

From: Martin Wade

Item 7: Appendix A

Tel.: 01223 699733

Date: 13 October 2016

Public Health Directorate

Finance and Performance Report – September 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
August (No. of indicators)	9	6	14	6	35

2. INCOME AND EXPENDITURE

2.1 Overall Position

Forecast Variance - Outturn (Aug) £000	Directorate	Current Budget for 2016/17 £000	Current Variance £000	Current Variance %	Forecast Variance - Outturn (Sep) £000	Forecast Variance - Outturn (Sep) %
0	Health Improvement	8,459	-317	-9.4%	0	0%
0	Children Health	9,276	-82	-2.0%	0	0%
0	Adult Health & Well Being	916	-83	-34.0%	0	0%
0	Intelligence Team	13	-8	-116.6%	0	0%
0	Health Protection	6	1	26.8 %	0	0%
0	Programme Team	136	-38	-56.0%	0	0%
0	Public Health Directorate	2,175	57	5.2%	0	0%
0	Total Expenditure	20,982	-471	-5.4%	0	0%
0	Public Health Grant	-20,457	-43	-0.4%	0	0%
0	Other Income	-343	182	43.7%	0	0%
0	Total Income	-20,800	139	1.4%	0	0%
0	Net Total	182	-332	-21.4%	0	0%

The service level budgetary control report for September 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 SUMMARY

4.1 Performance overview (Appendix 6)

- Performance of contract sexual health and contraception service remains good with all monthly key performance indicators achieved.
- Smoking cessation performance worsened with 70% of the smoking quitter target achieved, compared with 82% the previous month.
- Performance of the Integrated Lifestyles and Weight Management contract remained mixed, with 8 green KPIs and 11 red KPIs, following initial difficulties in recruiting staff in the South of the County. However a number of the red KPIs are on an upward trend.
- Health checks, health visiting and school nursing KPIs are monitored quarterly and childhood obesity annually, so there are no changes to these indicators.

4.2 Health Committee Priorities (Appendix 7)

- Smoking cessation performance in the most deprived 20% of areas in Cambridgeshire stands at 72% of target. This is better than the remainder of the county where performance is 65% of target.
- The absolute gap in life expectancy at birth for all persons between the 20% most deprived electoral wards in Cambridgeshire and the 80% least deprived was 2.6 years for both 2012-2014 and 2013-2015. For the latest 3-year period available, covering 2013 Q3 to 2016 Q2, the absolute gap was 3 years (80.3 years in the most deprived 20% of wards v. 83.3 years in the least deprived 80%). Although this appears to be an increase in the gap, this should be interpreted with caution as the figures for ward populations have not been updated since 2014 and this may affect the results.
- The number of schools attending funded mental health training has been presented in a new way, providing figures on a district level for the percentage of schools which have attended this training between 2012 and 2016. The percentage ranges from 19% in South Cambridgeshire to 39% in East Cambridgeshire, averaging 25% across the County.

4.3 Health Scrutiny Indicators (Appendix 8)

- Both CUHFT and Hinchingsbrooke showed some improvement in delayed bed days in August 2016 compared with the previous months.

4.4 Public health Services provided through a Memorandum of Understanding with Other Directorates (Appendix 9)

Several Q2 reports for Public Health MOU services are now complete and included in Appendix 9. Spend is in line with expectations and no significant end of year variances are currently predicted. Of note are the range of PHMOU services offered to schools, including mental health training, road safety/active travel interventions, and 'Kick-Ash' peer-led work, encouraging young people to become smoke free. ETE Business and Communities Directorate are carrying out community projects targeted within Fenland, and working with Public Health to address illicit tobacco. The CFA Chronically Excluded Adults Team model is now being piloted in Peterborough and showing savings to the criminal justice system, similar to findings in Cambridgeshire.

APPENDIX 1 – Public Health Directorate Budgetary Control Report

Forecast Variance Outturn (Aug) £'000	Service	Current Budget for 2016/17 £'000	Expected to end of Sept £'000	Actual to end of Sept £'000	Current Variance		Forecast Variance Outturn (Sept)	
					£'000	%	£'000	%
Health Improvement								
0	Sexual Health STI testing & treatment	4,074	1,732	1,560	-172	-9.94%	0	0.00%
0	Sexual Health Contraception	1,170	316	290	-26	-8.32%	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	76	71	-5	-6.20%	0	0.00%
0	Obesity Adults	0	0	0	0	0.00%	0	0.00%
0	Obesity Children	82	41	41	-0	-0.66%	0	0.00%
0	Physical Activity Adults	84	42	63	21	50.92%	0	0.00%
0	Healthy Lifestyles	1,605	827	698	-129	-15.58%	0	0.00%
0	Physical Activity Children	0	0	0	0	0.00%	0	0.00%
0	Stop Smoking Service & Intervention	907	-29	-56	-26	89.37%	0	0.00%
0	Wider Tobacco Control	31	16	17	1	8.55%	0	0.00%
0	General Prevention Activities	272	320	354	34	10.60%	0	0.00%
0	Falls Prevention	80	40	26	-14	-34.96%	0	0.00%
0	Dental Health	2	1	0	-1	-100.00%	0	0.00%
0	Health Improvement Total	8,459	3,380	3,064	-317	-9.37%	0	0.00%
Children Health								
0	Children 0-5 PH Programme	7,531	3,117	3,116	-1	-0.02%	0	0.00%
0	Children 5-19 PH Programme	1,745	872	791	-81	-9.33%	0	0.00%
0	Children Health Total	9,276	3,989	3,907	-82	-2.06%	0	0.00%
Adult Health & Wellbeing								
0	NHS Health Checks Programme	716	144	146	2	1.43%	0	0.00%
0	Public Mental Health	164	82	15	-67	-81.85%	0	0.00%
0	Comm Safety, Violence Prevention	37	18	0	-18	-100.00%	0	0.00%
0	Adult Health & Wellbeing Total	916	245	161	-83	-34.06%	0	0.00%
Intelligence Team								
0	Public Health Advice	13	7	-1	-8	-116.66%	0	0.00%
0	Info & Intelligence Misc	0	0	0	0	0.00%	0	0.00%
0	Intelligence Team Total	13	7	-1	-8	-116.66%	0	0.00%
Health Protection								
0	LA Role in Health Protection	0	0	4	4	0.00%	0	0.00%
0	Health Protection Emergency Planning	6	3	0	-3	-100.00%	0	0.00%
0	Health Protection Total	6	3	4	1	26.81%	0	0.00%

Forecast Variance Outturn (Aug) £'000	Service	Current Budget for 2016/17 £'000	Expected to end of Sept £'000	Actual to end of Sept £'000	Current Variance £'000 %		Forecast Variance Outturn (Sept) £'000	
Programme Team								
0	Obesity Adults	0	0	0	0	0.00%	0	0.00%
0	Stop Smoking no pay staff costs	31	16	6	-9	-59.02%	0	0.00%
0	General Prev, Traveller, Lifestyle	105	52	24	-29	-55.12%	0	0.00%
0	Programme Team Total	136	68	30	-38	-56.02%	0	0.00%
Public Health Directorate								
0	Health Improvement	531	261	325	65	24.76%	0	0.00%
0	Public Health Advice	710	350	321	-29	-8.29%	0	0.00%
0	Health Protection	151	76	101	26	33.77%	0	0.00%
0	Programme Team	613	302	276	-26	-8.46%	0	0.00%
0	Childrens Health	67	34	37	4	10.45%	0	0.00%
0	Comm Safety, Violence Prevention	50	25	44	19	76.00%	0	0.00%
0	Public Mental Health	53	27	25	-2	-5.66%	0	0.00%
0	Public Health Directorate total	2,175	1,072	1,129	57	5.27%	0	0.00%
0	Total Expenditure before Carry forward	20,982	8,764	8,293	-471	-5.37%	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	-10,228	-10,271	-43	-0.42%	0	0.00%
0	S75 Agreement NHSE - HIV	-144	0	144	144	0.00%	0	0.00%
0	Other Income	-199	-87	-49	38	43.68%	0	0.00%
0	Income Total	-20,800	-10,315	-10,176	139	1.35%	0	0.00%
0	Net Total	182	-1,551	-1,883	-332	-21.40%	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 30 Sep 2016		
	£'000	£'000	£'000	£'000	
General Reserve Public Health carry-forward	1,138	155	983	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	983	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	3,003	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 30 Sep 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 August 2016 can be seen within the tables below:

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

	Below previous month actual
	No movement
	Above previous month actual

Measures										
Measure	Y/E Target 2016/17	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)	Comments
GUM Access - offered appointments within 2 working days	98%	98%	99%	99%	G	100%	98%	99%	↓	
GUM ACCESS - % seen within 48 hours (% of those offered an appointment)	80%	80%	95%	95%	G	89%	80%	95%	↑	
Diverse : % of people newly diagnosed offered and accepted appointments	100%	100%	100%	100%	G	100%	100%	100%	↔	
Access to contraception and family planning (CCS)	7200	3000	4459	149%	G	152%	600	149%	↓	
Number of Health Checks completed	18,000	4,500	3686	82%	R	n/a	n/a	n/a	↔	<ul style="list-style-type: none"> 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. 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	1113	475	43%	R	75%	223	52%	↓	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 started gaining momentum. However due to recruitment delays/changes the number completed has remained low Recruitment has now improved and improvements can be expected.
Smoking Cessation - four week quitters	2249	635	520	82%	R	83%	183	70%	↓	<ul style="list-style-type: none"> 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. Other activities introduced recently include a , a migrant worker Health Trainer who targets the communities where smoking rates are high . It should be noted that quitters are always reduced during the summer holidays. The smoking figures are for July as they are reported two months behind the reporting period.

Measure	Y/E Target 2016/17	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)	Comments
Percentage of infants being breastfed (fully or partially) at 6 - 8 weeks	58%	58%	56%	N/A	A	57%	58%	56%	↓	
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%	↔	<ul style="list-style-type: none"> • 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	↑	<ul style="list-style-type: none"> • 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	↑	

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)	
Childhood Obesity (School year) - 90% coverage of children in year 6 by final submission (EOY)	90%	0%	0%	0%	N/A	0%	0%	0%	↔	The National Child Measurement Programme is undertaken during school term times.
Childhood Obesity (School year) - 90% coverage of children in reception by final submission (EOY)	90%	0%	0%	0%	N/A	0%	0%	0%	↔	
Personal Health Trainer Service - number of referrals received (Pre-existing GP based service)	1983	838	783	93%	A	79%	150	116%	↑	The 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 recruitment was not completed until the end of August. The KPIs that are not on target generally have an upward trend.
Personal Health Trainer Service - number of initial assessments completed (Pre-existing GP based service)	1686	712	728	102%	G	97%	128	125%	↑	
Personal Health Trainer Service - Personal Health Plans completed (Pre-existing GP based service)	1075	455	291	64%	R	85%	82	71%	↓	Quarterly reporting. This intervention can take up to one year. Therefore there are cyclical changes and reporting quarterly.
Number of referrals from Vulnerable Groups (Pre-existing GP based service)	992	420	557	133%	G	97%	75	151%	↑	
Number of physical activity groups held (Pre-existing GP based service)	581	238	241	101%	G	69%	50	88%	↑	
Number of healthy eating groups held (Pre-existing GP based service)	290	116	67	58%	R	58%	25	60%	↑	

Measure	Y/E Target 2016/17	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)	Comments
Personal Health Trainer Service - number of referrals received (Extended Service)	739	370	248	67%	R	76%	75	81%	↑	
Personal Health Trainer Service - number of initial assessments completed (Extended Service)	628	316	219	69%	R	81%	64	106%	↑	
Personal Health Trainer Service - Personal Health Plans completed (Extended Service)	400	210	21	10%	R	20%	41	17%	↓	This intervention can take up to one year. Consequently the target KPI s are being reviewed. This is reported quarterly.
Number of physical activity groups held (Extended Service)	578	291	331	114%	G	123%	60	127%	↑	
Number of healthy eating groups held (Extended Service)	726	291	289	99%	G	68%	60	33%	↓	Due to school holidays there has been a reduction in workshops delivered.
Number of behaviour change courses held	34	13	4	31%	R	0%	3	0%	↔	Courses not delivered in June, July and August. Five courses 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%	31%	104%	G	31%	30%	71%	↑	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%	n/a	n/a	N/A	n/a	n/a	n/a	↑	No data is currently available for 16/17. Each course is a minimum of 6 months

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)	
% of children recruited who complete the weight management programme and maintain or reduce their BMI Z score by agreed amounts	80%	80%	N/A	N/A	N/A	100%	80%	n/a	↔	No programmes completing in August hence no completers
Falls prevention - number of referrals	386	110	146	133%	G	159%	22	209%	↑	
Falls prevention - number of personal health plans written	279	80	118	148%	G	200%	16	181%	↓	

* All figures received in September 2016 relate to August 2016 actuals with exception of Smoking Services, which are a month behind and Health Checks, some elements of the Lifestyle Service, School Nursing and Health Visitors which are reported quarterly.

** Direction of travel against previous month actuals

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

APPENDIX 7 – HEALTH COMMITTEE PRIORITIES

Health Inequalities

Smoking Cessation

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

Monthly update:

- The percentage of the smoking quit target achieved in July remains the same among the least deprived 80% practices in Cambridgeshire compared to the previous month. The most deprived 20% of practices in Cambridgeshire has improved the smoking quit target achieved compared with the previous month.
- In the least deprived 80%, 76 four-week quits were achieved, 66% of the monthly target of 116; in the most deprived 20% of practices, 52 four-week quits were achieved, 72% of the monthly target of 72.
- Looking at performance data for the year to date, the percentage of the quit target achieved in the least deprived 80% of practices stands at 65% and in the most deprived 20%, at 72%.

Year-to-date:

- The RAG status for year to date smoking quit target is red indicating that the target for both the least deprived 80% and most deprived 20% remains more than 10% away from the year to date target.
- The gap in performance in quits achieved between the two groups increased in July compared to the gap seen in June due to an increase in quits achieved in the 20% most deprived practices.

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

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

Practice deprivation category	Year end target	Year-to-date					June			*Previous month	
		Target	Completed	Percentage	Difference from target	RAG status	Target	Completed	Percentage	Percentage	Direction of travel
Least deprived 80%	1,388	463	303	65%	35%		116	76	66%	66%	↔
Most deprived 20%	861	287	207	72%	28%		72	52	72%	69%	↑
All practices	2,249	750	510	68%	32%		187	128	68%	68%	↔

* Due to delays in reporting smoking quits for months April and May have been combined

RAG status:

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

Direction of travel:

↑	Better than previous month
↓	Worse than previous month
↔	Same as previous month

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

	Year-to-date	July	Previous month	Direction of travel
Percentage point gap	7%	7%	3%	↓

Direction of travel:

↑	Better than previous month
↓	Worse than previous month
↔	Same as previous month

Sources:

General practice returns to Cambridgeshire County Council Smoking Cessation Service
Public Health England 2015 Indices of Multiple Deprivation for general practices, based on the Index of Multiple Deprivation, Department for Communities and Local Government, 2015
Health and Social Care Information Centre Organisation Data Service
Office for National Statistics Postcode Directory
Prepared by:
Cambridgeshire County Council Public Health Intelligence, 18/10/16

NHS Health Checks

Data remain the same – quarterly update not yet available

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

- The percentage of the health check target achieved in Quarter 1 was higher in the least deprived 80% of practices than in the most deprived 20%
- In the least deprived 80%, 3099 health checks were delivered, 98% of the quarterly target of 3173; in the most deprived 20% of practices, 780 health checks were delivered, 59% of the quarterly target of 1327.
- The gap in performance in health checks delivery between the two groups was 39 percentage points in Quarter 1.
- The percentage of the health check target achieved in quarter 1 is more than 10% away from the target in the most deprived 20% of practices but within 10% of the target in the least deprived 20%.

Percentage of health check target achieved by deprivation category of general practices in Cambridgeshire, 2016/17 Quarter 1

Practice deprivation category	Year end target	Year-to-date					Quarter 1			Previous quarter	
		Target	Completed	Percentage	Difference from target	RAG status	Target	Completed	Percentage	Percentage	Direction of travel
Least deprived 80%	12,691	3,173	3,099	98%	2%		3,173	3,099	98%	n/a	n/a
Most deprived 20%	5,309	1,327	780	59%	41%		1,327	780	59%	n/a	n/a
All practices	18,000	4,500	3,879	86%	14%		4,500	3,879	86%	n/a	n/a

RAG status:

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

Direction of travel:

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

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

	Year-to-date	Quarter 1	Previous quarter	Direction of travel
Percentage point gap	-39%	-39%	n/a	n/a

Direction of travel:

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

Sources:

Practice returns to Cambridgeshire County Council Public Health Team
Practice level index of multiple deprivation (IMD) Public Health England/Kings College London, 2015
Health and Social Care Information Centre Organisation Data Service
Office for National Statistics Postcode Directory
Prepared by:
Cambridgeshire County Council Public Health Intelligence, 19/08/2016

- Performance in the 20% most deprived practices is 39 percentage points behind the least deprived 80% of practices..

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

experienced staff losses that affect their capacity. Outreach NHS Health Checks provided by the Integrated Lifestyle Service Everyone Health have now commenced that focus upon the deprived areas working in community settings including workplaces.

Life expectancy and healthy life expectancy

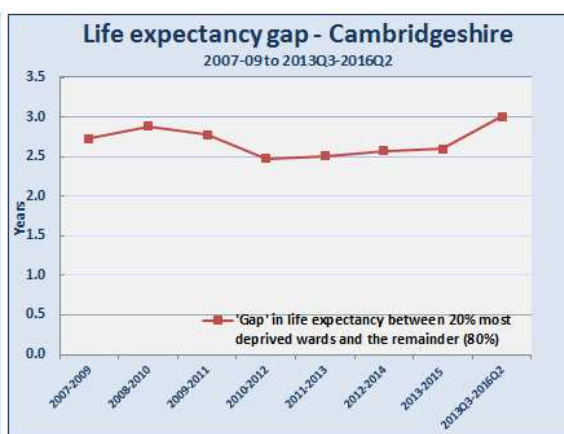
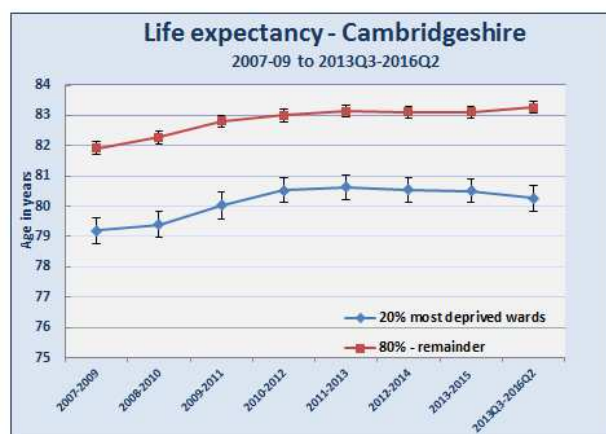
Life expectancy data have been updated using the latest mortality figures available. Healthy life expectancy data remain the same as this is currently a national, annually-released indicator.

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

- The absolute gap in life expectancy at birth for all persons between the 20% most deprived electoral wards in Cambridgeshire and the 80% least deprived was 2.6 years for both 2012-2014 and 2013-2015.
- For the latest 3-year period available, covering 2013 Q3 to 2016 Q2, the absolute gap was 3 years (80.3 years in the most deprived 20% of wards v. 83.3 years in the least deprived 80%). Although this appears to be an increase in the gap, this should be interpreted with caution. Ward level population estimates are not currently available for 2015 or 2016 and so 2014 population estimates have been used for the calculations for these periods. This may adversely affect the calculated life expectancies as increases in numbers of deaths may reflect increases in population size that have not been taken into account. Updated small area population estimates are due to be released by the Office of National Statistics in late October 2016.
- There are significant inequalities nationally and locally in life expectancy at birth by socio-economic group. Certain sub-groups, such as people with mental health problems and people who are homeless, also have lower life expectancy than the general population. Key interventions to reduce this gap are in tackling lifestyle factors and ensuring early intervention and prevention of key diseases.

Calendar years	Average Life Expectancy (95% confidence interval)				Gap (in years)	Relative gap (%)
	20% most deprived wards		80% remainder of wards			
2007-2009	79.2	(78.8 - 79.6)	81.9	(81.7 - 82.1)	-2.7	3.3%
2008-2010	79.4	(79.0 - 79.8)	82.3	(82.1 - 82.5)	-2.9	3.5%
2009-2011	80.0	(79.6 - 80.4)	82.8	(82.6 - 83.0)	-2.8	3.4%
2010-2012	80.5	(80.1 - 80.9)	83.0	(82.8 - 83.2)	-2.5	3.0%
2011-2013	80.6	(80.2 - 81.0)	83.1	(82.9 - 83.3)	-2.5	3.0%
2012-2014	80.6	(80.2 - 81.0)	83.1	(82.9 - 83.3)	-2.6	3.1%
2013-2015*	80.1	(80.1 - 80.9)	83.1	(82.9 - 83.3)	-2.6	3.1%
2013Q3-2016Q2*	80.3	(79.8 - 80.7)	83.3	(83.0 - 83.5)	-3.0	3.6%

Life expectancy at birth and the gap in life expectancy at birth between the 20% most deprived of Cambridgeshire's population and the remaining 80% (based on electoral wards)



* Ward level population estimates are not currently available for 2015 or 2016 and so 2014 population estimates have been used for these periods. A mismatch between the source years of population estimates and deaths may adversely affect the calculated life expectancies as increases in numbers of deaths may reflect increases in population size that have not been taken into account. Results should therefore be interpreted with caution.

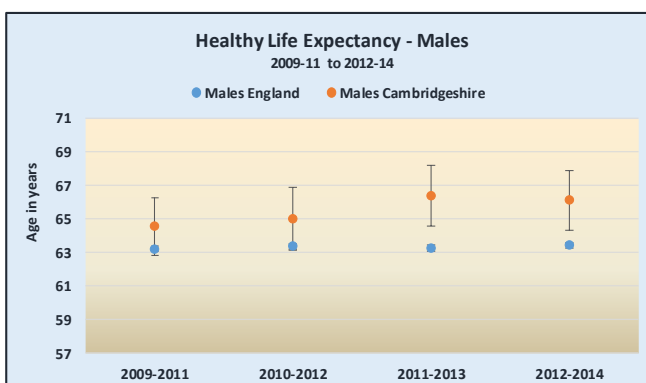
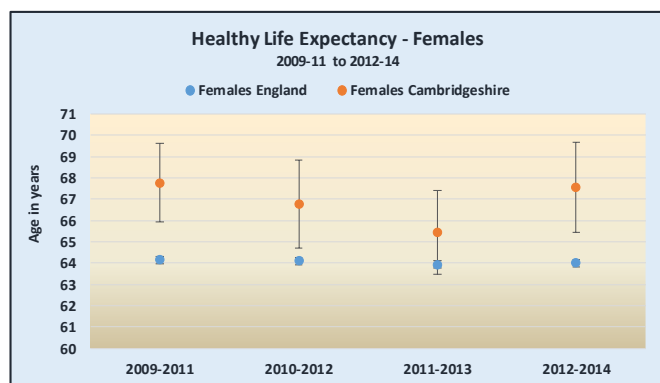
Healthy life expectancy.

- Healthy life expectancy for men for the period 2012-2014 in Cambridgeshire was 66.1 years. For females the figure was 67.6 years. The 'actual' figure for men (66.1 years) is lower than for females (67.6 years). No target has been set for this indicator. The local value reported is to be assessed in comparison with the England figure at year end. For the period 2012-2014 in England HLE for men was 63.4 years and for women 64.0 years. The Cambridgeshire figure is higher than that of England in both men and women.
- These figures represent some change in both male and female figures on the previous year and in comparison with the England figure. For male HLE the general trend is slightly upward although the annual change is 0.3 of a year less and this difference is not important statistically. For female HLE there has been an increase of +2.3 years although this is not statistically significant. Both male and female HLE in Cambridgeshire remain higher than that of England in both men and women. Note that data fluctuates annually for a variety of reasons but is impacted by seasonal patterns of mortality which vary year by year.
- Healthy Life Expectancy (HLE) measures what proportion of years of life men and women spend in 'good health' or without 'limiting illness'. This information is obtained from national surveys and is self-reported (General Lifestyle Survey for example). Nationally the figures suggest that men spend 80% of their life in 'good health' with women spending a slightly lower proportion. Women experience a greater proportion of their lives lived at older ages and with a higher prevalence of disabling conditions. So although women live longer, they spend more time with disability. The fact that this information is "self-reported" may influence these figures as well. In many countries with lower life expectancies this difference between male and females is not so apparent.

Calendar years	Cambridgeshire			England			
	Life expectancy (years)	Healthy Life Expectancy (95% confidence interval) years	% of life spent in 'good health'	Life expectancy (years)	Healthy Life Expectancy (95% confidence interval) years	% of life spent in 'good health'	
Males							
2009-2011	80.6	64.5 (62.8 - 62.3)	80.1	78.9	63.2 (63.1 - 63.4)	80.1	
2010-2012	81.0	65.0 (63.2 - 66.8)	80.2	79.2	63.4 (63.2 - 63.5)	80.0	
2011-2013	81.2	66.4 (64.7 - 68.0)	81.7	79.4	63.3 (63.1 - 63.4)	79.7	
2012-2014	81.2	66.1 (64.4 - 67.8)	81.4	79.5	63.4 (63.3 - 63.6)	79.7	
Females							
2009-2011	84.5	67.8 (66.1 - 69.5)	80.2	82.9	64.2 (64.0 - 64.3)	77.4	
2010-2012	84.6	66.8 (64.9 - 68.7)	79.0	83.0	64.1 (63.9 - 64.3)	77.2	
2011-2013	84.6	65.5 (63.6 - 67.3)	77.4	83.1	63.9 (63.8 - 64.1)	76.9	
2012-2014	84.5	67.6 (65.8 - 69.4)	80.0	83.2	64.0 (63.8 - 64.2)	76.9	

Life expectancy and Healthy Life expectancy at birth in males and females in Cambridgeshire and England and the proportion of life spent in good health.

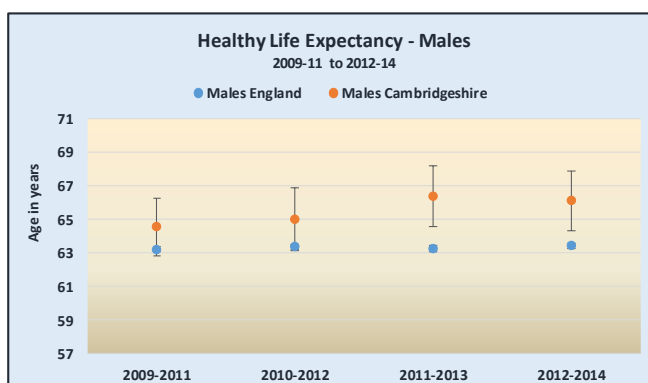
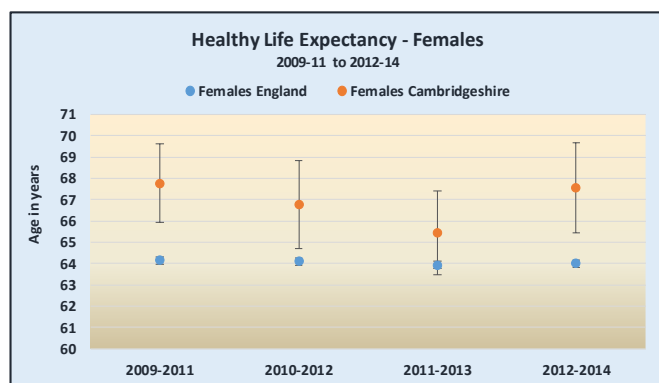
NB: chart axes do not start at zero.



Calendar years	Cambridgeshire				England			
	Life expectancy (years)	Healthy Life Expectancy (95% confidence interval) years		% of life spent in 'good health'	Life expectancy (years)	Healthy Life Expectancy (95% confidence interval) years		% of life spent in 'good health'
Males								
2009-2011	80.6	64.5	(62.8 - 62.3)	80.1	78.9	63.2	(63.1 - 63.4)	80.1
2010-2012	81.0	65.0	(63.2 - 66.8)	80.2	79.2	63.4	(63.2 - 63.5)	80.0
2011-2013	81.2	66.4	(64.7 - 68.0)	81.7	79.4	63.3	(63.1 - 63.4)	79.7
2012-2014	81.2	66.1	(64.4 - 67.8)	81.4	79.5	63.4	(63.3 - 63.6)	79.7
Females								
2009-2011	84.5	67.8	(66.1 - 69.5)	80.2	82.9	64.2	(64.0 - 64.3)	77.4
2010-2012	84.6	66.8	(64.9 - 68.7)	79.0	83.0	64.1	(63.9 - 64.3)	77.2
2011-2013	84.6	65.5	(63.6 - 67.3)	77.4	83.1	63.9	(63.8 - 64.1)	76.9
2012-2014	84.5	67.6	(65.8 - 69.4)	80.0	83.2	64.0	(63.8 - 64.2)	76.9

Life expectancy and Healthy Life expectancy at birth in males and females in Cambridgeshire and England and the proportion of life spent in good health.

NB: chart axes do not start at zero.



Child obesity

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

Children aged 4-5 years classified as overweight or obese

The target for Reception children in Fenland is to reduce the proportion of children with excess weight (overweight and obese) by 1% a year, whilst at the same time reducing the proportion for Cambridgeshire by 0.5%. In 2014/15 Fenland did not meet this target (22.1% actual against 21.4% target), but there was a reduction from the previous year (22.4%). There was a noticeable decrease in Cambridgeshire, which meant the target was met (19.4% actual, 20.4% target) but that the gap between Fenland and Cambridgeshire had widened.

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

Area		Actual			2014/15		2015/16	
		2011/12	2012/13	2013/14	Actual	Target	Actual	Target
Fenland	Number	261	249	232	230	-	-	-
	%	26.7%	24.9%	22.4%	22.1%	21.4%	-	20.4%
Cambridgeshire	Number	1,394	1,327	1,399	1,317	-	-	-
	%	22.4%	20.2%	20.9%	19.4%	20.4%	-	19.9%
Gap		4.3%	4.7%	1.5%	2.7%	1.0%	-	0.5%

Source: NCMP, HSCIC

Children aged 4-5 years classified as obese

There was a noticeable decrease in the recorded obesity prevalence in Reception children in Cambridgeshire between 2013/14 and 2014/15 (8.0% to 7.3%). The target (described below) to reduce the recorded child obesity prevalence in Reception children in the 20% most deprived areas in Cambridgeshire was met in 2014/15 (9.6% actual, 10.1% target). The target for the remaining 80% of areas was also met (6.6% actual, 7.1% target).

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

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

Source: NCMP cleaned dataset, HSCIC

Children aged 10-11 years classified as obese

There was a noticeable decrease in the recorded obesity prevalence in Year 6 pupils in Cambridgeshire between 2013/14 and 2014/15 (16.2% to 15.0%). The target to reduce recorded child obesity prevalence in Year 6 children in the 20% most deprived areas in Cambridgeshire was off target in 2014/15 (19.6% actual, 19.4% target), but there had been a decrease from the previous year (19.9%). The target for the remaining 80% of areas was met (13.7% actual, 15.0% target).

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

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

Source: NCMP cleaned dataset, HSCIC

Excess weight in adults

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

Physically active and inactive adults

Physically inactive adults

Target: Improve Fenland by a further 0.5% and then improve Fenland by 1% a year and Cambridgeshire by 0.5%.

Area	Actual			Target		Gap					Change 2014-2016
	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016	
Fenland	50.5%	51.1%	52.1%	53.1%	54.1%	-9.8%	-9.1%	-12.4%	-11.9%	-11.4%	2.0%
Cambridgeshire	60.3%	60.2%	64.5%	65.0%	65.5%						1.0%

Actions

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

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

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

Mental health

Proposed indicators:

- **Number of schools attending funded mental health training:**
 - In total, 63 schools and colleges have been engaged in the training programme.
 - 15 schools have had a whole school briefing since start of April 2016.
 - Training by district has been as follows:

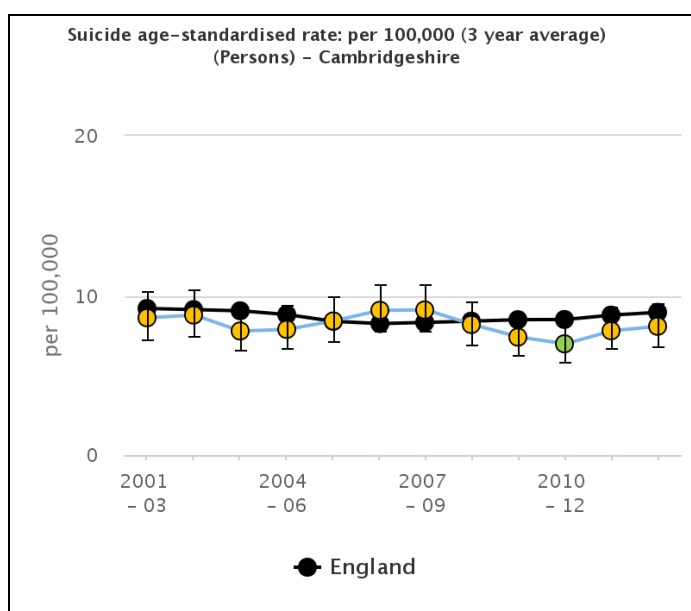
2012-16

District	No. Schools	%
Cambridge City	8	22
East Cambridgeshire	14	39
Fenland	9	23
Huntingdonshire	18	26
South Cambridgeshire	14	19
Grand Total	63	25

- **Number of secondary schools taken up offer of consultancy support around mental and emotional wellbeing of young people** (annual) – To date (June 2016), 21 out of 30 secondary schools have taken up the offer of a consultancy visit.
This piece of work was funded for the 2015/16 academic year only.
- **Number of front line staff that have taken part in MHFA and MHFA Lite commissioned training** (quarterly):
 - Mental Health First Aid and Mental Health First Aid Lite are offered free of charge to front line staff within Cambridgeshire County Council and partner organisations:
 - MHFA (2 day course) attendance: 308 (up to 13.5.16)
 - MHFA Lite (1/2 day) attendance: 133 (up to 13.5.16)

The contract was for a two year period and finished in September 2016. The annual target was to train 255 front line staff in full Mental Health First Aid and 126 staff from other groups in Mental Health First Aid Lite and the provider were on course to deliver this. Final data will be presented at the next update.

- PHOF Indicator: Mortality rate from suicide and injury of undetermined intent (annual):**
 - In Cambridgeshire, the rate of suicide and injury of undetermined intent is 8.1 per 100,000 (3 year average, 2012-14), this is not significantly different to the England rate or the East of England rate. The chart below shows the trend in recent years; the rate has remained fairly stable in Cambridgeshire.



- Emergency hospital admissions for intentional self-harm (annual):**

In 2014/15 the Cambridgeshire rate for emergency hospital admissions for intentional self-harm was 221.5 per 100,000 population (in 2013/14 it was 243.9 per 100,000). This was significantly higher than the England and East of England rate. Within Cambridgeshire, the following districts have significantly higher rates of emergency hospital admissions than England: Cambridge, Fenland, South Cambridgeshire and East Cambridgeshire (see chart below).

Emergency Hospital Admissions for Intentional Self-Harm: Directly age-sex standardised rate per 100,000 2014/15
Directly standardised rate - per 100,000

Area	Count	Value	95% Lower CI	95% Upper CI
England	105,765	191.4	190.3	192.6
East of England region	10,367	173.8	170.5	177.2
Norwich	537	374.2	341.7	408.8
Peterborough	583	300.7	276.5	326.4
Tendring	326	273.3	243.8	305.4
Cambridge	379	252.7	225.8	281.8
King's Lynn and West Norf...	334	240.1	214.7	267.6
East Cambridgeshire	201	238.5	206.5	274.1
Fenland	223	236.2	206.1	269.5
Colchester	427	229.8	208.4	252.9
Ipswich	317	229.0	204.2	255.9
South Cambridgeshire	339	228.4	204.5	254.3
Southend-on-Sea	381	216.5	195.2	239.4
Harlow	182	209.1	179.6	242.0
Stevenage	184	208.6	179.4	241.2
Breckland	252	206.4	181.5	233.8
North Norfolk	170	198.3	168.7	231.5
Broadland	219	184.8	160.7	211.4
Huntingdonshire	312	184.0	164.0	205.7
St. Edmundsbury	191	180.0	155.3	207.6

Source: Public Health Outcomes Framework

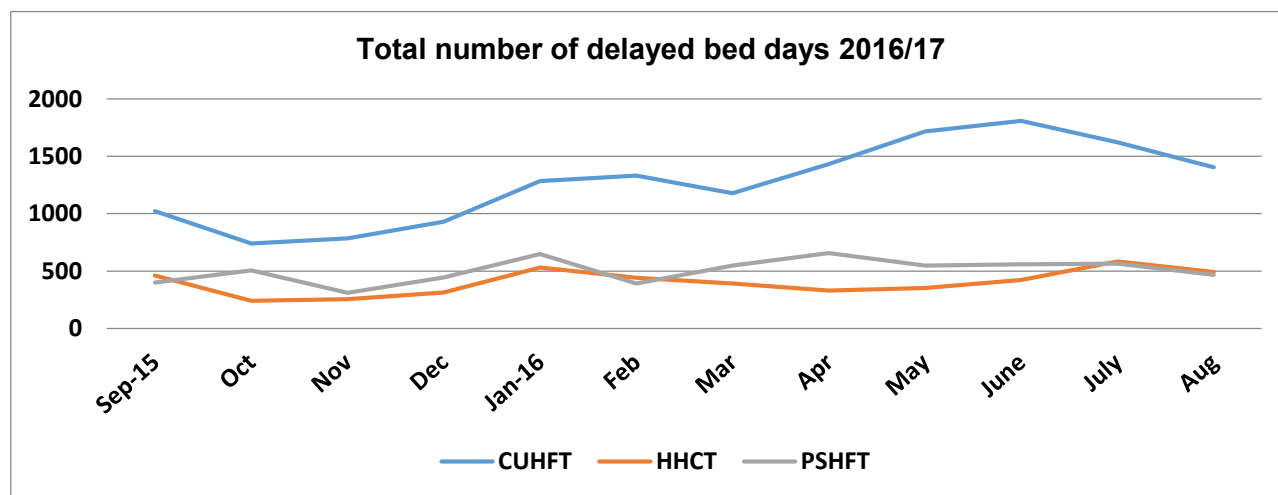
Transport and Health

At the January meeting of the Health Committee, it was request that these indicators be reviewed. The Committee is advised that this review is now under way.

APPENDIX 8 – HEALTH SCRUTINY INDICATORS

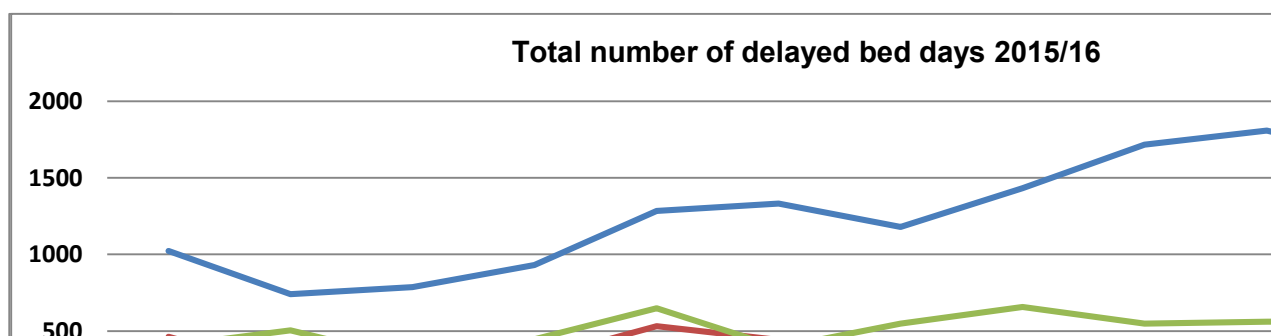
Updates on key indicators for NHS issues which have been scrutinised by the Health Committee are as follows:

- Delayed Transfer of Care (DTOC)**

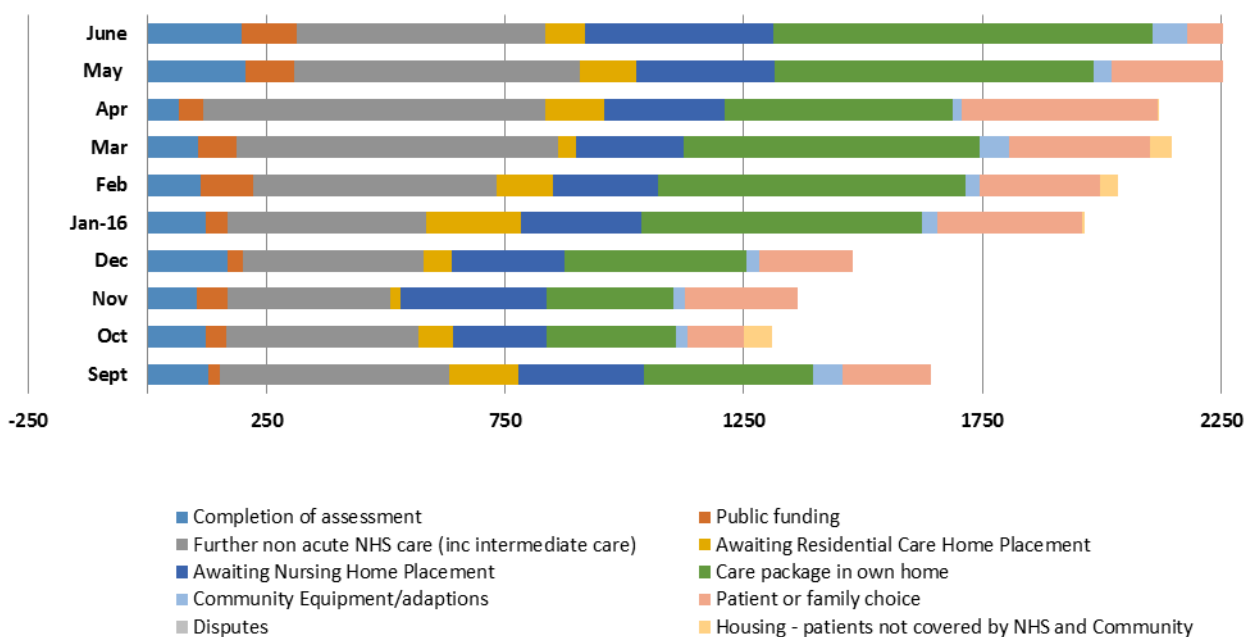


Total number of delayed bed days

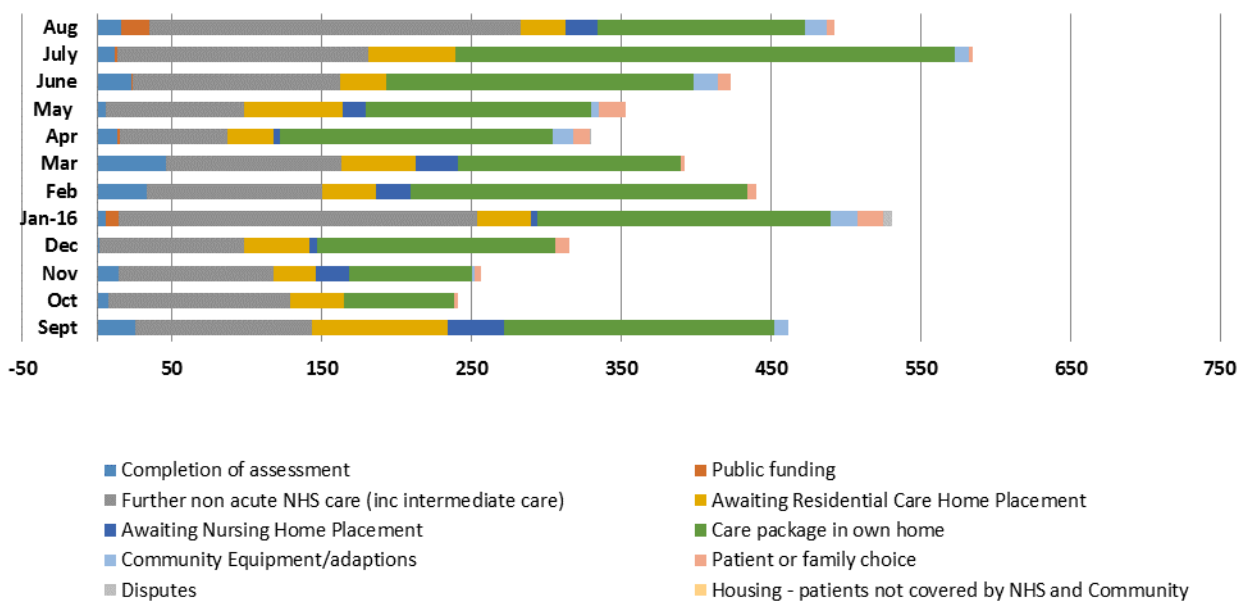
	Sep-15	Oct	Nov	Dec	Jan-16	Feb	Mar
CUHFT	1023	741	786	931	1283	1333	1179
HHCT	462	241	256	315	531	441	392
PSHFT	401	505	311	446	649	391	548

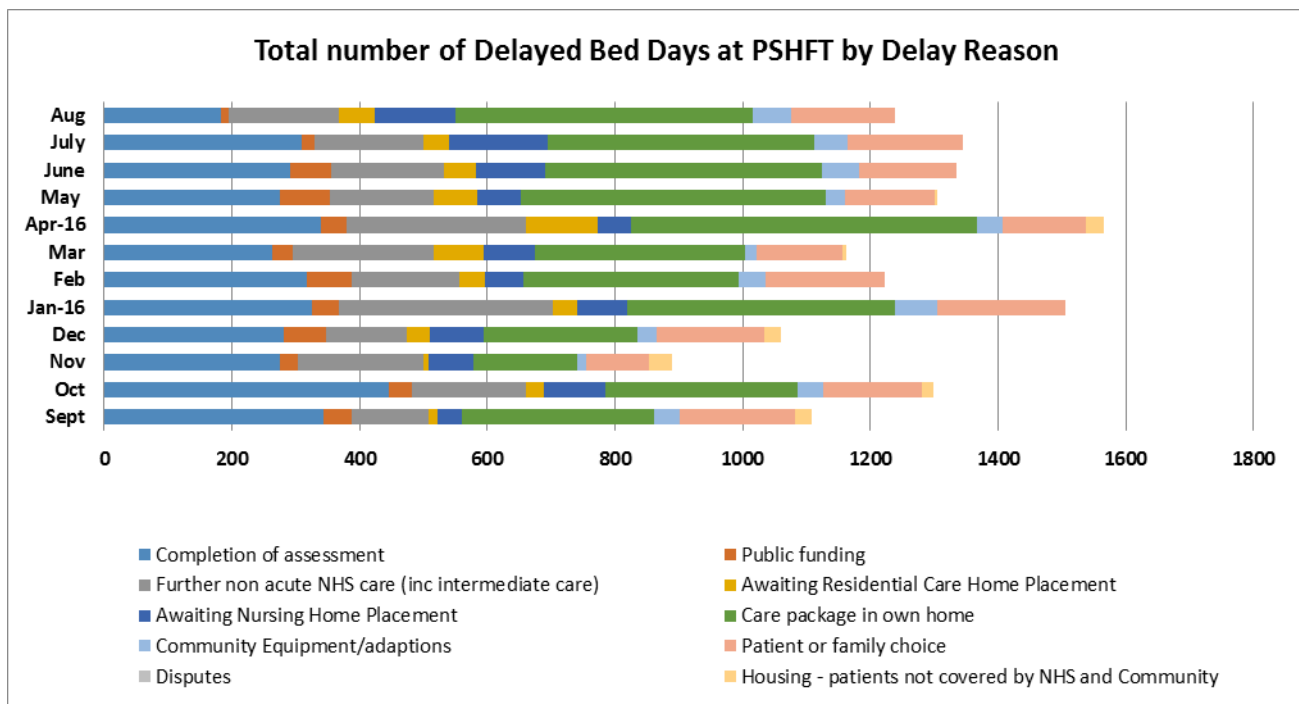


Total number of Delayed Bed Days at CUHFT by Delay Reason 2015-16



Total number of Delayed Bed Days at HHCT by Delay Reason 2015-16





The data provided for August 2016 for DTOC for Hinchingbrooke HealthCare Trust indicates an improvement in the number of delayed transfers of care.

An improved situation for CUHFT was also evident in the August data.

APPENDIX 9 - PUBLIC HEALTH MOU 2016-17 UPDATE FOR Q2

Directorate	Service	Allocated	Contact	Cost Centre Finance Contact	Q2 Update	YTD expected spend	YTD actual spend	Variance
CFA	Chronically Excluded Adults (MEAM)	£68k	Tom Tallon	MN92145 Stephen Howarth	<p>During quarter two we have started work with four new complex needs clients. Five clients have been closed. Of those three were living more positively and safely and were accommodated, one had left the area and one where CEA could not provide any further assistance. One closed client was now doing some voluntary work.</p> <p>CEA have had information sharing sessions where our approach was discussed with Oxford. We have also had a practice session with Bristol on the theme of engaging with the most marginalised clients.</p> <p>We have recruited and appointed, Heather Yeadon, formerly senior project worker at Wintercomfort to the new post working with the street based community. Heather is due to start at the end of October.</p> <p>A review of our referral process has led to a change in practice with one person, Ben Harwin, now triaging all referrals and allocating after acceptance by the Case Group.</p> <p>Preliminary results from the Peterborough project indicate that savings have been made to the criminal justice system as mirrored with the Cambridgeshire work.</p> <p>CEA have assembled a small working group to look at expansion of the training flat model. We have been asked to present at a Homelesslink event on this work.</p> <p>The first social work student that was placed with the CEA team finished his placement and successfully passed.</p> <p>Following discussions between Making Every Adult Matter (MEAM) and CEA, MEAM have asked FTI consultancy to produce a 5 year evaluation of the CEA work. We are currently pulling together the data for this.</p>	£34,000	£34,000	0
CFA	PSHE KickAsh	£15k	Diane Fenner	CB40101 Jenny	<ul style="list-style-type: none"> Ten secondary schools in the programme Kick Ash training for secondary school has commenced Primary visits planned for spring term 2-017 	£7,500	£7,500	0

				Simmons																									
CFA	Children’s Centres	£170k	Jo Sollars/ Sarah Ferguson	CE10001 Rob Stephens	INFORMATION AWAITED. CONTACT ON HOLIDAY.																								
CFA	Mental Health Youth Counselling	£111k	Holly Hodge/ Emma De Zoete	CD20901 Clare Andrews	<p>Cambridgeshire Youth Counselling Services:</p> <p>Youth counselling services are provided by Centre 33 and YMCA covering the whole of Cambridgeshire for 12-25 year olds. This quarter’s contract monitoring meeting is upcoming.</p> <p>There continues to be a high number of young people accessing these counselling services and responding positively to the interventions offered.</p> <p>As part of a wider re-design of child and adolescent mental health services this service is likely to be re-tendered in 2017. The existing contracts are currently going through the exemption process to be extended for an additional 6-9months. The service will be re-commissioned across Cambridgeshire and Peterborough with additional funding from Peterborough City Council and Cambridgeshire and Peterborough Clinical Commissioning Group.</p>	£55,500	£55,500	0																					
CFA	CAMH Trainer	£71k	Holly Hodge/ Emma De Zoete	CD20901 Clare Andrews	<p>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 with a new 1 day mental health course for the 2016/17 academic year.</p> <p>Most recent data (July 1016) shows 63 schools and colleges have been engaged in the training programme as shown below:</p> <p>2012-16</p> <table><tr><th>District</th><th>No. Schools</th><th>%</th></tr><tr><td>Cambridge City</td><td>8</td><td>22</td></tr><tr><td>East Cambridgeshire</td><td>14</td><td>39</td></tr><tr><td>Fenland</td><td>9</td><td>23</td></tr><tr><td>Huntingdonshire</td><td>18</td><td>26</td></tr><tr><td>South Cambridgeshire</td><td>14</td><td>19</td></tr><tr><td>Grand Total</td><td>63</td><td>25</td></tr></table>	District	No. Schools	%	Cambridge City	8	22	East Cambridgeshire	14	39	Fenland	9	23	Huntingdonshire	18	26	South Cambridgeshire	14	19	Grand Total	63	25	£35,500	£35,500	0
District	No. Schools	%																											
Cambridge City	8	22																											
East Cambridgeshire	14	39																											
Fenland	9	23																											
Huntingdonshire	18	26																											
South Cambridgeshire	14	19																											
Grand Total	63	25																											

					A range of other courses are run for professionals working with children and young people and attendees have included school nurses, family workers, social workers, young people's workers and health visitors among other roles. A broad range of topics are included within this training for example, understanding and responding to self-harm.			
CFA	DAAT	£5,980 k	Susie Talbot	NB31001- NB31010 Jo D'Arcy	<p>At the end of Qtr 2 there had not been any current spend for the allocated budget for GP Shared Care & Nalmefene, this information is passed through for recharge by PH and to date no information has been received. The inpatient detox beds contract is paid up to end August, Septembers invoice has also now been paid but does not show on the grid, all payments are up to date to the end of Qtr 2. The Service User Contract is also paid to end Qtr 2.</p> <p>Qtr 1 & Qtr 2 80% invoices from Inclusion for the Drug & Alcohol Contracts have been received and paid. We are currently awaiting invoices for the Qtr 1 20% performance element of the contract.</p> <p>Qtr 2 of the young people's contract has now been paid and this will show in Qtr 3's report.</p> <p>The predicted Q2 spend is based solely on half 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 the budget will be fully spent by year end.</p> <p>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.</p>	£2,990,000	2,564,890	
CFA	Contribution to Anti-Bullying	£7k	Sarah Ferguson					
					SUB TOTAL : CFA Q2			
ETE	Active Travel (overcoming safety barriers)	£55k	Matt Staton	HG03560 Jonathan Trayer	<p>Currently 66 schools are actively engaged in the school travel planning process through STARS. 32 accredited to Bronze level and 2 Gold.</p> <p>Since the beginning of April:</p>	£27,500	£27,500	0

					<p>Walk Smart has been delivered to 132 pupils Scoot Smart has been delivered to 1018 pupils Pedal Smart has been delivered to 120 pupils</p>			
ETE	Explore additional interventions for cyclist/ pedestrian safety	£30k	Matt Staton	HG03560 Jonathan Trayer	<p>Partnership campaign 'Let's look out for each other' ran in July</p> <p>Planning is underway for a 'Be Bright Be Seen' promotion after the clocks change in October and into November.</p> <p>Data and intelligence continues to be interrogated to produce a profile for collisions involving cyclists.</p> <p>Discussions have been held with Anglia Ruskin University to see whether any of their research projects looking at eye-tracking and road user behaviour are relevant to cycle safety or if they could be extended to include potential cycle safety elements, particularly in relation to driver search patterns and eye-contact between road users.</p>	£15,000	£15,000	0
ETE	Road Safety	£20k	Matt Staton	HG03560 Jonathan Trayer	<p>17 schools are now signed up to the Junior Travel Ambassador Scheme, including 9 schools who were engaged last academic year.</p> <p>The 8 new schools are appointing JTAs during September/October with the total number expected to reach 80-85 JTAs.</p>	£10,000	£10,000	0
ETE	Trading Standards KickAsh and Alcohol Advice	£23k	Elaine Matthews/ Jill Terrell	LC44590 John Steel	<p><i>A dedicated post has been created to fulfil this funded KickAsh role within Community Protection Team in Community and Cultural Services. This post holder (employed term time only) fulfils the specified activities on behalf of Trading Standards and supports the wider KickAsh team to deliver improved outcomes.</i></p> <p>July: Certificates for the 2015/16 mentors. Collating feedback and gathering information for evaluation. Administrative work completing year end reports and setting up systems for school year 2016/17 ahead. Preparation for recruitment of new Year 10 mentors for September.</p> <p>Attended the Safety Zone in Parkside, Cambridge – delivery messages about underage sales and shop policies and sharing information with approximately 450 9-10 year olds about E-cigarettes, the effects of those and tobacco with their health.</p> <p>August: School holidays, no work carried out during this month</p> <p>September: Launched straight in to the delivery of training to the first</p>	£11,500	£10,752	-748

					<p>pupils recruited to be mentors and take part in the delivery of KickAsh for 2016/17.</p> <p>Swavesey Village College:</p> <ul style="list-style-type: none"> Met 44 very keen year 10's to deliver the messages of being proud to be smoke free. Enhanced the delivery to include more information on Nicotine Inhaling Products that are becoming more popular with young people and those who are nicotine dependent. <p>Bottisham Village College:</p> <ul style="list-style-type: none"> A group of very able and enthusiastic year 10'2 gathered to receive the training. Bottisham VC is one of the link schools that will receive 5 half termly visits to support them to stay on track to deliver messages and events throughout the year. <p>St Peter's College, Huntindon:</p> <ul style="list-style-type: none"> Facilitated a group of 14/15 year olds gathered to discuss the issues affecting them and their peers, and to increase their awareness of the effects of smoking in young people. They took part in visits to local shops selling tobacco and nicotine inhaling products, advising shopkeepers of the dangers smoking has on their peers, checking Challenge 25 ID and completing the mentor's questionnaire devised for this purpose. Three members visited three shops to complete the questionnaire and to take part in the Trading Standards Illicit tobacco Awareness roadshow, helping to deliver the messages about plain packaging, illicit tobacco etc. <p>Sir Harry Smith, Whittlesey:</p> <ul style="list-style-type: none"> Met with 45+ Year 10's to talk about the KickAsh programme and to deliver the messages about plain packaging, illicit tobacco etc. <p>Other work:</p> <ul style="list-style-type: none"> Continued work to support and improve the communication between the school leads and mentors. Developing an individual programme of KickAsh events and expectations for three schools (Cottenham Village College, Longsands Academy, Bottisham Village College), which fall within wider responsibilities for the duration of the year. 			
ETE	Illicit Tobacco	£15k	Aileen	JM12800	<ul style="list-style-type: none"> Following the 6 Magistrates warrants executed late March and 	£7,500	£12,974	£5474

			Andrews	John Steel	<p>all 6 premises yielding illicit tobacco, investigation work was concluded and cases prepared for court with cases in court.</p> <ul style="list-style-type: none">• Financial Investigations ongoing.• The one week illicit tobacco roadshow was during September (not calculated in to the actual spend as part of a regional project).• Intelligence work on going and intelligence received about sellers within county during roadshow week. 12,974• One premises raided in Wisbech. Hand rolling tobacco seized which was concealed in roof behind a light fitting.• The simple caution was signed by takeaway owner (mentioned as being offered in quarter one document.)• 5 cases have been through the courts, results –<ol style="list-style-type: none">1. Defendant fine reduced to £1500 and victim surcharge £120 after sentencing appeal hearing.2. Defendant fined £250 and victim surcharge £25.3. Defendant fined £4654. Two defendants (directors of one shop) sentenced to 120 hours unpaid work each.5. One defendant still going through court (hearings in this qtr.) as proceeds of crime hearings taking place. <p>Regional Project - Costs not within this allocation. Most of the work going forward will be against the regional tobacco project funding.</p>			
ETE	Business and Communities Team	£10k	Elaine Matthews		<p><i>ETE Shared Priority: Engaging with communities in Fenland</i> Prioritised work completed by Community Resilience Development Team (CRD) focusing on improving lives in Fenland.</p> <p><u>Libraries and Older People project – March town</u> Bringing together a range of internal and external partners and volunteers who work on front line with older people in March to maximise use of resources, resulting in improved knowledge and intelligence of the service users, increasing knowledge and information for sharing by front line workers for residents on available services and social/local support groups. Development of a shared ‘Older peoples promise’, using evaluation of Fenland projects to roll out in 2 new areas.</p> <p><u>Community Green Spaces: Rings End Nature Reserve.</u> CRD engagement with a large national locally based employer resulted in 120 hours of volunteer time by their employees at Rings End Nature reserve in September. These capable volunteers were joined by learning disability service users and people from the local community and led by our Green Spaces Manager, working together to create new</p>	£7,300	£7,372	£72

					<p>pathways, cleared a large pond, removed overgrown shrubs and trees and built new deadwood fencing which has opened up the nature reserve to far more visitors from the community and schools, learning disability groups and Forest Schools. The company has donated or pledged useful equipment and supplies for the nature reserves, further man power and loan of heavy duty equipment.</p> <p><u>Winter Warmth Packs</u>, inputting to the development of the packs, the distribution and promotion.</p> <p><u>Mental Health support for young people in Fenland</u> ‘Shelf Help’ Part of the Reading Well Books on Prescription scheme, which provides 13-18 year-olds with high-quality information, support and advice on a wide-range of mental health issues such as anxiety, depression, eating disorders and self-harm, and difficult life pressures, like bullying and exams.</p> <p><u>Dementia Awareness and local support:</u> delivery of sessions and support to Dementia Friends and Dementia Alliance. Increased available information and book collections in all Fenland libraries, running dementia friends sessions across Fenland as part of health & wellbeing training for front line workers and several DF sessions across the district with more planned up to Christmas</p> <p><i>Note: Costs in Q3 and Q4 anticipated to be lower due to planning carried out in Q1 and Q2. Annual spend on target in line with allocation</i></p>			
ETE	Fenland Learning Centres	£90k			Contract awarded and all funds allocated.	£45,000	£45,000	0
					SUB TOTAL : ETE Q2	£123,800	£128,598	£4798
CS&T	Research	£22k		KH50000 Maureen Wright		£11,000	£11,000	0
CS&T	H&WB Support	£27k		KA20000 Maureen Wright		£13,500	£13,500	0
CS&T	Communications	£25k		KH60000		£12,500	£12,500	0

				Maureen Wright				
CS&T	Strategic Advice	£22k		KA20000 Maureen Wright		£11,000	£11,000	0
CS&T	Emergency Planning Support	£5k		KA40000 Maureen Wright		£2,500	£2,500	0
CS&T	LGSS Managed Overheads	£100k		UQ10000 Maureen Wright		£50,000	£50,000	0
					SUB TOTAL : CS&T Q2	£100,500	£100,500	0
LGSS	Overheads associated with PH function	£220k		QL30000 RL65200 TA76000 Maureen Wright		£110,000	£110,000	0
					SUB TOTAL : LGSS Q2	£110,000	£110,000	0

SUMMARY

Directorate	YTD (Q2) expected spend	YTD (Q2) actual spend	Variance
CFA			
ETE	£123,800	£128,598	£4,798
CS&T	£100,500	£100,500	0
LGSS	£110,000	£110,000	0
TOTAL Q2			

