

**ANNUAL PUBLIC HEALTH PERFORMANCE REPORT**

**To: Health Committee**

**Meeting Date: 14 June 2017**

**From: Director of Public Health**

**Electoral division(s): All**

**Forward Plan ref:** **Key decision: No**

**Purpose:** **The purpose of this paper is to present a year end update on public health performance measures, to sit alongside the year end financial reporting for 2016/17, as requested by the Health Committee**

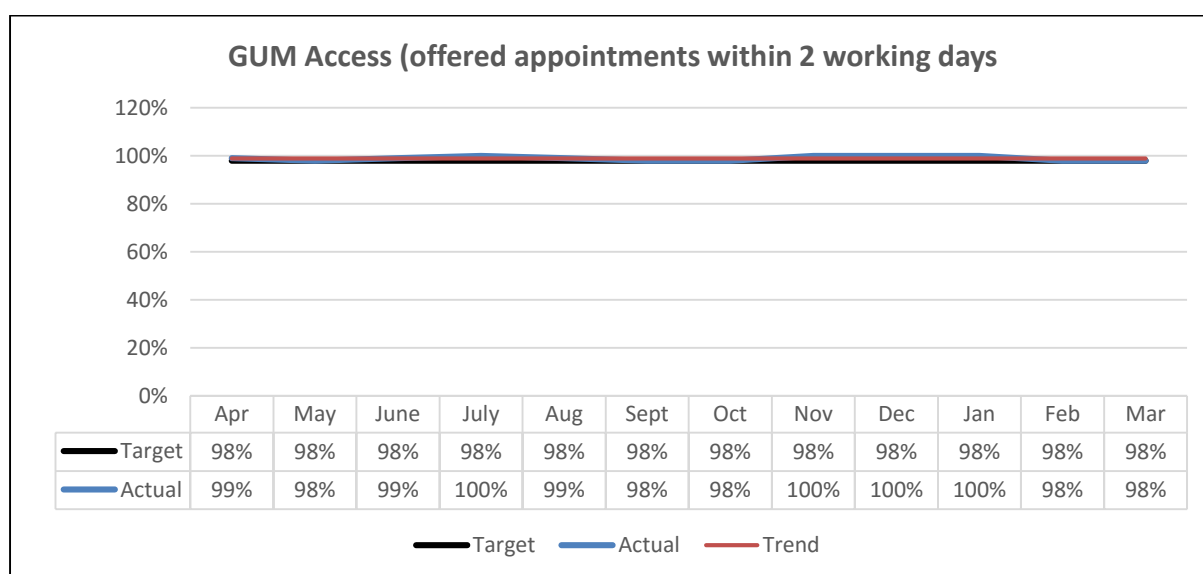
**Recommendation:** **The Health Committee is asked to note and comment on the Annual Performance Report**

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## 1.0 BACKGROUND

- 1.1 At the Health Committee meeting in July 2016, when the financial closedown report was presented, Members requested greater clarity regarding performance in terms of outcomes in future year end reports. In order to address this a year-end report on public health performance has been prepared. The main body of the Annual Performance Report reviews key public health performance indicators which are also monitored on a monthly or quarterly basis in the FPR, and visualises their performance over the year. In some cases the quarter four or final month data is still not available, but the trend in performance can be clearly seen. A RAG rated summary of indicators routinely reported in the FPR is provided at the end of this section.
- 1.2 Annex 1 provides a summary of changes in the national Public Health Outcomes Framework (PHOF) indicators for Cambridgeshire, reported during the past year. PHOF indicators are benchmarked against national averages, and due to the time taken to collate and analyse data at a national level, some PHOF indicators are for time periods before 2016/17. However this does give us a comparative picture of public health outcomes for the County, and some indication of recent trends.
- 1.3 Annex 2 provides a brief summary of the delivery of the mandated healthcare public health advice service to the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG). Delivery of this service is one of the Council's mandated public health duties under the Health and Social Care Act (2012).
- 1.4 Annex 3 is Cambridgeshire's Annual Health Protection Report. The Council and Director of Public Health have an assurance role for public health protection from communicable disease and environmental hazards – ensuring that the correct services are in place locally to protect the health of the population, although most of the delivery sits with other organisations. The Report collates information from several other agencies including Public Health England, NHS England, the CCG and District Councils, in order to provide this assurance.

## 2.0 GUM ACCESS (Genito-Urinary Medicine)



**Indicator title:** Patients offered appointments at GUM clinic within 2 working days of contacting the service

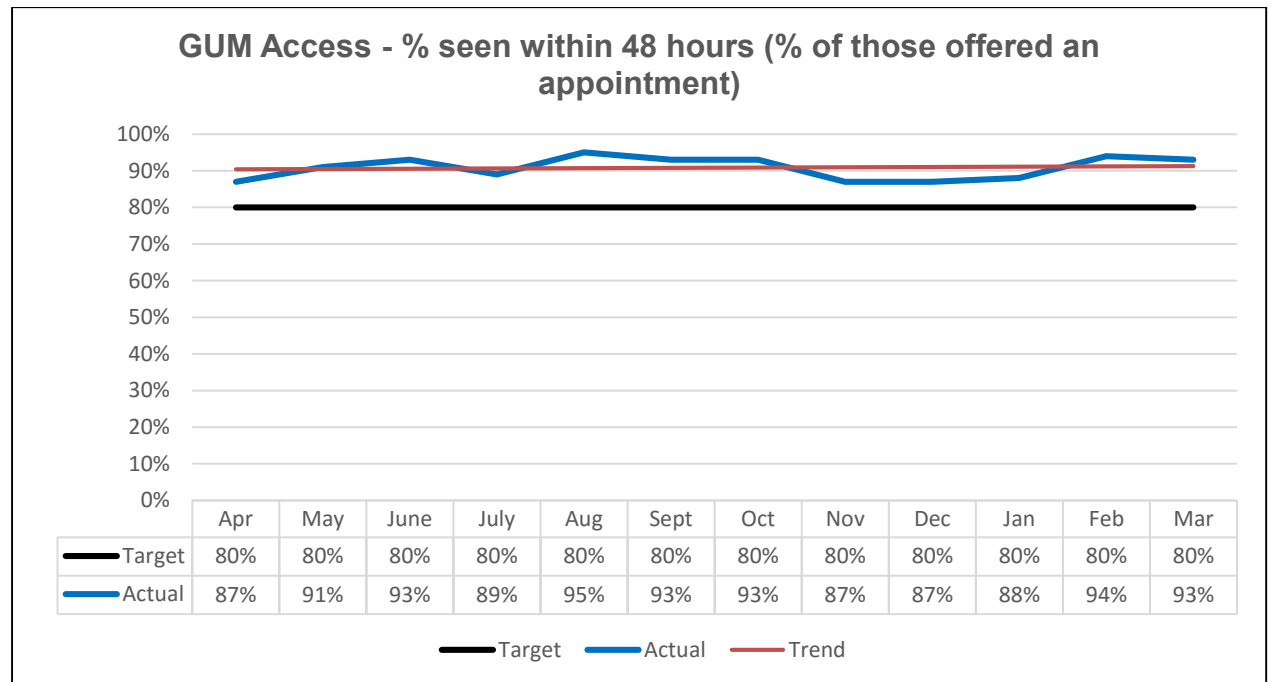
**Aim/Target:** 98% of patients contacting GUM clinics are offered an appointment within 48 hours

**Primary Source:** Provider data

**Definition:** The % of patients offered an appointment within 2 working days.

**Additional information:** The GUM service has consistently met its target number throughout the whole year. Early access to treatment is essential to reduce the risk of the spread of infection.

### GUM ACCESS (Genito-Urinary Medicine)



**Indicator title:** Patients at GUM clinics that are seen within 48 hours.

**Aim/Target:** 80% of all patients offered an appointment are seen within 48 hours

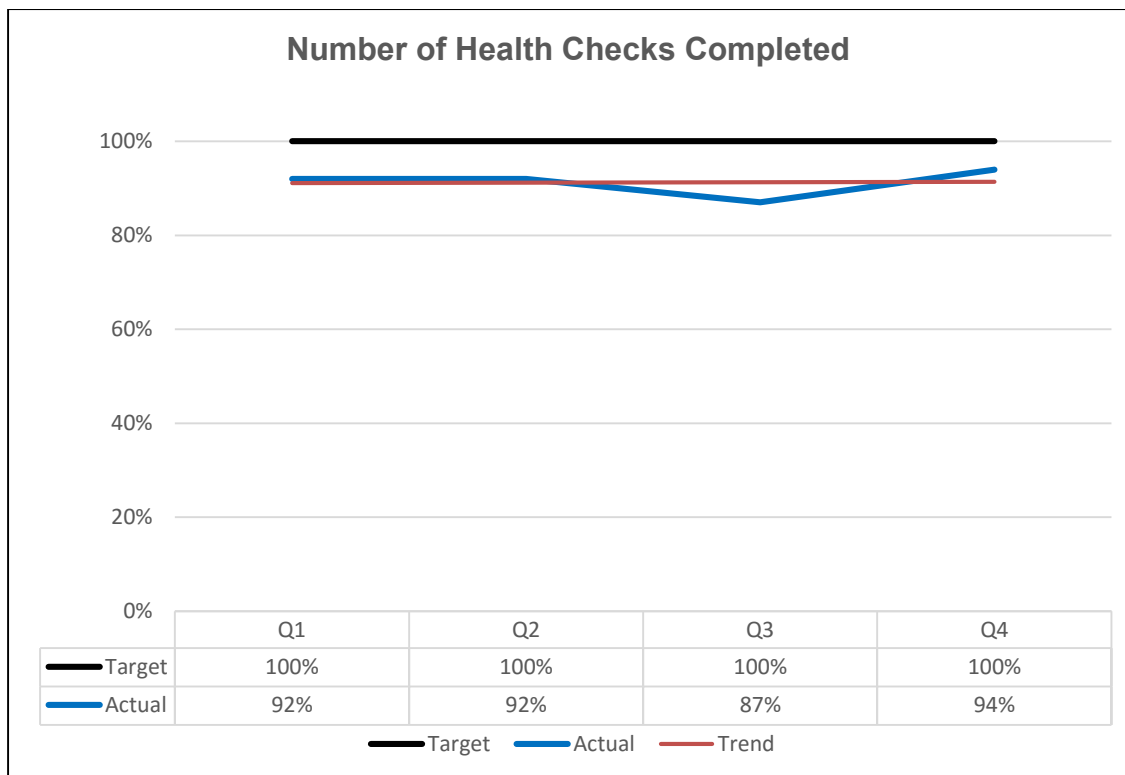
**Primary Source:** Provider data

**Definition:** The % of patients offered an appointment in GUM and are seen within 48 Hours

**Additional information:** The GUM service has consistently met its target number throughout the whole year. Early access to treatment is essential to reduce the risk of the spread of infection.

### 3.0 HEALTH CHECKS FOR 40-74 YEAR OLDS

#### 3.1 Completed



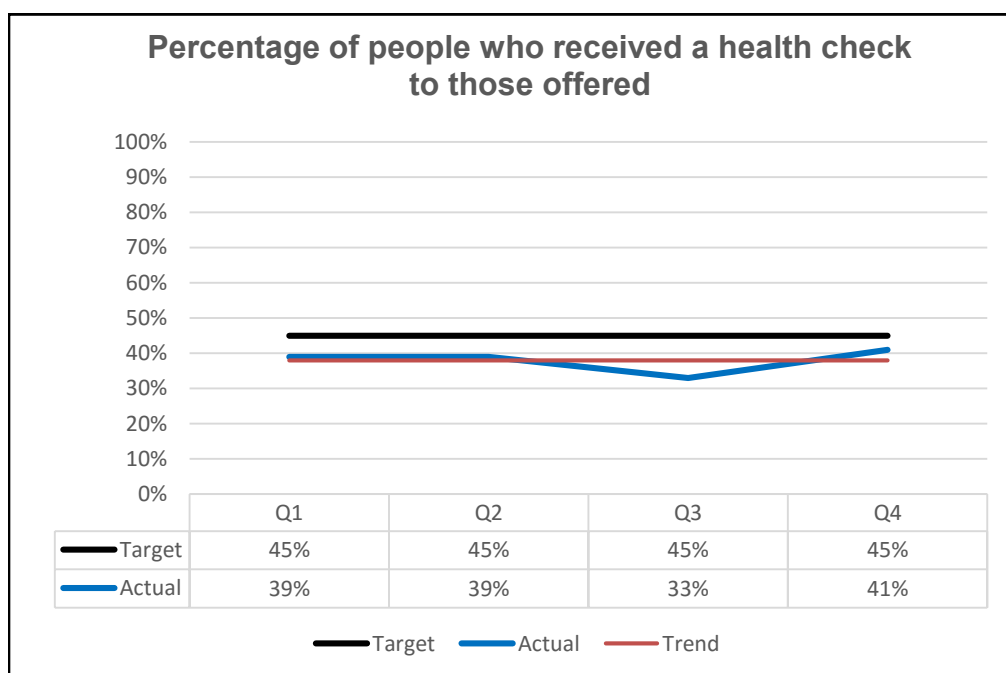
**Indicator title:** Number of people who receive a NHS Health Check that is undertaken by GP Practices

**Aim/Target:** 100% of the target number – 18,000

**Primary Source:** Provider data

**Definition:** NHS Health Checks are offered to those between the ages of 40-74 years old who do not have a previously diagnosed condition

#### 3.2 Conversions



**Indicator title:** NHS Health Checks Conversions

**Aim/Target:** 45% of those invited for an NHS Health Check attend

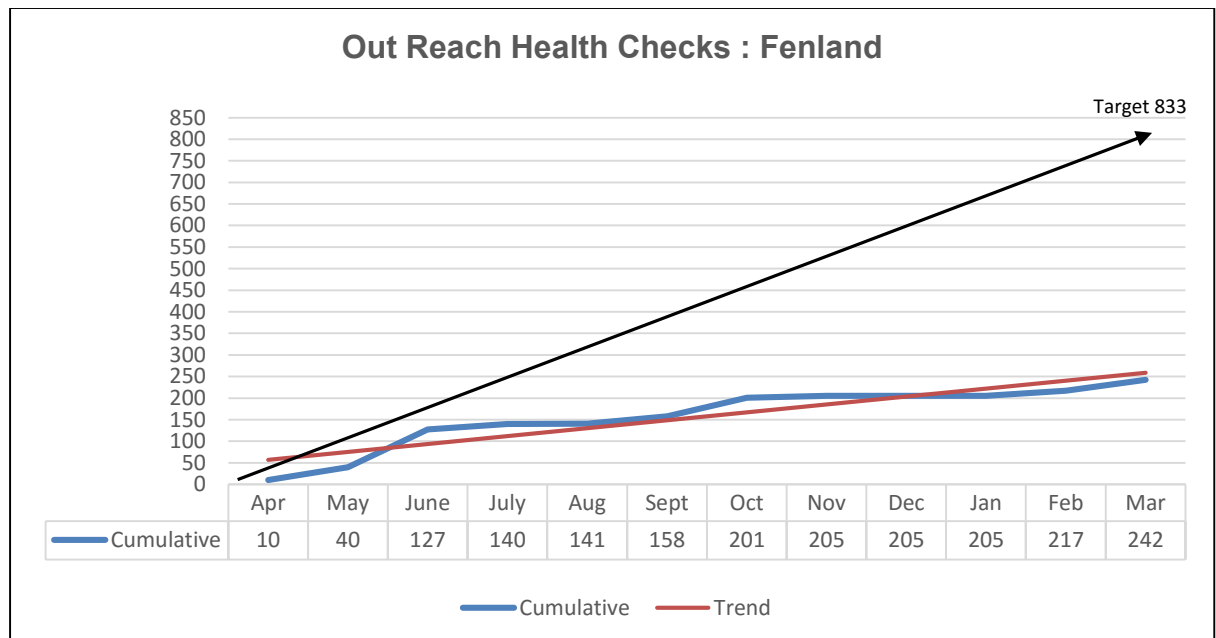
**Primary Source:** Provider data

**Definition:** People between the ages of 40-74 years invited for a Health Check who completed a check, represented as a percentage achievement against an annual target number of health checks to be completed.

**Additional information:**

- The NHS Health Check Programme aims to help prevent heart disease, stroke, diabetes and kidney disease. It is cardio-vascular risk assessment that also offers referral to appropriate interventions. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess, raise awareness and support them to manage their risk of cardiovascular disease. A high take up of NHS Health Checks is important to identify early signs of poor health leading to opportunities for early interventions.
- NHS Health Checks are undertaken primarily by GP Practice staff. Patients are sent invitations by the practice to attend for a NHS Health Check. One of the challenges is to ensure that patients accept the invitation. There has been an increase in the number of Health Checks completed against target. However the conversion rate has not shown any real improvement. This suggests that there are issues with the invitations made and new practice software has started to be introduced that aims to improve the accuracy of the invitations. In addition there is ongoing training of practice staff and a promotional campaign for the public as social marketing intelligence suggests that people are unaware of the Programme.

### 3.3 Outreach NHS Health Checks : Fenland



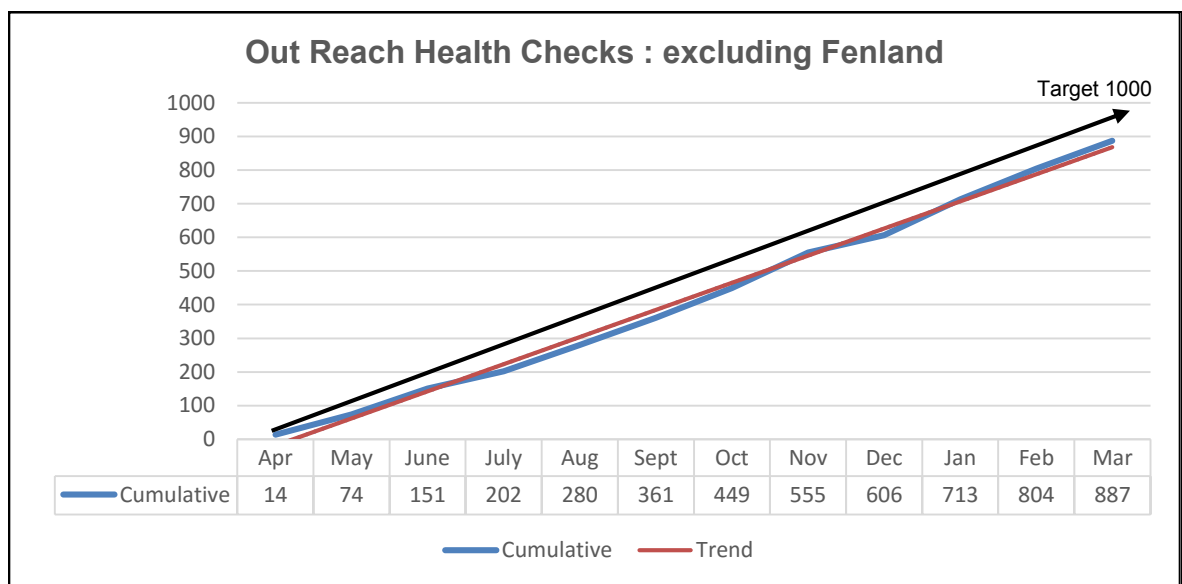
**Indicator title:** Outreach NHS Health Checks – Fenland area

**Aim/Target:** 883

**Primary Source:** Provider data

**Definition:** This is the percentage performance against the target number of NHS Health Checks to be completed through the Outreach Service in Fenland

### 3.4 Outreach NHS Health Checks : excluding Fenland



**Indicator title:** Outreach NHS Health Checks – excluding Fenland

**Aim/Target:** 1000

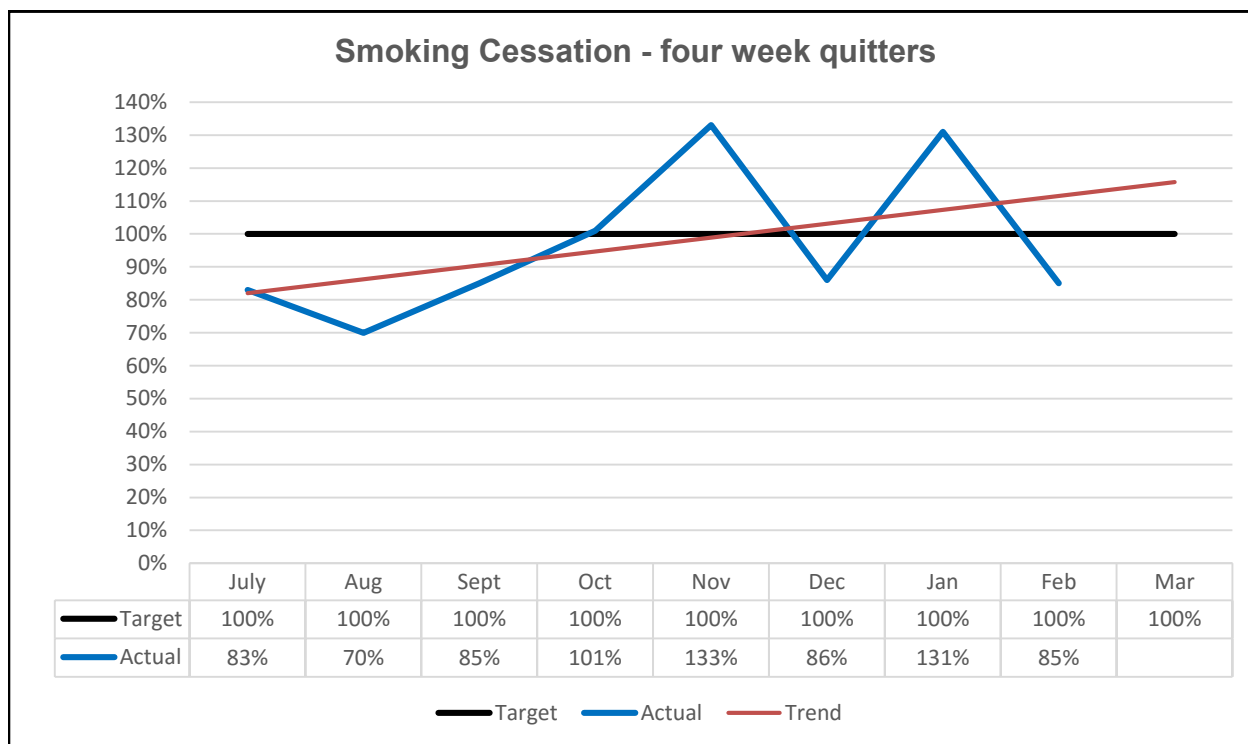
**Primary Source:** Provider data

**Definition:** This is the percentage performance against the target number of NHS Health Checks to be completed through the Outreach Service

**Additional information:**

- Outreach NHS Health Checks are carried out by the Lifestyles provider, Everyone Health. The Programme targets work places that have a work force that have high risk of cardio-vascular disease. A better understanding of the outreach NHS Health Checks performance is secured by separating performance between the two areas.
- The non-Fenland area target number was almost achieved. The challenge is securing the support of employers in Fenland where there is a particularly high risk work force. However despite extensive efforts undertaken throughout the year to work with employers there is still limited support in the area and lower numbers of employers completing an NHS Health Check.

## 4.0 SMOKING CESSATION



**Indicator title:** Smoking Quitters

**Aim/Target:** 100% of the target number of quitters

**Primary Source:** Provider data

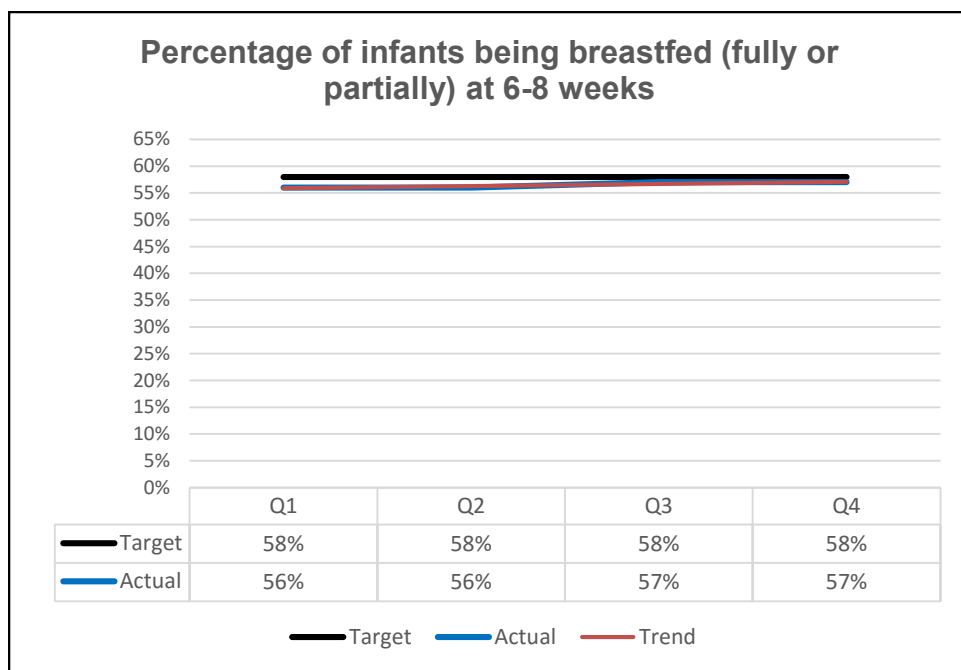
**Definition:** A smoking quitter is a smoker who received the support of the Stop Smoking Service (CAMQUIT) who has successfully made 4<sup>th</sup> week attempt to stop smoking.

**Additional information:**

- Smoking is a major cause of preventable morbidity and premature death, especially among certain groups within the population. While smoking cessation services have had to adapt to the onset of new developments, such as electronic cigarettes, supporting people to quit smoking remains an important public health priority. Added to this, the most recent Public Health Outcomes Framework figures suggest that the prevalence of smoking in Cambridgeshire has increased slightly, if not statistically significant, in the last few years returning to a level statistically similar to the England average (16.4% -v- 16.9%) and worse in sub population groups.
- Final year data is not available until the end of June, although current performance suggests that the target will be close to or 100% achieved.

## 5.0 HEALTH VISITING

The Health Visiting Service is a critical service in support pregnant women, babies and young children (0-5 years) and their families, supporting them in the early years of the child's development. The service ensures that any issues are identified as early as possible and appropriate support provided, reducing the need for later for more specialist intervention.



**Indicator title:** Percentage of infants being fully or partially fed at 6 – 8 weeks

**Aim/Target:** 58%

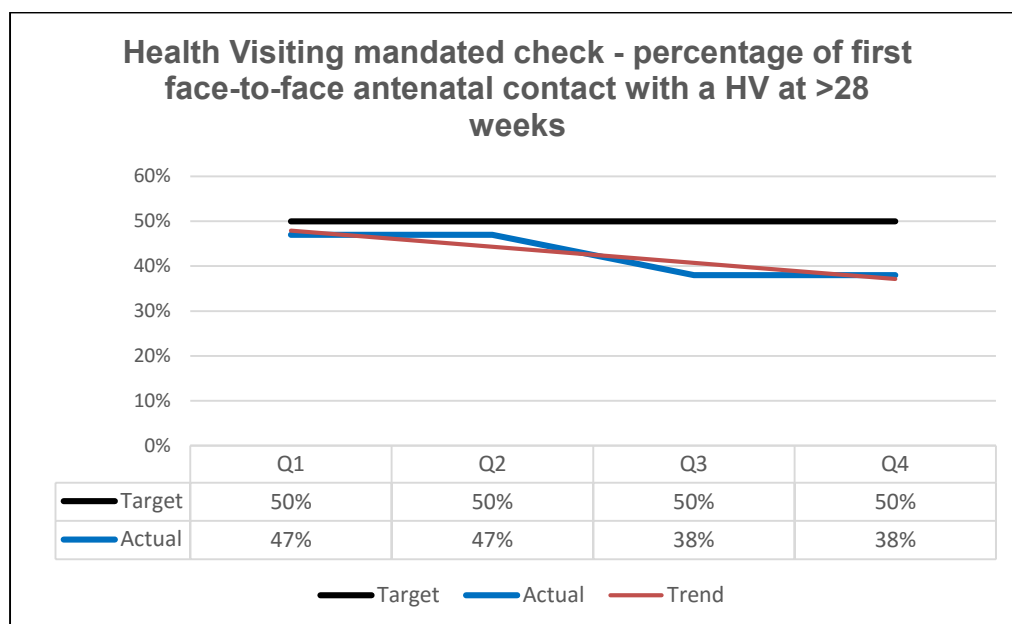
**Primary Source:** Provider data

**Definition:** Of the mothers who have received a 6 – 8 week review, the proportion of those that are fully or partially breastfeeding

**Additional information:**

- There are many health benefits to breastfeeding for both the mother and baby.
- For the mother breastfeeding lowers the risk of:
  - Breast cancer
  - Ovarian cancer
  - Osteoporosis (weak bones)
  - Cardiovascular disease
  - Obesity
- For the baby breastfeeding reduces the baby's risk of:
  - infections, with fewer visits to hospital as a result
  - diarrhoea and vomiting, with fewer visits to hospital as a result
  - sudden infant death syndrome (SIDS)
  - childhood leukaemia
  - type 2 diabetes
  - obesity
  - cardiovascular disease in adulthood
- Breastfeeding also helps build strong attachment between the mother and baby which has positive impact on both mothers and babies emotional health and wellbeing
- The target is Cambridgeshire was set at 58% for mothers fully or partially breastfeeding at 6 to 8 week, for 16/17. This was a challenging target, just missed over the 16/17 period. However, performance has consistently been maintained, and is well above the national average of 45%





**Indicator title:** Number of mothers who received a face to face antenatal contact with a Health Visitor at 28 weeks or above

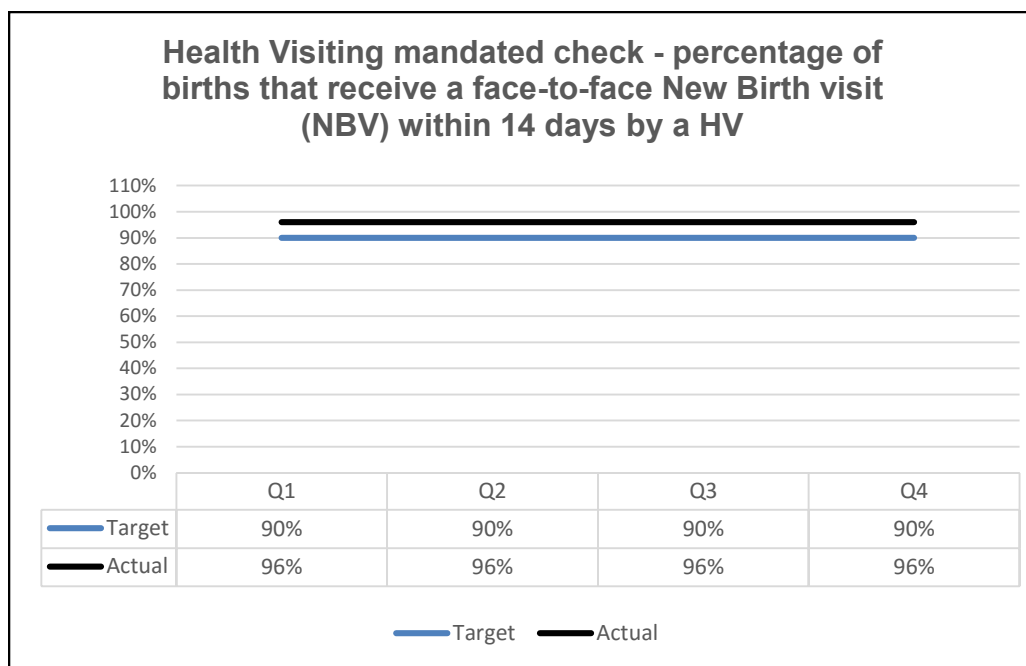
**Aim/Target:** 50% of pregnant women receive a visit

**Primary Source:** Provider data

**Definition:** The proportion of women who receive a face to face ante natal visit from a health visitor at 28 weeks or later

**Additional information:**

- The antenatal visit is one of the 5 nationally mandated visits for health visiting services. 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 therefore whilst the target is low, priority is placed on ensuring vulnerable groups are identified and offered an antenatal visit by their Health Visitor.
- The health visitors have struggled to meet the target during 2016/17. This is in part due to staff shortages in areas of the county, it is also a result of inconsistent notification processes from the local midwifery services. Whilst health visitors are required to undertake ante natal visits, there is a dependency on the midwifery notification of a pregnant women. Whilst the notification pathways have been established with Hinchingsbrooke, practice is not consistent across all the hospitals. The issue has been raised with the CCG and meetings are to be arranged with the appropriate representatives to develop a consistent and robust notification process.



**Indicator title:** Percentage of births that receive a face to face new birth visit within 14 days

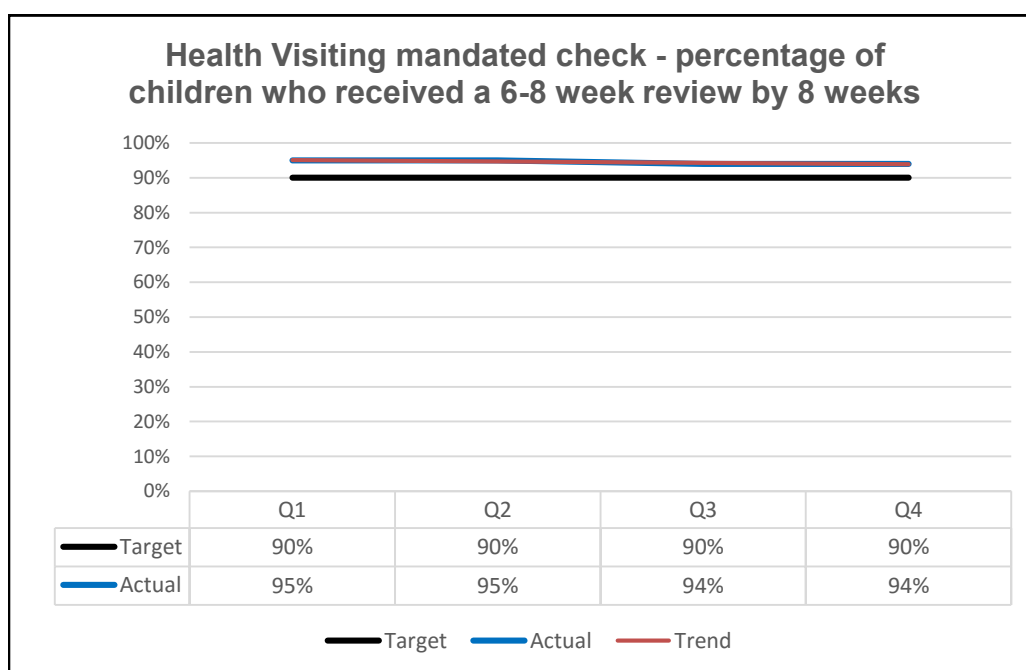
**Aim/Target:** 90% of families receive a health visitor visit within 14 days of delivery

**Primary Source:** Provider data

**Definition:** Percentage of face-to-face New Birth Visits undertaken, by a Health Visitor within 14 days

**Additional information:**

- 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; assessing maternal mental health, assessment of baby's growth and development; SIDS prevention including safe sleep; information about the immunisation schedule; outcome of screening including hearing
- This target has consistently been met by health visitors in 2016/17



**Indicator title:** Percentage of children who received a 6-8 weeks review by 8 weeks

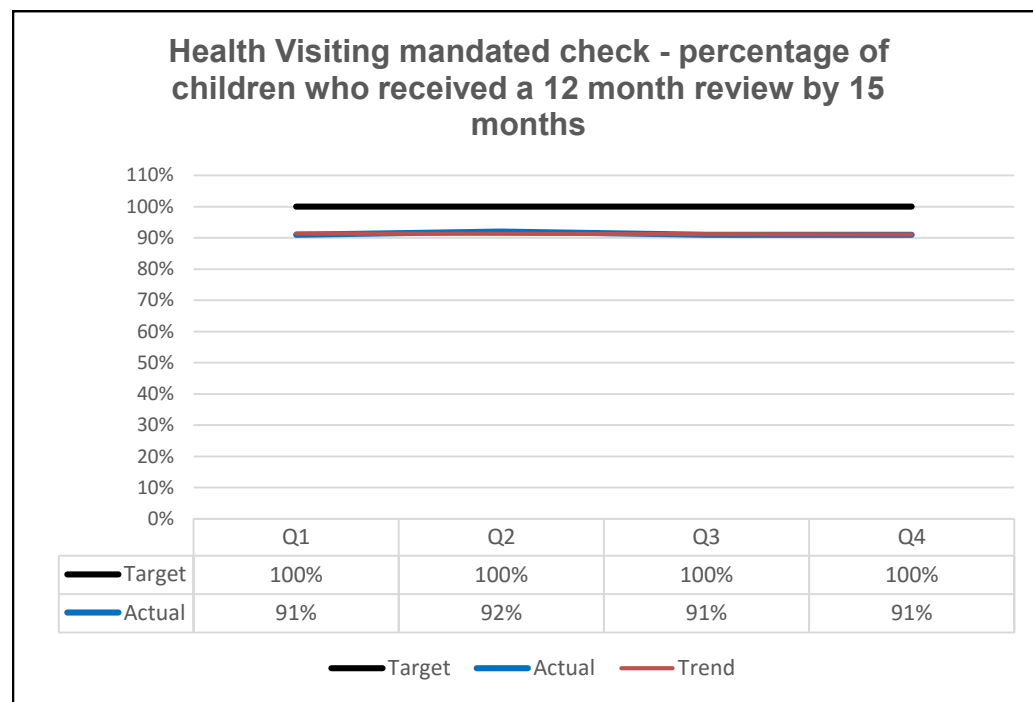
**Aim/Target:** 90%

**Primary Source:** Provider data

**Definition:** Percentage of children who received a 6-8 weeks review by 8 weeks

**Additional information:**

- The 6 – 8 week review is also one of the health visitor mandated visits
- This visit is crucial for assessing the baby's growth and well-being alongside promoting key 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 clinic 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.
- The 90% target has consistently been met by the health visiting service over the past year.



**Indicator title:** Percentage of children who received a 12 month review by the time they turned 15 months

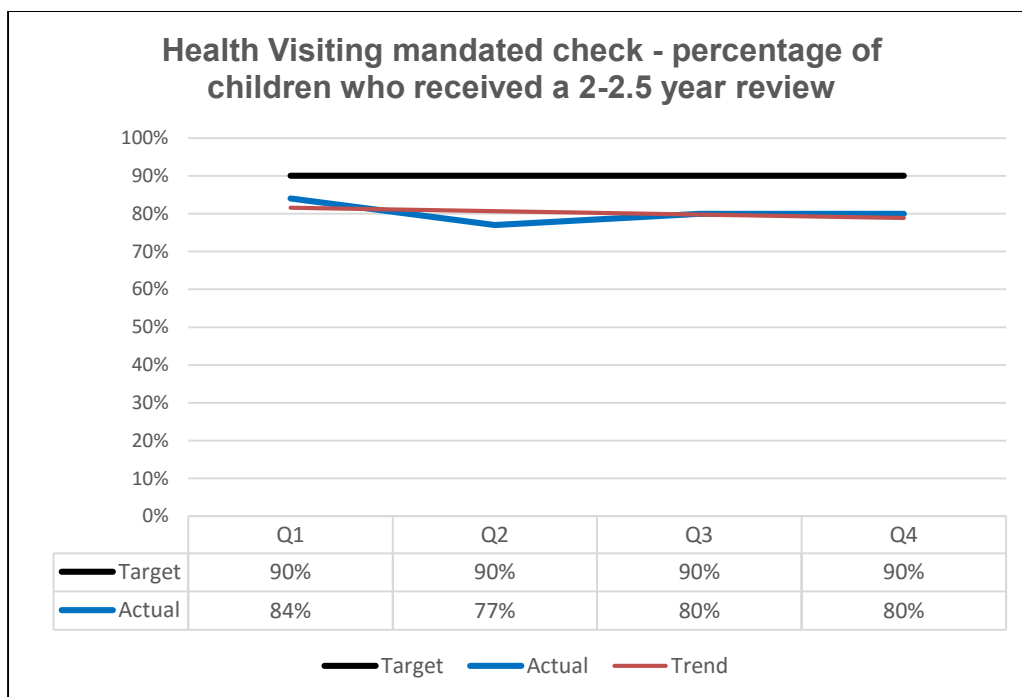
**Aim/Target:** 100%

**Primary Source:** Provider data

**Definition:** Percentage of children who received a 12 month review by the time they turned 15 months

**Additional information:**

- The 12 month review is a further nationally mandated visit
- The 12 month review includes an assessment of the baby's physical, emotional and social development, offers support to parents providing information on attachment, development and parenting issues, monitor growth, health promotion (dental health, healthy eating, injury and accident prevention, safety issues), and checking newborn bloodspot status
- The 100% target is a challenging target which has not been met. Whilst the proportion of families receiving a 12 month visit is over 90%, this increases to 95% when not wanted and not attended visits are included in the statistics.



**Indicator title:** Percentage of children who received a 2 to 2.5 year review

**Aim/Target:** 90%

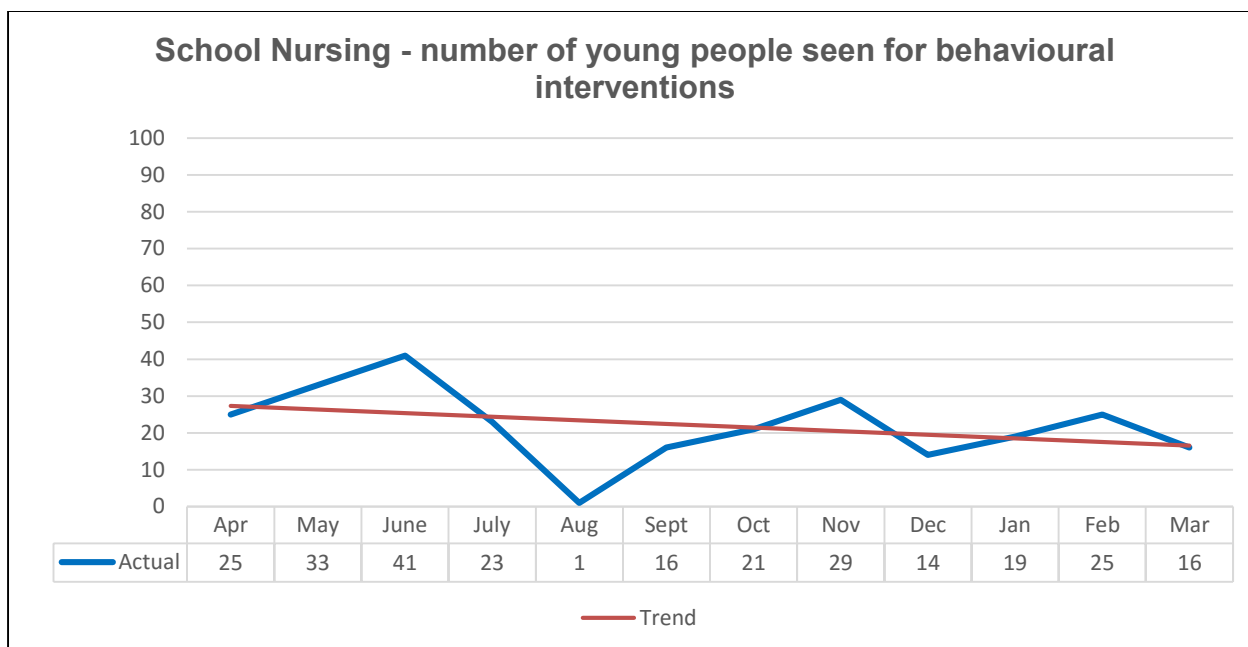
**Primary Source:** Provider data

**Additional information:**

- The two year old check is the last of the mandated national visits
- The 2 year check includes the review with parents of the child's, emotional, social behavioural and language development using the ASQ3 and respond to any concerns, offer guidance on behaviour management, promote language development, encourage the take up of early education particularly the two year old funded offer, and general health promotion (dental health, healthy eating, injury and accident prevention, toilet training)
- The 90% target has not been met during 2016/17 although is within the 10% variance with an annual average of 81% of children having a two year old check. This proportion increases to 91% when not wanted and not attended visits are included in the statistics.
- Staffing levels for health visitors is 16% lower for January 2017 compared to January 2016, with particular issues in Cambridge City North and Wisbech. There has been two recent recruitment days resulting in posts being offered for both areas. This process continues and new staff are expected to start shortly, which will impact on the performance for 2017/18.

## 6.0 SCHOOL NURSING

No targets have been set as this is the first year for these figures – the current aim is to benchmark the service.



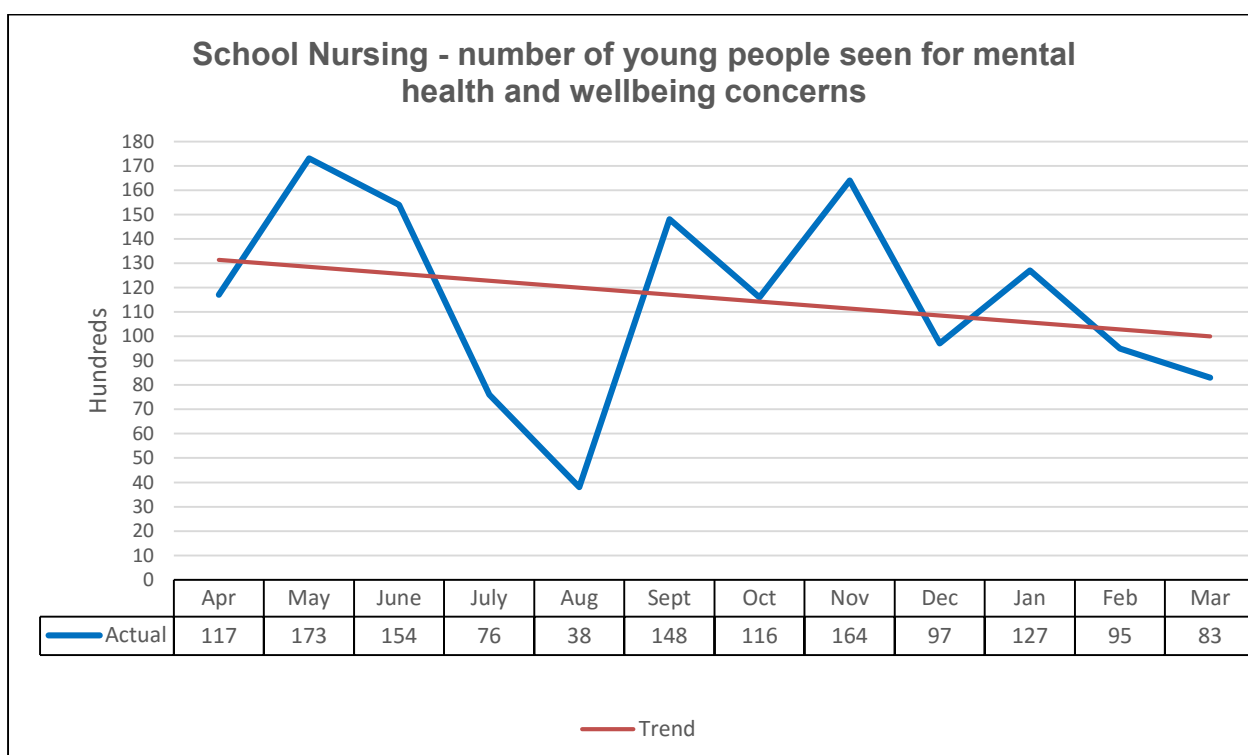
**Indicator title:** Number of young people seen by school nurses for behavioural interventions

**Aim/Target:** not applicable

**Primary Source:** Provider data

**Definition:** This indicator reports on the number of school based interventions by the school nursing service for smoking intervention, sexual health, weight intervention and substance misuse.

**Additional information:** The number for interventions has fluctuated over the year for school nursing services. There have been issues with significant levels of staff vacancies, and this is currently being addressed through an action plan. Chat Health is being introduced, a text back service targeted at young people. The school nursing service is also establishing a duty desk, which will enable school nurse referrals to be taken and referred to either a school nurse for support, or to other support services.



**Indicator title:** Number of young people seen for mental health and wellbeing concerns

**Aim/Target:** not applicable

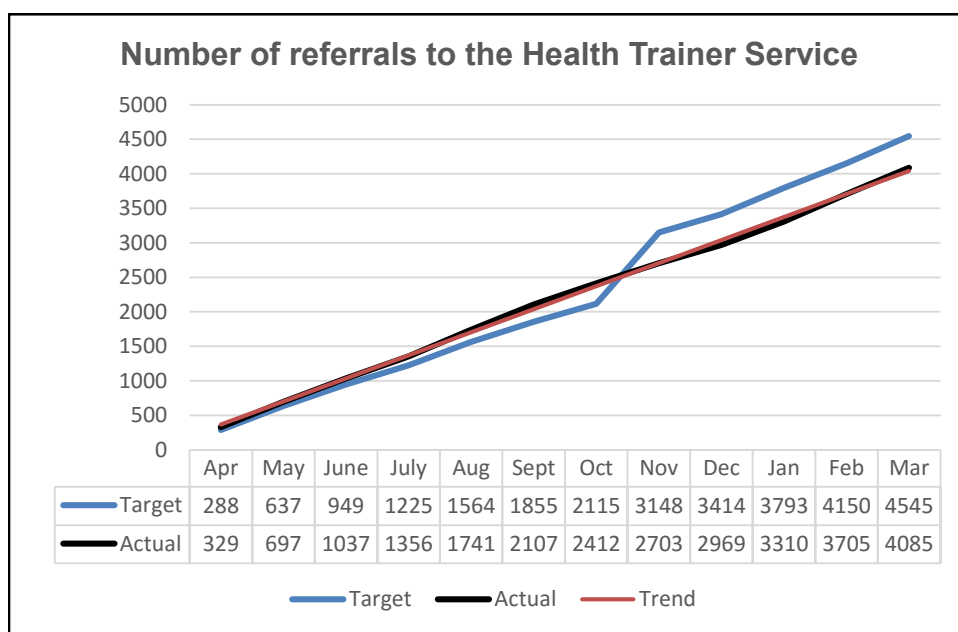
**Primary Source:** provider data

**Definition:** Total referrals for mental health

**Additional information:** Whilst the number of referrals for mental health has also fluctuated over the year, there are higher numbers for mental health. The school nursing team continues to support young people with emotional and mental health needs. However, there has also been a range of new services established to support the emotional health and well-being of young people. These include Keep Your Head, a young people's mental health website for young people, parents/carers and professionals which provides good quality information on keeping well, self help and support services available. Kooth has also been introduced – a free on- line counselling service providing information and support for young people aged between 11 to 24 years. School nursing are able to signpost to these additional services as well as provide direct support to young people.

## 7.0 PERSONAL HEALTH TRAINER SERVICES

### 7.1 Number of referrals to the Health Trainer Service



**Indicator title:** Referrals to the Health Trainer Service

**Aim/Target:** 100% of the target number of 4611 referrals

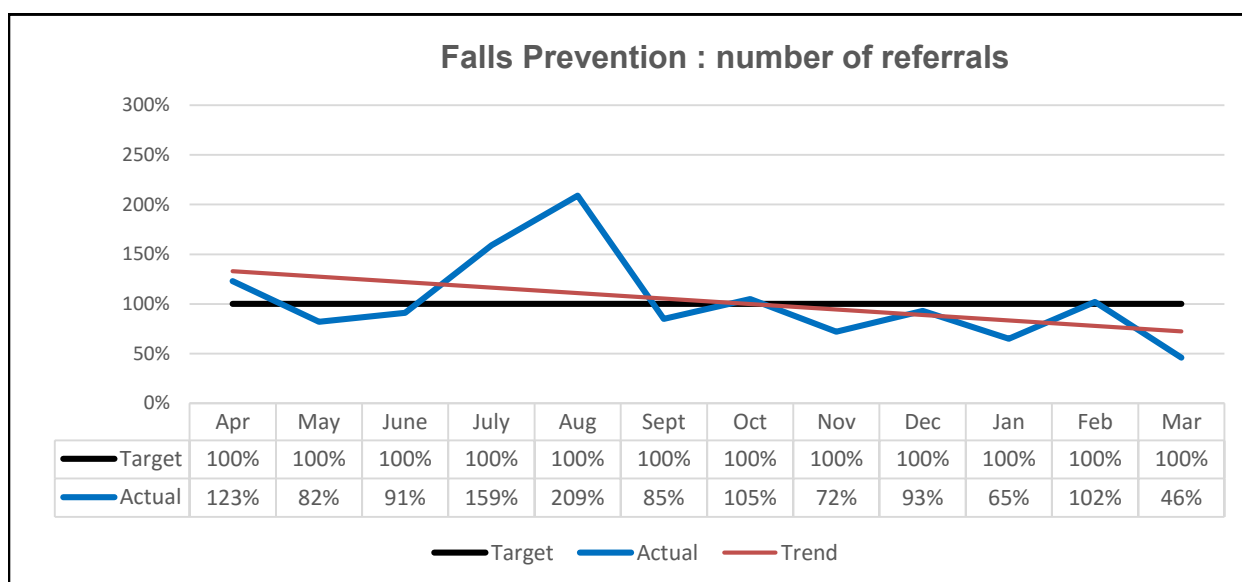
**Primary Source:** Provider data

**Definition:** % of Health Trainer referral target achieved

**Additional information:**

- The Health Trainer service provides interventions that may take up to one year to support people to make healthy behavioural changes. They may refer clients to specialist services such as smoking cessation or weight management services, but they will continue to provide support alongside these services to support the behavioural change.
- In the 20% most deprived areas health trainers are attached to individual GP practices. In other areas they work with all the GP practices. Health trainers accept referrals from GP practices and self-referrals.
- This year the number of referrals has improved over the year, with 99% of the target being achieved. This reflects the increased promotion of the service and the issues with recruitment being resolved.
- Not achieved.

## 8.0 FALLS PREVENTION



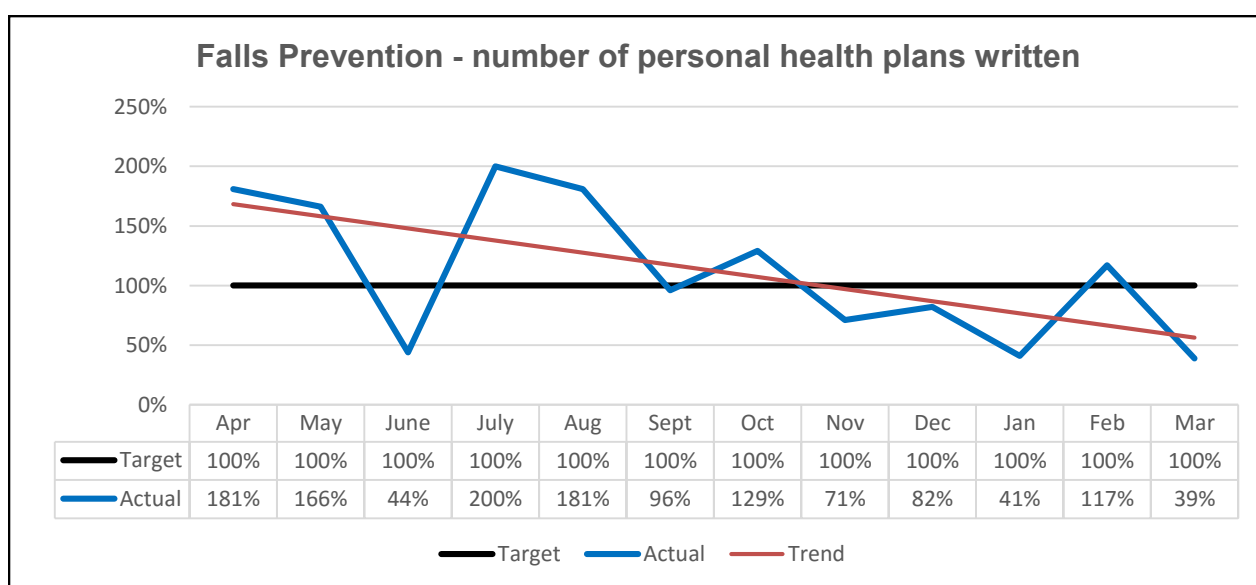
**Indicator title:** Referrals to the Falls Prevention Health Trainer Service

**Aim/Target:** 100% of 386 referrals per year

**Primary Source:** Cambridgeshire County Council Finance and Performance Report

**Definition:** The number of falls referrals received monthly by the Everyone Health Falls Prevention Health Trainer Service represented as a proportion of the monthly referral KPI target.

**Additional information:** Falls are the leading cause of accidental injury and death in the over 75s. Multifactorial falls assessment and individualised intervention plans have been shown to be effective in reducing the number of falls in those falling/at risk of falling. The Falls Prevention Health Trainer Service is one of the local services. It employs 3 Falls Prevention Health Trainers. The aim of the service is to provide falls screening, multifactorial assessment and motivational advice to support the uptake and compliance of multifactorial, evidence based falls prevention interventions in people aged 65+ at risk of falling or reporting a fall, in order to contribute to a reduction in falls and fall-related injuries in the community. The Falls Prevention Health Service is a key part of the integrated and co-ordinated system-wide falls prevention programme in Cambridgeshire.



**Indicator title:** Number of personal health plans written

**Aim/Target:** 85% of 279 personal health plans per year

**Primary Source:** Cambridgeshire County Council Finance and Performance Report

**Definition:** The number of personal health plans developed per month as a proportion of the monthly personal health plan KPI target.

**Additional information:** The number of personal health plans written fluctuates monthly throughout the year due to: seasonal factors influencing attendance of clients during icy weather; staff annual leave influencing provision; and the number of referred clients consenting to developing a personal health plan.

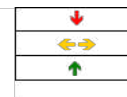


## 9.0 YEAR END DASHBOARD

The Public Health Service  
Performance Management Framework (PMF) for  
March 2017 can be seen within the tables below:



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



Below previous month actual  
No movement  
Above previous month actual

Measures										
Measure	Y/E Target 2016/17	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)	Comments
GUM Access - offered appointments within 2 working days	98%	98%	98%	98%	G	98%	98%	98%	↔	
GUM ACCESS - % seen within 48 hours ( % of those offered an appointment)	80%	80%	93%	93%	G	94%	80%	93%	↓	
Diverse : % of people newly diagnosed offered and accepted appointments	100%	100%	100%	100%	G	100%	100%	100%	↔	
Access to contraception and family planning (CCS)	7200	7200	10,775	150%	G	148%	600	150%	↑	
Number of Health Checks completed	18,000	18,000	17,452	97%	A	94%	4500	106%	↑	<ul style="list-style-type: none"> <li>The comprehensive Improvement Programme is continuing this year. There is an overall improvement in the numbers of Health Checks completed, and the total compares well with other areas. However the issue is the conversion rate. This is the difference between the number offered a health check and the number completed. This is attributed to the poor public understanding of the Programme which intelligence from the commissioned social marketing work supports as it clearly indicates a lack of awareness in the population of Health Checks.</li> <li>All the key CCG and CCC processes required to introduce the new software into practices are completed and installation is scheduled to commence in May</li> <li>Other activities include staff training and a new media campaign</li> </ul>
Percentage of people who received a health check of those offered	45%	45%	35%	35%	A	41%	45%	35%	↓	
Number of outreach health checks carried out	1,833	1833	1131	62%	R	46%	223	48%	↑	The Lifestyle Service is commissioned to provide outreach Health Checks for hard to reach groups in the community and in workplaces. Workplaces in the South of the county are performing well, however it has not been possible to secure access to the factories in Fenland where there are high risk workforces. This has affected performance. However the service being delivered outside of Fenland is <b>on target</b> . Engaging workplaces in Fenland however is challenging. In excess of 100 workplaces and community centres have been contacted with very little uptake.
Smoking Cessation - four week quitters	2249	1870	1797	96%	A	85%	205	112%	↑	<ul style="list-style-type: none"> <li>The most recent Public Health Outcomes Framework figures (August 2016 data for 2015) suggest the prevalence of smoking in Cambridgeshire has increased slightly in the last few years, returning to a level statistically similar to the England average (16.4% v. 16.9%), although the trend is not statistically significant. Smoking rates in routine and manual workers are consistently higher than in the general population (27.2% in Cambridgeshire), and notably in Fenland where routine and manual smoking rates have returned to a level worse than the average for England (39.8%). There has been ongoing performance improvement this year.</li> <li>There is an ongoing programme to improve performance that includes targeting routine and manual workers and the Fenland area. Please note that this is not the end of year performance figure as this is available until the end of June</li> </ul>

Measure	Y/E Target 2016/17	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)	Comments
Percentage of infants being breastfed (fully or partially) at 6 - 8 weeks	58%	58%	56%	N/A	G	53%	58%	57%	↑	A stretch target for the percentage of infants being breastfed was set at 58% for 2016/17, - above the national average for England. The number of infants recorded as breastfed (fully or partially) at 6 weeks for Q4 has increased to 57%, from a position of 53% in Q3 and the figure is one of the highest statistics in the Eastern region in published Public Health England data (2015/16).
Health visiting mandated check - Percentage of first face-to-face antenatal contact with a HV at >28 weeks	50%	/	39%	N/A	R	36%	50%	33%	↓	All of the health visiting data is reported quarterly. The data presented relates to the Q4 period (Jan to March 2017) and is compared to Q3 2016-2017 data for trend. Since Q3 there has been a further fall in the antenatal contacts from 36% to 33%. Priority is being given to those parents who are assessed as being most vulnerable. Since the same period last year, staffing levels are down by 16%. There has been recruitment days, and posts have been recruited to as a result. New staff are expected to start in the next 3 months which should improve the face-to-face antenatal contacts. The face-to-face antenatal contact is also dependent on timely and appropriate referrals from the Midwifery service. Notification processes across Cambridgeshire is being reviewed to ensure Health Visitors are receiving the correct information.
Health visiting mandated check - Percentage of births that receive a face to face New Birth Visit (NBV) within 14 days, by a health visitor	90%	90%	95%	N/A	G	96%	90%	95%	↓	There has been a small reduction since Q3 - however, the performance is well within the target of 90%
Health visiting mandated check - Percentage of children who received a 6 - 8 week review	90%	90%	94%	N/A	G	92%	90%	95%	↑	Performance has increased since Q3, with an increase of 3% - this is well within the performance targets set
Health visiting mandated check - Percentage of children who received a 12 month review by 15 months	100%	100%	92%	N/A	A	92%	100%	91%	↔	The target of 100% for percentage of children who received a 12 month review by age 15 months has not been met, however if 'not wanted and not attended' figures are included, the figure rises to 96%, which is the same as the previous quarter.
Health visiting mandated check - Percentage of children who received a 2 -2.5 year review	90%	90%	81%	N/A	A	79%	90%	82%	↑	The target of 90% for percentage of children who received a 2-2.5 year review has not been reported as met, although the proportion has increased since the last reporting period again. However, if 'not wanted and not attended' figures are included, Q4 figure rises to 93% which does meet the performance target.
School nursing - Number of young people seen for behavioural interventions - smoking, sexual health advice, weight management or substance misuse	N/A	N/A	262	N/A	N/A	35	N/A	59	↑	Interventions have increased since Q3, particularly in the area of emotional health and well being. An Action Plan has been put in place to address staffing issues and improve the school nursing service which is being closely monitored with providers.
School nursing - number of young people seen for mental health & wellbeing concerns	N/A	N/A	1388	N/A	N/A	105	N/A	305	↑	

Measure	Y/E Target 2016/17	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)	Comments
Childhood Obesity (School year) - 90% coverage of children in year 6 by final submission (EOY)	90%	52.7%	64.1%	122%	G	135%	52.7%	122%	↓	The National Child Measurement Programme is undertaken during school term times. It is not possible to formulate a trajectory as this is dependent on school timetabling. Measurements commenced in November 2016.
Childhood Obesity (School year) - 90% coverage of children in reception by final submission (EOY)	90%	52.7%	60.9%	116%	G	132%	52.7%	115.6%	↓	
Overall referrals to the service	4611	4611	4545	99%	A	97%	409	93%	↓	The Countywide Integrated Lifestyle Service provided by Everyone Health has now successfully recruited to all areas. We have been working with EH on their data returns supported by the Chief Executive Officer and reviewing the Service to ensure that measures are being put in place to address those areas where there is under achievement. A factor is also the additional Health Trainer Services for Falls and more recently Mental Health which led to the more experienced and skilled health trainers moving to these new areas for career development. However there is an overall upward trend in activity. However because of the lower referrals due to recruitment issues the number of plans produced remain behind target. Clients may take up to 12 months to complete their personal health plans. Over the course of the year the number of referrals has increased considerably and the <b>target was nearly met.</b>
Personal Health Trainer Service - number of Personal Health Plans produced (PHPs) ( <b>Pre-existing GP based service</b> )	1433	1433	1310	91%	A	71%	126	72%	↑	
Personal Health Trainer Service - Personal Health Plans completed ( <b>Pre-existing GP based service</b> )	1075	1075	1106	103%	G	58%	95	66%	↑	
Number of referrals from Vulnerable Groups ( <b>Pre-existing GP based service</b> )	992	992	1118	113%	G	92%	87	101%	↑	
Number of physical activity groups held ( <b>Pre-existing GP based service</b> )	581	581	569	98%	A	85%	55	71%	↓	
Number of healthy eating groups held ( <b>Pre-existing GP based service</b> )	290	290	377	130%	G	152%	25	140%	↓	



Measure	Y/E Target 2016/17	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)	Comments
Personal Health Trainer Service - number of PHPs produced (Extended Service)	534	534	574	107%	G	142%	53	145%	↑	
Personal Health Trainer Service - Personal Health Plans completed (Extended Service)	400	400	219	55%	R	55%	40	58%	↑	This intervention can take up to one year and therefore performance will vary over the year. The poor performance reflects to some degree the recruitment issues in years 1 and 2 of the contract and the associated lower number of PHPs produced. And therefore the lower number of completions but there is an upward trend.
Number of physical activity groups held (Extended Service)	578	578	669	116%	G	96%	56	79%	↓	
Number of healthy eating groups held (Extended Service)	726	726	956	132%	G	145%	65	237%	↑	
Proportion of Tier 2 clients completing the intervention who have achieved 5% weight loss.	30%	30%	43%	142%	G	115%	30%	131%	↑	
Proportion of Tier 3 clients completing the course who have achieved 10% weight loss	60%	60%	77%	128%	G	117%	60%	167%	↑	
% of children recruited who complete the weight management programme and maintain or reduce their BMI Z score by agreed amounts	80%	80%	89%	111%	G	n/a	80%	114%	↑	
Falls prevention - number of referrals	386	386	365	95%	A	102%	48	46%	↓	
Falls prevention - number of personal health plans written	279	279	287	103%	G	117%	41	39%	↓	

\* All figures received in April 2017 relate to March 2017 actuals with exception of Smoking Services, which are a month behind and Health Checks, some elements of the Lifestyle Service, School Nursing and Health Visitors which are reported

\*\* Direction of travel against previous month actuals

\*\*\* The assessment of RAG status for services where targets and activity are based on small numbers may be prone to month on month variation. Therefore RAG status should be interpreted with caution.

## 10.0 PUBLIC HEALTH MOU FUNDING ACROSS THE COUNCIL

Directorate	YTD (Q4) expected spend	YTD (Q4) actual spend	Variance
CFA	6,422,000	6,412,356	9,644
ETE	243,000	243,000	0
C&CS	201,000	201,000	0
LGSS	220,000	220,000	0
<b>TOTAL Q4/EOY</b>	<b>£7,086,000</b>	<b>£7,076,356</b>	<b>£9,644</b>

Some public health grant funding is managed by other directorates within the Council under a Memorandum of Understanding (MOU). The above table shows the allocation for each Executive Directorate in 2016/17, actual spend against allocation and variance. The main area of spend was the allocation to CFA for commissioned drug and alcohol misuse services. The activities of services funded through the MOU are monitored through the return of a quarterly template, and further detailed information on activity through 2016/17 is available on request. Monies that have been identified as underspends are returned to the Public Health Grant reserve.

## 11.0 PUBLIC HEALTH OUTCOMES FRAMEWORK

11.1 Information on changes during the year in the national Public Health Outcomes Framework (PHOF) indicators for Cambridgeshire are outlined in Annex 1. Further information on PHOF indicators for individual Cambridgeshire Districts, is available on [www.phoutcomes.info/](http://www.phoutcomes.info/). The difference in health outcomes between Districts, and in particular the health inequalities which are evident in Fenland, are also outlined in a paper to Health Committee in January 2017 'System wide Review of Health Outcomes in Cambridgeshire' available on <https://cmis.cambridgeshire.gov.uk/ccclive/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/192/Committee/6/Default.aspx>

11.2 While most nationally benchmarked PHOF indicators are for an earlier time period than 2016/17, due to delays in collating, quality assuring, and benchmarking data at a national level, the PHOF overview is helpful in indicating areas of focus for public health action.

In Cambridgeshire the latest PHOF information shows that 43% of benchmarked indicators were better than the national average (or above target level), 36% similar to the national average, and 21% below the national average (or below target level). In terms of direction of travel, 7% of indicators had improved their RAG rating, 82% had kept the same RAG rating and 11 % had a worse RAG rating than previously.

## 12.0 HEALTHCARE PUBLIC HEALTH ADVICE SERVICE

12.1 The duty of Cambridgeshire County Council to deliver a specialist healthcare public health advice service to the Cambridgeshire and Peterborough Clinical Commissioning Group was delivered throughout 2016/17. The delivery vehicle was the joint Public Health Team across Cambridgeshire and Peterborough. Key areas of advice and support included work on clinical prioritisation policies and individual treatment funding requests; development of preventive business cases for the NHS Sustainability and Transformation Plan (STP); public health specialist advice into STP planning for maternity and children's services, development and leadership of a BCF/STP healthy ageing work stream, a range of analytical work from the Public Health Intelligence team, and input to implementation of specific work streams such as the NHS Diabetes Prevention Programme (NDPP). Further detail is provided in Annex 2.

## **13.0 HEALTH PROTECTION ANNUAL REPORT**

- 13.1 The Health Protection Annual report, which supports the Council and DPH in carrying out their assurance role for health protection in the County can be found in Annex 3. This report provides an update on all key areas of health protection for Cambridgeshire including
- Communicable disease surveillance including information on the increase in whooping cough cases and recent outbreaks in the area.
  - Immunisations which show a steady state for some and a gradual increase in uptake of many childhood immunisations and of seasonal flu vaccination
  - Screening in which there is continued low uptake of cervical screening.
  - Healthcare associated infections and the work to reduce anti-microbial resistance
  - The Environmental Health role in protecting health including pollution control.
  - The national TB strategy and successful local implementation of some key areas of the strategy notably Latent TB Infection Screening (LTBI)
  - Health emergency planning and the priorities for the coming year.

## **14.0 SIGNIFICANT IMPLICATIONS**

- 14.1 Resource Implications  
There are no significant implications within this category.
- 14.2 Statutory, Risk and Legal Implications  
There are no significant implications within this category.
- 14.3 Equality and Diversity Implications  
There are no significant implications within this category.
- 14.4 Engagement and Consultation Implications  
There are no significant implications within this category.
- 14.5 Localism and Local Member Involvement  
There are no significant implications within this category.
- 14.6 Public Health Implications  
The report above sets out details of significant implications throughout.

<b>Implications</b>	<b>Officer Clearance</b>
<b>Have the resource implications been cleared by Finance?</b>	Yes 1 June 2017 Name of Financial Officer: Clare Andrews
<b>Has the impact on Statutory, Legal and Risk implications been cleared by LGSS Law?</b>	Yes : 30 May 2017 Name of Legal Officer: Fiona McMillan
<b>Are there any Equality and Diversity implications?</b>	No Name of Officer: Liz Robin
<b>Have any engagement and communication implications been cleared by Communications?</b>	Yes/No Name of Officer: Matthew Hall
<b>Are there any Localism and Local Member involvement issues?</b>	No Name of Officer: Liz Robin
<b>Have any Public Health implications been cleared by Public Health</b>	Yes Name of Officer: Liz Robin

#### **Appendices:**

- **Annex 1: PHOF (Longer Term Public Health Outcomes)**
- **Annex 2: Report on Healthcare Public Health Advice Service work completed in 2016/17**
- **Annex 3: Health Protection Annual Report**

<b>Source Documents</b>	<b>Location</b>
Quarter 4 Public Health Memorandum of Understanding performance reports	Public Health Directorate Room 112, Shire Hall, Cambridge CB3 0AP.