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Appendix A

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Public Health Directorate

Finance and Performance Report – Close 2014/2015

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
March (No. of indicators)	8	2	8	0	18

2. INCOME AND EXPENDITURE

2.1 Overall Position

Forecast Variance - Outturn (Mar) £000	Directorate	Budget 2014/15 £000	Actual 2014/15 £000	- Outturn 2014/15 £000	- Outturn 2014/15 %
-461	Health Improvement	8,982	8,503	-479	-5.3%
-7	Children Health	1,700	1,692	-8	-0.5%
-3	Adult Health & Well Being	916	906	-10	-1.1%
-17	Intelligence Team	37	20	-17	-45.4%
-15	Health Protection	20	5	-15	-75.5%
-31	Programme Team	189	149	-39	-20.7%
-210	Public Health Directorate	2,794	2,587	-207	-7.4%
-744	Total Expenditure	14,637	13,863	-774	-5.1%
749	Carry-forward of Public Health grant	0	779	779	
-5	Total Income	-14,637	-14,642	-5	0.0%
0	Net Total	0	0	0	

The service level budgetary control report for Closedown 2014/15 can be found in [appendix 1](#).

Further analysis of the results can be found in [appendix 2](#).

2.2 Significant Issues

It is proposed that the £779k non-recurrent savings from 2014/15 will be transferred to an earmarked reserve for implementation of the Cambridgeshire Public Health Integration Strategy. Development of a Public Health Integration Strategy was requested by the Health Committee at their meeting in January 2015. It will maximise the benefits of the transfer of Public Health to Local Authorities by embedding public health outcomes and delivery across a range of upper tier and lower tier local authority functions. The funding is non-recurrent, and will be used to pump prime evidence based transformation and integration of public health delivery, across County Council Directorates and District/City Councils. To meet Public Health Grant conditions, non-recurrent savings must be earmarked for public health functions, rather than entering the general reserve.

Details of variances from budget at this point in the year are explained at appendix 2.

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

Public Health is funded by a ring-fenced grant in the sum of £22.3m. Of this, £14.6m 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](#).

All reserves relating to the Public Health Grant are now accounted for in the Public Health Directorate. Details can be seen in [appendix 5](#)

3. BALANCE SHEET

3.1 Reserves

A schedule of the Directorate's reserves can be found in [appendix 5](#).

4. PERFORMANCE

4.1 The Public Health Service Performance Management Framework (PMF) for March 2015 can be found in Appendix 6.

The following commentary should be read in conjunction with the PMF.

Sexual Health:

October 1st 2014 saw the start of the new Integrated Sexual Health and Contraception Contract which has new trajectories for each of its constituent services. New trajectories have been developed for all the services.

Access to Sexual Health Services within 48 Hours:

Measure	Y/L Target 2014/15	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)
GUM Access - 80% within 2 working days (from 1 October 2014)	80%	80%	78%	78%	A	87%	82%	88%	↓

- The year end target of 80% of GUM patients being seen within 48 hours of contacting the services was not met. This reflects the disruption that the new Service experienced due to Addenbrookes "e Hospital" issues which created serious laboratory data problems and the diversion of clinical staff to address the subsequent issues. This involved ensuring that results were correctly attributed and following up with patients. Since Cambridgeshire Community Services (the Sexual Health Services provider) moved to a new provider for it's Laboratory Services there has been a significant improvement as evidenced by the figures in the last two months of the year.

Chlamydia Screening:

Measure	Y/L Target 2014/15	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)
Prevalence of Chlamydia: Number of positive screens (from 1 October 2014)	656	656	367	53%	R	55%	156	49%	↓
Chlamydia Screening - includes GP, CASU, Pharmacy and Outreach, remote testing (from 1 October 2014)	9062	9062	6858	76%	R	95%	1692	85%	↔

Chlamydia Screening is part of the new Sexual Health and Contraception Services Cambridgeshire Community Services sub-contracted with the Terence Higgins Trust (THT) to deliver this Programme. The Programme has along with the rest of the Sexual Health Services been affected by the Addenbrooke's "e hospital" issues that have diverted staff to following up laboratory reports. Secondly the target includes screens secured through the online service. This has been affected until recently by the change in the online provider in October. The main signposting agencies, NHS Choices and the National Chlamydia Screening Programme took several months, despite repeated requests, to reflect this change on their websites. There have been improvements in the last two months, representing the change in the provider of laboratory services and also the signposting website issue has been resolved.

In addition at the commissioner's request THT was asked for a plan outlining how it will increase uptake and target high risk populations. This is now being taken forward.

Background information

- The new Chlamydia target includes performance data from all the CCS services where screening is offered, and outreach activity. In addition GP practice and remote testing screens are included in this total as CCS has responsibility for promoting and supporting these services.
- The Chlamydia Screening Programme targets young people between the age of 15 and 24 years of age. The programme was established in 2005 in response to an increase in the numbers of young people with the sexually transmitted infection Chlamydia. Initially the focus was on screening a percentage of the target population each year. This has now changed to identifying and screening young people who are most at risk of being positive for Chlamydia to enable them to be treated to decrease the spread of infection in the population. The recommended annual positive diagnosis rate is at least 2,400 per 100,000 15 – 24 year olds per year. Local areas are encouraged to identify their own diagnosis rates based on historical trends.
- The number of young people screened in Cambridgeshire is one of the highest in the East of England but historically a low number of positive screens have been diagnosed. This reflects the unclear picture of Chlamydia in the County
- Chlamydia Screening Programme includes screening sites in GP practices, community pharmacies and contraceptive and sexual health services, currently all these services especially GP practices are reporting high positivity rates relative to the outreach part of the Programme. The Programme's strategic approach is to target those most at risk through outreach programmes to capture as many positive screens as possible.

Long Acting Reversible Contraception (LARC):

Measure	Y/L Target 2014/15	YTD Target	YTD Actual	YTD %	Y/L Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)
LARC - access to long acting reversible contraception - Implantation	3090	3090	2614	81%	R	58%	280	17%	↑
LARC - access to long acting reversible contraception - IUCD insertion	3704	3704	2936	80%	R	81%	261	59%	↑

The Long Acting Reversible Contraception (LARC) targets are based on actual figures achieved in 2013/14. Historically targets have been exceeded each year. This was associated with a training programme that ran between 2011 and 12. However there has been fall off in performance this year. Part of this being addressed by interrogation of the data. However there are issues with GP practice staff retiring or leaving. A training needs analysis is being developed that will inform a new training programme that will be delivered in collaboration with the new SH service

Health Checks:

Measure	Y/L Target 2014/15	YTD Target	YTD Actual	YTD %	Y/L Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)
Number of Health Checks completed	20000	20000	16599	83%	R	81% (Q3)	20000	83% (Q4)	↑

- Reporting of Health Checks is quarterly. In 14/15 Q1 76% of the target to date for health checks was achieved. In Q2 the figure was 80% of the target to date being achieved. In Q3 the figure was 81%. However there was a drop in the percentage of health checks that were converted from offered to completed i.e. 42% in Q2 to 40%.

- The end of year results are 83% of the local target achieved and the conversion rate is 39%
- This year a comprehensive Improvement Programme was commenced which involves staff training, new data collection software for practices which will be introduced over the course of 2015/16, awareness campaigns for the public and additional staff support for practices. A Coronary Heart Disease nurse has been commissioned since February to work with practices to improve the quality of the Health Check. Social marketing research has been commissioned to gain intelligence on the Health Checks Programme (and smoking). In addition in Fenland a mobile service has been established and is visiting factories to offer Health Checks especially to those more hard to reach groups. The newly commissioned Integrated Lifestyle Service has been commissioned to provide outreach NHS Health Checks for hard to reach high risk groups which will commence from June 1 2015

Background Information

- Health Checks is cardio vascular risk assessment offered to people between the ages of 40 to 74. There is a 5 year rolling programme and each year up to 20% of the eligible population should be invited to a health check. The important indicators are the number of health checks completed and the number of those invited who actually complete a health check. The Health Checks Programme is provided by GP practices that are responsible for sending out invitations to the eligible population. The main concern has been the low take up of the invitations to a health check.
- In Cambridgeshire in 2013/14 24.7% of the eligible population was offered a health check and 10% of the eligible population had a health check. Nationally the figures were 18.5% and 9%. The conversion rate for 13/14 was 40.6%. Nationally it was 49%. In terms of overall numbers of health checks the target was 26,959 and 18,256 was achieved

Stop Smoking Programme:

Measure	YTL Target 2014/15	YTD Target	YTD Actual	YTD %	YTD Actual H&G Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)
Smoking Cessation four week opt-ins	2600	2577	1671	65%	R	62%	250	40%	↓

- 76% of the stop smoking target for 2013/14 was achieved, a drop from 92% in 12/13. This is reflected in the national trend that is attributed in part to the use of e-cigarettes. The lower level of performance is continuing in 14/15 in Cambridgeshire (and nationally) with the performance figures generally remaining static, at circa 60% – 68%% of the monthly performance target. At the end of February 66% of the year to date target had been achieved.
- Performance in GP practices was especially poor and there is a consistent problem with recruiting smokers to make quit attempts. There is an ongoing programme to improve performance with CamQuit the core service providing increasingly higher levels of support to the other providers along with promotional activities. Practices are regularly visited with poor performers being targeted.
- A wide ranging intervention plan has been developed that is focusing upon Fenland. This includes a mobile workplace service, a migrant worker Health Trainer post that will target these communities where smoking rates are high, a wide ranging promotional campaign and recruitment of an additional Stop Smoking Advisor to focus upon Fenland. Social Marketing research has been

commissioned to gather intelligence about attitudes and behaviour in relation to smoking (and Health Checks) as well as a Deep Dive exercise that looks specifically at smoking and the Stop Smoking Services

- Smoking rates in Cambridgeshire are also high amongst routine and manual workers and the programme of intervention also targets these groups.
- A recent update to the Public Health Outcomes Framework has shown a positive movement in smoking prevalence, with a statistically significant fall in the percentage of adults smoking across the County between 2012 and 2013. However inequalities in smoking rates remain, with the prevalence in Fenland and amongst manual workers being statistically significantly higher than the Cambridgeshire average.

School Nursing:

Measure	Y/L Target 2014/15	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)
School Nursing - Contacts made	8125	8125	10501	130%	G	68%	678	701%	↑
School Nursing - Group activities	4750	4750	3555	75%	R	4%	350	125%	↑

- Currently individual contacts are above target while group contacts are below. However this doesn't tell us anything about the value of these contacts or the outcomes for those involved.
- A new service specification and Key Performance Indicators for School nursing are still being negotiated. A new performance template has been developed and when finalised this will be used to understand baseline activity. Over the next year we will be able to agree targets in areas which contribute towards public health outcomes and reflect this in our reporting. This will also reflect the activity across different parts of the county.

Childhood obesity:

Measure	Y/L Target 2014/15	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)
Childhood Obesity (School year) - 90% coverage of children in year 6 by final submission (LOY)	90%	90%	90%	90%	G	104%	92%	92%	↔
Childhood Obesity (School year) - 90% coverage of children in reception by final submission (FOY)	90%	90%	90%	90%	G	101%	92%	92%	↔

- The National Childhood Measurement Programme is undertaken annually over the course of the school year when all children in maintained schools in years 6 and reception are measured. The coverage levels and obesity rates are monitored. Appointments are made with schools but change over the year and the obesity rates are released after the end of the school year when the data has been cleaned. Therefore annual measurements will be reported. The validated results for the 13/14 year are now available and have the following headlines
 - Participation rates were 95.4% in Reception and 94.2% in Year 6 (England was 93.8% and 93.6% respectively)
 - Reception obesity = 8.1% (9.5% England) – an increase from 7.5% in 2012/13

- Year 6 obesity = 16.2% (19.1% England) – an increase from 15.8% in 2012/13. Both have also increased nationally.

Fenland remains the highest for obesity prevalence and had a statistically significantly high Year 6 proportion compared to Cambridgeshire in 2013/14.

- The 2013/14 Measurement Programme coverage target has been met.

Health Trainer Service

Measure	Y/L Target 2014/15	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)
Personal Health Trainer Service - number of referrals received	1205	919	936	91%	A	93%	184	101%	↑
Personal Health Trainer Service - number of initial assessments completed	1093	781	848	109%	G	103%	156	101%	↓
Personal Health Trainer Service - Personal Health Plans completed	650	465	552	119%	G	95%	93	25%	↓
Number of referrals from Vulnerable Groups	386	241	276	115%	G	375%	48	260%	↓

- The Health Trainer Service is a lifestyle service focusing on supporting people to make healthy lifestyle changes. It is based in GP practices found in the 20% most deprived areas. The Health Trainer contractual year runs from November to October. The area where performance has remained lower is the number of referrals to the service and reflects staff turnover associated with the Service being tendered. There have been periods when some practices have had a limited service and referral have fallen. However the Service's other key indicators have been above target performance. The Service is affected by pressures experienced by other services dependent on referrals from GP practices. Many practices have considerable capacity issues and are struggling with meeting targets.

4.2 The detailed Service performance data can be found in [appendix 6](#).

APPENDIX 1 – Public Health Directorate Budgetary Control Report

Forecast Variance Outturn (Mar) £'000	Service	Budget for 2014/15 £'000	Actual 2014/15 £'000	Outturn	
				£'000	%
Health Improvement					
-69	Sexual Health STI testing & treatment	4,552	4,484	-69	-1.51%
-74	Sexual Health Contraception	1,187	1,076	-111	-9.34%
0	National Child Measurement Programme	86	85	-1	-0.78%
-47	Sexual Health Services Advice Prevention and Promotion	256	203	-53	-20.69%
-37	Obesity Adults	412	373	-39	-9.53%
-42	Obesity Children	182	137	-44	-24.47%
-40	Physical Activity Adults	97	56	-40	-41.69%
0	Physical Activity Children	0	0	0	0.00%
-111	1 Stop Smoking Service & Intervention	1,220	1,141	-79	-6.50%
-1	Wider Tobacco Control	31	30	-1	-1.96%
-39	General Prevention Activities	909	869	-40	-4.43%
-1	Dental Health	51	50	-1	-1.96%
-461	Health Improvement Total	8,982	8,503	-479	-5.33%
Children Health					
-7	Children 5-19 PH Programme	1,700	1,692	-8	-0.45%
-7	Children Health Total	1,700	1,692	-8	-0.45%
Adult Health & Wellbeing					
-2	NHS Health Checks Programme	757	756	-1	-0.19%
-1	Public Mental Health	123	114	-9	-7.09%
0	Comm Safety, Violence Prevention	36	36	0	0.00%
-3	Adult Health & Wellbeing Total	916	906	-10	-1.11%
Intelligence Team					
-4	Public Health Advice	15	10	-5	-32.92%
-13	Info & Intelligence Misc	21	10	-12	-54.38%
-17	Intelligence Team Total	37	20	-17	-45.40%
Health Protection					
-10	LA Role in Health Protection	15	5	-10	-67.53%
-5	Health Protection Emergency Planning	5	0	-5	-100.00%
-15	Health Protection Total	20	5	-15	-75.49%
Programme Team					
0	Obesity Adults	36	33	-3	-8.07%
0	Stop Smoking no pay staff costs	31	27	-4	-12.38%
-31	General Prevention, Traveller, Lifestyle	122	90	-32	-26.49%
-31	Programme Team Total	189	149	-39	-20.73%

Forecast Variance Outturn (Mar) £'000	Service	Budget for 2014/15 £'000	Actual 2014/15 £'000	Outturn £'000 £'000	
Public Health Directorate					
-39	Health Improvement	486	446	-40	-8.23%
-32	Public Health Advice	906	877	-29	-3.20%
-68	Health Protection	226	156	-70	-30.97%
-36	Programme Team	1,022	989	-33	-3.23%
-3	Childrens Health	62	60	-2	-3.23%
-3	Comm Safety, Violence Prevention	33	31	-2	-6.06%
-29	Public Mental Health	59	28	-31	-52.54%
-210	Public Health Directorate total	2,794	2,587	-207	-7.40%
-744	Total Expenditure before Carry forward	14,637	13,863	-774	5.29%
749	Carry forward of Public Health grant	0	779	779	
Funded By					
-3	Public Health Grant	-14,598	-14,601	-3	0.02%
-2	Other Income	-39	-41	-2	5.13%
-5	Income Total	-14,637	-14,642	-5	0.03%
0	Net Total	0	0	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	Budget 2014/15 £'000	Actual (£'000)	Outturn (£'000)	Outturn (%)
1.Sexual Health Contraception	1,187	1,076	-111	-9.3%
Underspend relates to Long Acting Reversible Contraception (LARCs) and Prescribing costs. Payment for LARCs services is per patient seen, and therefore the underperformance against target has reduced this year's spend.				

APPENDIX 3 – Grant Income Analysis

The table below outlines the allocation of the full Public Health grant, together with an update of forecast out-turn

Awarding Body : DofH

Grant	Business Plan £'000	Adjusted Amount £'000	Outturn Expenditure £'000	Transfer to PH Reserves	Notes
Public Health Grant as per Business Plan	22,299	22,299	22,299		Ringfenced grant - Income
Grant allocated as follows;					
Public Health Directorate	14,443	14,598	12,718		As detailed in report £13,863– and already moved to earmarked reserves £1,145.
General Reserve				64	Transferred to general reserve from current (£135k) underspends in other directorates, returned to Public Health reserves. Less transfer to integration strategy £71k
Earmarked Reserves					
Healthy Fenland Fund				500	Public Health Directorate underspend, resulting from over-accruals (£320k) and delayed expenditure of Health Trainer Lifestyle Service investment funds (£180k)
Falls Prevention				400	To be spent 2015/16 and 2016/17. Reserve from £160k returned from other Directorates re ineligible 13/14 expenditure, together with early implementation of 2015/16 Public Health savings (£215k)
Health Checks				270	2014/15 delayed expenditure, £220k transferred and further £50k to be allocated.
Integration Strategy				850	Planned spend over 2 years, commencing mid 2015/16

Grant	Business Plan £'000	Adjusted Amount £'000	Outturn Expenditure £'000	Transfer to PH Reserves	Notes
Children, Families & Adults Services					
Making Every Adult Matter	93	93	98	13	£17k c/fwd 2013/14, within service. Amount c/fwd 2014/15 reduced to £13k (earmarked reserve)
Community Navigators	119	119	119		Part of overall expected spend of £263k
Age UK Contract	51	51	51		Part of total spend of £77k
Older People Day Services	51	51	51		Part of total spend of £622k
Housing Related Support	51	51	51		Part of total spend of £3,833k
Public Health Researcher	20	0		20	N/A. Returned to PH budget, 13/14 returned to reserves
Personal, Social & Health Education	56	56	56		
Children Centres	170	170	170		
Mental Health Youth Counselling	111	111	111		
Child & Adolescent Mental Health Trainer	71	71	68	3	£3k to PH general reserve
Teenage Pregnancy	58	58	58	20	£20k c/fwd 2013/14 within service returned to PH reserves
Drug & Alcohol Action Team	6,010	6,010	6,080	45	£114k c/fwd 2013/14 within service. Amount c/fwd 2014/15 reduced to £45k (earmarked reserve)
Changing Behaviours training - Staff in CCC	92	11	11		Reference Motivational Interview training
Sub-Total CFA	6,953	6,852	6,924		

Grant	Business Plan £'000	Expected Amount £'000	Outturn Expenditure £'000	Transfer to PH Reserves	Notes
Economy, Transport & Environment Services					
Road Safety – Campaigns for Children	230	230	239		£9k c/fwd 2013/14 spent in 2014/15
Road Safety – Accident awareness signs	20	20	10	30	£20k c/fwd 2013/14 returned to Public Health general reserve. £10k underspend in 2014/15 returned £7k to general reserve and £3k to earmarked reserve
Trading Standards – Kick Ash	31	31	31		
Trading Standards – Alcohol underage sales	15	15	15		
Trading Standards – Grants to encourage sporting activities	25	25	25		
Trading Standards – Arts/Museums, to support wellbeing, social inclusion etc	20	20	20		
Bikeability – cycling promotion	36	36	0	71	£35k c/fwd 2013/14 returned to Public Health general reserve, together with £36k from 2014/15
Registration & Library Service promotions	10	10	10		
Changing Behaviours training - Staff in CCC	31	4	4		Reference Motivational Interview training
Sub Total ETE	418	391	354		

Grant	Business Plan £'000	Adjusted Amount £'000	Outturn Expenditure £'000	Transfer to PH Reserves	Notes
Corporate Services					
Research	51	51	51		
Health & Wellbeing Board Support	26	26	26		
Contact Centre	20	20	20		
Overhead functions on behalf of Public Health	102	102	102		
Changing Behaviours training - Staff in CCC	31	4	4		Reference Motivational Interview training
Overheads associated with Public Health function (LGSS Managed)	100	100	100		
Sub Total Corporate Services	330	303	303		
LGSS Cambridge Office					
Overheads associated with Public Health function	155	155	155		
Sub Total LGSS	155	155	155		
Total Public Health Grant	22,299	22,299			

APPENDIX 4 – Virements and Budget Reconciliation

	£'000	Notes
Budget as per Business Plan	14,482	
Non-material virements (+/- £160k)	0	
Budget Reconciliation	20	PH Researcher now funded from PH, funding no longer transferred to CFA
Budget Reconciliation	135	Expenditure allocated in MOU for Changing Behaviours training (net of allowable expenditure on training) now moved back to PH Directorate non-recurrently.
Current Budget 2014/15	14,637	

APPENDIX 5 – Reserve Schedule

Fund Description	Opening Balance 2014/15	Closing Balance 2014/15	Notes
	£'000	£'000	
General Reserve			
Public Health carry-forward	749	952	Includes return of reserves from services
subtotal	749	952	
Equipment Reserves			
Equipment Replacement Reserve	0	0	
subtotal	0	0	
Other Earmarked Funds			
Healthy Fenland Fund	0	500	5 year programme commencing 2015/16
Falls Prevention Fund		400	Anticipated spend over 2 years, 2015/16 and 2016/17
NHS Healthchecks programme		270	Delayed expenditure anticipated to be spent in 2015/16
Implementation of Cambridgeshire Public health Integration Strategy		850	Spend over 2 years, 2015/16 and 2016/17
CFA DAAT		45	To be spent in 2015/16
CFA MEAM		13	To be spent in 2015/16
ETE Accident Awareness Signs		3	To be spent in 2015/16
subtotal	0	2,081	
TOTAL	749	3,033	

(+) positive figures should represent surplus funds.

(-) negative figures should represent deficit funds.

Fund Description	Balance at 31 March 2014	2014/15		Forecast Balance at Close 14/15	Notes
		Movements in 2014/15	Balance at Close 14/15		
	£'000	£'000	£'000	£'000	
General Reserve					
Joint Improvement Programme (JIP)	0	164	164	164	Monies held on behalf of 7 local authorities in East of England to commission an illicit tobacco programme
TOTAL	0	164	164	164	

APPENDIX 6 – Performance

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

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

↓	Below previous month actual
↔	No movement
↑	Above previous month actual

HEALTH IMPROVEMENT												
Service		Measures										
	Overall RAG status	Measure	Y/E Target 2014/15	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
Sexual Health & Family Planning : Treating and caring for people in a safe environment and protecting them from avoidable harm	R	Prevalence of Chlamydia. Number of positive screens. (from 1 October 2014)	686	686	367	53%	R	55%	156	49%	↓	10% tolerance Please note that new SH contract commenced on October 1 with new trajectories.
		Chlamydia Screening - includes GP, CASH, Pharmacy and Outreach, remote testing (from 1 October 2014)	9060	9060	6858	76%	R	85%	1692	85%	↔	10% tolerance Please note that new SH contract commenced on October 1 with new trajectories. Note monthly improvement
		GUM Access - 80% within 2 working days (from 1 October 2014)	80%	80%	78%	78%	A	87%	80%	86%	↓	From November all the Sexual Health services were severely affected by the Addenbrookes "e Hospital" issues which created huge data issues and the
		Diverse : % of people newly diagnosed contacted within 5 working days	100%	100%	100%	100%	G	100%	100%	100%	↔	
		LARC - access to long acting reversible contraception - Implanon Insertion	3098	3098	2514	81%	R	58%	288	77%	↑	The Long Acting Reversible Contraception (LARC) targets are based on actual figures achieved in 2013/14. Historically targets have been exceeded each year This was associated with a training programme that ran between 2011 and 12. However there has been fall off in performance this year. Part of
		LARC - access to long acting reversible contraception - IUCD Insertion	3204	3204	2836	89%	R	81%	261	99%	↑	
		Access to contraception and family planning (from 1 October 2014)	3,413	3413	4268	125%	G	122%	569	100%	↓	10% tolerance Please note that new SH contract commenced on October 1 with new trajectories
Health Improvement: Caring for people and assisting in improving all aspects of their general wellbeing	G	Number of Health Checks completed	20000	20,000	16699	83%	R	81% (Q3)	20000	83%(Q4)	↑	Information reported quarterly
		Percentage of people who received a health check of those offered	50%	50%	39%	39%	R	36% (Q3)	50%	37% (Q4)	↑	
		Smoking Cessation - four week quitters	3600	2977	1975	66%	R	60%	298	48%	↓	Figures shown are for February 2015. A quit attempt and data follow up means a two month delay in reporting
		School Nursing : Contacts made	8125	8125	10601	130%	G	68%	678	201%	↑	Currently individual contacts are above target while group contacts are below. However this doesn't tell us anything
		School Nursing : Group activities	4784	4784	3565	75%	R	4%	399	126%	↑	A new service specification and Key Performance Indicators for School nursing are still being negotiated. A new
		Childhood Obesity (School year) - 90% coverage of children in year 6 by final submission (EOY)	90%	90%	90%	90%	G	104%	90%	90%	↔	This is reported on Annually. This data is the final for the 2013/14 academic year.
		Childhood Obesity (School year) - 90% coverage of children in reception by final submission (EOY)	90%	90%	93%	93%	G	105%	90%	93%	↔	
		Personal Health Trainer Service - number of referrals received	1286	919	836	91%	A	93%	184	107%	↑	
		Personal Health Trainer Service - number of initial assessments completed	1093	781	848	109%	G	103%	156	101%	↓	1-12 months intervention period. Figures are based on a rolling performance.
		Personal Health Trainer Service - Personal Health Plans completed	650	465	552	119%	G	90%	93	25%	↓	Figures are based on a rolling performance.
		Number of referrals from Vulnerable Groups	386	241	276	115%	G	375%	48	260%	↓	

* All figures received in April relate to March actuals

** 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.