

From: Martin Wade

Annex A

Tel.: 01223 699733

Date: 14 December 2015

Public Health Directorate

Finance and Performance Report – November 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
October (No. of indicators)	6	3	13	8	30

2. INCOME AND EXPENDITURE

2.1 Overall Position

Forecast Variance - Outturn (Oct) £000	Directorate	Current Budget for 2015/16 £000	Current Variance £000	Current Variance %	Forecast Variance - Outturn (Nov) £000	Forecast Variance - Outturn (Nov) %
-745	Health Improvement	9,048	-2,423	-41.4%	-745	-8.2%
0	Children Health	5,606	-212	-8.7%	0	0%
-20	Adult Health & Well Being	979	-362	-57.7%	-20	-2.0%
0	Intelligence Team	26	-11	-71.9%	0	0%
-5	Health Protection	16	5	44.5%	-5	-32.3%
-10	Programme Team	153	-37	-36.2%	-10	-6.55%
-150	Public Health Directorate	2,567	-209	-12.2%	-150	54.2%
-930	Total Expenditure	18,395	-3,249	-30.2%	-930	3.3%
-610	Anticipated use of carry-forward of Public Health grant				-610	
1,540	Public Health Grant	-18,395	49	0%	1,540	-8.4%
930	Total Income	-18,395	49	0%	930	-8.4%
0	Net Total	0	-3,200		0	

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

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

2.2 Significant Issues

The Department of Health has now published its response to the consultation on in-year savings to the public health grant in 2015-16. The response confirms the Government's initial proposal to reduce each local authority's overall public health allocation for 2015-16 by 6.2%, achieving a total £200m saving nationally. The 6.2% saving is based on each authority's share of the overall allocation of public health funding which for Cambridgeshire equates to a reduction of £1,610k.

Furthermore, in the Comprehensive Spending Review in November 2015, the Chancellor announced further reductions to the Public Health grant for 2016-17 to 2019-20 and additionally confirmed that the grant would remain a ring-fenced grant for two more years, to the end of March 2018. As a result of the grant remaining ring-fenced, the usual treatment would be for services funded by the public health grant to absorb pressures arising from the grant reduction, demography and inflation; however at the time of this report being produced the treatment has yet to be confirmed.

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.

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 October 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	829	755	91%	A	105%	161	96%	↓

- Since 2013/14 there has been an ongoing drop in the percentage of the target number of 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 has shown that the positive movement in smoking prevalence in the percentage of adults smoking across the County between 2012 and 2013 had generally been sustained between 2013 and 2014. However inequalities in smoking rates remain, with the prevalence in Fenland, Cambridge City and amongst manual workers being 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	9,000	6996	78%	R	78%	4500	77%	↓
Percentage of people who received a health check of those offered	45%	45%	36%	36%	R	38%	45%	36%	↓

- 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%. In Q2 there has not been any improvement with the conversion at 36%. Although there continues to be 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. Intelligence from the commissioned social marketing work clearly indicates a lack of awareness in the population of Health Checks. Actual health check numbers compare favourably to other areas but the issue is the conversion rate which is attributed to the poor public understanding of the Programme. There is a concerted drive to launch a promotion campaign as soon as possible. Other activities include staff training from a commissioned Coronary Heart Disease specialist nurse, new data collection software for practices, and additional staff support for practices. 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.

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	4154	4616	111%	G	119%	923	102%	↓
School Nursing : Group activities	4784	2208	1947	88%	G	112%	490	4%	↓

- Currently individual contacts continue to be above target while group contacts are below. The low figure for September can be accounted for by some degree by school holidays. However this data 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 have been agreed. A new performance template has been developed and this will be used to understand baseline activity from October. 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.

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

4.3 Health Committee Priorities

Health Inequalities

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 September was higher among the least deprived 80% of practices in Cambridgeshire compared with the most deprived 20%
 - In the least deprived 80%, 100 four-week quits were achieved, 88% of the monthly target of 114; in the most deprived 20% of practices, 47 four-week quits were achieved, 64% 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 83% and in the most deprived 20%, at 71%.
 - The gap in performance in quits achieved between the two groups increased in September compared to the gap seen in August due to both a fall in quits achieved in the most deprived practices and an increase in quits achieved for the least deprived practices.

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

Practice deprivation category	Year end Target	Year-to-date					September			Previous month	
		Target	Completed	Percentage	Difference from target	RAG status	Target	Completed	Percentage	Percentage	Direction of travel
Least deprived 80%	1,366	683	570	83%	17%		114	100	88%	80%	↑
Most deprived 20%	871	436	309	71%	29%		73	47	64%	61%	↓
All practices	2,237	1,119	879	79%	21%		186	147	79%	71%	↓

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	September	Previous month	Direction of travel
Percentage point gap	12%	23%	1%	↓

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, 01/12/15

Actions:

There is an ongoing programme that targets the more deprived areas. The biggest focus is in Fenland where there is an active promotion programme in the community which includes visits to shops and a mobile service. Staff have been trained at the Migrant Community Centre in Wisbech to support people to quit or refer to the local Stop Smoking Services. Smoking rates amongst the migrant communities are high. Promotional campaigns that reflect commissioned social marketing research are being implemented in the more deprived areas across the county. The Workplace Health Programme is expanding and it targeting workplaces where there is high rate of smoking amongst employees.

NHS 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.

Quarterly:

- The percentage of the health check target achieved in Quarter 2 was higher in the least deprived 80% of practices than in the most deprived 20%.
- In the least deprived 80%, 2586 health checks were delivered, 80% of the quarterly target of 3214; in the most deprived 20% of practices, 881 health checks were delivered, 69% of the quarterly target of 1286.
- The gap in performance in health checks delivery between the two groups was 11 percentage points in Quarter 2.
- The gap in performance in health checks achieved between the two groups decreased in Q2 compared to the gap seen in Q1 due to both an increase in health checks in the most deprived practices and a decrease in health checks for the least deprived practices.

Year to date:

- Looking at performance data for the year to date, the percentage of the health check target achieved in the least deprived 80% of practices stands at 83% and in the most deprived 20%, at 65%.
- The percentage of the health check target achieved in the year to date is more than 10% away from the target in both groups.
- Performance for the most deprived 20% of practices is 18 percentage points behind performance in the least deprived practices.

Performance of health checks in deprived and non-deprived GP practices by deprivation quintile by all general practices in Cambridgeshire 2014/15 - Overview

Deprivation quintile	Total NHS GP practices	Performance					Quarter 2			Previous quarter	
		Target	Completed	Percentage	Unfinished	From target	Target	Completed	Percentage	Percentage	Unfinished
Most deprived 20%	2,340	9,300	9,300	100%	0	0	9,300	9,300	100%	100%	0
2nd most deprived 20%	2,340	9,300	9,300	100%	0	0	9,300	9,300	100%	100%	0
All GP practices	11,700	46,800	46,800	100%	0	0	46,800	46,800	100%	100%	0

Color coding

Red	More than 10% below target
Yellow	Between 5% below target
Green	More than 5% above target

Direction of trend

↕	From above target to below
↕	From below target to below
↕	From below target to above

Summary: performance of health checks in deprived and non-deprived GP practices by deprivation quintile by all general practices in Cambridgeshire 2014/15 - Overview

	Target	Actual	Percentage	Unfinished
Performance of health checks	46,800	46,800	100%	0

Direction of trend

↕	From above target to below
↕	From below target to below
↕	From below target to above

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, 01/12/2015

Actions:

Improving the number of completed NHS Health Checks is requiring considerable effort in deprived areas but also across the whole area. Each Health Check demands that invitations are only sent to those eligible, the Health Check itself is complicated and time consuming in terms of the risk assessment and subsequent actions. All of these make the assessment, recording and capture of Health Checks challenging for busy GP practices. Although there are new commissioned interventions across the county to improve the clinical aspects and to make data management much more robust, efforts to work with individual practices have been concentrated in the more deprived areas to ensure that they maximise the benefits of these improvements.

In addition although historically the NHS Health Checks Programme has been provided in GP practices, the new Integrated Lifestyle Service has been commissioned to provide outreach Health Checks to more at risk populations in the community and workplaces.

Life expectancy and healthy life expectancy

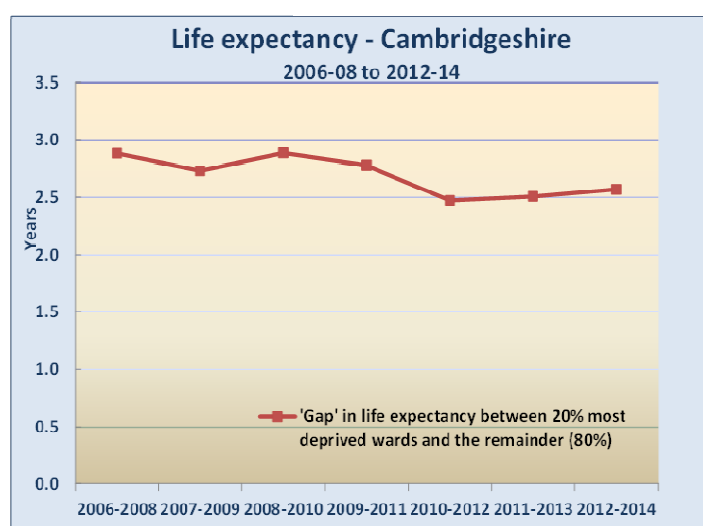
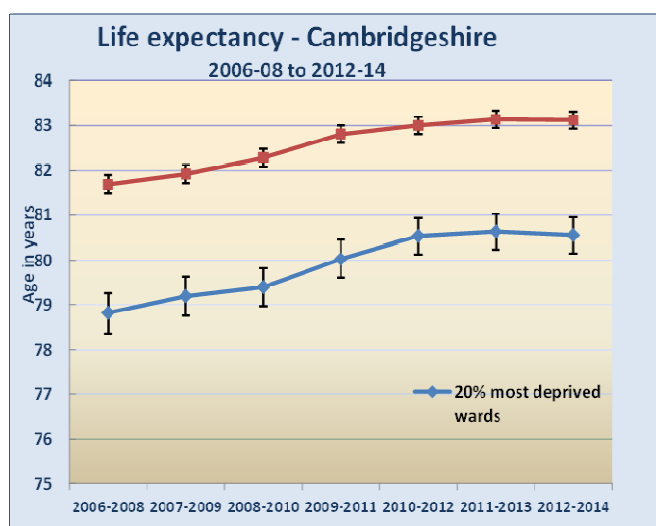
There is no update to the data provided in the September report and so the material provided previously is replicated below. There will be an update to the life expectancy data in the next report. The delay is attributable to the publication

and analysis of mortality data for the life expectancy data and in national reporting in the case of healthy life expectancy.

- Inequalities in life expectancy in the most deprived quintile of Cambridgeshire (monitored quarterly subject to data availability)
 - 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)



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 improve 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 improve 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

This target needs to be re-calculated as there was an error in the original data released in the PHOF. An incorrect weighting error had been used by Sport England.

Actions

Interventions to address both childhood and adult obesity 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 healthy 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 recently commissioned a new 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 in healthy lifestyle activities.

Mental health

Proposed indicators:

- **Number of schools attending funded mental health training:**

Training is provided via Cambridgeshire and Peterborough Foundation Trust and consists of a range of courses covering broad areas of mental health to more specific issues, such as self-harm. <http://www.trainingcamh.net/>

As of July, 119 schools (out of 256 schools) had engaged with at least one element of the training package (which includes online training, face to face courses and staff briefings). The monitoring of this work is currently being reviewed and more up-to-date data will be available shortly. Anecdotally, the recent additional promotion to schools via new the new prospectus and the Ordinary Magic Conference has seen an increase in enquiries, particularly from primary schools.

- **Number of secondary schools taken up offer of consultancy support around mental and emotional wellbeing of young people (annual) – data not yet available as this is newly funded work as part of the public mental health strategy.**

- **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. Up until September 2014:

MHFA (2 day course) attendance: 157

MHFA Lite (1/2 day) attendance: 53.

The contract is for a two year period from October 2014-October 2016. The annual target is to train 255 front line staff in full Mental Health First Aid and 126 staff from other groups in Mental Health First Aid Lite

TRANSPORT AND HEALTH

Air pollution – Monitoring indicators

Air pollution PHOF: Fraction of all-cause adult mortality attributable to anthropogenic particulate air pollution

- Mortality attributable to particulate air pollution has remained relatively stable in Cambridgeshire between 2010 and 2013.

Fraction of mortality attributable to particulate air pollution	In JSNA			Update from PHOF (as at 01/12/2015)
	2010	2011	2012	2013
District				
Cambridge City	-	5.7%	5.4%	5.6%
East Cambridgeshire	-	5.1%	5.1%	5.5%
Fenland	-	5.2%	5.2%	5.7%
Huntingdonshire	-	5.4%	5.3%	5.5%
South Cambridgeshire	-	5.4%	5.3%	5.5%
Cambridgeshire	5.5%	5.4%	5.2%	5.5%
England	5.6%	5.4%	5.1%	5.3%

Data taken from PHOF, Fingertips, PHE

Air pollution – Action plan indicators

Communication of public health impact of air pollution to organisational partners including LA and CCG.

- Air pollution section of JSNA communicated to:
 - Health and Wellbeing Board
 - Cambridgeshire County Council SMT
 - East Cambridgeshire District Council Joint Planning and Transport Steering group
 - Cambridgeshire and Peterborough CCG Clinical and Management Executive Team; highlighting health impact of air pollution, hot spots near Addenbrooke's and impact of indoor air quality

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

- Public Health has provided input into Transport Strategy for East Cambridgeshire (TSEC). Involving meetings with colleagues in ETE and presentations to East Cambridgeshire District Council Joint Planning and Transport Steering group, reviewing draft TSEC and involvement in planning consultation
- Public Health has provided support to the Stagecoach Low Emission Bus bid through a letter of support and data on the health impacts of air pollution

Active Travel – Monitoring Indicators

1% reduction per year in pupils travelling to school by car

To be added

PHOF physical inactivity indicator: Proportion physically inactive adults (less than 30 minute moderate activity a week, in bouts of 10 minutes or more). Annual – based on Active People Survey. Awaiting revised data see above

Proportion of residents who cycle for utility purposes by District. Annual – based on Active People Survey

- Numbers should be treated with caution as sample size is small for each district and there is only two years of data presented
- Regular utility cycling (3 or 5 times per week) for utility purposes has generally increased across all Cambridgeshire districts
- Rates of utility cycling in districts other than Cambridge City are better than the national rate, but still low

District	Sample size	Cycle at least							
		1 x per month		1 x per week		3 x per week		5 x per week	
		2012/13	2013/14	2012/13	2013/14	2012/13	2013/14	2012/13	2013/14
Cambridge	498	52.6	51.7	36.8	44.2	24.5	31.6	10.9	24.1
East Cambridgeshire	492	7.6	7.8	3.4	6.0	0.9	2.7	0.2	1.9
Fenland	498	12.0	11.4	6.9	6.2	3.9	4.4	2.1	3.8
Huntingdonshire	500	9.7	6.5	7.0	5.3	3.0	3.7	1.2	2.2
South Cambridgeshire	501	15.6	17.6	9.1	13.4	5.4	6.8	2.1	4.7
Cambridgeshire	2,489	20.1	19.4	15.5	15.5	10.2	10.2	5.8	7.6
England	163,750	6.5	6.5	4.5	4.5	2.6	2.6	1.5	1.6

Proportion of residents who walk for utility purposes by District. : Annual - based on APS

- Numbers should be treated with caution as sample size is small for each district and there is only two years of data presented.
- Regular utility walking (3 or 5 times per week) for utility purposes has generally increased across all Cambridgeshire districts
- Rates of utility walking in districts other than Cambridge City are lower than the national rates

District	Sample size	Walk at least							
		1 x per month		1 x per week		3 x per week		5 x per week	
		2012/13	2013/14	2012/13	2013/14	2012/13	2013/14	2012/13	2013/14
Cambridge	483	75.4	75.2	62.7	68.7	39.7	48.6	27.9	35.5
East Cambridgeshire	477	49.1	50.8	37.8	42.9	25.0	29.5	17.0	22.0
Fenland	482	51.6	47.4	43.2	37.7	26.1	22.5	17.6	17.6
Huntingdonshire	481	55.0	50.8	43.4	43.4	28.2	26.7	17.6	18.9
South Cambridgeshire	485	57.2	59.3	48.7	49.5	28.1	32.0	18.5	20.0
Cambridgeshire	2,408	58.4	57.5	47.8	49.2	29.8	32.2	19.8	22.9
England	159,058	57.2	58.7	47.4	50.1	30.2	33.0	20.2	22.3

Active Travel - Action plan indicators

The Local Transport Strategies are designed to improve PH outcomes through strengthened collaboration with ETE and input into the local strategies to improve active travel opportunities in Fenland, East Cambridgeshire and Huntingdonshire

- Public Health has provided input into Transport Strategy for East Cambridgeshire (TSEC). Involving meetings with colleagues in ETE and presentations to East Cambridgeshire District Council Joint Planning and Transport Steering group, reviewing draft TSEC and involvement in planning consultation

Maximise opportunities for active travel in each of the Districts

- Active Travel is an element of the Public Health Reference Group's Implementation Planning and projects are being taken forward with District Councils as part of a wider Workplace programme. It will also be addressed in the developing Obesity Strategy (Physical Activity and Healthy Diet)
- Provision of Fenland data and maps regarding areas of low active travel to Belinda Pedler, Fenland District Council

Engage with local communities to develop local solutions to active travel

- Engaged with Transport for Work Partnership

Access to transport – Monitoring indicators

Proportion of Wards with average travel time to hospital < 1 hour on public transport, by District. Annual - based on DfT accessibility data.

- No new data since Transport and Health JSNA (33 out of 123 wards, 26.8%, 2013)

Proportion of LSOAs with average travel time to GP < 20 minutes on public transport, by District. Annual - based on DfT accessibility data.

- No new data since Transport and Health JSNA (6 out of 123 wards, 4.9%, 2013)

Access to transport - Action plan indicators

Engage with local authority and CCG teams around patient transport

- Attendance at Cambridgeshire Future Transport Meetings
- Presentation to Cambridgeshire and Peterborough CCG Clinical and Management Executive Team
- Involvement with Total Transport Initiative
- Engagement and agreement with CCG around Non-Emergency Patient Transport (NePTS) to ensure that JSNA findings and Total Transport pilot impact procurement process
 - Meetings with CCG commissioners for NePTS
 - Total Transport pilot and opportunities highlighted to potential providers at NePTS Market Event (November 2015)
 - Agreement that Total Transport Pilot results and evaluations will be reviewed and incorporated into NePTS/Patient Transport as appropriate

Communication of Transport and Health access data and "flags" with Districts and Economy, Transport and Environment Department and incorporation into relevant strategies

- Presentation to Cambridgeshire and Peterborough CCG Clinical and Management Executive Team
- Presentation to East Cambridgeshire District Council Joint Planning and Transport Steering group
- Data provided to Fenland District Council for evaluation by Transport Access Group

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 (DTOC) in Cambridgeshire and Peterborough and requested regular updates on the current status of Delayed Transfer of Care.

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.

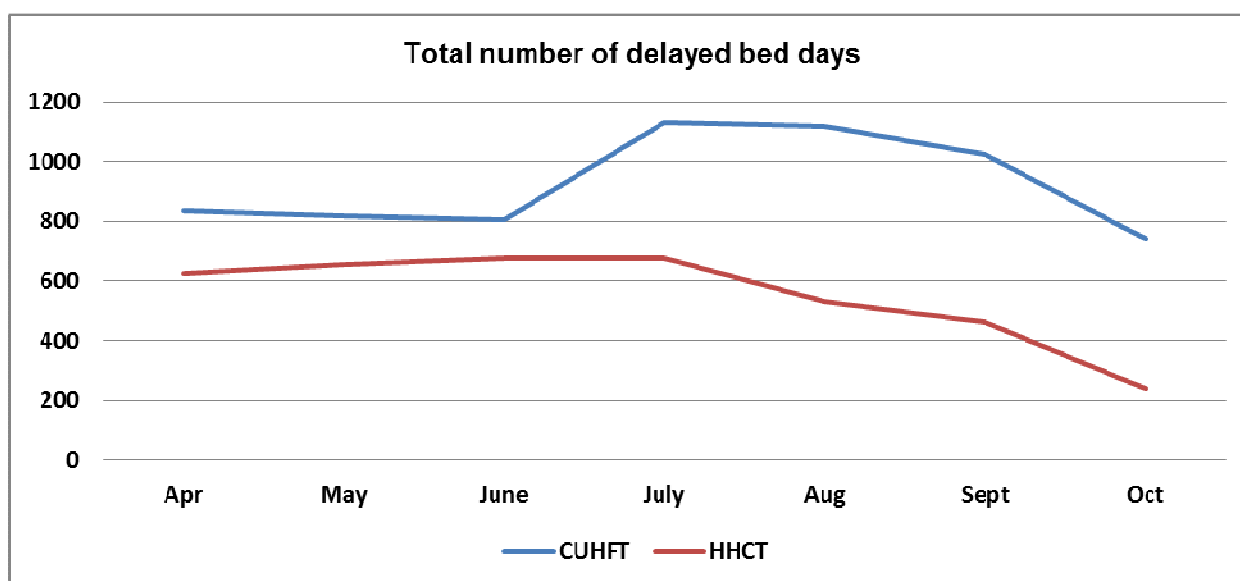
For the Health Committee meeting scheduled 5th November updates were provided using monthly data from NHS England. It was noted that the data provided on 5th November was retrieved from the monthly situation report which collects data on the number of patients delayed on the last Thursday of each month and the total delayed days during the month for all patients delayed throughout the month.

However Cambridgeshire & Peterborough Clinical Commissioning Group (CCG) CG are able to provide reports 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

Please note the new CCG reporting data will be used for future updates.

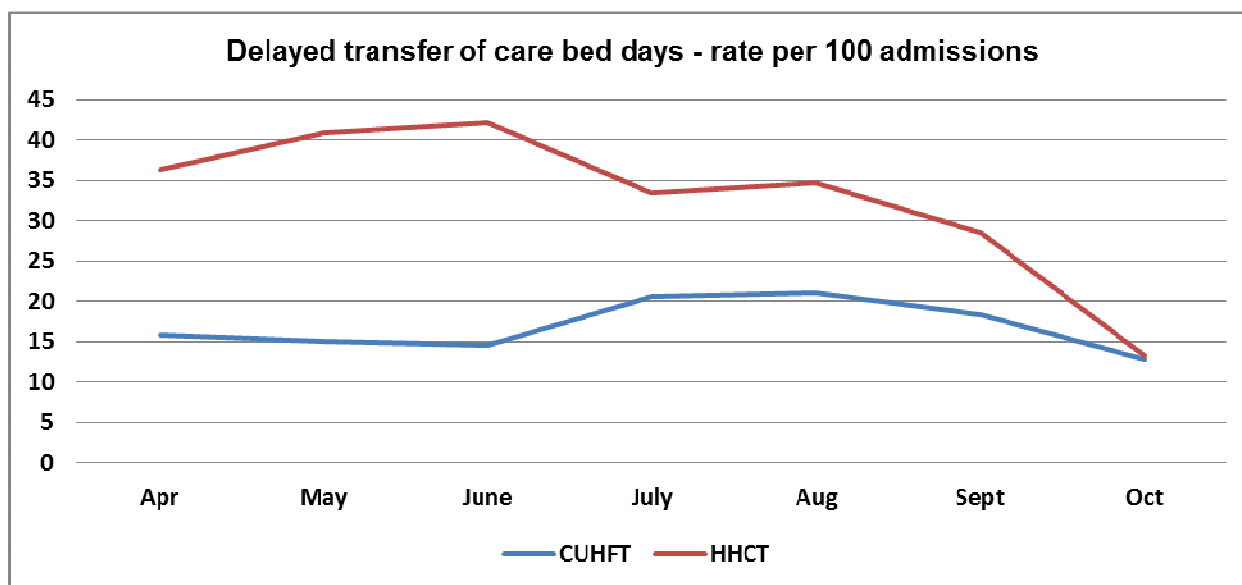
Total Number of delayed bed days:

Name	Apr 15	May	June	July	Aug	Sept	Oct
CUHFT	836	819	804	1132	1121	1023	741
HHCT	625	656	678	586	531	462	241
TOTAL	1461	1475	1482	1718	1652	1485	982



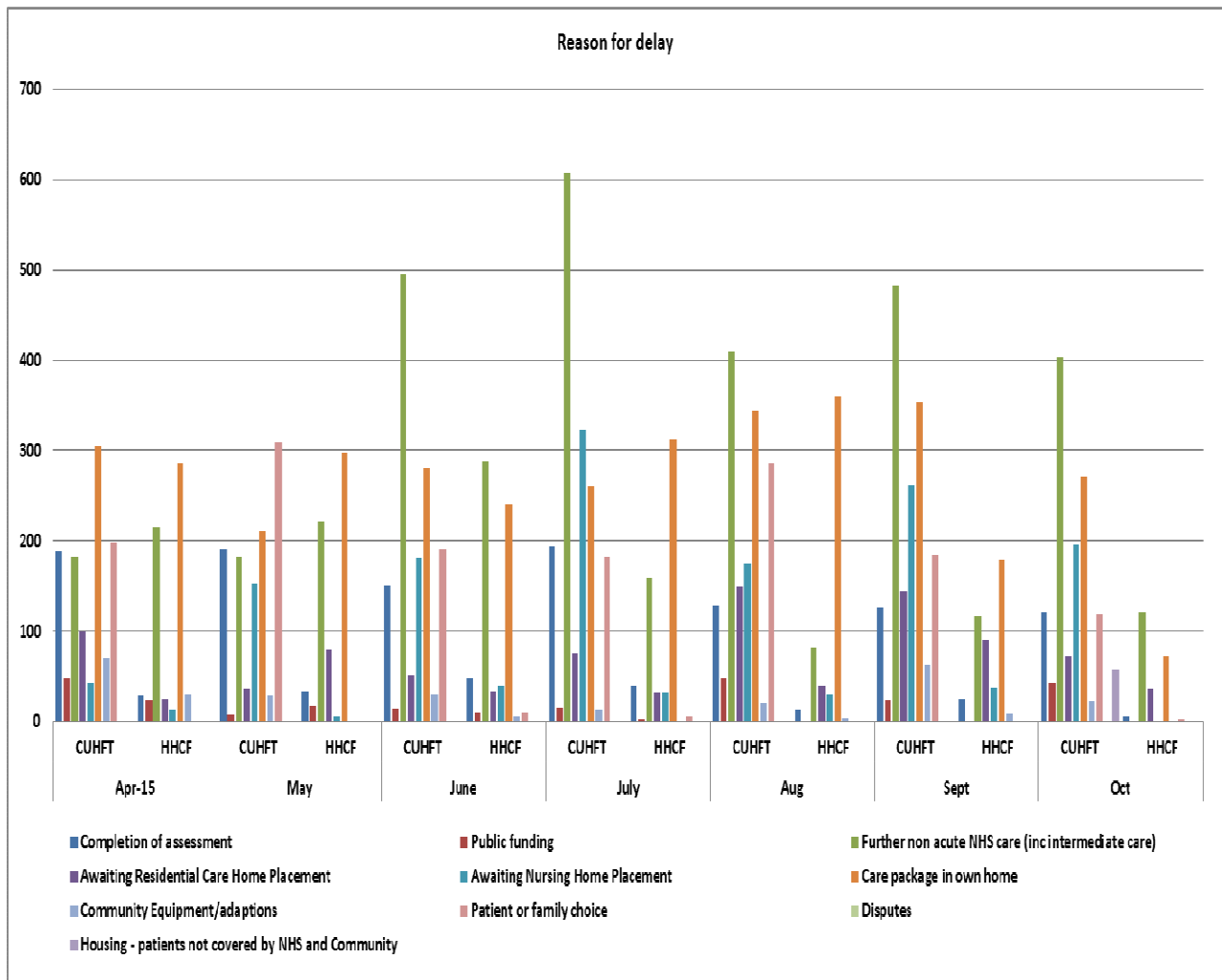
Delayed transfer of care bed days – rate per 100 admissions:

Name	Apr 15	May	June	July	Aug	Sept	Oct
CUHFT	15.8	15.0	14.5	20.5	21.0	18.3	12.8
HHCT	36.3	40.9	42.1	33.5	34.7	28.5	13.3
TOTAL	52.1	55.9	56.6	54.0	55.7	46.8	26.1



Total number of delayed bed days by reason:

Reason for delay	Apr-15		May		June		July		Aug		Sept		Oct	
	CUHFT	HHCf	CUHFT	HHCf	CUHFT	HHCf	CUHFT	HHCf	CUHFT	HHCf	CUHFT	HHCf	CUHFT	HHCf
Completion of assessment	189	30	191	34	151	49	194	41	128	13	127	25	122	7
Public funding	48	24	8	17	15	11	16	3	48	0	24	0	43	0
Further non acute NHS care (inc intermediate care)	182	215	182	222	494	288	607	159	410	83	483	118	403	122
Awaiting Residential Care Home Placement	100	26	37	80	51	33	75	32	150	40	144	91	73	36
Awaiting Nursing Home Placement	43	13	153	6	181	40	323	32	175	31	262	38	196	0
Care package in own home	305	286	211	297	281	240	261	312	345	360	354	180	272	73
Community Equipment/adaptions	70	31	29	0	31	6	13	1	22	4	63	10	23	0
Patient or family choice	199	0	309	0	190	11	182	6	287	0	185	0	119	3
Disputes	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Housing - patients not covered by NHS and Community	0	0	0	0	0	0	0	0	0	0	0	0	58	0
Total	1136	625	1120	656	1394	678	1671	586	1565	531	1642	462	1309	241
Grand total	1761		1776		2072		2257		2096		2104		1550	
Patients delayed	45	17	58	22	45	21	53	19	74	16	40	8	49	5
TOTAL	62		80		66		72		90		48		54	



- **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. Members requested regular updates on the E-Hospital performance

Cambridge University Hospital Foundation Trust (CUHFT) have provided the committee with a copy of the e-hospital progress report (November 2015). See appendix 7.

The Executive summary notes the following key issues.

- There remain significant challenges to resolve, in particular relating to high cost drugs, which impact the return to Payment by Results (PbR).
- The Inpatient and Outpatient Designs Authorities continue to prioritise workload and deliver improvements in Epic based on key operational stakeholder input. The Speciality reviews are ongoing, and the training team are expanding the courses on offer to staff. The PAS and Information Management teams focus on key build and resolving data quality and set issues.
- Significant progress has been made in response to the CQC Inspection Report recommendations.

- The e-Hospital Benefits Realisation plan has been reviewed by the Recovery Team, restructuring such that it has been taken on by Operations linked to the recovery programme.

The full report is provided as Appendix 7. The committee is reminded that a CUHFT will be providing further e-hospital updates at a workshop scheduled for Feb/ March 2016. Monthly updates are also being provided directly to the Health Committee, as part of a wider update on key priorities following the CQC inspection of CUHFT.

- **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).

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. An up to date position on the CAM waiting lists will be provided by representatives from CCG and CPFT as part of a formal Health Scrutiny report scheduled for discussion on 21st January 2016.

APPENDIX 1 – Public Health Directorate Budgetary Control Report

Forecast t Variance Outturn (Oct) £'000		Service	Current Budget for 2015/16 £'000	Expected to end of Nov £'000	Actual to end of Nov £'000	Current Variance £'000 %		Forecast Variance Outturn (Nov) £'000 %	
Health Improvement									
-170	1	Sexual Health STI testing & treatment	4,299	2,825	2,021	-805	-28.48%	-170	-3.96%
-100	2	Sexual Health Contraception	1,170	725	325	-400	-55.15%	-100	-8.55%
0		National Child Measurement Programme	0	0	19	19	0.00%	0	0.00%
-30		Sexual Health Services Advice Prevention and Promotion	223	166	107	-60	-35.91%	-30	-13.43%
0		Obesity Adults	0	0	47	47	0.00%	0	0.00%
0		Obesity Children	82	55	72	17	31.88%	0	0.00%
-15		Physical Activity Adults	100	100	63	-36	-36.37%	-15	-15.07%
-40		Healthy Lifestyles	1,464	923	649	-274	-29.65%	-40	-2.73%
0		Physical Activity Children	0	0	0	0	0.00%	0	0.00%
-295	3	Stop Smoking Service & Intervention	1,099	590	15	-575	-97.42%	-295	-26.85%
-40		Wider Tobacco Control	123	101	0	-101	-100.00%	-40	-32.50%
-5		General Prevention Activities	386	309	119	-190	-61.58%	-5	-1.29%
-50		Falls Prevention	100	67	0	-67	-100.00%	-50	-50.00%
0		Dental Health	2	0	0	0	0.00%	0	0.00%
-745		Health Improvement Total	9,048	5,860	3,437	-2,423	-41.35%	-745	-8.24%
Children Health									
-		Children 0-5 PH Programme	3,861	1,250	1,250	0	0.02%	0	0.00%
		Children 5-19 PH Programme	1,745	1,179	967	-212	-17.99%	0	0.00%
-		Children Health Total	5,606	2,429	2,217	-212	-8.72%	0	0.00%
Adult Health & Wellbeing									
0		NHS Health Checks Programme	719	422	222	-200	-47.43%	0	0.00%
-20		Public Mental Health	224	168	43	-125	-74.23%	-20	-8.94%
0		Comm Safety, Violence Prevention	37	37	0	-37	-100.00%	0	0.00%
-20		Adult Health & Wellbeing Total	979	627	265	-362	-57.69%	-20	-2.04%
Intelligence Team									
-		Public Health Advice	16	9	6	-3	-38.24%	0	0.00%
-		Info & Intelligence Misc	10	6	-1	-7	-122.27%	0	0.00%
-		Intelligence Team Total	26	15	4	-11	-71.86%	0	0.00%
Health Protection									
0		LA Role in Health Protection	11	7	15	8	110.32%	0	0.00%
-5		Health Protection Emergency Planning	5	3	0	-3	-93.87%	-5	-100.00%
-5		Health Protection Total	16	11	15	5	44.48%	-5	-32.26%

Programme Team									
0	Obesity Adults	0	0	-0	-0	0.00%	0	0.00%	
0	Stop Smoking no pay staff costs	31	21	18	-3	-12.83%	0	0.00%	
-10	General Prev, Traveller, Lifestyle	121	81	47	-34	-41.66%	-10	-8.24%	
-10	Programme Team Total	153	102	65	-37	-36.22%	-10	-6.55%	

Forecast Variance Outturn (Oct) £'000	Service	Current Budget for 2015/16 £'000	Expected to end of Nov £'000	Actual to end of Nov £'000	Current Variance		Forecast Variance Outturn (Nov)	
					£'000	%	£'000	%

Public Health Directorate								
	Health Improvement	448	300	240	60	19.91%		0.00%
	Public Health Advice	750	502	490	12	2.39%		0.00%
	Health Protection	150	101	99	2	1.98%		0.00%
-150	4 Programme Team	1,080	722	696	26	3.60%	-150	0.00%
	Childrens Health	23	15	16	-1	-4.35%		0.00%
	Comm Safety, Violence Prevention	52	35	34	1	1.92%		0.00%
	Public Mental Health	64	44	33	11	24.43%		0.00%
-150	Public Health Directorate total	2,567	1,719	1,608	-209	-12.15%	-150	-5.84%

-930	Total Expenditure before Carry forward	18,395	10,762	7,611	-3,249	-30.19%	-930	-5.06%
-------------	---	---------------	---------------	--------------	---------------	----------------	-------------	---------------

-610	Anticipated Carry forward of Public Health grant	0	0	0	0	0.00%	-610	0.00%
-------------	---	----------	----------	----------	----------	--------------	-------------	--------------

Funded By								
1,610	Public Health Grant	-18,209	-12,692	-12,692	0	0.00%	1,610	-8.84%
	S75 Agreement NHSE - HIV	-144	0		0	0.00%		0.00%
-70	Other Income	-42	-21	-70	49	-233.33%	-70	166.67%
1,540	Income Total	-18,395	-12,713	-12,762	49	-0.39%	1,540	-8.37%

0	Net Total	0	-1,951	-5,151	-3,200	-	610	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		Forecast Variance - Outturn	
		£'000	%	£'000	%
1 Sexual Health STI testing & treatment	4,299	-172	-9.2%	-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 reduced 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	-29	-8.33%	-100	-8.55%
Part of 2015/16 savings plan. £100k non-recurrent in-year 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	-212	-93.7%	-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.					
4 Public Health Directorate	2567	-144	-9.53%	-150	-5.84%
Part of 2015/16 savings plan. £150k savings to be achieved through vacancy management strategy.					

APPENDIX 3 – Grant Income Analysis

The tables below outline the allocation of the full Public Health grant, and includes an update for Quarter 1 of 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 (Oct – 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 Q2 update
ETE Directorate	418	418			See following tables for Q2 update
CS&T Directorate	265	236			£29k decrease ref the transfer of a post from CS&T to PH. See following tables for Q2 updates
LGSS Cambridge Office	220	220			

Directorate	Service	Total	Contact	Cost Centre/ Finance Contact	Q2 Info requested	Q2 Update	Q2 expected spend	Q2 Actual Spend	Variance	Predicted spend Y/E	YTD Expected spend	YTD Actual spend	Variance YTD
CFA	DAAT	£6,269k	Susie Talbot	NB31001- NB31010 Jo D'Arcy/Ali Wilson	19/10/2015	<p>At the end of Q2 there had not been any current spend for the allocated budget for GP Shared Care, Nalmefene, Recovery Hub Coordinator and BBV as this is work in progress. We were also awaiting Q2 invoices for CASUS YP Contract which we received early October along with Q3 so this will now show Q1, 2 & 3 at the end of Q3. We are also awaiting Q1 20% performance element of both Inclusion Drug & Alcohol contracts and these will be agreed once the performance meeting has taken place and agreed at the DACG.</p> <p>The predicted Q2 spend is based solely on a half of the overall allocated budget so the predicted and actual spend will vary during the year depending on when invoices are received but we anticipate that all contracted payments will be made by then end of Q4.</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 by the DACG members for payment.</p> <p>At the end of Q2 a prediction was made that there will be a possibility of an underspend in the PHG of around £70K. This is estimated from vacant posts which have not been filled and also from the Nalmefene & GP Shared care budget which to date has no current spend.</p>	£ 3,134,500	£ 2,460,260	£ 674,240	£ 6,199,000	£4,701,750	£3,883,438	£818,312
CFA	Reduction in Self Harm	£189K			16/10/2015	<p>Training provision and support : Workshop has been held with CCC and CPFT reps to identify what is being offered to schools and to ensure there is consistency and clarity in CCC offer</p> <p>CPFT engagement data : Data collated into a single spreadsheet and analysis undertaken</p> <p>Training via Senco : Ongoing, continues to be promoted, and once offer has been put into diagramatic form will be publicised further.</p> <p>Newsletter contributions ongoing (monthly)</p> <p>Implementing additional support : this work is now being implemented</p> <p>School newsletters : regular contributions have included case studies provided by CPFT and a regular item being added on the CPFT training. The 'Ordinary Magin' mental health conferences for schools was also promoted in September</p> <p>Quality Assurance framework : it has since been discovered that there is a similar piece of work being undertaken in the council. We will be working to see if there is a need for this work or if it is covered elsewhere</p>	£47,250	£45,249	£2,001	£189,000	£94,500	£90,496	£4,004

Directorate	Service	Total	Contact	Cost Centre/ Finance Contact	Q2 Info requested	Q2 Update	Q2 expected spend	Q2 Actual Spend	Variance	Predicted spend Y/E	YTD Expected spend	YTD Actual spend	Variance YTD
CFA	Physical Activity in Older People	£150k			16/10/2015	Workshop held in August, with 14 attendees. Discussion highlighted current levels of PA in day centres may be low. To follow this up and understand current provision in detail, a questionnaire to gather baseline data was developed, and meetings have been held with managers to gain insight on delivery, opportunities and challenges to inform project roll out. By the end of September information from 8 day centres had been collated.							
CFA	Childrens Centres	£170k	Sarah Ferguson/Jo Sollars	CE10001 : Rob Stephens	19/10/2015	<p>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.</p> <p>The Public Health funding is utilised as part of the total Children's Centre budget to improve health of children aged 0-5</p> <p>In Q2 Children's Centres have continued to promote 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. Children's Centres have also been involved in the planning, preparation work and as a delivery outlet for the winter 2015 Warm Homes programme</p> <p>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</p>	£42,500	£42,500	£0	£170,000	£85,000	£85,000	£0
CFA	Education Well-Being Team : KickAsh, Life Education (LEC) and other tbc	£56k	Amanda Askham	CB40401 : Adam Cook	19/10/2015	<p>Kick Ash £25,000 confirmed spend (two additional schools) - on track.</p> <p>Life Education £15,000 confirmed spend - on track</p> <p>Training days for school nurses £2,500 - currently being negotiated</p> <p>Research and development of resources on Health Relationships £1,500 - on track</p> <p>HBT/SRE resources and training £3,000 - on track</p> <p>SRE Theme-set for secondary schools £9,100 - on track</p>	£28,050	£25,550	£2,500	£56,100	£35,050	Q1 actual awaited	

Directorate	Service	Total	Contact	Cost Centre/ Finance Contact	Q2 Info requested	Q2 Update	Q2 expected spend	Q2 Actual Spend	Variance	Predicted spend Y/E	YTD Expected spend	YTD Actual spend	Variance YTD
CFA	Chronically Excluded Adults (MEAM)	£93k	Ivan Molyneux	MN92145 : Matt Moore	19/10/2015	<p>The CEA Team continues to work hard to continue to ensure that the co-ordinated approach is supported by relevant services</p> <p>The service expansion into Peterborough has been successful with the service embedding the CEA approach to address the issues facing their complex needs population. The CEA team continue to work with colleagues in Peterborough on what promises to be an exciting partnership</p> <p>We are currently working to put together a three year strategy so as to be able to take forward the CEA work across Cambridgeshire and its expansion into Peterborough</p> <p>Training has been provided to staff from Colchester, Norwich and Lowestoft</p> <p>Work with faith based services will be developed in the coming year, which will include presenting the CEA work and advising how services can be involved</p> <p>Service users and staff have met with a local MP to highlight the CEA work in Cambridgeshire</p> <p>Work continues with voices from the frontline in partnership with MEAM</p>	£28,052	£28,997.54	-£945.54	£110,000	£56,102	£54,034	£2,068
CFA	Housing related support	£6k	Alison Bourne		19/10/2015	<p>Huntingdonshire Floating Support Services: Continuing to provide support to avoid homelessness, and continues to meet targets set</p> <p>East Cambs Floating Support Service: From Apr-June 2015 this service supported 58 households and individuals to prevent homelessness, and continues to meet targets set</p> <p>Ferry Project: Contract provides for support to single homeless people in Fenland. Contract 1 saw 42 clients supported in Q1. Contract 2 saw 19 clients supported in Q1. Q2 data not yet available</p> <p>Cambridge Cyrenians: Saw 22 referrals in to service in Q1. 20 individuals moving into longer term accommodation. Q2 information not yet available.</p> <p>Jimmy's: Continues to support homelessness with 22 beds. 100 guests to date.</p> <p>Metropolitan Cambridge Mental Health Cluster - Supported Housing/Visiting Support: Continues to provide 148 supported accommodation units</p>	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	£3,000	£3,000	£0

Directorate	Service	Total	Contact	Cost Centre/ Finance Contact	Q2 Info requested	Q2 Update	Q2 expected spend	Q2 Actual Spend	Variance	Predicted spend Y/E	YTD Expected spend	YTD Actual spend
ETE	Reducing Road Traffic Injuries	170k			16/10/2015	<p><u>Child Road Safety</u> Childrens Traffic Club : 1567 registrations to end September 2015 Advice & information to schools : Work limited as includes 6 weeks holidays. In the new school term (September), we have responded to requests for advice/support from the following schools/school communities about specific issues: Barton, Ely St Mary's, Fen Ditton, Long Road 6th Form, St Paul's Spring Meadow Infants and Waterbeach Intensive work with 15-20 schools for age appropriate interventions : 8 schools signed up to Junior Travel Ambassador Scheme Walk Smart delivered to 67 pupils (2 schools) Scoot Smart delivered to 155 pupils (3 schools)</p> <p><u>Young Drivers/Riders and their passengers</u> Drive to arrive : at college of West Anglia (two days) Princes Trust even in Wisbech Work with locality teams : delayed to Q3 - booked to start 11 November in Chatteris. Explore additional interventions : Data and intelligence group producing profile for targetting young drivers Research being undertaken to review Norfolk's provision for Young Drivers will be utilised to inform our own provision Review of provision across Eastern Region currently underway will also inform our future provision</p> <p><u>Vulnerable Road Users</u> Explore better interventions for motor cyclists : campaign ran during August.</p> <p><u>Road User Behaviour Change Campaigns</u> Anit-Drink/Drug Driving Campaigns : Planning for national drink driving campaign in November/ December 2015 and drug driving campaign in February 16 Distraction (mobile phone) campaigns : campaign ran in July Speed (rural roads) : no additional work Seatbelt wearing : Campaign ran in September</p> <p>Explore partnerships: Larger scale research project with University proposed via Cambridgeshire and Peterborough Road Safety Partnership, but unlikely to be started this financial year. Interim project assessing current programme against Behaviour Change techniques to be undertaken internally</p>	£60,000	£39,152	£20,848	£140,000	£83,500	£62,692

Directorate	Service	Total	Contact	Cost Centre/ Finance Contact	Q2 Info requested	Q2 Update	Q2 expected spend	Q2 Actual Spend	Variance	Predicted spend Y/E	YTD Expected spend	YTD Actual spend	Variance YTD
ETE	Active Travel	£125			16/10/2015	Overcoming Safety Barriers	£41,550	£35,440	£6,110	£125,000	£51,600	£35,440	£16,160
						Interventions: 23 Awards for academic year 2014/15 including 1 school achieving Silver and Gold and going on to be awarded School of the Region for the East of England and the award for Cycling initiatives Currently 48 schools actively using STARS							
						Explore better interventions: Report compiled for steering group with recommendations. Fresher's Fair activity with Skanska and supply chain raising awareness of cycle/large vehicle conflicts and providing new students with advice and information							
						Pedestrian safety : CPRSP data and delivery groups exploring areas with higher pedestrian casualties Market Town Strategies: Ensure that PH are fully involved in the consultation and development of TSEC Ensure that the evidence from the Transport and Health JSNA is used in the development of TSEC							
ETE	Community Engagement in Fenland	£100			16/10/2015	Procurement complete and contract awarded. Engagement of communities and organisations in Fenland to identify an approach. Formation of a reference group to monitor the work of the healthy Fenland fund. Chatteris confirmed as a priority area. Measures to be put in service spec. Help to develop a wider implementation plan to take forward work in the New Year.							

Directorate	Service	Total	Contact	Cost Centre/ Finance Contact	Q2 Info requested	Q2 Update	Q2 expected spend	Q2 Actual Spend	Variance	Predicted spend Y/E	YTD Expected spend	YTD Actual spend	Variance YTD
ETE	Kick Ash	£31k	Elaine Matthews or Aileen Andrews	JM12800 : John Steel	19/10/2015	<p>10 schools are involved in this school year with the project and 2 further schools are involved with an education day only, St Bedes and St Ivo Swavesey Village college: Completed 3 sessions with 36 mentors to discuss the role of Trading Standards and its purpose within KickAsh and how they can support local businesses in the campaign to prevent underage smoking and sales. Worked with them to prepare their own preventative messages and design their own delivery approach to businesses. Discussing the new laws around the E-Cigarettes, Nicotine inhaling products, smoking in cars with children present and plain packaging. Ways in which we can use an awareness display in school for peers to also benefit from increased knowledge into the effects and dangers of smoking.</p> <p>S Peters School: Completed 3 sessions with 16 mentors again to discuss the purpose of KickAsh and how they can support local businesses in the campaign to prevent underage smoking</p> <p>Bottisham Village College: Completed 2 sessions with 20 mentors, when we discussed the many aspects of SBC in delivery effective business advice education for the prevention of underage sales</p> <p>Currently anticipating that 8 out of the 10 schools will have a programme of business visits and up to 3 schools will have 5 half termly lunchtime visits to discuss actions for the various activities throughout the year</p> <p><u>Other activity by SBC officers which supports the Kick Ash programme includes:</u></p> <p>Advice to businesses, developing business practices to prevent underage tobacco sales</p> <p>Counterfeit and illicit tobacco communications work, reducing availability of illicit tobacco to all age groups in the County</p> <p>Safety Zones includes age related tobacco sales and preventative messaging.</p> <p>Consumer Challenge with 6 special schools in Cambridgeshire includes age related tobacco sales and preventative messaging</p> <p><u>Other activity by SBC officers which supports the KickAsh programme includes:</u></p> <p>C25 advice to businesses, developing business practices to prevent underage tobacco sales</p> <p>Counterfeit and illicit tobacco work, reducing availability of illicit tobacco to all age groups in the County</p> <p>35 x Safety Zones includes age related tobacco sales and preventative messaging to Year 5 children</p> <p>Consumer Challenge to 6 special schools includes age related tobacco sales and preventative messaging</p>	£3,750 based on 0.25 of anticipated spend of £15k pa	£1,721.65 (Q2 covers school summer holiday period)	£2,028.35	£15,000	£7,500	£5,051.65	£2,448.35

Directorate	Service	Total	Contact	Cost Centre/ Finance Contact	Q2 Info requested	Q2 Update	Q2 expected spend	Q2 Actual Spend	Variance	Predicted spend Y/E	YTD Expected spend	YTD Actual spend	Variance YTD
ETE	Alcohol Underage Sales	£15k	Elaine Matthews or Aileen Andrews	JM12800 : John Steel	19/10/2015	Review of all new licence applications Challenge 25' underage sales business advice and guidance issued to 15 new alcohol licenced businesses Preparation of Licencing Act representation paperwork as applicant Advice to new police licencing officer for Cambridge Safety Zone activity includes underage sales information Worked with Police on Railway Public House (Whittlesey) licence review. Police evidence included alleged underage sales as well as ASB. Licence revoked.	£3,750 (estimated on 0.25 of allocation)	£2,000	£1,750	£10,000	£7,500	£5,989	£1,511
ETE	Illicit Tobacco - joint working	£7k	Elaine Matthews or Aileen Andrews	JM12800 : John Steel	19/10/2015	<ul style="list-style-type: none"> • 3 test purchases of illicit tobacco were made. 2 from shops previously sold and visited and the third from a new premises whose owner has previously had illicit tobacco seized from premises outside the county. • Post seizure work to secure successful enforcement continuing. PACE interview preparation and interviewing of suspects. • Training session on illicit tobacco delivered to Fenland District Council staff and South Cambs District Council staff. • Preparation of Licencing Act representation paperwork as applicant has links to illicit tobacco. • Tobacco display ban visits as part of national project. 	£1,750 (based on estimated 0.25 of total allocation)	£3,898	-£2,148	Exceeding allocated £7k	£3,500	£8,018	-£4,518
CS&T	Community Engagement in Fenland	£28.5k			16/10/2015	Procurement complete and contract awarded. Engagement of communities and organisations in Fenland to identify an approach. Formation of a reference group to monitor the work of the healthy Fenland fund. Chatteris confirmed as a priority area. Measures to be put in service spec. Help to develop a wider implementation plan to take forward work in the New Year.							

Directorate	Service	Total	Contact	Cost Centre/ Finance Contact	Q2 Info requested	Q2 Update	Q2 expected spend	Q2 Actual Spend	Variance	Predicted spend Y/E	YTD Expected spend	YTD Actual spend	Variance YTD
CS&T	Research	£22k	Mike Soper	KH5000 : Maureen Wright	19/10/2015	<p>The majority of the funding is used to maintain / develop the http://www.cambridgeshireinsight.org.uk/ website include maintaining the content for Health Joint Strategic Needs Assessment (http://www.cambridgeshireinsight.org.uk/jsna).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	£5,500	£5,500	£0	£22,000	£11,000	£11,000	£0
CS&T	Health & Wellbeing Board support	£27k	Dan Thorpe	KA2000 : Maureen Wright	19/10/2015	<p>With supervision from Director of Public Health, approximately 2.5 days per week of the Policy and Projects Officer's time, who sits within Policy and Business Support Team of Customer Service and Transformation</p> <p>Support during Q2 has included:</p> <p>Planning and inputting to the delivery of a development day for the Health & Wellbeing Board in October</p> <p>Following up on actions and work arising from the development day</p> <p>Supporting the effective functioning of the Health & Wellbeing Board</p> <p>Supporting the effective functioning of the Health & Wellbeing Board Support Group</p> <p>Researching and preparing reports for the Health & Wellbeing Board, including on key policy/ strategy changes</p> <p>Presenting relevant reports at the Health & Wellbeing Board, and Support Group meetings</p> <p>Developing and maintaining a forward plan for the Board's shift to themed meetings</p> <p>Agenda Planning</p> <p>Supporting induction of new Board members</p> <p>Co-ordinating and preparing the quarterly stakeholder newsletter - most recently issued in October</p> <p>Dealing with queries in relation to HWB business</p> <p>Staying up to date with policy, legislation and guidance regarding HWBs and briefing the Director of Public Health and members appropriately</p> <p>This is in addition to ongoing, reactive support as required.</p>	£6,750	£6,750	£0	£27,000	£13,500	£13,500	£0

Directorate	Service	Total	Contact	Cost Centre/ Finance Contact	Q2 Info requested	Q2 Update	Q2 expected spend	Q2 Actual Spend	Variance	Predicted spend Y/E	YTD Expected spend	YTD Actual spend	Variance YTD
CS&T	Communication s support	£25k	Matthew Hall	KH60000 : Maureen Wright	19/10/2015	Supporting Public Health on campaigns such as Healthier Options, Stoptober, Mental Health Week, Keep Warm Keep Well etc. These include planning, developing material, working with the media, social media etc	£6,250	£6,250	0	£25,000	£12,500	£12,500	£0
						Supporting Public Health on the budget announcements, including the media briefing, news release, staff briefing etc							
						Working closely with Val Thomas and other consultants on reactive media enquiries on subjects such as smoking, sexual health, obesity, physical activity etc							
						Working with the media to maximise opportunities for Public Health							
						Briefing the Director of Public Health on the applications of social media							
						Attending Health Committee							
CS&T	Strategic advice, strategy dev etc	£22k	Sue Grace	KA20000 : Maureen Wright	19/10/2015	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. Most recently this has been demonstrated through the General Purposes Committee's endorsement in October 2015 of a new Strategic Framework for the council, based upon the new operating model	£5,500	£5,500	0	£22,000	£11,000	£11,000	£0
						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							
CS&T	Use of Contact Centre	£6.5k	Joanne Tompkins	KD23500 : Maureen Wright	19/10/2015	Winter Warmth training has been delivered to a group of 12 call handlers, with materials prepared in advance	£1,625	£1,625	0	£6,500	£3,250	£3,250	£0
						Delivery of the service is now underway from 1 October to the end of March 2016							
						The Digital Strategy Team have built a new script within CRM (customer relationship management system) which collates customer data as requested by the service and which enables call handlers to hand off complex enquiries to the service							
						Telephon messages have been recorded in agreement with the service re content and an 0345 number is being provided							

Directorate	Service	Total	Contact	Cost Centre/ Finance Contact	Q2 Info requested	Q2 Update	Q2 expected spend	Q2 Actual Spend	Variance	Predicted spend Y/E	YTD Expected spend	YTD Actual spend	Variance YTD
CS&T	Emergency Planning Support	£5k	Stewart Thomas	KA40000 : Maureen Wright	19/10/2015	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 to take place 6/7 November 2015 Contribution to HEPRO for Cambridgeshire and Peterborough Local Resilience Forum (CPLRF) Influenza planning and participation in Exercise Corvus 9/10/2015 Contribution and support for the work for the Local Health Resilience Partnership (LHRP) including backgroun work following the incident at the waste wood facility at Benwick Road, Whittlesey Provision of out of hours support for the Director of Public Health (DPH), ensuring that the DPH is kept up to date on relevent incidents that occur, or are responded to, outside normal working hours as part of the 25/7 provision	£1,250	£1,250	0	£5,000	£2,500	£2,500	£0
CS&T	LGSS Managed overheads	£100k	Sue Grace	UQ10000 : Maureen Wright	19/10/2015	This continues to be supported on an ongoing basis, including provision of IT equipment, office accommodation, telephony and Members' allowances	£25,000	£25,000	0	£100,000	£50,000	£50,000	£0
LGSS	Overheads associated with public health function	£220k	Maureen Wright	QL30000, RL65200, TA76000 : Maureen Wright	19/10/2010	This covers the Public Health contribution twoards all of the fixed overhead costs. The total amount of £220k contains £65k of specific allocations as follows: Finance 20k, HR 25k, IT 20k. The remaining £155k is a general contribution to LGSS overhead costs	£55,000	£55,000	£0	£220,000	£110,000	£110,000	£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 30 Nov 2015		
	£'000	£'000	£'000	£'000	
General Reserve					
Public Health carry-forward	952	0	952	342	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.
Other Reserves (<£50k)	61	-61	0	0	Service earmarked reserves
subtotal	2,081	0	2,020	1,642	
TOTAL	3,033	-61	2,972	1,642	

(+) 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 Nov 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

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	97%	98%	99%	↑	
		GUM ACCESS - % seen within 48 hours (% of those offered an appointment)	80%	80%	89%	89%	G	87%	80%	89%	↑	
		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	4200	6700	160%	G	155%	600	161%	↑	
Health Improvement: Caring for people and assisting in improving all aspects of their general wellbeing	G	Number of Health Checks completed	18,000	9,000	6996	78%	R	78%	4500	77%	↓	HCs reported quarterly (this is Q2 / end of September 15 data)
		Percentage of people who received a health check of those offered	45%	45%	36%	36%	R	38%	45%	36%	↓	HCs reported quarterly (this is Q2 / end of September 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	829	755	91%	A	105%	161	96%	↓	August 2015 figures based on timeliness trajectory
		School Nursing : Contacts made	9000	4154	4616	111%	G	119%	923	102%	↓	No submission received for October hence it is Sept figures
		School Nursing : Group activities	4784	2208	1947	88%	G	112%	490	4%	↓	
		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 is provided by SLM/Everyone Health. Measurements to commence in November 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	725	695	96%	A	62%	175	53%	↓	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	616	543	88%	R	74%	149	62%	↓	

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	393	369	94%	A	72%	95	75%	↑	
		Number of referrals from Vulnerable Groups (Pre-existing GP based service)	335	145	539	372%	G	151%	35	149%	↓	Definition of VG and target under review with CCC
		Number of physical activity groups held (Pre-existing GP based service)	555	150	156	104%	G	78%	60	60%	↓	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	150	6	4%	R	0	60	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	10	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	75	97	129%	G	132%	50	30%	↓	
		Personal Health Trainer Service - number of initial assessments completed (Extended Service)	531	64	82	128%	G	148%	43	63%	↓	
		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	15	55	367%	G	320%	10	50%	↓	
		Number of physical activity groups held (Extended Service)	600	90	0			0	60	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	90	0			0	60	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	6	0			0	3	0	N/A	Service was still recruiting to posts and establishing itself and was not rag rated
		Number of behaviour change courses held	30	3	0			N/A	2	0%	N/A	Programme scheduled to start in the autumn
		% of Tier 2 clients recruited who complete the course and achieve 5% weight loss	300	45	3	7%	R	7%	30	7%	↔	Please note that the minimum time for both children and adult weight management course is 3 months with Tier 3 courses lasting 6 months; Unable to report weight loss on those patients who transfer from Weigh2Go as no baseline data was provided
		% of Tier 3 clients recruited completing the course and achieve 10% weight loss	11	0	0			N/A	0	0%	N/A	Each patient goes through a 6 months course
		% of children recruited who complete the weight management programme and maintain or reduce their BMI Z score by agreed amounts	TBD	0	0			N/A	0	0%	N/A	The first course commences in January

* All figures received in November 2015 relate to October 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.