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Public Health Directorate

Finance and Performance Report – August 2016

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
July (No. of indicators)	13	6	16	3	38

2. INCOME AND EXPENDITURE

2.1 Overall Position

Forecast Variance - Outturn (Jul) £000	Directorate	Current Budget for 2016/17 £000	Current Variance £000	Current Variance %	Forecast Variance - Outturn (Aug) £000	Forecast Variance - Outturn (Aug) %
0	Health Improvement	8,459	-104	-4.0%	0	0%
0	Children Health	9,276	-81	-2.6%	0	0%
0	Adult Health & Well Being	916	-68	-30.9%	0	0%
0	Intelligence Team	13	-7	-119.7%	0	0%
0	Health Protection	6	1	23.4 %	0	0%
0	Programme Team	136	-34	-58.5%	0	0%
0	Public Health Directorate	2,175	149	16.4%	0	0%
0	**Total Expenditure**	**20,982**	**-145**	**-2.1%**	**0**	**0%**
0	Public Health Grant	-20,457	-83	0.7%	0	0%
0	Other Income	-343	179	-41.7%	0	0%
0	**Total Income**	**-20,800**	**96**	**-0.8%**	**0**	**0%**
0	**Net Total**	**182**	**-49**	**0.9%**	**0**	**0%**

The service level budgetary control report for August 2016 can be found in appendix 1.

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

2.2 Significant Issues

The savings for 2016/17 will be tracked on a monthly basis and any significant issues reported to the Health Committee.

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

The total Public Health ring-fenced grant allocation for 2016/17 is £27.6m, of which £20.457m 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)

There have been no virements made in the year to date, and this can be seen in appendix 4.

3. BALANCE SHEET

3.1 Reserves

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

4. PERFORMANCE

4.1 Summary

4.1.1 The Public Health Service Performance Management Framework (PMF) for August 2016 can be found in appendix 6. Performance indicators for sexual health services, smoking cessation services, and integrated lifestyle and weight management services have been updated since the previous FPR. Key points are:

- All sexual health services performance indicators for both the Cambridgeshire Community Services and Dhiverse contracts remain green.
- Smoking cessation performance is at 87% of the year to date target (first two months data combined), details of improvement actions to achieve the target are outlined in appendix 6.
- Integrated lifestyle and weight management services continue to show a varied performance picture, due to ongoing transition to the new model of service and recruitment of new staff. The latest performance figure for July show 8 green performance indicators (an improvement on 7 green performance indicators in June) and 10 red indicators (a deterioration from 9 red indicators in June). The service, which is provided by Everyone Health, has now successfully recruited to all areas of the county, but staff training was not completed until the end of August.

4.1.2 The nationally produced Local Authority Health Profiles were updated in September 2016. The Health Profiles are useful to help us understand how the health of Cambridgeshire's population benchmarks nationally, but the data are not the most recent, due to the time taken to collate and benchmark information at a national level. Detailed information on the updated 2016 Health Profiles for Cambridgeshire and its districts can be found in Appendix 10 , together with an analysis of recent trends. Significant information for Cambridgeshire County includes:

- Hospital stays for self-harm (all ages) in 2014/15 in Cambridgeshire improved slightly on the previous year, but remained worse than the national average.
- The number of people killed and seriously injured on the County's roads in 2012-14 remained worse than the national average per head of population. However the figures had improved more quickly than the national trend, and the numbers of people killed and seriously injured per passenger kilometre travelled was lower than the national average.
- Both alcohol related hospital admissions and the proportion of adults with diagnosed diabetes have shown a statistically significant worsening trend over five years, although remaining better than the national average.
- The percentage of children in low income families, the long term unemployment rate, the rate of under 18 conceptions, and the rate of new sexually transmitted infections have all shown a statistically significant improving trend over four to five years.
- Modelled trends in rates of under 75 mortality due to cardiovascular disease and cancer are both consistent with a statistically significant improvement over the nine years from 2003/4 to 2012/14.

4.1.3 Detailed information on the District Health Profiles can be found in appendix 10. In the updated district level health profiles, Huntingdonshire had one public health indicator which was significantly worse than the national average, South

Cambridgeshire had two, Cambridge City and East Cambridgeshire had three, and Fenland had ten.

4.1.4 There is no new information since the previous FPR presented in September for Health Committee Priorities (Appendix 7), Health Scrutiny Indicators (Appendix 8), and Public Health Memorandum of Understanding monitoring (Appendix 9) as these are all collated on a quarterly or bi-monthly basis.

APPENDIX 1 – Public Health Directorate Budgetary Control Report

Forecast Variance Outturn (Jul) £'000	Service	Current Budget for 2016/17 £'000	Expected to end of August £'000	Actual to end of August £'000	Current Variance £'000	Current Variance %	Forecast Variance Outturn (August) £'000	Forecast Variance Outturn (August) %
	Health Improvement							
0	Sexual Health STI testing & treatment	4,074	1,295	1,188	-107	-8.24%	0	0.00%
0	Sexual Health Contraception	1,170	268	243	-25	-9.27%	0	0.00%
0	National Child Measurement Programme	0	0	0	0	0.00%	0	0.00%
0	Sexual Health Services Advice Prevention and Promotion	152	64	71	7	10.88%	0	0.00%
0	Obesity Adults	0	0	0	0	0.00%	0	0.00%
0	Obesity Children	82	35	21	-14	-39.51%	0	0.00%
0	Physical Activity Adults	84	35	63	28	78.40%	0	0.00%
0	Healthy Lifestyles	1,605	696	698	2	0.25%	0	0.00%
0	Physical Activity Children	0	0	0	0	0.00%	0	0.00%
0	Stop Smoking Service & Intervention	907	-56	-80	-24	42.81%	0	0.00%
0	Wider Tobacco Control	31	13	-13	-26	-200.02%	0	0.00%
0	General Prevention Activities	272	216	280	64	29.39%	0	0.00%
0	Falls Prevention	80	34	26	-8	-23.12%	0	0.00%
0	Dental Health	2	1	0	-1	-100.00%	0	0.00%
0	**Health Improvement Total**	**8,459**	**2,601**	**2,497**	**-104**	**-4.01%**	**0**	**0.00%**
	Children Health							
0	Children 0-5 PH Programme	7,531	2,500	2,499	-1	-0.03%	0	0.00%
0	Children 5-19 PH Programme	1,745	608	527	-81	-13.28%	0	0.00%
0	**Children Health Total**	**9,276**	**3,108**	**3,026**	**-81**	**-2.62%**	**0**	**0.00%**
	Adult Health & Wellbeing							
0	NHS Health Checks Programme	716	135	137	2	1.49%	0	0.00%
0	Public Mental Health	164	69	15	-54	-78.54%	0	0.00%
0	Comm Safety, Violence Prevention	37	16	0	-16	-100.00%	0	0.00%
0	**Adult Health & Wellbeing Total**	**916**	**220**	**152**	**-68**	**-30.93%**	**0**	**0.00%**
	Intelligence Team							
0	Public Health Advice	13	6	-1	-7	-119.70%	0	0.00%
0	Info & Intelligence Misc	0	0	0	0	0.00%	0	0.00%
0	**Intelligence Team Total**	**13**	**6**	**-1**	**-7**	**-119.70%**	**0**	**0.00%**
	Health Protection							
0	LA Role in Health Protection	0	0	3	3	0.00%	0	0.00%
0	Health Protection Emergency Planning	6	2	0	-2	-100.00%	0	0.00%
0	**Health Protection Total**	**6**	**2**	**3**	**1**	**23.44%**	**0**	**0.00%**

Forecast Variance Outturn (Jul) £'000	Service	Current Budget for 2016/17 £'000	Expected to end of August £'000	Actual to end of August £'000	Current Variance £'000	Current Variance %	Forecast Variance Outturn (August) *£'000*	Forecast Variance Outturn (August)
	Programme Team							
0	Obesity Adults	0	0	0	0	0.00%	0	0.00%
0	Stop Smoking no pay staff costs	31	13	3	-11	-80.58%	0	0.00%
0	General Prev, Traveller, Lifestyle	105	45	21	-23	-52.04%	0	0.00%
0	**Programme Team Total**	**136**	**58**	**24**	**-34**	**-58.54%**	**0**	**0.00%**
	Public Health Directorate							
0	Health Improvement	531	221	312	91	41.02%	0	0.00%
0	Public Health Advice	710	296	296	0	0.06%	0	0.00%
0	Health Protection	151	63	95	32	50.99%	0	0.00%
0	Programme Team	613	255	252	-3	-1.34%	0	0.00%
0	Childrens Health	67	28	35	7	25.37%	0	0.00%
0	Comm Safety, Violence Prevention	50	21	44	23	111.20%	0	0.00%
0	Public Mental Health	53	22	22	-0	-0.38%	0	0.00%
0	**Public Health Directorate total**	**2,175**	**907**	**1,056**	**149**	**16.44%**	**0**	**0.00%**
0	**Total Expenditure before Carry forward**	**20,982**	**6,901**	**6,757**	**-145**	**-2.10%**	**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	-20,457	-11,961	-12,044	-83	0.69%	**0**	0.00%
0	S75 Agreement NHSE - HIV	-144	0	144	144	0.00%	**0**	0.00%
0	Other Income	-199	-84	-49	35	-41.67%	**0**	0.00%
0	**Income Total**	**-20,800**	**-12,045**	**-11,949**	**96**	**-0.80%**	**0**	**0.00%**
0	**Net Total**	**182**	**-5,144**	**-5,192**	**-49**	**0.94%**	**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 2016/17 £'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	Outturn Expenditure £'000	Expected / Actual Transfer to PH Reserves	Notes
Public Health Grant as per Business Plan	**27,627**				Ringfenced grant
Grant allocated as follows;					
Public Health Directorate	20,457		20,457	0	Including full year effect increase due to the Children 0-5 transfer into the LA, the 16/17 confirmed decrease and consolidation of the 15/16 in-year decrease.
CFA Directorate	6,422		6,422	0	
ETE Directorate	327		327	0	
CS&T Directorate	201		201	0	
LGSS Cambridge Office	220		220	0	
Total	**27,627**		**27,627**	**0**	

APPENDIX 4 – Virements and Budget Reconciliation

	£'000	Notes
Budget as per Business Plan	20,948	
Virements		
Non-material virements (+/- £160k)	0	
Budget Reconciliation		
Current Budget 2015/16	**20,948**	

APPENDIX 5 – Reserve Schedule

Fund Description	Balance at 31 March 2016	2016/17		Forecast Balance at 31 March 2017	Notes
		Movements in 2016/17	Balance at 31 Aug 2016		
	£'000	£'000	£'000	£'000	
General Reserve					
Public Health carry-forward	**1,138**	0	1,138	**638**	**Estimated use of reserves to fund part year 16-17 savings not made, redundancy costs and one off funding agreed for previously MOU funded activity. (Estimated £500k pending review of commitments)**
subtotal	**1,138**	**0**	**1,138**	**638**	
Equipment Reserves					
Equipment Replacement Reserve	0	0	0	0	
subtotal	**0**	**0**	**0**	**0**	
Other Earmarked Funds					
Healthy Fenland Fund	500	0	500	400	**Anticipated spend over 5 years**
Falls Prevention Fund	400	0	400	200	**Anticipated spend over 2 years**
NHS Healthchecks programme	270	0	270	170	
Implementation of Cambridgeshire Public Health Integration Strategy	850	0	850	675	
Other Reserves (<£50k)	0	0	0	0	
subtotal	**2,020**	**0**	**2,020**	**1.445**	
TOTAL	**3,158**	**0**	**3,158**	**2,083**	

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

Fund Description	Balance at 31 March 2016	2016/17		Forecast Balance at 31 March 2017	Notes
		Movements in 2016/17	Balance at 31 Aug 2016		
	£'000	£'000	£'000	£'000	
General Reserve					
Joint Improvement Programme (JIP)	158	-47	111	111	
Improving Screening & Immunisation uptake	9	0	9	9	£9k from NHS ~England for expenditure in Cambridgeshire and Peterborough
TOTAL	**158**	**-24**	**144**	**144**	

APPENDIX 6 PERFORMANCE

The Public Health Service Performance Management Framework (PMF) for July 2016 can be seen within the tables below:

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

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%	100%	100%	G	99%	98%	100%	↑	
GUM ACCESS - % seen within 48 hours (% of those offered an appointment)	80%	80%	89%	89%	G	93%	80%	89%	↓	
Dhiverse : % of people newly diagnosed offered and accepted appointments	100%	100%	100%	100%	G	100%	100%	100%	↔	
Access to contraception and family planning (CCS)	7200	2400	3355	140%	G	147%	600	140%	↑	
Number of Health Checks completed	18,000	4,500	3686	82%	R	n/a	n/a	n/a	↔	• The comprehensive Improvement Programme is continuing this year. Intelligence from the commissioned social marketing work clearly indicates a lack of awareness in the population of Health Checks. Actual health check numbers compare reasonably well to other areas but the issue is the conversion rate which is attributed to the poor public understanding of the Programme. • The introduction of new software into practices has been delayed due to the extensive work that needs to be undertaken to introduce it into the 77 practices. This involves close working with the Clinical Commissioning Group, Information Governance and LGSS. Its purpose is to support the invitation system and to ensure that the data collection system is comprehensive. • Other activities include staff training from a commissioned Coronary Heart Disease specialist nurse. The Lifestyle Service is commissioned to provide outreach health checks for hard to reach groups in the community and in workplaces. This commenced in February and has started gaining momentum. A promotional campaign has been launched and 30 champions and local "advocates" have been recruited and are working in communities.
Percentage of people who received a health check of those offered	45%	45%	37%	37%	A	n/a	n/a	n/a	↔	

Number of outreach health checks carried out	2,633	890	359	40%	R	74%	223	75%	↑	Due to recruitment / staff changes Health Checks were not completed in Huntingdonshire Hub in July. Recruitment has now improved and can expect local improvements.
Smoking Cessation - four week quitters	2249	452	392	87%	R	n/a	157	83%	↔	• 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 is an ongoing programme to improve performance that includes targeting routine and manual workers and the Fenland area. CamQuit the core Stop Smoking service is providing increasingly higher levels of support to the other providers along with promotional activities. Practices and community pharmacies are regularly visited with poor performers being targeted. During 2014/15 social marketing research was undertaken which is informing activities to promote Stop Smoking Services. Other activities introduced recently include a mobile workplace service, a migrant worker Health Trainer post that will target these communities where smoking rates are high and ongoing targeted promotion
Percentage of infants being breastfed (fully or partially) at 6 - 8 weeks	58%	58%	56%	N/A	A	57%	58%	56%	↓	The current month actual represents the Q1 position for 2016/17 and compares with the Q4 actual (2105/16). This is a slight reduction since the last quarter. However, PHE are now collecting pilot information based on the health visiting data. 56% is one of the highest proportion of breastfeeding mothers in the Eastern region, when looking at the latest published date (Q4 2015/16)
Health visiting mandated check - Percentage of first face-to-face antenatal contact with a HV at >28 weeks	50%	/	47%	N/A	A	44%	61%	47%	↑	This has increased between Q4 (2015/16) and Q1 (2016/17). This was a new service for 2014-2015 and had stretch targets to improve coverage. It has remained fairly constant in each quarter between 44-49%. The target of 50% remains in place for 2016/17.

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%	N/A	G	96%	90%	96%		• Of note, all of the health visiting data is reported quarterly. The data presented here for July 2016 is data for Q1 (Apr-Jun) 2016-2017 and is compared to Q4 2015-2016 data for trend. • A stretch target for the percentage of infants being breastfed was set at 58%, - above the national average for England. This target was almost met with 56% of infants recorded as breastfed (fully or partially) at 6 weeks for Q1 and the figure is one of the highest statistics in the Eastern region in the recently published Public Health England data (Q4 2015/16). • 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%. This is being discussed with the provider. • The target of 90% for percentage of children who received a 2-2.5 year review has not been reported as met. However, if 'not wanted and not attended' figures are included, Q1 figure rises to 88% which falls within a range of 10% tolerance. • 96% of mothers received a face to face visit with 14 days of birth and 94% received a review at 6-8 weeks, well above the 90% targets. • The number of antenatal contacts increased for Q1 compared to Q4 of last year. Although below the quarterly target, this has remained fairly static in most areas and priority is given to contacting parents who are assessed as being most vulnerable.
Health visiting mandated check - Percentage of children who received a 6 - 8 week review	90%	90%	94%	N/A	G	95%	90%	94%		
Health visiting mandated check - Percentage of children who received a 12 month review by 15 months	100%	100%	92%	N/A	A	91%	100%	92%		
Health visiting mandated check - Percentage of children who received a 2 -2.5 year review	90%	90%	77%	N/A	A	84%	90%	77%		
School nursing - Number of young people seen for behavioural interventions - smoking, sexual health advice, weight management or substance misuse	N/A	N/A	169	N/A	N/A	38	N/A	169		• These new KPIs should help to gain better understanding of baseline activity and the type of work which school nurses are carrying out day to day, in order to improve health outcomes for children, young people and their families. • Two Key Performance Indicators (KPIs)—number of young people seen for behavioural interventions (smoking, sexual health advice, weight management or substance misuse) and number of young people seen for mental health & wellbeing concerns, are currently recorded and provided. These data are part of new KPIs monitoring. Data from the first year are used to benchmark the service. This quarter shows significant increase in numbers of contacts reported compared with Q4 last year although it is noted that there was a recording issue last quarter.
School nursing - number of young people seen for mental health & wellbeing concerns	N/A	N/A	513	N/A	N/A	166	N/A	513		
Childhood Obesity (School year) - 90% coverage of children in year 6 by final submission (EOY)	90%	90%	91%	101%	G	82%	90%	91%		15/16 year coverage target achieved. New Measurement Programme will start in 16/17 academic year
Childhood Obesity (School year) - 90% coverage of children in reception by final submission (EOY)	90%	90%	94%	104%	G	88%	90%	94%		

Personal Health Trainer Service - number of referrals received **(Pre-existing GP based service)**	1983	688	609	89%	R	86%	170	79%	↓	The new Countywide Integrated Lifestyle Service provided by Everyone Health commenced on June 1 2015. It includes the Health Trainer and Weight Management Services. The Service has now successfully recruited to all areas The South of the county had been problematic and there was limited Health Trainer service in this area. However staff training will not be completed until the end of August. The KPIs that are not on target have an upward trend.
Personal Health Trainer Service - number of initial assessments completed **(Pre-existing GP based service)**	1686	584	568	97%	A	72%	97	72%	↑	
Personal Health Trainer Service - Personal Health Plans completed **(Pre-existing GP based service)**	1075	373	232	62%	R	n/a	92	85%	←→	Quarterly reporting. This intervention can take up to one year. Therefore there are cyclical
Number of referrals from Vulnerable Groups **(Pre-existing GP based service)**	992	345	444	129%	G	114%	88	97%	↓	
Number of physical activity groups held **(Pre-existing GP based service)**	581	188	197	105%	G	107%	48	69%	↓	
Number of healthy eating groups held **(Pre-existing GP based service)**	290	96	52	54%	R	27%	24	58%	↑	This target has been re-evaluated and amended in line with current need.
Recruitment of volunteer health champions **(Pre-existing GP based service)**	20	6	2	33%	R	0%	2	50%	↑	
Personal Health Trainer Service - number of referrals received (Extended Service)	739	295	187	63%	R	80%	75	76%	↓	
Personal Health Trainer Service - number of initial assessments completed (Extended Service)	628	252	150	60%	R	63%	64	81%	↑	
Personal Health Trainer Service - Personal Health Plans completed (Extended Service)	400	160	14	9%	R	n/a	41	20%	←→	This intervention can take up to one year. Consequently the target KPI is being reviewed. Thsi is reported quarterly
Number of referrals from Vulnerable Groups (Extended Service)	370	149	124	83%	R	68%	38	100%	↑	

Number of physical activity groups held (Extended Service)	578	231	255	110%	G	143%	60	123%	↓	
Number of healthy eating groups held (Extended Service)	726	231	269	116%	G	209%	60	68%	↓	Due to school finishing there has been a reduction in workshops delivered by the NCMP team.
Recruitment of volunteer health champions (Extended Service)	24	8	5	63%	R	100%	2	50%	↓	
Number of behaviour change courses held	34	10	4	40%	R	0%	3	0%	↔	Courses not delivered in June or July. Five course set up to be delivered in September and October 2016.
Proportion of of Tier 2 clients completing the intervention who have achieved 5% weight loss.	30%	30%	33%	110%	G	n/a	30%	31%	↔	This is reported quarterly as the intervention takes 3 - 6 months
Proportion of Tier 3 clients completing the course who have achieved 10% weight loss	60%	60%	50%	83%	R	n/a	60%	50%	↔	No data is currently available for 16/17. Each course is 6 months.
% of children recruited who complete the weight management programe and maintain or reduce their BMI Z score by agreed amounts	80%	80%	100%	125%	G	n/a	80%	100%	↔	
Falls prevention - number of referrals	386	88	100	114%	G	91%	22	159%	↑	
Falls prevention - number of personal health plans written	279	64	89	139%	G	44%	16	200%	↑	

* All figures received in August 2016 relate to July 2016 actuals with exception of Smoking Services, which are a month behind and Health Checks, 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 Committee Priorities are reported bi-monthly. The next report due to be taken to committee will be in November 2016.

APPENDIX 8 – HEALTH SCRUTINY INDICATORS

Health Scrutiny indicators are reported to the Health Committee on a bi-monthly basis. The next report will be submitted in November 2016.

APPENDIX 9 - PUBLIC HEALTH MOU 2016-17 UPDATE FOR Q1

Directorate	Service	Allocated	Contact	Cost Centre Finance Contact	Q1 Update	YTD expected spend	YTD actual spend	Variance
CFA	**Chronically Excluded Adults (MEAM)**	£68k	Tom Tallon	MN92145 Stephen Howarth	During Quarter one we have started work with seven new complex needs clients. Five clients have been closed. Of those three were living more positively and safely, one had left the area and one where CEA could not provide any further assistance. The CEA approach has been recognised as bringing effective results with those that are hardest to reach and engage. It continues to disseminate good practice to partners in other areas, most recently Leicester and Bristol. Cambridge City Council have also approached CEA to start some work on engaging and supporting members of the Street Life community for which they will fund an additional post. Discussion has been had with the police, particular in respect of the change in the Police & Crime Commissioner to see what opportunities and commonalities can be found and how the CEA approach can support them to reach those hardest to engage. This dialogue is ongoing but there does seem to be some areas of practice around working with Domestic Abuse cases that may be effective. One very positive result this quarter has enabled a victim to leave her partner following 8 months of work to engage and support. She is currently reunited with family and we hope she will flourish. The CEA team contribute to support the set up work on Peterborough CEA by attending operational and strategic meetings. CEA has recently been put on the action plan for the Safer Peterborough partnership. CEA has been tasked by the Homelessness Strategic Implementation Partnership (HSIP) led by Cambridge City Council, to “Evaluate and address demand for training flats available for people accessing the county council’s Making Every Adult Matter (MEAM) service”. The City Council would like CEA to evaluate and if possible expand the ‘Housing First’ programme to enable chances to be open to a greater number of clients	£17,000	£17,000	£0

					The CEA team continued its work on the national stage contributing to the paper produced by MEAM (link below) on how back-to-work support can be improved for people experiencing multiple needs. As well as contributions from the staff team, two service users were interview by the author for their thoughts. http://meam.org.uk/wp-content/uploads/2016/07/Steps-towards-employment-FINAL.pdf CEA also contributed via interview to the MEAM coalition review published earlier this year. The establishment of a three year strategy has been delayed due to changes in staff, however this remains part of the action plan for 2016/17.			
CFA	**PSHE KickAsh**	£15k	Diane Fenner	CB40101 Adam Cook	• Primary School visits completed for academic year 2015-2016 • Recruitment of secondary schools (10) for 2016-2017 completed. • Kick Ash training for autumn term 2016 planned and organised.	£3,750	£3,750	£0
CFA	**Children's Centres**	£170k	Jo Sollars/ Sarah Ferguson	CE10001 Rob Stephens	The overall aim of Cambridgeshire Children's Centres remains ensuring a healthy start to life for children aged 0-4 and ensuring readiness for school, whilst maintaining a focus on inequalities in the early years, and targeting support which will minimise the need to access specialist services where possible. The Public Health funding is utilised as part of the total Children's Centre budget to improve health of children aged 0-5. Close alignment and joint working with community health colleagues in Health Visiting. Family Nurse Partnership and Maternity Services is established for all Children's Centres. Work continues to ensure arrangements with Health Partners are consistent and functionally effective at a community level for families as structural service change is introduced across the system.	£42,500	£42,500	£0
CFA	**Mental Health Youth Counselling**	£111k	Holly Hodge/ Emma De Zoete	CD20901 Clare Andrews	Cambridgeshire Youth Counselling Services • Youth counselling services are provided by Centre 33 and YMCA covering the whole of Cambridgeshire. • This quarter's contract monitoring meeting is upcoming, however the most recent data is shown below: Centre 33 (2015/16) [figures will change as they only include those that have completed counselling so there is a time lag] ○ 504 young people contacted the service ○ 336 had an assessment (face to face)	£27,750	£27,750	£0

					○ 251 went on to ongoing counselling£27 YMCA (2015/16) ○ 304 young people contacted the service ○ 280 had an assessment (telephone) ○ 215 went on to ongoing counselling. The waiting list for Centre 33 in the Cambridge area is a concern for both provider and commissioners, but work is ongoing to reduce this. A new delivery model is being piloted by Centre 33 which is more flexible to accommodate the variety of clients that they see. The model reflects the varied needs of clients, which may range from advice to more complex individuals that require multiple appointments.			
CFA	**CAMH Trainer**	£71k	Holly Hodge/ Emma De Zoete	CD20901 Clare Andrews	The CAMH trainer is employed by CPFT and delivers specialist mental health training for a range of roles working with children and young people. Training specifically tailored to the needs of schools is also provided and there will be a greater focus on this in the coming year. To increase uptake to training a re-design of the packages of training available to schools is underway. The service is also looking at developing a mental health literacy course that can be delivered in a train-the-trainer model with teaching staff. Most recent data (2014/15) 16 out of 38 secondary schools and sixth form colleges have accessed the training. Individuals from a further 12 schools have attended face-to-face training sessions. 9 of the schools have accessed the training in 2014/15, including 4 new schools. 21 primary schools have engaged with the training programme, plus 40 individuals have attended training from other schools. 9 primary schools have accessed the training in 2014/15 and 8 have booked training for the summer term.	£17,750	£17,750	£0
CFA	**DAAT**	£5,980 k	Susie Talbot	NB31001-NB31010 Jo D'Arcy	At the end of Qtr 1 there had not been any current spend for the allocated budget for GP Shared Care, Nalmefene, Recovery Hub Coordinator and BBV as this is work in progress. The inpatient detox beds contract is paid up to date for Qtr 1 along with the Service User Contract. We have now received Qtr 1 80% invoice from Inclusion for the Drug & Alcohol Contracts which will now show on Qtr 2 report. The predicted Q1 spend is based solely on a quarter of the overall allocated budget so the predicted and actual spend will vary during the year depending on when invoices are received however we anticipate	£1,567,250	£192,660	£1,374,590

					the budget will be fully spent by year end. The only exception to this being the Inclusion Contract where the contract is based on 80% in advance quarterly and the remainder 20% performance related which is normally paid during the next quarter following the performance meeting. This is to ensure that Inclusion have met their targets in line with the contract agreement, the 20% performance related invoices are then agreed for payment.			
CFA	**Contribution to Anti-Bullying**	£7k	Sarah Ferguson		This is a nominal amount and is part of a large budget, it is therefore difficult to pull out exactly what the £7k covers, and difficult to apportion amounts. This will be spent in total.	£1,750	£1,750	£0
					SUB TOTAL : CFA Q1	**£1,677,750**	**£303,160**	**£1,374,590**
ETE	**Active Travel (overcoming safety barriers)**	£55k	Matt Staton	HG03560 Robert Emery	Currently 73 schools are engaged in the school travel planning process through STARS. It is expected that by the end of July there will be 33 accredited to Bronze level, 1 Silver and 2 Gold. Since the beginning of April: • Walk Smart has been delivered to 115 pupils • Scoot Smart has been delivered to 1002 pupils • Pedal Smart has been delivered to 80 pupils	£13,750	£13,750	£0
ETE	**Explore additional interventions for cyclist/ pedestrian safety**	£30k	Matt Staton	HG03560 Robert Emery	A cycle safety campaign based around the strapline 'Let's look out for each other' will be launched by the Road Safety Partnership on 11 July. A further intervention(s) is being explored to be delivered in the spring. At present data and intelligence around cycle collisions is being collated to understand who the other drives involved in cycle collisions are.	£7,500	£7,500	£0
ETE	**Road Safety**	£20k	Matt Staton	HG03560 Robert Emery	Junior Travel Ambassador Scheme has continued in 9 primary schools, with 45 Junior Travel Ambassadors across the 9 schools. All 9 schools will continue the scheme into the new term and an additional 7 primary schools have already committed to join the scheme in September. Safety Zones have been delivered for approximately 1700 Year 5 pupils from schools in Huntingdon, St Ives, St Neots, Whittlesey and Wisbech. A young road user event designed to help young people make informed decisions around travel choices and learning to drive was held at Huntingdon Racecourse. Around 1,000 students from 6th forms around the County came to the event across two days. The event was	£5,000	£5,000	£0

					covered on ITC Anglia news.			
ETE	**Trading Standards KickAsh and Alcohol Advice**	£23k	Elaine Matthews	LC44590 John Steel	Prior to 1st April this funded activity was carried out by an officer in Supporting Businesses and Communities with the generic job description of Level 2 Community and Business Support Officer. Following the service restructure a dedicated post has been created to fulfil this funded Kick Ash role within Community Protection team in Community and Cultural Services. Sarah Freeman has been appointed to this post and will carry out the specified activities on behalf of Trading Standards. As we approach the end of the school year all 11 schools have received training, encouragement and support for their mentors and have delivered a number of different activities including raising awareness with their peers on No Smoking Day, Flash mob event, participating in Year 8 career or personal development days in school, lunchtime peer advice and Kick Ash Mentors carrying out business visits on behalf of Trading Standards. As well as usual administration and contact with schools and parents, specific activity during Quarter 1 of 2016_17 includes: ***April*** **Bottisham:** meetings with Mentors to discuss their personal and team progress. Training mentors to carry out the Business Visits on behalf of Trading Standards, advising businesses on the legislation for tobacco sales and why Kick Ash volunteers encourage their peers to stop smoking. Within the Community Resilience team new colleagues took part in the Safety Zone in Huntingdon – supporting the messages about underage sales and shop policies and sharing information with 9/10 year olds about E-cigarettes, the effects of those and tobacco on their health. ***May*** **Longsands**: meetings with mentors to discuss and plan their three catchment Primary School visits to talk to Year 6's about the effects of smoking and their involvement in Kick Ash. **Bottisham Village College**: Accompanied mentors who visited 6 local shops to talk to businesses about Kick Ash and their underage sales policies. **Cottenham VC:** Supported mentors involved in their school year 8 development day where they invited pupils to take part in an interactive game about smoking and choices to be made.	£5,750	£4,347	£403

					Sir Harry Smith, Whittlesey: Accompanied and advised 6 mentors who visited 10 shops over 2 days. **St Neots Fire Station** taking part in a Safety Zone over 4 days. ***June*** **St Ivo:** Accompanied six pupils who carried out 11 shop visits over 2 days. Three shops were found to have not been displaying the Statutory Tobacco notice so further advice was given and follow up visits done to ensure compliance. **Longsands and Cottenham Village College**: Evaluation focus group meetings with mentors from both schools. Establishing what they have got out of their involvement with the programme, the effectiveness of programme and mentor support and what can may be improved for future. **Bottisham VC**: Further email contact made and evaluation forms awaited.			
ETE	**Illicit Tobacco**	£15k	Aileen Andrews	JM12800 John Steel	• Following the 6 Magistrates warrants executed late March and all 6 premises yielding illicit tobacco, investigation work has continued. Pace interviews conducted and cases prepared for court. One case is proving particularly problematical as ownership of the tobacco cannot easily be proved. • Financial Investigations ongoing. • Officers trained on new labelling legislation, standardised packaging and Tobacco Products Directive. • Intelligence work on going. • One alcohol licence reviewed as a consequence of the raids, licence revoked. • Two cases have been in the courts, one of which is concluded with defendant given 100 hours unpaid work. Court hearings arranged for the cases, which are in the court system, (Hearings on 15 July and 20 July). One defendant offered a simple caution, as only a small quantity found and main business is takeaway and restaurant and unlikely to re-offend. Regional Project - Costs not within this allocation. • Preparation for proposed education, intelligence and enforcement in the Autumn and Winter 2016. Meeting being arranged to discuss week long illicit and tobacco education campaign, including illicit	£3,750	£6,041	-£2,291

					education trailer in the county.			
ETE	**Business and Communities Team**	£10k	Elaine Matthews		Update awaited			
ETE	**Fenland Learning Centres**	£90k			Contract awarded and all funds allocated.	£22,500	£22,500	£0
					SUB TOTAL : ETE Q1	**£58,250**	**£59,165**	**£915**
CS&T	**Research**	£22k	Adrian Lyne	KH50000 Maureen Wright	The majority of the funding is used to maintain/develop the Cambridgeshire Insight website, include maintaining the content for Health Joint Strategic Needs Assessment (http://www.cambridgeshireinsight.org.uk/jsna). The contribution is also used to partly support the Research Team's work on population forecasting and estimating that is used heavily by Cambridgeshire Health Services. No additional work was carried out during Q1 in addition to that listed above.	£6,250	£6,250	£0
CS&T	**H&WB Support**	£27k	Adrian Lyne	KA20000 Maureen Wright	With supervision from Director of Public Health, approximately 2.5 days per week of the Policy and Project Officer's time, who sits within the Policy and Business Support Team of Customer Service and Transformation. Support during Q1 has included: • Working with the Local Government Association to plan for a development session on 14 June. • Work with HealthWatch Cambridgeshire and HealthWatch Peterborough on planning for a stakeholder event around the learning from the termination of the Older People's and Adult Community Services contract. • Supporting the effective functioning of the Health and Wellbeing Board • Supporting the effective functioning of the Health and Wellbeing Board Support Group • Researching and preparing reports for the Health and Wellbeing Board, including on key policy/strategy changes • Presenting relevant reports at the Health and Wellbeing Board Support Group meeting, such as on the HWB Working Group and persons story items • Presenting a report to the HWB on the June development session	£6,250	£6,250	£0

					• Agenda Planning for HWB support group and (working with democratic services) the HWB meetings • Co-ordinating and preparing the quarterly stakeholder newsletter – latest newsletter issues in June 2016 This is in addition to ongoing, reactive support as required.			
CS&T	**Communications**	£25k	Adrian Lyne	KH60000 Maureen Wright	Highlights include: • Continued support for PH campaigns such as warm homes • Working closely with Val Thomas and other consultants on reactive media enquiries • Supporting PH in the development of a new website • Developing a workshop for the PH away day • Working with the media to maximise opportunities for Public Health • Supporting Health Committee	£6,250	£6,250	£0
CS&T	**Strategic Advice**	£22k	Adrian Lyne	KA20000 Maureen Wright	Continuing on from the last quarter, the focus of strategic resource has been on developing the Transformation Programme into the 16/17 Business Planning Process. This has involved supporting a number of SMT Away Days ad GPC/SMT workshops. As well as the strategic nature of the Business Planning Process referenced above, there is a wide array of practical elements to the process – which strategic colleagues have been involved in ensuring aligns with the work of the Public Health Directorate. Devolution work also continues, as a potential Cambridgeshire and Peterborough deal gets the support of local partners and awaits response from Government.	£5,500	£5,500	£0
CS&T	**Emergency Planning Support**	£5k	Adrian Lyne	KA40000 Maureen Wright	Ongoing close working with the Health Emergency Planning and Resilience Officer (HEPRO) on a number of Emergency Planning tasks: • Provision of emergency planning support when the HEPRO is not available • Provision of out of hours support for the Director of Public Health (DPH), ensuring that the DPH is kept up to date on relevant incidents that occur, or are responded to, outside normal working hours as part of the 24/7 duty provision • CCC EMT has taken over the running of the review of the 'Excess Deaths Plan' and will being the work shortly in support of the Pandemic Flu arrangements • DECC return and work on Fuel Support Shortage Planning • Initial work on Public Health Business continuity review, and	£1,250	£1,250	£0

					including of Public Health details in the new emergency contact mechanism currently being completed			
CS&T	**LGSS Managed Overheads**	£100k	Adrian Lyne	UQ10000 Maureen Wright	This continues to be supported on an ongoing basis, including: • Provision of IT equipment • Office Accommodation • Telephony • Members Allowances	£25,000	£25,000	£0
					SUB TOTAL : CS&T Q1	**£50,500**	**£50,500**	**£0**
LGSS	**Overheads associated with PH function**	£220k	Adrian Lyne	QL30000 RL65200 TA76000 Maureen Wright	This covers the Public Health contribution towards all of the fixed overhead costs. The total amount of £220k contains £65k of specific allocations as follows: Finance £20k HR £25k IT £20k The remaining £155k is a general contribution to LGSS overhead costs	**£55,000**	**£55,000**	**£0**
					SUB TOTAL : LGSS Q1	**£55,000**	**£55,000**	**£0**

SUMMARY

Directorate	YTD (Q1) expected spend	YTD (Q1) actual spend	Variance
CFA	£1,677,750	£303,160	£1,374,590
ETE	£58,250	£59,165	£915
CS&T	£50,500	£50,500	£0
LGSS	£55,000	£55,000	£0
TOTAL Q1	**£1,841,500**	**£467,825**	**£1,373,675**

APPENDIX 10 - PUBLIC HEALTH OUTCOMES FRAMEWORK UPDATE

Briefing: Local Authority Health Profiles 2016 September 2016

Introduction

Public Health England's annual Health Profiles give a snapshot of the overall health of each local authority in England. The profiles present an important set of indicators relating to the wider determinants of health and health outcomes. The local value for each indicator is compared with the national average in order to highlight potential problem areas. The profiles are produced for use by elected Councillors, Directors of Public Health, Health and Wellbeing Boards and to inform Joint Strategic Needs Assessments.

The latest Health Profiles and interactive Fingertips data tool can be found at: http://fingertips.phe.org.uk/profile/health-profiles.
The Local Health tool includes data at small area level:
www.localhealth.org.uk

This briefing highlights the indicators that are statistically significantly worse than the England average for Cambridgeshire and its districts, and where possible, looks at recent trends. The RAG (red-amber-green) charts on page 3 summarise how each indicator compares to the national average based on the 2016 Health Profiles. Key terms are defined in the glossary on page 2.

It is important to remember that indicators rating similar to or better than the national averages do not necessarily mean that they are not important public health issues as they may affect large numbers of people or disproportionately affect particular vulnerable groups or deprived areas.

The methodology for the calculation of some indicators has changed compared to those published in previous profiles and so comparisons to previous profiles should be made with caution. Many of the indicators have changed to align with the Public Health Outcomes Framework.

- Quick links to the profiles for Cambridgeshire, and a copy of this briefing, are available at www.cambridgeshireinsight.org.uk/health/profilesdata/lahealthprofiles
- Further local data at county and district level: www.cambridgeshireinsight.org.uk/health/profilesdata

Main source: Public Health England. Health Profiles 2016. © Crown Copyright 2016.

Contact: Cambridgeshire County Council Public Health Intelligence: PHI-Team@cambridgeshire.gov.uk

Glossary of Key Terms

Indicator
The term indicator is used to refer to a quantified summary measure of a particular characteristic or health outcome in a population. Indicators are well-defined, robust and valid measures which can be used to describe the current status of what is being measured, and to make comparisons between different geographical areas, population groups or time periods.

Benchmark
The term 'benchmark' refers to the value of an indicator for an agreed area, population group or time period, against which other values are compared or assessed.

National average
The national average for England, which acts as the 'benchmark' for comparison of local values in the 2016 Health Profiles, represents the combined total summary measure for the indicator for all local authorities in England.

Statistical significance
Comparisons of local values to the national average in the Health Profiles are made through an assessment of 'statistical significance'. For each local indicator value, 95% confidence intervals are calculated which provide a measure of uncertainty around the calculated value which arises due to random variation. If the confidence interval for the local value excludes the value for the benchmark, the difference between the local value and the benchmark is said to be 'statistically significant'.

RAG-rating
RAG-rating refers to the colour-coding of local indicator values according to a red-amber-green (RAG) system. Local indicator values that are significantly worse than the national benchmark are colour-coded red and local indicator values that are significantly better than the national benchmark are colour-coded green. Local indicator values that are not significantly different to the national benchmark are colour-coded amber.

Recent time trends
A number of Health Profile indicators are also included in the Public Health Outcomes Framework and include statistical assessment of recent trends over time. Statistical trends in non-PHOF indicators have been assessed locally using comparable methods where possible. It is not possible to assess trends for all indicators as there is not always enough time periods or it is not possible because of the measure.

Summary – Health Profiles 2016

Compared with benchmark: Better | Similar | Worse | Lower | Similar | Higher | Not compared

Our communities

Indicator	Period	England	Cambridgeshire	Cambridge	East Cambridgeshire	Fenland	Huntingdonshire	South Cambridgeshire
Deprivation score (IMD 2015)	2015	21.8	13.4	13.8	12.1	25.4	11.8	8.1
Children in low income families (under 16s)	2013	18.6	12.1	14.3	9.8	20.3	11.2	8.0
Statutory homelessness	2014/15	0.9	*	0.8	*	0.1	0.1	0.2
GCSEs achieved	2014/15	57.3	58.9	64.2	55.7	48.4	55.7	69.3
Violent crime (violence offences)	2014/15	13.5	9.2	14.4	6.2	12.4	8.0	5.8
Long term unemployment	2015	4.6	1.2	1.5	1.0	2.0	0.9	0.8

Children and young people's health

Indicator	Period	England	Cambridgeshire	Cambridge	East Cambridgeshire	Fenland	Huntingdonshire	South Cambridgeshire
Smoking status at time of delivery	2014/15	11.4*	*	*	*	*	*	*
Breastfeeding initiation	2014/15	74.3	*	*	*	68.8	80.9	*
Obese children (Year 6)	2014/15	19.1	15.0	14.6	14.4	18.8	15.5	12.6
Alcohol-specific hospital stays (under 18)	2012/13 - 14/15	36.6	32.0	26.5	22.9	44.9	42.5	21.7
Under 18 conceptions	2014	22.8	16.2	23.1	13.7	22.5	16.1	9.8

Compared with benchmark: Better | Similar | Worse | Lower | Similar | Higher | Not compared

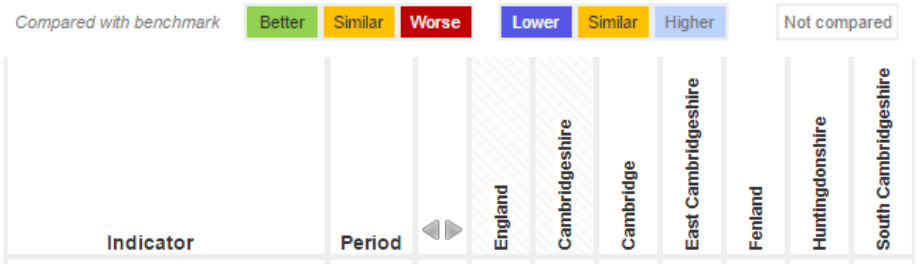
Adults' health and lifestyle

Indicator	Period	England	Cambridgeshire	Cambridge	East Cambridgeshire	Fenland	Huntingdonshire	South Cambridgeshire
Smoking Prevalence in adults	2015	16.9	16.4	17.7	14.4	26.4	13.9	12.8
Percentage of physically active adults	2015	57.0	58.6	69.8	53.8	47.9	57.9	59.5
Excess weight in adults	2012 - 14	64.6	63.6	48.3	68.0	73.1	67.3	63.6

Disease and poor health

Indicator	Period	England	Cambridgeshire	Cambridge	East Cambridgeshire	Fenland	Huntingdonshire	South Cambridgeshire
Cancer diagnosed at early stage	2014	50.7	59.0	56.1	67.2	55.6	58.8	59.0
Hospital stays for self-harm	2014/15	191.4	221.5	252.7	238.5	236.2	184.0	228.4
Hospital stays for alcohol-related harm	2014/15	641	611	740	557	706	551	589
Recorded diabetes	2014/15	6.4	5.5	3.3	6.5	7.8	6.1	4.8
Incidence of TB	2012 - 14	13.5	6.4	11.0	3.1	8.6	4.5	5.0
New sexually transmitted infections (STI)	2015	815	495	772	273	376	518	397
Hip fractures in people aged 65 and over	2014/15	571	529	515	447	571	540	551

* Data quality issue - not available, suppressed or to be interpreted with caution



Life expectancy and causes of death

Indicator	Period	England	Cambridgeshire	Cambridge	East Cambridgeshire	Fenland	Huntingdonshire	South Cambridgeshire
Life expectancy at birth (Male)	2012 - 14	79.5	81.2	79.9	82.2	79.4	81.2	82.7
Life expectancy at birth (Female)	2012 - 14	83.2	84.5	84.1	85.5	82.6	84.5	85.6
Infant mortality	2012 - 14	4.0	3.5	3.7	2.2	4.9	3.8	2.8
Killed and seriously injured on roads	2012 - 14	39.3	**48.6**	41.6	**63.3**	**48.6**	44.0	**51.3**
Suicide rate	2012 - 14	10.0	9.0	9.4	*	12.0	8.9	7.9
Deaths from drug misuse	2012 - 14	3.4	2.8	*	*	*	*	*
Smoking related deaths	2012 - 14	274.8	220.3	212.7	200.3	297.5	224.5	175.6
Under 75 mortality rate: cardiovascular	2012 - 14	75.7	58.8	75.2	46.9	78.0	56.3	46.9
Under 75 mortality rate: cancer	2012 - 14	141.5	126.5	131.0	113.7	146.3	123.9	120.6
Excess winter deaths	Aug 2011 - Jul 2014	15.6	12.0	18.7	9.0	12.1	10.2	10.8

* Data quality issue - not available, suppressed or to be interpreted with caution

CAMBRIDGESHIRE

Priorities

To address the impacts of population growth and ageing, mental health issues and health inequalities, by embedding public health improvement throughout local government and the NHS.

Inequalities in Cambridgeshire

- 4.1% of Cambridgeshire's population live in areas in the most deprived 20% of areas in England.
- In men, life expectancy in the most deprived 10% of areas in Cambridgeshire is 6.5 years shorter than in the least deprived 10%. In women, this figure is 5.2 years.
- A lower percentage of all hospital admissions in Cambridgeshire present as emergencies compared with the England average. Percentages are higher, however, in mixed, Black and other ethnic groups compared to white ethnic groups. This may be due to higher levels of urgent need or lower use of services in the community.

Indicators statistically significantly worse than the England average:

Hospital stays for self-harm (all ages)

Emergency hospital admissions for intentional self-harm decreased slightly in Cambridgeshire in 2014/15, but remain significantly above the England average. Around 1,450 admissions occurred among Cambridgeshire residents in 2014/15.

Mental health and well-being is an important aspect of public health. Self-harm is an expression of personal distress which can have a variety of causes. Those who self-harm are often repeat attenders to accident and emergency departments and are at significant and persistent risk of future suicide.

People killed and seriously injured on the roads

Cambridgeshire remained worse than the England average for this indicator in 2012-14. However, the rate has decreased in Cambridgeshire since 2009-11, faster than the slight decrease seen nationally. Just over 300 people a year are killed or seriously injured on the county's roads.

This indicator is partly influenced by the high levels of through-traffic on major roads through the county and many people killed or injured may not be Cambridgeshire residents. Casualty rates per vehicle kilometre travelled are actually lower than the national average.[1]

Motor vehicle traffic accidents are a major cause of preventable deaths and morbidity, particularly in younger age groups.

Recent time trends

Getting worse

The rate of **hospital admission episodes for alcohol-related conditions** has statistically significantly **increased** over the last 5 years, but remains lower than the national average.

The percentage of patients with **recorded diabetes** has statistically significantly **increased** over the last 5 years, but remains lower than the national average. This may, however, be due to better detection and recording and so not necessarily reflect 'getting worse'

Getting better

The percentage of **children in low income families** (under 16s) has statistically significantly **decreased** over the last 5 years.

The **long-term unemployment** rate has statistically significantly **decreased** over the last 4 years.

[1] Cambridgeshire and Peterborough Road Safety Partnership Handbook – Annual Statistics Summary 2015. Available at: http://www.cambridgeshire.gov.uk/info/20081/roads_and_pathways/136/road_safety

The rate of **under 18 conceptions** has statistically significantly **decreased** over the last 5 years.

The rate of **new sexually transmitted infection diagnoses** (excluding chlamydia in under 25s) has statistically significantly **decreased** in the last 4 years.

Modelled trends in rates of **under 75 mortality due to cardiovascular disease** are consistent with a statistically significant **decrease** between 2003-05 and 2012-14.

Modelled trends in rates of **under 75 mortality due to cancer** are consistent with a statistically significant **decrease** between 2003-05 and 2012-14.

Other indicators where RAG-ratings have changed in 2016

- **Alcohol-specific hospital stays (under18)** (previously **better**)
- **Smoking prevalence in adults** (previously **better**)
- **Percentage of physically active adults** (previously **better**)
- **Excess winter deaths** (previously **better**)

Other data notes for Cambridgeshire

Data for statutory homelessness (eligible homeless people not in priority need) in Cambridgeshire for the latest two periods in Health Profiles (2013/14 and 2014/15) are not published due to unavailability of data. Alternative homelessness data, however, from the Department for Communities and Local Government, on **statutory homeless acceptances**, indicate a statistically significantly higher rate per 1,000 households in Cambridgeshire compared with the England average in 2015/16, and data suggest this rate has **increased** in recent years.

No data are presented for **smoking status at time of delivery** for Cambridgeshire in 2014/15 because a large percentage of mothers have unknown smoking status. The last published data for 2013/14 indicated a statistically significantly lower percentage compared to the England average. It should be noted, however, that this refers to Cambridgeshire & Peterborough CCG.

No data are presented for **breastfeeding initiation** for Cambridgeshire for 2014/15 due to data quality issues. The last published data for 2013/14 indicated a statistically significantly higher percentage compared to the England average.

CAMBRIDGE

Priorities

Improving mental health, addressing drug and alcohol misuse, and tackling health inequalities including homelessness.

Inequalities in Cambridge

- 2.6% of Cambridge's population live in areas in the most deprived 20% of areas in England.
- In men, life expectancy in the most deprived 10% of areas in Cambridge is 8.9 years shorter than in the least deprived 10%. In women, this figure is 7.6 years. This is a greater level of inequality than seen for the county as a whole.
- A higher percentage of all hospital admissions in Cambridge present as emergencies compared with the England average. Percentages are higher in Black ethnic groups compared to white ethnic groups. This may be due to higher levels of urgent need or lower use of services in the community.

Indicators statistically significantly worse than the England average:

Violent crime (violence offences)

The rate of violent crime (recorded violence offences) increased in 2014/15 to a level statistically significantly worse than England. Around 1,800 offences were reported in the county. It should be noted however that this indicator can be affected by recording practice and a high rate may indicate good recording.

Public health services have in important role in tackling violence, through community safety promotion, violence prevention and local initiatives to tackle social exclusion.

Hospital stays for self-harm (all ages)

This indicator remained worse than the England average in Cambridge in 2014/15 but the rate did decrease. Around 380 hospital admissions occurred in Cambridge's residents in 2014/15 due to intentional self-harm. Again, this indicator is known to be affected by quality of recording.

Mental health and well-being is an important aspect of public health. Self-harm is an expression of personal distress which can have a variety of causes. Those who self-harm are often repeat attenders to accident and emergency departments and are at significant and persistent risk of future suicide.

Hospital admission episodes for alcohol-related conditions

The rate of hospital admission episodes for alcohol-related conditions or causes increased in Cambridge residents in 2014/15 and the rate is statistically higher than the England average. 789 admission episodes occurred in 2014/15. One individual may be admitted on more than one occasion or episode.

The consumption of alcohol contributes to a wide range of short and long-term health conditions, as well as accidents. Alcohol misuse has a considerable impact and cost to the NHS and society as a whole. Reducing alcohol-related harm is one of Public Health England's seven priorities for 2014-19.[2]

Recent time trends

Getting worse

Smoking prevalence has statistically significantly **increased** over the last 4 years.

Getting better

The percentage of **children in low income families** (under 16s) has statistically significantly **decreased** over the last 5 years.

The **long-term unemployment** rate has statistically significantly **decreased** over the last 4 years.

[2] Public Health England. From evidence into action: opportunities to protect and improve the nation's health. Available at: https://www.gov.uk/government/publications/from-evidence-into-action-opportunities-to-protect-and-improve-the-nations-health

The **percentage of adults physically active** has statistically significantly **increased** over the last 4 years.

The rate of **under 18 conceptions** has statistically significantly **decreased** over the last 6 years. Having said that, rates have increased in the last two years.

Public Health England analysis of trends in **violent crime** suggest an overall significant **decrease** in the rate over the last 5 years but this the trend does not appear to be linear with increases being seen in the most recent years (see inclusion as an indicator 'getting worse' and previous section).

Other indicators where RAG-ratings have changed in 2016

- **Violent crime** (violence offences) (previously **better**)
- **Statutory homelessness** (previously **better**)
- **New sexually transmitted infections** (previously **better**)
- **Under 75 mortality rate from cardiovascular disease** (previously **better**)
- **Hip fractures in people aged 65 and over** (previously **worse**)

EAST CAMBRIDGESHIRE

Priorities

Diabetes, older people (including falls prevention and mental health), and mental health in the working age population.

Inequalities in East Cambridgeshire

- None of East Cambridgeshire's population live in areas in the most deprived 20% of areas in England.
- In men, life expectancy in the most deprived 10% of areas in East Cambridgeshire is 3.5 years shorter than in the least deprived 10%. In women, this figure is 3.9 years.
- A lower percentage of all hospital admissions in East Cambridgeshire present as emergencies compared with the England average. This may be due to lower levels of urgent need or higher use of services in the community.

Indicators statistically significantly worse than the England average:

Excess weight in adults

The percentage of people overweight or obese in East Cambridgeshire is statistically significantly worse that the national average at 68.0% compared to 64.6%.

Excess weight and obesity are known to be a major determinant of premature mortality and preventable ill health. Obesity is associated with diabetes, heart disease, hypertension and stroke, hormone-sensitive cancers, osteoarthritis and sleep apnoea, as well as having a psychosocial impact on wellbeing.

Hospital stay for self-harm (all ages)

The rate of hospital admissions for self-harm as increased in the district from a rate statistically significantly better than the national average in 2012/13 to a rate statistically significantly worse than the national average in 2014/15. Around 200 admissions occurred. This indicator is known, however, to be affected by quality of recording.

Mental health and well-being is an important aspect of public health. Self-harm is an expression of personal distress which can have a variety of causes. Those who self-harm are often repeat attenders to accident and emergency departments and are at significant and persistent risk of future suicide.

People killed and seriously injured on the roads

East Cambridgeshire remained worse than the England average for this indicator in 2012-14, but the rate did decrease slightly.

This indicator is partly influenced by the high levels of through-traffic on major roads through the county and many people killed or injured may not be Cambridgeshire residents. Casualty rates per vehicle kilometre travelled are actually lower than the national average.[3]

Motor vehicle traffic accidents are a major cause of preventable deaths and morbidity, particularly in younger age groups.

Recent time trends

Getting worse

The prevalence of **recorded diabetes** has statistically significantly **increased** over the last 5 years but this may be due to better detection and recording and may not necessarily reflect 'getting worse'.

Getting better

The percentage of **children in low income families** (under 16s) has statistically significantly **decreased** over the last 5 years.

The **long-term unemployment** rate has statistically significantly **decreased** over the last 4 years.

The rate of **under 18 conceptions** has statistically significantly **decreased** over the last 8 years.

[3] Cambridgeshire and Peterborough Road Safety Partnership Handbook – Annual Statistics Summary 2015. Available at: http://www.cambridgeshire.gov.uk/info/20081/roads_and_pathways/136/road_safety

The rate of **new sexually transmitted infections** has statistically significantly **decreased** over the last 4 years.

The percentage of **cancer diagnosed at early stage** (not RAG-rated but statistically significantly above the England average) has statistically significantly **increased**, but this this may be due to better recording.

Other indicators where RAG-ratings have changed in 2016

- **Hospital stays for self-harm** (all ages) (previously **similar**)
- **Alcohol-specific hospital stays (under 18)** (previously **better**) – the rate actually decreased but not as fast as the England average.
- **Obese children (Year 6)** (previously **similar**)
- **Hip fractures in people aged 65 and over** (previously **similar**)

FENLAND

Priorities

Focussing on healthy lifestyles to reduce heart disease and diabetes, meeting the needs of our ageing population, and improving partnership working.

Inequalities in Fenland

- 20.4% of Fenland's population live in areas in the most deprived 20% of areas in England; 57.6% live in the most deprived 40% of areas.
- In men, life expectancy in the most deprived 10% of areas in Fenland is 4.6 years shorter than in the least deprived 10%. In women, this figure is 1.1 years.
- The percentage of all hospital admissions in Fenland presenting as emergencies is similar to the England average. Percentages were higher in mixed ethnic groups but lower in Asian ethnic groups compared to white ethnic groups. Variation may be due to differing levels of urgent need or differing use of services in the community.

Indicators statistically significantly worse than the England average:

Children in low income families (under 16s)

The percentage of under 16s in low income families in Fenland actually continues to decrease slightly, but greater improvement in the percentage nationally has seen Fenland become worse than the England average in the last two years reported.

Growing up in poverty adversely affects children's health and wellbeing and is associated with poor health and life chances in adulthood.

GCSEs achieved

This indicator remained worse than the England average in Fenland in 2014/15 with 48.4% of children achieving 5 A*-C GSCEs including maths and English compared to 57.3% nationally.

Educational attainment is influenced by a range of factors including the quality of education children receive, their family's socio-economic circumstances and parental aspirations. Educational qualifications are a determinant of an individual's labour market position and wellbeing, which in turn influences income, housing and other material resources which can influence health and quality of life.

Breastfeeding initiation

The percentage of new mothers breastfeeding their babies in the first 48 hours after birth in Fenland in 2014/15 was 68.8%, significantly lower than the national average of 74.3%.

Breastfeeding provides ideal and cost-free nutrition for babies and protects them from gastro-intestinal and respiratory infections. There are also health benefits for the mother, such as a faster return to pre-pregnancy weight.

Smoking prevalence

Smoking prevalence in the district returned to a level statistically significantly worse than the England average in 2015 at 26.4% compared with 16.9%. This equates to nearly 21,000 smokers aged 18+.

Smoking is the single most important cause of preventable ill health and premature mortality and is a risk factor for lung cancer, COPD and heart disease, as well as cancers of many other organs. Smoking is a modifiable lifestyle factor and effective tobacco control measures can reduce smoking in populations.

Percentage of adults physically active

The percentage of adults classified as physically active according to the Chief Medical Officer's guidelines remained significantly lower in Fenland compared with the England average in 2015, at 47.9% compared to 57.0% and fell compared to the 52.1% reported for 2014.

People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. In older adults, physical activity is associated with increased functional capacities.

Excess weight in adults
In Fenland in 2012-14, 73.1% of the resident population were estimated to be overweight or obese, significantly higher than the England average of 64.6%.

Excess weight and obesity are known to be a major determinant of premature mortality and preventable ill health. Obesity is associated with diabetes, heart disease, hypertension and stroke, hormone-sensitive cancers, osteoarthritis and sleep apnoea, as well as having a psychosocial impact on wellbeing.

Hospital stays for self-harm (all ages)
The rate of hospital admissions due to intentional self-harm remained worse than the national average in Fenland in 2014/15 but the rate did decrease slightly compared with the previous year. Around 223 admissions occur each year among Fenland residents.

Mental health and well-being is an important aspect of public health. Self-harm is an expression of personal distress which can have a variety of causes. Those who self-harm are often repeat attenders to accident and emergency departments and are at significant and persistent risk of future suicide.

Hospital admission episodes for alcohol-related conditions
The rate of hospital admission episodes for alcohol-related conditions increased in Fenland in 2014/15 to a rate statistically significantly higher than the England average, having been statistically significantly lower in 2011/12. There were nearly 700 admission episodes in 2014/15. This indicator is known, however, to be affected by quality of recording.

The consumption of alcohol contributes to a wide range of short and long-term health conditions, as well as accidents. Alcohol misuse has a considerable impact and cost to the NHS and society as a whole. Reducing alcohol-related harm is one of Public Health England's seven priorities for 2014-19.[4]

Recorded diabetes
This indicator remained worse for Fenland compared with the England average in 2013/14, as it has been since 2010/11. The percentage recorded with diabetes has increased both locally and nationally. Approximately 7,080 people in Fenland were recorded as having diabetes on GP registers.

Type 2 diabetes (which accounts for around 90% of cases) is partially preventable by lifestyle changes to diet and physical activity. Complications of diabetes, such as cardiovascular, kidney, foot and eye diseases, cause considerable morbidity and impact on quality of life.

People killed and seriously injured on the roads
The rate of people killed or seriously injured on the roads during 2012-14 in Fenland was statistically significantly higher than the England average, increasingly slightly compared to 2011-13 and following 3 previous periods of decrease.

This indicator is partly influenced by the high levels of through-traffic on major roads through the county and many people killed or injured may not be Cambridgeshire residents. Casualty rates per vehicle kilometre travelled are actually lower than the national average.[5]

Recent time trends

Getting worse
The rate of **hospital admission episodes for alcohol-related conditions** has statistically significantly **increased** over the last 5 years.

The **incidence of TB** remains lower than England average but has statistically significantly **increased** since 2006-08.

[4] Public Health England. From evidence into action: opportunities to protect and improve the nation's health. Available at: https://www.gov.uk/government/publications/from-evidence-into-action-opportunities-to-protect-and-improve-the-nations-health
[5] Cambridgeshire and Peterborough Road Safety Partnership Handbook – Annual Statistics Summary 2015. Available at: http://www.cambridgeshire.gov.uk/info/20081/roads_and_pathways/136/road_safety

The prevalence of **recorded diabetes** has statistically significantly **increased** over the last 5 years but this may be due to better detection and recording and may not necessarily reflect 'getting worse'.

Getting better

The percentage of **children in low income families** (under 16s) has statistically significantly **decreased** over the last 5 years but its RAG-rating compared to the England average has worsened due to a faster rate of decrease nationally.

The rate of **under 18 conceptions** has statistically significantly **decreased** over the last 5 years.

Modelled trends in rates of **under 75 mortality due to cardiovascular disease** are consistent with a statistically significant **decrease** between 2003-05 and 2012-14.

The **long-term unemployment** rate has statistically significantly **decreased** over the last 4 years.

The rate of **new sexually transmitted infections** has statistically significantly **decreased** over the last 4 years.

Other indicators where RAG-ratings have changed in 2016

- **Smoking prevalence** (previously **similar**)

HUNTINGDONSHIRE

Priorities

Reducing excess weight in the worst affected areas, improving mental health, and supporting older people to live independently, safe and well.

Inequalities in Huntingdonshire

- 1.9% of Huntingdonshire's population live in areas in the most deprived 20% of areas in England.
- In men, life expectancy in the most deprived 10% of areas in Huntingdonshire is 6.1 years shorter than in the least deprived 10%. In women, this figure is 4.4 years.
- A lower percentage of all hospital admissions in Huntingdonshire present as emergencies compared with the England average. Percentages are higher, however, in mixed and Asian ethnic groups than in white ethnic groups. This may be due to higher levels of urgent need or lower use of services in the community.

Indicators statistically significantly worse than the England average:

Excess weight in adults

In Huntingdonshire during 2012-14, 67.3% of the resident population were estimated to be overweight or obese, significantly higher than the England average of 64.6%.

Excess weight and obesity are known to be a major determinant of premature mortality and preventable ill health. Obesity is associated with diabetes, heart disease, hypertension and stroke, hormone-sensitive cancers, osteoarthritis and sleep apnoea, as well as having a psychosocial impact on wellbeing.

Recent time trends

Getting worse

Public Health England assessments of trends indicate that the rate of **hospital admission episodes for alcohol-related conditions** has statistically significantly **increased** over the last 6 years. Having said this, the trend does not appear to be linear and the rate has reduced in the last two years.

The prevalence of **recorded diabetes** has statistically significantly **increased** over the last 5 years but this may be due better detection and recording. An increase may not necessarily indicate 'getting worse'.

Getting better

The percentage of **children in low income families** (under 16s) has statistically significantly **decreased** over the last 5 years.

The **long-term unemployment** rate has statistically significantly **decreased** over the last 4 years.

The rate of **under 18 conceptions** has statistically significantly **decreased** over the last 5 years.

The rate of **new sexually transmitted infections** has statistically significantly **decreased** over the last 4 years.

Modelled trends in rates of **under 75 mortality due to cardiovascular disease** are consistent with a statistically significant **decrease** between 2003-05 and 2012-14.

Modelled trends in rates of **under 75 mortality due to cancer** are consistent with a statistically significant **decrease** between 2003-05 and 2012-14.

Other indicators where RAG-ratings have changed in 2016

- **Percentage of adults physically active** (previously **better**)
- **Killed or seriously injured on roads** (previously **worse**)

SOUTH CAMBRIDGESHIRE

Priorities

Supporting the independence of older people, ensuring access to mental health services, and creating a healthy environment through new housing development.

Inequalities in Huntingdonshire

- None of South Cambridgeshire's population live in areas in the most deprived 20% of areas in England.
- In men, life expectancy in the most deprived 10% of areas in South Cambridgeshire is 2.1 years shorter than in the least deprived 10%. In women, this figure is 1.1 years.
- A lower percentage of all hospital admissions in South Cambridgeshire present as emergencies compared with the England average. Percentages do not vary significantly by ethnic group.

Indicators statistically significantly worse than England average:

Hospital stays for self-harm (all ages)
The rate of hospital admissions due to intentional self-harm in South Cambridgeshire remained statistically significantly worse than the England average in 2014/15. Around 340 admissions occur each year among South Cambridgeshire residents.

Mental health and well-being is an important aspect of public health. Self-harm is an expression of personal distress which can have a variety of causes. Those who self-harm are often repeat attenders to accident and emergency departments and are at significant risk of future suicide.

People killed and seriously injured on the roads
South Cambridgeshire remained worse than the England average for this indicator in 2012-14, having been worse since 2009-11. However, the rate has notably improved in the district over recent years.

This indicator is partly influenced by the high levels of through-traffic on major roads through the county and many people killed or injured may not be Cambridgeshire residents. Casualty rates per vehicle kilometre travelled are actually lower than the national average.[6]

Motor vehicle traffic accidents are a major cause of preventable deaths and morbidity, particularly in younger age groups.

Recent time trends

Getting worse
The rate of **violent crime (violence offences)** remains lower than the average but has statistically significantly **increased** in the last 5 years.

The prevalence of **recorded diabetes** has statistically significantly **increased** over the last 5 years but this may be due better detection and recording. An increase may not necessarily indicate 'getting worse'.

Getting better
The percentage of **children in low income families** (under 16s) has statistically significantly **decreased** over the last 5 years.

The **long-term unemployment** rate has statistically significantly **decreased** over the last 4 years.

The rate of **under 18 conceptions** has statistically significantly **decreased** over the last 5 years.

The rate of **new sexually transmitted infections** has statistically significantly **decreased** over the last 4 years.

Modelled trends in rates of **under 75 mortality due to cardiovascular disease** are consistent with a statistically significant **decrease** between 2003-05 and 2012-14.

[6] Cambridgeshire and Peterborough Road Safety Partnership Handbook – Annual Statistics Summary 2015. Available at: http://www.cambridgeshire.gov.uk/info/20081/roads_and_pathways/136/road_safety

Other indicators where RAG-ratings have changed in 2016:

- **Percentage of adults physically active** (previously **better**)
- **Infant mortality** (previously **better**)
- **Excess winter deaths** (previously **better**)