

Public Health Joint Commissioning Unit COVID-19 Impact Update

To: Health Committee

Meeting Date: Thursday 11th March 2021

From: Liz Robin

Electoral division(s): All

Key decision: No

Outcome: The Health Committee will have additional information and understanding of the impact of COVID-19 upon Public Health commissioned services.

Recommendation: The Committee is asked to consider and discuss the impact of COVID-19 upon delivery of Public Health commissioned services

- a) Consider the impact of COVID-19 upon delivery of Public Health commissioned services.
- b) Note the responses and adaptations to service delivery made by providers in response to the challenges created by the pandemic.

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1. Background

1.1 The COVID-19 pandemic has had been impacting upon Public Health commissioned services for nearly a year. This report provides an overview of how services have been affected and the measures that have been taken to mitigate them. How these measures have enabled them to continue to provide services for the local population and contribute to efforts to address the pandemic. It addresses the following aspects of service delivery.

- Impact on service delivery
- Performance headlines
- Adaptation and development of different service delivery models
- Service elements not delivered
- Longer term positive and negative impacts

The objective is to provide the Committee with an understanding of the service changes, how these have affected uptake of services and the potential longer term impact on health and wellbeing.

1.2 The Public Health Joint Commissioning Unit commissions a range of services, this report addresses the following.

- Adult and Young Persons Drugs and Alcohol Treatment Services
- Supportive accommodation
- Community Integrated Contraception and Sexual Health Services
- Lifestyle Services
- Primary Care Services
- Health Schools Support service
- Healthy Workplace Support Service
- Healthy Fenland Fund

2. Main Issues

2.1 Change Grow Live (CGL) Adult Drug and Alcohol Service

The Drug and Alcohol Treatment Service provided by CGL has consistently demonstrated flexibility and innovation in response to the demands created by the pandemic. From the beginning it was clear that the pandemic exacerbated dependency and mental health issues for some of those in treatment. Consequently the Service focused on intensifying support and harm reduction through developing new ways of delivering the Service to clients most at risk.

CGL shifted the majority of provision from face to face to an online/telephone offer whilst still keeping the main service base open for planned and clinically required appointments. Group work/peer support work is now predominately delivered online to minimise the risk of transmission. The service has seen a significant increase in appointment engagement after shifting to online delivery model.

There has been a sizeable shift across the whole sector with regard to the prioritisation of harm reduction and stabilisation of clients. In the initial lockdown period, reductions in

detoxification medication ceased and the focus has been on stabilisation clients and managing risk. Staff responded quickly to support clients, which included delivering prescriptions and even medication to those who needed to isolate. "Burner" telephones were distributed to those with no means of making contact. These cell phones are for short-term use and can come pre-loaded with pre-paid credit. The service has focused on welfare checks with increased frequency of telephone contact and service users are being retained in the service rather than being completed. The observed benefits of the strong harm reduction approach are as follows.

- An increase in provision of safe storage boxes and Naloxone for service users (74% penetration rate for naloxone in the opiate client cohort in Cambridgeshire at October 2020 compared to 40% in March 2020). Naloxone is medication that blocks the effects of opioids and can be very effective in overdose situations.
- An increase in medical reviews and intensive risk management.
- Increased frequency of contacts with services users via phone and virtual methods during lockdown.
- Reduced waiting times to initiate a new script.
- Reduced numbers using street-based drugs on top of prescribed medication, an increase in abstinence rates and a reduction in injecting rates.

Face to face delivery of Blood Borne Vaccinations (BBV) vaccinations and testing has been affected during the Covid pandemic. Postal dry blood tests are now available and there are some very active outreach clinics. CGL has worked closely with the East of England Operational Delivery Network (ODN – Clinical Networks) to look at innovative ways of continuing to prioritise, test and refer through to Hepatitis C treatment. Cambridgeshire has been identified as a strong partner that helped the eastern region ODN achieve the 'highest achieving' ODN in the country during the summer period.

A new Cambridgeshire Recovery Service which was part of the re-commission of the Service in 2018 has been a particularly valuable and provides critical support for service users. A wide range of both structured and peer led online support has provided both support and contact for individuals in recovery. The expansion to include virtual poetry groups, newsletters, quiz nights, cookery groups etc. has helped develop a strong and stable recovery network helping to reduce social isolation and loneliness. It provides a safe platform for individuals who have successfully completed treatment.

In terms of wider performance measures these have remained strong. Cambridgeshire CGL numbers in treatment have seen an upward trajectory, with an increase in new presentations across all drug types compared to Quarter 2 last year. The largest increases are in the 'opiate', 'alcohol' and 'non-opiate' cohorts. The service has also reported increased levels of complexity in new presentations.

Following the re-commissioning exercise in 2018 there had been a slow improvement in performance after an initial fall lasting for 11 months. During Quarter 1 and Quarter 2 performance has continued to improve and we have seen increases in successful

completion rates across all drug types (however still sitting below national rates). The pace of improvement is slower than expected but now sustained.

There are still significant challenges for the CGL service, there is agreement across the partners that services are seeing an increase in the complexity of new presentations especially alcohol related. Individuals are entering treatment at a later stage in their dependency with poor mental and physical health. This puts an additional strain on the workforce. Ensuring that service users have access to the internet and therefore to the range of online support groups is difficult, a coordinated approach to tackle 'digital inclusion' is being developed.

- The learning and positive aspects are the closer working relationships that have developed between the specialist treatment service and key partners. Most notable were the stronger pathways developed with a range of partners including housing authorities and health in supporting street homeless clients who were housed in "COVID" hotels. There is a very much 'can do' attitude with a range of professionals coming together working collaboratively to support individuals in need.
- The different style of working with clinical interventions delivered in different ways that have brought benefits such as the ability to have more contact time through virtual communication.
- The importance of listening to service users to identify how best to serve and support their individual needs during the pandemic has been key in shaping the response to the challenges that services and their users have and are encountering.

Cambridge City (one of 43 identified task force areas) was invited to bid for Public Health England/ Ministry of Housing, Communities and Local Government monies to support those who are street homeless with substance misuse issues into treatment. The grant bid has been successful and substantial funding will be focused on this cohort over a 15-month period, which includes additional outreach and psychology resource to engage and support individuals who are trapped in the cycle of addiction and homelessness.

2.2 Young Persons Drug and Alcohol Services

The Young People's Drug and Alcohol Service, CASUS, provided by Cambridgeshire and Peterborough Foundation Trust has seen a drop in numbers in treatment, the 2020/21 Quarter 2 figures (104) are lower than the Quarter 2 position in 2019/20 (143). The referral mechanisms for young people have been affected significantly by Covid with school closures, professional 'face to face' contact points reduced and court disruption all having an impact.

CASUS has seen a reduction in planned exit rates during the pandemic period from historically very high rates of 80-85% to 73% in Quarter 1 and falling again to 66% in Quarter 2. The higher complexity of the case load and associated safeguarding concerns has come with challenges especially when trying to build new therapeutic relationships in lockdown situations. CASUS is continuing to work closely and collaboratively with key partners to support these vulnerable young people.

2.3 Supportive accommodation

All the supported housing projects have operated well during the COVID-19 crisis. The controlled drinker's project needed to restrict visitors but continued otherwise as usual with staff on site. In the offenders projects visiting support was restricted to only when necessary but clients received regular welfare checks. The residents have coped well and received ongoing support during the pandemic period.

2.4 Community Integrated Contraceptive and Sexual Health Services (iCaSH)

The Cambridgeshire iCaSH service is provided by Cambridgeshire Community Services. At the start of the pandemic there were national directives related to COVID-19 that necessitated changes in the iCaSH delivery model to minimise infection transmission. The Service moved quickly to identify its essential services and to ensure that all high-risk patients would be seen at a clinic.

The Service experienced pressures that reflected action taken in the rest of system. Waiting times for access to Long Acting Reversible Contraception (LARC) have lengthened which reflected in part additional referrals from primary care, also under pressure. In Quarter 2 the backlog was reduced but this remains a challenging issue. The Service however has focused on ensuring that high risk vulnerable women are treated as quickly as possible. At all times, alternative contraception methods were made available, often using new approaches.

GUM activity reduced during Quarter 1 and was down at 39% at the end of this period. During Quarter 2 attendances improved and performance increased to 66%. Contraceptive attendances for Quarter 1 were at 46% of the planned year to date activity, by Quarter 2 the figure improved to 60%. Quarter 3 figures are pending but are not yet available.

It was agreed between the commissioners and providers that exceptions in the performance reports would not be penalised during this period, as performance is continuing to be impacted upon by the COVID-19 pandemic.

Throughout quarters 3 and 4 the NHS will be delivering the mass vaccination programme. Some staff at Cambridgeshire Community Service CCS have been redeployed to assist with this work. This is likely to have an impact on services again with LARC in particular being affected. Discussions have been initiated regarding a catch-up programme once the pressures of the mass vaccination programme have started to ease. However, there is an agreement that high risk individuals will be prioritised throughout the period of re-deployment.

The following measures have been introduced to ensure that where possible services have been delivered.

- A new telephone triage service was established in Quarter 1 to offer consultations.
- The LARC service continued to see women who were experiencing problems with devices in situ and high-risk individuals.
- Oral Contraception is provided through a postal delivery following a virtual risk assessment.
- HIV provision has continued where possible to be provided remotely.

- “Express Test” is home testing for asymptomatic infections, this both nationally and locally has moved to include symptomatic infections.
- The Service is working with “ChatHealth” to support young people when the ‘normal’ mechanisms have not been in place.

National evaluations of these service delivery models have been positive. Locally service user feedback has also been positive. However it too early to identify longer term impact on outcomes such as unplanned pregnancies or increases in sexually transmitted infections.

2.5 Prevention Service of Sexual Ill Health.

During the first six months of the pandemic prevention services were provided by DHIVERSE which shifted many of their services to online delivery and ran additional support for those experiencing isolation and stress during the pandemic, which were well received.

The start newly commissioned Prevention of Sexual Ill Health Service provided by the Terrance Higgins Trust was delayed 6 months until October 1 2020. However, it was clear as the new contract started, that COVID would continue to impact significantly for the first 6 months of the contract. Commissioners agreed revised KPI's which related to the challenges which COVID has presented. Despite these the closure of schools again for an extended period had not been anticipated and this has impacted on the delivery of some school based activity. Other areas that have been impacted include:

- Adult outreach in non-traditional settings;
- Outreach to more deprived wards;
- Screening for Chlamydia and Gonorrhoea.

Some areas of Service delivery have performed strongly despite COVID including:

- Dual screening for adults;
- Support to those living with HIV;
- Outreach to homelessness settings;
- Delivery of campaigns including HIV Testing Week, LGBT History Month.

The service is only in its first quarter of operation and it has been a very challenging time to begin operating with the on-going challenges in respect of COVID and the associated restrictions. Monthly meetings are in place to support the service meet and address the challenges presented.

2.6 Lifestyle Services

At the start of the pandemic the procurement for re-commissioning the Lifestyle Services was nearing completion. The new three tiered service includes Tier 1: community prevention programme Tier 2: health trainer, generic and specialist, Tier 2 weight management services, behaviour change training, NHS Health Checks, National Child Measurement Programme (NCMP); Tier 3: specialist weight management service. The pandemic did cause some delay implementation but the Tier 1 service was launched in July 2020 and Tiers 2 and 3 in October 2020. It is an integrated service with Tier 1 being

provided by a partnership between Living Sport, District Authorities and Peterborough Ltd. The former provider Everyone Health had been awarded the new contract for Tiers 2 and 3.

At the start of the pandemic face to face services stopped because of the transmission concerns but also structural issues. The Service is delivered from community venues and GP practices and these closed their doors to external providers and this situation has continued.

The Tiers 2 and 3 services, where possible, converted to virtual delivery. However it was mandatory for the NCMP and NHS Health Checks to halt delivery. Others stopped locally were the Healthy Schools Service, Behaviour Change Training, community based physical activity and healthy eating sessions, and community based falls prevention talks. The Tier 3 weight management service provided by Cambridge University Hospitals Foundation Trust was also closed at the beginning of the pandemic, as the hospital was closed to any new referrals. NHS Health Checks were allowed to re-start from August, however as most community venues were still closed setting up clinics was challenging. Similarly there was a national expectation that NCMP would commence from January but the new lockdown made this impossible. Table 1 indicates the impact upon referrals into the Service.

Table1: Referrals to Lifestyle Services

Month	Lifestyle Service	Camquit/Stop Smoking	Total
Jan 2020	692	300	992
Feb	885	259	1144
March	414	268	682
April	23	167	190
May	52	149	201
June	189	181	370
July	270	157	427
August	271	177	448
September	372	168	540

Comparing referrals in April (when the maximum impact of lockdown was felt) to February of 2020 there was a drop of 83% in referrals. The development of virtual offers and the reduction in restrictions led to an improvement in referrals in the summer. However, there was still a sustained impact with a 53% reduction in services for September compared to February.

In October 2020 the new lifestyle service was launched and in the period of October – December 2020 1451 referrals were received. However if overall figures for April-December 2020 are compared to the same period for 2019 there was a 57% reduction in referrals from 8,520 to 3,627. This fall in referrals affected the Service’s Key Performance Indicators (KPIs)

- Referrals into stop smoking services remained at a reasonable level and the number of 4 week quits for Q1-3 was above target (650 quits / 550 target). This reflects the request to GP practices to refer their patients wanting to quit smoking to the Lifestyle Service

- 40% of those completed Tier 2 adult weight management in Q1-3 achieved 5% weight loss (self-reported)
- Health checks were vastly reduced in number. In 2020 Quarters 1 – 3 84 were completed compared 413 in the period in 2019, a reduction of 80%.

Given these challenges the Service has introduced new means ways of delivering its services.

- All services where possible converted to virtual or telephone delivery;
- Weight measures were self-reported;
- Carbon Monoxide verification was ceased;
- The Lifestyle Team proactively followed up past service users to offer support and where necessary weekly support calls were set up;
- Staff were encouraged to take part in online training to enhance their skills;
- Staff took part in training to be able to deliver courses such as Making Every Contact Count (MECC) and Mental Health First Aid (MHFA) virtually.

In August training and small group work such as some community physical activity sessions were able to re-start. However, there is an ongoing issue with availability of community venues as they remain closed and GP surgeries will still not allow external providers to use their clinic rooms.

The pandemic has had some positive effects:

- This is a suite of online resources and virtual sessions on offer;
- Some service users like the online offer so where appropriate this will continue to be offered once face to face delivery resumes offering more service user choice;
- Staff are now able to deliver training virtually;
- Lack of access to traditional venues such as GP surgeries led to re-think of facilities required and may broaden access in the future.

It was challenging to start the new Tier 1 in July 2020 as the majority of the services are delivered in community venues, schools and open spaces. The ensuring lockdown changes meant it has been a turbulent time of stopping, restarting, stopping and restarting services. This impacts upon continuity of service and service user engagement

The Quarter 3, October – December report has been delayed through COVID-19 related illness. However the headlines for Quarter 2, July to September are as follows.

- 1,594 participants attending tier 1 programmes
- 39 new structure, non-structured and community programmes have started
- 5 events were delivered this quarter including National Fitness Day (92 people took part) and a Zumba dance festival. All were required to meet COVID-19 safe rules.

There have been a number of Service adaptations and development to meet the pandemic situation.

- A variety of digital offers have been developed;
- Sessions are delivered virtually;
- Online registration platforms developed for non-structured activities such as health walks to ensure COVID-19 safe numbers attend;
- Increased social media presence.

However all face to face activities and promotional events, other than in the summer, have halted.

Across all the lifestyle services user feedback has been positive about virtual services. However there will need to be, given the significant reduction in referral numbers, considerable engagement and communications to ensure they return to pre-COVID-19 levels. All community services will need to be re-started along with re-engagement with many GP services to re-start practice based clinics. However along with efforts to ensure engagement there is also the expectation there will be a backlog of cases and surge in activity when services are able to fully re-open. It will important to monitor if or how the health outcomes that these services contribute to have been affected during the pandemic.

2.7 Primary Care – GP and Community Pharmacies

GP practices provide four public health services, stop smoking, LARCs, NHS Health Checks and chlamydia screening. At the start of the pandemic GP’s were closed to all but emergency appointments. Most appointments were held as telephone consultations, only face to face deemed essential, were available, which obviously impacted upon service delivery.

In 2020, Quarter1 NHS Health Checks were suspended nationally. Although they could have re-commenced in Quarter 2, few practices have been actively delivering the Service. This is illustrated in Table 2 where only 10% of the 2019/20 total was completed in the same period 2020/21

Table 2: General Practice NHS Health Checks completed.

Quarter	Health Checks completed	
Q1 - Q3 2019/20	10,622	
Q1 – Q3 2020/21	1,041	10% of 19/20 total

The Stop Smoking data always runs two months behind and it has not yet been collated for Quarter 3. Again it clearly shows the impact of the pandemic upon service delivery.

Table 3: General Practice Stop Smoking Services

Quarter	Set Quit Date	4 Week Quitters
Q1 & Q2 2019	1150	546
Q1 & Q2 2020	357 (31% of 2019/20 total)	198 (36% of 2019/20 total)

During 2019/20 there were 5552 LARC fittings. For Quarter 1 to Quarter 3 in 2020/21 there were 1017.

With regards to chlamydia screening there has not been any activity this year compared with 870 screens in 2019/20

Some of the demand has been picked up by other services. The Tier 2 Lifestyle Service has seen an increase in stop smoking referrals. Home testing for chlamydia screening has increased. However the most pressured service is LARCs. Much of the GP activity shifted to the Integrated Contraception and Sexual Health Services. This Service however, as described above, experienced similar challenges as GP practices and its limited support has been targeted at the greatest need and risk. The impact as with other services of COVID-19 is mixed and to some degree as yet unknown.

- Currently it is not possible to identify the impact of low levels of LARC activity on unplanned pregnancies.
- As with Lifestyle Services there is likely to be backlog and surge in demand as practices become more accessible.
- Prior to the current lockdown discussion had started that saw some practices allocating some of their NHS Health Checks to Lifestyle Services. This has been paused due to lockdown and the ongoing demands placed on GP practices.
- The pandemic has increased collaboration and the Clinical Commissioning Groups has agreed to extract NHS Health Check data centrally on a quarterly basis which will ease the burden on Primary Care and upon the Joint Commissioning Unit. It is hoped the same approach will be adopted for LARC and Stop Smoking services

2.8 Community Pharmacy

Community pharmacies deliver stop smoking, emergency hormonal contraception and provide chlamydia screening kits. Activity has been low over the period of the pandemic, in part due to capacity of the pharmacists. Also service users are not being able to access the pharmacy for services and pharmacies have been unable to offer virtual support. The performance data clearly reflects the pressures upon community pharmacies. Considerable efforts will be necessary to re-engage pharmacists in delivering public health services.

Table 4: Community Pharmacy Stop Smoking Services

Quarter	Set Quit Date	4 Week Quit
Q1 & Q2 2019	83	18

Q1 & Q2 2020	11	2
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In 2019/20 there 3948 Emergency Hormonal Contraception dispensed and 3038 in the comparable time period in 20/21. A reduction of 23%

In Quarters 1 -3 in 2019/20 85 chlamydia testing kits were provided compared to 24 in the same period in 20/21.

2.9 Healthy Schools Support Service

The Healthy Schools Support Service is provided by Everyone Health. It supports school with information, training and evidence to develop school practices and policies to ensure that the school environment promotes the health and being of its students, teachers and wider community.

The service has experienced significant challenges in terms of school engagement and delivery of interventions as a direct result of COVID-19. The disruption to delivery has been largely due to school closures and schools prioritising the adherence to Covid-19 secure measures.

The KPI's are very much tailored to the deliverables of the service, meaning that by in large targets are not being met as schools do not have the capacity and resource to engage with the service offer at present.

However the Provider has used this period to make significant improvements to the universal element of the service,

- Adopting a new website host to redesign the Healthy Schools website to improve functionality and navigability.
- A resource hub for parents has been added and all signposting links have been reviewed and refreshed to ensure the most current and up to date content is featured.
- The development digitalising interventions and redesigning materials to enable staff self-delivery, including the development of home-learning based resources where possible - this includes FoodSmart modules and the KickAsh smoking prevention programme.

School based consultation has been available via virtual methods throughout this period, however due to the challenges schools are facing in their own response to the pandemic, uptake of this offer has been limited.

Adaptations to service delivery, as outlined above, has meant that no aspect of the service offer has fully ceased, however due to competing priorities, engagement with schools has made performance against this delivery offer challenging.

However more positively this period has provided ample opportunity to strengthen and develop working relationships with the broader system and the Healthy Schools partner network. As school engagement has been an issue for a number of services, this time has

enabled the system to collectively come together and work towards developing a clear and cohesive offer of support to schools, spanning all elements of the health education agenda, including Relationship Education, Relationship and Sex Education and Health Education, Mental Health and Emotional Wellbeing, Safety along with physical activity and nutrition.

The provider has been a key agent in facilitating linkages across the system and identifying opportunities for collaboration during this period, with a longer term aim of being in a position to communicate a clear multiagency offer to schools in the future.

Although the impact of the pandemic has had on school aged children is not fully understood and therefore what future support will be required to address any effects this period has had on children and young people. However when schools have the capacity and it is safe for them to engage it is envisioned that the support that the Service could offer would help them address some of these COVID-19 impacts upon children and young people.

2.10 Healthy Workplace Support Service

The Health Workplace Support Service is provided by Everyone Health. During the pandemic employers have concentrated on developing and maintaining a safe environment for their workforce or mobilising people to work from home. Face to face delivery in the workplaces stopped. Consequently despite substantial efforts it has been difficult to engage workplaces in the Services.

Quarterly newsletters were produced, campaigns promoted and there were virtual quarterly network meetings but no delivery in workplaces. However there some positives that have emerged during the pandemic period.

- Mental health issues are an acute concern for employers and staff are being trained to deliver virtual mental health packages including Mental Health First Aid.
- Virtual network meetings have proved popular and gained good feedback so will continue with these
- Workplaces are in the main very engaged with infection control and public health measures, which may help to broaden commitment to health outcomes for employees in the future. For instance, some workplaces have opened up COVID testing facilities on site and there may be potential to adapt this model to facilitate health promotional activities/health checks.
- Through the pandemic Public Health as part of outbreak control activities have made contact with some workplaces that have proved difficult to reach previously.

2.11 Healthy Fenland Fund

The introduction of lockdown brought the group activity to a halt. The focus of the HFF moved to responding to the needs of the community and supporting groups and people remotely. It has helped to develop virtual groups and has responded to the need to COVID-19 safe.

- Each quarter the HFF Team has around 200 supportive virtual meetings with Healthy Fenland groups, offering support and advice on how to stay connected with their attendees, and how-to best plan for the easing of restrictions.
- Through the Team's contacts and conversations with groups and people in the community, the Small Grant Fund Application process was adapted to respond to existing groups coming out of lockdown who were struggling with the extra cost for Covid-19 safe venues, PPE and insurance.
- A new Group application form was produced that ensured that applicants could demonstrate that social distancing maintained along with information and support to ensure activities are carried out safely going forward.

2.12 Conclusions

The pandemic has been challenging for the Public Health services included in this report. This has required substantial and sustained efforts to mitigate the impact of COVID-19 and to seize any opportunities to continue to provide services, albeit often changing the service delivery model. Central to the response of providers is a shift of services delivered face to face to alternative means of delivery. Overall these changes have generally been well received by those using the services.

However it must be acknowledged that there are many people who have not accessed services during this period and this could potentially negatively compromise their health outcomes. As yet we do not have information on the impact on longer term health outcomes but we are monitoring on an ongoing basis.

It is anticipated that considerable efforts will be required to re-engage some providers and service users but feedback from many service users is that they want to engage as soon as it is possible.

There are wider positive developments that have arisen from the responses to the pandemic. It is likely going forward that many of these will be incorporated into ongoing delivery models. These include the increased use of virtual services, postal treatment and new behaviour change tools.

We are keen to maintain and further develop the increased partnership working indicated in the report. This has been productive both in terms of providing a more integrated approach to addressing the complex needs of many of our service users along with inter-organisational relationships that provide a platform for ongoing collaborative work. For example there is now a very close relationship with the Housing Board where we take a range of issues affecting vulnerable members of our community.

The services and their staff have worked extremely hard throughout the pandemic to deliver services that are both safe and accessible. More recently fourteen of the Lifestyle Service staff have been seconded into efforts to control the pandemic. Due to acute capacity issues they are working in the Contact Tracing and Lateral Flow Testing Programmes, playing a key role in boosting the ability to deliver these important areas of work. Their work in the Lifestyle Services has been taken on by their colleagues.

3. Alignment with corporate priorities

3.1 A good quality of life for everyone

The following bullet points set out details of implications identified by officers: 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10, 2.11,

3.2 Thriving places for people to live

- The Public Health Services aim to support people to be healthy and enable them to contribute to supporting their local communities.

3.3 The best start for Cambridgeshire's children

The following bullet points set out details of implications identified by officers: 2.2, 2.4, 2.5, 2.6, 2.9,

3.4 Net zero carbon emissions for Cambridgeshire by 2050

Commissioned Public Health services are required to identify how they will contribute to net zero emissions for Cambridgeshire.

4. Significant Implications

4.1 Resource Implications

There are no significant implications within this category.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

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

- Any implications for procurement/contractual/Council contract procedure rules will be considered with the appropriate officers from these Departments and where necessary presented to the Health Committee before proceeding.

4.3 Statutory, Legal and Risk Implications

- Any legal or risk implications will be considered with the appropriate officers from these Departments and where necessary presented to the Health Committee before proceeding

4.4 Equality and Diversity Implications

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

- Any equality and diversity implications will be identified before any service developments are implemented

4.5 Engagement and Communications Implications

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

- Any service changes and developments in response to COVID-19 involve clear and comprehensive communications with individuals and communities to identify how they can work together to tackle the negative impacts created by the pandemic.

4.6 Localism and Local Member Involvement

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

- Services will require the ongoing support of local communities and members to address the health and wellbeing impacts of the pandemic.

4.7 Public Health Implications

5. Source documents

5.1 Source documents N/A