioned to integrate sexual health and contraception services so that patients are able to address all their sexual health and contraception needs in one service and location and address the health inequalities and inequities of service provision between the north and south of the county. A key theme was the requirement to modernise the service to ensure that it is efficient and cost effective.

Current position

Over the past three years the Cambridgeshire Service has introduced a number of innovative approaches which includes using new technologies. In addition it has made savings and has streamlined the service but this has always been undertaken in areas where demand for service is low. The re-commissioning will have one contract for both Cambridgeshire and Peterborough. It is intended that the new contract will be awarded for commencement in April 2020. Efficiencies are anticipated from having a single contract. These are currently in development but they are anticipated to reflect the merging of managerial and administrative functions. In addition, the Service has introduced an on-line service for asymptomatic patients that is still being developed. There is the potential to explore other digital options for managing demand.

Collaborative Commissioning

Cambridgeshire and Peterborough were selected as one of two sites in the country by Public Health England to pilot collaborative commissioning with other commissioners of Sexual and Reproductive Health (SRH) services in the NHS. This was in response to the identified fragmentation of the commissioning of connected SRH services since 2013. This is providing the opportunity to improve pathways and the patient experience. The re-commissioning will include cervical screening and HIV treatment services on behalf of NHS England. Under discussion is the inclusion of early termination of pregnancy and minor gynaecological services with the Clinical Commissioning Group.

What assumptions have you made?

Providing services across both Cambridgeshire and Peterborough requires efficient management and administrative systems to ensure patient safety. Any savings would not compromise these areas.

What constraints does the project face?

The procurement must be completed by March 31st 2020 when the current contract ends. These services are one of the local authority mandated services and there is statutory requirement to ensure that they are commissioned and provided in the area.

Delivery Options

Has an options and feasibility study been undertaken?

Procurement options

The options were discussed with procurement and because of it's value the full competitive option was chosen in view of the legal and procurement regulations.

Delivery model and costing options

Combining delivery model and cost to realise the best value service offer for our citizens, options being considered are:

1. Developments in clinics. This takes two forms;

1.
 - i. the greater integration, through collaborative commissioning, of services in the field of sexual & reproductive health and HIV where the commissioning responsibility sits with another healthcare authority such as NHS England and the local NHS CCG. Such an approach supports service users, who will experience a 'one-stop-shop' style clinic, but also our local service by offering an opportunity to gain additional income. Services being discussed include Cervical Screening; HPV Vaccination for MSM; HIV Care & Treatment and early medical abortion services.
 - ii. improving sign-posting for service users and triage, to educate those needing our services of the optimal route to receive the care that they need. In reality this would see those who are without symptoms; are not vulnerable; nor within higher and highest risk groups; and are seeking a standard set of tests and/ or advice directed towards our online offer.

2. Expansion of an 'eService', to include a wider range of testing-kit models; the potential of postal treatment for non-complex Chlamydia; the ability for women to be counselled on their choice of contraception online (leading to fewer clinic attendances to gain their method of choice); development of partner notification; and support and management in cases of people presenting with a safeguarding issue.

3. Development of a sustainable costing/ pricing model that will see funds 'following the patient' whilst delivering a dependable savings plan for the taxpayer. In reality, this would allow funds to be drawn out of physical delivery; then utilised to provide (i) a material investment into the eService and (ii) a cash saving in support of local government commissioning.

Scope / Interdependencies

Scope

What is within scope?

Community sexual health and reproductive services that are one of the Local Authority's mandated responsibilities.

What is outside of scope?

Contraception services (Long Acting Reversible Contraception - LARC) commissioned by the Local Authorities from GP practices.

Project Dependencies

Title

Cost and Savings

See accompanying financial information in Table 3

Non Financial Benefits**Non Financial Benefits Summary**

Community Integrated Sexual and Reproductive Health (iSRH) services provide easy access to contraception for high risk vulnerable groups who would not attend their GP practice for contraception. Young people who have unplanned pregnancies have a higher risk of complex health and social issues affecting the mother and child. Often they will require above average use of health and social care services. Teenage pregnancies are also associated with poorer longer term health, educational and employment outcomes with high risks of poverty.

SRH services based in the community provide easy access to treatment for Sexually Transmitted Infections (STIs) especially for vulnerable groups such as the homeless, drug and alcohol users and sex workers. That is groups who are associated with non-compliance of treatment and poorer outcomes without easy access to services. Non-treatment increases the Public Health risk of increased spread of STIs in the population.

Easy access to HIV treatment services supports people seeking diagnosis following possible exposure to HIV infection. This is an issue for both Cambridgeshire and Peterborough as statistics show that both local authorities have rates of late diagnosis that are significantly higher than the national average. Early diagnosis and treatment can mean a normal life expectancy and very few health and social care needs. Late diagnosis can lead to ongoing use of health and social care services with poorer health outcomes.

Title

Risks

Title

Re-commissioning Sexual and Reproductive Health Services

Project Impact**Equality Impact Assessment**

Who will be affected by this proposal?

All residents of Cambridgeshire

What positive impacts are anticipated from this proposal?

The re-commission of the Sexual and Reproductive Health (SRH) services will bring the following positive impacts:

- The Service is a county wide and will provide clinics throughout the county ensuring that the more rural residents in the north of the county are able to access the services.
- It will make sure that high risk groups such as young people, homeless, sex workers, men who have sex with men, those misusing drugs and alcohol know of the services and are able to access them easily.
- There will be bespoke services for young people.

What negative impacts are anticipated from this proposal?

No negative impacts anticipated as the service will seek to ensure that all those with protected characteristics receive information about the service and that the service is accessible and sensitive to any particular needs.

Are there other impacts which are more neutral?

None

Disproportionate impacts on specific groups with protected characteristics

Details of Disproportionate Impacts on protected characteristics and how these will be addressed

- **Age:** Young people are at a higher risk of acquiring a sexually transmitted infection or an unwanted pregnancy. There will be bespoke clinics for young people.
- **Sexual orientation:** Rates of sexually transmitted infections are higher in men who have sex with men. The Service will be promoted with these groups to encourage and support them to seek testing and treatment if they are at risk of acquiring a sexually transmitted infection.
- **Pregnancy and maternities:** The easy access to contraception provided by the Service will be promoted especially in groups at risk of unplanned pregnancies.
- **Rurality:** Services will be provided in the more rural areas in the north of the county.
- **Deprivation:** Services will be provided in the deprived areas in the north of the county.

Any efficiencies in the new service will not compromise the targeting and access to services for these groups. In addition the Prevention of Sexual Ill Health Service, which is also being re-commissioned, will promote these services with relevant groups.

Business Case

E/R.6.043 - Joint re-procurement of Integrated Lifestyle Services

Project Overview

| | | | |
|-------------------------------------|--|-----------------------------|-----------|
| Project Title | E/R.6.043 - Joint re-procurement of Integrated Lifestyle Services | | |
| Project Code | TR001538 | Business Planning Reference | E/R.6.043 |
| Business Planning Brief Description | Re-commissioning of the integrated lifestyle services as one service across Cambridgeshire and Peterborough. Peterborough City Council will delegate authority to Cambridgeshire County Council to commission, contract and performance manage the new provider. Savings will be sought through efficiencies and transformational changes. | | |
| Senior Responsible Officer | Val Thomas | | |

Project Approach

Background

Why do we need to undertake this project?

Cost-effective, innovative approaches to delivering commissioned services is of fundamental importance in a context of increasing financial pressure on local government and cash reductions in the Public Health Grant.

The re-commissioning of this service across Cambridgeshire County Council and Peterborough City Council will bring efficiencies, and there will also be further development of the transformational service redesign and efficiencies that have been taking place during the past three years in both areas.

What would happen if we did not complete this project?

The Integrated Lifestyle Service provides a range of services that aim to improve lifestyles and avoid ill health. In particular those conditions that create ongoing demand for health and social care services. Supporting lifestyle change amongst the population reduces the risk of associated conditions such as diabetes, cardiovascular disease, respiratory disease, mental health conditions and obesity. The service also undertakes the National Child Weight Measurement Programme which is a mandated function of the Local Authority.

The contracts in both Cambridgeshire County Council and Peterborough City Council expire in March 2020 and cannot be further extended; if a new service is not commissioned these vital prevention services will not be provided.

Approach

Aims / Objectives

The overall aim of the procurement is to secure a lifestyle service that will provide residents with information, support and interventions that will enable them to make lifestyle choices that reduce the risk of and prevent ill prevent ill health and foster well being.

Specific objectives for the new service are:

- Provide a health trainer service that supports behaviour change at population and targeted level. This

will include Fall Prevention, Mental Health, Alcohol misuse and other areas to be defined following completion of the evidence review

- Provide weight management services for adults and children
- Undertake the annual National Child Weight Management Programme
- Provide outreach NHS Health Checks

Procurement Objectives

- Completion of the Procurement in line with the schedule
- Successful implementation of the service
- Value for money service commissioned that provides cost efficiencies and delivers the identified savings,

Project Overview - What are we doing

Re-commissioning the Integrated Lifestyle Service as one service across Cambridgeshire and Peterborough. Peterborough City Council will delegate authority to Cambridgeshire County Council to commission, contract and performance manage the service on its behalf. The service will include a range of health trainer behaviour change services, weight management services, outreach NHS Health Checks and the National Child Weight Management Programme.

What assumptions have you made?

That there is robust market for a competitive tender for the delivery of lifestyle services with bidders who want to make innovative changes to the Service.

What constraints does the project face?

Transformational changes are necessary but there is a limited evidence base for some of the proposed areas for development.

Delivery Options

Has an options and feasibility study been undertaken?

As there are no further contract extensions available beyond the contract expiration date of May 2020, some form of procurement is necessary. Due to the contract value the option of a competitive tender is the preferred route.

Scope / Interdependencies

Scope

What is within scope?

To re-commission the Integrated Lifestyle Services which includes the following:

- Health Trainer Behaviour Change Service that includes health trainers that work with targeted groups
- Adult and Child weight management
- Outreach NHS health Checks
- National Child Weight Management Programme

What is outside of scope?

The re-commissioning of any other Public Health Services.

Project Dependencies

| |
|-------|
| Title |
|-------|

Cost and Savings

| |
|---|
| See accompanying financial information in Table 3 |
|---|

Non Financial Benefits

| |
|---|
| Non Financial Benefits Summary |
| Title |
| Lifestyle Services Specialist Carers Health Trainer |

Risks

| |
|-------|
| Title |
|-------|

Project Impact

| |
|---|
| Equality Impact Assessment |
| Who will be affected by this proposal? |
| All Cambridgeshire residents. |
| What positive impacts are anticipated from this proposal? |
| <p>The aim of the Lifestyle Service is to identify and make behavioural change intervention with members of the population at risk of lifestyle associated ill health. The Service also promotes healthy lifestyle messages with the whole population through different media.</p> <p>There are areas and certain populations groups that have poorer health outcomes. These are targeted by the service to ensure that they have increased access and appropriate services to meet their health improvement needs. These include those experiencing the following:</p> <ul style="list-style-type: none">• deprivation• rurality• older people at risk of falling• people with long term conditions such as diabetes and mental ill health• carers• people who misuse alcohol <p>Learning from the current services has led to transformational developmental changes being undertaken especially in relation to weight management services. Very poor uptake of structured weight management services targeting obese seven to eleven year olds has led to the development of more universal approaches that avoid stigmatisation. Children can still access bespoke support outside of group activities and parents can still be involved. This has improved uptake and will be further developed in the new service to engage more children experiencing or at risk of developing obesity.</p> |

What negative impacts are anticipated from this proposal?

There are no negative impacts anticipated as a result of this proposal. The service focuses upon supporting individuals and communities to make lifestyle changes. It includes supporting the development of community assets, leaders and volunteers who will develop and support lifestyle change in their communities.

Are there other impacts which are more neutral?

Supporting the Think Community initiative and community cohesion is central to how the Lifestyle service is delivered. The service focuses upon supporting individuals and communities to make lifestyle changes. It includes supporting the development of community assets, leaders and volunteers who will develop and support lifestyle change in their communities.

Disproportionate impacts on specific groups with protected characteristics

Details of Disproportionate Impacts on protected characteristics and how these will be addressed

Age: Certain age groups experience poorer health outcomes that are related to their health behaviours. These groups are targeted with specific programmes that focus on helping them address factors that are affecting their health.

- older people - falls prevention
- older people living with long term conditions e.g. diabetes
- young children - obesity

Disability: People living with disabilities have a higher risk of poorer outcomes. The new service will develop a behaviour change package specifically for people with a disability that will help them adopt healthier lifestyle that is suitable for them.

Pregnancy and maternity: Pregnant women will be supported to effectively manage their weight during their pregnancies through realistic lifestyle behaviours. Excessive weight gain during pregnancy is high risk for poorer outcomes for the mother and child.

Rural isolation: People living in rural isolation are often more deprived and have less access to opportunities that support a healthy lifestyle. The lifestyle services will be accessible in all the more rural areas of the county and shaped to suit the local needs of communities, for example locations and venues for activities.

Deprivation: People and communities that are more deprived experience poorer health outcomes. Lifestyle services will be weighted in these areas to target deprived individuals and communities at a scale, within resources, for meeting their higher level of need and behavioural change support requirements.

Community cohesion: Central to the lifestyle service will be to support individuals and communities to work together to develop their assets, leaders and volunteers to develop programmes in their own communities.

FINANCE MONITORING REPORT – OCTOBER 2019

To: **Health Committee**

Meeting Date: **5 December 2019**

From: **Chief Finance Officer
Director of Public Health**

Electoral division(s): **All**

Forward Plan ref: **Not applicable** *Key decision:* **No**

Purpose: **To provide the Committee with the October 2019 Finance Monitoring Report for Public Health.**

The report is presented to provide the Committee with the opportunity to comment on the financial position as at the end of October 2019.

Recommendation: **The Committee is asked to review and comment on the report.**

| <i>Officer contact:</i> | |
|--------------------------------|--|
| Name: | Stephen Howarth |
| Post: | Strategic Finance Manager |
| Email: | stephen.howarth@cambridgeshire.gov.uk |
| Tel: | 01223 507126 |

KEY INDICATORS

| Previous Status | Category | Target | Current Status | Section Ref. |
|-----------------|---------------------------------|----------------------------|----------------|--------------|
| Green | Revenue position by Directorate | Balanced year end position | Green | 1.2 |

CONTENTS

| Section | Item | Description |
|--|-------------------------------------|---|
| 1 | Revenue Executive Summary | High level summary of information Narrative on key issues in revenue financial position |
| 2 | Savings Tracker Summary | Summary of the latest position on delivery of savings |
| 3 | Technical Note | Explanation of technical items that are included in some reports |
| Appx 1 | Service Level Financial Information | Detailed financial tables for Public Health's main budget headings |
| Appx 2 | Service Commentaries | Detailed notes on financial position of services that are predicting not to achieve their budget |
| Appx 3 | Technical Appendix | Twice yearly, this will contain technical financial information for Public Health showing: <ul style="list-style-type: none"> • Grant income received • Budget virements into or out of the service • Service reserves |
| <i>The following appendix is not included each month as the information does not change as regularly</i> | | |
| Appx 4 | Savings Tracker | Each quarter, the Council's savings tracker is produced to give an update of the position of savings agreed in the business plan. |

1. Revenue Executive Summary

1.1 Overall Position

Public Health is forecasting an underspend of £-172k at the end of October.

1.2 Summary of Revenue

| Forecast Outturn Variance (Sept) £000 | Service | Budget for 2019/20 £000 | Actual to end of October 19 £000 | Forecast Outturn Variance £000 | Forecast Outturn Variance % |
|---|---|-------------------------------|---|---|--------------------------------------|
| 0 | Children Health | 8,799 | 4,961 | 0 | 0.0% |
| 0 | Drugs & Alcohol | 5,463 | 1,338 | 0 | 0.0% |
| -66 | Sexual Health & Contraception | 5,097 | 2,410 | -66 | -1.3% |
| -20 | Behaviour Change / Preventing Long Term Conditions | 3,720 | 1,452 | -20 | -0.5% |
| 0 | Falls Prevention | 190 | 22 | 0 | 0.0% |
| 0 | General Prevention Activities | 13 | -4 | -6 | -45.8% |
| 0 | Adult Mental Health & Community Safety | 256 | 64 | 0 | 0.0% |
| 0 | Public Health Directorate | 1,744 | 1,032 | -80 | 0.0% |
| -86 | Total Expenditure | 25,283 | 11,275 | -172 | |
| 0 | Public Health Grant | -24,726 | -18,760 | 0 | 0.0% |
| 0 | Other funding sources | -167 | 0 | 0 | 0.0% |
| -86 | Net Total | 390 | -7,484 | -172 | |

The service level budgetary control report for 2019/20 can be found in appendix 1. Further analysis of any significant variances can be found in appendix 2.

1.3 Significant Issues

At the end of October 2019, the overall Public Health forecast position is an underspend of £-172k, which is £-86k more than in September.

A balanced budget has been set for the financial year 2019/20. Savings totalling £949k have been budgeted for and the achievement of savings is monitored through the savings tracker process, with exceptions being reported to Health Committee and any resulting overspends reported through this monthly Finance Monitoring Report.

A number of small expected underspends have previously been identified following a review of activity in the first part of the year, and in addition to this a further £86k of underspend has been projected predominantly due to lower than expected expenditure on staffing.

It is usual for staffing budgets to experience underspends. This is mainly due to recruitment timing, not necessarily covering all posts that are absent due to parental leave or sickness, and the potential for new members of staff to cost less overall than those they replace. The Public Health service has a budget factor of £70k built-in to allow for these effects, similar to other services in the Council, but the latest projections show a likely underspend in excess of that factor reported above.

2. Savings Tracker Summary

The savings tracker is produced quarterly, and the savings tracker to the end of quarter 2 was included in the September FMR and showed all PH savings as on track to deliver in full.

3. Technical note

A technical financial appendix is included as appendix 3. This appendix covers:

- Grants that have been received by the service, and where these have been more or less than expected
- Budget movements (virements) into or out of Public Health from other services (but not within the service), to show why the budget might be different from that agreed by Full Council
- Service reserves – funds held for specific purposes that may be drawn down in-year or carried-forward – including use of funds and forecast draw-down.
- At regular intervals, information on spend outside of the Public Health Directorate under Memorandums of Understanding,

APPENDIX 1 – Public Health Service Level Financial Information

| Forecast Outturn Variance (Sep) | Service | Budget 2019/20 | Actual October 2019 | Forecast Outturn Variance | |
|---|---|-------------------|---------------------------|------------------------------|-------------|
| | | £000's | £000's | £000's | % |
| Children Health | | | | | |
| 0 | Children 0-5 PH Programme | 6,907 | 4,164 | 0 | 0% |
| 0 | Children 5-19 PH Programme - Non Prescribed | 1,622 | 797 | 0 | 0% |
| 0 | Children Mental Health | 271 | 0 | 0 | 0% |
| 0 | Children Health Total | 8,799 | 4,961 | 0 | 0% |
| Drugs & Alcohol | | | | | |
| 0 | Drug & Alcohol Misuse | 5,463 | 1,338 | 0 | 0% |
| 0 | Drugs & Alcohol Total | 5,463 | 1,338 | 0 | 0% |
| Sexual Health & Contraception | | | | | |
| -40 | SH STI testing & treatment - Prescribed | 3,829 | 2,137 | -24 | -1% |
| -20 | SH Contraception - Prescribed | 1,116 | 173 | -20 | -2% |
| -6 | SH Services Advice Prevention/Promotion - Non-Prescribed | 152 | 100 | -22 | -14% |
| -66 | Sexual Health & Contraception Total | 5,097 | 2,410 | -66 | -1% |
| Behaviour Change / Preventing Long Term Conditions | | | | | |
| -5 | Integrated Lifestyle Services | 1,984 | 1,164 | 0 | 0% |
| 5 | Other Health Improvement | 408 | 202 | 0 | 0% |
| -20 | Smoking Cessation GP & Pharmacy | 703 | -83 | -20 | -3% |
| 0 | NHS Health Checks Programme - Prescribed | 625 | 168 | 0 | 0% |
| -20 | Behaviour Change / Preventing Long Term Conditions Total | 3,720 | 1,452 | -20 | -1% |
| Falls Prevention | | | | | |
| 0 | Falls Prevention | 190 | 22 | 0 | 0% |
| 0 | Falls Prevention Total | 190 | 22 | 0 | 0% |
| General Prevention Activities | | | | | |
| 0 | General Prevention, Traveller Health | 13 | -4 | -6 | -46% |
| 0 | General Prevention Activities Total | 13 | -4 | -6 | -46% |
| Adult Mental Health & Community Safety | | | | | |
| 0 | Adult Mental Health & Community Safety | 256 | 64 | 0 | 0% |
| 0 | Adult Mental Health & Community Safety Total | 256 | 64 | 0 | 0% |
| Public Health Directorate | | | | | |
| 0 | Children's Health | 262 | 149 | -10 | -4% |
| 0 | Drugs & Alcohol | 199 | 141 | -9 | -5% |
| 0 | Sexual Health & Contraception | 143 | 78 | -6 | -4% |
| 0 | Prevention Long Term Conditions (Behaviour Change) | 515 | 284 | -23 | -4% |
| 0 | General Prevention (Travellers) | 189 | 131 | -13 | -7% |
| 0 | Adult Mental Health | 19 | 15 | -1 | -5% |
| 0 | Health Protection | 124 | 88 | -6 | -5% |
| 0 | Analysts | 293 | 146 | -12 | -4% |
| 0 | Public Health Directorate Total | 1,744 | 1,032 | -80 | -5% |
| -86 | Total Expenditure before Carry-forward | 25,284 | 11,275 | -172 | -1% |
| 0 | Anticipated Carry-forward of Public Health Grant | 0 | 0 | 0 | 0 |

| Forecast Outturn Variance (Sep) £000's | Service | Budget 2019/20 £000's | Actual October 2019 £000's | Forecast Outturn Variance £000's | % |
|--|---|-----------------------------|-------------------------------------|---|-----------|
| Funded By | | | | | |
| | Public Health Grant | -24,726 | -18,760 | 0 | 0% |
| | Drawdown From Reserves | -167 | 0 | 0 | 0% |
| 0 | Grant Funding Total | -24,893 | -18,760 | 0 | 0% |
| -86 | Overall Total - Core Council Funding | 390 | -7,485 | -172 | |

APPENDIX 2 – Service Commentaries on Forecast Outturn Position

Narrative is given below where a service area has a material variance, typically defined as being over £100k.

In October, no budgets measured at service level require additional commentary.

APPENDIX 3 – Technical Appendix

5.1 Public Health Grant

| Grant | Originally Expected £000 | Currently Expected £000 |
|---|-----------------------------|----------------------------|
| Public Health Grant as per Business Plan | 25,560 | 25,560 |
| Grant allocated as follows: | | |
| Public Health Directorate | 24,726 | 24,726 |
| People & Communities Directorate | 293 | 283 |
| Place & Economy Directorate | 120 | 130 |
| Corporate and Customer Services Directorate | 201 | 201 |
| LGSS Cambridge Office | 220 | 220 |
| Total | 25,560 | 25,560 |

5.2 Virements and Budget Reconciliation

(Virements between Public Health and other service blocks)

No such virements have been performed in-year.

5.3 Reserve Schedule

| Fund Description | Balance at 1 April 2019 | Balance at end Oct 2019 | Forecast Closing Balance | Notes |
|---|-------------------------|-------------------------|--------------------------|---|
| | £'000 | £'000 | £'000 | |
| General Reserve | | | | |
| Public Health carry-forward | 1,683 | 879 | 879 | |
| subtotal | 1,683 | 879 | 879 | |
| Other Earmarked Funds | | | | |
| Healthy Fenland Fund | 199 | 199 | 99 | Anticipated spend £100k per year over 5 years. |
| Falls Prevention Fund | 271 | 271 | 164 | Joint project with the NHS |
| NHS Healthchecks programme | 270 | 270 | 270 | Usage to be considered by Member working group |
| Implementation of Cambridgeshire Public Health Integration Strategy | 463 | 463 | 213 | 'Let's Get Moving' physical activity programme has been extended. |
| Enhanced Falls Prevention Pilot | 0 | 804 | 633 | Anticipated spend over three years, including evaluation |
| subtotal | 1,203 | 2,007 | 1,379 | |
| TOTAL | 2,886 | 2,886 | 2,258 | |

ALIGNMENT WITH CORPORATE PRIORITIES

Developing the local economy for the benefit of all

There are no significant implications for this priority.

Helping people live healthy and independent lives

There are no significant implications for this priority

Supporting and protecting vulnerable people

There are no significant implications for this priority

SIGNIFICANT IMPLICATIONS

Resource Implications

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

Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications for this priority

Statutory, Legal and Risk Implications

There are no significant implications within this category.

Equality and Diversity Implications

There are no significant implications within this category.

Engagement and Communications Implications

There are no significant implications within this category.

Localism and Local Member Involvement

There are no significant implications within this category.

Public Health Implications

There are no significant implications within this category.

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

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

PERFORMANCE REPORT – QUARTER 2 2019/20

To: HEALTH COMMITTEE

Meeting Date: 5th December 2019

From: Director of Public Health

Electoral division(s): All

Forward Plan ref: N/A **Key decision:** N/A

Purpose: To provide performance monitoring information

Recommendation: To note and comment on performance information and take remedial action as necessary

| <i>Officer contact:</i> | | <i>Member contacts:</i> | |
|--------------------------------|---|--------------------------------|--|
| Name: | Kate Parker | Names: | Cllr Peter Hudson |
| Post: | Head of Public Health Business Programmes | Post: | Chair Health Committee |
| Email: | Kate.parker@cambridgeshire.gov.uk | Email: | Peter.hudson@cambridgeshire.gov.uk |
| Tel: | 01480 379561 | Tel: | |

1 BACKGROUND

- 1.1 This performance report provides information on the status of performance indicators the Committee has selected to monitor to understand performance of services the Committee oversees.
- 1.2 The report covers the period of Q2 2019/20, up to the end of September 2019.
- 1.3 The full report is in the appendix. It contains information on
- Current and previous performance and projected linear trend
 - Current and previous targets (not all indicators have targets, this may be because they are being developed or because the indicator is being monitored for context)
 - Red / Amber / Green / Blue (RAGB) status
 - Direction for improvement (this shows whether an increase or decrease is good)
 - Change in performance (this shows whether performance is improving (up) or deteriorating (down))
 - Statistical neighbour performance (only available where a standard national definition of indicator is being used)
 - Indicator description
 - Commentary on the indicator
- 1.4 The following RAGB statuses are being used:
- Red – current performance is 10% or more from target
 - Amber – current performance is off target by less than 10%
 - Green – current performance is on target or better by up to 5%
 - Blue – current performance is better than target by 5% or more
- As agreed by General Purposes Committee, “Blue” has replaced “Very Green” as the colour grading for indicators exceeding target by 5% or more.
- Red and Blue indicators will be reported to General Purposes Committee in a summary report.
- 1.5 Information about all performance indicators monitored by the Council Committees will be published on the internet at <https://www.cambridgeshire.gov.uk/council/finance-and-budget/finance-&-performance-reports/> following the General Purposes Committee meeting in each quarterly cycle.
- 1.6 The appendix provides a narrative report on performance of services funded by the public health grant in other Council directorates through a memorandum of understanding.

2 CURRENT PERFORMANCE

2.1 Current performance of indicators monitored by the Committee is as follows:

| Status | Number of indicators | Percentage of total indicators with target |
|---------------|-----------------------------|---|
| Red | 6 | 40% |
| Amber | 1 | 7% |
| Green | 6 | 40% |
| Blue | 2 | 14% |
| No target | 0 | |

| Source Documents | Location |
|-------------------------|-----------------|
| None | |

Produced on: 27 November 2019



Corporate Performance Report

Quarter 2

2018/19 financial year

Health Committee

Business Intelligence
Cambridgeshire County Council
business.intelligence@cambridgeshire.gov.uk

| Target | Current Month | Previous Month | Direction for Improvement | Change in Performance |
|-----------------------------|---------------|----------------|---------------------------|-----------------------|
| 98.0% | 100.0% | 100.0% | ↑ | ↔ |
| Statistical Neighbours Mean | England Mean | RAG rating | | |
| N/A | N/A | G | | |

Indicator Description

Key quality statement for access to Sexual Health Services. Prompt access to sexual health services will promote good sexual health and reduce sexual health inequalities. Quick and easy access to support can help to reduce the likelihood of onward transmission of sexually transmitted infections (STIs).

This measure is the percentage of people who contact the service about a sexually transmitted infection who are offered an appointment within 2 working days, with a 98% target threshold.

NICE Quality Standards (QS 178) suggests that people contacting a Sexual Health Service about a sexually transmitted infection should be offered an appointment within 2 working days. The outcome measure is set to reflect this. The British Association for Sexual Health and HIV (BASHH) also endorses this in its Quality Standards.

Calculation:
 $(X/Y) \times 100$

Where:

X: Number of people contacting a sexual health service offered an appointment in 2 working days in a month.

Y: Number of people contacting a sexual health service in a month.

Source: NICE

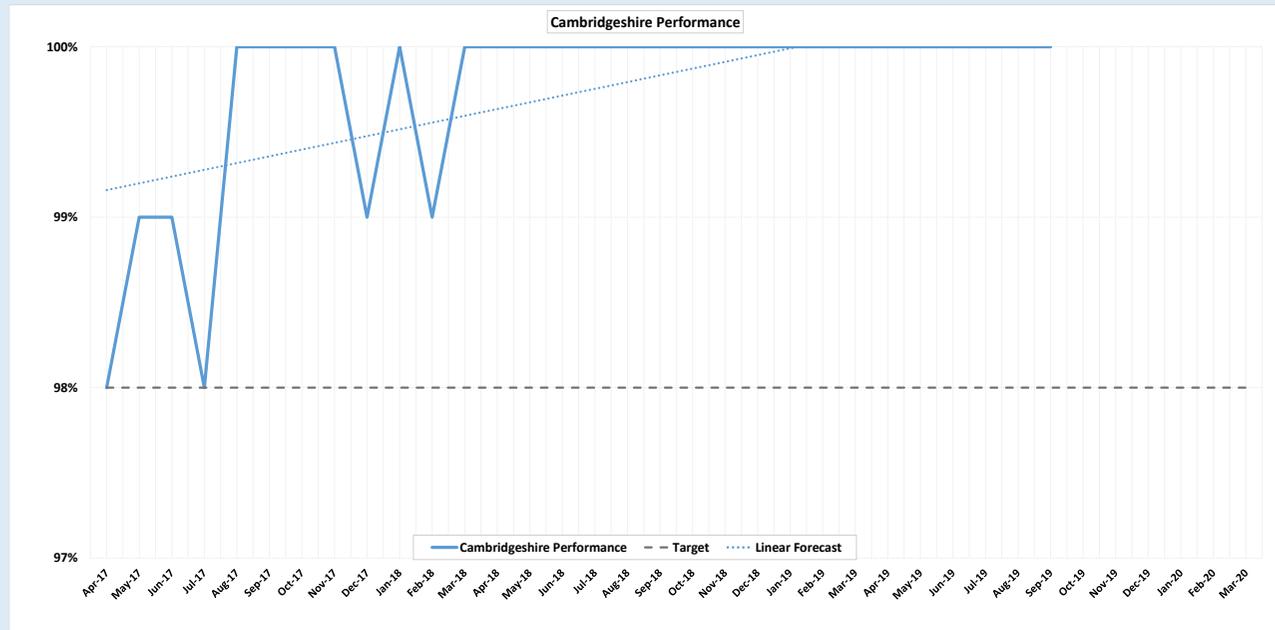
Useful Links

LG Inform:

<https://lginform.local.gov.uk/>

<https://www.bashh.org/guidelines>

<https://www.nice.org.uk/guidance/qs178/chapter/Quality-statement-4-Access-to-sexual-health-services>



Commentary

This target is consistently met.

| Target | Current Month | Previous Month | Direction for Improvement | Change in Performance |
|-----------------------------|---------------|----------------|---------------------------|-----------------------|
| 80.0% | 92.0% | 89.0% | ↑ | ↑ |
| Statistical Neighbours Mean | England Mean | RAG rating | | |
| N/A | N/A | B | | |

Indicator Description

Key quality statement for access to Sexual Health Services. Prompt access to sexual health services will promote good sexual health and reduce sexual health inequalities. Quick and easy access to support can help to reduce the likelihood of onward transmission of sexually transmitted infections (STIs).

This measure is the percentage of those offered an appointment (as per above) who then go on to be seen within 48 hours of contacting the service.

This is a British Association for Sexual health and HIV (BASHH) standard and is a recommended outcome within the Integrated Sexual Health Service National Specification template.

Calculation:

$$(X/Y) * 100$$

Where:

X: The number of people offered an appointment with a sexual health service seen within 48 hours.

Y: The number of people offered an appointment with a sexual health service.

Source: Integrated Sexual Health National Specification

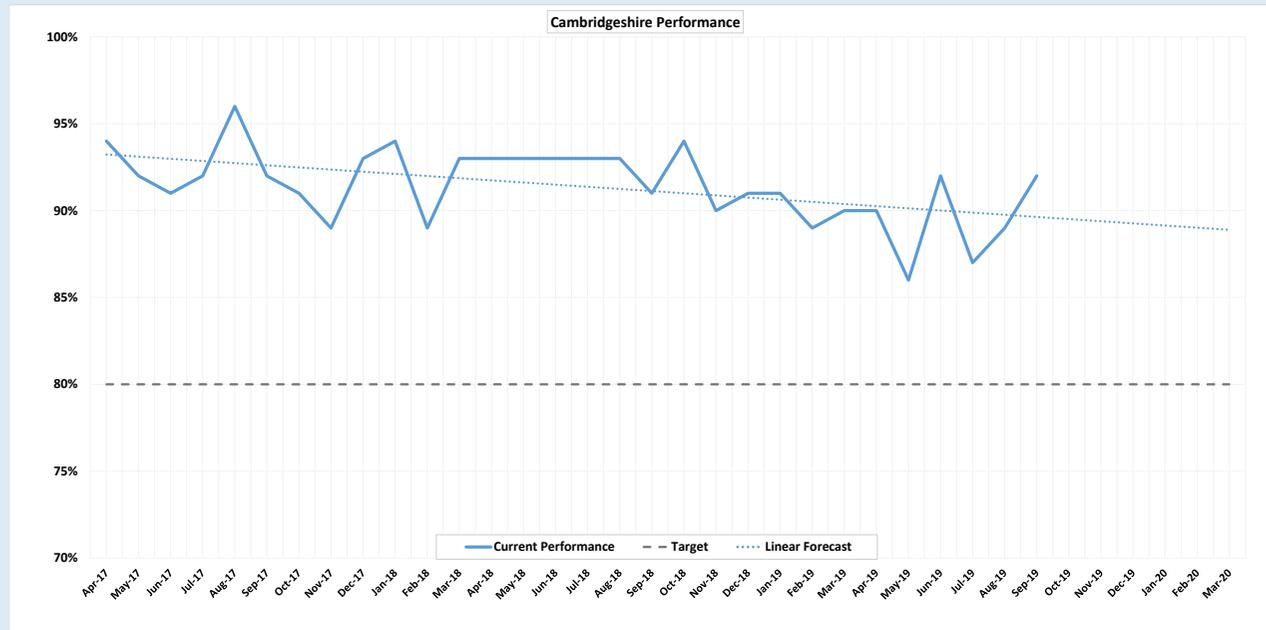
Useful Links

LG Inform:

<https://lginform.local.gov.uk/>

Integrated Sexual Health National Specification

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/731140/integrated-sexual-health-services-specification.pdf



Commentary

This target is consistently met.

| Target | Current Quarter | Previous Quarter | Direction for Improvement | Change in Performance |
|-----------------------------|-----------------|------------------|---------------------------|-----------------------|
| 4500 | 3134 | 4512 | ↑ | ↓ |
| Statistical Neighbours Mean | England Mean | RAG Rating | | |
| N/A | N/A | R | | |

Indicator Description

An NHS Health Check is a national Programme. It provides a way of engaging people in an early conversation about their health, risks and lifestyle changes. It is risk assessment for the early detection of risk factors relating to Diabetes, Hypertension, Cardiovascular Disease and provides an opportunity to discuss Dementia Awareness.

This measure is the number of people within the eligible population (aged between 40 and 74 years of age without any diagnosed ongoing condition) who receive an NHS Health Check via their GP Practice or through the outreach NHS Health Checks undertaken by the Lifestyle Services with hard to reach groups or populations with high rates of cardio-vascular disease.

Targets are set based on the eligible population for an NHS health check, as outlined in the NHS Health Check programme guidance. The Local Authority's Public Health Intelligence Team support with the target setting distribution across all GP practices.

Calculation:
Number of health checks completed within a financial quarter.

Source: NHS Health Check National Guidance

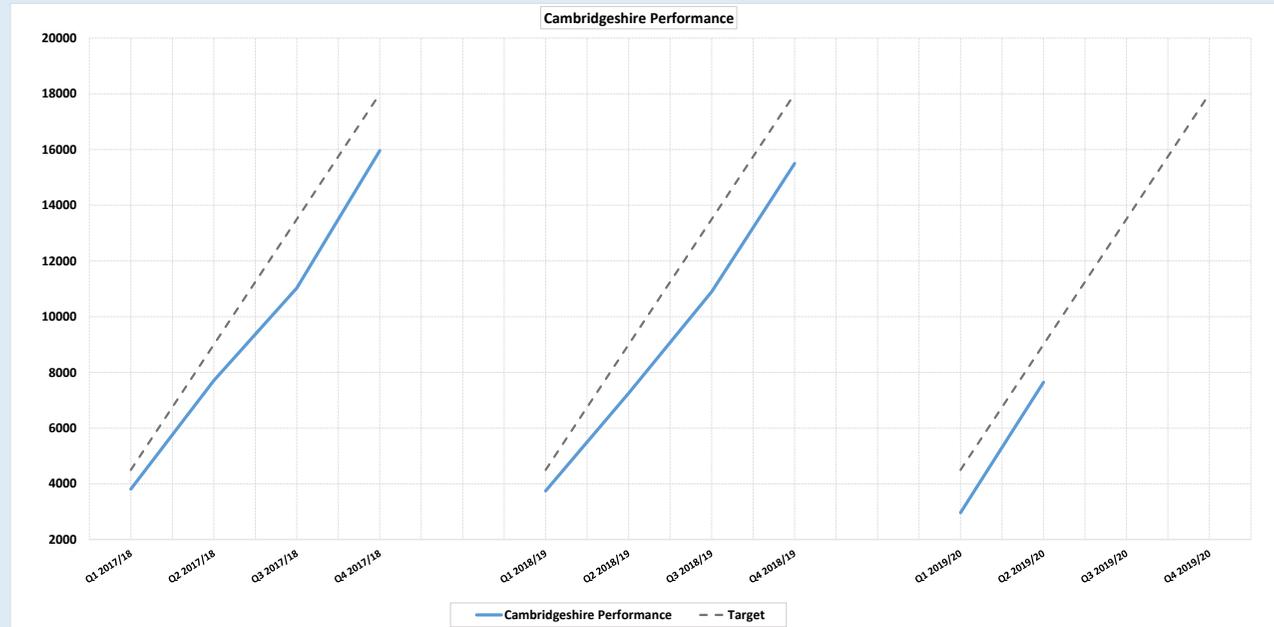
Useful Links

LG Inform:

<https://lginform.local.gov.uk/>

NHS Health Check National Guidance

<https://www.healthcheck.nhs.uk/commissioners-and-providers/national-guidance/>



Commentary

Activity is down this quarter at 66% of target for the period compared for 2018/19 when 86% of the target achieved. This represents capacity pressures in GP practices and improvements in data quality and collection processes that means that the data is now more robustly validated.

| Target | Current Month | Previous Month | Direction for Improvement | Change in Performance |
|-----------------------------|------------------------|----------------|---------------------------|-----------------------|
| 846 | 674 | 584 | ↑ | ↑ |
| Statistical Neighbours Mean | England Mean (2017/18) | RAG rating | | |
| N/A | N/A | R | | |

Indicator Description

Smoking remains a Public Health Priority area, it remains the main cause of preventable illness in England.

This measure uses the number of individuals accessing a stop smoking programme (via GP, Pharmacy or integrated lifestyle provider), who set a quit date which is followed by 4 weeks of an evidence based structured programme of support. The measure refers to the those who are confirmed as being quit after 4 weeks.

Targets are calculated by the Public Health Intelligence team based on the national guidance, considering the estimated number of smokers.

Calculation:
Number of 4 week quitters.

Source: National Centre for Smoking Cessation and Training (NSCST) Stop Smoking Guidance

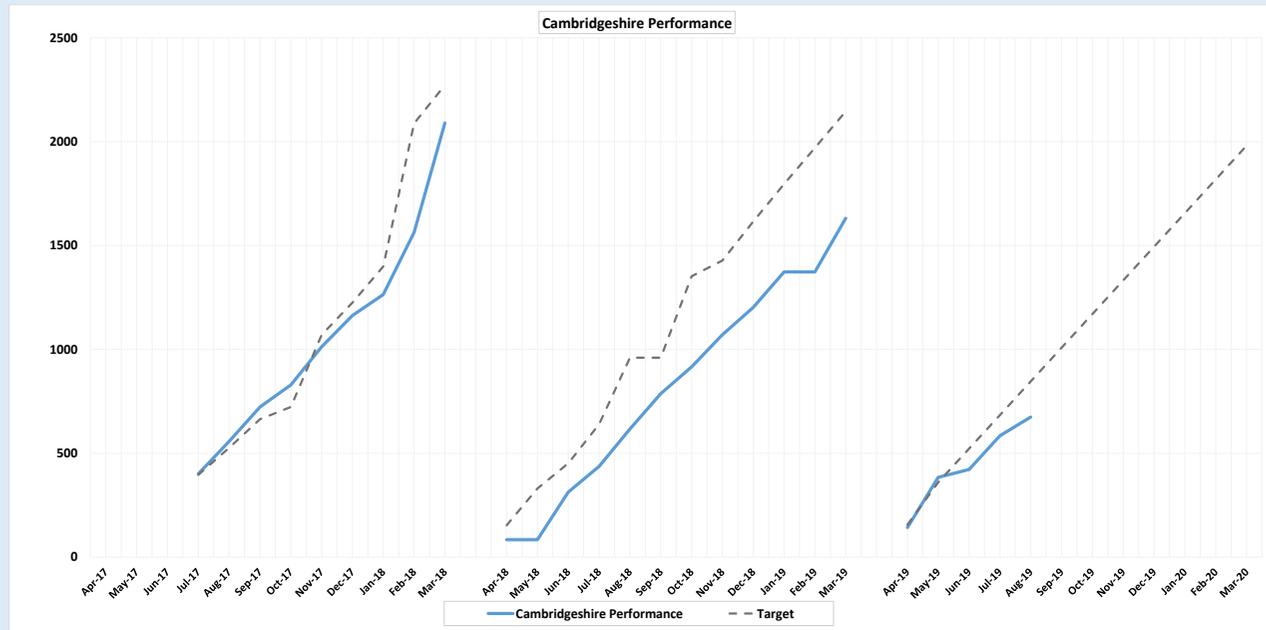
Useful Links

LG Inform:

<https://lginform.local.gov.uk/>

NSCST Stop Smoking Guidance

https://www.ncsct.co.uk/usr/pub/Guidance_on_stop-smoking-interventions-and-services.pdf



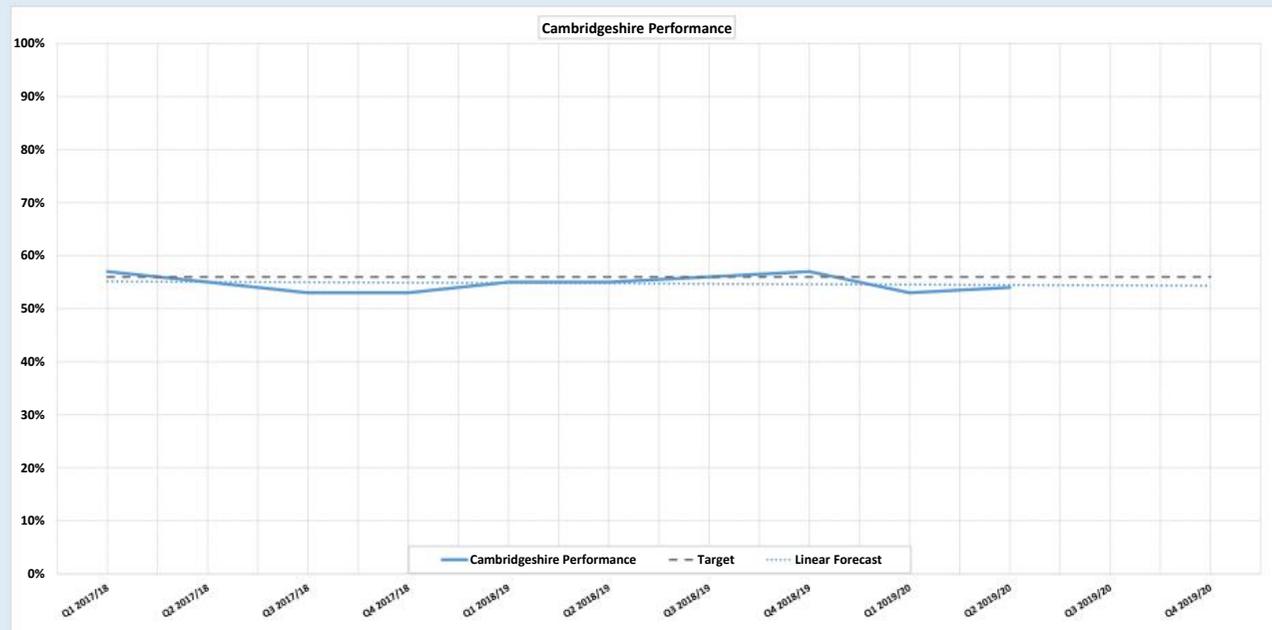
Commentary

The number of quitters for Q2 is incomplete as the data for those setting quit dates during September is not available until December. However capacity issues in GP practices makes it challenging for them meet their targets.

| | | | | |
|---------------------------------------|------------------------|------------------|---------------------------|-----------------------|
| Target | Current Quarter | Previous Quarter | Direction for Improvement | Change in Performance |
| 56.0% | 54.0% | 53.0% | ↑ | ↑ |
| Statistical Neighbours Mean (2017/18) | England Mean (2018/19) | RAG Rating | | |
| 49.0% | 47.0% | A | | |

Indicator Description

There has been substantial research published demonstrating the positives outcomes breastfeeding can have on mother and infant outcomes. It is recommend that mothers exclusively breastfeed. Breastmilk is associated with a number of benefits such as a reduction in the risk of infections, obesity and diabetes in the infant coupled with a reduced risk of ovarian/breast cancer in the mother. Breastfeeding is also known to have a positive impact on mother and infant attachment and enhance the quality of relationships between parents and their babies and will positively influence a child's future life chances. This indicator was calculated by:
 Numerator: Number of infants recorded as being totally and partially breastfed at 6-8wks Denominator: Total number of infants due 6-8wk check.



Commentary

This is a challenging target and county-wide breastfeeding statistics are presently slightly below the 56% target, although performance continues to significantly exceed the national average of 47%. Breastfeeding prevalence rates, which comprise of both exclusive breastfeeding and mixed feeding vary greatly across the county. Broken down by districts, prevalence for Q2 stand at 63% in South Cambridgeshire, 65% in Cambridge City, 56% in Huntingdonshire, 57% in East Cambridgeshire, and 36% in Fenland. The Health Visiting service remains Stage 3 UNICEF Baby Friendly accredited, which demonstrates quality of care in terms of support, advice and guidance offered to parents/carers and the excellent knowledge that staff have in respect of responsive feeding.

Useful Links

LG Inform:
<https://lginform.local.gov.uk/> ;
<https://www.gov.uk/government/collections/breastfeeding-statistics>

| Target | Current Quarter | Previous Quarter | Direction for Improvement | Change in Performance |
|---------------------------------------|------------------------|------------------|---------------------------|-----------------------|
| 50.0% | 29.0% | 25.0% | ↑ | ↑ |
| Statistical Neighbours Mean (2017/18) | England Mean (2018/19) | RAG Rating | | |
| N/A | 41.0% | R | | |

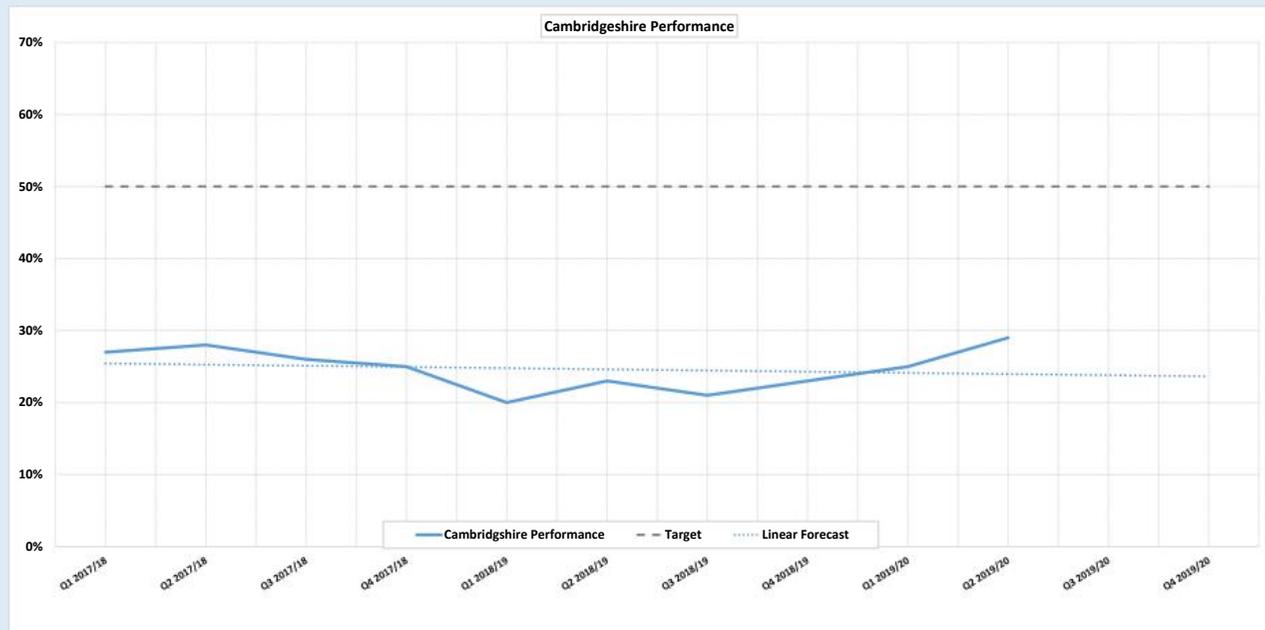
Indicator Description

The antenatal contact is a promotional, listening contact, offering support as directed by the parents. It enables health visitors to offer early support, introduce the services and support parents in terms of preparing for parenthood. This contact is particularly targeted towards vulnerable women and precedence is placed on ensuring vulnerable groups are identified and offered an antenatal visit by their Health Visitor. Performance data for the antenatal contacts is not available nationally because of difficulties with getting the relevant denominator (monthly birth rate are used as a denominator in this instance). Although checks are mandated, there are no national targets and these are agreed locally with the Provider. This contact is calculated by: Numerator - total number of mothers seen at 28 weeks or above. Proxy denominator based on average annual birth rate.

Useful Links

LG Inform:

<https://lginform.local.gov.uk/>; <https://www.gov.uk/government/statistics/health-visitor-service-delivery-metrics-2018-to-2019>



Commentary

In Cambridgeshire a local target has been set for 50%, with the longer term goal of achieving a target of 90% by 2020. Service transformation, which has included use of the Benson Modelling tool to determine workforce required to deliver the service, has accounted for Health Visitors to be completing 90% antenatal contacts and an improvement targetory has been set from April 2019. Since April there has been a 9% improvement of antenatal contacts achieved across the service in comparison to quarter 4 2018/19 performance. If exception reporting is accounted for, consisting of those booked but not attended, this increases to a quarterly average of 42%. Disaggregated into districts, there continues to be significant variance: Huntingdonshire completed 54% of contacts therefore reaching the target and is a recognisable achievement; Fenland achieved 48% of contacts; Cambridge City achieved 10% of contacts; East Camb achieved 11% and South Cambs managed to complete 12% of contacts. Reasoning cited for this disparity continues to be staffing pressures in the South Locality team, which covers East Cambs, Cambs City and South Cambs. During this quarter this team remained in Business Continuity measures, which has impacted on their performance across all mandated contacts. The staffing position is close to being addressed, with a number of new Health Visitors joining the team during September. Once these employees have completed their induction, the Business Continuity Plan will begin to be reversed and therefore performance will be expected to show improvements from quarter 3 onwards. The Provider has submitted trajectory plans against this indicator for all locality teams, enabling commissioners to more closely monitor improvement.

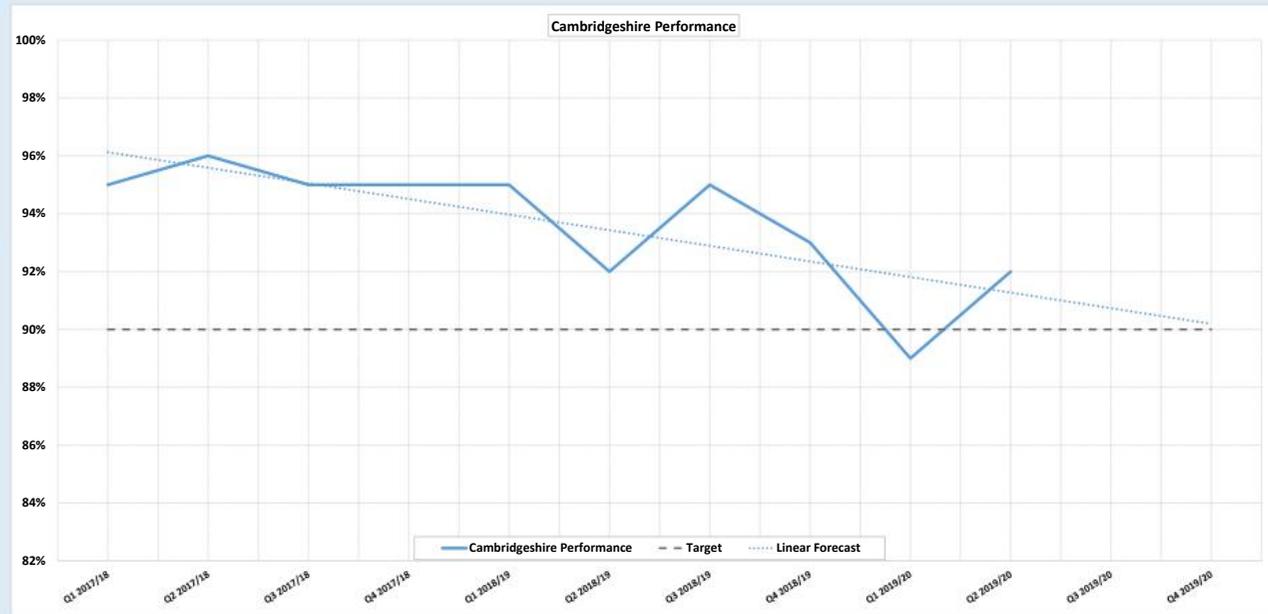
| | | | | |
|---------------------------------------|------------------------|------------------|---------------------------|-----------------------|
| Target | Current Quarter | Previous Quarter | Direction for Improvement | Change in Performance |
| 90.0% | 92.0% | 89.0% | ↑ | ↑ |
| Statistical Neighbours Mean (2017/18) | England Mean (2018/19) | RAG Rating | | |
| N/A | 88.0% | G | | |

Indicator Description

The new birth visit is a face to face review and will include the provision of information on a range of subject areas including infant feeding, SIDS prevention and safe sleep, the immunisation schedule and outcomes of all screening and NIPE examination results; they will check the new born blood spot status if this was not conducted by the Midwifery team. The Health Visitor will also assess maternal mental health and the baby's growth and development. This indicator is calculated by: Numerator: Total number of infants who turned 30 days in the quarter who received a face-to-face New Birth Visits (NBV) undertaken within 14 days from birth, by a Health Visitor with mother (and ideally father) Denominator: Total number of infants who turned 30 days in the quarter.

Useful Links

LG Inform:
<https://lninform.local.gov.uk/>; <https://www.gov.uk/government/statistics/health-visitor-service-delivery-metrics-2018-to-2019>



Commentary

The proportion of 10 - 14 day new birth visits completed within 14 days of birth has improved this quarter by 3% and is now exceeding target following a slight dip in Q1. If those completed after 14 days are accounted for, the quarterly average increases to 97%, which whilst being 1% below the overall target for completed visits (98%) indicates a majority of families are receiving this contact. The provider reports that in order to achieve continuity of care between the antenatal assessment and the new birth review, in some instances the new birth review has needed to take place outside of the 14 day target to accommodate this best practice.

| | | | | |
|---------------------------------------|------------------------|------------------|---------------------------|-----------------------|
| Target | Current Quarter | Previous Quarter | Direction for Improvement | Change in Performance |
| 90.0% | 90.0% | 92.0% | ↑ | ↓ |
| Statistical Neighbours Mean (2017/18) | England Mean (2018/19) | RAG Rating | | |
| N/A | 86.0% | G | | |

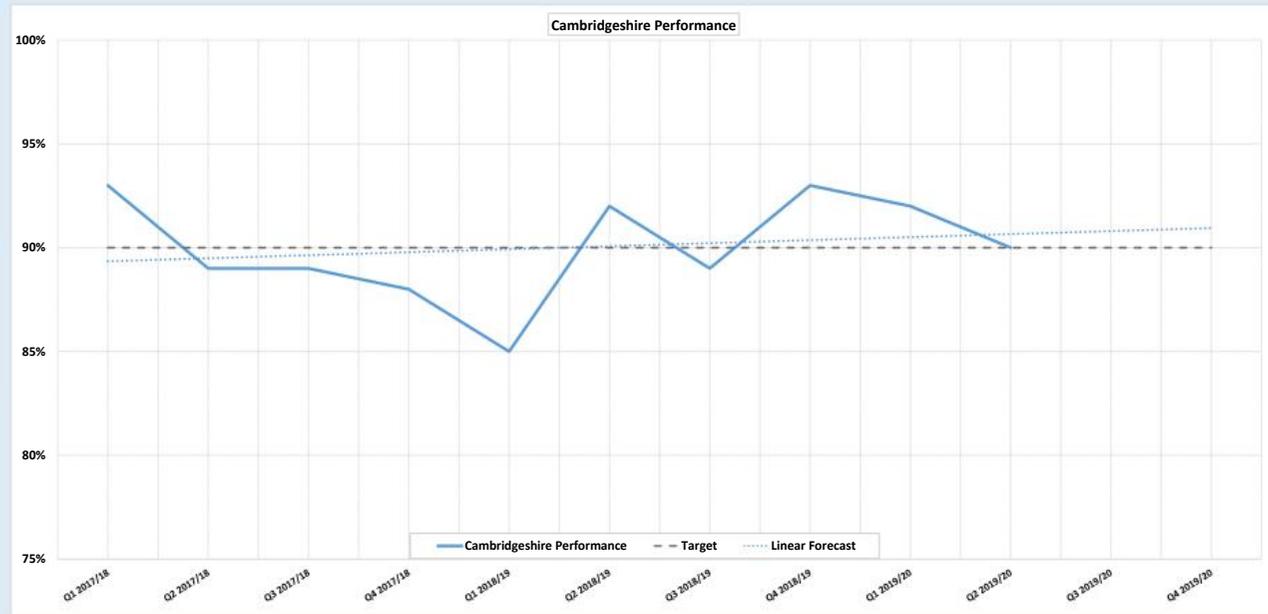
Indicator Description

This visit is crucial for assessing the baby's growth and wellbeing alongside providing core health messages, including breastfeeding, immunisations, sensitive parenting and for supporting on specific issues such as sleep. The Health Visitor will review their general health and provide contact details for the local health clinics and children's centres, where the mother can access a range of support. The visit, in addition to the 6 - 8 week medical review, which is often completed by the GP, forms part of the Child Surveillance Programme. This indicator is calculated by: Numerator: The number of children due a 6-8 weeks review by the end of the quarter who received a 6-8 weeks review by the time they turned 8 weeks, Denominator: Total number of infants turning 8 weeks old during reporting period.

Useful Links

LG Inform:

<https://linform.local.gov.uk/>; <https://www.gov.uk/government/statistics/health-visitor-service-delivery-metrics-2018-to-2019>



Commentary

Performance for the 6 - 8 week review has remained steady and within or above target, despite a minor 2% decrease in performance against the Q1 2019/20 position.

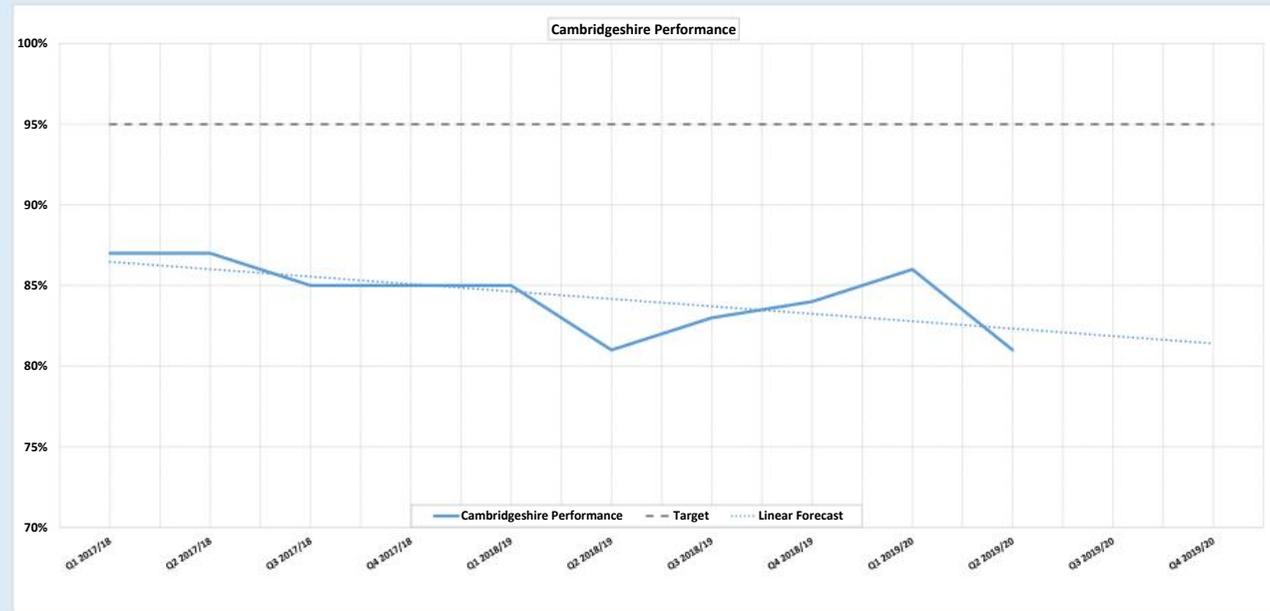
| | | | | |
|---------------------------------------|------------------------|------------------|---------------------------|-----------------------|
| Target | Current Quarter | Previous Quarter | Direction for Improvement | Change in Performance |
| 95.0% | 81.0% | 86.0% | ↑ | ↓ |
| Statistical Neighbours Mean (2017/18) | England Mean (2018/19) | RAG Rating | | |
| N/A | 84.0% | R | | |

Indicator Description

The 12 month review includes an assessment of the baby's physical, emotional and social development, as well as offering support to parents and providing information on a range of topics such as attachment, development, parenting and overall health promotion (oral hygiene, healthy eating, injury and accident prevention, safety). This indicator is calculated by: Numerator: Total number of children who turned 15 months in the quarter, who received a 12 month a review by the age of 15 months. Denominator: Total number of children who turned 15 months, in the appropriate quarter.

Useful Links

LG Inform:
<https://lginform.local.gov.uk/>; <https://www.gov.uk/government/statistics/health-visitor-service-delivery-metrics-2018-to-2019>



Commentary

Performance has decreased by 5% this quarter, standing at 81%; by comparison 79% of families received this visit by the time the child turned 12 months old. The inclusion of exception reporting would increase the quarterly performance to 92% of families having this review by the time the child turns 15 months. Of all appointments offered this quarter, 43 were not wanted by the family and 109 were not attended. Assurances are in place to ensure vulnerable families (those on Universal Plus or Universal Partnership Plus pathways) are receiving this contact and an escalation plan is in place if these mandated visits are missed. A further 195 contacts were 'not recorded'. When district variance is considered, 95% of contacts were completed in Fenland, 65% were completed in Cambs City, 76% completed in East Cambs, 87% completed in Huntingdonshire, and 85% in South Cambridgeshire. Administrative support challenges in the South Locality had an adverse impact on the ability to plan appointments during September - the provider is currently exploring recruitment options to the vacant posts.

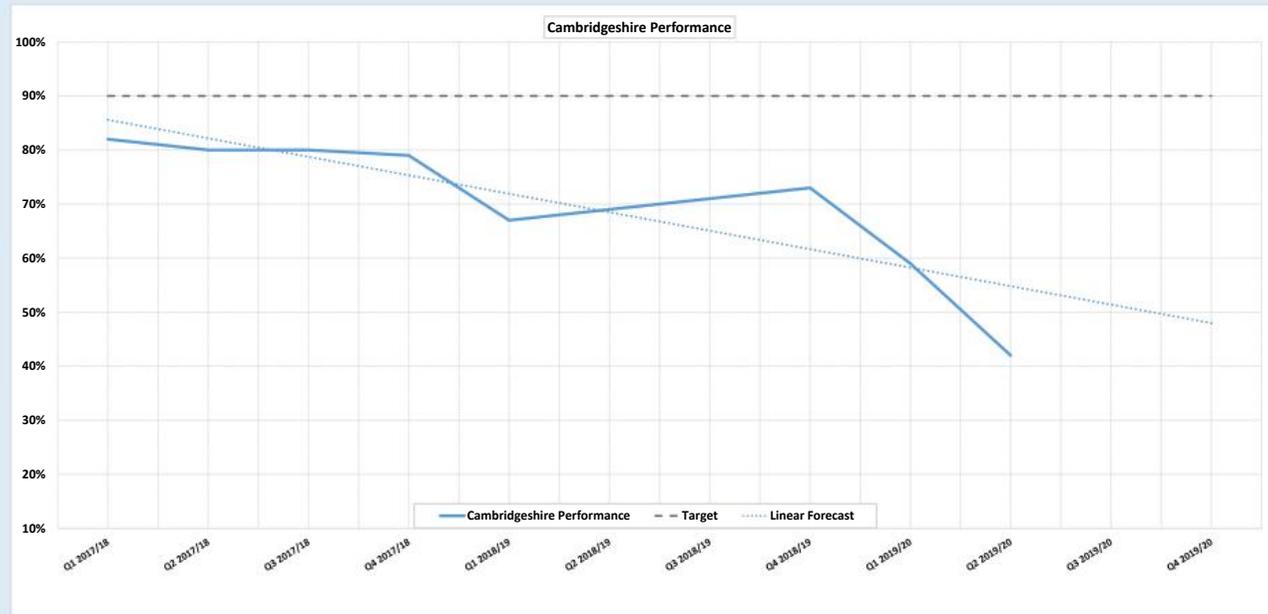
| | | | | |
|---------------------------------------|------------------------|------------------|---------------------------|-----------------------|
| Target | Current Quarter | Previous Quarter | Direction for Improvement | Change in Performance |
| 90.0% | 42.0% | 59.0% | ↑ | ↓ |
| Statistical Neighbours Mean (2017/18) | England Mean (2018/19) | RAG Rating | | |
| N/A | 78.0% | R | | |

Indicator Description

The 2 year check includes the review with parents of the child's, emotional, social, behavioural and language development using the ASQ3. The visit will respond to any concerns, offer guidance on behaviour management, promote language development, encourage the take up of early education and the two year old funded offer, as well as general health promotion (dental health, healthy eating, injury and accident prevention, toilet training). This indicator was calculated by: Numerator: Total number of children who turned 2.5 years in the quarter who received a 2-2.5 year review, by the age of 2.5 years of age. Denominator: Total number of children who turned 2.5 years, in the appropriate quarter.

Useful Links

LG Inform:
<https://lninform.local.gov.uk/>; <https://www.gov.uk/government/statistics/health-visitor-service-delivery-metrics-2018-to-2019>



Commentary

Performance has declined by a further 15% this quarter from 73% in Q4 2018/19 to 42% of contacts being completed. The main cause of performance issues against this target is staffing and capacity challenges in the South Locality and the need to implement stage 4 of the Business Continuity Plan across this team. This has resulted in the implementation of a number of short term mitigation measures within the locality, including 2 year development checks for those who have only universal needs recorded on their records being suspended during the summer - these families are sent a self-assessment ASQ and asked to contact the Duty Desk with any concerns regarding their child's development. Consequently the number of contacts/assessments being completed by the HCP team has reduced substantially and is impacting on overall figures - this quarter 793 families received this revised offer. The BCP measures have started to be reversed from October and re-instating the full offer will be prioritised and significant improvements are expected for Q3 - Childcare settings have already been informed of this. This quarter however, broken down at district level, 13% of contacts were completed in Cams City; 12% of contacts completed in South Cams; 14% of contacts completed in East Cams. More positively, 87% of contacts were achieved in Fenland and 84% Huntingdonshire. If exception reporting is accounted for, this quarter it was reported that 46 reviews were not wanted and 163 were not attended.

| Target | Current Month | Previous Month | Direction for Improvement | Change in Performance |
|-----------------------------|------------------------|----------------|---------------------------|-----------------------|
| 558 | 578 | 468 | ↑ | ↑ |
| Statistical Neighbours Mean | England Mean (2017/18) | RAG rating | | |
| N/A | N/A | G | | |

Indicator Description

Health Trainer Services provide evidence based behavioural change interventions to support individuals to make lifestyle changes over the course of up to one year. They are part of the Integrated Lifestyle Service and the these GP Service Health Trainers are located in the 20% most deprived areas in Cambridgeshire.

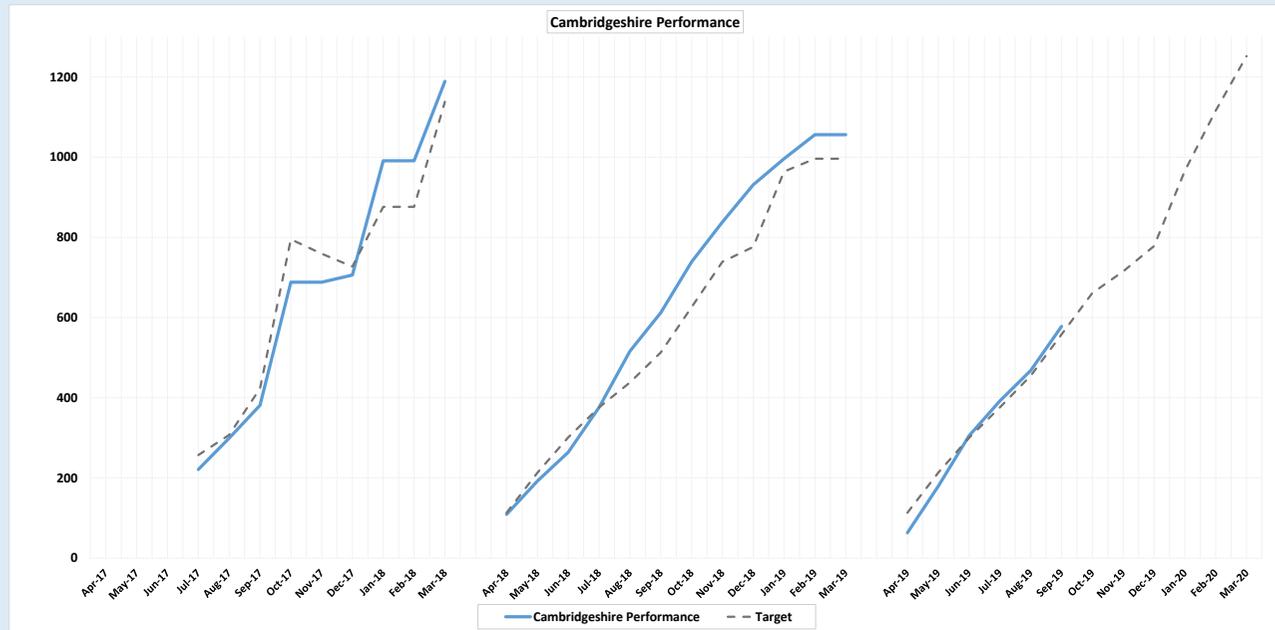
Those supported by Health Trainers develop a Personal Health Plan (PHP) with behavioural change goals.

This measure refers to those who complete their PHPs .

Useful Links

LG Inform:

<https://lginform.local.gov.uk/>



Commentary

Performance is on target.

| Target | Current Month | Previous Month | Direction for Improvement | Change in Performance |
|-----------------------------|------------------------|----------------|---------------------------|-----------------------|
| 310 | 319 | 289 | ↑ | ↑ |
| Statistical Neighbours Mean | England Mean (2017/18) | RAG rating | | |
| N/A | N/A | G | | |

Indicator Description

Health Trainer Services provide evidence based behavioural change interventions to support individuals to make lifestyle changes over the course of up to one year. They are part of the Integrated Lifestyle Service and the these Extended Service Health Trainers are located in the areas that are not included in the 20% more deprived areas in Cambridgeshire.

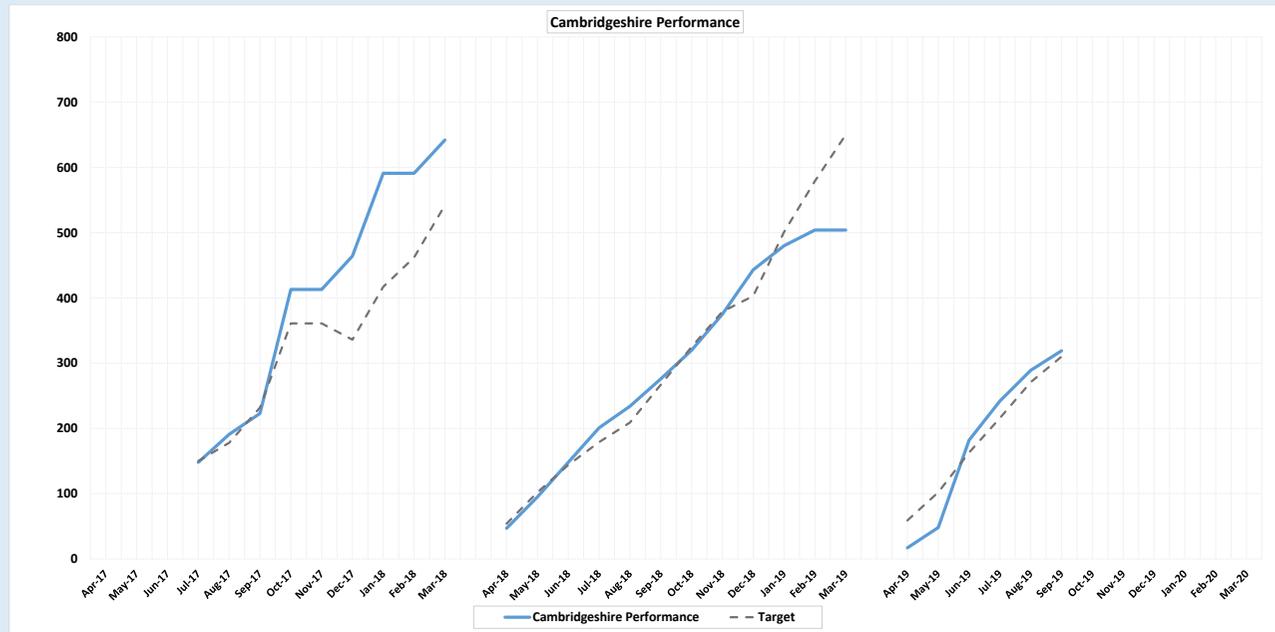
Those supported by Health Trainers develop a Personal Health Plan (PHP) with behavioural change goals.

This measure refers to those who complete their PHPs .

Useful Links

LG Inform:

<https://lginform.local.gov.uk/>



Commentary

Performance is on target

| Target | Current Month | Previous Month | Direction for Improvement | Change in Performance |
|-----------------------------|------------------------|----------------|---------------------------|-----------------------|
| 30.0% | 43.0% | 68.0% | ↑ | ↓ |
| Statistical Neighbours Mean | England Mean (2017/18) | RAG rating | | |
| N/A | N/A | B | | |

Indicator Description

Obesity is considered to be public health priority. It is a chronic condition associated with multiple risk factors such as type 2 diabetes or heart disease. The Tier 2 weight management services offers individuals a structured programme to make continued lifestyle changes.

% of individuals completing a Tier 2 adult weight management intervention who have a weight loss of 5%.

NICE Public Health Guidance recommendation for Tier 2 adult weight management is that 30% of all participants lose 5% of their (baseline) initial body weight, at the end of an evidence based structured intervention.

Calculation:
 $(X/Y) * 100$

Where:

X: The number of Tier 2 clients recruited who complete the course and achieve 5% weight loss.

Y: the number of Tier 2 clients recruited.

Source: NHS Key Performance Indicators Tier 2

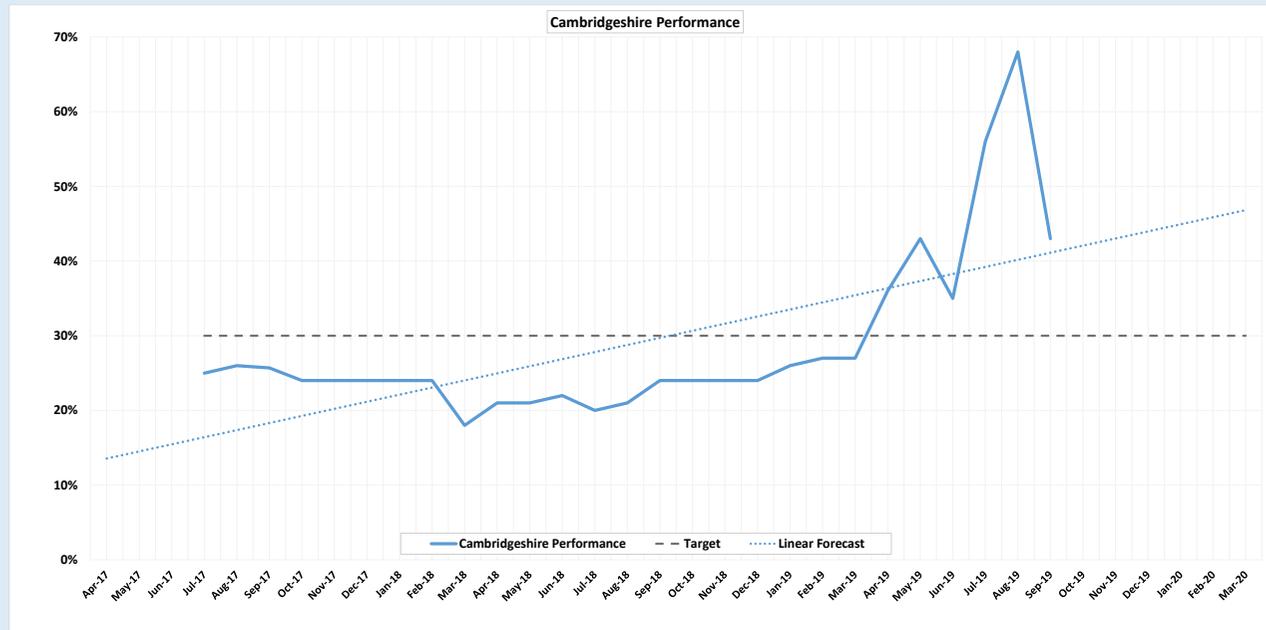
Useful Links

LG Inform:

<https://lginform.local.gov.uk/>

Public Health Key Performance Indicators Tier 2:

<https://www.nice.org.uk/guidance/ph53>



Commentary

This quarter has seen considerable improvement which reflects changes which makes the service offer more flexible. Service user feedback has been positive.

| Target | Current Month | Previous Month | Direction for Improvement | Change in Performance |
|-----------------------------|------------------------|----------------|---------------------------|-----------------------|
| 60.0% | 44.0% | 63.0% | ↑ | ↓ |
| Statistical Neighbours Mean | England Mean (2017/18) | RAG rating | | |
| N/A | N/A | R | | |

Indicator Description

Obesity is considered to be public health priority. It is a chronic condition associated with multiple risk factors such as type 2 diabetes or heart disease. The Tier 3 weight management is for individuals who are severely obese and usually have complex health problems. The treatment provides individuals with an intensive structured programme to make continued lifestyle changes for up to one year.

There are recommendations for Tier 3 Adult Weight Management that suggests that 30% of all participants will lose a minimum of 10% of their (baseline) initial body weight, at the end of the active intervention.

Calculation:
 $(X/Y) * 100$

Where:

X: The number of Tier 3 clients recruited who complete the course and achieve 10% weight loss.

Y: the number of Tier 3 clients recruited.

Source: NHS Key Performance Indicators Tier 2; Qualitative insights into user experiences of tier 2 and tier 3 weight management services

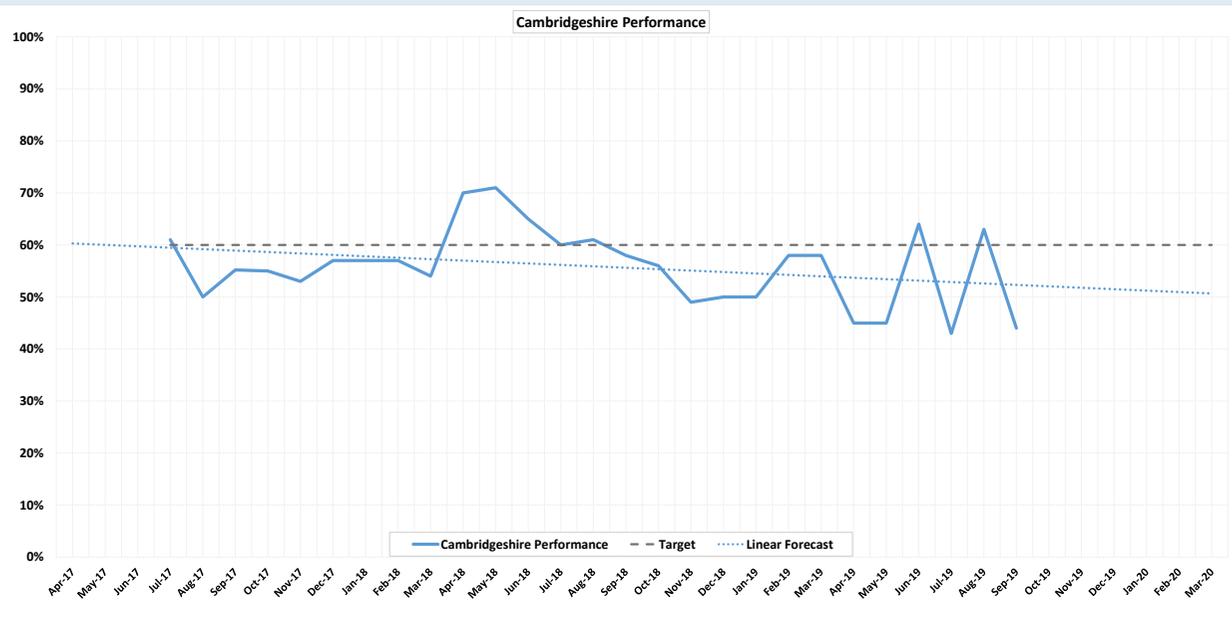
Useful Links

LG Inform:

<https://lginform.local.gov.uk/>

Qualitative insights into user experiences of tier 2 and tier 3 weight management services:

https://www.innovationunit.org/wp-content/uploads/PHE-Report_with-discussion.pdf



Commentary

The complexity of the issues means that many patients are very challenged to achieve the 10% weight loss as their underlying conditions compromise their efforts. Consequently achievement of the target is variable. New guidance is being developed and this target will be reviewed.

| Target | Current Month | Previous Month | Direction for Improvement | Change in Performance |
|-----------------------------|------------------------|----------------|---------------------------|-----------------------|
| 155 | 158 | 131 | ↑ | ↑ |
| Statistical Neighbours Mean | England Mean (2017/18) | RAG rating | | |
| N/A | N/A | G | | |

Indicator Description

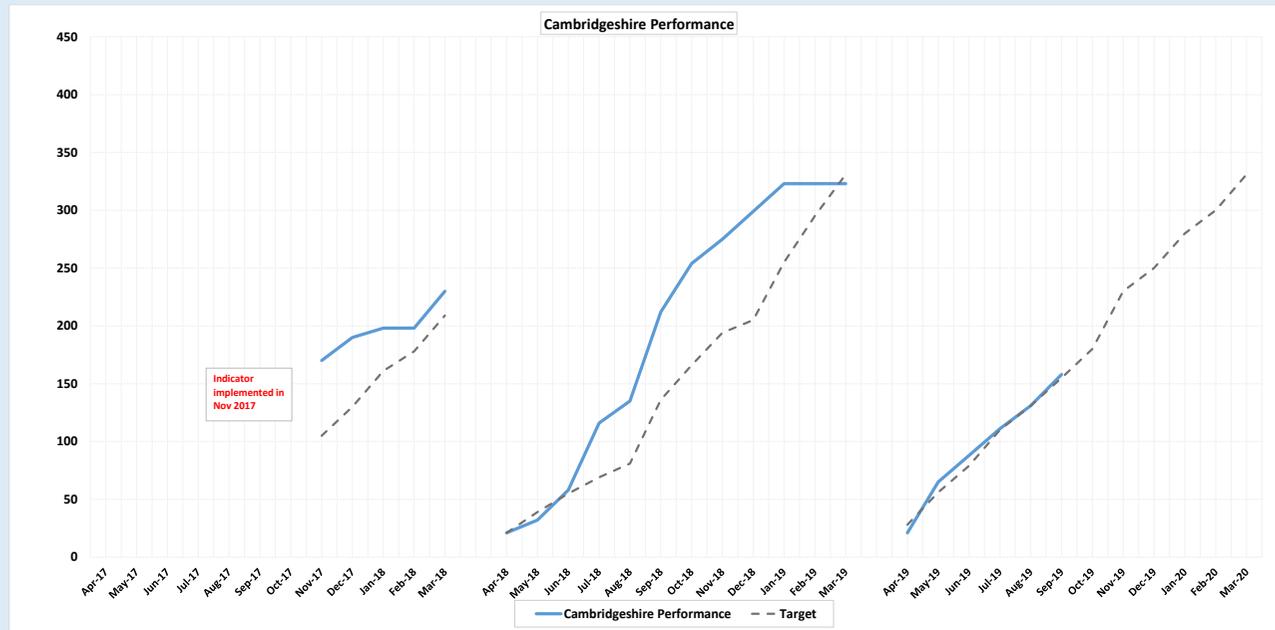
Health Trainer Services provide evidence based behavioural change interventions to support individuals to make lifestyle changes over the course of up to one year. They are part of the Integrated Lifestyle Service and the these specialist Health Trainers who provide evidence based interventions to those at risk of falling.

Those supported by Specialist Falls Prevention Health Trainers develop a Personal Health Plan (PHP) with behavioural change goals.

This measure refers to those who complete their PHPs .

Useful Links

LG Inform:
<https://lginform.local.gov.uk/>



Commentary

This target has been consistently achieved.

| Directorate | Service | Allocated | Q2 Update | YTD expected spend | YTD actual spend | Variance |
|-------------|-----------------------------|-----------|---|--------------------|------------------|----------|
| P&C | Counting every Adult (MEAM) | £68k | <p>CEA caseload update:</p> <p>Total referrals received: 14</p> <p>Activity</p> <p>Accepted: 4 Declined: 14 Withdrawn: 0 Decision Pending: 5 Closed: 5</p> <p>Active: 26 (at end of quarter) 8 in independent accommodation 5 in supported accommodation 3 in temporary accommodation 6 living with family / sofa surfing 4 rough sleeping</p> <p>15 positively engaged in treatment and support including drug and alcohol treatment, mental health support, probation, physical health issues.</p> <p>4 individuals are regularly attending the coproduction group. A number of closed cases have indicated a wish to attend in the future</p> <p>MEAM</p> <p>MEAM have agreed to lead some training for Cambridgeshire and Peterborough operational groups on systems thinking. MEAM will also lead some work with the Cambridgeshire Countywide Safer Communities Partnership Board on systems</p> | £34,000 | £34,000 | 0 |

| | | | | | | |
|-----|--|---------|--|---------|---------|--------|
| | | | <p>thinking so that the product of work by the operational groups will have an understanding audience. CEA has been invited to attend the steering group for the national MEAM evaluation. The second year report from Cordis Bright of the current MEAM evaluation for Cambridgeshire has been produced.</p> <p>Coproduction</p> <p>The Coproduction Group has established a regular monthly meeting and terms of reference have been agreed. The meeting will include 'open time' for those with lived experience to bring their concerns, frustrations, suggestions and innovations. One of the regular attendees has agreed to chair the meeting.</p> <p>Eastern Region Rough Sleeper Mental Health Practitioner Forum</p> <p>CEA initiated contact within Mental Health practitioners in Norfolk in the spring and this has led to the first regional practitioner forum in August. It was attended by practitioners from Northampton, Cambridge, Ipswich, Norwich, Wisbech and King's Lynn to exchange practice and learning. Given the small number of mental health practitioners working directly with rough sleepers, it is also hoped that this will be a supportive network. Currently we are looking to hold this forum quarterly</p> | | | |
| P&C | Education Wellbeing/PSH E KickAsh | £15,000 | Awaited – this is currently being worked on as service has only just been agreed | £7,500 | 0 | £7,500 |
| P&C | Children's Centres | £170k | <p>The Public Health funding is utilised as part of the total budget to improve health of children, with particular focus on the youngest children. (For context, the Public Health contribution of £170k makes up 3.89% of the overall budget of £4,372,159)</p> <p>During quarter 673 separate activities were delivered from our Child and Family Centre providers across the county under the 'Child and Family Health' heading. These included ante and post- natal support (328), breastfeeding advice and support</p> | £85,000 | £85,000 | 0 |

(56), clinics (172), Development Checks (94), First Aid sessions (4), healthy eating (5) and weaning support (14).

Highlights from 2 of our district teams (East Cambridgeshire, Wisbech) are listed below.

- This quarter in **East Cambridgeshire** the roll-out of baby self-weigh stations was implemented in six venues. This gives parents more opportunity to weigh their baby when they can't make it to a health visitor clinic or don't need to see a health visitor. Early figures indicate that this is being well used. Meanwhile, they continue to focus on early bond and attachment through the Baby Five to Thrive programmes which encourage and support parents to become attuned to their baby's needs, leading to healthy brain development. Parents' mental health is also supported via post-natal groups, such as Little Cafe in Soham which offers a cup of tea and cake as well as breastfeeding support and a chance to meet others.
- Also in East Cambs, the Child and Family Centres are about to start delivery of their inter-generational programme in Ely, bringing together vulnerable young children from Spring Meadow Infant School together with isolated older people at Baird Lodge supported accommodation. This follows the successful roll-out of the project in Soham where participants report an increased sense of wellbeing.
- In **Wisbech** they have been involved in the launch of the Better Births programme, and 4 staff members have done the training and now delivery of the Pathway to Parenting programme alongside health colleagues in Midwifery and Health visiting. They are now on their 4th cohort of parents and have had a really positive feedback from the 58 parents who have attended so far. Comments from parents include:

"The whole course has made us feel more confident about being new parents and it is great to know we have support when baby is here"

"Overall I am very pleased I attended have learnt things i wouldn't have learnt if I didn't attend"

| | | | | | | |
|-----|--|------|---|--------|--------|---------|
| | | | <i>"Everything lots of information and support"</i> | | | |
| P&C | Strengthening Communities Service | £10k | <p>I Love Wisbech A feedback event took place at Thomas Clarkson Academy and the report and film have been presented to Wisbech 2020 and steering group partners are working with them on their big community event at the Queen Mary Centre on 7 December.</p> <p>The Ferry Project has secured the empty Co-op building as a potential big I Love Wisbech pop up shop, which was one of the ideas cited by local people to rejuvenate the town centre and could be a shop window for local community groups and promote ways to get involved, amongst many other things.</p> <p>Each of the 5 themes has a lead from the steering group who are following up with the 300 people who were keen to be involved.</p> <p>The steering group has met to evaluate the project and start to discuss next steps including the potential of an independent community vehicle such as a Community Interest Company or Charitable Incorporated Organisation which could bring together partners, build local capacity and maximise external funding opportunities. Support Cambridgeshire will work with all stakeholders to undertake a feasibility and options analysis.</p> <p>Wisbech CLLD Wisbech Community Led Local Development is partnership led EU funded programme, which provides project funding for groups and organisations who will tackle the barriers to labour market participation in Wisbech. CCC is a participating partner and Strengthening Communities manager sits on the Advisory Group. A 'potential project' drop in session was held in September and there are now a number of projects in the pipeline.</p> <p>Golden Age Fairs The Fairs are held in various community centres and village halls across Fenland to promote and encourage older people to be healthier (diet and fitness), be able to live more independently for longer (benefits advice) and play an active</p> | £5,000 | £6,288 | -£1,288 |

| | | | | | | |
|----------------|---|------|---|-----------------|-----------------|---------------|
| | | | <p>role in their communities. Strengthening Community Officers attend with a stall of information from across CCC and the Against Scams Partnership.</p> <p>Wisbech Integrated Neighbourhoods Officers have participated (and facilitated table discussions) at two workshops held in Wisbech, engaging with partners from Health Alliances, PCN, CCG as well as local partners from VCS.</p> <p>Think Communities Summer Challenge Residents have taken part in the Think Communities challenge and shared their views on where they think communities can play a great role. These conversations have taken place in March, Wisbech, Chatteris and Whittlesey</p> <p>Time credits celebrated its 5th Birthday in Wisbech in September.</p> | | | |
| P&C | Contribution to Anti-Bullying | £7k | This is a nominal amount and is part of a large budget, it is therefore difficult to pull out exactly what the £7k covers, and difficult to apportion amounts. This will be spent in total. | £3,500 | £3,500 | 0 |
| | | | SUB TOTAL : P&C Q2 | £133,500 | £128,788 | £4,712 |
| ETE | Active Travel (overcoming safety barriers) | £55k | <p>124 schools in total are now using the Modeshift STARS on line travel planning system. These schools are at various stages of the project.</p> <p>38 schools have achieved accreditation during summer 2019</p> <p>37 were bronze level and 1 silver level</p> <p>4 Cambridgeshire schools have been shortlisted for sustainable school travel school of the region, awards are announced on 13th November. The schools are:</p> <p>Godmanchester Community Academy Yaxley Infant School Spring Common Special School St Bede's Interchurch Academy</p> <p>Recent Initiatives</p> | £27,500 | £27,500 | 0 |

Walk to School month October – Theatre in Education for Primary Schools across the county.

The production, Abbie Ayre and the Shed of Science, was part of the County Council's STARS and Junior Travel Ambassador Programs for primary schools. Pupils at schools across the county bid to have the show, the production was designed to encourage more pupils to walk or cycle to school, with the aim to reduce air pollution around schools.

As well as avoiding unnecessary car journeys, the County Council's campaign is encouraging families to consider a number of different steps.

These include motorists turning off their vehicle's engine while stationary, using public transport and at school drop-off and pick-up times, parking a little further away and walking to school. Setting up park and stride schemes with landowners and local businesses, or taking part in the successful CCC Take 5 scheme – a scheme that enables schools to research legal safer parking within a 5-10 minute radius of the school where parents park and walk the rest of the way with their children thus reducing the number of cars around the school. The show went to 10 schools and reached 612 children and 32 adults. Schools were provided with follow up teaching materials.

Spring Common Academy are working with Road Safety Officers to develop an education resource to support sustainable travel at special schools.

With input from STARS school travel plan schools, downloadable lesson plans and resources have been created, and are available to all schools and the public on the CCC website.

<https://www.cambridgeshire.gov.uk/residents/travel-roads-and-parking/roads-and-pathways/road-safety/road-safety-education-for-schools/primary-school-road-safety-education/road-safety-teaching-resources/>

A Cambridgeshire STARS travel planning school champion, from Godmanchester Community Academy has been shortlisted as School Travel Plan Champion of the year, the results will be announced at the Modeshift Sustainable Travel Conference on 7th November.

| | | | | | | |
|-----|---|------|--|---------|---------|---|
| | | | Routes to two new schools in Cambridgeshire at Northstowe have been risk assessed, and schools have been signed up to the Modeshift STARS active travel scheme for travel planning and to help support and encourage sustainable travel at that location. | | | |
| ETE | Explore additional interventions for cyclist/ pedestrian safety | £30k | <p>“Be Bright Be Seen” campaign launched at the start of the half term holiday to coincide with the end of British Summertime</p> <p>RSO’s were invited to attend and exhibit at the Paediatric Major Trauma Education Event hosted by the Major Trauma Centre Addenbrookes Delegates from a variety of different backgrounds including doctors, nurses, paramedics and allied health professionals who worked with children affected by trauma attended the conference.</p> <p>Fresher’s Adverts for students in Student Pocket Guide to promote safe cycling. Resources procured in preparation for Fresher’s Fair</p> <p>Safety Zones Ely and Ramsey Road Safety Wheel of Fortune Quiz game</p> <p>Road Safety Week of Action The Road Safety team will once again be supporting Cambridgeshire Police with the “Road Safety Week of Action” planned for Road Safety Week 17th – 20th November RSO’s reinforcing key messages in schools across the County Green Cross Code Safer Cycling Be Bright Be seen Procured extra resources for “Road Safety Week of Action” for the “Lit Campaign”</p> <p>BHS The Road Safety Team have met with the British Horse Association we are supporting the “Dead Slow Campaign” passing horses wide and slow.</p> | £15,000 | £15,000 | 0 |

| | | | | | | |
|-----|-------------|------|---|---------|---------|---|
| | | | <p>YTA We have recently secured a very small pot of money to develop a Youth Travel Ambassador scheme for Secondary schools. St Bedes Cambridge have been selected for the pilot</p> <p>St Bedes were 1 of 16 secondary schools who expressed an interest in the project. The long term hope is the project will be rolled out Countywide when and if funding becomes available.</p> <p>The Road Safety Toy bags Continue to be extremely popular and are loaned out to pre-schools, nurseries, child minders and reception classes. The toy bags contain R/S toys games and books as well as information for staff and parents/cares.</p> <p>Car Free Zones We are currently exploring and identifying suitable school locations.</p> <p>Dutch Style Roundabout RSO's are supporting the cycling team to look at ways to engage educate and promote to schools whose pupils will be using the roundabout on a regular basis.</p> | | | |
| ETE | Road Safety | £20k | <p>There are now 144 JTAs across 26 schools. We now have a waiting list as we are not able to take on any more schools with the current staff resource.</p> <p>This term all the new year 5 JTA's were introduced to the project and were excited to receive their badges, notebooks and pens.</p> <p>JTA's this term, with the change of the clocks focused on Being Bright and Being Seen. The JTA's organised promotional assemblies and competitions. Including:</p> <ul style="list-style-type: none"> Designing a bright coat, writing poems and designing a poster. Some schools had a Bright Day, when children came to school wearing bright clothes. | £10,000 | £10,000 | 0 |

| | | | | | |
|--|--|--|--|--|--|
| | | <p>The JTA's also handed out reflectors to all children in the school.</p> <p>During Road Safety Week (18th-24th November) the JTA's will be promoting the Green Cross Code and thinking about how to cross the road safely and promoting walking in a bid to cut down on the number of cars at the school gate.</p> <p>The Junior Travel Ambassador scheme is aimed at yr. 5 pupils. Empowering pupils to identify what they think needs to change to improve Road Safety for their school. JTA's also encourages fellow pupils to get more active and lead healthier lifestyles.</p> <p>St Bede's Inter church school is the first secondary school to trial Youth Travel Ambassador (YTA) in Cambridgeshire. An exciting new project for the county, that see's students empowered to make decisions and be actively involved in making positive changes and helping their school to become safer and the pupils more active. 8 students from across the year groups have become YTA's and are working together with Maree Richards from Road Safety who is acting as an advisor to deliver the project. After some initial research the students have decided to focus on cycling. Firstly they are initiating a survey for all students that currently cycle or could cycle, asking them about their experiences of cycling and any issues they might have, and what might prevent them from cycling. They are exploring various promotional ideas including buying helmets and lights in bulk to sell at a discount to students via the school shop. Making a YouTube video about cycling. Running cycling assemblies and showing the cycle helmet experiment in science classes. YTA's are also very keen to target parents who currently park outside of school, often leaving their engines running particularly at the end of the school day.</p> <p>This project is still in its very early stages but already showing great signs as being as successful as the JTA scheme. Both the students and the school are very enthusiastic. The hope is following the trial other secondaries will be able to join next academic year, funding and staffing permitting.</p> | | | |
|--|--|--|--|--|--|

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|------|-----------------------------|------|--|----------------|---------|---|
| | | | We are holding a competition asking all schools to take part in naming the new Gritter fleet 36 in total. We have had some very interesting entries! | | | |
| P&E | Underage Sales | £10k | | £5,000 | | |
| ETE | Illicit Tobacco | £15k | | £7,500 | | |
| | | | SUB TOTAL : ETE Q2 | £65,000 | | |
| C&CS | Research | £22k | <ul style="list-style-type: none"> Development of Cambridgeshire Insight to ensure sound and future-proofed platform for publishing JSNAs and other PHI data aligned with other datasets about the county Production of population forecasts Planning for Census 2021 | £11,000 | £11,000 | 0 |
| BID | Transformation Team Support | £27k | <p>Business Planning The Transformation Team continues to lead the Council's Business Planning Process, ensuring that the 2020-21 Business Planning process sufficiently aligns with the work of the Public Health directorate, and supporting Public Health colleagues to engage with the Business Planning process.</p> <p>Business Transformation</p> <ul style="list-style-type: none"> The Transformation Team continue to collaborate with Public Health colleagues around the development of approaches to transforming programmes and practices, with the goal of working together to increasing Public Health Directorate's capacity to improve outcomes for children and families in Cambridgeshire. <p>Best Start in Life Programme</p> <ul style="list-style-type: none"> The Best Start in Life board was created to bring together public and community health, early year's education and early help teams together to develop a strategy and design a delivery model that supports early year's outcomes for children pre-birth to 5. Public Health and Transformation have collaborated since November 2018, and continue to work closely. The final outcome of our work will be a cross-sector, place-based delivery model launched in April 2020. A five-year Best Start in Life Strategy, developed under the leadership of Dr Liz Robin and Wendi Ogle-Welbourn, was | £13,500 | £13,500 | 0 |

| | | | | | | |
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| | | | <p>discussed and reviewed by Elected Members across Cambridgeshire and Peterborough in September 2019 with further briefings of members planned before January 2020.</p> <ul style="list-style-type: none"> Members of the Best Start in Life Implementation Group presented the proposed Integrated Delivery Model to the Child Health & Wellbeing Executive Board on 30 September. A follow up presentation is planned for January 2020, to include a more detailed proposal for implementation on April 2020. | | | |
| C&CS | Communications | £25k | <ul style="list-style-type: none"> Development of Gold, Silver and Bronze communications prioritisation Hot weather communications Development of the immunisation campaign Development of Missing Moments toolkit phase 2 Development/refresh of Flu and Stay well campaigns | £12,500 | £12,500 | 0 |
| C&CS | Strategic Advice | £22k | <ul style="list-style-type: none"> Inputting strategically into the business planning process, e.g. Member workshops, Committee meetings, JMT meetings Leading the corporate Health, Safety and Wellbeing Board to ensure that Public Health, & its role in supporting for staff wellbeing, is given greater focus Leading the corporate Equalities and Diversity Group ensuring that health and wellbeing issues are reflected in our work for staff, customers and the wider public Leading the corporate Workforce Strategy implementation ensuring that staff health and wellbeing issues are reflected in this activity including the inter-dependence between the workforce strategy implementation and the changes for staff through the Cambs 2020 programme Leading the implementation of the council's IT Strategy ensuring that our IT provision (systems and devices) meet the needs of services' and staff and contribute their wellbeing in the workplace Ensuring that health and wellbeing issues are reflected in the work of the Customer and Digital services Directorate | £11,000 | £11,000 | 0 |
| C&CS | Emergency Planning Support | £5k | <ul style="list-style-type: none"> Close cooperation across a range of resilience activities Provision of emergency planning support when the officer undertaking the 'HEPRO function' is not available | £2,500 | £2,500 | 0 |

| | | | | | | |
|-----------------|--|-------|---|-----------------|-----------------|----------|
| | | | <ul style="list-style-type: none"> Provision of out of hours support to ensure that the DPH is kept up to date with any incidents that may occur and may have an impact upon public health <p>Ongoing support across all areas of resilience preparation</p> | | | |
| C&CS | LGSS Managed Overheads | £100k | <p>This continues to be supported on an ongoing basis, including:</p> <ul style="list-style-type: none"> Provision of IT equipment Office Accommodation Telephony Members allowances | £50,000 | £50,000 | 0 |
| | | | SUB TOTAL : CCS Q2 | £100,500 | £100,500 | 0 |
| LGSS | Overheads associated with PH function | £220k | <p>This covers the Public Health contribution towards all of the fixed overhead costs.</p> <p>The total amount of £220k contains £65k of specific allocations as follows:</p> <p>Finance £20k HR £25k IT £20k</p> <p>The remaining £155k is a general contribution to LGSS overhead costs</p> | £110,000 | £110,000 | 0 |
| | | | SUB TOTAL : LGSS Q2 | £110,000 | £110,000 | 0 |

SUMMARY

| Directorate | YTD (Q2) expected spend | YTD (Q2) actual spend | Variance |
|-----------------|-------------------------|-----------------------|----------|
| P&C | £133,500 | £128,788 | £4,712 |
| P&E | £65,000 | TBA | TBA |
| CS&T | £100,500 | £100,500 | 0 |
| LGSS | £110,000 | £110,000 | 0 |
| TOTAL Q4 | £409,000 | | |

PUBLIC HEALTH PERFORMANCE INDICATORS

To: **Health Committee**
Meeting Date: **December 5th 2019**
From: **Director of Public Health**
Electoral division(s): **ALL**

Forward Plan ref: **N/A** *Key decision:* **No**

Purpose: **The purpose of this paper is to propose a final set of performance indicators for monitoring by the Health Committee, following a Member Workshop on this topic delivered in September**

Recommendation: **The Committee is asked to discuss and approve the proposed performance indicators outlined in this paper.**

| <i>Officer contact:</i> | | <i>Member contacts:</i> | |
|--------------------------------|--|--------------------------------|--|
| Name: | Liz Robin | Names: | Councillor Hudson |
| Post: | Director of Public Health | Post: | Chair |
| Email: | Liz.robin@cambridgeshire.gov.uk | Email: | Peter.hudson@cambridgeshire.gov.uk |
| Tel: | 01733 207176 | Tel: | 01223 706398 |

1. BACKGROUND

- 1.1 In July 2019, General Purposes Committee agreed a new format and timetable for performance reporting, replacing the monthly Finance and Performance Report with more in depth quarterly performance reports. Committees were asked to select their key indicators for quarterly reporting.
- 1.2 An overview of public health performance reporting and the qualities of a good performance indicator were discussed at a Health Committee workshop on September 16th, with follow up discussions at the Chair/Vice Chair and Lead Members meetings.

2. MAIN ISSUES

- 2.1 Discussions of public health performance reporting identified the following issues:
- Members would like outcomes reported rather than processes – but recognise that sometimes public health outcomes will be longer term. Therefore delivery of evidence based programmes, which will deliver future public health outcomes has a valid place.
 - Many public health outcomes are dependent on a wide range of societal and other factors, so the public health programmes provided by the County Council are not the only factor influencing them.
 - It is important for the Committee to understand **both** whether the programmes on which the majority of the public health budget is spent are delivering well against their KPIs **and** whether broader public health indicators for Cambridgeshire are improving or deteriorating.
 - Health inequalities need to be considered as well as overall reporting for the County as a whole.
 - Some public health budgets managed by other Council Directorates and it is important that the Health Committee also keeps track of performance of the funded programmes.
- 2.2 In order to address these issues it is proposed to
- Continue to report regularly on the main public health programmes, which account for the majority of the budgets which the Health Committee oversees.
 - Report against a new set of performance indicators which includes more outcome-based indicators than previously, although there are still some evidence based 'process' indicators.
 - A table comparing (a) performance indicators previously reported in the old 'Finance and Performance Report' (b) the interim performance indicators currently being reported and (c) the proposed performance indicators is attached as Annex A.
 - Include more detailed information on health inequalities in the commentary when

available (e.g. reporting health visitor checks on a district level)

- Provide a separate quarterly paper on updates to the Public Health Outcomes Framework (PHOF). The PHOF provides benchmarked information on a range of public health determinants and outcomes in Cambridgeshire at both county and district level, so enables tracking of whether broader public health outcomes are improving or deteriorating in the county, and some tracking of health inequalities. The benchmarked PHOF indicators which are directly relevant to the proposed performance indicators are covered in Annex B.
- Continue to provide quarterly updates on public health programmes managed in other directorates.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 A good quality of life for everyone

Health outcomes are an important aspect of quality of life

3.2 Thriving places for people to live

Good population health outcomes support productivity and a thriving economy

3.3 The best start for Cambridgeshire's Children

Both the proposed performance indicators and the wider PHOF include outcomes and process measures relevant to children's health and development.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

There are no significant implications within this category.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category

4.3 Statutory, Legal and Risk Implications

Some of the performance indicators provided to Health Committee are also subject to mandatory national reporting

4.4 Equality and Diversity Implications

There are no significant implications within this category

4.5 Engagement and Communications Implications

There are no significant implications within this category

4.6 Localism and Local Member Involvement

There are no significant implications within this category

4.7 Public Health Implications

Public health implications are outlined throughout the paper

| Implications | Officer Clearance |
|--|---|
| | |
| Have the resource implications been cleared by Finance? | Yes or No Name of Financial Officer: Stephen Howarth |
| | |
| Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement? | Yes or No Name of Officer: N/a |
| | |
| Has the impact on statutory, legal and risk implications been cleared by LGSS Law? | Yes Name of Legal Officer: Fiona McMillan |
| | |
| Have the equality and diversity implications been cleared by your Service Contact? | Yes or No Name of Officer: Tess Campbell |
| | |
| Have any engagement and communication implications been cleared by Communications? | Yes Name of Officer: Matthew Hall |
| | |
| Have any localism and Local Member involvement issues been cleared by your Service Contact? | Yes or No Name of Officer: Tess Campbell |
| | |
| Have any Public Health implications been cleared by Public Health | Yes or No Name of Officer: Tess Campbell |

| Source Documents | Location |
|----------------------------------|---|
| Public health outcomes framework | https://fingertips.phe.org.uk/profile/public-health-outcomes-framework |

| Public health programme | Previous Finance and Performance Report | New Interim Performance report | Proposed final list of performance indicators, following September workshop |
|--|---|--|--|
| Sexual health and contraception | <ol style="list-style-type: none"> 1. GUM Access – offered appointment within 2 working days 2. GUM Access – %seen within 48 hrs of those offered an appointment | <ol style="list-style-type: none"> 1. GUM Access – offered appointment within 2 working days 2. GUM Access – % seen within 48 hrs of those offered an appointment | <ol style="list-style-type: none"> 1. % of people seen within 48hrs of contacting the service 2. % of women who have access to Long Acting Reversible Contraception (LARC) within 10 days of contacting the service. |
| Drug and Alcohol services | None | None | <ol style="list-style-type: none"> 1. % of clients who successfully complete treatment <ul style="list-style-type: none"> - Adults (all substances) - Young People (all substances) 2. % of clients who re-present to the service (adults) |
| Children’s public health services | <ol style="list-style-type: none"> 1. Percentage of infants being breastfed (fully or partially) at 6 - 8 weeks 2. Health visiting mandated check - Percentage of first face-to-face antenatal contact with a HV from 28 weeks 3. Health visiting mandated check - Percentage of births that receive a face to face New Birth Visit (NBV) within 14 days, by a health visitor 4. Health visiting mandated check - Percentage of children who received a 6 - 8 week review 5. Health visiting mandated check - Percentage of children who received a 12 month review by 15 months 6. Health visiting mandated check - Percentage of children who received a 2 -2.5 year review | <ol style="list-style-type: none"> 1. Percentage of infants being breastfed (fully or partially) at 6 - 8 weeks 2. Health visiting mandated check - Percentage of first face-to-face antenatal contact with a HV from 28 weeks 3. Health visiting mandated check – percentage of children who received a 6-8 week review by 8 weeks 4. Health visiting mandated check - Percentage of children who received a 12 month review by 15 months 5. Health visiting mandated check - Percentage of children who received a 2 -2.5 year review | <p>Universal all children pre-birth to 5 years</p> <ol style="list-style-type: none"> 1. Health visiting mandated check - Percentage of first face-to-face antenatal contact with a HV from 28 weeks 2. Health visiting mandated check - Percentage of births that receive a face to face New Birth Visit (NBV) within 14 days, by a health visitor 3. Health visiting mandated check – percentage of children who received a 6-8 week review by 8 weeks 4. Health visiting mandated check - Percentage of children who received a 12 month review by 15 months |

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|-------------------------------|---|--|--|
| | <p>7. School nursing - Number of young people seen for behavioural interventions - smoking, sexual health advice, weight management, emotional health and wellbeing, substance misuse or domestic violence</p> <p>8. School nursing - number of calls made to the duty desk</p> <p>9. School nursing - Number of children and young people who access health advices and support through Chat Health</p> | | <p>5. Health visiting mandated check - Percentage of children who received a 2 -2.5 year review</p> <p>Breast feeding:</p> <p>6. % of infants breast feeding at 6-8 weeks (need to achieve 95% coverage to pass validation)</p> |
| Integrated lifestyle services | <p>1. Personal Health Trainer Service - number of Personal Health Plans produced (PHPs) (Pre-existing GP based service)</p> <p>2. Personal Health Trainer Service - Personal Health Plans completed (Pre-existing GP based service)</p> <p>3. Number of physical activity groups held (Pre-existing GP based service)</p> <p>4. Number of healthy eating groups held (Pre-existing GP based service)</p> <p>5. Personal Health Trainer Service - number of PHPs produced (Extended Service)</p> <p>6. Personal Health Trainer Service - Personal Health Plans completed (Extended Service)</p> <p>7. Number of physical activity groups held (Extended Service)</p> <p>8. Number of healthy eating groups held (Extended Service)</p> | <p>1. Personal Health Trainer Service – number of Personal Health Plans completed (Pre-existing GP based service)</p> <p>2. Personal Health Trainer Service - Personal Health Plans completed (Extended Service)</p> <p>3. Percentage of Tier 2 clients recruited who complete the course and achieve 5% weight loss</p> <p>4. Percentage of Tier 3 clients recruited completing the course and achieve 10% weight loss</p> <p>5. Number clients completing their PHP - Falls Prevention</p> | <p>Weight Management:</p> <p>1. % of Tier 2 Weight Management patients who complete the course and achieve a 5% weight loss.</p> <p>Health Trainers/ Falls Prevention:</p> <p>1. % of clients completing a strength and balance exercise programme demonstrating an improvement in static balance.</p> <p>Health Trainers:</p> <p>1. % of written health plans that are completed.</p> <p>Lifestyle Service:</p> <p>1. % of referrals from deprived areas/ vulnerable groups</p> |

| | | | |
|----------------------------|--|---|--|
| | <p>9. Proportion of Tier 2 clients completing the intervention who have achieved 5% weight loss.</p> <p>10. Proportion of Tier 3 clients completing the course who have achieved 10% weight loss</p> <p>11. Number of referrals received for multi factorial risk assessment for Falls Prevention</p> <p>12. Number of Multi Factorial Risk Assessments Completed - Falls Prevention</p> <p>13. Number clients completing their PHP - Falls Prevention</p> <p>14. Childhood Obesity (School year) - 90% coverage of children in year 6 by final submission (EOY)</p> <p>15. Childhood Obesity (School year) - 90% coverage of children in reception by final submission (EOY)</p> <p>16. Overall referrals to the service</p> <p>17. % of children recruited who complete the weight management programme and maintain or reduce their BMI Z score by agreed amounts</p> | | |
| Smoking and tobacco | 1. Smoking cessation – four week quitters | 1. Smoking cessation – four week quitters | <p>1. % against target for 4 week quitters.</p> <p>2. Achievement against target for 52 week quitters.</p> |
| Health checks | <p>1. Number of Health Checks completed</p> <p>2. Number of Outreach Health Checks carried out</p> | 1. Number of Health Checks completed | 1. Number of outreach health checks completed |

| | | | |
|---|--|-------|--|
| Public health outcomes framework | Quarterly update on changes to PHOF indicators for Cambridgeshire attached as additional annex | ? TBC | Yes – with covering report highlighting changes |
| Public health MOU services | Quarterly update on performance of PH MOU services attached as an annex | ? TBC | Yes – with covering report highlighting changes. |

ANNEX B: RELEVANT PUBLIC HEALTH OUTCOMES FRAMEWORK INDICATORS

| Public health programme | Proposed final list of Health Committee performance indicators, following September workshop | Related Public Health Outcomes Framework (PHOF) benchmarked indicators: updated annually on a rolling basis with a quarterly PHOF update to Health Committee |
|--|--|---|
| Sexual health and contraception | <ol style="list-style-type: none"> 1. % of people seen within 48hrs of contacting the service 2. % of women who have access to Long Acting Reversible Contraception (LARC) within 10 days of contacting the service. | C01 - Total prescribed LARC excluding injections rate / 1,000 C02a - Under 18s conception rate / 1,000 C02b - Under 16s conception rate / 1,000 D02a - Chlamydia detection rate / 100,000 aged 15-24 D02b - New STI diagnoses (exc chlamydia aged <25) / 100,000 D07 - HIV late diagnosis (%) |
| Drug and Alcohol services | <ol style="list-style-type: none"> 1. % of clients who successfully complete treatment <ul style="list-style-type: none"> - Adults (all substances) - Young People (all substances) 2. % of clients who re-present to the service (adults) | C19a - Successful completion of drug treatment - opiate users C19b - Successful completion of drug treatment - non-opiate users C19c - Successful completion of alcohol treatment C19d - Deaths from drug misuse C20 - Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison C21 - Admission episodes for alcohol-related conditions (Narrow) |
| Children's public health services | <p>Universal all children pre-birth to 5 years</p> <ol style="list-style-type: none"> 1. Health visiting mandated check - Percentage of first face-to-face antenatal contact with a HV from 28 weeks 2. Health visiting mandated check - Percentage of births that receive a face to face New Birth Visit (NBV) within 14 days, by a health visitor 3. Health visiting mandated check – percentage of children who received a 6-8 week review by 8 weeks 4. Health visiting mandated check - Percentage of children who received a 12 month review by 15 months | C04 - Low birth weight of term babies C06 - Smoking status at time of delivery C07 - Proportion of New Birth Visits (NBVs) completed within 14 days C25h - Newborn Blood Spot Screening – Coverage C25i - Newborn Hearing Screening – Coverage E01 - Infant mortality rate C08a - Percentage of children at or above expected level of development in all five areas of development at 2-2½ years C08b - Percentage of children at or above expected level of development in communication skills at 2-2½ years C08c - Percentage of children at or above expected level of development in personal-social skills at 2-2½ years C11a - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years) D03 and D04: Population vaccination coverage for routine childhood immunisation % (total of 14 indicators) B02a - School Readiness: the percentage of children achieving a good level of development at the end of reception |

| | | |
|--------------------------------------|---|---|
| | <p>5. Health visiting mandated check - Percentage of children who received a 2 - 2.5 year review</p> <p>Breast feeding:</p> <p>6. % of infants breast feeding at 6-8 weeks (need to achieve 95% coverage to pass validation)</p> | <p>B02a - School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception B02c - Percentage of children achieving at least an expected level of development across all learning goals in communication and language B02d - School readiness: Percentage of children achieving the expected level of development in communication, language and literacy skills at the end of Reception B02b - School Readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check B02b - School Readiness: the percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check E02 - Percentage of 5 year olds with experience of visually obvious dental decay</p> <p>PHOF breastfeeding indicators at birth and at age 6-8 weeks are currently being revised</p> <p>There are a number of indicators for older school age children including: B03 - Pupil absence C11b - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 0-14 years and aged 15-24 years) 2 - Percentage of children where there is a cause for concern C02b - Under 16s conception rate / 1,000 C02a - Under 18s conception rate / 1,000 B04 - First time entrants to the youth justice system B05 - 16-17 year olds not in education, employment or training (NEET) or whose activity is not known</p> |
| <p>Integrated lifestyle services</p> | <p>Weight Management:</p> <p>1. % of Tier 2 Weight Management patients who complete the course and achieve a 5% weight loss.</p> <p>Health Trainers/ Falls Prevention:</p> <p>1. % of clients completing a strength and balance exercise programme demonstrating an improvement in static balance.</p> <p>Health Trainers:</p> | <p>C09a - Reception: Prevalence of overweight (including obesity) C09b - Year 6: Prevalence of overweight (including obesity) C15 - Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults) C16 - Percentage of adults (aged 18+) classified as overweight or obese C17a - Percentage of physically active adults C17b - Percentage of physically inactive adults C29 - Emergency hospital admissions due to falls in people aged 65 and over E13 - Hip fractures in people aged 65 and over</p> |

| | | |
|----------------------------|--|---|
| | <p>1. % of written health plans that are completed.</p> <p>Lifestyle Service:</p> <p>1. % of referrals from deprived areas/ vulnerable groups</p> | |
| Smoking and tobacco | <p>1. % against target for 4 week quitters.</p> <p>2. Achievement against target for 52 week quitters.</p> | <p>C06 - Smoking status at time of delivery</p> <p>C13a - Smoking prevalence age 15 years - regular smokers (SDD survey)</p> <p>C18 - Smoking Prevalence in adults (18+) - current smokers (APS)</p> |
| Health checks | <p>1. Number of outreach health checks completed</p> | <p>C26a - Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check</p> <p>C26b - Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check</p> <p>C26c - Cumulative percentage of the eligible population aged 40-74 who received an NHS Health check</p> |

HEALTH COMMITTEE TRAINING PLAN 2019/20

Updated Nov 2019

Agenda Item No: 9

Proposals

| Ref | Subject | Desired Learning Outcome/Success Measures | Priority | Date | Responsibility | Nature of training | Attendance by: | Cllrs Attending | Percentage of total |
|-----|--|--|----------|--------------------------------|----------------|---------------------|-------------------------------------|-----------------|-----------------------------|
| | Public Health Performance reporting | To provide committee members with an increased understanding of the key performance indicators used in the F&PR To review current reporting and an opportunity to discuss what information members receive in future Performance reports. Business Planning updates were added to the training session | 2 | Sept 16 th 2019 | Public Health | Development session | Health Committee Members | 4 | 40% Completed |
| | Business Planning 2020 | To provide a development session on the Public Health Business Planning processes 2020 | 2 | 16 th September | Public Health | Development Session | | 4 | 40% Completed |
| | STP – Long Term Plan Submission | To provide committee members with an overview of the STP's | 2 | 24 th October @ 9am | Public Health | Development Session | Health Committee Members (including | 5 | 50% Completed |

| | | | | | | | | | |
|--|--|---|---|---|---------------|---------------------|-------------------|--|--|
| | | response to the Long Term Plan | | | | | district members) | | |
| | Best Start in Life Programme (BSiL) | To provide committee members with an overview of the BSiL programme | 1 | Provisional 23 rd January (after Health Committee meeting) | Public Health | Development Session | | | |
| | Mental Health Interventions | To provide committee members with an overview of public mental health focusing on local interventions and services. | 3 | Provisional 19 th March (after Health Committee Meeting) | Public Health | Development Session | | | |
| | School Nursing Service Overview | To provide a development session that specifically focusing on the provisions within the school nursing service and associated trend data around access. To agree specific objectives for the session and outline to service providers | 2 | Provisional 6 th Feb (using reserve date for Health Committee) | Public Health | Development Session | | | |
| | Public Health Evaluation | To discuss the wider learning from the CUSPE Evaluation of the Healthy Fenland Fund. | 3 | TBC | Public Health | Development Session | | | |

HEALTH POLICY AND SERVICE COMMITTEE AGENDA PLAN



Cambridgeshire
County Council

Agenda Item No: 10

Notes

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

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

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

+ indicates items expected to be confidential, which would exclude the press and public.

Draft reports are due with the Democratic Services Officer by 10.00 a.m. eight clear working days before the meeting.

The agenda dispatch date is six clear working days before the meeting

| Committee date | Agenda item | Lead officer | Reference if key decision | Deadline for draft reports | Agenda despatch date |
|---|--|----------------|---------------------------|----------------------------|----------------------|
| 23/01/20 | Finance & Performance Report | Liz Robin | Not applicable | 13/01/20 | 15/01/20 |
| | STP Digital Strategy (Scrutiny Item) | STP | Not applicable | | |
| | Big Conversation (Scrutiny Item) | CCG | Not applicable | | |
| | Public Health Risk Register | Liz Robin | Not applicable | | |
| | Active Travel | | Not applicable | | |
| | Joint Health & Wellbeing Strategy Consultation | Liz Robin | Not applicable | | |
| | Health Committee Training Plan | Kate Parker | Not applicable | | |
| | Agenda Plan and appointments to outside bodies | Daniel Snowdon | Not applicable | | |
| <i>[06/02/20] Provisional Meeting</i> | | | | | |

| Committee date | Agenda item | Lead officer | Reference if key decision | Deadline for draft reports | Agenda despatch date |
|---|--|---------------------|----------------------------------|-----------------------------------|-----------------------------|
| 19/03/20 | Performance Report | Liz Robin | Not applicable | 09/03/20 | 11/03/20 |
| | Health Committee Training Plan | Kate Parker | Not applicable | | |
| | Papworth Hospital (Scrutiny Item) | | Not applicable | | |
| | STP Workforce Strategy (Scrutiny Item) | STP | Not applicable. | | |
| | STP GP Strategy (Scrutiny Item) | STP | Not applicable | | |
| | Agenda Plan and appointments to outside bodies | Daniel Snowdon | Not applicable | | |
| <i>[16/04/20] Provisional Meeting</i> | | | | | |
| 28/05/20 | Performance Report | Liz Robin | Not applicable | 18/05/20 | 20/05/20 |
| | Finance Monitoring Report | Stephen Howarth | Not applicable | | |
| | Health Committee Training Plan | Daniel Snowdon | Not applicable | | |
| | Agenda Plan and appointments to outside bodies | Daniel Snowdon | Not applicable | | |
| | Co-option of District Members | Daniel Snowdon | Not applicable | | |
| | Notification of Chairman/woman and Vice-Chairman/woman | Daniel Snowdon | Not applicable | | |
| <i>[25/06/20] Provisional Meeting</i> | | | | | |
| 09/07/20 | Finance Monitoring Report | Stephen Howarth | Not applicable | 29/06/20 | 01/07/20 |
| | Health Committee Training Plan | Kate Parker | Not applicable | | |
| | Agenda Plan and Appointments to Outside Bodies | Daniel Snowdon | Not applicable | | |

| Committee date | Agenda item | Lead officer | Reference if key decision | Deadline for draft reports | Agenda despatch date |
|--|--|---------------------|----------------------------------|-----------------------------------|-----------------------------|
| [06/08/20] <i>Provisional Meeting</i> | | | | | |
| 17/09/20 | Performance Report | Liz Robin | Not applicable | 07/09/20 | 09/09/20 |
| | Finance Monitoring Report | Stephen Howarth | Not applicable | | |
| | Health Committee Training Plan | Kate Parker | Not applicable | | |
| | Agenda Plan and Appointments to Outside Bodies | Daniel Snowdon | Not applicable | | |
| 15/10/20 | Finance Monitoring Report | Stephen Howarth | Not applicable | 05/10/20 | 07/10/20 |
| | Health Committee Training Plan | Kate Parker | Not applicable | | |
| | Agenda Plan and Appointments to Outside Bodies | Daniel Snowdon | Not applicable | | |
| 19/11/20 | Finance Monitoring Report | Stephen Howarth | Not applicable | 09/11/20 | 11/11/20 |
| | Health Committee Training Plan | Kate Parker | Not applicable | | |
| | Agenda Plan and Appointments to Outside Bodies | Daniel Snowdon | Not applicable | | |
| 03/12/20 | Performance Report | Liz Robin | Not applicable | 23/11/20 | 25/11/20 |
| | Finance Monitoring Report | Stephen Howarth | Not applicable | | |
| | Health Committee Training Plan | Kate Parker | Not applicable | | |
| | Agenda Plan and Appointments to Outside Bodies | Daniel Snowdon | Not applicable | | |
| 21/01/21 | Finance Monitoring Report | Stephen Howarth | Not applicable | 11/01/21 | 13/01/21 |
| | Health Committee Training Plan | Kate Parker | Not applicable | | |

| Committee date | Agenda item | Lead officer | Reference if key decision | Deadline for draft reports | Agenda despatch date |
|--|--|---------------------|----------------------------------|-----------------------------------|-----------------------------|
| | Agenda Plan and Appointments to Outside Bodies | Daniel Snowdon | Not applicable | | |
| [11/02/21] <i>Provisional Meeting</i> | | | | | |
| 11/03/21 | Performance Report | Liz Robin | Not applicable | 01/03/21 | 3/03/21 |
| | Health Committee Training Plan | Kate Parker | Not applicable | | |
| | Agenda Plan and Appointments to Outside Bodies | Daniel Snowdon | Not applicable | | |
| [08/04/21] <i>Provisional Meeting</i> | | | | | |
| 10/06/21 | Notification of Chairman/woman and Notification of Vice-Chairman/woman | Daniel Snowdon | Not applicable | 31/05/21 | 02/06/21 |
| | Co-option of District Members` | Daniel Snowdon | Not applicable | | |
| | Finance Monitoring Report | Stephen Howarth | Not applicable | | |
| | Performance Report | Liz Robin | Not applicable | | |
| | Health Committee Training Plan | Kate Parker | Not applicable | | |
| | Agenda Plan and Appointments to Outside Bodies. | Daniel Snowdon | Not applicable. | | |