From: Martin Wade **Annex A**

Tel.: 01223 699733

Date: 8 October 2015

Public Health Directorate

Finance and Performance Report – September 2015

1. SUMMARY

1.1 Finance

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

1.2 Performance Indicators

Monthly Indicators	Red	Amber	Green	No Status	Total
August (No. of indicators)	6	0	15	9	30

2. INCOME AND EXPENDITURE

2.1 Overall Position

Forecast Variance - Outturn (Aug) £000	Directorate	Current Budget for 2015/16 £000	Current Variance £000	Current Variance %	Forecast Variance - Outturn (Sep) £000	Forecast Variance - Outturn (Sep) %
-135	Health Improvement	9,042	-795	-29.86%	-615	-8.8%
-	Children Health	5,606	-94	-11.96%	0	0.0%
-	Adult Health & Well Being	979	-201	-55.6%	0	0.0%
-	Intelligence Team	26	-7	-60.61%	0	0.0%
-	Health Protection	16	-8	-100.0%	-5	-32.3%
-	Programme Team	159	-46	-55.81%	-10	-6.3%
-	Public Health Directorate	2,567	-126	-9.71%	-150	-5.8%
-135	**Total Expenditure**	**18,395**	**-1,276**	**-24.52%**	**-780**	-4.2%
205	Anticipated use of carry-forward of Public Health grant	0	0		-763	
-70	**Total Income**	**-18,395**	**-41**	**0.57%**	**1,543**	**-8.4%**
0	**Net Total**	**0**	**-1,317**		**0**	

The service level budgetary control report for September 15 can be found in appendix 1.

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

2.2 Significant Issues

The consultation for the 2015/16 in year savings closed 28 August. The Department of Health's preferred option to reduce the allocation to all Local Authorities by a standard flat rate percentage. The effect of this option on Cambridgeshire County Council is a reduction of £1,613k to be met through reserves and in-year savings. The Health Committee approved the savings programme and the use of up to £650k from the ring-fenced public health reserve, to deliver the in-year reduction in Cambridgeshire County Council's public health grant allocation for 2015/16, subject to final confirmation of the level of public health grant reduction by the Department of Health.

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

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

The Public Health ring-fenced grant allocation is £22.2m, but an in-year cut has been announced. The grant will increase from September 2015 by £3.9m (full year £7.7m) in respect of the transfer from NHS England of 0 – 5 funding. Of the £22.2m, £14.3m is allocated directly to the Public Health Directorate.

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

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

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

3. BALANCE SHEET

3.1 Reserves

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

4. PERFORMANCE

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

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

4.2 Stop Smoking Programme:

Measure	Y/E Target 2015/16	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)
Smoking Cessation - four week quitters	2237	503	428	85%	R	85%	155	95%	↑

- Since 2013/14 there has been an ongoing drop in the percentage of target number smoking quitters achieved. In 2012/13 92% was achieved, in 2013/14 this fell to 76%. This fall continued in 2014/15 when 64% of the target was met. The drop

locally mirrors the national picture for the past three years. A number of factors have been associated with the fall in quitters in recent years but e cigarettes are generally seen as being the key factor across the country. During these years performance in GP practices and community pharmacies was especially poor and they report there is a consistent problem with recruiting smokers to make quit attempts

- The most recent update to the Public Health Outcomes Framework showed a positive movement in smoking prevalence, with a statistically significant fall in the percentage of adults smoking across the County between 2012 and 2013. However inequalities in smoking rates remain, with the prevalence in Fenland and amongst manual workers being statistically significantly higher than the Cambridgeshire average.
- The target number of quitters has been revised for 2015/16 to reflect the fall in smoking prevalence in Cambridgeshire. The old target was based on the previous higher prevalence. Performance against the revised target is continuing to improve.
- There is an ongoing programme to improve performance that includes targeting routine and manual workers and the Fenland area. CamQuit the core Stop Smoking service is providing increasingly higher levels of support to the other providers along with promotional activities. Practices and community pharmacies are regularly visited with poor performers being targeted. During 2014/15 social marketing research was undertaken which is informing activities to promote Stop Smoking Services. Other activities introduced recently include a mobile workplace service, a migrant worker Health Trainer post that will target these communities where smoking rates are high, a wide ranging promotional campaign and the recruitment of an additional Stop Smoking Advisor to focus upon Fenland.

NHS Health Checks

Measure	Y/E Target 2015/16	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)
Number of Health Checks completed	18,000	4,500	3529	78%	R	N/A	4500	78%	N/A
Percentage of people who received a health check of those offered	45%	45%	38%	38%	R	N/A	45%	38%	N/A

- Reporting of Health Checks is quarterly. In 2014/15 83% of the target was achieved compared to 93% in the previous year. The % of health checks offered and converted into completed was comparable to 2014/15 at 38%.

- In Q1 2015/16 78% of the monthly target was achieved with a conversion rate of 38%. Although there has been a considerable improvement in the quality of data returned and numbers referred onwards to services following a health check; which has been attributed to the ongoing training programme.

- The comprehensive Improvement Programme is continuing this year. It involves staff training from a commissioned Coronary Heart Disease specialist nurse, new data collection software for practices, awareness campaigns for the public and additional staff support for practices. A campaign based on the social marketing research will be launched shortly. In addition in Fenland a mobile service has been established and is visiting factories to offer health checks especially to those more hard to reach groups. The new Lifestyle Service is commissioned to provide outreach health checks for hard to reach groups. This programme will start shortly.

Background Information

- Health Checks is cardio vascular risk assessment offered to people between the ages of 40 to 74. There is a 5 year rolling programme and each year up to 20% of the eligible population should be invited to a health check. The important indicators are the number of health checks completed and the number of those invited who actually complete a health checks. The Health Checks Programme has been primarily provided by GP practices that are responsible for sending out invitations to the eligible population.

Integrated Lifestyle Service

The new Countywide Integrated Lifestyle Service provided by Everyone Health commenced on June 1 2015. It includes the Health Trainer and Weight Management Services. The trajectories for many of the indicators for the initial months of the contract reflect the fact that the Service was still recruiting and developing the Service. Also some of outputs are not available in the timeframe as the interventions take place over several months.

School Nursing:

Measure	Y/E Target 2015/16	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)
School Nursing : Contacts made	9000	3231	3845	119%	G	123%	0	119%	← →
School Nursing : Group activities	4784	1718	1926	112%	G	168%	0	112%	← →

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

4.3 The detailed Service performance data can be found in appendix 6.

4.4 Health Committee Priorities

<u>Health Inequalities</u>

Smoking Cessation

- The following describes the progress against the ambition to reduce the gap in the 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.

- The percentage of the smoking quit target achieved in June was very similar among the least deprived 80% and most deprived 20% of practices in Cambridgeshire.
- In the least deprived 80%, 89 four-week quits were achieved, 78% of the monthly target of 114; in the most deprived 20% of practices, 54 four-week quits were achieved; 74% of the monthly target of 73.
- 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 80% and in the most deprived 20%, at 64%.

- Stop Smoking Services in Cambridgeshire are in the main provided by the core Stop Smoking Service and GP practices, with limited activity in community pharmacies and acute hospitals. The CAMQUIT Core Stop Smoking Service targets resources on the more deprived areas where smoking prevalence is higher with a particular focus upon Fenland. The core CAMQUIT Service delivers a range of additional activities in these areas, which includes providing additional support to practices to ensure staff are trained and have the appropriate promotional resources as well as providing additional clinics in practices to supplement capacity.
- During 2014/15 social marketing research was commissioned which has provided information about how to target particular types of smokers, and this is informing activities to promote the stop smoking messages and the Stop Smoking Services. Other interventions include a mobile workplace service, targeting work places which have routine and manual work forces, a migrant worker Health Trainer post based in Fenland has been appointed to target the migrant communities, where smoking rates are high and an additional Stop Smoking Advisor to focus on working in Fenland.

Percentage of smoking quit target achieved by deprivation category of general practices in Cambridgeshire, June 2015/16

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%	1,366	342	272	80%	20%		114	89	78%	85%	↓
Most deprived 20%	871	218	139	64%	36%		73	54	74%	64%	↑
All practices	2,237	559	411	74%	26%		186	143	77%	77%	↔

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	June	Previous month	Direction of travel
Percentage point gap	-16%	-4%	-21%	↑

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 2011 Indices of Multiple Deprivation for general practices, based on the Index of Multiple Deprivation, Department for Communities and Local Government, 2011

Health and Social Care Information Centre Organisation Data Service

Office for National Statistics Postcode Directory

Prepared by:

Cambridgeshire County Council Public Health Intelligence, 02/09/2015

Health Checks

- The following describes the progress against the NHS Health Checks ambition to reduce the gap in rates of heart disease between patients of the 20% most socio-economically deprived GP practices and the remaining 80% of practices in GP Cambridgeshire (monitored quarterly). The most deprived 20% of GP practices are given more challenging health check targets to support this aim.
    - 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%, 2742 health checks were delivered, 85% of the quarterly target of 3214; in the most deprived 20% of practices, 787 health checks were delivered, 61% of the quarterly target of 1286.
    - The gap in performance in health checks delivery between the two groups was 24 percentage points in Quarter 1.
- Health Checks in cardiovascular risk assessment are offered to people between the ages of 40 to 74. There is a 5-year rolling programme and each year up to 20% of the eligible population should be invited to a health check. The important indicators are the number of health checks completed and the number of those invited who actually complete a health check. The Health Checks Programme has been primarily provided by GP practices that are responsible for sending out invitations to the eligible population.
- There is a comprehensive ongoing NHS Health Checks Improvement Programme. Any new initiatives are started and more heavily resourced in the more deprived areas, where there are higher rates of cardiovascular disease. It involves staff training from a commissioned Coronary Heart Disease specialist nurse in Fenland, a mobile service that is visiting factories in the more deprived areas to offer NHS Health Checks. The new Lifestyle Service is commissioned to provide outreach health checks for hard to reach groups and will also support the ongoing Workplace Programme. Two new initiatives have just been commissioned that will be launched initially in the more deprived areas before rolling out to the rest of the county.
- Point of Care Testing will be offered by practices and this means that patients need only attend the practice once, as their blood results will be available immediately. Secondly a new data collection system is being introduced into practices which will enable practices to target patients for invitations, to collect information more effectively, provide quicker feedback to patients and support onward referral to lifestyle and/or clinical services.
- One of the key challenges for the NHS Health Checks Programme is increasing the number of people who take up their invitations to attend an NHS Health Check. Commissioned Social Marketing research which focused primarily on the more deprived areas, where uptake is poor, has provided information about different types of patients and how messages in the promotional campaigns can be targeted more effectively to improve knowledge and the uptake rate.

Percentage of health check target achieved by deprivation category of general practices in Cambridgeshire, 2015/16 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%	12,858	3,214	2,742	85%	15%		3,214	2,742	85%	n/a	n/a
Most deprived 20%	5,142	1,286	787	61%	39%		1,286	787	61%	n/a	n/a
All practices	18,000	4,500	3,529	78%	22%		4,500	3,529	78%	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 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	May	Previous month	Direction of travel
Percentage point gap	-24%	-24%	n/a	n/a

Direction of travel:

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

Sources:

Practice returns to Cambridgeshire County Council Public Health Team
Public Health England 2011 Indices of Multiple Deprivation for general practices, based on the Index of Multiple Deprivation, Department for Communities and Local Government, 2011

Health and Social Care Information Centre Organisation Data Service

Office for National Statistics Postcode Directory

Prepared by: Cambridgeshire County Council Public Health Intelligence, 02/09/2015

Life expectancy

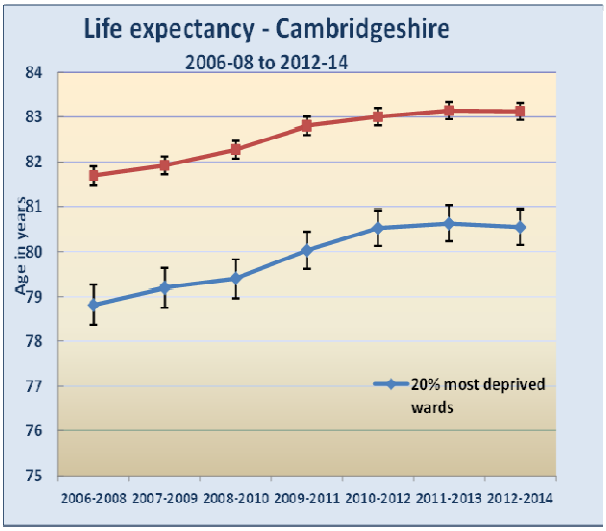
- Inequalities in life expectancy in the most deprived quintile of Cambridgeshire (monitored quarterly)
  - The indicator statistic is the gap in years of life expectancy between the best-off and worst-off within the local authority, based on a robust statistical model of the life expectancy and deprivation scores across the whole area.
  - The absolute gap in life expectancy at birth for all persons between the 20% most deprived electoral wards in Cambridgeshire and the 80% remainder of areas was 2.6 years for the period 2012-2014.
  - For the years 2013-2015 (provisional data to Q1 of 2015) the absolute gap was 2.5 years.
  - 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, 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.
- An annual indicator covering healthy life expectancy.
  - Healthy life expectancy for men for the period 2011-2013 in Cambridgeshire was 66.4 years. For females the figure was 65.5 years. The 'actual' figure for men (66.4 years) is higher than for females (65.5 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 2011-2013 in England

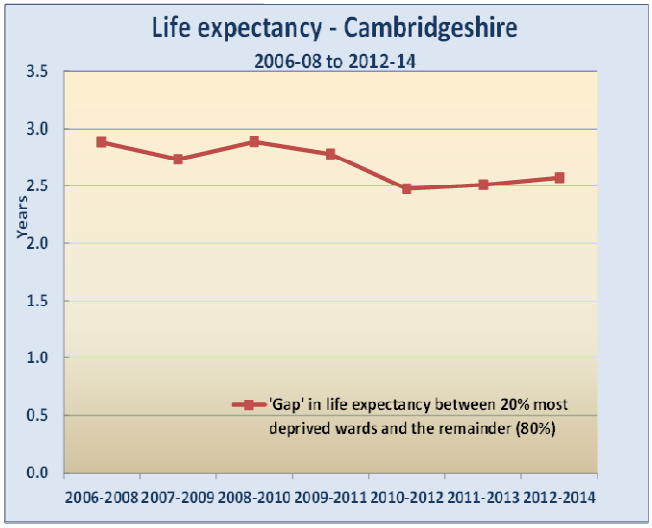
HLE for men was 63.3 years and for women 63.9 years. The Cambridgeshire figure is higher than that of England in both men and women.

- 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	Average Life Expectancy (95% confidence interval)				Gap (in years)	Relative gap (%)
	20% most deprived wards		80% remainder of wards			
2006-2008	78.8	(78.4 - 79.3)	81.7	(81.5 - 81.9)	-2.9	3.5%
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 to Q1	80.4	(79.9 - 80.8)	82.9	(82.7 - 83.1)	-2.5	3.1%

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)





Mental health

<u>Proposed indicators</u>:

- Number of schools attending funded mental health training (quarterly)
- Number of secondary schools taken up offer of consultancy support around mental and emotional wellbeing of young people (annual)
- Number of front line staff that have taken part in MHFA and MHFA Lite commissioned training (quarterly)
- PHOF Indicator: Mortality rate from suicide and injury of undetermined intent (annual)
- Emergency hospital admissions for intentional self-harm (annual)

Transport and health

Proposed indicators

Air pollution

- **Monitoring indicators**
  - Air pollution PHOF: Fraction of all-cause adult mortality attributable to anthropogenic particulate air pollution
- **Action plan indicators**
  - Communication of public health impact of air pollution to organisational partners including LA and CCG.
  - Public Health impacts of air pollution are incorporated within each Local Transport Strategy through strengthened collaboration between the Economy, Transport and the Environment Department and the Public Health Department

Active Travel

(relevant outcomes from Shared priorities action plan) + ones in italics

- **Monitoring indicators**
  - 1% reduction per year in pupils travelling to school by car
  - *PHOF physical inactivity indicator: Proportion of physically active and physically inactive adults. Annual – based on APS*
  - *Proportion of residents who cycle for utility purposes by District. Annual - based on APS*
  - *Proportion of residents who walk for utility purposes by District. Annual - based on APS*
- **Action plan indicators**
  - Input into the Local Transport Strategies to improve active travel opportunities in Fenland/East Cambridgeshire and Huntingdonshire
  - Public Health impacts are incorporated within each Local Transport Strategy through strengthened collaboration between the Economy, Transport and the Environment Department and the Public Health Department
  - The Local Transport Strategies are designed to improve PH outcomes
  - Maximise opportunities for active travel in each of the Districts
  - Engage with local communities to develop local solutions to active travel.

Access to transport

- **Monitoring indicators**
  - Proportion of LSOAs with average travel time to hospital< 1 hour on public transport, by District. Annual - based on DfT accessibility data
  - Proportion of LSOAs with average travel time to GP< 20 minutes on public transport, by District. Annual - based on DfT accessibility data
- **Action plan indicators**
  - Engage with local authority and CCG teams around patient transport
  - Communication of Transport and Health access data and “flags” with Districts and Economy, Transport and Environment Department and incorporation into relevant strategies

4.4 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)**

  The Health Committee received an update from CPCCG on 28 May 2015 on the position regarding Delayed Transfers of Care in Cambridgeshire and Peterborough.

  http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/AgendaItem.aspx?agendaItemID=11582

  On 6th October 2015 NHS England issued the following new guidance on DTOC

  http://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2015/10/mnth-Sitreps-def-dtoc-v1.09.pdf

  A DTOC is defined as, delayed transfer of care from acute or non-acute (including community and mental health) care occurs when a patient is ready to depart from such care and is still occupying a bed. A patient is ready for transfer when:

  a) A clinical decision has been made that patient is ready for transfer AND
  b) A multi-disciplinary team decision has been made that patient is ready for transfer AND
  c) The patient is safe to discharge/transfer.

  This definition is consistent with the one provided to the Health Committee by the CPCCG in May 2015.

  The reasons for DTOC are multi-factorial and need to be addressed by the whole system. Whilst it is not unusual to have delayed transfers of care, the numbers of DTOC across the CCG are higher than the system can manage. A concerted effort continues to be made by all providers in partnership with Commissioning and Local Authority leads to reduce the impact of DTOC.

  Health Committee members requested regular updates on the DTOC situation in Cambridgeshire. The following data is available monthly from NHS England.

midnight on the lat Thursday of the reporting period, Accute and Non-Acute for NHS Organisation in England by the type of care that the patient receives. Data by Local Authority area.				
	2015			
	April	**May**	**June**	**July**
Acute	58	69	59	60
Non-Acute	13	22	17	16
Total	**71**	**91**	**76**	**76**

Number of patients with a Delayed Transfer of Care at midnight on the last Thursday of the reporting period, Acute, non-Acute, for NHS Organisations in England by reason for delay. Data recorded by local authority area

	2015			
	April	**May**	**June**	**July**
Completion of assessment	11	9	17	7
Public funding	1	4	1	2
Waiting further NHS acute care	20	20	17	14
Awaiting residential home placement or availability	6	8	3	5
Awaiting nursing home placement or availability	2	15	9	11
Awaiting care package in home	20	29	20	24
Awaiting community equipment and adaptions	0	3	0	0
Patient or family choice	10	3	7	13
Housing patients not covered by NHS or Community Care Act	1	0	2	0
TOTAL	**71**	**91**	**76**	**76**

Number of patients with a Delayed Transfer of Care at midnight on the last Thursday of the reporting period, Acute and Non-Acute, for NHS Organisations in England by the responsible organisation

		2015			
		April	**May**	**June**	**July**
CUHFT	NHS	39	37	36	46
	SC	2	10	5	3
	Both	0	3	0	0
CPFT	NHS	5	9	12	5
	SC	10	10	6	11
	Both	1	6	2	1
Hinchingbrooke	NHS	13	18	18	10
	SC	4	4	3	9
Papworth	NHS	0	0	0	0
	SC	0	0	0	0
Peterborough & Stamford	NHS	28	22	18	29
	SC	1	0	0	0
	Both	0	0	0	0

The above data is retrieved from the monthly situation report which collects data on the number of patients delayed on the last Thursday of each month and the total delayed days during the month for all patients delayed throughout the month. Data are shown at provider organisation level, from NHS Trusts, NHS Foundation Trusts and Primary Care Trusts. Data are also shown by Local Authority that is responsible for each patient delayed

Data is split by the agency responsible for delay (NHS, Social Services or both), type of Care that the patient receives (acute or non-acute) and reason for delay.

The CCG are able to report on DToC bed days, which gives a more robust picture of what's going on. NHS England's data using patient count is just a snapshot on the last Thursday of each month, whereas delayed bed days are counted for the whole month.

Delayed bed days can be reported by provider, split acute and non-acute, by responsible organisation (NHS/Social Care/Both), by reason for delay and by local authority of patient. We get the data from Unify.
The NHS England reports, whilst useful, cannot provide a provider/ local authority view – it's either:

Provider by type (acute/non-acute), by responsible org NHS/Social/Both), by reason (A to I) or Local Authority by type, by responsible org, by reason

- **E-Hospital Programme**

As part of their E-Hospital Programme, Cambridge University Hospitals NHS Foundation Trust (CUHFT) implemented a new clinical information system EPIC on 26th October 2014. The Health Committee considered an item on the E-Hospital system on 28th May 2015 following reports of substantial problems in the system.

There was a substantial team in place following Go Live to resolve any issues that emerged. The changes that were required were either technical (in the EPIC system itself or to systems EPIC has to integrate with) or with clinical and administration processes. There was also a significant training and development need for staff to use the system. The Go Live phase is over and the Trust is in a stabilisation phase where it is continuing to make improvements to both the technology and organisational processes.

The committee received a report that detailed the following problems under broad headings:

- Potential harm to patients
- Trust Management Issues
- Post-Acute care communications to other services
- Outpatient capacity and administration
- Pathology services including GP Direct Access
- Performance reporting.

The full report can be found

http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/AgendaItem.aspx?agendaItemID=11581

CUHFT has published an e-Hospital update for GP's on 3rd July 2015 which was circulated to health committee members and details the following areas:

- Improving the Quality of discharge summaries
- Emergency Department (ED) discharge summaries
- Recent switch over of Choose and Book to e-referral
- Pathology / batch reporting
- Glucose Tolerance Test (GTT) results
- In-patient quality measures
- External review by Stanford Health Care, California.

The recent CQC inspection conducted on 21-24 April and 7th May 2015 summary of findings reported that the introduction of the new EPIC IT system for clinical records had affected the trust's ability to report, highlight and take

action on data collected on the system. Although it was beginning to be embedded into practice, it was still having an impact on patient care and relationships with external professionals.

E-Hospital – CUHFT Data

What is the problem?	What are the root causes?	What are the key actions being taken by the provider?	What are the key actions being taken by the CCG?	What is the recovery trajectory	How is recovery being monitored
Key outstanding issues are: Delivery of quality and complete discharge summaries and other communications to third parties Integration of EPIC with The Pathology Partnership systems and therefore the service they provide to GP practices and other acute trusts Outpatient capacity and administration Impact on RTT, cancer, diagnostic and VTE risk assessment performance standards Accurate and complete reporting of data to national agencies and Commissioners	There were unforeseen business process problems relating to how EPIC would support integration of services with external organisations, in administration and reporting and in productivity of staff	Stabilisation programmes in place across inpatient, outpatient and emergency medicine Weekly E-Hospital assurance meetings Monthly E-Hospital assurance group (Chaired by Medical Director) **Key Actions:** EPIC builds to resolve issues with system Staff training on use of system, division based approach to ensure compliance Data quality Improvement Plan to target key areas identified by commissioners and internally	CCG attends the CUH E-Hospital weekly Assurance meeting Contract query in place for Discharge Summaries. RAP received and being monitored Contract query is in place for Out-patient bookings. Regular meetings with provider. A log is being kept of all queries received from GP's regarding out-patient bookings Contract query in place for Pathology issues (with The Pathology Partnership). A log of issues is in place and there are regular communications and meetings with CUH and The Pathology Partnership	Outpatient bookings – meeting being arranged for September to finalise recovery trajectory Pathology issues – major C&P CCG issues resolved. Weekly meetings ongoing to support E&N Herts recovery Discharge summaries – Inpatients: June 2015 A&E: July 2015 Outpatients: 75% by Sept 2015 90% by Dec 2015 (Audit to be arranged)	Monthly performance report. Monthly performance meetings Updates at the Technical Forum Attendance at E-Hospital Assurance group Monthly data now being received. 'Themes' in terms of poor data reporting are being identified and sent to the Provider Ongoing monitoring of revised C&B RAP received on 30 June 2015 Pathology weekly recovering meetings in place until mid September

- **CAMH Waiting Lists**

The Health Committee received a report on the service pressures in Children & Adult Mental Health Services on 16th July 2015. The CCG & CPFT were present at the committee to discuss the service pressures in particular relating to the Child and Adolescent Mental Health Services (CAMH).

Members expressed concerns at the effect of ADHD diagnosis delays for parents seeking statements of special educational need. Following receipt of a report to the Children's Health Joint Commissioning Board (CHJCB) due 7th September, the committee requested updates on the progress around rectifying the waiting list.

A liaison meeting has been arranged for 9 November 2015, we can therefore follow up there and report back.

APPENDIX 1 – Public Health Directorate Budgetary Control Report

Forecast Variance Outturn (Aug) £'000		Service	Current Budget for 2015/16 £'000	Expected to end of Sep £'000	Actual to end of Sep £'000	Current Variance £'000	Current Variance %	Forecast Variance Outturn (Sep) £'000	Forecast Variance Outturn (Sep) %
		Health Improvement							
-35	**1**	Sexual Health STI testing & treatment	4,299	1,591	1,385	-206	-12.95%	-170	-3.96%
-	**2**	Sexual Health Contraception	1,170	300	274	-27	-8.89%	-100	-8.55%
-		National Child Measurement Programme	15	15	0	-15	-100.00%	0	0.00%
-		Sexual Health Services Advice Prevention and Promotion	223	120	107	-13	-10.81%	-30	-13.43%
-		Obesity Adults	71	71	2	-69	-97.84%	0	0.00%
-		Obesity Children	102	61	32	-29	-48.00%	0	0.00%
-15		Physical Activity Adults	100	100	63	-36	-36.37%	-15	-15.07%
		Healthy Lifestyles	1,353	0	0	0	0.00%	0	0.00%
-40		Physical Activity Children	0	0	0	0	0.00%	0	0.00%
-	**3**	Stop Smoking Service & Intervention	1,099	190	-15	-205	-108.11%	-295	-26.85%
-40		Wider Tobacco Control	123	87	0	-87	-100.00%	0	0.00%
-5		General Prevention Activities	386	81	22	-59	-72.74%	-5	-1.29%
		Falls Prevention	100	50	0	-50	-100.00%	0	0.00%
-		Dental Health	2	0	0	0	0.00%	0	0.00%
-135		**Health Improvement Total**	**9,042**	**2,664**	**1,868**	**-795**	**-29.86%**	**-615**	**-6.80%**
		Children Health							
-		Children 0-5 PH Programme	3,861	0	0	0	0.00%	0	0.00%
		Children 5-19 PH Programme	1,745	783	689	-94	-11.96%	0	0.00%
-		**Children Health Total**	**5,606**	**783**	**689**	**-94**	**-11.96%**	**0**	**0.00%**
		Adult Health & Wellbeing							
-		NHS Health Checks Programme	719	185	117	-67	-36.48%	0	0.00%
-		Public Mental Health	224	140	43	-97	-69.13%	0	0.00%
-		Comm Safety, Violence Prevention	37	37	0	-37	-100.00%	0	0.00%
-		**Adult Health & Wellbeing Total**	**979**	**362**	**161**	**-201**	**-55.60%**	**0**	**0.00%**
		Intelligence Team							
-		Public Health Advice	16	7	6	-1	-13.54%	0	0.00%
-		Info & Intelligence Misc	10	4	-1	-6	-131.18%	0	0.00%
-		**Intelligence Team Total**	**26**	**11**	**4**	**-7**	**-60.61%**	**0**	**0.00%**
		Health Protection							
-		LA Role in Health Protection	11	5	0	-5	-100.00%	0	0.00%
-		Health Protection Emergency Planning	5	3	0	-3	-100.00%	-5	-100.00%
-		**Health Protection Total**	**16**	**8**	**0**	**-8**	**-100.00%**	**-5**	**-32.26%**
		Programme Team							
-		Obesity Adults	6	6	-0	-6	-107.78%	0	0.00%
-		Stop Smoking no pay staff costs	31	16	9	-7	-42.71%	0	0.00%
-		General Prevention, Traveller, Lifestyle	121	61	28	-33	-54.04%	-10	-8.24%
-		**Programme Team Total**	**159**	**82**	**36**	**-46**	**-55.81%**	**-10**	**-6.31%**

Forecast Variance Outturn (Aug) £'000	Service	Current Budget for 2015/16 £'000	Expected to end of Sep £'000	Actual to end of Sep £'000	Current Variance £'000	Current Variance %	Forecast Variance Outturn (Sep) £'000	Forecast Variance Outturn (Sep) %
	Public Health Directorate							
-	Health Improvement	449	227	182	-45	-19.82%	-150	-33.41%
-	Public Health Advice	750	377	349	-28	-7.43%		0.00%
-	Health Protection	150	77	70	-7	-9.09%		0.00%
-	Programme Team	1,080	542	510	-32	-5.90%		0.00%
-	Childrens Health	23	12	14	2	16.67%		0.00%
-	Comm Safety, Violence Prevention	52	27	24	-3	-11.11%		0.00%
-	Public Mental Health	63	33	20	-13	-39.39%		0.00%
-	**Public Health Directorate total**	**2,567**	**1,295**	**1,169**	**-126**	**-9.71%**	**-150**	**-5.84%**
-135	**Total Expenditure before Carry forward**	**18,395**	**5,205**	**3,928**	**-1,276**	**-24.52%**	**-780**	**-4.24%**
205	**Anticipated Carry forward of Public Health grant**	**0**	**0**	**0**	**0**	**0.00%**	**-763**	**-4.62%**
	Funded By							
-	Public Health Grant	**-18,209**	**-7,174**	**-7,174**	**0**	0.00%	**1,613**	-8.86%
	S75 Agreement NHSE - HIV	**-144**	**0**	**0**	**0**	0.00%		0.00%
	Other Income	**-42**	**-21**	**-62**	**-41**	195.24%	**-70**	166.67%
-70	**Income Total**	**-18,395**	**-7,195**	**-7,236**	**-41**	**0.57%**	**1,543**	**-8.39%**
0	**Net Total**	**0**	**-1,990**	**-3,308**	**-1,317**	**-**	**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 2015/16 £'000	Current Variance £'000	Current Variance %	Forecast Variance - Outturn £'000	Forecast Variance - Outturn %
1 Sexual Health STI testing & treatment	**4,329**	**-206**	**-12.95%**	**-170**	**-3.96%**
NHS England re HIV (£72k) and QEH (£10k) relating to 2014/15 still not paid, and some 2015/16 invoices from out of area providers may not yet have been received. Part of 2015/16 savings plan. £170k savings to be achieved through predicted underspend through use of the Peterborough Service, reduction in the contingency for unpredicted pressures and lower than expected uptake of the Chlamydia programme.					
2 Sexual Health Contraception	**1,170**	**-27**	**-8.89%**	**-100**	**-8.55%**
Part of 2015/16 savings plan. £100k savings to be achieved due to reduced activity in delivering Long acting reversible contraception (LARCs) in GP practices.					
3 Stop Smoking Service & Intervention	**1,099**	**-190**	**-108.11%**	**-295**	**-26.85%**
There is a variance due to the timing of payments reference reserved creditors from 2014/15, in particular prescribing costs and Miscellaneous Interventions. Part of 2015/16 savings plan. £295k savings to be achieved due to reduced activity from smoking cessation services.					

APPENDIX 3 – Grant Income Analysis
The tables below outline the allocation of the full Public Health grant, and include an update for Quarter 1of spend by other directorates
Awarding Body : DofH

Grant	Business Plan £'000	Adjusted Amount £'000	Forecast Outturn Expenditure £'000	Expected / Actual Transfer to PH Reserves	Notes
Public Health Grant as per Business Plan	22,155	22,155	22,155		Ringfenced grant (excluding 0 – 5 funding) - Income
Children's 0 – 5 grant (Sept – March)	3,861	3,861			In Public Health directorate
Grant allocated as follows;					
Public Health Directorate	**14,319**	**14,348**			As detailed in report. £29k increase ref the transfer of a post from CS&T
Public Health Directorate, Children 0-5	**3,861**	**3,861**			
CFA Directorate	**6,933**	**6,933**			See following tables for Q1 update
ETE Directorate	**418**	**418**			See following tables for Q1 update
CS&T Directorate	**265**	**236**			£29k decrease ref the transfer of a post from CS&T to PH. See following tables for Q1 updates
LGSS Cambridge Office	**220**	**220**			

Directorate	Service	Total £000's	Q1 Update	Q1 expected spend	Q1 Actual Spend	Variance	Predicted spend Y/E
CFA	DAAT	6,269.0	At the end of Qtr 1 there had not been any current spend against allocated budget for GP Shared Care (grid 10), Nalmefene (grid 10) Recovery Hub Coordinator (grid 10), substance misuse interventions (grid 10), BBV work (grid 10). All work is ongoing but payments have not been made against allocated budgets. Qtr1 invoices for the Service User Contract (grid 3) have only just been received and are now being processed. Quarter 2 invoices will not go through until the end of Quarter 2. The predicted Q1 spend is based solely on a quarter of the overall allocated budget so the predicted and actual spend will vary during the year depending on when invoices are received however we anticipate the budget will be fully spent by year end. The only exception to this being the Inclusion Contract where the contract is based on 80% in advance quarterly and the remainder 20% performance related which is normally paid during the next quarter following the performance meeting. This is to ensure that Inclusion have met their targets in line with the contract agreement, the 20% performance related invoices are then agreed by the DACG members for payment.	£ 1,567,250	£ 1,423,178	£ 144,072	£ 6,269,000
	Childrens Centres	170.0	The overall aim of Cambridgeshire Children's Centres remains ensuring a healthy start to life for children aged 0-4 and ensuring readiness for school, whilst maintaining a focus on inequalities in the early years, and targeting support which will minimise the need to access specialist services where possible The Public Health funding is utilised as part of the total Children's Centre budget to improve health of children aged 0-5. In Q1 Children's Centres have been promoting Public Health summer exercise programmes and the summer water safety campaign, and representatives are working with Public Health to develop a cross-service breast feeding strategy for Cambridgeshire Close alignment and joint working with community health colleagues in Health Visiting, Family Nurse Partnership and Maternity Services is established for all Children's Centres. Work has been initiated to ensure arrangements with Health partners are consistent and functionally effective at a community level for families as service structural change is brought in across the system.	£42,500	£42,500	£0	£170,000
	Education Well-Being Team : KickAsh, Life Education (LEC) and other tbc	56.0	Kick Ash £15,000 confirmed spend - two additional schools (yet to be confirmed by PH) this will rise to £25,000 Life Education £15,000 confirmed spend Proposals for the remaining £26,000/£16,000 (tbc by PH) include: Training package for school nurses Sex and Relationships - Sex Education Forum Training on homophobic, biphobic and transphobic bullying through SRE (partnership planning, organisation/administration of training, co-delivery) Development of Personal development programme resources on Healthy Relationships in partnership with other services	£3,500 £3,500			£56,000
	Chronically Excluded Adults (MEAM	93.0	The CEA Team has worked hard in 2014/15 to continue to ensure that the co-ordinated approach is supported by relevant services The Operational Group that oversees the work has expanded to include regular attendance from Probation, Adult Social Care and the IDVA service, reflecting the nature of the complex needs client group. The group also welcomes representation from Huntingdonshire and East Cambridgeshire District Councils to add to its knowledge and experience base, therefore providing a better service to clients in those parts of the county. In November 2014, the district authorities were successful in a bid for extra funding from the Department of Communities and Local Government. Some of this funding was allocated to enable Cambridgeshire County Council to team up with Peterborough City Council to develop the CEA approach in Peterborough. Peterborough is keen to embed the CEA approach to address the issues facing their complex needs population and the CEA team have been working with the colleagues in Peterborough since the funding was allocated. 2015/16 promises to be an exciting venture in this partnership The CEA Team and service users have taken part in the Voices from the Frontline Project hosted by the MEAM Team. One of our service users took part in the project aimed at giving service users a wider voice when influencing policy at a National level. Staff and one of the services met with other service users and stakeholders in Nottingham Staff and one of the service users were invited to sit on a panel of expert contributors at the project launch in November at Westminster. The panel, Chaired by Baroness Tyler, set out the vision for the project to a large and varied audience of interested participants. The Solutions from the Frontline Report was published in June. A link to the full report can be found below **The CEA Approach** : Since 2011, the CEA Team has used the MEAM methodology to drive its work. The team have spent time this year producing information on the approach locally to demonstrate why the Cambridgeshire service has been one of the most successful in the country. This has become particularly relevant this year following the publishing of the MEAM year two analysis of the work (link below), in February 2014. http://meam.org.uk/wp-content/uploads/2014/02/MEAM-evaluation-FTI-update-17-Feb-2014.pdf The analysis showed that the Cambridgeshire service saved an average of £958 per client per month. This once again drew national attention and during 2014/15, the CEA Team have been invited to seminars and workshops to share good and innovative practice in Norfolk, Newcastle, London and Blackburn. CEA also hosted services from across the country who came to see the work and what they could learn.	£28,051	£25,036	£3,015	£102,000

Directorate	Service	Total £000's	Q1 Update	Q1 expected spend	Q1 Actual Spend	Variance	Predicted spend Y/E
CFA	Chronically Excluded Adults (MEAM		Trans-Atlantic Practice Exchange : Early in 2014, Homelesslink, the body that represents over 500 organisations working with the Homeless client group, approached the CEA Team to host a visit from the United States to exchange good practice. In June 2014, Aubrey Patiño from Avalon Housing in Ann Arbor, Michigan touched down in the UK. Aubrey spent two weeks with the CEA Team, meeting some of our partners and service users. Some of the cultural differences in the approach between the US and UK were stark and we all drew massively from the experiences. Aubrey's report of her experience can be found on page 44 of the paper below. http://www.homeless.org.uk/sites/default/files/site-attachments/Homeless%20Link%20-%20Transatlantic%20Practice%20Exchange%202014.pdf				
	Housing related support	6.0		Total budget is £3,833,156.75, the public health element equates to 0.16% of the total, and as such it is impossible to split this out			£6,000
	Reduction in hospital admission for self-harm	189.0	Consists of Voluntary Sector counselling for children and young people £111k, CAMH mental health trainer £71k and contribution to anti-bullying strategy £7k. Questionnaire completed with heads of service in CFA to gain further clarity on roles and training offered Communcation taking place between CCC and CPFT with regard to effective training for schools, and others working directly with schools. Data currently being collated to identify any schools not engaging. Training offers have been publicised, this is ongoing. Cambridge Regional College have agreed to design the microsite. Research has been undertaken with young people. Currently looking at advice can include for crisis care in young people (Crisis Care Concordat link) Education wellbeing team have proposal agreed to fund additional support to schools not subscribing to PSHE service and designing an anti-bullying toolkit for secondary schools. Contributions to schools newsletters to begin in July. A quality assurance framework to be developed. Initial meeting being arranged	£47,250	£45,248	-£2,002	£189,000
	Older Peoples Physical activity	150.0	Awaiting quarterly information	£37,500	£0	-£37,500	£150,000
	TOTAL CFA	**6,933.0**					

Directorate	Service	Total £000's	Q1 Update	Q1 expected spend	Q1 Actual Spend	Variance	Predicted spend Y/E
ETE	**Kick Ash**	31.0	Kick Ash Activity as follows: Witchford Village College: met with mentors and staff to discuss the purpose of KickAsh and how they can support local businesses in the campaign to prevent underage smoking. Worked with them to prepare their own preventative messages and design their own delivery approach to businesses. Took 4 young people (and 3 members of accompanying school staff) to visit 6 shop and business premises in the area where they advised the businesses on why it is important to adhere to the Challenge 25 initiative. Cottenham VC and Ernulf Academy: Carried out two lunchtime meetings at each college with their mentors, to explore future Kick Ash work they could possibly do within their own schools. Discuss and help them prepare preventative messages and design their own deliver approach for their local primary schools. In May and June, together with PSHE staff and 6 pupils from each school we visited Year 6 classes in catchment primary schools. The mentors introduced Kick Ash and smoking preventative messages to 30 Y6 pupils at Aynesbury Primary and 32 Y6 pupils at Willingham Primary school. We supported mentors during their time within school while developing their communication skills and building confidence as they introduced the work of Kick Ash. Accompanied 20 pupils from Swavesey and St Peters Schools to London for the noise making event during the British American Tobacco annual general meeting at the end of April. Officer time was spent communicating with 3 other schools for various activities, organising business visits and preparing draft ideas and future planning Other activity by SBC Officers which supports the Kick Ash Programme includes: Advice to businesses, developing business practices to prevent underage tobacco sales Counterfeit and illicit tobacco communications work, reducing availability of illicit tobacco to all age groups in the County. Safety Zones includes age related tobacco sales and preventative messaging. Consumer Challenge with 6 special schools in Cambridgeshire includes age related tobacco sales and preventative messaging Other activity by SBC officers which supports the Kick Ash programme includes: C25 advice to businesses, developing business practices to prevent underage tobacco sales Counterfeit and illicit tobacco work, reducing availability of illicit tobacco to all age groups in the County. 35 x Safety Zones includes age related tobacco sales and preventative messaging to Year 7 children Consumer Challenge to 6 special schools includes age related tobacco sales and preventative messaging	£7,750	£3,330	£4,420	£15,000
	Alcohol Underage Sales	15.0	***Predicted spend is based on an estimate of last years activity and 0.25 of allocation*** Activity included: Challenge 25' underage sales preventative advice and guidance delivered at two pubwatch meetings in Huntingdonshire. Advice packs supplied to 18 pubwatch members Review of all new license applications Challenge 25' underage sales business advice and guidance issued to 21 new alcohol licenced businesses No alcohol underage sales test purchasing with businesses was carried out during this quarter Senior officer input at (Wisbech) licence application hearing, providing representation for refusal. Refusal upheld. Officer time includes statement, hearing preparation and attendance at hearing Safety zones activity includes underage sales information	£3,750	£3,989	-£239	£15,000
	Illicit Tobacco - joint working	7.0	Activity included: Enforcement work in Wisbech resulted in over 30,000 cigarettes and over 2kg of hand rolling being seized from 3 shop premises Joint working with Public Health, corporate communications, local radio and media channels to prepare and co-deliver preventative communications messages as a result of the envorcement outcome Pre/post seizure work to secure successful enforcement includes obtaining warrants, liaising with police, HMRC and Wagtail, writing an operational order, securing evidence and legal matters including evidence from Trade Mark holders Attendance at Peterborough Crown Court giving evidence for HMRC case of illicit tobacco and alcohol	£1,750	£4,120	-£2,370	£7,000

Directorate	Service	Total £000's	Q1 Update	Q1 expected spend	Q1 Actual Spend	Variance	Predicted spend Y/E
	Developing sustainable transport strategies	40.0	Market Town Strategies - regular meetings set up to discuss integration of public health and public health evidence base into the Transport Strategies. Thea East Cambs Strategy will be completed first Evidence review to be completed Transport and Health JSNA will be presented to East Cambs on 9 September There will be attendance at Fenland Community Engagement Project 16 July with a view to apply community engagement in East Cambs and to gain views on transport to feed into Fenland Transport Strategy in the future	£10,050	£0	-£10,050	£40,000
ETE	**Overcoming safety barriers to active travel (schools focus)** **Explore additional interventions for cyclists/pedestrian safety**	55.0 30.0	Aim is 1% reduction per year in pupils travelling school by car. 14/15 academic year will be reported in Q2 Steering group set up to look at cyclist safety Arranged partnership with Police cycle club to promote safety messages within cycling circles and raise the profile of the partnership campaign No action yet on interventions to improve pedestrian safety in urban areas - 40% reduction in vulnerable road user casualties by 2020 compared to 2005-09 baseline, but will be explored by CPRSP data and delivery groups Link made with Living Streets walking to school project	£12,500	£8,067	-£4,433	£85,000
	Child Road Safety	65.0	Expression of interest sought from nurseries for Childrens Traffic Club ready for delivery from September Links made with Education Wellbeing team to ensure lists of available rescources and projects are available to school advisors to ensure they can access appropriate services to their needs Safety Zones delivered at Huntingdon, St Neots and Wisbech - approximately 1200 Y5 children Information distributed to schools for expression of interest to start working with schools from September - to work intensively with 15 - 20 scchools to deliver age-appropriate interventions. Work undertaken on developing resources.	£10,500	£16,340	£5,840	£70,000
	Young Drivers/riders and their passengers	20.0	Fresher's Fair' style event held at Huntingdon racecourse, attended by approimately 700 students. Positive verbal feedback received Other Drive2Arrive events at Isle College Milton campus and Cromwell Community College. Work with Locality Teams with 'at risk' young motorcyclists is set to take place in Q2 Cambridgeshire and Peterborough Road Safety partnership (CPRSP) Delivery Group is discussing interventions for this high risk group	£1,500	£1,350	-£150	£15,000
	Road User behaviour change campaigns	55.0	Split into two projects Project Vulnerable Road Users There is overlap with Shared Priority - Child Road Safety above Better interventions to improve the safety of mororcyclist by engaging with stakeholders is being explored. Twistandride website and facebook page to promote motorcycle training and engage motorcyclists, attendance at MCN Festival of Motorcycling, Ride 2 Work Day and Meldreth Show. Discussions with CPRSP Delivery Group Project Road User Behaviour Change Campaigns Anti-Drink/Drug Driving Campaign rund during June in partnershipwith Police and other partners Work conducted with Isle College, Wisbech campus. Students to design resources to target peers about Drug driving Distraction (Mobile Phone) Campaign set to run during July in partnership with Police and other partners Speed (Rural Roads) Campaign delivered in May in partnership with Police. Facebook posts reach - 110,482 - actions -1,351. Twitter impressions - 32,229 - actions - 992 Seatbelt Wearing Campaign will be later in the year Exploring research partnership with transport safety academic institution has not yet started	£4,500 £7,000	£3,540 £2,310	-£960 -£4,690	£10,000 £45,000
	Fenland Learning Centres	90.0	Awating quarterly information				
	Business & Communities team	10.0	Awaiting quarterly information				
	TOTAL ETE	**418.0**					

Directorate	Service	Total £000's	Q1 Update	Q1 expected spend	Q1 Actual Spend	Variance	Predicted spend Y/E
CS&T	**Research**	22.0	The majority of the funding is used to maintain / develop the CambridgeshireInsight website include maintaining the content for Health Joint Strategic Needs Assessment http://www.cambridgeshireinsight.org.uk/jsna). The contribution is also used to partly support the Research Team's work on population forecasting and estimating that is used heavily by Cambridgeshire Health Services. • The main development with the Cambridgeshire Insight has been to move the site to a responsive design so that it can be accessed with ease by a wide variety of mobiles / tablets and other devices. • We've also continued to develop Cambridgeshire Insight Open Data. Encouraging the sharing of Open Data by developing the tools with which to share data to a high standard as well as encouraging more data sharing amongst our partners. This data rich environment will benefit the JSNA in the medium to long term. · The 2013 based population forecasts have been published to schedule and the team continues to provide detailed forecasts for new settlements / developments in order to support the future planning of services.	£5,500	£5,500	£0	£22,000
	Health & Wellbeing Board support	27.0	With supervision from Director of Public Health, approximately 2.5 days per week of the Policy and Projects Officer's time, who sits within the Policy and Business Support Team of Customer Service and Transformation. Support during Q1 has included: • Supporting the effective functioning of the Health and Wellbeing Board • Supporting the effective functioning of the Health and Wellbeing Board Support Group • Researching and preparing reports for the Health and Wellbeing Board, including on key policy/strategy changes • Presenting relevant reports at the Health and Wellbeing Board and Health and Wellbeing Board Support Group meetings • Developing and maintaining a forward plan for the Board's shift to themed meetings • Agenda planning for HWB Support Group and (working with democratic services) the HWB meetings. • Supporting induction of new Board members • Coordinating and preparing the quarterly stakeholder newsletter • Dealing with queries in relation to HWB business • Staying up to date with policy, legislation and guidance regarding HWBs and briefing the Director of Public Health and Members appropriately. This is in addition to ongoing, reactive support as required.	£6,750	£6,750	£0	£27,000
	Communications support	25.0	Highlights include: • Supporting Public Health on campaigns, projects and consultations such as Healthier Options, the Public Health Mental Health Strategy consultation, heat wave alerts, 10 minute share up, workplace volunteers ect • Exploring targeted uses of social media for Public Health, ie Facebook ads for heatwave alerts and the Public Health mental health strategy. These ads require monitoring and responses • Working closely with Val Thomas and other consultants on reactive media enquiries on subjects such as smoking, nutrition, obesity, physical activity etc • Working closely with Val Thomas and other consultants on reactive media enquiries on subjects such as smoking, nutrition, obesity, physical activity etc • Briefing Director of Public Health on the applications of social media • Attending spokes and Health Committee	£6,250	£6,250	£0	£25,000

Directorate	Service	Total £000's	Q1 Update	Q1 expected spend	Q1 Actual Spend	Variance	Predicted spend Y/E
CS&T	**Strategic advice, strategy dev etc**	22.0	This year the Council has undertaken a fundamental strategic review through the development of the new operating model. This has been led by CS&T, and has focussed on finding ways in which the Council's breadth of directorates (including Public Health) can better convene around shared outcomes and common core activities Public Health colleagues have been involved and engaged in this work from the beginning, through the Director of Public Health and other senior Public Health representatives alongside the above, CS&T manages the business planning process and other cross-council policy groups, all of which have benefited from the strong engagement of Public Health colleagues	£5,500	£5,500	£0	£22,000
	Use of Contact Centre	6.5	General enquiry calls for public health - handled and handed off - in place since staff transferred to the council Early contact received in relation to the handling of the Winter Warmth campaign from October 2015-March 2016	£1,625	£1,625	£0	£6,500
	Emergency Planning Support	5.0	Ongoing close working with the Health Emergency Planning and Resilience Officer (HEPRO) on a number of Emergency Planning tasks: • Close collaboration and contribution to the preparation for Exercise Numbus • Contribution to HEPRO for Cambridgeshire and Peterborough Local Resilience Forum (CPLRF) Influenza Planning • Contribution and support for the work for the Local Health Resilience Partnership (LHRP) • Provision of out of hours support for the Director of Public Health (DPH), ensuring that the DPH is kept up to date on relevant incidents that occur, or are responded to, outside normal working hours as part of the 24/7 duty provision	£1,250	£1,250	£0	£5,000
	LGSS Managed overheads	100.0	this continues to be supported on an ongoing basis, including: provision of IT equipment, office accommodation, telephone and Members allowances	£25,000	£25,000	£0	£100,000
	Community engagement & Timebank Shared Priority	28.5	Awaiting quarterly information				
	TOTAL CS&T	**236.0**					
LGSS Cambridge Office	**Overheads associated with public health function**	**220.0**					

APPENDIX 4 – Virements and Budget Reconciliation

	£'000	Notes
Budget as per Business Plan	18,222	
Virements		
Non-material virements (+/- £160k)	0	
Budget Reconciliation		
Transfer of post from CS&T to PH	29	Contra CS&T Research grant income
S75 agreement with NHS(England) for £144,000 income to fund HIV commissioning which we have undertaken on their behalf	144	
Current Budget 2015/16	**18,395**	

APPENDIX 5 – Reserve Schedule

Fund Description	Balance at 31 March 2015	2015/16		Forecast Balance at 31 March 2016	Notes
		Movements in 2015/16	Balance at 31 Sep 2015		
	£'000	£'000	£'000	£'000	
General Reserve					
Public Health carry-forward	952	0	952	**0**	**To be part used to meet in-year PH grant reduction**
subtotal	**952**	**0**	**952**	**0**	
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	**0**	**Delayed 14/15 spend**
Implementation of Cambridgeshire Public Health Integration Strategy	850	0	850	700	**2-3 years funding commence mid-year 15/16. Some may be required for in-year savings.**
Other Reserves (<£50k)	61	-61	0	0	**Service earmarked reserves**
subtotal	**2,081**	**0**	**2,020**	**1,300**	
TOTAL	**3,033**	**-61**	**2,972**	**1,300**	

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

Fund Description	Balance at 31 March 2015	2015/16		Forecast Balance at 31 March 2016	Notes
		Movements in 2015/16	Balance at 30 Sep 2015		
	£'000	£'000	£'000	£'000	
General Reserve					
Joint Improvement Programme (JIP)	164	17	181	90	Expenditure anticipated over 2 years.
Improving Screening & Immunisation uptake	0	9	9	0	£9k from NHS ~England for expenditure in Cambridgeshire and Peterborough
TOTAL	**164**	**26**	**190**	**90**	

APPENDIX 6 – Performance

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

The Public Health Service Performance Management Framework (PMF) for **August 2015** can be seen within the tables below:

HEALTH IMPROVEMENT												
Service		**Measures**										
	Overall RAG status	**Measure**	**Y/E Target 2015/16**	**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	98%	98%	99%	↑	
		GUM ACCESS - % seen within 48 hours (% of those offered an appointment)	80%	80%	83%	83%	G	85%	80%	83%	↓	
		Dhiverse : % of people newly diagnosed offered and accepted appointments	100%	100%	100%	100%	G	100%	100%	100%	↔	
		Access to contraception and family planning (CCS)	7200	3000	4827	161%	G	174%	600	143%	↓	
Health Improvement: Caring for people and assisting in improving all aspects of their general wellbeing	G	Number of Health Checks completed	18,000	4,500	3529	78%	R	N/A	4500	78%	N/A	HCs reported quarterly (this is Q1 / end of June 15 data)
		Percentage of people who received a health check of those offered	45%	45%	38%	38%	R	N/A	45%	38%	N/A	HCs reported quarterly (this is Q1 / end of June 15 data)
		Number of outreach health checks carried out	1,050	0%	0%	0%	N/A	N/A	0	0%	N/A	This is part of the new Lifestyle Service contract that began on June 1 . Training commenced 18th Aug 2015. HC targets been revised to take into account mobilisation period.
		Smoking Cessation - four week quitters	2237	503	428	85%	R	85%	155	95%	↑	June 2015 figures based on timelinesss trajectory
		School Nursing : Contacts made	9000	3231	3845	119%	G	123%	0	119%	↔	School holidays so no activities planned in this month
		School Nursing : Group activities	4784	1718	1926	112%	G	168%	0	112%	↔	
		Childhood Obesity (School year) - 90% coverage of children in year 6 by final submission (EOY)	90%	90%	92%	102%	G	N/A	90%	92%	N/A	This is reported on Annually. From June 2015 this service isprovided by SLM/Everyone Health. Measurements to commence in Sept 2015
		Childhood Obesity (School year) - 90% coverage of children in reception by final submission (EOY)	90%	90%	95%	106%	G	N/A	90%	95%	N/A	
		Personal Health Trainer Service - number of referrals received **(Pre-existing GP based service)**	1675	375	497	133%	G	131%	150	77%	↓	The new Lifestyles contract started June 1 2015. Many of the indicators are not populated for July as the Service was recruiting and establishing itself or the outputs were not available in the timeframe as the interventions take place over several months. Recruited staff focused upon the referrals to the one to one service and the groups will be developed as more post are filled
		Personal Health Trainer Service - number of initial assessments completed **(Pre-existing GP based service)**	1424	319	322	101%	G	118%	128	75%	↓	

HEALTH IMPROVEMENT												
Service		Measures										
	Overall RAG status	Measure	Y/E Target 2015/16	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
Health Improvement: Caring for people and assisting in improving all aspects of their general wellbeing	G	Personal Health Trainer Service - Personal Health Plans completed **(Pre-existing GP based service)**	908	203	11	5%	R	4%	81	10%	↑	Unable to report accuarately on this KPI as data transfer from previous provider still pending
		Number of referrals from Vulnerable Groups **(Pre-existing GP based service)**	335	75	419	559%	G	576%	30	280%	↓	Definition of VG and target under review with CCC
		Number of physical activity groups held **(Pre-existing GP based service)**	555	45	85	189%	G	78%	30	93%	↑	Service was still recruiting to posts where staff had left before the start of the new contract.
		Number of healthy eating groups held **(Pre-existing GP based service)**	555	45	6	13%	R	0	30	0	← →	Service was still recruiting to posts where staff had left before the start of the new contract.
		Recruitment of volunteer health champions **(Pre-existing GP based service)**	20	6	0	0%	R	0	2	0	← →	Service was still recruiting to posts where staff had left before the start of the new contract.
		Personal Health Trainer Service - number of referrals received (Extended Service)	625	0	49		G	25	0	18	N/A	
		Personal Health Trainer Service - number of initial assessments completed (Extended Service)	531	0	24		G	9	0	15	N/A	
		Personal Health Trainer Service - Personal Health Plans completed (Extended Service)	188	0	0			0	0	0	N/A	An individual may take up to year to complete a Personal Health Plan
		Number of referrals from Vulnerable Groups (Extended Service)	125	0	23		G	6	0	6	N/A	
		Number of physical activity groups held (Extended Service)	600	0	0			0	0	0	N/A	Service was still recruiting to posts and establishing itself and was not rag rated
		Number of healthy eating groups held (Extended Service)	600	0	0			0	0	0	N/A	Service was still recruiting to posts and establishing itself and was not rag rated
		Recruitment of volunteer health champions (Extended Service)	21	0	0			0	0	0	N/A	Service was still recruiting to posts and establishing itself and was not rag rated
		Number of behaviour change courses held	30	1	0			N/A	0	0%	N/A	Programme scheduled to start in the autumn
		%r of Tier 2 clients recruited who complete the course and achieve 5% weight loss	300	0	0			N/A	0	0%	N/A	Please note that the minimum time for both children and adult weight management course is 3 months with Tier 3 courses lasting 6 months
		% of Tier 3 clients recruited completing the course and achieve 10% weight loss	11	0	0			N/A	0	0%	N/A	Each patienst goes through a 6 months course
		% of children recruited who completie the weight management programe and maintain or reduce their BMI Z score by agreed amounts	TBD	0	0			N/A	0	0%	N/A	

* All figures received in September 2015 relate to August 2015 actuals with exception of Smoking Services, which are month behind and Health Checks 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.