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Public Health Directorate

Finance and Performance Report – July 2017

1 SUMMARY

1.1 Finance

Previous Status	Category	Target	Current Status	Section Ref.
Green	Income and Expenditure	Balanced year end position	**Green**	2.1

1.2 Performance Indicators

Monthly Indicators	Red	Amber	Green	No Status	Total
Jun (No. of indicators)	3	6	17	3	29

2. INCOME AND EXPENDITURE

2.1 Overall Position

Forecast Variance - Outturn (Jun) £000	Service	Current Budget for 2017/18 £000	Current Variance £000	Forecast Variance - Outturn (Jul) £000	Forecast Variance - Outturn (Jul) %
0	Children Health	9,200	-17	0	0%
0	Drug & Alcohol Misuse	5,845	-11	0	0%
0	Sexual Health & Contraception	5,297	-25	0	0%
0	Behaviour Change / Preventing Long Term Conditions	3,638	23	0	0%
0	General Prevention Activities	56	-8	0	0%
0	Adult Mental Health & Community Safety	263	-0	0	0%
0	Public Health Directorate	2,421	-165	0	0%
0	**Total Expenditure**	**26,720**	**-203**	**0**	**0%**
0	Public Health Grant	-26,041	0	0	0%
0	s75 Agreement NHSE-HIV	-144	216	0	0%
0	Other Income	-149	51	0	0%
0	Drawdown From Reserves	0	0	0	0%
0	**Total Income**	**-26,334**	**267**	**0**	**0%**
0	**Net Total**	**386**	**64**	**0**	**0%**

The service level budgetary control report for July 2017 can be found in appendix 1.

Further analysis of the results can be found in appendix 2.

2.2 Significant Issues

There are currently no over or underspends expected within the Public Health Directorate. A balanced budget was been set for the financial year 2017/18. Savings totalling £606k have been budgeted for and the achievement of savings will be monitored through the monthly savings tracker, with exceptions being reported to Heath Committee and any resulting overspends reported through the monthly Finance and Performance Report.

2.3 Additional Income and Grant Budgeted this Period (De minimus reporting limit = £160,000)

The total Public Health ring-fenced grant allocation for 2017/18 is £26.9m, of which £26.041m is allocated directly to the Public Health Directorate.

The allocation of the full Public Health grant is set out in appendix 3.

2.4 Virements and Transfers to / from Reserves (including Operational Savings Reserve) (De minimus reporting limit = £160,000)

Details of virements made this year can be found in appendix 4.

3. BALANCE SHEET

3.1 Reserves

A schedule of the Directorate's reserves can be found in appendix 5.

4. PERFORMANCE SUMMARY

4.1 Performance overview (Appendix 6)

Sexual Health

- Performance of sexual health and contraception services remains good with all indicators green.

Smoking Cessation

- The smoking cessation target was met for 2016/17. The data records 4186 people setting a quit date with 2,249 people stopping smoking. Locally this translates to a 54% quit rate which is comparable to the national quit rate.
- The performance indicators for 2017/18 are green.

National Child Measurement Programme

- The programme has been completed for 2016/17 academic year and the coverage target was met.
- The measurement programme for 2017/18 will commence in September 2017, measurements are undertaken during school term.

NHS Health Checks

- From the indicators reported on this month the number of NHS Health Checks completed is red but the number of outreach health checks carried out is amber.
- The introduction of new software will increase the accuracy of the number of invitations sent out for NHS health checks. The commentary provides further explanation.

Lifestyle Services

- From the 14 Integrated Lifestyle Service indicators reported the overall performance shows ten green, three amber and one red indicators. There is a marked improvement on the previous months performance.
- Performance around falls prevention has improved from last month with the number of referrals indicator moving from red to green.

Health Visitor and School Nurse Data

- The overall performance indicators for Health Visiting and School Nursing show three green, two amber and one red indicator.
- Health Visiting data is reported on quarterly and this data provided reflects the quarter 1 period for 2017/18 (April-June). The antenatal checks have fallen below the 50% target resulting in a red indicator. The commentary provides explanations on how this is being addressed.

4.2 Health Committee Priorities (Appendix 7)

Health Inequalities – Smoking Cessation

- Provisional end of year data for 2016/17 was analysed for smoking cessation, although this did not include late returns.
- The percentage of the smoking quit target achieved was:
  - 86% in the least deprived 80% of GP practices
  - 91% in the most deprived 20% of GP practices
  - 88% overall (not including late returns)
- Because the most deprived 20% of GP practices are given more challenging smoking cessation targets than others and have a higher level of achievement

against target, the figures indicate that smoking cessation resources are being appropriately targeted to address health inequalities.

Health Inequalities – Health Checks

- End of year date for 2016/17 has been analysed
- The RAG status for health check target achievement overall was amber (within 10% of the target), but red (more than 10% away from the target) for the most deprived 20% of practices.
- The percentage of the health check target achieved was:
  - 106% in the least deprived 80% of practices
  - 81% in the most deprived 20% of practices
  - 98% overall.

Mental Health - Number of front line staff that have taken part in Mental Health First Aid(MFHA) and MHFA Lite commissioned training

- The contract with an external provider to deliver this training finished at the end of October 2016, however a range of training will continue to be offered via different channels and models of delivery.
  - MHFA (2 day course) attendance: 398
  - MHFA Lite (1/2 day) attendance: 216

4.3 Health Scrutiny Indicators (Appendix 8)

- The data format presented for Delayed Transfer of Care has changed. The data for Hinchingbrooke Hospital & Peterborough & Stamford Hospital shows a declined in DTOCs, increases in DTOC for Cambridgeshire residents are still evident for Addenbrookes Hospital.

4.4 Public Health Services provided through a Memorandum of Understanding with other Directorates

Directorate	YTD (Q1) expected spend	YTD (Q1) actual spend	Variance
CFA	£82,750	£82,750	0
ETE	£30,000	£30,359	-£359
CS&T	£58,500	£58,500	£0
LGSS	£55,000	£55,000	£0
TOTAL Q1	**£226,250**	**£226,609**	**-£359**

- The Q1 figures for CFA may change, as we are still awaiting information on spend from Children's Centres.
- The overspend shown against ETE is based on work undertaken on Illicit Tobacco. This quarter is higher than predicted due to the follow up from raids in February and at the end of March. 3rd quarter spend likely to be mainly on co-ordinated project work with Peterborough based TS colleagues and HMRC.

APPENDIX 1 – Public Health Directorate Budgetary Control Report

Forecast Variance Outturn (Jun) £'000	Service	Current Budget for 2017/18 £'000	Expected to end of Jul £'000	Actual to end of Jul £'000	Current Variance £'000	Current Variance %	Forecast Variance Outturn (Jul) £'000	Forecast Variance Outturn (Jul) %
	Children Health							
0	Children 0-5 PH Programme	7,253	1,887	1,887	0	0.00%	0	0.00%
0	Children 5-19 PH Programme - Non Prescribed	1,947	513	496	-17	-3.32%	0	0.00%
0	Children Mental Health	0	0	0	0	0.00%	0	0.00%
0	**Children Health Total**	**9,200**	**2,400**	**2,383**	**-17**	**-0.71%**	**0**	**0.00%**
	Drugs & Alcohol							
0	Drug & Alcohol Misuse	5,845	1,258	1,247	-11	-0.88%	0	0.00%
0	**Drugs & Alcohol Total**	**5,845**	**1,258**	**1,247**	**-11**	**-0.88%**	**0**	**0.00%**
	Sexual Health & Contraception							
0	SH STI testing & treatment – Prescribed	3,975	712	705	-7	-1.03%	0	0.00%
0	SH Contraception - Prescribed	1,170	-49	-62	-13	-27.21%	0	0.00%
0	SH Services Advice Prevn Promtn - Non-Presribed	152	38	34	-4	-11.15%	0	0.00%
0	**Sexual Health & Contraception Total**	**5,297**	**701**	**676**	**-25**	**-3.54%**	**0**	**0.00%**
	Behaviour Change / Preventing Long Term Conditions							
0	Integrated Lifestyle Services	1,732	44	43	-1	-1.80%	0	0.00%
0	Other Health Improvement	281	39	34	-5	-13.51%	0	0.00%
0	Smoking Cessation GP & Pharmacy	828	-63	-36	28	43.72%	0	0.00%
0	Falls Prevention	80	0	0	0	0.00%	0	0.00%
0	NHS Health Checks Prog – Prescribed	716	186	187	1	0.54%	0	0.00%
0	**Behaviour Change / Preventing Long Term Conditions Total**	**3,638**	**206**	**228**	**23**	**10.98%**	**0**	**0.00%**
	General Prevention Activities							
0	General Prevention, Traveller Health	56	33	25	-8	-23.22%	0	0.00%
0	**General Prevention Activities Total**	**56**	**33**	**25**	**-8**	**-23.22%**	**0**	**0.00%**
	Adult Mental Health & Community Safety							
0	Adult Mental Health & Community Safety	263	0	0	-0	0.00%	0	0.00%
0	**Adult Mental Health & Community Safety Total**	**263**	**0**	**0**	**-0**	**0.00%**	**0**	**0.00%**

Forecast Variance Outturn (Jun) £'000	Service	Current Budget for 2017/18 £'000	Expected to end of Jul £'000	Actual to end of Jul £'000	Current Variance £'000	Current Variance %	Forecast Variance Outturn (Jul) *£'000*	Forecast Variance Outturn (Jul)
	Public Health Directorate							
0	*Public Health - Admin & Salaries*							
0	Health Improvement	462	186	174	-12	-6.45%	0	0.00%
0	Public Health Advice	713	238	219	-19	-7.85%	0	0.00%
0	Health Protection	221	74	79	5	7.24%	0	0.00%
0	Childrens Health	58	19	21	2	8.62%	0	0.00%
0	Comm Safety, Violence Prevention	22	7	3	-4	-59.09%	0	0.00%
0	Public Mental Health	127	42	29	-13	-31.50%	0	0.00%
0	Drug & Alcohol Misuse	151	50	11	-39	-78.15%	0	0.00%
	Cross Directorate Costs	667	222	138	-84	-37.93%	0	0.00%
0		**2,421**	**839**	**674**	**-165**	**-19.65%**	**0**	**0.00%**
0	**Total Expenditure before Carry forward**	**26,720**	**5,437**	**5,234**	**-203**	**-3.73%**	**0**	**0.00%**
0	**Anticipated contribution to Public Health grant reserve**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0.00%**
	Funded By							
0	Public Health Grant	-26,041	-13,247	-13,247	0	0.00%		0.00%
0	S75 Agreement NHSE HIV	-144	0	216	216	0.00%		0.00%
0	Other Income	-149	-51	0	51	100.00%		0.00%
	Drawdown From Reserves				0	0.00%		0.00%
0	**Income Total**	**-26,334**	**-13,298**	**-13,031**	**267**	**2.01%**	**0**	**0.00%**
0	**Net Total**	**386**	**-7,861**	**-7,797**	**64**	**0.82%**	**0**	**0.00%**

APPENDIX 2 – Commentary on Expenditure Position

Number of budgets measured at service level that have an adverse/positive variance greater than 2% of annual budget or £100,000 whichever is greater.

Service	Current Budget for 2017/18 £'000	Current Variance		Forecast Variance - Outturn	
		£'000	%	£'000	%

APPENDIX 3 – Grant Income Analysis
The tables below outline the allocation of the full Public Health grant.

Awarding Body : DofH

Grant	Business Plan £'000	Adjusted Amount £'000	Notes
Public Health Grant as per Business Plan	**26,946**		Ring-fenced grant
Grant allocated as follows;			
Public Health Directorate	20,050	26,041	Including full year effect increase due to the transfer of the drug and alcohol treatment budget (£5,880k) from CFA to the PH Joint Commissioning Unit. Also the transfer of the MH Youth Counselling budget (£111k) from CFA to PH mental health budget.
CFA Directorate	6,322	331	£5,880k drug and alcohol treatment budget and £111k mental health youth counselling budgets transferred from CFA to PH as per above.
ETE Directorate	153	153	
CS&T Directorate	201	201	
LGSS Cambridge Office	220	220	
Total	**26,946**	**26,946**	

APPENDIX 4 – Virements and Budget Reconciliation

	£'000	Notes
Budget as per Business Plan	20,560	
Virements		
Non-material virements (+/- £160k)	-8	
Budget Reconciliation		
Drug and Alcohol budget from CFA to PH	6,058	
Youth Counselling budget from CFA to PH	111	
Current Budget 2016/17	**26,721**	

APPENDIX 5 – Reserve Schedule

Fund Description	Balance at 31 March 2017	2017/18		Forecast Closing Balance	Notes
		Movements in 2017/18	Balance at 31 Jul 2017		
	£'000	£'000	£'000	£'000	
General Reserve					
Public Health carry-forward	**1,040**	0	1,040	**1,040**	
subtotal	**1,040**	**0**	**1,040**	**1,040**	
Other Earmarked Funds					
Healthy Fenland Fund	400	0	400	300	Anticipated spend £100k per year over 5 years.
Falls Prevention Fund	400	0	400	200	Planned for use on joint work with the NHS in 2017/18 and 2018/19.
NHS Healthchecks programme	270	0	270	170	This funding will be used to install new software into GP practices which will identify patients for inclusion in Health Checks. The installation work will commence in June 2017. Funding will also be used for a comprehensive campaign to boost participation in NHS Health Checks.
Implementation of Cambridgeshire Public Health Integration Strategy	850	0	850	592	£517k Committed to the countywide 'Let's Get Moving' physical activity programme which runs for two years 2017/18 and 2018/19.
Other Reserves (<£50k)	0	0	0	0	
subtotal	**1,920**	**0**	**1,920**	**1,262**	
TOTAL	**2,960**	**0**	**2,960**	**2,302**	

(+) positive figures should represent surplus funds.
(-) negative figures should represent deficit funds.

Fund Description	Balance at 31 March 2017	2017/18		Forecast Closing Balance	Notes
		Movements in 2017/18	Balance at 31 Jul 2017		
	£'000	£'000	£'000	£'000	
General Reserve					
Joint Improvement Programme (JIP)	59	0	59	59	
Improving Screening & Immunisation uptake	9	0	9	9	£9k from NHS ~England for expenditure in Cambridgeshire and Peterborough
TOTAL	**68**		**0**	**68**	

APPENDIX 6 PERFORMANCE

More than 10% away from YTD target	Below previous month actual
Within 10% of YTD target	No movement
YTD Target met	Above previous month actual

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

Measures										
Measure	Y/E Target 2017/18	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%	99%	99%	G	99%	98%	99%	↔	
GUM ACCESS - % seen within 48 hours (% of those offered an appointment)	80%	80%	91%	91%	G	92%	80%	91%	↓	
Number of Health Checks completed	18,000	4,000	3,810	85%	R	N/A	4500	85%	↔	The comprehensive Improvement Programme is continuing this year with an extensive promotional campaign in high risk areas and the introduction of the new software into practices has commenced which will increase the accuracy of the of the number of invitations that are sent for NHS Health Check. There is also ongoing training of practice staff.
Number of outreach health checks carried out	2,000	245	235	96%	A	67%	60	85%	↑	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 overall performance. Engaging workplaces in Fenland is challenging with in excess of 100 workplaces and community centres contacted with very little uptake. There is a need to secure high level support that could be from an economic development perspective, if employers are to be effectively engaged.This would reflect the evidence that supporting employee health and well being brings cost benefits to businesses.
Smoking Cessation - four week quitters	2278	126	152	121%	G	N/A	126	121%	↔	The smoking cessation target number was met for 2016/17 with 4186 people setting a quit date and 2249 people actually stopping smoking. A 54% quit rate which is roughly the same as the national figure • The most recent Public Health Outcomes Framework figures (June 2017data for 2016) suggest the prevalence of smoking in Cambridgeshire has decreased remaining at a level statistically similar to the England average (15.2% v. 15.5%). Smoking rates in routine and manual workers remain consistently higher than in the general population (26.8% in Cambridgeshire), and notably in Fenland where routine and manual smoking rates remain above the national rate. • There is an ongoing programme to improve performance that includes targeting routine and manual workers and the Fenland area.

Measure	Y/E Target 2017/18	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%	56%	56%	56%	G	57%	56%	56%	↓	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%, and has decreased slightly to 56% for this quarter, meeting the revised target. This figure is one of the highest statistics in the Eastern region in published Public Health England data (2015/16) and Cambridgeshire continues to exceed the 45% national target.
Health visiting mandated check - Percentage of first face-to-face antenatal contact with a HV at >28 weeks	50%	50%	28%	28%	R	33%	50%	28%	↓	All of the health visiting data is reported quarterly. The data presented relates to the Q1 period (April to July 2017). The proportion of antenatal contacts continues to fall well below the 50% target and a strategy is in place to improve the notification process between maternity services and health visiting to remedy this. If we take into account exceptions the figure for Q1 increases to 31%. 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.
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%	96%	96%	G	95%	90%	96%	↑	The number of New Birth Visits completed within 14 days of birth continues exceed the 90% target.
Health visiting mandated check - Percentage of children who received a 6 - 8 week review	90%	90%	92%	92%	G	95%	90%	92%	↓	The proportion of 6-8 week development checks completed within 8 weeks has declined slightly this quarter but continues to be above the 90% target.
Health visiting mandated check - Percentage of children who received a 12 month review by 15 months	100%	100%	87%	87%	A	91%	100%	87%	↓	This figure is below the set target. However if we take into account exception (which included visits not wanted or "did not attend") reporting the figure for Q1 increases to 91%, although this is still below target and need to be monitored.
Health visiting mandated check - Percentage of children who received a 2 -2.5 year review	90%	90%	78%	78%	A	82%	90%	78%	↓	The number of 2-2.5 year reviews being completed is below the set target. However if exception reporting (which included visits not wanted or "did not attend") is accounted for, the figure for Q1 increases to 92% which is above target.
School nursing - Number of young people seen for behavioural interventions - smoking, sexual health advice, weight management or substance misuse	N/A	N/A	100	100	N/A	59	N/A	100	↑	The School Nursing service has introduced a duty desk this quarter to offer a more efficient service. The figures reported are for those that have been seen in clinics in relation to a specific intervention.
School nursing - number of young people seen for mental health & wellbeing concerns	N/A	N/A	733	733	N/A	305	N/A	733	↑	The School Nursing service has introduced a duty desk this quarter to offer a more efficient service. The figures reported are for those that have been seen in clinics in relation to a specific intervention. There has been a sharp increase in the number of children being seen for issues relating to their emotional health and wellbeing.

Measure	Y/E Target 2017/18	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%	83.7%	91.4%		G	78%	83.7%	91%	↑	The National Child Measurement Programme (NCMP) has been completed for the 2016/17 academic year. The coverage target was met and the measurement data has been submitted to the DH. The cleaned measurement data will be available at the end of the year. The new measurement programme for 2017/18 will start in September.
Childhood Obesity (School year) - 90% coverage of children in reception by final submission (EOY)	90%	83.7%	94.8%		G	77%	83.7%	94.8%	↑	
Overall referrals to the service	5100	1090	1094	100%	G	81%	350	107%	↑	This is an area that is closely monitored and the Provider has put in place promotional campaign to encourage referrals and self referrals.
Personal Health Trainer Service - number of Personal Health Plans produced (PHPs) **(Pre-existing GP based service)**	1517	315	319	101%	G	66%	104	112%	↑	
Personal Health Trainer Service - Personal Health Plans completed **(Pre-existing GP based service)**	1138	170	172	101%	G	48%	78	65%	↑	
Number of physical activity groups held **(Pre-existing GP based service)**	664	130	162	125%	G	151%	55	116%	↓	
Number of healthy eating groups held **(Pre-existing GP based service)**	450	130	145	112%	G	107%	40	115%	↑	
Personal Health Trainer Service - number of PHPs produced (Extended Service)	723	145	148	102%	G	70%	48	88%	↑	
Personal Health Trainer Service - Personal Health Plans completed (Extended Service)	542	110	111	101%	G	92%	36	119%	↑	

Measure	Y/E Target 2017/18	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
Number of physical activity groups held (Extended Service)	830	125	115	92%	A	68%	35	94%	↑	
Number of healthy eating groups held (Extended Service)	830	215	266	124%	G	130%	90	133%	↑	
Proportion of Tier 2 clients completing the intervention who have achieved 5% weight loss.	30%	30%	27%		A	78%	30%	115%	↑	The objective percentage of participants who achieve the recommended weight loss is affected by the severity of the obesity. As part of demand management for the Tier 3 service patients are directed to Tier 2, these patients are more complex and have higher levels of obesity.
Proportion of Tier 3 clients completing the course who have achieved 10% weight loss	60%	60%	40%		R	55%	60%	0%	↓	No data was available from Addenbrookes for this month. This ahs been attributed to the fact that none of their Weight Management courses ended during this period. Everyone health sub-contracts the Tier 3 service to Addenbrookes and currently there are very regular meetings to review Addenbrookes data reporting process that appear incomplete.
% of children recruited who complete the weight management programme and maintain or reduce their BMI Z score by agreed amounts	80%	0%	0%	0%	N/A	n/a	80%	n/a	↔	No courses completed during this period
Falls prevention - number of referrals	386	70	71	101%	G	58%	20	150%	↑	
Falls prevention - number of personal health plans written	279	45	42	93%	A	31%	14	143%	↑	This reflects the number of referrals that too place in the preceding months. Referrals originate from the wider falls prevention Service which was being re-organised and consequently the referral number fell.

* All figures received in July 2017 relate to June 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 quarterly.

** 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.

APPENDIX 7

Health Committee Priorities

Health Inequalities

Smoking Cessation

The following describes the progress against the ambition to reduce the gap in smoking rates between patients of the most socio-economically deprived 20% of GP practices and the remaining 80% of GP practices in Cambridgeshire (monitored monthly). The GP practices in the 20% most deprived areas of Cambridgeshire are given more challenging smoking cessation targets and more support than other practices, to help reduce this gap.

Since the previous report to Health Committee, provisional end of year data have been received and analysed for 2016/17, including the final months of the year although not including all late returns:

- Looking at provisional performance data at the end of 2016/17, the percentage of the smoking quit target achieved was:
    - 86% in the least deprived 80% of practices
    - 91% in the most deprived 20% of practices
    - 88% overall.
- The percentage point gap between the two groups in 2016/17 was +5%, in favour of a higher performance against the target in the most deprived practices. This represents a successful closing of the gap and reversal of the pattern seen in 2015/16 when performance in the most deprived was 16 percentage points below the least deprived practices.
- Monthly patterns in performance show that achievement was higher in the most deprived practices than in the least deprived practices in most months. Target achievement across all practices increased towards the end of the year.

There are targeted efforts in the more deprived areas to promote smoking cessation which include community events such as promotional sessions in supermarkets, a workplace health programme and campaigns informed by social marketing intelligence.

Percentage of smoking quit target achieved by deprivation category of general practices in Cambridgeshire, End of Year 2016/17

Practice deprivation category	Year end target	End of Year				
		Target	Quits	Percentage	Difference from target	RAG status
Least deprived 80%	1,388	1,388	1,195	86%	14%	
Most deprived 20%	861	861	782	91%	9%	
All practices	2,249	2,249	1,977	88%	12%	

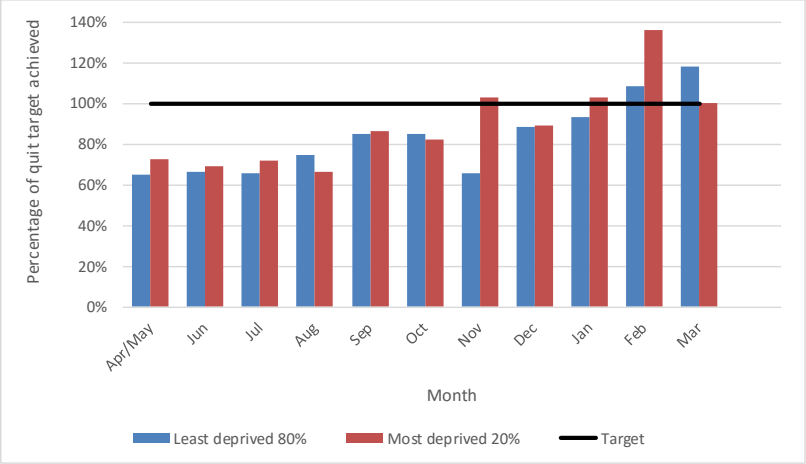
RAG status:

More than 10% away from year-to-date target
Within 10% of year-to-date target
Year-to-date target met

Percentage point gap between the percentage of the target reached in the most deprived 20% compared with the least deprived 80%

	End of Year
Percentage point gap	5%

Monthly patterns in smoking quit target achievemet by deprivation category of general practice in Cambridgeshire, 2016/17



Sources:
General practice returns to Cambridgeshire County Council Smoking Cessation Service
Public Health England 2015 Indices of Multiple Deprivation for general practices, based on the
NHS Digital Organisation Data Service
Office for National Statistics Postcode Directory
Prepared by:
Cambridgeshire County Council Public Health Intelligence, 04/08/2017

NHS Health Checks

The following describes the progress against the NHS Health Checks ambition to reduce the gap in rates of heart disease between patients of the 20% most socio-economically deprived GP practices and the remaining 80% of practices in GP Cambridgeshire (monitored quarterly). The most deprived 20% of GP practices are given more challenging health check targets to support this aim.

Since the previous report to Health Committee, quarter 4 and end of year data have been received and analysed for 2016/17:

Quarter 4:

- The percentage of the health check target achieved in quarter 4 was higher in the least deprived 80% of practices than in the most deprived 20%, but the targets were met in both groups and improved compared to quarter 3.
- In the least deprived 80%, 3478 health checks were delivered, 10% above the quarterly target of 3173; in the most deprived 20% of practices, 1372 health checks were delivered, 3% above the quarterly target of 1327.
- The gap in performance between the two groups was 7 percentage points in Quarter 4.

End of year:

- Looking at performance data at the end of 2016/17, the percentage of the health check target achieved was:
    - 106% in the least deprived 80% of practices
    - 81% in the most deprived 20% of practices
    - 98% overall.
- The RAG status for health check target achievement overall was amber (within 10% of the target), but red (more than 10% away from the target) for the most deprived 20% of practices.
- In 2015/16, 84% of the quit target was achieved, 93% in the least deprived 80% of practices, 63% in the most deprived 20%.
- The percentage point gap between the two groups in 2016/17 was -25%. This represents a small closing of the gap seen in 2015/16 when performance in the most deprived was 30 percentage points below the least deprived practices. Performance against the targets overall have increased in both groups.
- Quarterly patterns in performance show that achievement was higher in the least deprived practices than in the most deprived practices in all quarters. However, target achievement in the most deprived practices notably increased and the gap narrowed over the year.

There is an intensive programme of support given to GP practices that deliver the majority of NHS Health Checks. However practices in these areas have experienced staff losses that affect their capacity.

Percentage of health check target achieved by deprivation category of general practices in Cambridgeshire, 2016/17 Quarter 4 (End of Year)

Practice deprivation category	Year end target	End of Year					Quarter 4			Previous quarter	
		Target	Completed	Percentage	Difference from target	RAG status	Target	Completed	Percentage	Percentage	Direction of travel
Least deprived 80%	12,691	12,691	13,416	106%	-6%		3,173	3,478	110%	99%	↑
Most deprived 20%	5,309	5,309	4,313	81%	19%		1,327	1,372	103%	81%	↑
All practices	18,000	18,000	17,729	98%	2%		4,500	4,850	108%	94%	↑

RAG status:

- More than 10% away from year-to-date target
- Within 10% of year-to-date target
- Year-to-date target met

Direction of travel:

- ↑ Better than previous quarter
- ↓ Worse than previous quarter
- ↔ Same as previous quarter

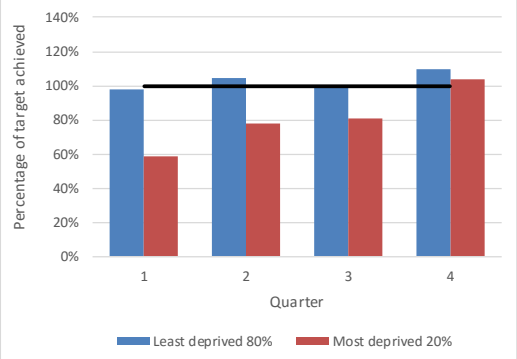
Percentage point gap between the percentage of the target reached in the most deprived 20% compared with the least deprived 80%

	End of Year	Quarter 4	Previous quarter	Direction of travel
Percentage point gap	-25%	-7%	-18%	↑

Direction of travel:

- ↑ Better than previous quarter
- ↓ Worse than previous quarter
- ↔ Same as previous quarter

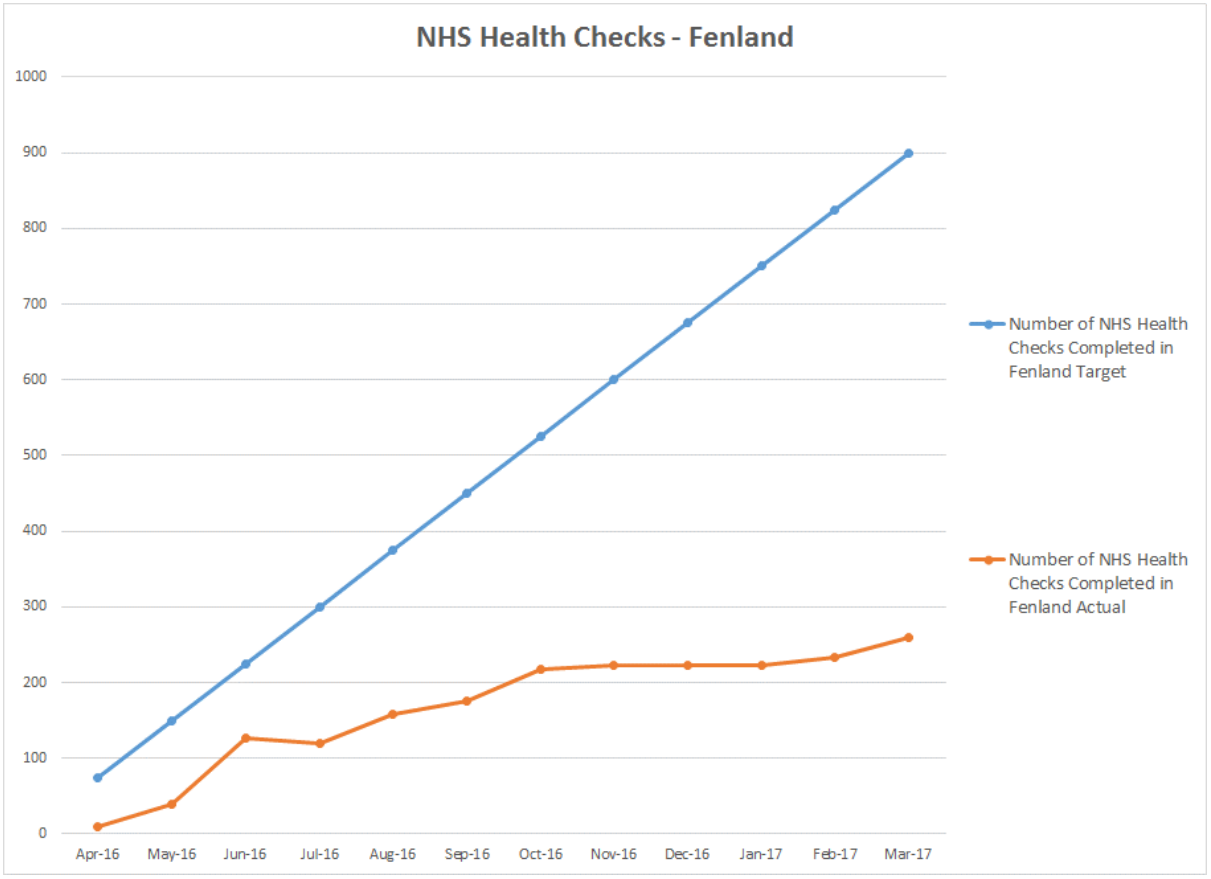
Quarterly patterns in health check target achievemet by deprivation category of general practice in Cambridgeshire, 2016/17

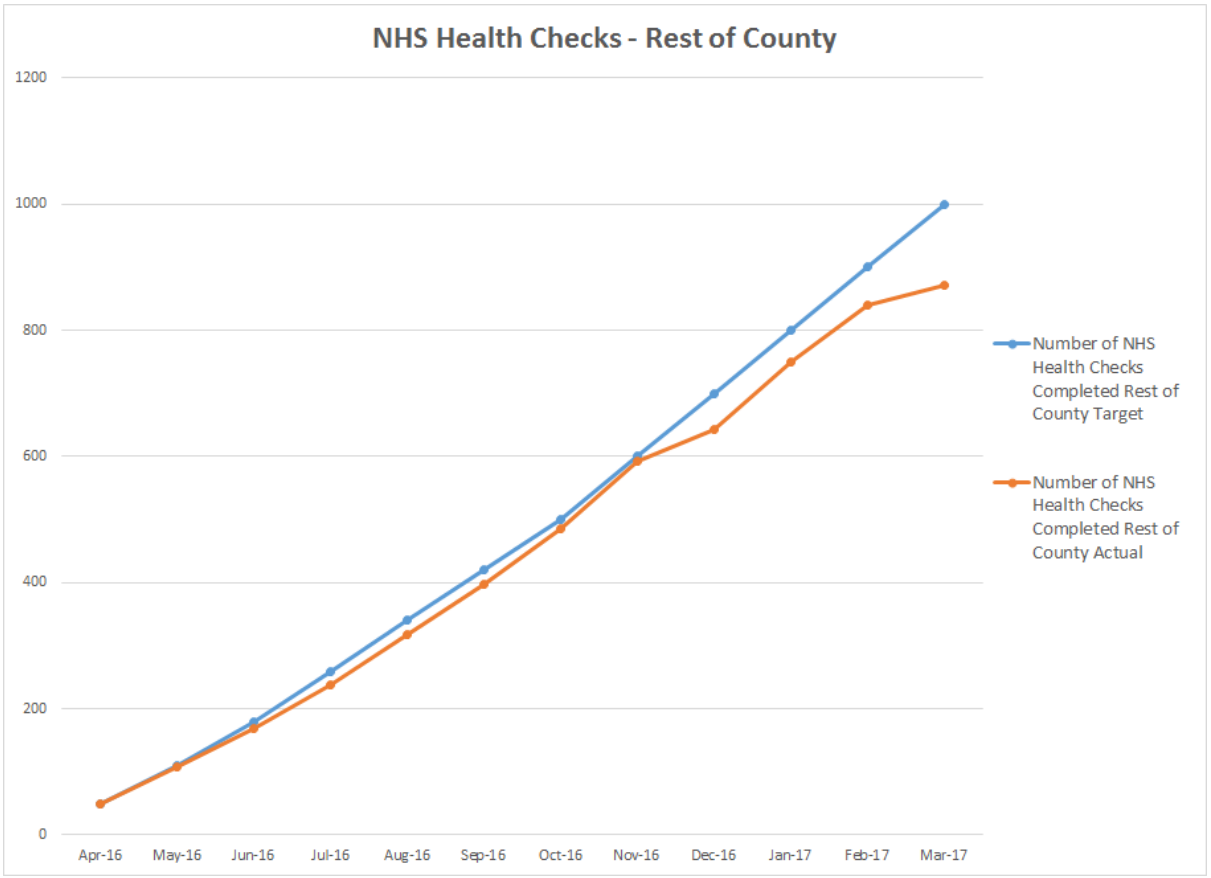


Sources:
Any discrepancy between figures in tables is due to rounding error.
Practice returns to Cambridgeshire County Council Public Health Team
Practice level index of multiple deprivation (IMD) Public Health England/Kings College London, 2015
Health and Social Care Information Centre Organisation Data Service
Office for National Statistics Postcode Directory
Prepared by:
Cambridgeshire County Council Public Health Intelligence, 04/08/2017

Outreach Health Checks

In order to address health inequalities, Outreach NHS Health Checks provided by the Integrated Lifestyle Service Everyone Health have a focus upon Fenland – and are delivered in community settings including workplaces. Ambitious targets for Outreach NHS Health Checks in Fenland were set. However it has been challenging securing the engagement of employers in this area and the targets have not been met, unlike the targets for Outreach NHS Health Checks in other parts of the County.


NHS Health Checks - Fenland
1000
900
800
700
600
500
400
300
200
100
0
Apr-16
May-16
Jun-16
Jul-16
Aug-16
Sep-16
Oct-16
Nov-16
Dec-16
Jan-17
Feb-17
Mar-17
Number of NHS Health Checks Completed in Fenland Target
Number of NHS Health Checks Completed in Fenland Actual


NHS Health Checks - Rest of County
1200
1000
800
600
400
200
0
Apr-16
May-16
Jun-16
Jul-16
Aug-16
Sep-16
Oct-16
Nov-16
Dec-16
Jan-17
Feb-17
Mar-17
Number of NHS Health Checks Completed Rest of County Target
Number of NHS Health Checks Completed Rest of County Actual

Life expectancy and healthy life expectancy

Inequalities in life expectancy: aiming to reduce the gap in years of life expectancy between residents of the 20% most deprived and the 80% least deprived electoral wards in Cambridgeshire.

Since the previous report to Health Committee, updated population estimates and deprivation data have become available and so life expectancy data for all years have been refreshed as well as updated to 2014-16.

- The absolute gap in life expectancy at birth for all persons between the 20% most deprived electoral wards in Cambridgeshire and the 80% least deprived was 2.6 years for both 2012-14 and 2013-15.
- For the latest 3-year period available, covering 2014-16, the absolute gap was 3 years (80.4 years in the most deprived 20% of wards v. 83.4 years in the least deprived 80%). Although this appears to be an increase in the gap, this should be interpreted with caution. Ward level population estimates are not currently available for 2016 and so 2015 population estimates have been used for the calculations for this periods. This may adversely affect the calculated life expectancies as increases in numbers of deaths may reflect increases in population size that have not been taken into account. Deaths data for 2016 are also provisional. Updated small area population estimates are due to be released by the Office of National Statistics in October 2017.

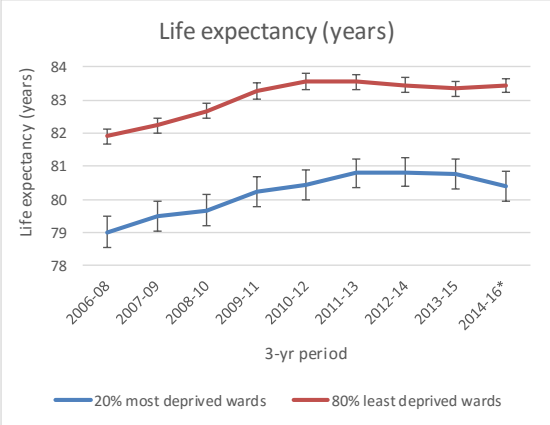
There are significant inequalities nationally and locally in life expectancy at birth by socio-economic group. Certain sub-groups, such as people with mental health problems and people who are homeless, also have lower life expectancy than the general population. Key interventions to reduce this gap are in tackling lifestyle factors and ensuring early intervention and prevention of key diseases.

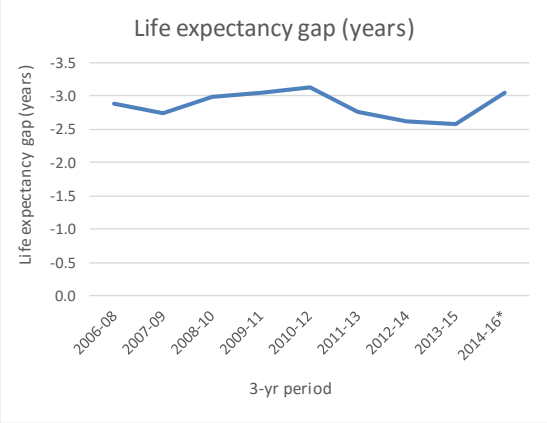
Average life expectancy at birth by deprivation category of ward, Cambridgeshire, 2006-08 to 2014-16

3-yr period	Deprivation category of ward						LE gap (years)	Relative LE gap (%)
	20% most deprived wards			80% least deprived wards				
	LE	Lower 95% CI	Upper 95% CI	LE	Lower 95% CI	Upper 95% CI		
2006-08	79.0	78.6	79.5	81.9	81.7	82.1	-2.9	-3.5%
2007-09	79.5	79.0	80.0	82.2	82.0	82.5	-2.7	-3.3%
2008-10	79.7	79.2	80.1	82.7	82.4	82.9	-3.0	-3.6%
2009-11	80.2	79.8	80.7	83.3	83.0	83.5	-3.0	-3.7%
2010-12	80.4	80.0	80.9	83.6	83.3	83.8	-3.1	-3.8%
2011-13	80.8	80.4	81.2	83.6	83.3	83.8	-2.8	-3.3%
2012-14	80.8	80.4	81.3	83.5	83.2	83.7	-2.6	-3.1%
2013-15	80.8	80.3	81.2	83.3	83.1	83.6	-2.6	-3.1%
2014-16*	80.4	79.9	80.8	83.4	83.2	83.6	-3.0	-3.6%

LE - Life Expectancy, CI - Confidence Interval

* Ward level population estimates are not currently available for 2016 so 2015 population estimates have been used for this period. A mismatch between the source years of population estimates and deaths may adversely affect the calculated life expectancies as increases in numbers of deaths may reflect increases in population size that have not been taken into account.





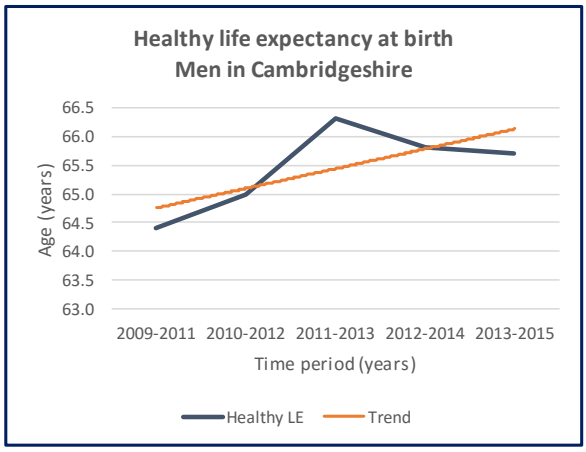
Sources:
NHS Digital Primary Care Mortality Database (Office for National Statistics death registrations)
Office for National Statistics mid-year population estimates
Local Government Association / Cambridgeshire County Council Public Health Intelligence Index of Multiple Deprivation 2015

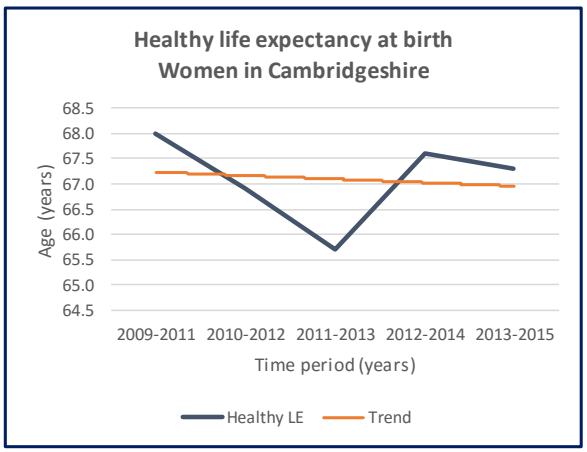
Healthy life expectancy.

- Healthy life expectancy at birth for men in Cambridgeshire in 2013-15 was 65.7 years, statistically significantly higher than the average for England (63.4 years).
- Healthy life expectancy at birth for women in Cambridgeshire in 2013-15 was 67.3 years, statistically significantly higher than the average for England (64.1 years).
- There is an increasing trend in male healthy life expectancy and a slightly decreasing female trend.
- For both men and women, healthy life expectancy in Cambridgeshire is statistically significantly higher than in England for all the time periods above other than for men in 2009-2011 where there is no significant difference.
- Female healthy life expectancy was statistically significantly higher than male healthy life expectancy for the first data period here, but there is no longer a statistical difference.
- Males also now appear to spend more time in self-reported good health (not statistically assessed).
- Over the last two years the percentage of time males spend in good health has decreased slightly, but the trend since 2009-2011 is positively upward.
- The trend in the percentage of time females spend in good health has remained static.

Healthy life expectancy at birth, Cambridgeshire, 2009-11 to 2013-15

Calendar year / gender	Cambridgeshire			England
	Healthy life expectancy (years)	95% CI*	% time spent in good health	Healthy life expectancy (years)
Males				
2009-2011	64.4	(62.6-66.1)	80.1	63.0
2010-2012	65.0	(63.3-66.6)	80.2	63.2
2011-2013	66.3	(64.7-67.9)	81.7	63.2
2012-2014	65.8	(64.2-67.5)	81.4	63.4
2013-2015	65.7	(64.1-67.3)	81.2	63.4
Females				
2009-2011	68.0	(66.5-69.5)	80.2	64.1
2010-2012	66.9	(65.3-68.5)	79.0	64.1
2011-2013	65.7	(64.1-67.4)	77.4	63.9
2012-2014	67.6	(65.9-69.3)	80.0	63.9
2013-2015	67.3	(65.6-69.0)	79.8	64.1





Child obesity

The following section describes the progress against the child excess weight and obesity targets in both Fenland and the 20% most deprived areas compared to the rest of Cambridgeshire.

Children aged 4-5 years classified as overweight or obese

The target for Reception children in Fenland is to reduce the proportion of children with excess weight (overweight and obese) by 1% a year, whilst at the same time reducing the proportion for Cambridgeshire by 0.5%. In 2015/16 Fenland did not meet this target (21.4% actual against 19.6% target), but there was a reduction from the previous year (22.4%). There continues to be a downward trend in Cambridgeshire as a whole, which meant the target was met (18.7% actual, 19.8% target). The gap between Fenland and Cambridgeshire had reduced in 2015/16.

Target : Improve Fenland by 1% and CCC by 0.5% a year

Area		Actual			2014/15		2015/16	
		2011/12	2012/13	2013/14	Actual	Target	Actual	Target
Fenland	Number	262	248	224	237	-	222	-
	%	26.8%	24.9%	21.6%	22.4%	20.6%	21.4%	19.6%
Cambridgeshire	Number	1,399	1,318	1,392	1,326	-	1,270	-
	%	22.5%	20.2%	20.8%	19.4%	20.3%	18.7%	19.8%
Gap		4.3%	4.7%	0.8%	3.0%	0.3%	2.7%	-0.2%

Source: NCMP, HSCIC

Note : The target and actual data has changed to reflect changes in the PHOF. Local authority is now determined by the postcode of the pupil rather than the postcode of the school.

Children aged 4-5 years classified as obese

There was a decrease in the recorded obesity prevalence in Reception children in Cambridgeshire between 2014/15 and 2015/16 (7.3% to 6.9%). The target (described below) to reduce the recorded child obesity prevalence in Reception children in the 20% most deprived areas in Cambridgeshire was met in 2015/16 (9.6% actual, 9.6% target). The proportion remained the same as in 2014/15. The target for the remaining 80% of areas was also met (6.2% actual, 6.9% target).

Target : Improve 20% of most deprived areas by 0.5% a year and in the remaining 80% of areas by 0.2% a year

Area		Actual			2014/15		2015/16	
		2011/12	2012/13	2013/14	Actual	Target	Actual	Target
20 most deprived	Number	148	156	157	146		137	
	Total	1,310	1,444	1,477	1,521		1,420	
	%	11.3%	10.8%	10.6%	9.6%	10.1%	9.6%	9.6%
80 least deprived	Number	344	327	372	344		326	
	Total	4,819	4,997	5,108	5,177		5,300	
	%	7.1%	6.5%	7.3%	6.6%	7.1%	6.2%	6.9%
Total (CCC only)	Number	492	483	529	490		463	
	Total	6,129	6,441	6,585	6,698		6,720	
	%	8.0%	7.5%	8.0%	7.3%		6.9%	

Source: NCMP cleaned dataset, HSCIC

Children aged 10-11 years classified as obese

There was a noticeable decrease in the recorded obesity prevalence in Year 6 pupils in the 20% most deprived areas in Cambridgeshire between 2014/15 and 2015/16 (19.6% to 18.4%), and the target was met. There was a slight increase in the remaining 80% of areas, but the target was also met.

Target : Improve 20% of most deprived areas by 0.5% a year and in the remaining 80% of areas by 0.2% a year

Area		Actual			2014/15		2015/16	
		2011/12	2012/13	2013/14	Actual	Target	Actual	Target
20 most deprived	Number	245	217	226	232		199	
	Total	1,107	1,117	1,136	1,182		1,081	
	%	22.1%	19.4%	19.9%	19.6%	19.4%	18.4%	18.9%
80 least deprived	Number	613	623	671	596		622	
	Total	4,174	4,207	4,411	4,345		4,474	
	%	14.7%	14.8%	15.2%	13.7%	15.0%	13.9%	14.8%
Total (CCC only)	Number	858	840	897	828		821	
	Total	5,281	5,324	5,547	5,527		5,555	
	%	16.2%	15.8%	16.2%	15.0%		14.8%	

Source: NCMP cleaned dataset, HSCIC

Excess weight in adults

The current target for excess weight in adults needs to be revised as the national data reporting for this indicator has recently changed to three years combined data rather than annual data. The Fenland and Cambridgeshire targets are currently based on annual data.

Physically active and inactive adults

There was a noticeable decrease in the proportion of physically active adults in Fenland between 2014 and 2015, and the target (described below) was not met. Cambridgeshire as a whole also

experienced a decline in the proportion of physically active adults and also did not meet the target in 2015.

Physically active adults
Target: Improve Fenland by 1% a year and Cambridgeshire by 0.5%.

Area	Actual			2015		2016	
	2012	2013	2014	Actual	Target	Actual	Target
Fenland	50.5%	51.1%	52.1%	47.9%	53.1%		54.1%
Cambridgeshire	60.3%	60.2%	64.5%	58.6%	65.0%		65.5%
Gap	-9.8%	-9.1%	-12.4%	-10.7%	-11.9%	0.0%	-11.4%

Note: Number of respondents aged 16 and over, with valid responses to questions on physical activity, doing at least 150 "equivalent" minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more in the previous 28 days

Actions
There is a range of programmes and services that address both childhood and adult obesity which include prevention and treatment though weight management programmes. Examples for promoting healthy eating include the commissioning of the Food for Life Partnership to work in schools to set policy, provide information and skills about healthy eating and growing healthy food, similar approaches are being used in children's centres and with community groups. The Workplace Health programme is another avenue for promoting health eating workplace policy.

There is a range of physical activity programmes provided in different settings across the county targeting all ages that are provided by CCC and district councils along with the voluntary and community sector.

CCC commissions an integrated lifestyle service which includes a Health Trainer Service which supports individuals to make healthy lifestyle changes, children and adult weight management service and community based programmes that focus up on engaging groups and communities in healthy lifestyle activities.

Mental health
Proposed indicators:

- **Number of schools attending funded mental health training:**

The whole school briefing delivered by CPFT offers an introduction to thinking about mental health with a focus on ethos and culture around mental health in schools. This foundational training to all staff.

- Between 1st April 2017-27th June 2017 2 primary schools attended a whole school briefing 1 secondary school.
- A further 2 Youth Mental Health Awareness Training courses were held in schools and two further courses were held on the Ida Darwin site for staff to attend.
- Two schools were supported to run workshops with staff where a whole school approach action plan was developed for their school.
- There have been 203 new e-learning accounts registered between 1st April 2017-27th June 2017.
- The 14 day Child and Adolescent Mental Health Foundation Module for 2017 began in May. This course aims to improve confidence in responding to the symptoms of a range of mental health issues, and better equip people to build resilience in young people.

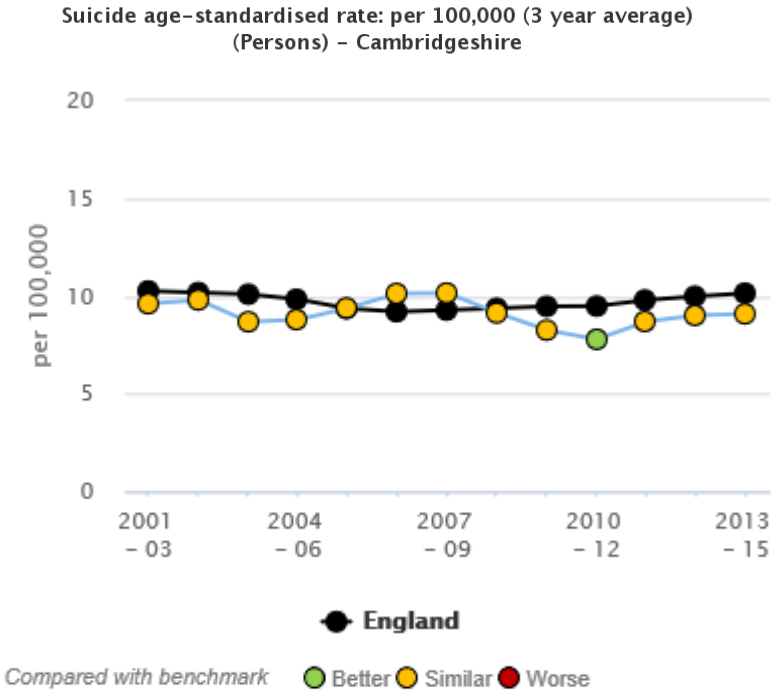
- **Number of secondary schools taken up offer of consultancy support around mental and emotional wellbeing of young people** (annual) – To date (June 2016), 21 out of 30 secondary schools have taken up the offer of a consultancy visit.
  This piece of work was funded for the 2015/16 academic year only.

- **Number of front line staff that have taken part in MHFA and MHFA Lite commissioned training** (quarterly):

Mental Health First Aid and Mental Health First Aid Lite are offered free of charge to front line staff within Cambridgeshire County Council and partner organisations. *The contract with an external provider to deliver this training finished at the end of October 2016, however a range of training will continue to be offered via different channels and models of delivery*.

  - MHFA (2 day course) attendance: 398
  - MHFA Lite (1/2 day) attendance: 216

- **PHOF Indicator: Mortality rate from suicide and injury of undetermined intent** (annual):
  - In Cambridgeshire, the rate of suicide and injury of undetermined intent is 9.1 per 100,000 (3 year average, 2013-15), this is not significantly different to the England rate or the East of England rate. The chart below shows the trend in recent years; the rate has remained fairly stable in Cambridgeshire.



Source: Public Health Outcomes Framework (Benchmark is England)

- **Emergency hospital admissions for intentional self-harm** (annual) (Source: Public Health England, Public Health Profiles):
  In 2015/16 the Cambridgeshire rate for emergency hospital admissions for intentional self-harm was 264.9 per 100,000 population (in 2014/15 it was 221.5 per 100,000). This was significantly higher than the England and East of England rate. Within Cambridgeshire, the following districts have significantly higher rates of emergency hospital admissions than England: Cambridge, Fenland, South Cambridgeshire, Huntingdonshire and East Cambridgeshire. Further analysis has been undertaken by the Public Health Intelligence Team which shows a small number of individuals account for a large number of the admissions, further investigation is required into these cases.

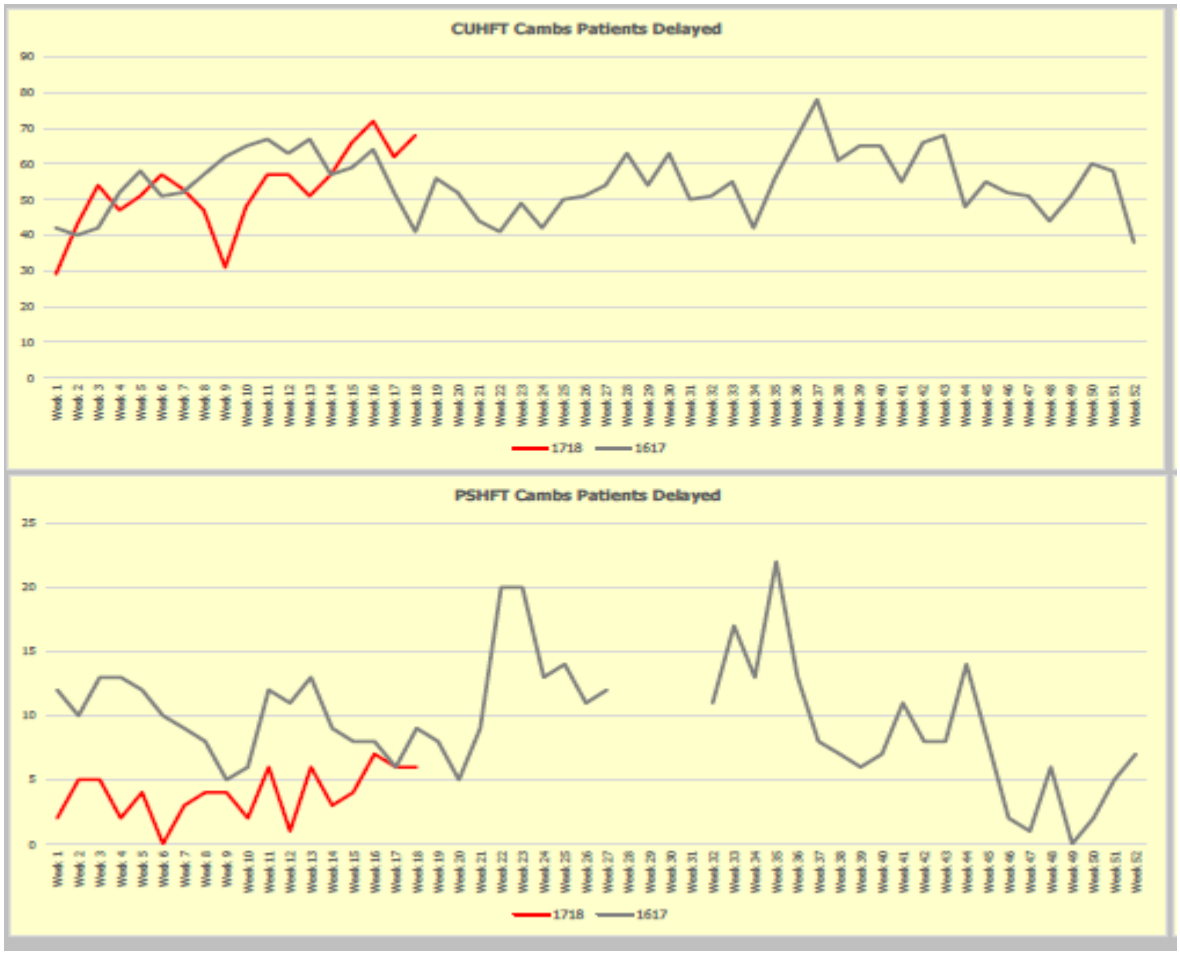
APPENDIX 8

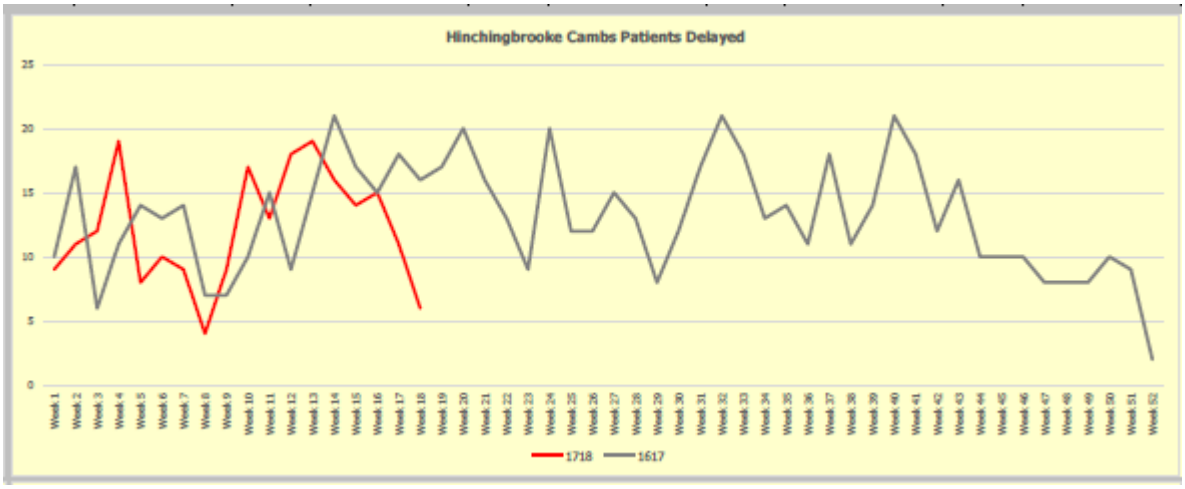
Updates on key indicators for NHS issues which have been scrutinised by the Health Committee are as follows:

- **Delayed Transfer of Care (DTOC)**

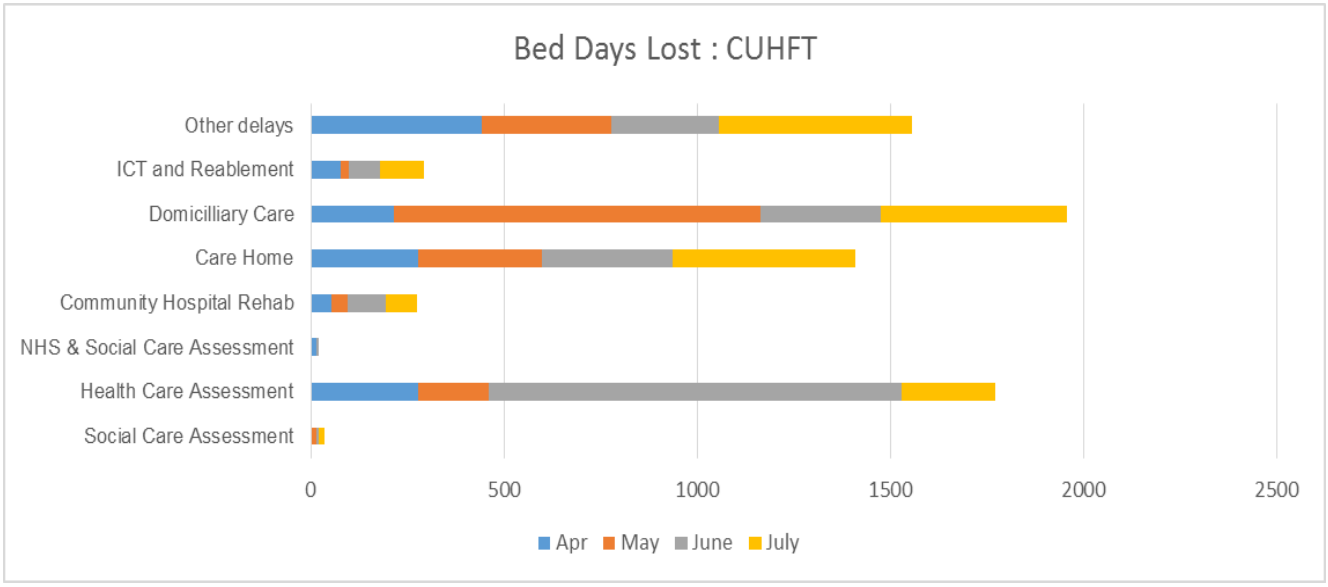
  The data profiles submitted to the Health Committee from the CCG has changed since the last report and data is now presented as weeks. Increases in DTOC's is evident for Cambridgeshire patients attending Cambridge University Hospital (Addenbrookes) and illustrates an increase compared to the previous year. However both Hincingbrooke Hospital and Peterborough & Stamford Hospital data indicates a decline in DTOCs. Both Trusts through the liaison meetings report that they continue to work with system partners to address the large scale impact of DTOCs

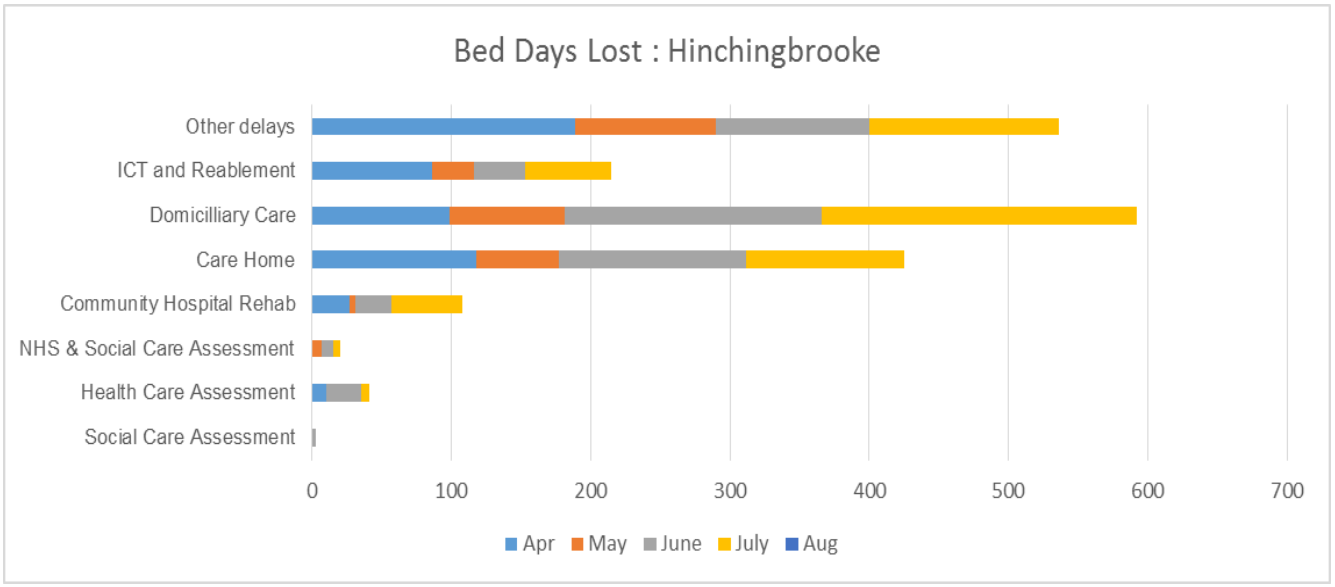
  Patients Delayed





Bed Days Lost





APPENDIX 9: Outcomes of Integrated Lifestyle Health Trainer Service

EVERYONE HEALTH INTEGRATED LIFESTYLE SERVICE – SERVICE OUTCOMES 2016/17

Health Trainer Service - 20% most deprived areas

Table 1: The Health Trainers deliver services in 15 GP practices across Cambridgeshire in the 20% most deprived areas.

City & South	Central	Fenland
Arbury Road Surgery	Acorn Surgery	Clarkson Surgery
East Barnwell Health Centre	Charles Hicks Surgery	Cornerstone Surgery
Nuffield Road Medical Centre	Priory Fields Surgery	Mercheford House Surgery
	St Georges Medical Centre	New Queen Street Surgery
		North Brink Surgery
		Parson Drove Surgery
		Riverside Surgery
		Trinity Surgery

Table 2: Aggregated changes for those patients completing the Health Trainer Programme

	Mean Pre	Mean Post	Change
Anthropometrics			
Weight (kg)	101.45 kg	98.27 kg	-3.18kg
BMI	36.07 kg/m^2	34.77 kg/m^2	-1.3 kg/m^2
Waist Circumference (cm)	112.50 cm	109.74 cm	-2.76 cm
Physical Activity			
Light	243.78 minutes	302.76 minutes	+58.98 minutes
Moderate	25.67 minutes	95.24 minutes	+69.57 minutes
Vigorous	3.01 minutes	8.94 minutes	+5.93 minutes
Dietary			
Fruit Portions (per day)	1.82	2.64	+0.82
Vegetable Portions (per day)	1.98	2.91	+0.93
Psychological			
General Health (out of 100)	62.47	69.41	+6.94
Self-Efficacy (max score 32)	20.84	22.37	+1.53
WHO-Five-Wellbeing (max score 25)	11.85	14.56	+2.71

Figure 1: Programme Highlights

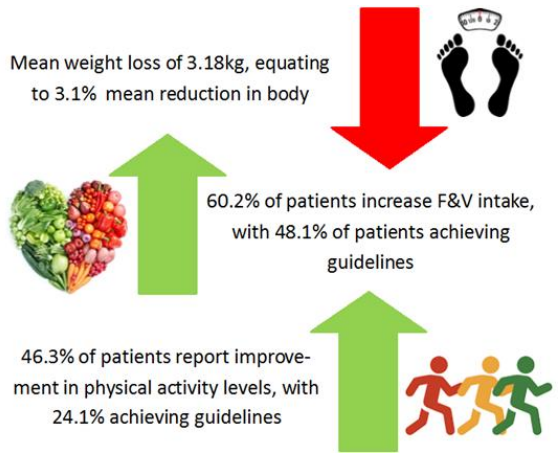


Figure 2: Personal Health Plans Completed : Each client sets a personal plan for achieving their behavioural change goals

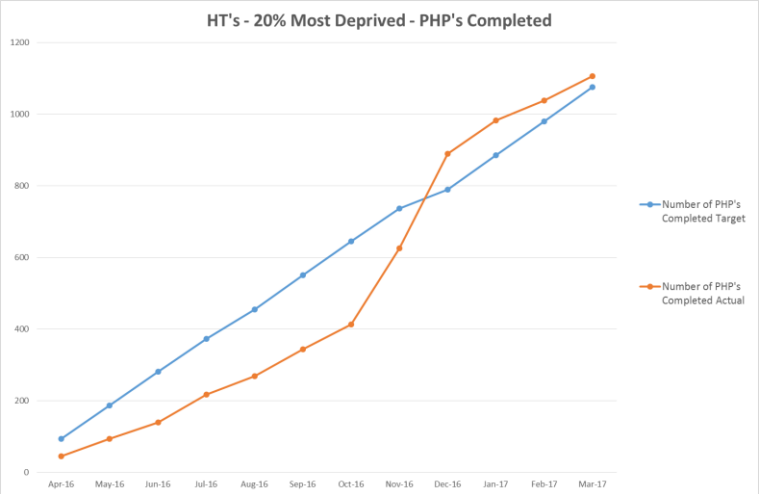


Figure 3: Personal Health Plans Achieved

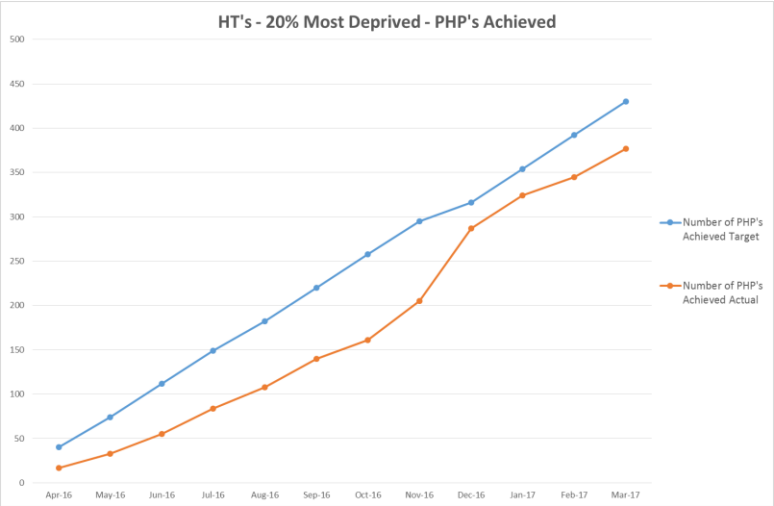


Figure 4: Personal Health Plans Part Achieved

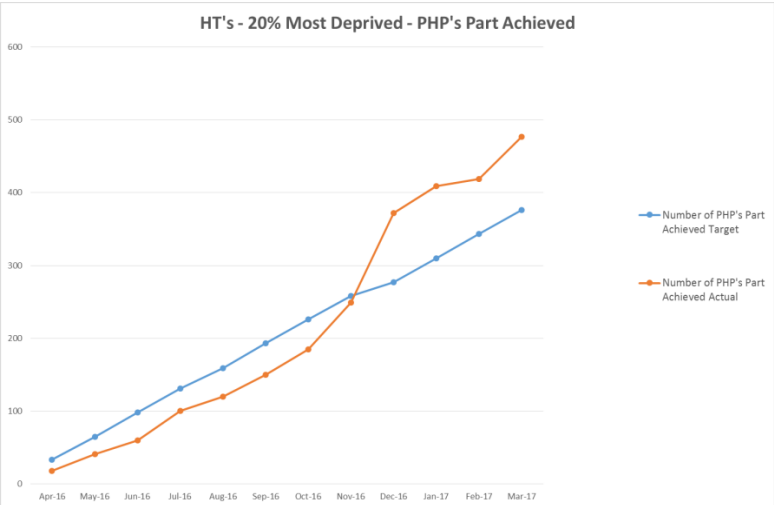
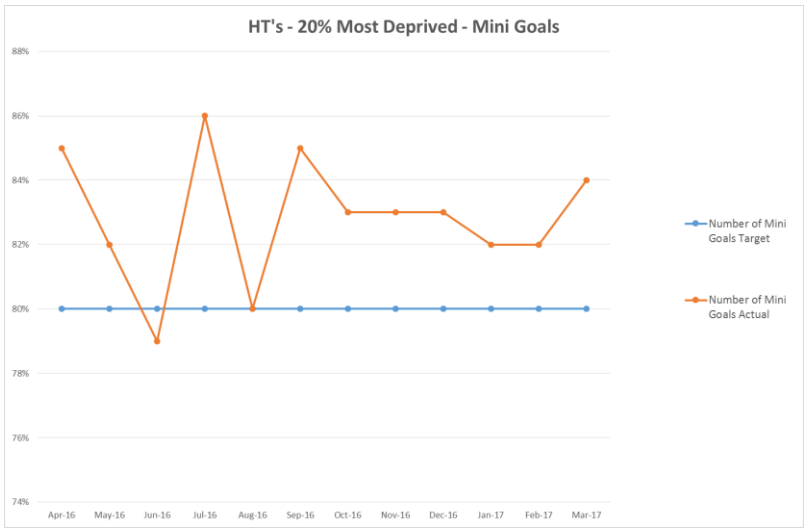


Figure 5: Mini-Goals Achieved: Mini Goals are additional goals that clients set alongside their primary behavioural change challenge


HT's - 20% Most Deprived - Mini Goals
88%
86%
84%
82%
80%
78%
76%
74%
Apr-16
May-16
Jun-16
Jul-16
Aug-16
Sep-16
Oct-16
Nov-16
Dec-16
Jan-17
Feb-17
Mar-17
Number of Mini Goals Target
Number of Mini Goals Actual

Health Trainer Service – Rest of the County Service

Table 3: Aggregated changes for those patients completing the Health Trainer Programme

	Mean Pre	Mean Post	Change
Anthropometrics			
Weight (kg)	105.85 kg	102.96 kg	-2.89 kg
BMI	38.17 kg/m^2	37.06 kg/m^2	-1.11 kg/m^2
Waist Circumference (cm)	116.8 cm	115.1 cm	-1.7 cm
Physical Activity			
Light	123.84 minutes	152.67 minutes	+28.83 minutes
Moderate	38.75 minutes	95.37 minutes	+56.62 minutes
Vigorous	5.16 minutes	9.45 minutes	+4.29 minutes
Dietary			
Fruit Portions (per day)	1.62	2.78	+1.16
Vegetable Portions (per day)	1.85	2.98	+1.13
Psychological			
General Health (out of 100)	57.58	68.23	+10.65
Self-Efficacy (max score 32)	22.04	23.65	+1.61
WHO-Five-Wellbeing (max score 25)	12.85	15.06	+2.21

Figure 6: Progrmme Highlights

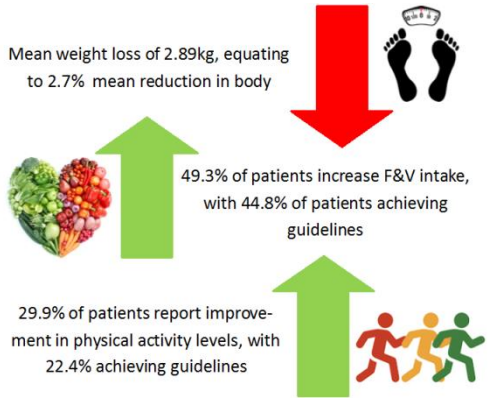


Figure 7: Personal Health Plans Completed : Each client sets a personal plan for achieving their behavioural change goals

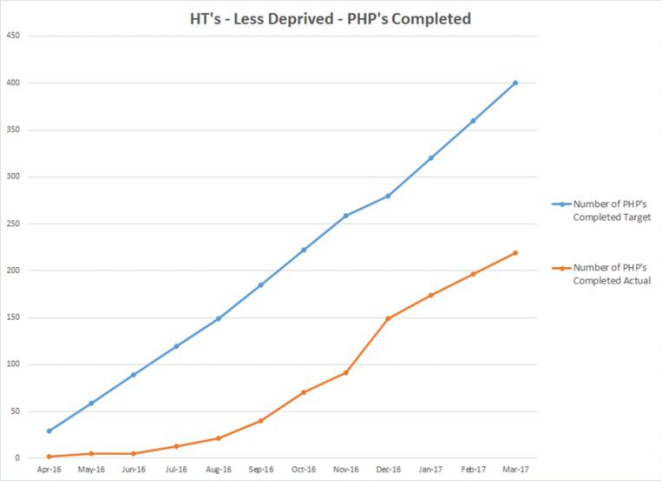


Figure 8: Personal Health Plans Achieved

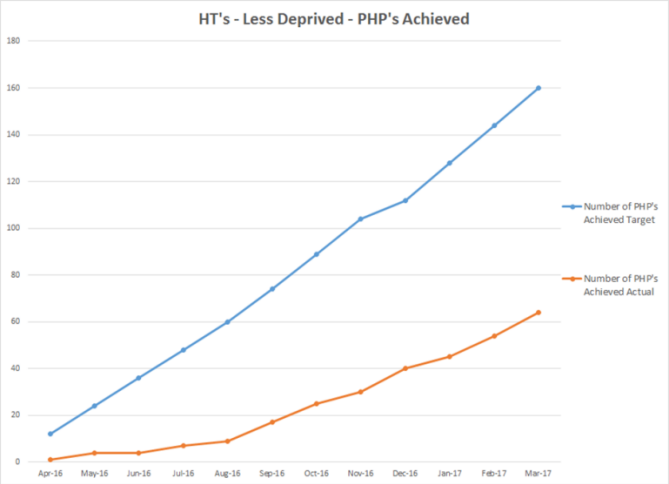


Figure 9: Personal Health Plans Part Achieved

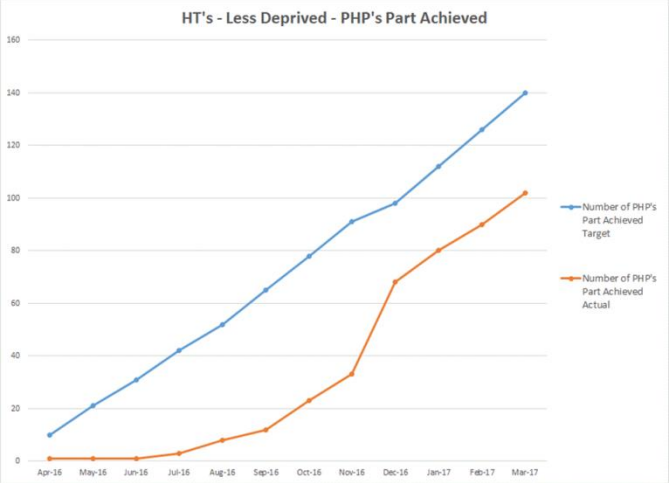
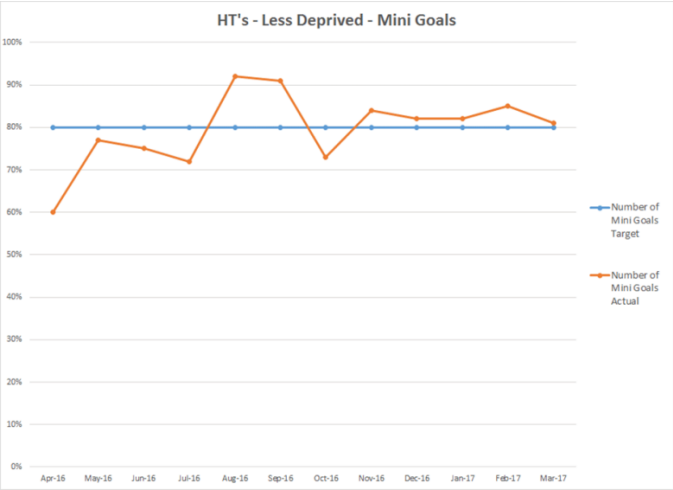


Figure 10: Mini-Goals Achieved: Mini Goals are additional goals that clients set alongside their primary behavioural change challenge



Weight Management Services

Figure 11: Tier 2 Weight Management Services

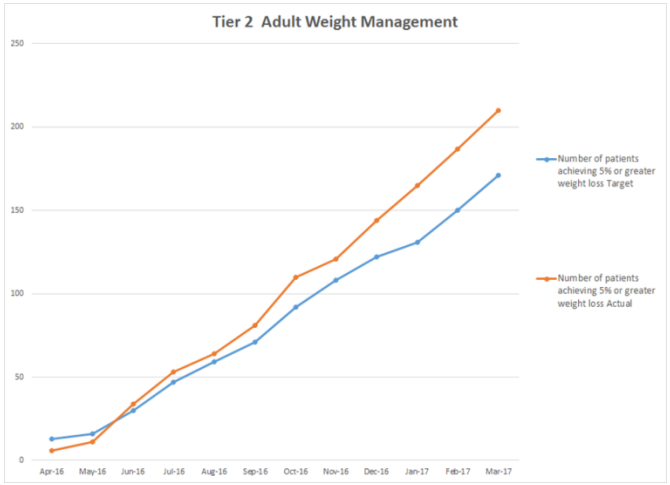
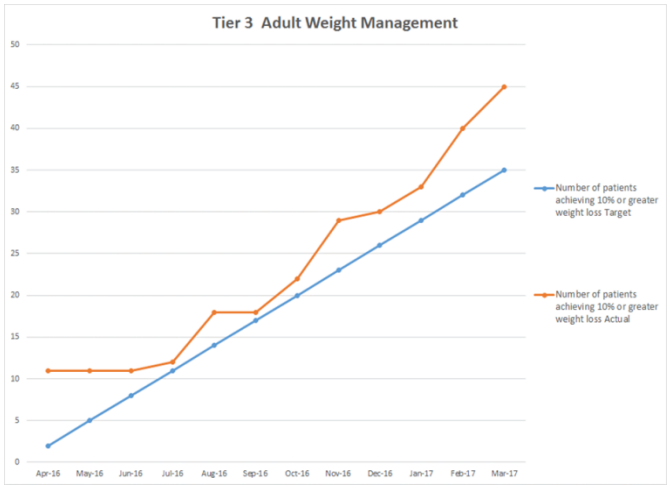


Figure 12: Tier 3 Weight Management Services



<u>Weight Loss Differences between Fenland and the Rest of the County (Tier 2 Services)</u>

Figure 15: Average Weight Loss (kg) – Fenland and the Rest of the County

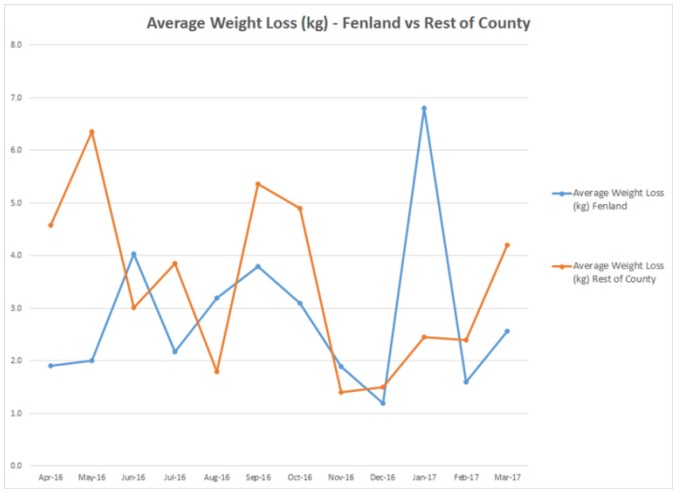
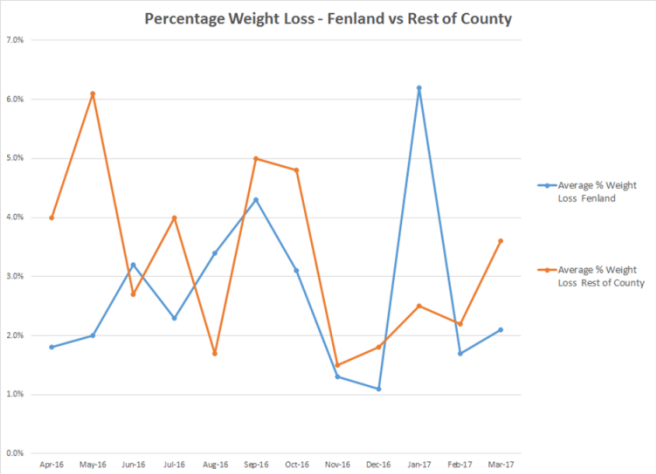


Figure 14: Average Percentage Weight Loss in Fenland and the Rest of the County



Fall Prevention

Figure 15: Personal Health Plans Produced for the Prevention of Falls