

<u>ANNEX A: Public Health Joint Commissioning Unit Performance Report 2017/18</u>	
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1. BACKGROUND

The PHJCU was created in May 2017 and it brought together the Public Health Commissioning functions across Cambridgeshire County Council and Peterborough City Council. Three teams were formed, Drugs and Alcohol/Sexual Health, Lifestyles and Primary Care. This included staff from the former DAAT team as well as Health Improvement Specialists. It is led by the Assistant Director of Commissioning for Cambridgeshire and Peterborough and the Consultant in Public Health (Health Improvement) for Cambridgeshire and Peterborough. The model aims to bring together commissioning staff and Public Health staff to ensure that Public Health commissioning is informed by evidence of need and effectiveness, including cost benefits alongside robust commissioning practice. Health Improvement staff also continue to hold their wider roles in the public health team.

2. SCOPE OF THE PUBLIC HEALTH JCU

The JCU is responsible for the commissioning and performance monitoring of substance misuse, sexual health, lifestyles and all the primary care public health contracts. In addition, it also manages the commissioning and performance management of some smaller mental health contracts. It does not include children and young people's services, health visiting and school nursing, in its remit. These sit within the Children and Young People's JCU. It should also be noted that all staff are involved in wider work with partners to develop joint pathways and commissioning, shared strategic approaches and policy development.

3. PERFORMANCE

The following is an overview of the performance of the majority of the main contracts that the Public Health JCU manages until the end of Q4 of 2017/18 financial year. Not all the Key Performance Indicators (KPIs) are included in the report but those considered to be key to achieving the service outcomes are presented

4. INTEGRATED SEXUAL HEALTH SERVICES

The Integrated Sexual Health Services are provided by Cambridgeshire Community Services (CCS). It operates a hub and spoke model. Generally the Service is performing well with all KPIs being met, including targets for the proportion of patients offered an appointment and seen within 48 hours. The exceptions are as follows:

Table: Percentage of women who have access to Long Acting Reversible Contraception (LARC) method of choice within 5 working days of contacting service.

Threshold	Q1	Q2	Q3	Q4
90%	59%	54%	56%	65%

Table: Percentage of outreach sessions and attendance conducted in areas of high deprivation or aimed at vulnerable groups, including prison

Threshold	Q1	Q2	Q3	Q4
70%	77%	62%	63%	69%

4.1 Activity

Total sexual health monthly clinic attendance exceeds planned activity by around 5.3%. This increased activity is at all the hub clinics with the exception of Huntingdon which is underachieving by 13%. The highest level of activity is at the Ely and Wisbech clinics at 17% and 12% exceeded planned activity

Total contraception attendance is underachieving by 11% but telephone consultations are over-achieving by 19.5%. The majority of telephone calls do not require an additional clinic attendance and are an effective means of managing demand. The Fenland clinics are the over-achieving clinics.

4.2 Commentary

The prolonged wait for LARCs reflects the increased demand for the service from women who would have previously accessed this service from their GP practices. Currently the number of primary care clinicians trained to provide LARCS has fallen through retirement etc. A new LARC training programme has commenced and improvements are anticipated.

The second under-achievement area is the targeting of high risk/vulnerable groups. The threshold is 70%; in Q1 it was 77% then fell to around 62% in Q2 and Q3. This has improved in Q4 and is now 69%. This continues to be monitored closely and an action plan has been developed with the Terence Higgins Trust, which is sub-contracted by CCS to provide this Service

5. DRUGS AND ALCOHOL SERVICES

Inclusion Integrated substance Misuse Contract

5.1 Background

The Inclusion integrated adult specialist drug and alcohol treatment service provides preventative, harm reduction and recovery focused interventions enabling clients to access appropriate, and timely treatment in a range of settings appropriate to their needs, across Cambridgeshire.

It is the aspiration that the service will contribute to the delivery of the following outcomes:

- To contribute towards reduced alcohol and drug related attendance at A&E and alcohol and drug related hospital admissions. Where admission is necessitated by co-morbidity, then the objectives are to reduce hospital length of stay and reduce hospital re-admission rates.
- To reduce alcohol and drug related mortality.
- To improve people's experience of alcohol and drug treatment and care.
- To promote recovery through integrated treatment that involves family and carers, and provides access to holistic services.
- To reduce alcohol and drugs related harm through delivering interventions that make people aware of the potential risks of alcohol and drugs misuse.
- To improve the health and wellbeing of residents of Cambridgeshire.
- To reduce the impact on children and young people of growing up in households where alcohol and drug misuse is present.
- To ensure children and young people and vulnerable adults are appropriately safeguarded where alcohol and drug misuse occurs within the family.
- To include the delivery of effective Aftercare and support.

The current contract ends on the 30th of September 2018. A comprehensive recommissioning exercise has been conducted which is on track, now in the latter stages and drawing to conclusion. The new contract will begin on the 1st of October 2018.

5.2 Performance Summary: Areas of success

The following areas of success were noted at the Q4 performance monitoring meeting (Note: performance data for drug and alcohol services is held nationally through the PHE 'NDTMS' system and is confidential until fully quality checked and benchmarked. Therefore it is possible to give an overview, but not the detailed performance charts):

- Successful Completions across all substances are now sitting within the top quartile ranges.
- Representation numbers have stabilised in Q4 and are decreasing for alcohol and non-opiate clients.
- 100% of patients in Q4 2017/18 were seen within the waiting time target (percentage of clients waiting over three weeks to start first intervention).
- HCV testing data is continues to look positive, particularly in relation to new presentations.
- Substance misusing parents' outcome data is good across all substances (except abstinence rates): those successfully completing treatment are good and re-presentation numbers are lower than the national average.
- Completion of internal audit work (allocated a post holder for a 12 month period) has demonstrated an increase in quality standards and embedded new frameworks.

5.3 Performance summary: Areas for improvement

The following areas for improvement are noted. (These areas are being addressed via quarterly performance meetings and also monthly focus meetings with the service manager).

- Abstinence rates, there is some concern around the opiates and crack figures – both below the lower expected range.
- Retention in treatment for 12 weeks or more – some concern as numbers are falling despite new triage system being in place.
- Unplanned early exits numbers are on the rise and this is of some concern as this is nearly double the national average for some cohorts.
- Criminal Justice system has a lower proportion of offenders in contact with the treatment system across all cohorts and lower numbers of successful completions (apart from alcohol).
- 'No longer' injecting rates are lower than expected at the 6 month review stage and have consistently been below the lower expected range.

5.4 Other drug and alcohol services

The JCU manages a number of smaller services that work alongside the main providers and with other agencies

5.4.1 Cambridgeshire Adolescent Substance Misuse Service (CASUS)

CASUS is part of the Cambridgeshire and Peterborough Foundation Trust (CPFT) is a substance misuse service which covers Cambridgeshire (excluding Peterborough) provided for young people aged 12-18 years of age.

This service has historically been a high performing service meeting or exceeding all the targets met. By the end of Quarter 4 2017/18 CASUS had exceeded all targets part from one target relating to Children of Substance Misusing Parents Work. Although the service was very close at meeting the target.

The most frequent substance used is cannabis followed by ecstasy and cocaine. Opiate use among young people in treatment is now very uncommon. In recent months there has been an increase in the number of young people coming into the service. This is attributed to an increase in use of Xanax which is a short acting Benzodiazepine not widely available in the UK but available on prescription in the USA CASUS is currently developing some harm reduction material which will highlight the harms from Xanax and promote treatment pathways.

5.4.2 Youth Offending Service (YOS) Substance Misuse Service

This service is provided for young people under the age of 18 who are in contact with the youth justice system and who require support around their substance misuse. The service has seen a reduction in Tier 3 interventions and an increase in Tier 2 work as YOS moves to a more preventative model. This is being monitored in the quarterly performance meetings. The percentage of successful completions sits below the national average but this needs to be seen in context. The national figure given is across all young people's services, the local YOS service picks up young people with the most challenging needs. In regards to reduction of excessive drinking, the local performance in this measure exceeds the national performance.

5.4.3 Controlled Drinkers Service

This is a 6 bed unit for people with a long-term alcohol misuse issue managed by Jimmy's located in Cambridge City. The service opened in 2006 and traditionally took a harm reduction approach to managing alcohol use. Following a recommissioning exercise in 2014 a more recovery orientated model was introduced. Success in the project is measured by the % of positive move-ons.

Table: % percentage of positive move-ons

Period	Percentage of positive move-on
2014/15 – Yearly average across all quarter	33%
2015/16 – Yearly average across all quarters	27%
2016/17 – Yearly average across all quarters	66%
2017/18 – Yearly average across all quarters	44%

The service works in close co-operation with the Inclusion treatment service. All new service users receive drink management plans which are signed off by Inclusion. The homelessness outreach worker at Inclusion makes regular visits to the project. Given the small number of beds the percentage of successful completions can vary considerably. The annual target is for 2 out of the 6 clients to move on positively in a year or 33%. Recent performance has been strong as the new model has become more embedded. The current contract runs until the 31st of March 2019. There remains a need for a service like this in Cambridge City., Work is planned to review the model as part of developing a revised service specification, and this is being undertaken as part of a broader review of supported housing being undertaken by the Councils Communities Directorate. This is due to report in July 2018 at which point a decision will be made on the timescales and scope of the recommissioning exercise.

5.4.4 Luminus Offenders Service

This is a 12 bed housing related support project in Huntingdon, the current contract started on the 1st of April 2017 and is comprised of a dispersed shared housing model. The service is aimed at people with an offending history and who are homeless. Candidates are selected who are committed to addressing their offending behaviour and receive accommodation based support. Referrals are managed via a Housing Panel comprising of the provider, Probation, IOM, CEA and the District Council which meets monthly.

15.1 Performance

Table: % of beds occupied

Period	Bed Utilisation
Q1 17/18	6 50%
Q2 17/18	6 50%
Q3 17/18	7 58%
Q4 17/18	9 79%

Following Luminus being awarded this contract there was a local restructure and a loss of experienced staff at the project. There is now evidence the service is starting to stabilise and fill up the beds. There are now new more experienced staff in place at this project following a period of high staff turnover. The new staff are reviewing the support service on offer and improving the procedures for supporting service users.

As part of this the service will be required to:

- Ensure formal reviews of all service user support plans and risk assessments take place quarterly
- Provided weekly face to face meetings and support sessions with each service user
- Introduce a house meeting at each property to ensure clients are getting on ok and resolving any difficulties
- Reviewing the system for tracking and evidencing the progress of client outcomes while they are at the project
- Delivering a range of internal life skills courses and also helping service users to access external opportunities which are available.

5.4.5 Cyrenians Offenders Service

This is a 10 bed housing related support project in Cambridge, the current contract started on the 1st of April 2017 and is run as a single specialist offender hostel. The service is aimed at people with an offending history and who are homeless. Candidates are selected who are committed to addressing their offending behaviour and receive accommodation based support.

This service has performed well in terms of finding appropriate candidates and the project is currently fully occupied. In quarter 4 there has been a total of 6 people who have moved on positively from the project out of the 10 residents.

5.4.6 Cambridgeshire and Peterborough Foundation Trust (In-patients detoxification services)

The service provide planned inpatient detoxification to service users with substance related dependency that require specialist medical, psychiatric and psychological care 24 hours a day, 7 days per week. The service provision includes 3 beds based on the Mulberry Ward (Fulbourn) for Cambridgeshire residents who are 18 years and over and who are in structured treatment with Cambridgeshire Specialist Treatment Services for either drug or alcohol misuse. The contract in place is a two year extension of the original contract that was awarded on 1st April 2016.

The average percentage of successful alcohol detox completions and drug detox completions in 2017/18 is good. A smoking ban was introduced across the hospital site at the end of Q2 2017/18, this has had an impact on overall bed occupancy and completion rates (particularly noticeable in Q3 2017/18) as service users have found it difficult to cope with their detox treatment whilst having to refrain from smoking. Some evidence to suggest that the smoking ban on site has led to early discharges although it was reported that in Q4 this appears now to be settling down.

The service response to this is to undertake strengthening preparatory work in relation to smoking cessation and to engage with service users who have recently used the beds to see how we can improve the current response.

5.4.7 The National Drug Treatment Monitoring System (NDTMS)

All drug and alcohol providers submit their treatment outcome data to the National Drug Treatment Monitoring System (NDTMS) where it is cleaned and matched to national and local comparators. These outcomes can be found in the Diagnostic Outcomes Monitoring Executive Summary (DOMES) and are used to demonstrate performance. However they are confidential until they have been fully quality assured and benchmarked, which means that they do not provide timely information to present to Health Committee. The aim is that new local performance indicators will be introduced through new contracts, that will provide additional more timely local information, which can be presented to the Health Committee in the routine Finance and Performance Report.

6. INTEGRATED LIFESTYLE SERVICES

In Cambridgeshire the Lifestyle Service is commissioned from Sports and Leisure Management Ltd. and provided by their Public Health organisation, Everyone Health. The Service includes:

- Health Trainer Services
- Falls Prevention Health Trainer Service
- Stop Smoking Services
- Adult Weight Management Services (Tiers 2 & 3)
- Child Weight Management Training
- Physical activity and healthy eating community programmes.
- Outreach NHS Health Checks
- National Child Measurement Programme
- Behaviour Change Training

(Please note Stop Smoking Performance across all providers is found in the Primary Section)

An additional health trainer service has also recently been commissioned for mental health. There is not any data on the mental health trainer, currently available for this report.

The Health Trainer service is divided into two different type of service models. The more intensive service which is based in the 20% most deprived areas where the health trainers are attached to GP practices. In the rest of the county there is less intensive service where health trainers are based in the community but receive referrals from practices. The health trainer graphs indicate performance against their key KPIs that they are required to achieve.

The other Services operate throughout the county. The Tier 3 weight management services delivered by Cambridge University Hospitals Foundation Trust (CUHFT) – Addenbrookes is delivered in Wisbech and Huntingdon as well as at the hospital in Cambridge. The following describes the Service's performance against its key indicators at the end of 217/18. (Please note Stop Smoking Performance across all providers is found in the Primary Section)

6.1 Health Trainers

Figure: Overall Referrals and Vulnerable Group Referrals

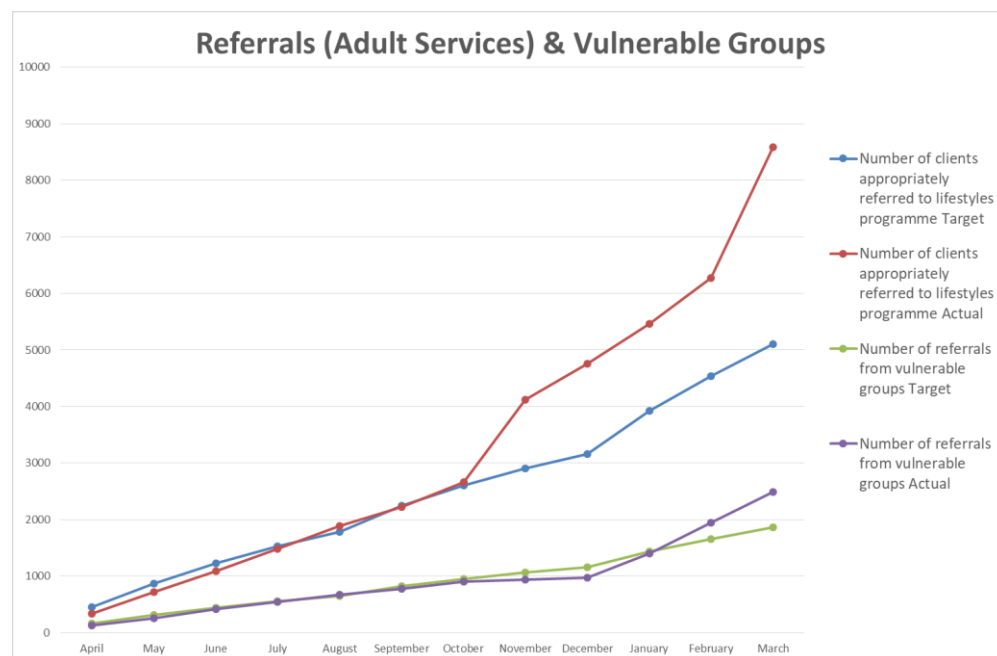
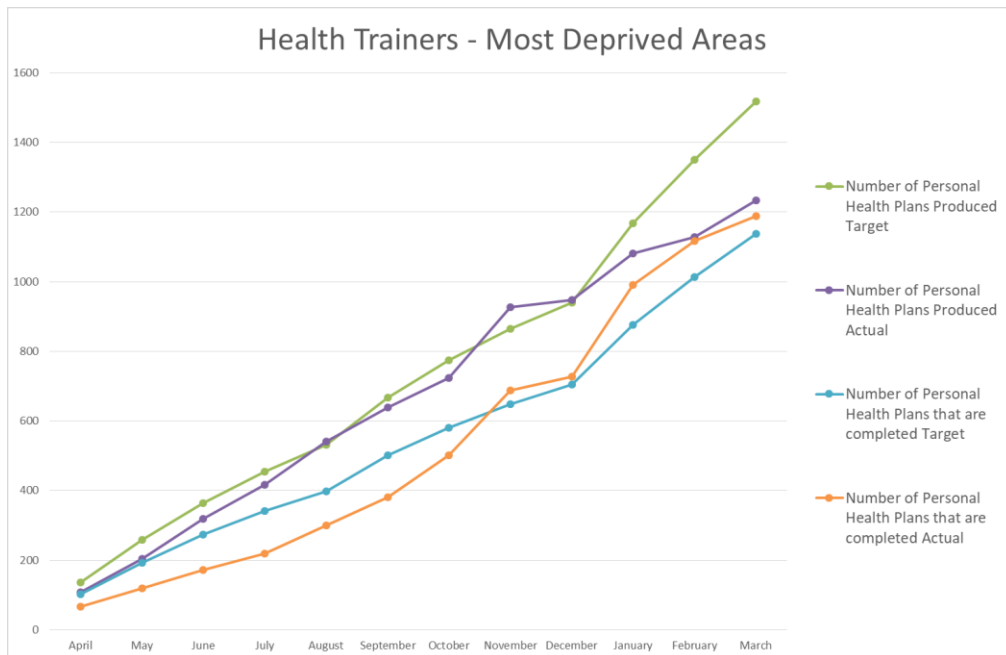


Figure: Health Trainers, 20% Most Derived Areas – Personal Health Plans Produced

Personal health plans are a key element of health trainer activity, as an evidence based intervention in support of behaviour change. Personal health plans include a number of goals to achieve the behaviour change and this is captured in the partial achievement indicator.



The underachievement of the number of personal health plans produced is consequence of clients initially being triaged by Health Trainers and then referred onto other services especially weight management services. However Health Trainers were including them in their client group. This situation has now been rectified and staff training has taken place.

Figure: 20% Most Deprived Areas: Health Trainer: Be Active Be Healthy

These are community based physical activity sessions and include Healthy Walks along with healthy eating sessions.

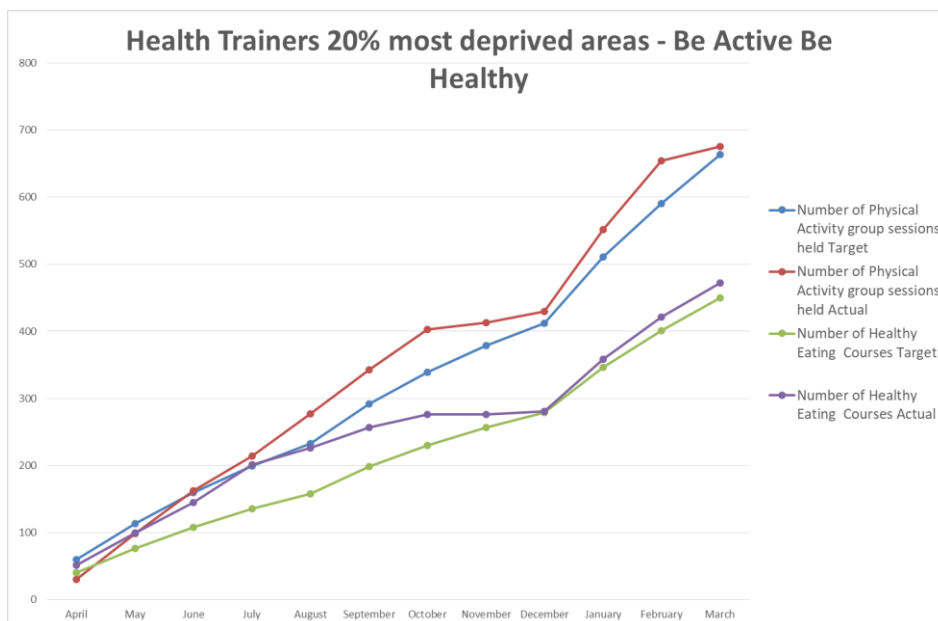


Figure: Health Trainers, Less Deprived Areas: Personal Health Plans Produced and Completed

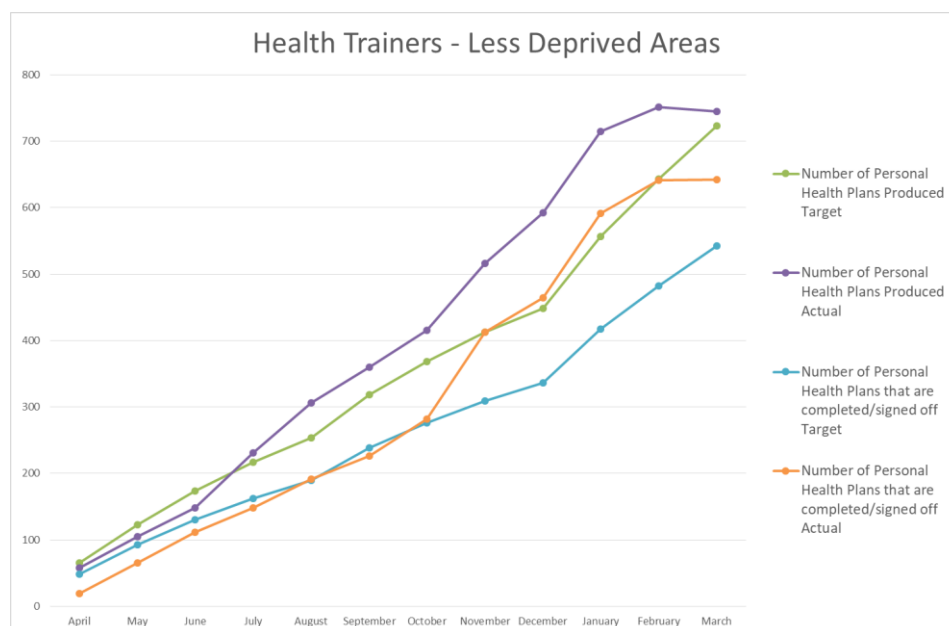
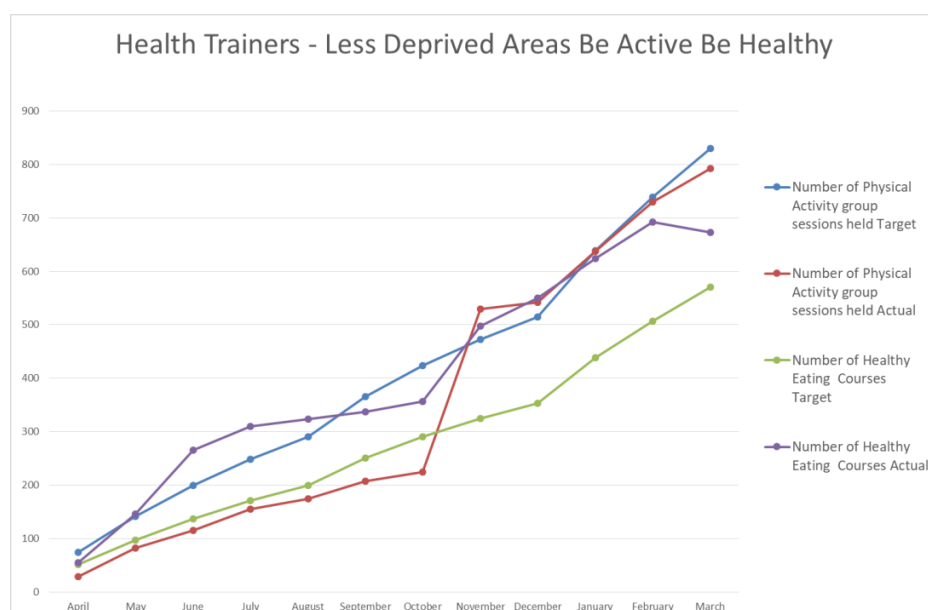


Figure: Health Trainers, Less Deprived Areas - Physical Activity and Healthy Eating Courses



The physical activity underachievement reflects the impact of the exceptionally cold weather in March when many walks etc. were cancelled. In the less deprived areas the activities are more focused on outdoor activities such as walks. The dip in performance was not experienced in the more deprived areas as interventions are more intensive and many take place indoors.

Figure: Falls Prevention

The Falls Prevention Health Trainers also uses the personal health plans to underpin the interventions that support the target group to avoid falling.

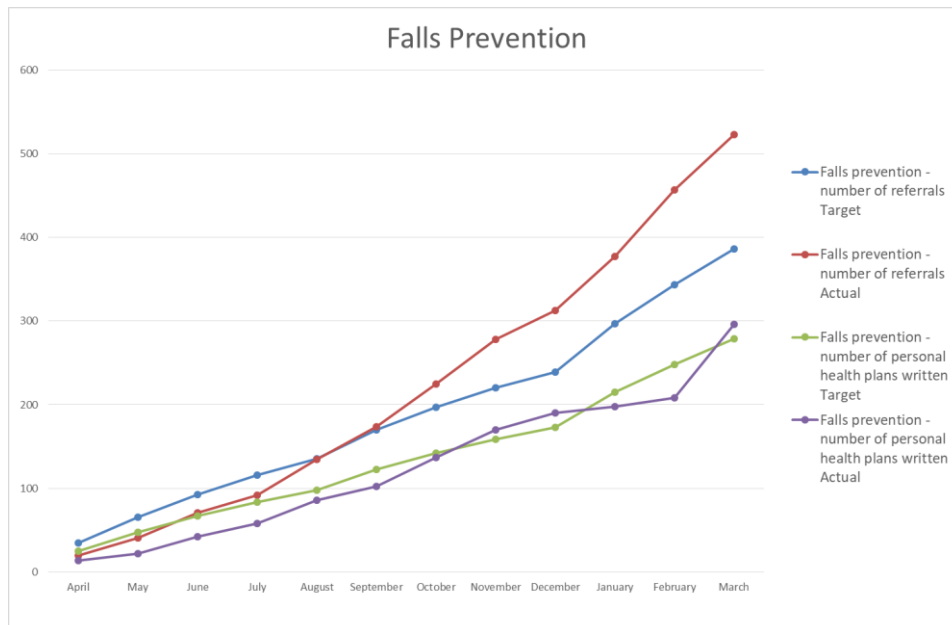
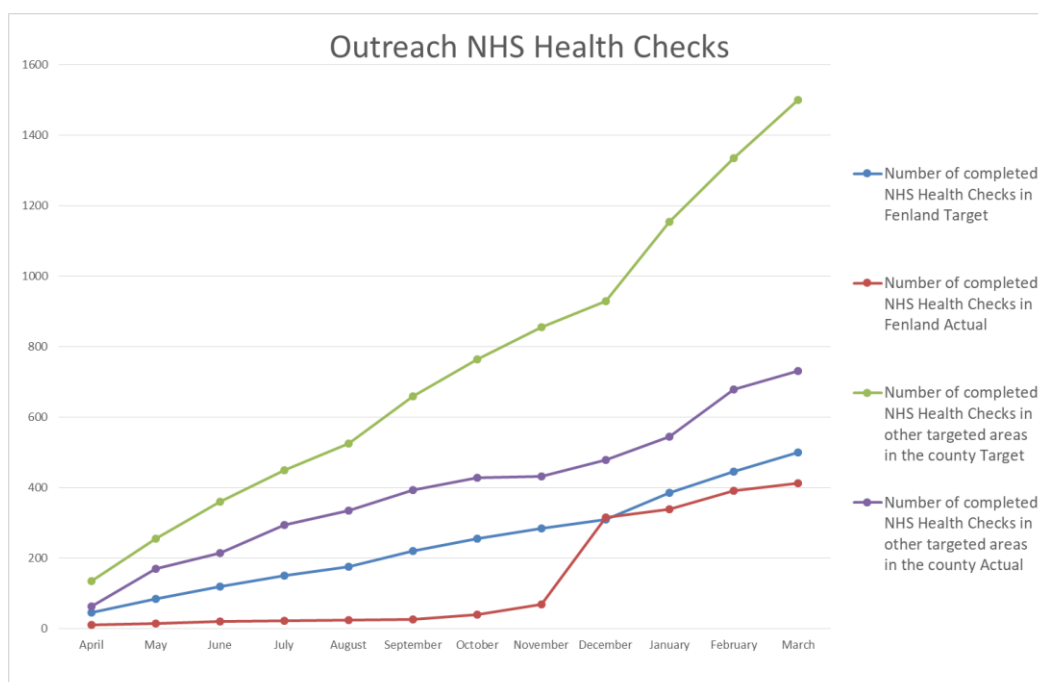


Figure: Outreach NHS Health Checks

This is undertaken by Health Trainers and complements the GP NHS Health Check provision by targeting more hard to reach population groups. There is a focus on Fenland which reflects the high rates of cardio-vascular disease and hard to reach population groups.

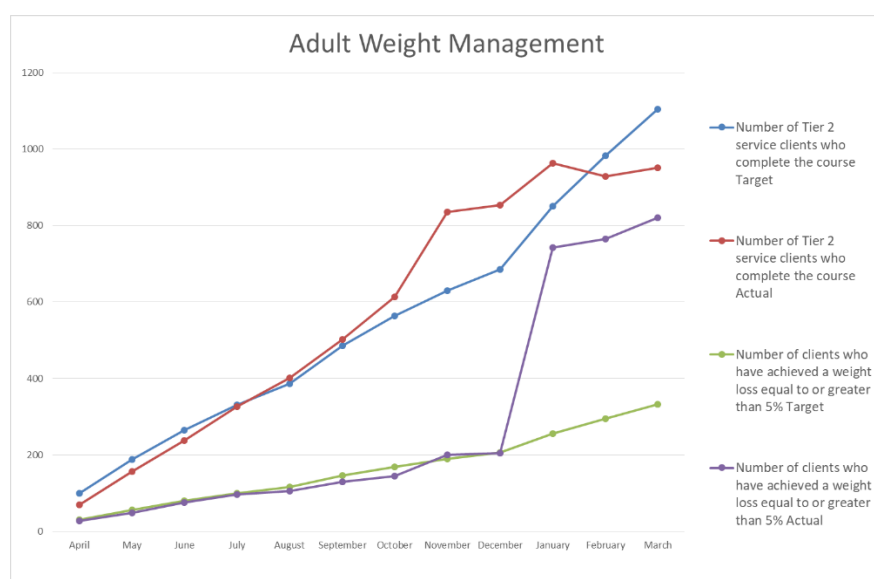


Although the Fenland target was not met the figure represents vast improvement on 16/17 when only 37 people received an outreach health check compared to 410 in 18/19.

6.2 Weight Management Services

This includes Tiers 2 and 3 weight management services. Tier 2 is an evidenced based community service, where individuals receive a range of interventions. Patients referred for Tier 3 services may be triaged and access Tier 2 services if appropriate, as part of demand management for tier 3 services.

Figure: Weight Management Services – Tier 2



The underachievement of the number of people who complete the Tier 2 weight Management service is being analysed. They generally occur at the same time. Those who have dropped out of courses are being contacted to try understand the issues underlying issues associated with non-completion of the course.

Figure: Weight Management Services – Tier 3- Completers

The Integrated Lifestyle Service sub-contracts with Cambridge University Hospitals Foundation Trust (CUHFT) for the provision of the specialist Tier 3 weight management services which offers intensive interventions for more complex patients. The high % of completers includes patients who commenced treatment in 16/17. Patients can be treated for up to year.

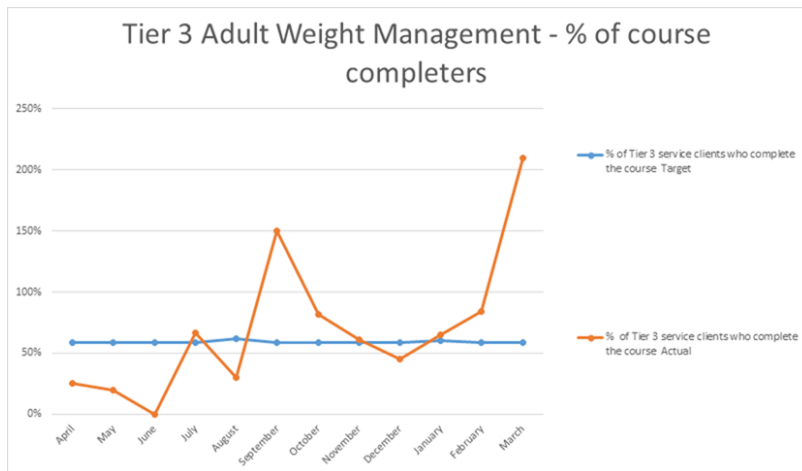
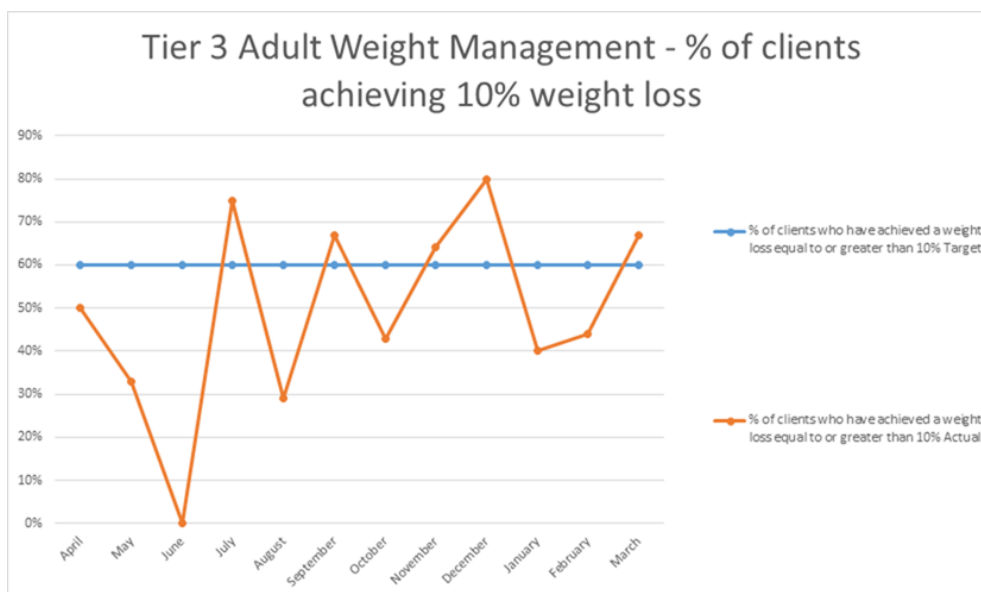


Figure : Weight Management Services – Tier 3- % of patients who achieve a 10% weight loss

Performance against the 10% weight loss target varied over the year that reflects the the different times that patients stay in treatment.



6.3 Commentary

Overall the Healthy Lifestyle Service has improved its performance with the majority of the targets being met.

The Service over the past year underwent considerable changes with a complete change of leadership and a number of interims which created considerable instability and fall in performance. A considerable amount of work has been undertaken with

the new leadership including a workshop to identify issues and approaches to improve performance.

The Service also hit its target number of referrals. Most Health Trainer Services are meeting or overachieving against targets. The National Child Measurement Programme has consistently over-achieved its targets

Referral targets for the Tier 2 weight management programme have been achieved and the weight loss target. The child programme has seen a high number of non-completers but those who do complete, meet the weight loss targets. The teams are reviewing the programme evaluations, model, branding and recruitment process to inform the 2018/19 schemes.

Considerable effort has been put into Fenland Health Checks in Quarter 4 with pop up clinics, community and workplace based events which has resulted in 82% of the target being achieved. A delivery plan has now been implemented for the rest of the county where performance has declined. The plan includes lessons learnt for the Fenland Q4 improvements such as special events, clinic and improved marketing.

The behaviour change training has suffered through a lack of demand which has recently changed and training GP practices has commenced since agreeing it with the STP leads. The national training scheme has changed to make basic accreditation more accessible going forward.

Mental Health specification KPIs and delivery plan are in the process of being agreed. Going forward the improvement focus 18/19 is on child weight management programmes, Tier 3 weight management and the promotion of the services..

7. PRIMARY CARE COMMISSIONING OVERVIEW

A number of public health services are commissioned from primary care, that is, GP practices and community pharmacies. The table below identifies the services commissioned in the different areas.

Table: Primary Care Contracts in Cambridgeshire

Service	Cambridgeshire					
	GPs	No. of contracts sent out	No. returned and delivering	Comm. Pharm.	No. of contracts sent out	No. returned and delivering
Stop Smoking	x	77	66	x	109	40 NRT voucher only & 22 full service (62 in total)
NHS H.C.	x	77	71	X (Fenland only)	3	2
LARCs	x	77	65	N/A	N/A	N/A
EHC	N/A	N/A	N/A	x	109	46
Chlamydia Screening	x	77	69	x	109	40
Alcohol Detox.	x	77	33 (5 active)	N/A	N/A	N/A

7.1 Commentary

Contract returns and their timeliness in Cambridgeshire has improved in the past few years. Practices are not paid for any reported activity until they have returned their signed contracts. However, the community pharmacy contract returns remain challenging in terms of uptake and the finalising of contracts.

7.2. Stop Smoking Services

Primary care has been providing stop smoking services for a prolonged period. The core stop smoking services support practices to deliver the services through training and ongoing problem solving. Individual practices are provided with targets and there are aggregated targets for the two areas. In some practices the core stop smoking services provide some or all of the practice service and this is reflected in the payment structures. The service in community pharmacies is more limited and they also receive the same level of support.

7.3 Stop Smoking Services - Cambridgeshire

In Cambridgeshire, the Stop Smoking Service transferred to the Everyone Health Lifestyle Service in July 2017. These services also have targets and these are aggregated to measure performance against the overall local authority targets that are submitted to the Department of Health.

Figure: Cambridgeshire GP Stop Smoking Performance

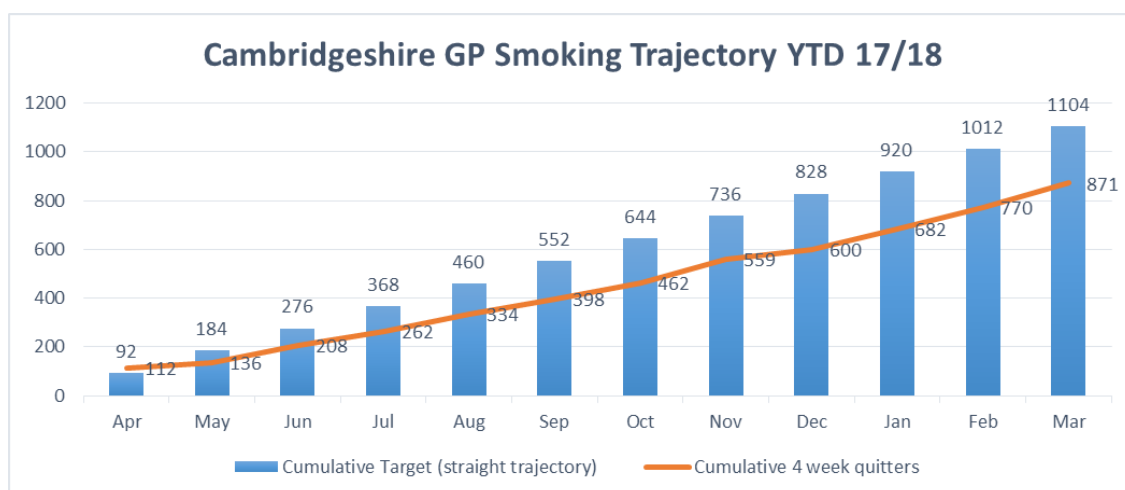


Figure: Cambridgeshire Community Pharmacy Stop Smoking Performance

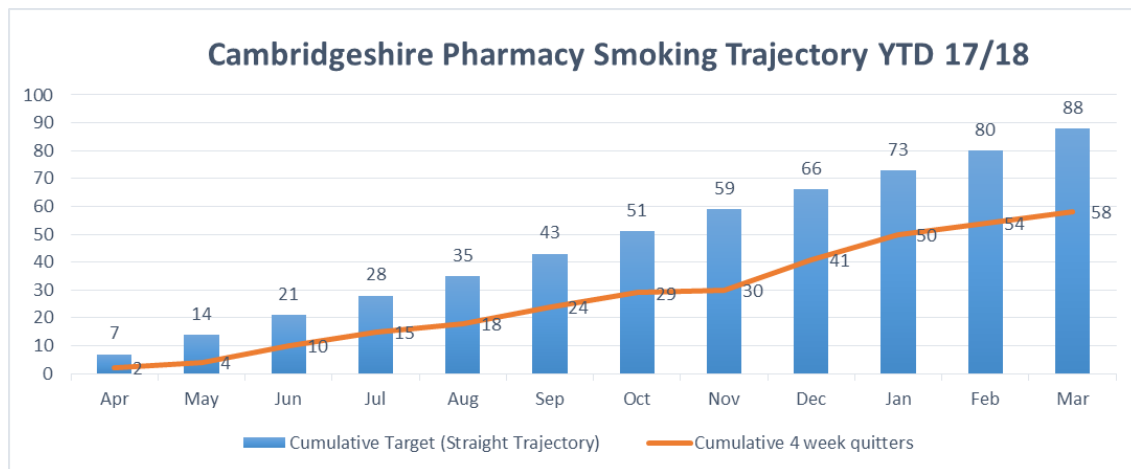


Figure: Everyone Health Stop Smoking Performance

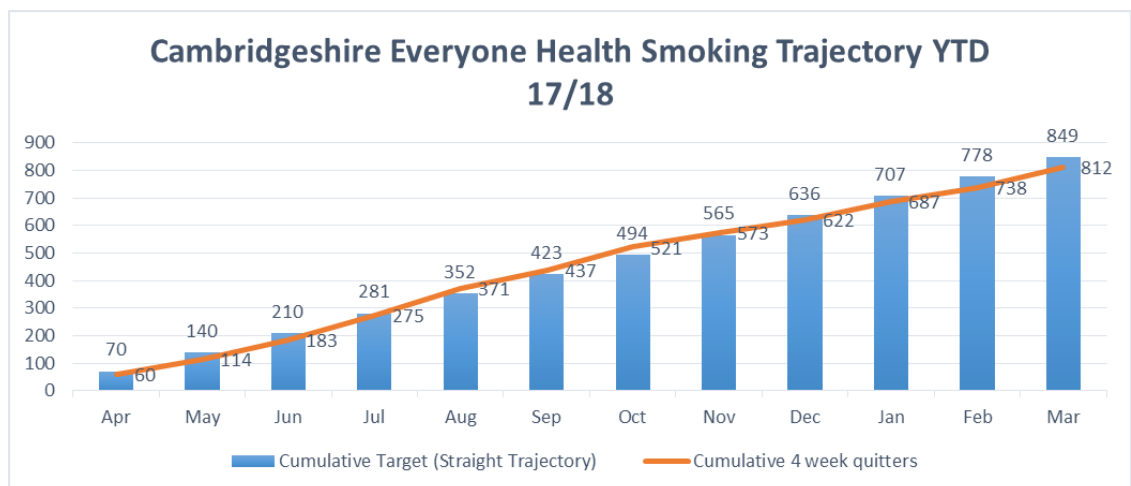
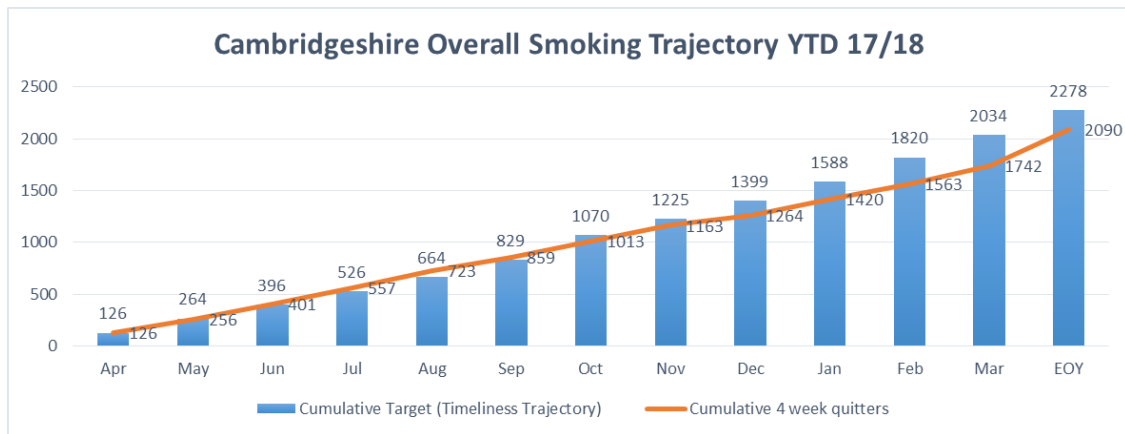


Figure: Cambridgeshire Overall Stop Smoking Performance

Cambridgeshire overall Stop Smoking Performance includes the cumulative 4 week quitters recorded from GP Practice, Community Pharmacy and Everyone Health (CAMQUIT). The overall trajectory is set based on timeliness..



7.4 Commentary

The annual target this year was not met. This reflects a continued fall in GP practice and community pharmacy activity. An increasing number of GP practices are choosing to request the core service to provide the service in their practices. Community pharmacy activity has been poor for the past three years and the JCU team have been meeting with the Local Pharmaceutical Committee to explore ways to improve the overall service and performance. The CAMQUIT service performance remains high, though slightly below the target figure. There was a substantial reduction in capacity during the second six months of the year due to staffing issues but at the end of June new staff had been recruited.

7.5 Long acting reversible contraception (LARCS)

The trajectories below are based on last year's out-turn and there is an ambition to maintain the same level of activity.

Figure: LARC Implant Insertion

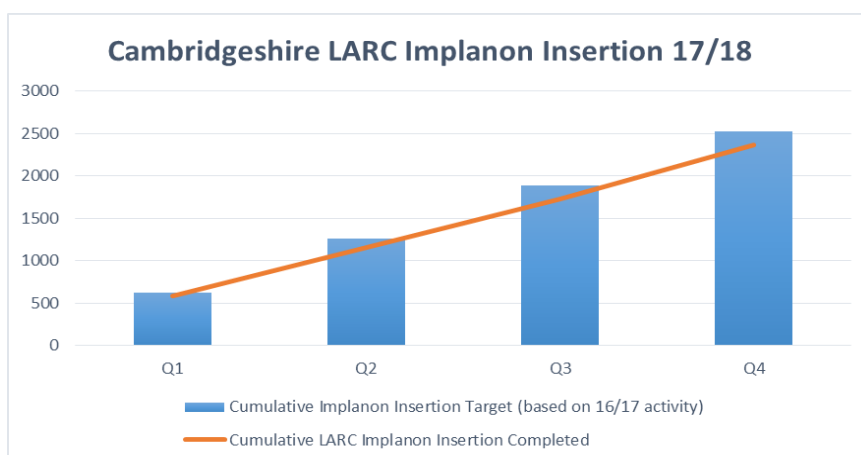


Figure: LARC Implant Removal

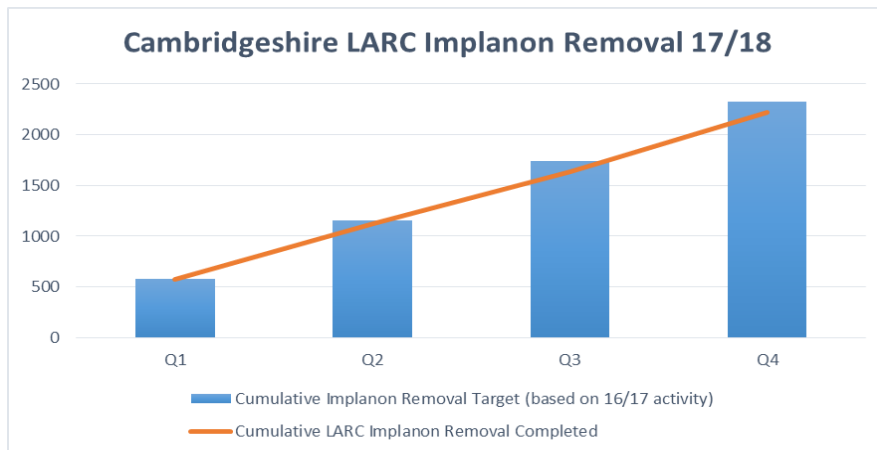


Figure: LARC IUCD Insertions

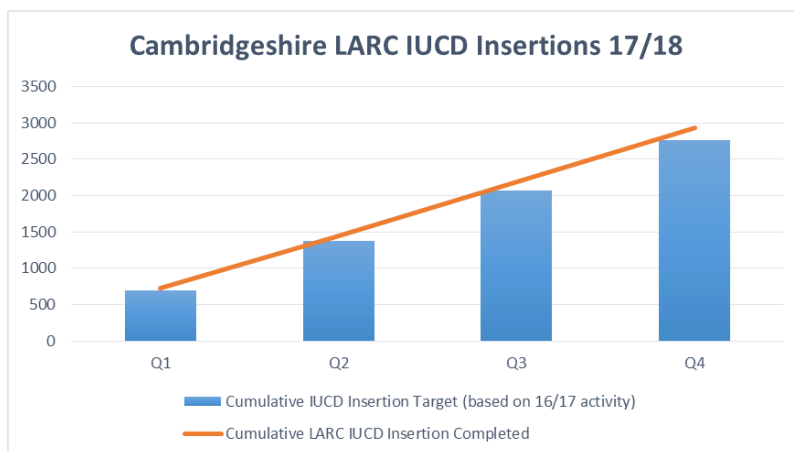


Figure 52: LARC IUCD 6/52 Week Checks

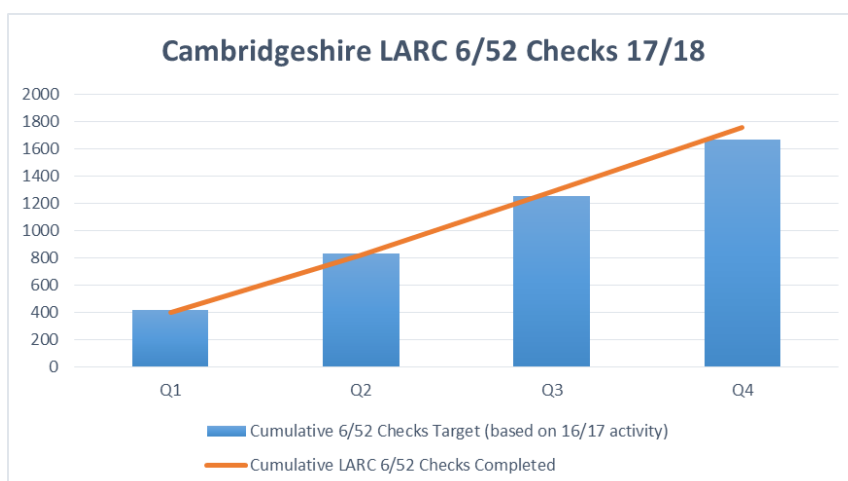
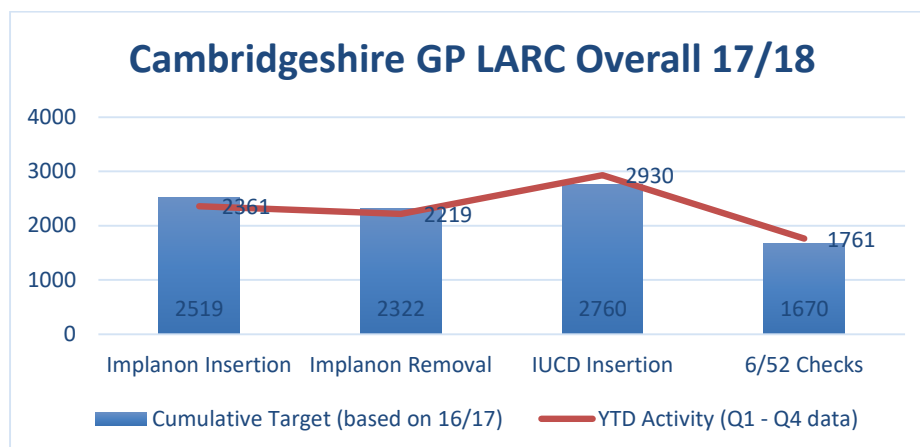


Figure 53: Overall Summary of LARCS Performance



7.6 Commentary

Targets for IUCD insertions and the 6 week follow up check were exceeded and 94% of the Implant insertions target was met. The team are working with the CCG primary care team to review and refresh the coding within the practice templates.

The LARC training programme is being promoted and there will also be a contraception update training session at the Practice Nurse forum in June.

7.7 NHS Health Checks (See Lifestyle Section for Outreach HCs)

In Cambridgeshire, NHS Health Checks are primarily provided in GP practices but there is a small number of community pharmacies in Fenland that provide NHS Health Checks. In addition, there is the outreach NHS Health Checks described above that are undertaken by the lifestyle provider Everyone Health. See Lifestyle section

Figure: NHS Health Checks GPs - Cambridgeshire

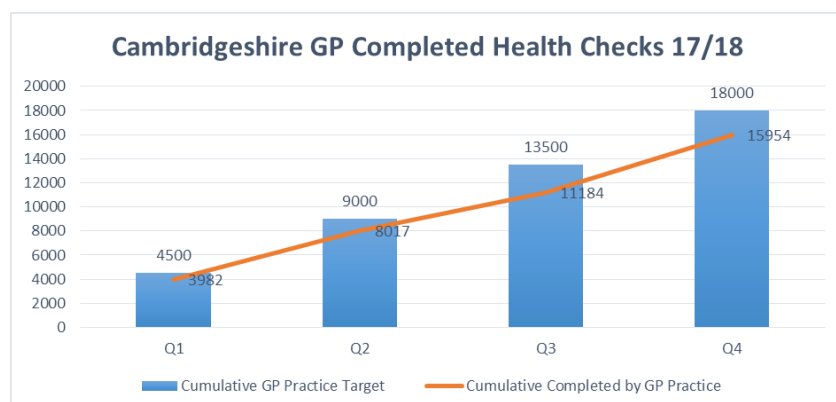
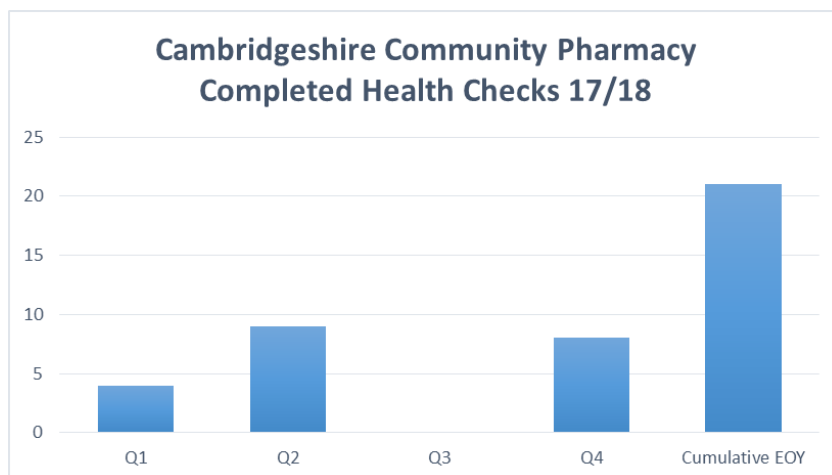


Figure: NHS Health Checks Community Pharmacies - Cambridgeshire



The Community Pharmacy Health Checks programme is a pilot scheme and was only offered to select Pharmacies in the Fenland area. No targets were set as these Health Checks are opportunistic. The chart represents the completed Health Checks in 17/18 only.

Figure: Cambridgeshire Overall NHS Health Checks

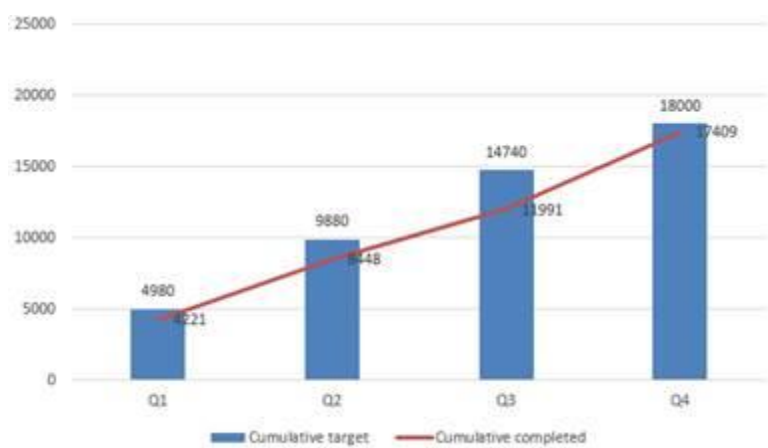


Figure: Cambridgeshire NHS Health Checks- Conversion Rate

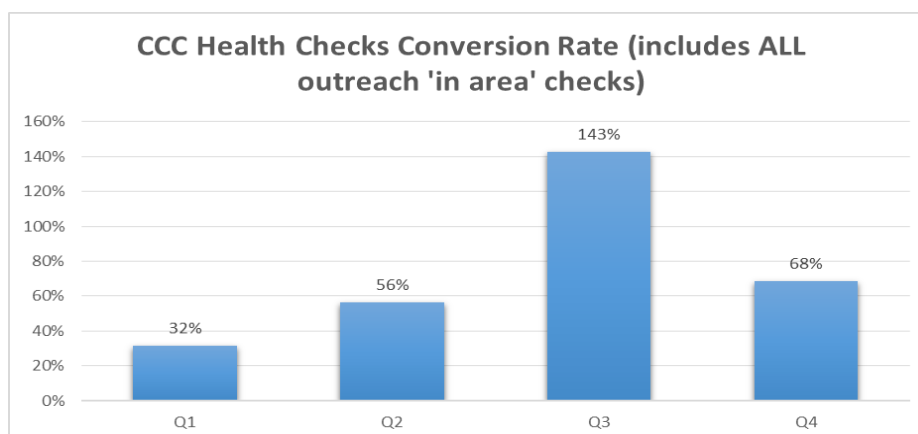
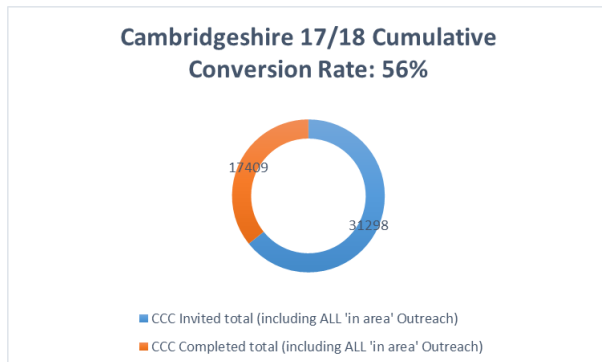


Figure: Cambridgeshire 17/18 Cumulative Conversion Rate

The cumulative figure reflects ALL quarterly data received to date.



7.8 Commentary

Health checks data quality continues to improve at the point of delivery and the JCU are exploring ways to improve the communication of health checks outcomes from outreach to the GP practices i.e. options to use “system one” rather than faxing or emailing outcomes.

The JCU team continue to work with the CCG Primary Care Information team to improve the Health Checks template and reporting codes as practices are confident in the use of this existing process and system. We are exploring the use of an existing clinical tool within the practice system to identify those eligible and target high risk patients who can then be invited as a priority for a health check.

Overall the number of Health Checks completed is similar to 16/17 but the conversion has improved from 39% to 56%.

7.9 GP CHLAMYDIA SCREENING

Primary care is include in the Chlamydia screening programme in Cambridgeshire.

Figure: GP Chlamydia Screening Target

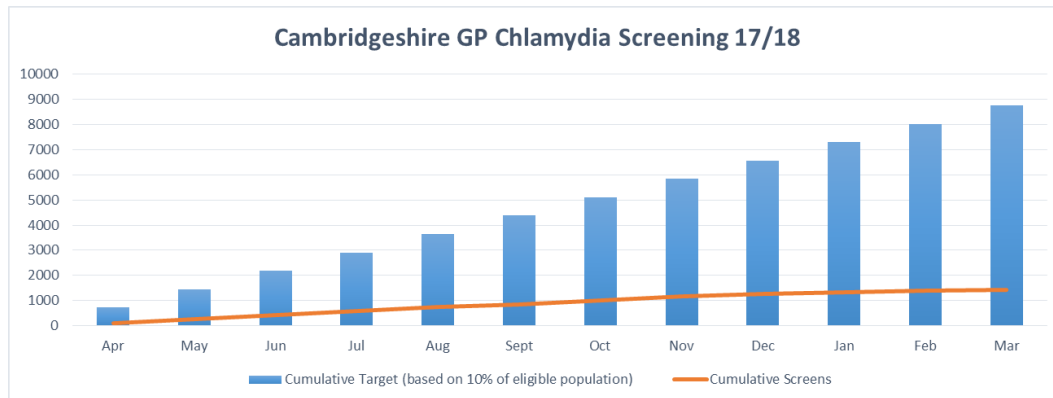
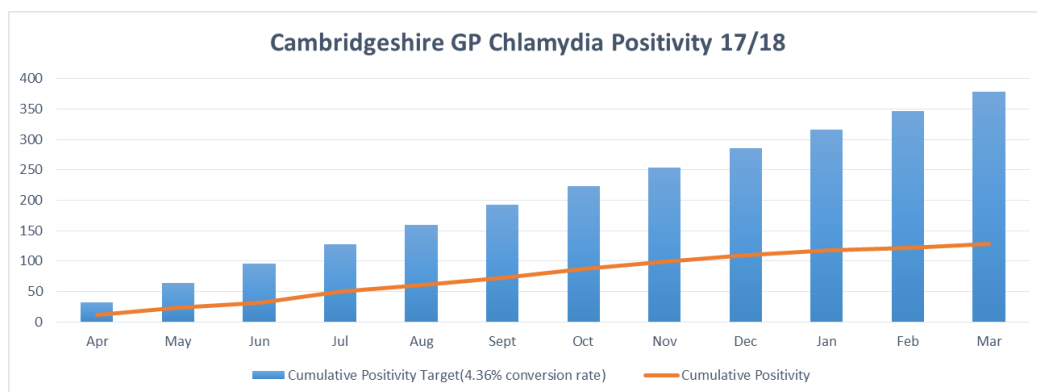


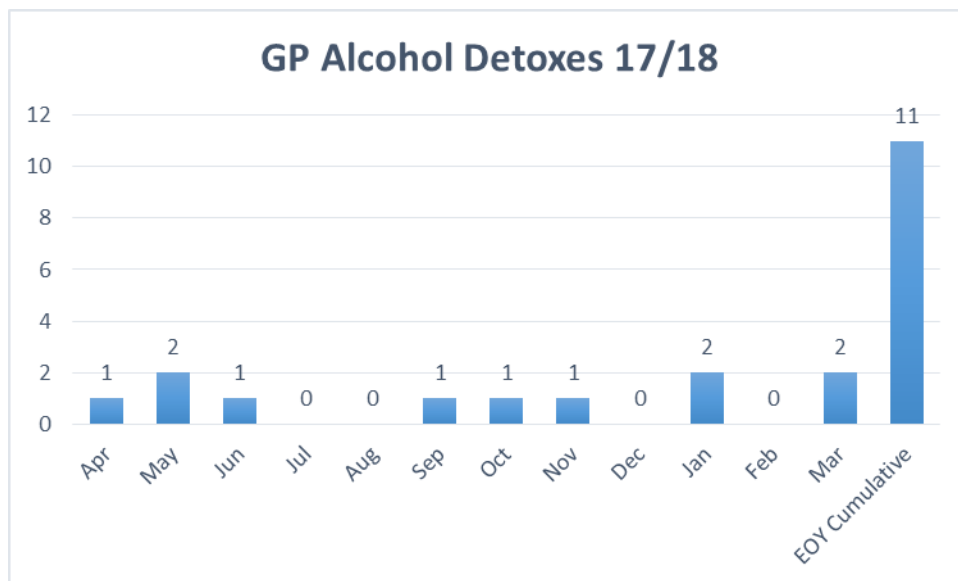
Figure: GP Chlamydia Screening Positivity Rate

The target positivity conversion rate is 4.36%, the actual is 8.9% (1431 screens and 128 positives). GPs are screening fewer than the target number but their high positivity rate indicates that they are screening the most at risk young people. The target number of screens will be reviewed for next year to reflect this approach.



7.10 Alcohol detoxification

Figure: GP Alcohol Detoxification



It has proved extremely challenging to engage GP practices in undertaking community detoxification (with the support of the treatment service) despite promotion and support offered to practices.

8.0 FOOD FOR LIFE PROGRAMME

Cambridgeshire County Council (CCC) and Peterborough City Council (PCC) both commission through separate contracts a school based programme that promotes diet and physical activity. The Food for Life Programme (FFL) is part of the Soil Association and works with schools helping them build knowledge and skills through a 'whole setting approach'. This engages children and parents, staff, patients and visitors, caterers, carers and the wider community to adopt a healthier eating lifestyle. It has been operational in Cambridgeshire for four years, focusing upon schools in more deprived areas where there are higher rates of childhood obesity. It has also started in early years settings in 2016/17

The targets for FFL focus upon recruiting schools of high need and supporting them to achieve the different levels of accreditation for the whole school approach (bronze to gold). The provider has a target number of schools to work with and accreditations to secure.

Schools: 2017/18 (end of Q4)

- 29 Schools (primary) are working towards a FFL award out of a target of 30
- 10 FFL Schools awards to date (all Bronze) (5 awarded in 2017/18 out of a target of 8)

- A further 10 schools may potentially achieve an award by June 2018.

Early Years: 2017/18

- 21 Early Year Settings have been engaged to work towards a FFL award out of a target of 20
- 3/5 new early years engaged for 2017/18
- 5 FFL Early Years awards to date out of a target of 20 with up to a further 8 settings predicted to achieve an award by June 2018.

8.1 Commentary

FFL has largely achieved their school engagement target. The focus in recent months has therefore been to support those 29 schools engaged to progress towards an award.

FFL has engaged more early year settings than their initial target and are working with these settings to support them to achieve an award, however it is not predicted that this particular target will be met.

The contract for this service will cease in June 2018. Services provided through this contract have however been incorporated into a new Healthy Schools Service specification that is to be procured for Cambridgeshire and Peterborough. The new Healthy Schools Service is due to begin delivery in September 2018.

9 HEALTHY WORKPLACE SERVICE

In 2017/18 Cambridgeshire County Council and Peterborough City Council commissioned Living Sport through separate contracts to provide health improvement interventions within workplace settings. There is a particular focus on targeting employers with routine and manual workers to improve access for this group and tackle health inequalities.

The targets for the workplace programme focus upon numbers of new employers engaged, numbers of Mental Health First Aid Lite training sessions delivered and number of support networks provided (in order to maintain engagement with workplaces involved in the programme).

Health Champion training sessions are also provided to ensure that volunteers within engaged organisations can signpost to local services and run health focused campaigns for staff. The programme is closely aligned with the Integrated Healthy Lifestyle Services in each area to ensure outreach NHS Health Checks, weight management and other services are part of the workplace health 'offer' for employers.

Table: Cambridgeshire 2017/18 (End of Q4)

Description	Annual Target	Q1 – Q4 achieved
New employers engaged	11	12
Mental Health First Aid Lite sessions delivered	5	6
Wellbeing Practitioner networks delivered	3	4

In addition, 16 sessions of Health Champion training have been provided to employers and 6 Health Champion Networks across Cambridgeshire and Peterborough.

9.1 Commentary

The current provider, Living Sport, has met or exceeded their overall targets in both Cambridgeshire and Peterborough.

As the existing contract was due to expire a procurement exercise has recently been undertaken for this service. Following this procurement exercise Sport and Leisure Management Ltd (Everyone Health) have been awarded this contract and will commence delivery from June 2018.

10. SUMMARY

This report only details main higher value or higher profile contracts and how any issues are being managed.

Currently, there are no outstanding performance issues relating to the Public Health JCU contracts not described here.

The next quarterly report will include information relating to the Lets Get Moving programme and the Healthy Fenland Fund.