

From: Martin Wade

Tel.: 01223 699733

Date: 10 August 2016

## **Public Health Directorate**

### **Finance and Performance Report – July 2016**

#### **1. SUMMARY**

##### **1.1 Finance**

<b>Previous Status</b>	<b>Category</b>	<b>Target</b>	<b>Current Status</b>	<b>Section Ref.</b>
Green	Income and Expenditure	Balanced year end position	<b>Green</b>	2.1

##### **1.2 Performance Indicators**

<b>Monthly Indicators</b>	<b>Red</b>	<b>Amber</b>	<b>Green</b>	<b>No Status</b>	<b>Total</b>
June (No. of indicators)	12	9	15	2	38

#### **2. INCOME AND EXPENDITURE**

##### **2.1 Overall Position**

<b>Forecast Variance - Outturn (Jun) £000</b>	<b>Directorate</b>	<b>Current Budget for 2016/17 £000</b>	<b>Current Variance £000</b>	<b>Current Variance %</b>	<b>Forecast Variance - Outturn (Jul) £000</b>	<b>Forecast Variance - Outturn (Jul) %</b>
0	Health Improvement	8,459	-190	-12.5%	0	0%
0	Children Health	9,276	-91	-3.0%	0	0%
0	Adult Health & Well Being	916	-60	-60.4%	0	0%
0	Intelligence Team	13	-6	-124.1%	0	0%
0	Health Protection	6	1	50.9 %	0	0%
0	Programme Team	136	-33	-70.8%	0	0%
0	Public Health Directorate	2,175	139	19.2%	0	0%
0	<b>Total Expenditure</b>	<b>20,982</b>	<b>-241</b>	<b>-4.4%</b>	<b>0</b>	<b>0%</b>
0	Public Health Grant	-20,457	-87	0.7%	0	0%
0	Other Income	-343	213	308.7%	0	0%
0	<b>Total Income</b>	<b>-20,800</b>	<b>126</b>	<b>-1.1%</b>	<b>0</b>	<b>0%</b>
0	<b>Net Total</b>	<b>182</b>	<b>-115</b>	<b>1.8%</b>	<b>0</b>	<b>0%</b>

The service level budgetary control report for July 2016 can be found in [appendix 1](#).

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

## **2.2 Significant Issues**

The savings for 2016/17 will be tracked on a monthly basis and any significant issues reported to the Health Committee.

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

The total Public Health ring-fenced grant allocation for 2016/17 is £27.6m, of which £20.457m is allocated directly to the Public Health Directorate.

The allocation of the full Public Health grant is set out in [appendix 3](#).

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

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

## **3. BALANCE SHEET**

### **3.1 Reserves**

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

## 4. PERFORMANCE

4.1 The Public Health Service Performance Management Framework (PMF) for June 2016 can be found in [Appendix 6](#).

### Stop Smoking Programme:

Measure	Y/E Target 2016/17	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)	Comments
Smoking Cessation - four week quitters	2249	295	262	89%	R	N/A	N/A	N/A	↑	No previous months actual as start of 2016/17 reporting (April and May data combined)

- 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 perceived 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 target number of quitters for the Stop Smoking Services 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. The target was exceeded in 15/16
- The most recent Public Health Outcomes Framework figures (August 2016 data for 2015) suggest the prevalence of smoking in Cambridgeshire has increased slightly in the last few years, returning to a level statistically similar to the England average (16.4% v. 16.9%). Smoking rates in routine and manual workers are consistently higher than in the general population (27.2% in Cambridgeshire), and notably in Fenland where smoking rates have returned to a level worse than the average for England (39.8%).
- There is an ongoing programme to improve performance that includes targeting routine and manual workers and the Fenland area. CamQuit the core Stop Smoking service is providing increasingly higher levels of support to the other providers along with promotional activities. Practices and community pharmacies are regularly visited with poor performers being targeted. 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 and ongoing targeted promotion.

## NHS Health Checks

Measure	Y/E Target 2016/17	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)
Number of Health Checks completed	18,000	4,500	3686	82%	R	n/a	4500	82%	
Percentage of people who received a health check of those offered	45%	45%	37%	37%	A	n/a	45%	37%	

- Reporting of Health Checks is quarterly. In 2014/15 83% of the target was achieved compared to 93% in the previous year.
- The end of 15/16 performance was 84% of the target number of Health Checks completed, the conversion rate remained the same at 39%.
- The comprehensive Improvement Programme is continuing this year. Intelligence from the commissioned social marketing work clearly indicates a lack of awareness in the population of Health Checks. Actual health check numbers compare reasonably well to other areas but the issue is the conversion rate which is attributed to the poor public understanding of the Programme.
- The introduction of new software into practices has been delayed due to the extensive work that needs to be undertaken to introduce it into the 77 practices. This involves close working with the Clinical Commissioning Group, Information Governance and LGSS. Its purpose is to support the invitation system and to ensure that the data collection system is comprehensive.
- Other activities include staff training from a commissioned Coronary Heart Disease specialist nurse. The new Lifestyle Service is commissioned to provide outreach health checks for hard to reach groups in the community and in workplaces. This commenced in February and has started gaining momentum. A promotional campaign has been launched which includes recruiting champions and local "advocates" who have had a NHS Health Check.

### 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 Service has now successfully recruited to all areas. The South of the county had been problematic and there was limited Health Trainer service in this area. However staff training will not be completed until the end of August. The KPIs that are not on target have an upward trend.

## **Health Visiting:**

- Of note, all of the health visiting data is reported quarterly. The data presented here for July 2016 is data for Q1 (Apr-Jun) 2016-2017 and is compared to Q4 2015-2016 data for trend.
- A stretch target for the percentage of infants being breastfed was set at 58%, - above the national average for England. This target was almost met with 56% of infants recorded as breastfed (fully or partially) at 6 weeks for Q1 and the figure is one of the highest statistics in the Eastern region in the recently published Public Health England data (Q4 2015/16).
- The target of 100% for percentage of children who received a 12 month review by age 15 months has not been met, however if 'not wanted and not attended' figures are included, the figure rises to 96%. This is being discussed with the provider.
- The target of 90% for percentage of children who received a 2-2.5 year review has not been reported as met. However, if 'not wanted and not attended' figures are included, Q1 figure rises to 88% which falls within a range of 10% tolerance.
- 96% of mothers received a face to face visit with 14 days of birth and 94% received a review at 6-8 weeks, well above the 90% targets.
- The number of antenatal contacts increased for Q1 compared to Q4 of last year. Although below the quarterly target, this has remained fairly static in most areas and priority is given to contacting parents who are assessed as being most vulnerable.

## **School Nursing:**

- These new KPIs should help to gain better understanding of baseline activity and the type of work which school nurses are carrying out day to day, in order to improve health outcomes for children, young people and their families.
- Two Key Performance Indicators (KPIs)—number of young people seen for behavioural interventions (smoking, sexual health advice, weight management or substance misuse) and number of young people seen for mental health & wellbeing concerns, are currently recorded and provided. These data are part of new KPIs monitoring. Data from the first year are used to benchmark the service. This quarter shows significant increase in numbers of contacts reported compared with Q4 last year although it is noted that there was a recording issue last quarter.

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

#### Monthly update:

- The percentage of the smoking quit target achieved during June was higher among the most deprived 20% of practices in Cambridgeshire compared with the most deprived 80%.
- In the least deprived 80%, 77 four-week quits were achieved, 66% of the monthly target of 116; in the most deprived 20% of practices, 50 four-week quits were achieved, 69% of the monthly target of 72..
- The gap in performance in quits achieved between the two groups decreased in June compared to the gap seen in April/May (3 percentage points compared to 8) due to a decrease in quits achieved in the both the most and least deprived practices.

#### Year-to-date:

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

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

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

Practice deprivation category	Year end target	Year-to-date					June			*Previous month	
		Target	Completed	Percentage	Difference from target	RAG status	Target	Completed	Percentage	Percentage	Direction of travel
Least deprived 80%	1,388	347	227	65%	35%		116	77	66%	65%	↑
Most deprived 20%	861	215	155	72%	28%		72	50	69%	73%	↓
All practices	2,249	562	382	68%	32%		187	127	68%	68%	↔

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

RAG status:

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

Direction of travel:

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

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

	Year-to-date	June	Previous month	Direction of travel
Percentage point gap	7%	3%	8%	↑

Direction of travel:

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

Sources:

General practice returns to Cambridgeshire County Council Smoking Cessation Service  
Public Health England 2015 Indices of Multiple Deprivation for general practices, based on the Index of Multiple Deprivation, Department for Communities and Local Government, 2015  
Health and Social Care Information Centre Organisation Data Service

Office for National Statistics Postcode Directory  
Prepared by:

Cambridgeshire County Council Public Health Intelligence, 18/08/16

## 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 update:

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

There is an intensive programme of support given to GP practices that deliver the majority of NHS Health Checks. However practices in these areas have experienced staff losses that affect their capacity. Outreach NHS Health Checks provided by the Integrated Lifestyle Service Everyone Health have now commenced that focus upon the deprived areas working in community settings including workplaces.

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

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

#### RAG status:

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

#### Direction of travel:

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

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

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

#### Direction of travel:

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

#### Sources:

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

## Life expectancy and healthy life expectancy:

There is no update due this time due to delays with mortality data access (now resolved but insufficient time to process and analyse latest data)

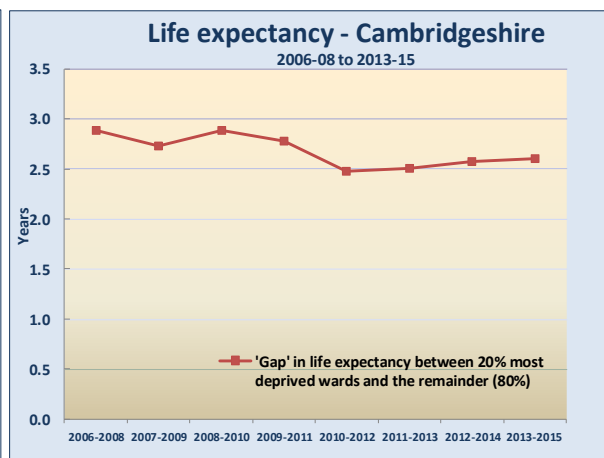
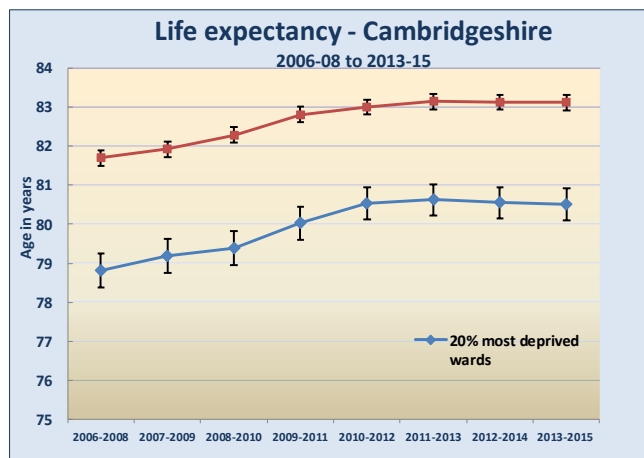
- Inequalities in life expectancy in the most deprived quintile of Cambridgeshire (monitored quarterly subject to data availability)
  - The indicator statistic is the gap in years of life expectancy between the best-off and worst-off within the local authority, based on a robust statistical model of 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 Q4 of 2015) the absolute gap was 2.6 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 2012-2014 in Cambridgeshire was 66.1 years. For females the figure was 67.6 years. The 'actual' figure for men (66.1 years) is lower than for females (67.6 years). No target has been set for this indicator. The local value reported is to be assessed in comparison with the England figure at year end. For the period 2012-2014 in England HLE for men was 63.4 years and for women 64.0 years. The Cambridgeshire figure is higher than that of England in both men and women.
  - These figures represent some change in both male and female figures on the previous year and in comparison with the England figure. For male HLE the general trend is slightly upward although the annual change is 0.3 of a year less and this difference is not important statistically. For female HLE there has been an increase of +2.3 years although this is not statistically significant. Both male and female HLE in Cambridgeshire remain higher than that of England in both men and women. Note that data fluctuates annually for a variety of reasons but is impacted by seasonal patterns of mortality which vary year by year.
  - Healthy Life Expectancy (HLE) measures what proportion of years of life men and women spend in 'good health' or without 'limiting illness'. This information is obtained from national surveys and is self-reported (General Lifestyle Survey for example). Nationally the figures suggest that men spend 80% of their life in 'good health' with women spending a slightly lower proportion. Women experience a greater proportion of their lives lived at older ages and with a higher prevalence of disabling conditions. So although women live longer, they spend more time with disability. The fact that this information is "self-reported" may influence these figures as well. In many countries with lower life expectancies this difference between male and females is not so apparent.
  
- 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 Q4 of 2015) the absolute gap was 2.6 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 2012-2014 in Cambridgeshire was 66.1 years. For females the figure was 67.6 years. The 'actual' figure for men (66.1 years) is lower than for females (67.6 years). No target has been set for this indicator. The local value reported is to be assessed in comparison with the England figure at year end. For the period 2012-2014 in England HLE for men was 63.4 years and for women 64.0 years. The Cambridgeshire figure is higher than that of England in both men and women.
  - These figures represent some change in both male and female figures on the previous year and in comparison with the England figure. For male HLE the general trend is slightly upward although the annual change is 0.3 of a year less and this difference is not important statistically. For female HLE there has been an increase of +2.3 years although this is not statistically significant. Both male and female HLE in Cambridgeshire remain higher than that of England in both men and women. Note that data fluctuates annually for a variety of reasons but is impacted by seasonal patterns of mortality which vary year by year.
  - Healthy Life Expectancy (HLE) measures what proportion of years of life men and women spend in 'good health' or without 'limiting illness'. This information is obtained from national surveys and is self-reported (General Lifestyle Survey for example). Nationally the figures suggest that men spend 80% of their life in 'good health' with women spending a slightly lower proportion. Women experience a greater proportion of their lives lived at older ages and with a higher prevalence of disabling conditions. So although women live longer, they spend more time with disability. The fact that this information is "self-reported" may influence these figures as well. In many countries with lower life expectancies this difference between male and females is not so apparent.

Calendar years	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	80.1 (80.1 - 80.9)	83.1 (82.9 - 83.3)	-2.6	3.1%

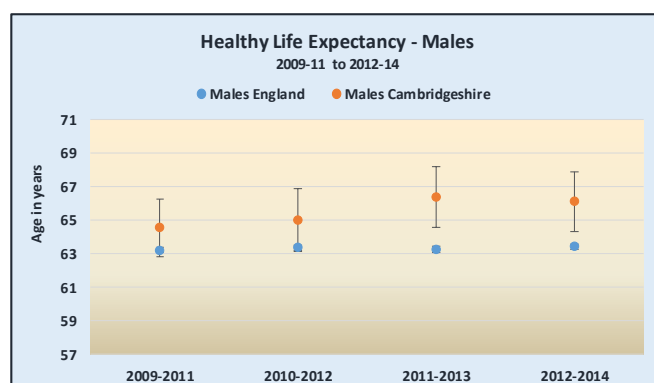
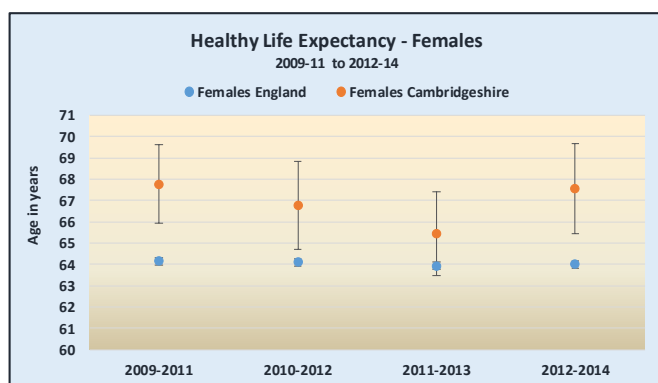
**Life expectancy at birth** and the gap in life expectancy at birth between the 20% most deprived of Cambridgeshire's population and the remaining 80% (based on electoral wards)



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

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

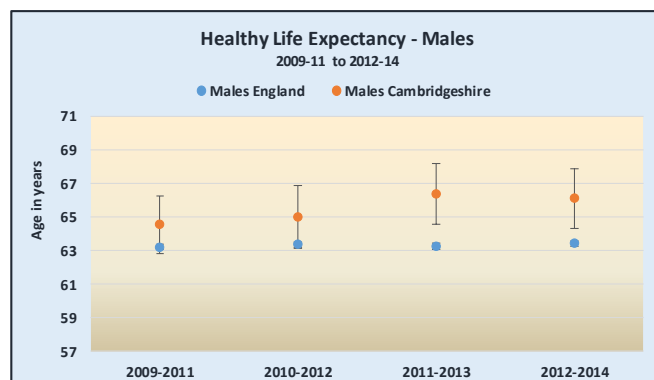
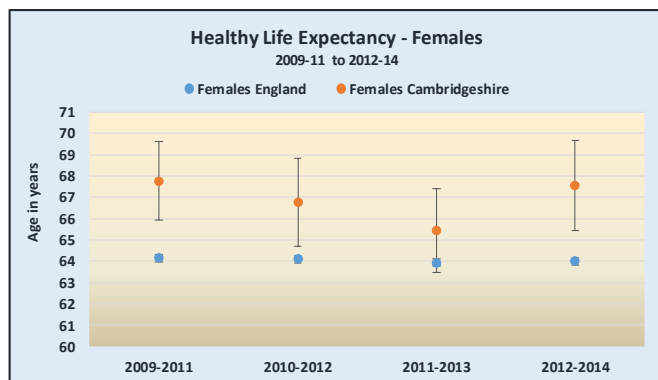
NB: chart axes do not start at zero.



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

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

NB: chart axes do not start at zero.



## Child obesity

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

### Children aged 4-5 years classified as overweight or obese

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

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

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

Source: NCMP, HSCIC

### Children aged 4-5 years classified as obese

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

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

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

Source: NCMP cleaned dataset, HSCIC

## Children aged 10-11 years classified as obese

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

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

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

Source: NCMP cleaned dataset, HSCIC

## Excess weight in adults

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

## Physically active and inactive adults

### Physically inactive adults

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

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

Note: Number of respondents aged 16 and over, with valid responses to questions on physical activity, doing at least 150 "equivalent" minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more in the previous 28 days

## **Actions**

There is a range of programmes and services that address both childhood and adult obesity which include prevention and treatment through weight management programmes. Examples for promoting healthy eating include the commissioning of the Food for Life Partnership to work in schools to set policy, provide information and skills about healthy eating and growing healthy food, similar approaches are being used in children's centres and with community groups. The Workplace Health programme is another avenue for promoting 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 commissions an integrated lifestyle service which includes a Health Trainer Service which supports individuals to make healthy lifestyle changes, children and adult weight management service and community based programmes that focus up on engaging groups and communities in healthy lifestyle activities.

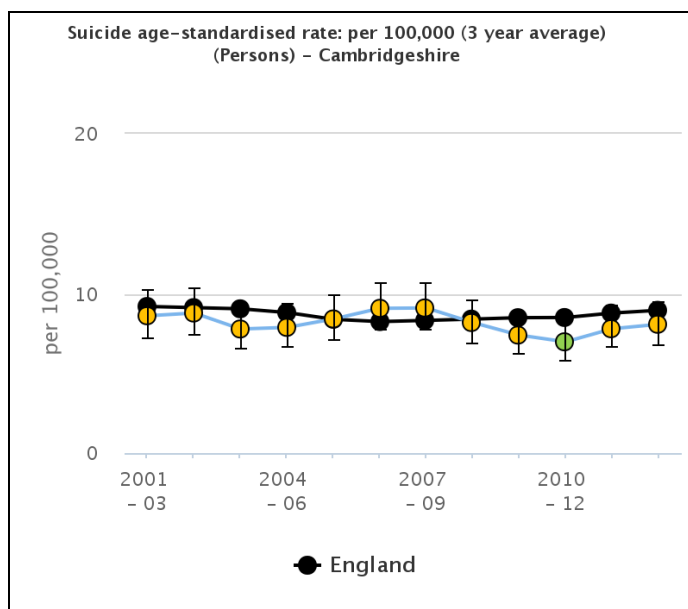
## **Mental health**

### **Proposed indicators:**

- **Number of schools attending funded mental health training:**
  - 16 out of 38 secondary schools and sixth form colleges have accessed the training commissioned from CPFT. Individuals from a further 12 schools have attended face-to-face training sessions. 9 of the schools have accessed the training this year (2014/15), including 4 new schools.
  - 21 primary schools have engaged with the training programme, plus 40 individuals have attended training from other schools. 9 primary schools have accessed the training this year and 8 have booked training for the summer term.
- **Number of secondary schools taken up offer of consultancy support around mental and emotional wellbeing of young people** (annual) – To date (June 2016), 21 out of 30 secondary schools have taken up the offer of a consultancy visit.
- **Number of front line staff that have taken part in MHFA and MHFA Lite commissioned training** (quarterly):  
Mental Health First Aid and Mental Health First Aid Lite are offered free of charge to front line staff within Cambridgeshire County Council and partner organisations:
  - MHFA (2 day course) attendance: 308 (up to 13.5.16)
  - MHFA Lite (1/2 day) attendance: 133 (up to 13.5.16)

The contract 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

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



Source: Public Health Outcomes Framework

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

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

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

Source: Public Health Outcomes Framework

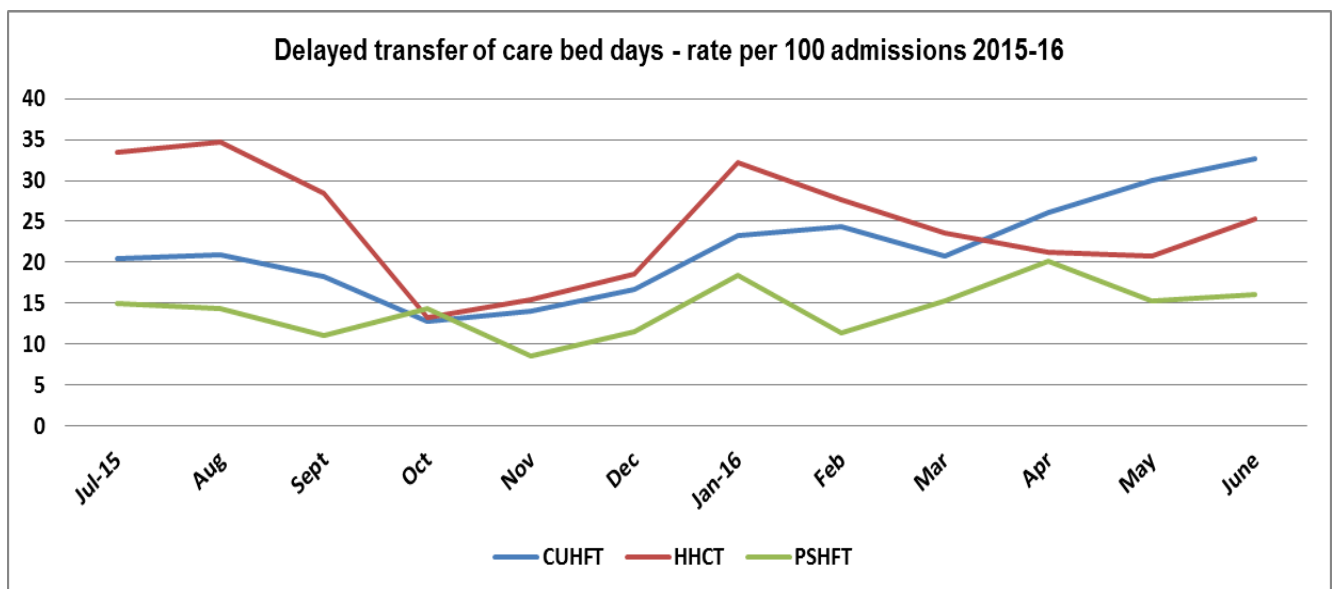
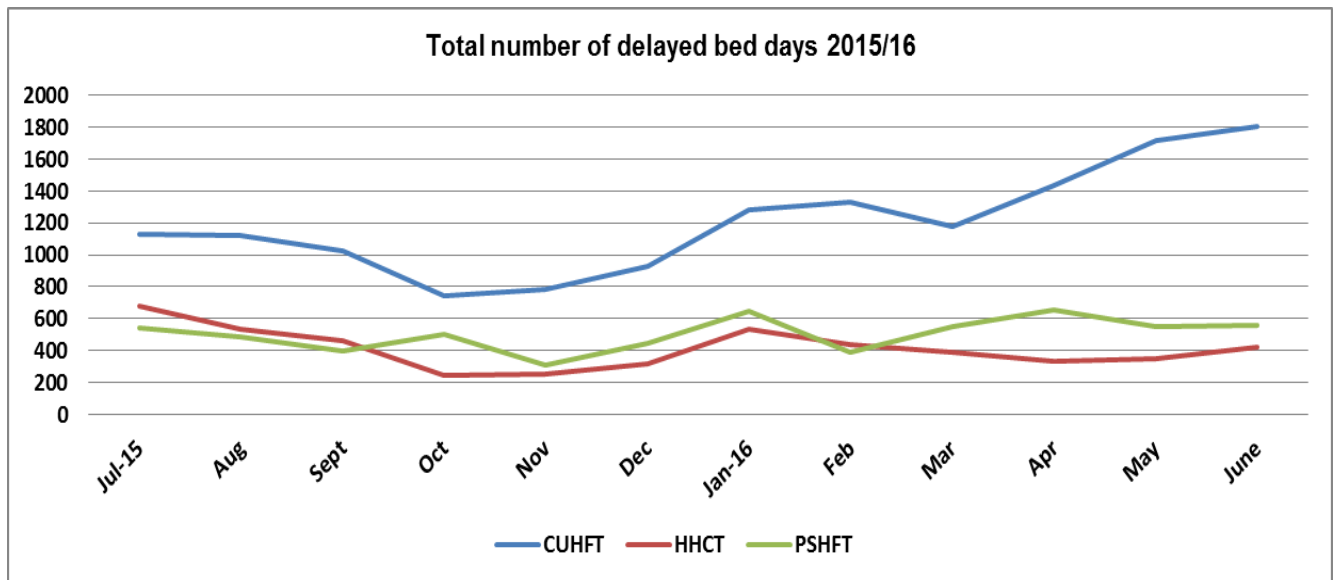
## Transport and Health

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

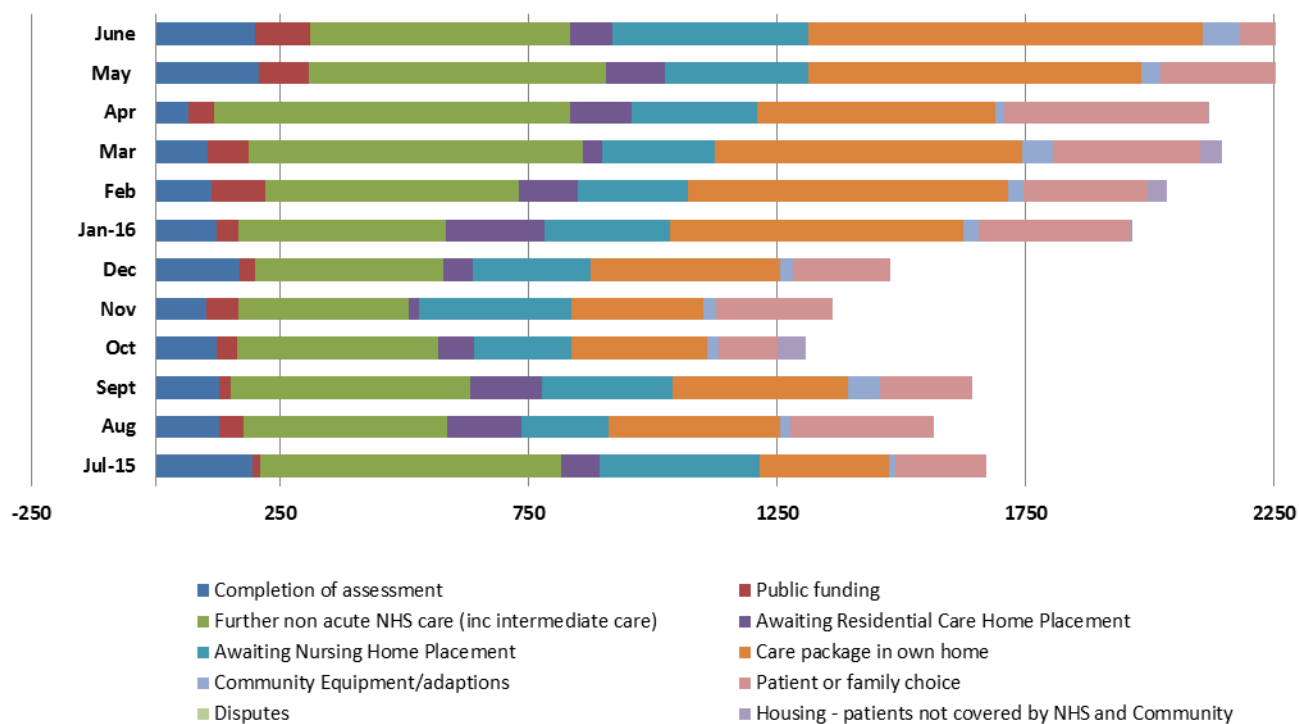
### 4.4 Health Scrutiny Indicators

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

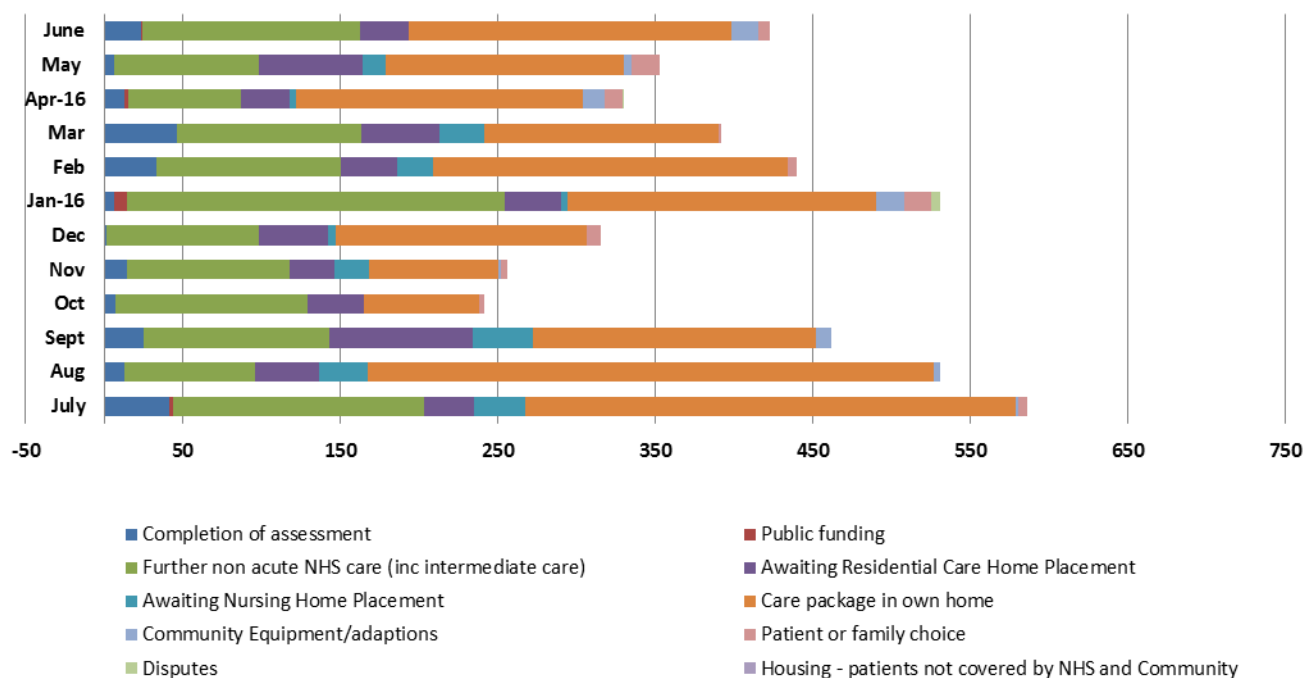
- Delayed Transfer of Care (DTOC)



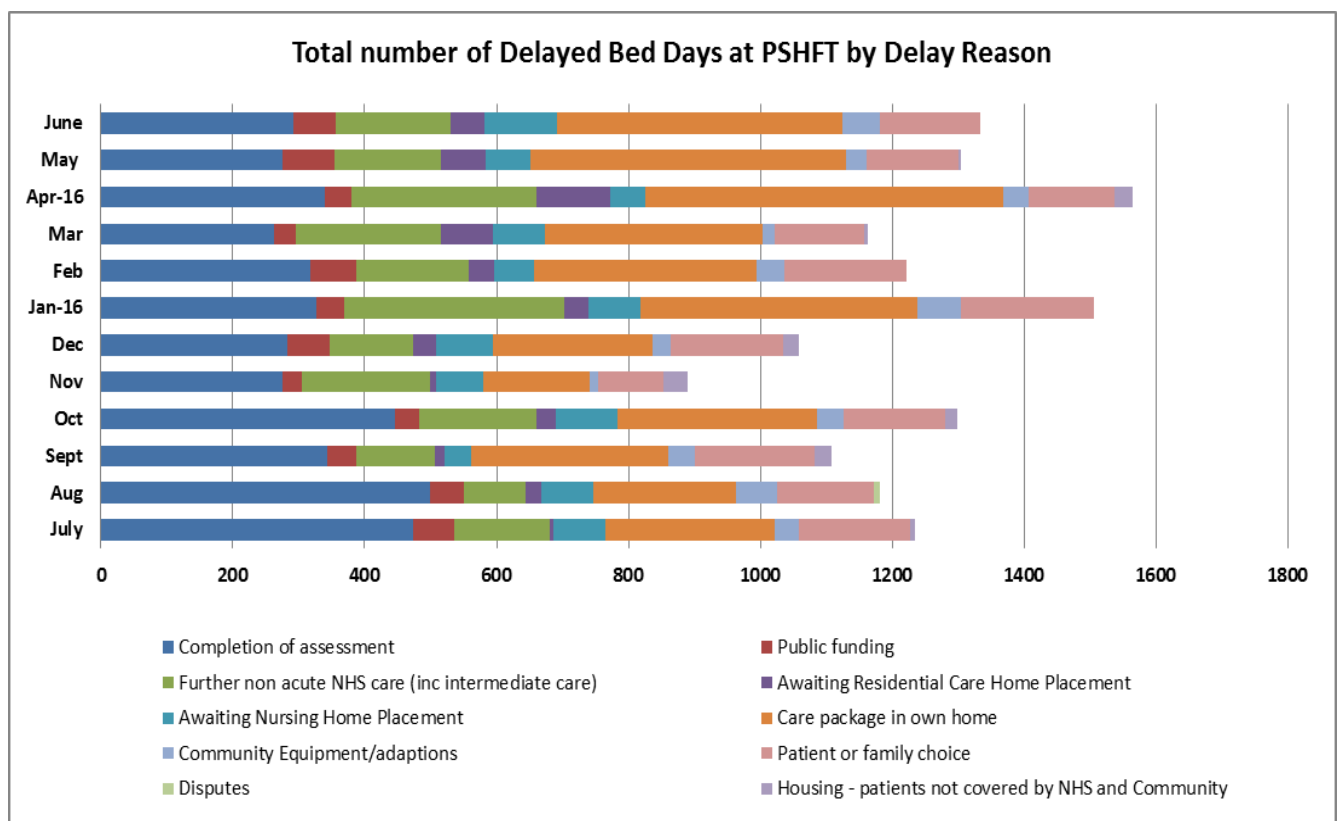
**Total number of Delayed Bed Days at CUHFT by Delay Reason 2015-16**



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







The date provided indicates that the current trend is that delayed transfers of care in Cambridgeshire are increasing. It is important to note that some of the acute trusts are experiencing higher levels of delay than in the previous year. This trend is significant as the trust go into the winter planning months.

Concern over the high levels of delayed transfers of care as experienced by Cambridge University Hospital Foundation Trust was raised at the Health Committees recent liaison meeting with the trust on 24<sup>th</sup> June. More detailed actions were discussed on how the trust is working collaboratively with partner organisation i.e. Clinical Commissioning Group, Cambridgeshire County Council (Adult social care) and Cambridgeshire & Peterborough Foundation Trust.

Representatives from Hinchingsbrooke Health Care NHS Trust also raised concerns over tackling the current DTOC issues with members at the liaison meeting on 20<sup>th</sup> July.

## APPENDIX 1 – Public Health Directorate Budgetary Control Report

Forecast Variance Outturn (Jun) £'000	Service	Current Budget for 2016/17 £'000	Expected to end of July £'000	Actual to end of July £'000	Current Variance		Forecast Variance Outturn (July)	
					£'000	%	£'000	%
Health Improvement								
0	Sexual Health STI testing & treatment	4,074	660	571	-90	-13.56%	0	0.00%
0	Sexual Health Contraception	1,170	179	153	-26	-14.31%	0	0.00%
0	National Child Measurement Programme	0	0	0	0	0.00%	0	0.00%
0	Sexual Health Services Advice Prevention and Promotion	152	52	71	19	35.35%	0	0.00%
0	Obesity Adults	0	0	0	0	0.00%	0	0.00%
0	Obesity Children	82	28	19	-9	-31.45%	0	0.00%
0	Physical Activity Adults	84	29	63	34	118.10%	0	0.00%
0	Healthy Lifestyles	1,605	424	426	2	0.41%	0	0.00%
0	Physical Activity Children	0	0	0	0	0.00%	0	0.00%
0	Stop Smoking Service & Intervention	907	-83	-147	-64	76.64%	0	0.00%
0	Wider Tobacco Control	31	11	-15	-26	-237.39%	0	0.00%
0	General Prevention Activities	272	195	192	-3	-1.70%	0	0.00%
0	Falls Prevention	80	28	0	-28	-100.00%	0	0.00%
0	Dental Health	2	1	0	-1	-100.00%	0	0.00%
0	Health Improvement Total	8,459	1,524	1,334	-190	-12.49%	0	0.00%
Children Health								
0	Children 0-5 PH Programme	7,531	2,456	2,453	-3	-0.12%	0	0.00%
0	Children 5-19 PH Programme	1,745	604	516	-88	-14.55%	0	0.00%
0	Children Health Total	9,276	3,060	2,969	-91	-2.97%	0	0.00%
Adult Health & Wellbeing								
0	NHS Health Checks Programme	716	31	31	0	1.14%	0	0.00%
0	Public Mental Health	164	57	9	-48	-84.89%	0	0.00%
0	Comm Safety, Violence Prevention	37	13	0	-13	-100.00%	0	0.00%
0	Adult Health & Wellbeing Total	916	100	40	-60	-60.41%	0	0.00%
Intelligence Team								
0	Public Health Advice	13	5	-1	-6	-124.08%	0	0.00%
0	Info & Intelligence Misc	0	0	0	0	0.00%	0	0.00%
0	Intelligence Team Total	13	5	-1	-6	-124.08%	0	0.00%
Health Protection								
0	LA Role in Health Protection	0	0	3	3	0.00%	0	0.00%
0	Health Protection Emergency Planning	6	2	0	-2	-100.00%	0	0.00%
0	Health Protection Total	6	2	3	1	50.91%	0	0.00%

Forecast Variance Outturn (Jun) £'000	Service	Current Budget for 2016/17 £'000	Expected to end of July £'000	Actual to end of July £'000	Current Variance £'000   %		Forecast Variance Outturn (July) £'000	
Programme Team								
0	Obesity Adults	0	0	0	0	0.00%	0	0.00%
0	Stop Smoking no pay staff costs	31	11	2	-9	-79.33%	0	0.00%
0	General Prev, Traveller, Lifestyle	105	37	12	-25	-68.27%	0	0.00%
0	Programme Team Total	136	47	14	-33	-70.78%	0	0.00%
Public Health Directorate								
0	Health Improvement	531	177	273	96	54.24%	0	0.00%
0	Public Health Advice	710	236	241	5	2.26%	0	0.00%
0	Health Protection	151	50	71	21	41.06%	0	0.00%
0	Programme Team	613	203	200	-3	-1.64%	0	0.00%
0	Childrens Health	67	22	24	2	7.46%	0	0.00%
0	Comm Safety, Violence Prevention	50	17	36	19	116.00%	0	0.00%
0	Public Mental Health	53	18	17	-1	-3.77%	0	0.00%
0	Public Health Directorate total	2,175	723	862	139	19.24%	0	0.00%
0	Total Expenditure before Carry forward	20,982	5,461	5,220	-241	-4.41%	0	0.00%
0	Anticipated contribution to Public Health grant reserve	0	0	0	0	0.00%	0	0.00%
Funded By								
0	Public Health Grant	-20,457	-11,957	-12,044	-87	0.73%	0	0.00%
0	S75 Agreement NHSE - HIV	-144	0	144	144	0.00%	0	0.00%
0	Other Income	-199	-69	0	69	-100.00%	0	0.00%
0	Income Total	-20,800	-12,026	-11,900	126	-1.05%	0	0.00%
0	Net Total	182	-6,565	-6,680	-115	1.75%	0	0.00%

## APPENDIX 2 – Commentary on Expenditure Position

Number of budgets measured at service level that have an adverse/positive variance greater than 2% of annual budget or £100,000 whichever is greater.

Service	Current Budget for 2016/17 £'000	Current Variance		Forecast Variance - Outturn	
		£'000	%	£'000	%

### APPENDIX 3 – Grant Income Analysis

The tables below outline the allocation of the full Public Health grant.

#### Awarding Body : DofH

Grant	Business Plan £'000	Adjusted Amount £'000	Outturn Expenditure £'000	Expected / Actual Transfer to PH Reserves	Notes
Public Health Grant as per Business Plan	27,627				Ringfenced grant
Grant allocated as follows;					
Public Health Directorate	20,457		20,457	0	Including full year effect increase due to the Children 0-5 transfer into the LA, the 16/17 confirmed decrease and consolidation of the 15/16 in-year decrease.
CFA Directorate	6,422		6,422	0	
ETE Directorate	327		327	0	
CS&T Directorate	201		201	0	
LGSS Cambridge Office	220		220	0	
<b>Total</b>	<b>27,627</b>		<b>27,627</b>	<b>0</b>	

## APPENDIX 4 – Virements and Budget Reconciliation

	£'000	Notes
<b>Budget as per Business Plan</b>	20,948	
<b>Virements</b>		
Non-material virements (+/- £160k)	0	
<b>Budget Reconciliation</b>		
<b>Current Budget 2015/16</b>	<b>20,948</b>	

## APPENDIX 5 – Reserve Schedule

Fund Description	Balance at 31 March 2016	2016/17		Forecast Balance at 31 March 2017	Notes
		Movements in 2016/17	Balance at 31 Jul 2016		
	£'000	£'000	£'000	£'000	
<b>General Reserve</b> Public Health carry-forward	1,138	0	1,138	638	Estimated use of reserves to fund part year 16-17 savings not made, redundancy costs and one off funding agreed for previously MOU funded activity. (Estimated £500k pending review of commitments)
<b>subtotal</b>	<b>1,138</b>	<b>0</b>	<b>1,138</b>	<b>638</b>	
<b>Equipment Reserves</b> Equipment Replacement Reserve	0	0	0	0	
<b>subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>Other Earmarked Funds</b> Healthy Fenland Fund	500	0	500	400	Anticipated spend over 5 years
Falls Prevention Fund	400	0	400	200	Anticipated spend over 2 years
NHS Healthchecks programme	270	0	270	170	
Implementation of Cambridgeshire Public Health Integration Strategy	850	0	850	675	
Other Reserves (<£50k)	0	0	0	0	
<b>subtotal</b>	<b>2,020</b>	<b>0</b>	<b>2,020</b>	<b>1,445</b>	
<b>TOTAL</b>	<b>3,158</b>	<b>0</b>	<b>3,158</b>	<b>2,083</b>	

(+) positive figures should represent surplus funds.

(-) negative figures should represent deficit funds.

Fund Description	Balance at 31 March 2016	2016/17		Forecast Balance at 31 March 2017	Notes
		Movements in 2016/17	Balance at 31 Jul 2016		
	£'000	£'000	£'000	£'000	
<b>General Reserve</b> Joint Improvement Programme (JIP)	158	-47	111	111	
Improving Screening & Immunisation uptake	9	0	9	9	£9k from NHS ~England for expenditure in Cambridgeshire and Peterborough
<b>TOTAL</b>	<b>158</b>	<b>-24</b>	<b>144</b>	<b>144</b>	

PUBLIC HEALTH MOU 2016-17 UPDATE FOR Q1

Directorate	Service	Allocated	Contact	Cost Centre Finance Contact	Q1 Update	YTD expected spend	YTD actual spend	Variance
CFA	Chronically Excluded Adults (MEAM)	£68k	Tom Tallon	MN92145  Stephen Howarth	<p>During Quarter one we have started work with seven new complex needs clients. Five clients have been closed. Of those three were living more positively and safely, one had left the area and one where CEA could not provide any further assistance.</p> <p>The CEA approach has been recognised as bringing effective results with those that are hardest to reach and engage. It continues to disseminate good practice to partners in other areas, most recently Leicester and Bristol. Cambridge City Council have also approached CEA to start some work on engaging and supporting members of the Street Life community for which they will fund an additional post.</p> <p>Discussion has been had with the police, particular in respect of the change in the Police &amp; Crime Commissioner to see what opportunities and commonalities can be found and how the CEA approach can support them to reach those hardest to engage. This dialogue is ongoing but there does seem to be some areas of practice around working with Domestic Abuse cases that may be effective. One very positive result this quarter has enabled a victim to leave her partner following 8 months of work to engage and support. She is currently reunited with family and we hope she will flourish.</p> <p>The CEA team contribute to support the set up work on Peterborough CEA by attending operational and strategic meetings. CEA has recently been put on the action plan for the Safer Peterborough partnership.</p> <p>CEA has been tasked by the Homelessness Strategic Implementation Partnership (HSIP) led by Cambridge City Council, to "Evaluate and address demand for training flats available for people accessing the county council's Making Every Adult Matter (MEAM) service". The City Council would like CEA to evaluate and if possible expand the 'Housing First' programme to enable chances to be open to a greater number of clients</p>	£17,000	£17,000	£0



					<p>The CEA team continued its work on the national stage contributing to the paper produced by MEAM (link below) on how back-to-work support can be improved for people experiencing multiple needs. As well as contributions from the staff team, two service users were interviewed by the author for their thoughts.</p> <p><a href="http://meam.org.uk/wp-content/uploads/2016/07/Steps-towards-employment-FINAL.pdf">http://meam.org.uk/wp-content/uploads/2016/07/Steps-towards-employment-FINAL.pdf</a></p> <p>CEA also contributed via interview to the MEAM coalition review published earlier this year.</p> <p>The establishment of a three year strategy has been delayed due to changes in staff, however this remains part of the action plan for 2016/17.</p>			
CFA	PSHE KickAsh	£15k	Diane Fenner	CB40101 Adam Cook	<ul style="list-style-type: none"> <li>Primary School visits completed for academic year 2015-2016</li> <li>Recruitment of secondary schools (10) for 2016-2017 completed.</li> <li>Kick Ash training for autumn term 2016 planned and organised.</li> </ul>	£3,750	£3,750	£0
CFA	Children's Centres	£170k	Jo Sollars/ Sarah Ferguson	CE10001 Rob Stephens	<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>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 continues to ensure arrangements with Health Partners are consistent and functionally effective at a community level for families as structural service change is introduced across the system.</p>	£42,500	£42,500	£0
CFA	Mental Health Youth Counselling	£111k	Holly Hodge/ Emma De Zoete	CD20901 Clare Andrews	<p>Cambridgeshire Youth Counselling Services</p> <ul style="list-style-type: none"> <li>Youth counselling services are provided by Centre 33 and YMCA covering the whole of Cambridgeshire.</li> <li>This quarter's contract monitoring meeting is upcoming, however the most recent data is shown below: Centre 33 (2015/16) [figures will change as they only include those that have completed counselling so there is a time lag] <ul style="list-style-type: none"> <li>504 young people contacted the service</li> <li>336 had an assessment (face to face)</li> </ul> </li> </ul>	£27,750	£27,750	£0

					<ul style="list-style-type: none"> <li>○ 251 went on to ongoing counselling£27 YMCA (2015/16)</li> <li>○ 304 young people contacted the service</li> <li>○ 280 had an assessment (telephone)</li> <li>○ 215 went on to ongoing counselling.</li> </ul> <p>The waiting list for Centre 33 in the Cambridge area is a concern for both provider and commissioners, but work is ongoing to reduce this.</p> <p>A new delivery model is being piloted by Centre 33 which is more flexible to accommodate the variety of clients that they see. The model reflects the varied needs of clients, which may range from advice to more complex individuals that require multiple appointments.</p>			
CFA	CAMH Trainer	£71k	Holly Hodge/ Emma De Zoete	CD20901  Clare Andrews	<p>The CAMH trainer is employed by CPFT and delivers specialist mental health training for a range of roles working with children and young people. Training specifically tailored to the needs of schools is also provided and there will be a greater focus on this in the coming year.</p> <p>To increase uptake to training a re-design of the packages of training available to schools is underway. The service is also looking at developing a mental health literacy course that can be delivered in a train-the-trainer model with teaching staff.</p> <p>Most recent data (2014/15) 16 out of 38 secondary schools and sixth form colleges have accessed the training. Individuals from a further 12 schools have attended face-to-face training sessions. 9 of the schools have accessed the training in 2014/15, including 4 new schools.</p> <p>21 primary schools have engaged with the training programme, plus 40 individuals have attended training from other schools. 9 primary schools have accessed the training in 2014/15 and 8 have booked training for the summer term.</p>	£17,750	£17,750	£0
CFA	DAAT	£5,980 k	Susie Talbot	NB31001- NB31010  Jo D'Arcy	<p>At the end of Qtr 1 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. The inpatient detox beds contract is paid up to date for Qtr 1 along with the Service User Contract.</p> <p>We have now received Qtr 1 80% invoice from Inclusion for the Drug &amp; Alcohol Contracts which will now show on Qtr 2 report.</p> <p>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</p>	£1,567,250	£192,660	£1,374,590

					<p>the budget will be fully spent by year end.</p> <p>The only exception to this being the Inclusion Contract where the contract is based on 80% in advance quarterly and the remainder 20% performance related which is normally paid during the next quarter following the performance meeting. This is to ensure that Inclusion have met their targets in line with the contract agreement, the 20% performance related invoices are then agreed for payment.</p>			
CFA	Contribution to Anti-Bullying	£7k	Sarah Ferguson		This is a nominal amount and is part of a large budget, it is therefore difficult to pull out exactly what the £7k covers, and difficult to apportion amounts. This will be spent in total.	£1,750	£1,750	£0
					<b>SUB TOTAL : CFA Q1</b>	<b>£1,677,750</b>	<b>£303,160</b>	<b>£1,374,590</b>
ETE	Active Travel (overcoming safety barriers)	£55k	Matt Staton	HG03560 Robert Emery	<p>Currently 73 schools are engaged in the school travel planning process through STARS. It is expected that by the end of July there will be 33 accredited to Bronze level, 1 Silver and 2 Gold.</p> <p>Since the beginning of April:</p> <ul style="list-style-type: none"> <li>• Walk Smart has been delivered to 115 pupils</li> <li>• Scoot Smart has been delivered to 1002 pupils</li> <li>• Pedal Smart has been delivered to 80 pupils</li> </ul>	£13,750	£13,750	£0
ETE	Explore additional interventions for cyclist/ pedestrian safety	£30k	Matt Staton	HG03560 Robert Emery	<p>A cycle safety campaign based around the strapline 'Let's look out for each other' will be launched by the Road Safety Partnership on 11 July.</p> <p>A further intervention(s) is being explored to be delivered in the spring. At present data and intelligence around cycle collisions is being collated to understand who the other drivers involved in cycle collisions are.</p>	£7,500	£7,500	£0
ETE	Road Safety	£20k	Matt Staton	HG03560 Robert Emery	<p>Junior Travel Ambassador Scheme has continued in 9 primary schools, with 45 Junior Travel Ambassadors across the 9 schools. All 9 schools will continue the scheme into the new term and an additional 7 primary schools have already committed to join the scheme in September.</p> <p>Safety Zones have been delivered for approximately 1700 Year 5 pupils from schools in Huntingdon, St Ives, St Neots, Whittlesey and Wisbech.</p> <p>A young road user event designed to help young people make informed decisions around travel choices and learning to drive was held at Huntingdon Racecourse. Around 1,000 students from 6<sup>th</sup> forms around the County came to the event across two days. The event was</p>	£5,000	£5,000	£0

					covered on ITC Anglia news.			
ETE	Trading Standards KickAsh and Alcohol Advice	£23k	Elaine Matthews	LC44590 John Steel	<p>Prior to 1st April this funded activity was carried out by an officer in Supporting Businesses and Communities with the generic job description of Level 2 Community and Business Support Officer. Following the service restructure a dedicated post has been created to fulfil this funded Kick Ash role within Community Protection team in Community and Cultural Services. Sarah Freeman has been appointed to this post and will carry out the specified activities on behalf of Trading Standards.</p> <p>As we approach the end of the school year all 11 schools have received training, encouragement and support for their mentors and have delivered a number of different activities including raising awareness with their peers on No Smoking Day, Flash mob event, participating in Year 8 career or personal development days in school, lunchtime peer advice and Kick Ash Mentors carrying out business visits on behalf of Trading Standards.</p> <p>As well as usual administration and contact with schools and parents, specific activity during Quarter 1 of 2016_17 includes:</p> <p><b><u>April</u></b>  <b>Bottisham:</b> meetings with Mentors to discuss their personal and team progress. Training mentors to carry out the Business Visits on behalf of Trading Standards, advising businesses on the legislation for tobacco sales and why Kick Ash volunteers encourage their peers to stop smoking.</p> <p>Within the Community Resilience team new colleagues took part in the Safety Zone in Huntingdon – supporting the messages about underage sales and shop policies and sharing information with 9/10 year olds about E-cigarettes, the effects of those and tobacco on their health.</p> <p><b><u>May</u></b>  <b>Longsands:</b> meetings with mentors to discuss and plan their three catchment Primary School visits to talk to Year 6's about the effects of smoking and their involvement in Kick Ash.</p> <p><b>Bottisham Village College:</b> Accompanied mentors who visited 6 local shops to talk to businesses about Kick Ash and their underage sales policies.</p> <p><b>Cottenham VC:</b> Supported mentors involved in their school year 8 development day where they invited pupils to take part in an interactive game about smoking and choices to be made.</p>	£5,750	£4,347	£403

					<p><b>Sir Harry Smith, Whittlesey:</b> Accompanied and advised 6 mentors who visited 10 shops over 2 days.</p> <p><b>St Neots Fire Station</b> taking part in a Safety Zone over 4 days.</p> <p><u><b>June</b></u>  <b>St Ivo:</b> Accompanied six pupils who carried out 11 shop visits over 2 days. Three shops were found to have not been displaying the Statutory Tobacco notice so further advice was given and follow up visits done to ensure compliance.</p> <p><b>Longsands and Cottenham Village College:</b> Evaluation focus group meetings with mentors from both schools. Establishing what they have got out of their involvement with the programme, the effectiveness of programme and mentor support and what can may be improved for future.</p> <p><b>Bottisham VC:</b> Further email contact made and evaluation forms awaited.</p>			
ETE	Illicit Tobacco	£15k	Aileen Andrews	JM12800 John Steel	<ul style="list-style-type: none"> <li>Following the 6 Magistrates warrants executed late March and all 6 premises yielding illicit tobacco, investigation work has continued. Pace interviews conducted and cases prepared for court. One case is proving particularly problematical as ownership of the tobacco cannot easily be proved.</li> <li>Financial Investigations ongoing.</li> <li>Officers trained on new labelling legislation, standardised packaging and Tobacco Products Directive.</li> <li>Intelligence work on going.</li> <li>One alcohol licence reviewed as a consequence of the raids, licence revoked.</li> <li>Two cases have been in the courts, one of which is concluded with defendant given 100 hours unpaid work. Court hearings arranged for the cases, which are in the court system, (Hearings on 15 July and 20 July). One defendant offered a simple caution, as only a small quantity found and main business is takeaway and restaurant and unlikely to re-offend.</li> </ul> <p>Regional Project - Costs not within this allocation.</p> <ul style="list-style-type: none"> <li>Preparation for proposed education, intelligence and enforcement in the Autumn and Winter 2016. Meeting being arranged to discuss week long illicit and tobacco education campaign, including illicit</li> </ul>	£3,750	£6,041	-£2,291

					education trailer in the county.			
ETE	Business and Communities Team	£10k	Elaine Matthews		Update awaited			
ETE	Fenland Learning Centres	£90k			Contract awarded and all funds allocated.	£22,500	£22,500	£0
					<b>SUB TOTAL : ETE Q1</b>	<b>£58,250</b>	<b>£59,165</b>	<b>£915</b>
CS&T	Research	£22k	Adrian Lyne	KH50000 Maureen Wright	<p>The majority of the funding is used to maintain/develop the Cambridgeshire Insight website, include maintaining the content for Health Joint Strategic Needs Assessment (<a href="http://www.cambridgeshireinsight.org.uk/jsna">http://www.cambridgeshireinsight.org.uk/jsna</a>).</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>No additional work was carried out during Q1 in addition to that listed above.</p>	£6,250	£6,250	£0
CS&T	H&WB Support	£27k	Adrian Lyne	KA20000 Maureen Wright	<p>With supervision from Director of Public Health, approximately 2.5 days per week of the Policy and Project Officer's time, who sits within the Policy and Business Support Team of Customer Service and Transformation.</p> <p>Support during Q1 has included:</p> <ul style="list-style-type: none"> <li>Working with the Local Government Association to plan for a development session on 14 June.</li> <li>Work with HealthWatch Cambridgeshire and HealthWatch Peterborough on planning for a stakeholder event around the learning from the termination of the Older People's and Adult Community Services contract.</li> <li>Supporting the effective functioning of the Health and Wellbeing Board</li> <li>Supporting the effective functioning of the Health and Wellbeing Board Support Group</li> <li>Researching and preparing reports for the Health and Wellbeing Board, including on key policy/strategy changes</li> <li>Presenting relevant reports at the Health and Wellbeing Board Support Group meeting, such as on the HWB Working Group and persons story items</li> <li>Presenting a report to the HWB on the June development session</li> </ul>	£6,250	£6,250	£0

					<ul style="list-style-type: none"> <li>• Agenda Planning for HWB support group and (working with democratic services) the HWB meetings</li> <li>• Co-ordinating and preparing the quarterly stakeholder newsletter – latest newsletter issues in June 2016</li> </ul> <p>This is in addition to ongoing, reactive support as required.</p>			
CS&T	Communications	£25k	Adrian Lyne	KH60000 Maureen Wright	<p>Highlights include:</p> <ul style="list-style-type: none"> <li>• Continued support for PH campaigns such as warm homes</li> <li>• Working closely with Val Thomas and other consultants on reactive media enquiries</li> <li>• Supporting PH in the development of a new website</li> <li>• Developing a workshop for the PH away day</li> <li>• Working with the media to maximise opportunities for Public Health</li> <li>• Supporting Health Committee</li> </ul>	£6,250	£6,250	£0
CS&T	Strategic Advice	£22k	Adrian Lyne	KA20000 Maureen Wright	<p>Continuing on from the last quarter, the focus of strategic resource has been on developing the Transformation Programme into the 16/17 Business Planning Process. This has involved supporting a number of SMT Away Days and GPC/SMT workshops.</p> <p>As well as the strategic nature of the Business Planning Process referenced above, there is a wide array of practical elements to the process – which strategic colleagues have been involved in ensuring aligns with the work of the Public Health Directorate.</p> <p>Devolution work also continues, as a potential Cambridgeshire and Peterborough deal gets the support of local partners and awaits response from Government.</p>	£5,500	£5,500	£0
CS&T	Emergency Planning Support	£5k	Adrian Lyne	KA40000 Maureen Wright	<p>Ongoing close working with the Health Emergency Planning and Resilience Officer (HEPRO) on a number of Emergency Planning tasks:</p> <ul style="list-style-type: none"> <li>• Provision of emergency planning support when the HEPRO is not available</li> <li>• 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</li> <li>• CCC EMT has taken over the running of the review of the 'Excess Deaths Plan' and will be doing the work shortly in support of the Pandemic Flu arrangements</li> <li>• DECC return and work on Fuel Support Shortage Planning</li> <li>• Initial work on Public Health Business continuity review, and</li> </ul>	£1,250	£1,250	£0

					including of Public Health details in the new emergency contact mechanism currently being completed			
CS&T	LGSS Managed Overheads	£100k	Adrian Lyne	UQ10000 Maureen Wright	This continues to be supported on an ongoing basis, including: <ul style="list-style-type: none"> <li>• Provision of IT equipment</li> <li>• Office Accommodation</li> <li>• Telephony</li> <li>• Members Allowances</li> </ul>	£25,000	£25,000	£0
					<b>SUB TOTAL : CS&amp;T Q1</b>	<b>£50,500</b>	<b>£50,500</b>	<b>£0</b>
LGSS	Overheads associated with PH function	£220k	Adrian Lyne	QL30000 RL65200 TA76000 Maureen Wright	This covers the Public Health contribution towards 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
					<b>SUB TOTAL : LGSS Q1</b>	<b>£55,000</b>	<b>£55,000</b>	<b>£0</b>

## SUMMARY

Directorate	YTD (Q1) expected spend	YTD (Q1) actual spend	Variance
CFA	£1,677,750	£303,160	£1,374,590
ETE	£58,250	£59,165	£915
CS&T	£50,500	£50,500	£0
LGSS	£55,000	£55,000	£0
<b>TOTAL Q1</b>	<b>£1,841,500</b>	<b>£467,825</b>	<b>£1,373,675</b>



## APPENDIX 6 Performance

The Public Health Service  
Performance Management Framework (PMF) for  
June 2016 can be seen within the tables below:

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

	Below previous month actual
	No movement
	Above previous month actual

Measures										
Measure	Y/E Target 2016/17	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)	Comments
GUM Access - offered appointments within 2 working days	98%	98%	99%	99%	G	98%	98%	99%	↑	
GUM ACCESS - % seen within 48 hours ( % of those offered an appointment)	80%	80%	93%	93%	G	91%	80%	93%	↑	
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	1800	2638	147%	G	139%	600	147%	↑	
Number of Health Checks completed	18,000	4,500	3686	82%	R	n/a	n/a	n/a	↔	HCs reported quarterly . Only Q1 data available at present. .
Percentage of people who received a health check of those offered	45%	45%	37%	37%	A	n/a	n/a	n/a	↔	HCs reported quarterly
Number of outreach health checks carried out	2,633	667	313	47%	R	27%	222	74%	↑	
Smoking Cessation - four week quitters	2249	295	262	89%	R	n/a	n/a	n/a	↔	No previous months actual as start of 2016/17 reporting (April and May data combined)

Measure	Y/E Target 2016/17	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)	Comments
Percentage of infants being breastfed (fully or partially) at 6 - 8 weeks	58%	58%	56%	N/A	A	57%	58%	56%	↓	The current month actual represents the Q1 position for 2016/17 and compares with the Q4 actual (2105/16). This is a slight reduction since the last quarter. However, PHE are now collecting pilot information based on the health visiting data. 56% is one of the highest proportion of breastfeeding mothers in the Eastern region, when looking at the latest published date (Q4 2015/16)
Health visiting mandated check - Percentage of first face-to-face antenatal contact with a HV at >28 weeks	50%	/	47%	N/A	A	44%	61%	47%	↑	This has increased between Q4 (2015/16) and Q1 (2016/17). This was a new service for 2014-2015 and had stretch targets to improve coverage. It has remained fairly constant in each quarter between 44-49%. The target of 50% remains in place for 2016/17.
Health visiting mandated check - Percentage of births that receive a face to face New Birth Visit (NBV) within 14 days, by a health visitor	90%	90%	96%	N/A	G	96%	90%	96%	↔	Whilst this figure remains the same as the previous month, and continues to remain well within the target
Health visiting mandated check - Percentage of children who received a 6 - 8 week review	90%	90%	94%	N/A	G	95%	90%	94%	↓	Whilst this figure is lower than the previous month, it remains well within the target
Health visiting mandated check - Percentage of children who received a 12 month review by 15 months	100%	100%	92%	N/A	A	91%	100%	92%	↑	For Q1, if 'not wanted and not attended' figures are included, both Q1 and YTD figure rises to 96%
Health visiting mandated check - Percentage of children who received a 2 -2.5 year review	90%	90%	77%	N/A	A	84%	90%	77%	↓	For Q1, if 'not wanted and not attended' figures are included, Q1 figure rises to 88% which falls within the 10% tolerance.
School nursing - Number of young people seen for behavioural interventions - smoking, sexual health advice, weight management or substance misuse	N/A	N/A	169	N/A	N/A	38	N/A	169	↑	This data is part of new KPIs monitoring. No specific targets have been set, the aim is to benchmark the service provided. This quarter has seen an increase in interventions by the school nursing team - although there was a recording issue last quarter which resulted in a low figure for interventions.
School nursing - number of young people seen for mental health & wellbeing concerns	N/A	N/A	513	N/A	N/A	166	N/A	513	↑	This data is part of new KPIs monitoring. No specific targets have been set for the year as the aim is to benchmark the service provided. This quarter has seen an increase in the number of young people seen for mental health and wellbeing concerns.

Measure	Y/E Target 2016/17	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)	Comments
Childhood Obesity (School year) - 90% coverage of children in year 6 by final submission (EOY)	90%	80%	82%	102%	G	69%	80%	82%	↑	15/16 year coverage target achieved..New Measurement Programme will start in 16/17 academic year
Childhood Obesity (School year) - 90% coverage of children in reception by final submission (EOY)	90%	80%	88%	109%	G	74%	80%	88%	↑	
Personal Health Trainer Service - number of referrals received ( <b>Pre-existing GP based service</b> )	1983	518	474	92%	A	101%	170	86%	↓	Slight dip in numbers this month -service promotion at various events planned.
Personal Health Trainer Service - number of initial assessments completed ( <b>Pre-existing GP based service</b> )	1686	440	398	90%	A	101%	144	72%	↓	
Personal Health Trainer Service - Personal Health Plans completed ( <b>Pre-existing GP based service</b> )	1075	281	145	52%	R	n/a	n/a	n/a	↔	Quarterly reporting. This intervention can take up to one year. Therefore there are cyclical
Number of referrals from Vulnerable Groups ( <b>Pre-existing GP based service</b> )	992	260	335	129%	G	151%	85	114%	↓	
Number of physical activity groups held ( <b>Pre-existing GP based service</b> )	581	138	165	120%	G	144%	45	107%	↓	
Number of healthy eating groups held ( <b>Pre-existing GP based service</b> )	581	138	50	36%	R	36%	45	27%	↓	This target is being revisited as this service has been delivering healthy eating sessions for 6 years and the needs are being reviewed
Recruitment of volunteer health champions ( <b>Pre-existing GP based service</b> )	20	4	1	25%	R	0%	1	0%	↔	

Measure	Y/E Target 2016/17	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)	Comments
Personal Health Trainer Service - number of referrals received (Extended Service)	945	220	131	60%	R	68%	75	80%	↑	Targets were not being met because of recruitment issues. New staff in place but still being trained so input limited. However, significant improvements in referrals seen over past 2 months.
Personal Health Trainer Service - number of initial assessments completed (Extended Service)	803	188	91	48%	R	44%	64	63%	↑	Targets were not being met because of recruitment issues. New staff in place but still being trained so input limited. However, significant improvements in referrals seen over past 2 months.
Personal Health Trainer Service - Personal Health Plans completed (Extended Service)	512	119	5	4%	R	n/a	n/a	n/a	↓	There was a low number of referrals in previous months due to the ongoing issues of the Service being unable to recruit and therefore low referrals in previous months. This intervention can take up to one year. Consequently the target KPI is being reviewed. This is reported quarterly
Number of referrals from Vulnerable Groups (Extended Service)	472	111	61	55%	R	71%	38	68%	↓	Again this reflects the recruitment issue described above
Number of physical activity groups held (Extended Service)	726	171	193	113%	G	113%	56	143%	↑	
Number of healthy eating groups held (Extended Service)	726	171	252	147%	G	136%	56	209%	↑	
Recruitment of volunteer health champions (Extended Service)	24	6	4	67%	R	100%	2	100%	↔	Recruitment of volunteers requires the Extended Service to be fully staffed - see information about recruitment issues
Number of behaviour change courses held	34	7	4	57%	R	100%	2	0%	↓	Courses not delivered in June. Commissioners to assist with organisations to deliver to.

Measure	Y/E Target 2016/17	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)	Comments
Proportion of of Tier 2 clients completing the intervention who have achieved 5% weight loss.	30%	30%	38%	125%	G	n/a	n/a	n/a	↔	This is reported quarterly as the intervention takes 3 - 6 months
Proportion of Tier 3 clients completing the course who have achieved 10% weight loss	30%	30%	0%	0%	G	n/a	n/a	n/a	↔	No data is currently available for 16/17. Each course is 6 months.
% of children recruited who complete the weight management programme and maintain or reduce their BMI Z score by agreed amounts	80%	N/A	N/A	N/A	G	n/a	n/a	n/a	↔	No data currently available for 16/17 as courses run intermittently throughout the year and last up to 6 to 9 months.
Falls prevention - number of referrals	386	66	65	98%	A	82%	22	91%	↑	
Falls prevention - number of personal health plans written	279	54	53	98%	A	106%	16	44%	↓	

\* All figures received in July 2016 relate to June 2016 actuals with exception of Smoking Services, which are a month behind and Health Checks, School Nursing and Health Visitors which are reported quarterly.

\*\* Direction of travel against previous month actuals

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

