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**Public Health Directorate****Finance and Performance Report – January 2017****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>
December (No. of indicators)	2	7	22	2	33

**2. INCOME AND EXPENDITURE****2.1 Overall Position**

<b>Forecast Variance - Outturn (Dec) £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 (Jan) £000</b>	<b>Forecast Variance - Outturn (Jan) %</b>
-160	Health Improvement	8,459	-721	-3.0%	-160	-1.9%
0	Children Health	9,276	-59	-0.8%	0	0%
-50	Adult Health & Well Being	916	-123	-25.8%	-50	-5.5%
0	Intelligence Team	13	1	8.3%	0	0%
0	Health Protection	6	3	55.2%	0	0%
-26	Programme Team	136	-52	-44.9%	-26	-19.1%
71	Public Health Directorate	2,395	82	4.0%	65	2.7%
<b>-165</b>	<b>Total Expenditure</b>	<b>21,202</b>	<b>-320</b>	<b>-2.0%</b>	<b>-171</b>	<b>-0.81%</b>
0	Public Health Grant	-20,457	-1,855	-9.1%	0	0%
0	Other Income	-319	181	57%	0	0%
0	<b>Total Income</b>	<b>-20,776</b>	<b>-1,674</b>	<b>-0.1%</b>	<b>0</b>	<b>0%</b>
0	Planned drawdown from Public Health Reserves	-244	-1	0%	0	0%
<b>-165</b>	<b>Net Total</b>	<b>182</b>	<b>-1,995</b>		<b>-171</b>	

The service level budgetary control report for January 2017 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.

There has been a minor increase to the anticipated forecast underspend, which is now -£171k (from -£165k last month). Forecast underspends are expected in Adult Health and Wellbeing (-£50k), Health Improvement (-£160k) and the Programme Team (-£26k), with a forecast overspend in the Public Health Directorate budgets of £65k, bringing the Directorate to an overall expected position of £-171k underspent at year end.

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

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

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

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

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

## **3. BALANCE SHEET**

### **3.1 Reserves**

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

## **4. PERFORMANCE SUMMARY**

### **4.1 Performance overview (Appendix 6)**

#### Sexual Health

- Performance of contract sexual health and contraception service remains good with all monthly key performance indicators achieved.

#### Smoking Cessation

- Smoking cessation performance has improved and the 4 week quitter monthly target remains at Amber following movement in January.

#### National Child Measurement Programme

- The measurements undertaken as part of the National Child Measurement Programme (School Year) can now be reported on as measurements took place in November. Both targets for number of children measured to date are green but it is not possible to formulate a trajectory as this is dependent on school timetabling.

#### Health Checks

- The number of Health Checks completed has moved from a red indicator to Amber as data is now being received.

#### Lifestyle Services

- Performance of the Integrated Lifestyles Service provided by Everyone Health has made encouraging improvements.
- All the datasets have been reviewed and a number of recording errors were identified, consequently amendments were made. To ensure that the correct data is aligned to indicators some of them have been re-worded. The data collected as evidence of referrals, referred to post triage numbers. All referral data is now amalgamated for reporting as one indicator to better reflect the overall activity volume and is now green.
- From the 17 Lifestyle Service indicators reported there is one red and one amber indicators.
- The number of healthy eating groups held has moved from red to amber in January and now the number of Personal Health Plans from the Health trainer service has moved from amber to green.
- Indicators reported on for the first time in January are: Tier 3 weight management services (clients achieving 10% weight loss) and % of children completing a weight management programme (maintaining or reducing BMI). Both indicators are green. The reporting timetable reflects the length of the interventions.
- The two falls prevention indicators remain green.

#### Health Visiting and School Nursing data

- Health Visiting and School Nursing data remains the same as reported last month.

### **4.2 Health Committee Priorities (Appendix 7)**

- Smoking Cessation performance in the most deprived 20% of areas in Cambridgeshire stands at 80% of target. This is better than the remainder of the county where performance is 74%
- The absolute gap in life expectancy at birth for all persons between the 20% most deprived electoral wards in Cambridgeshire and the 80% least

deprived was 3 years (80.3 years in the most deprived 20% of wards v. 83.3 years in the least deprived 80%). Further analysis is provided on pg.17 and provides an explanation in regards to interpreting this data with caution.

- Childhood Obesity: There was a decrease in the recorded obesity prevalence in Reception children in Cambridgeshire between 2014/15 and 2015/16 (7.3% to 6.9%). There was a noticeable decrease in the recorded obesity prevalence in Year 6 pupils in the 20% most deprived areas in Cambridgeshire between 2014/15 and 2015/16 (19.6% to 18.4%), and the target was met. Further details are available on pg.20

#### **4.3 Health Scrutiny Indicators (Appendix 8)**

- The trend of increasing Delayed Transfer of Care is indicated from the December 2016 data received from the acute trusts which represents the peak period of winter pressures. DTOC's have increased in comparison to this time period last year however this does reflect the national increase in winter pressures and demand for A&E services.

#### **4.4 Public Health Services provided through a Memorandum of Understanding with other Directorates (Appendix 9)**

All Quarter 3 reports for the Public Health MOU services are now complete and included in Appendix 9. Spend is in line with expectations and no significant end of year variances are currently predicted. The Children Families & Adults directorate - Chronically Excluded Adults Team received 14 referrals in Q3. CEA were invited to present their work at CHS Group's annual conference and also the Integrated Offender Management annual conference at HMP Peterborough.

Both CFA and ETE Business and Communities directorate have continued to deliver a number of projects working with schools as detailed in the report. Highlights include: Junior Travel Ambassador Scheme with 7 new schools involved, Kick Ash 206/17 academic year programme commencing and CAMH Trainer providing 60 individuals with a whole school briefing around awareness raising on mental health.

## APPENDIX 1 – Public Health Directorate Budgetary Control Report

Forecast Variance Outturn (Dec) £'000	Service	Current Budget for 2016/17 £'000	Expected to end of Jan £'000	Actual to end of Jan £'000	Current Variance		Forecast Variance Outturn (Jan)	
					£'000	%	£'000	%
Health Improvement								
-30	Sexual Health STI testing & treatment	4,074	2,743	2,719	-24	-0.89%	-30	-0.74%
-50	Sexual Health Contraception	1,170	770	688	-82	-10.62%	-50	-4.27%
0	National Child Measurement Programme	0	0	0	0	0.00%	0	0.00%
0	Sexual Health Services Advice Prevention and Promotion	152	128	139	10	8.02%	0	0.00%
0	Obesity Adults	0	0	0	0	0.00%	0	0.00%
0	Obesity Children	82	70	79	10	13.86%	0	0.00%
0	Physical Activity Adults	84	71	63	-8	-10.80%	0	0.00%
0	Healthy Lifestyles	1,605	1,295	1,245	-50	-3.86%	0	0.00%
0	Physical Activity Children	0	0	0	0	0.00%	0	0.00%
-80	Stop Smoking Service & Intervention	907	377	293	-85	-22.46%	-80	-8.82%
0	Wider Tobacco Control	31	26	21	-5	-19.81%	0	0.00%
0	General Prevention Activities	272	230	303	72	31.38%	0	0.00%
0	Falls Prevention	80	68	59	-9	-13.51%	0	0.00%
0	Dental Health	2	2	0	-2	-100.00%	0	0.00%
-160	Health Improvement Total	8,459	5,780	5,607	-172	-2.98%	-160	-1.89%
Children Health								
0	Children 0-5 PH Programme	7,531	5,678	5,678	0	0.00%	0	0.00%
0	Children 5-19 PH Programme	1,745	1,476	1,417	-59	-3.98%	0	0.00%
0	Children Health Total	9,276	7,154	7,095	-59	-0.82%	0	0.00%
Adult Health & Wellbeing								
-50	NHS Health Checks Programme	716	306	282	-24	-7.71%	-50	-6.98%
0	Public Mental Health	164	139	70	-68	-49.21%	0	0.00%
0	Comm Safety, Violence Prevention	37	31	0	-31	-100.00%	0	0.00%
-50	Adult Health & Wellbeing Total	916	475	352	-123	-25.84%	-50	-5.46%
Intelligence Team								
0	Public Health Advice	13	11	12	1	8.33%	0	0.00%
0	Info & Intelligence Misc	0	0	0	0	0.00%	0	0.00%
0	Intelligence Team Total	13	11	12	1	8.33%	0	0.00%
Health Protection								
0	LA Role in Health Protection	0	0	8	8	0.00%	0	0.00%
0	Health Protection Emergency Planning	6	5	0	-5	-100.00%	0	0.00%
0	Health Protection Total	6	5	8	3	55.19%	0	0.00%

Forecast Variance Outturn (Dec) £'000	Service	Current Budget for 2016/17 £'000	Expected to end of Jan £'000	Actual to end of Jan £'000	Current Variance £'000   %		Forecast Variance Outturn (Jan) £'000	
Programme Team								
0	Obesity Adults	0	0	0	0	0.00%	0	0.00%
0	Stop Smoking no pay staff costs	31	26	11	-16	-59.90%	0	0.00%
-26	General Prev, Traveller, Lifestyle	105	89	53	-36	-40.44%	-26	-24.78%
-26	Programme Team Total	136	115	64	-52	-44.88%	-26	-19.10%
Public Health Directorate								
71	Health Improvement	633	532	579	49	9.13%	65	633
0	Public Health Advice	742	622	612	-10	-1.66%	0	742
0	Health Protection	182	154	197	43	28.20%	0	182
0	Programme Team	635	533	550	17	3.16%	0	635
0	Childrens Health	76	63	46	-17	-27.37%	0	76
0	Comm Safety, Violence Prevention	72	61	67	6	9.84%	0	72
0	Public Mental Health	55	46	41	-5	-10.55%	0	55
71	Public Health Directorate total	2,395	2,010	2,092	82	4.07%	65	2,395
-165	Total Expenditure before Carry forward	21,202	15,551	15,231	-320	-2.06%	-171	-0.81%
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	-20,457	-22,312	-1,855	-9.07%	0	0.00%
0	S75 Agreement NHSE - HIV	-144	0	144	144	0.00%	0	0.00%
0	Other Income	-175	-148	-111	37	25.00%	0	0.00%
	Drawdown From Reserves	-244	-221	-222	-1	-0.45%	0	0.00%
0	Income Total	-21,020	-20,826	-22,501	-1,675	-8.04%	0	0.00%
-165	Net Total	182	-5,275	-7,270	-1,995	-37.83%	-171	-93.81%

## 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	%
<b>Health Improvement</b>	<b>8,459</b>	<b>-172</b>	<b>-3.0%</b>	<b>-160</b>	<b>-1.9%</b>
<p>The overall forecast underspend of £160k against health improvement is a combination of £80k on stop smoking services and £80k on sexual health.</p> <p>The underspend on smoking represents the decreased payments to GPs for their provision of stop smoking services. This activity is being picked up by the core CAMQUIT Service. Secondly the Clinical Commissioning Group(CCG) re-charges us for the GP prescriptions for medication to help support people to quit smoking. We have not yet received all the up to date invoices for this from the CCG</p> <p>The underspend on sexual health reflects the continued decrease in the uptake of the online Chlamydia Screening Programme and secondly the Public Health England laboratory services that we commission for the Chlamydia Screening Programme has not yet invoiced the Local Authority at all this year. Invoices have been requested.</p>					

### 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 2016/17</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 Jan 2017		
	£'000	£'000	£'000	£'000	
<b>General Reserve</b>					
Public Health carry-forward	1,138	176	962	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>962</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 £100k per year over 5 years.
Falls Prevention Fund	400	0	400	200	
NHS Healthchecks programme	270	0	270	170	Estimated spend, depending on timescale of developments.
Implementation of Cambridgeshire Public Health Integration Strategy	850	0	850	770	Anticipated spend on PH Reference Group projects during 2016-17.
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>3,982</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 Jan 2017		
	£'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>	

## APPENDIX 6 PERFORMANCE

The Public Health Service

Performance Management Framework (PMF) for  
December 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%	100%	100%	G	100%	98%	100%	↔	
GUM ACCESS - % seen within 48 hours ( % of those offered an appointment)	80%	80%	87%	87%	G	87%	80%	87%	↔	
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	5400	8015	148%	G	149%	600	148%	↓	
Number of Health Checks completed	18,000	13,500	12,926	96%	A	87%	4500	94%	↑	<ul style="list-style-type: none"> <li>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.</li> <li>All the key CCG and CCC processes required to introduce the new software into practices are completed and we are waiting for the sign off of the contract.</li> </ul>
Percentage of people who received a health check of those offered	45%	45%	41%	41%	A	33%	45%	41%	↑	<ul style="list-style-type: none"> <li>Other activities include staff training and a new media campaign</li> <li>Pease note that the data for this period is incomplete as a large number of practices returned incomplete datasets. Currently staff are working with practices to ensure all data is captured</li> </ul>
Number of outreach health checks carried out	1,900	1425	865	61%	R	49%	158	31%	↓	<p>The Lifestyle Service is commissioned to provide outreach Health Checks for hard to reach groups in the community and in workplaces. This commenced in February and started gaining momentum. Initial recruitment difficulties meant that this programme was slow to develop. The programme targets workplaces especially in Fenland. Workplaces in the South of the county are performing well, however it has not been possible to secure access to the factories in Fenland where there are high risk workforces. This has affected performance .</p> <p>The service being delivered outside of Fenland is close to target. Engaging workplaces in Fenland however is challenging. where in excess of 100 workplaces and community centres have been contacted with very little uptake. Everyone Health are working with Public Health to develop different methods of engagement in an attempt to increase the number of NHS Health Checks delivered.</p>
Smoking Cessation - four week quitters	2249	1316	1210	92%	A	133%	177	86%	↓	<ul style="list-style-type: none"> <li>The most recent Public Health Outcomes Framework figures (August 2016 data for 2015) suggest the prevalence of smoking in Cambridgeshire has increased slightly in the last few years, returning to a level statistically similar to the England average (16.4% v. 16.9%), although the trend is not statistically significant. Smoking rates in routine and manual workers are consistently higher than in the general population (27.2% in Cambridgeshire), and notably in Fenland where routine and manual smoking rates have returned to a level worse than the average for England (39.8%). There has been ongoing performance improvement this year.</li> <li>There is an ongoing programme to improve performance that includes targeting routine and manual workers and the Fenland area.</li> </ul>

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	G	56%	58%	57%	↑	A stretch target for the percentage of infants being breastfed was set at 58%, - above the national average for England. The number of infants recorded as breastfed (fully or partially) at 6 weeks for Q2 has increased slightly to 57% in Q2, and the figure is one of the highest statistics in the Eastern region in published Public Health England data (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	47%	50%	38%	↓	Of note, all of the health visiting data is reported quarterly. The data presented relates to the Q2 period (Jul - Sept) 2016-2017 and is compared to Q1 2016-2017 data for trend. Since Q1 there has been a fall in the antenatal contacts from 47% completed to 38%, and is due to staffing levels. Priority is being given to those parents who are assessed as being most vulnerable. This KPI will be monitored over the next quarterly period.
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%	↔	
Health visiting mandated check - Percentage of children who received a 6 - 8 week review	90%	90%	94%	N/A	G	94%	90%	94%	↔	94% received a review at 6-8 weeks, well above the 90% targets.
Health visiting mandated check - Percentage of children who received a 12 month review by 15 months	100%	100%	92%	N/A	A	92%	100%	91%	↓	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%.
Health visiting mandated check - Percentage of children who received a 2 -2.5 year review	90%	90%	77%	N/A	A	77%	90%	80%	↑	The target of 90% for percentage of children who received a 2-2.5 year review has not been reported as met, although the proportion has increased since the last reporting period. However, if 'not wanted and not attended' figures are included, Q2 figure rises to 91% which falls within a range of 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	168	N/A	20	↓	Whilst this seems a significant drop in the number of young people seen, the Q2 period includes the summer holiday period, where the school nurses are not delivering services in the school settings. Therefore there is expectation that the Q2 data will be significantly lower than any other period
School nursing - number of young people seen for mental health & wellbeing concerns	N/A	N/A	513	N/A	N/A	513	N/A	123	↓	

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%	18.6%	23.1%	124%	G	117%	18.6%	124%	↑	The National Child Measurement Programme is undertaken during school term times. It is not possible to formulate a trajectory as this is dependent on school timetabling. Measurements commenced in November 2016.
Childhood Obesity (School year) - 90% coverage of children in reception by final submission (EOY)	90%	18.6%	24%	128%	G	121%	18.6%	128%	↑	
Overall referrals to the service	4611	3384	3414	101%	G	73%	239	111%	↑	The Countywide Integrated Lifestyle Service provided by Everyone Health has now successfully recruited to all areas. Training was completed in September and the Service was fully operational in November. Currently we have been working with EH on their data returns supported by the Chief Executive Officer and reviewing all areas to ensure that measures are being put in place to address those areas where there is under achievement. A factor is also the additional Health Trainer Services for Falls and more recently Mental Health which has led to the more experienced and skilled health trainers moving to these new areas for career development.
Personal Health Trainer Service - number of Personal Health Plans produced (PHPs) (Pre-existing GP based service)	1433	1055	1005	95%	A	83%	72	85%	↑	
Personal Health Trainer Service - Personal Health Plans completed (Pre-existing GP based service)	1075	790	890	113%	G	199%	53	500%	↑	This intervention can take up to one year. Therefore there are cyclical changes. Measures to identify why the completion rate was low identified incomplete data processes and a substantial improvement in the monthly report
Number of referrals from Vulnerable Groups (Pre-existing GP based service)	992	731	890	122%	G	62%	50	108%	↑	
Number of physical activity groups held (Pre-existing GP based service)	581	416	441	106%	G	150%	30	93%	↓	
Number of healthy eating groups held (Pre-existing GP based service)	290	216	253	117%	G	192%	24	133%	↓	
Personal Health Trainer Service - number of PHPs produced (Extended Service)	534	375	377	101%	G	106%	28	79%	↓	This reflects the recruitment issue which was resolved in November when the new staff were trained.
Personal Health Trainer Service - Personal Health Plans completed (Extended Service)	400	280	148	53%	R	57%	21	267%	↑	This intervention can take up to one year. The poor performance reflects the recruitment issues in year 1 of the contract and the associated lower number of PHPs produced.
Number of physical activity groups held (Extended Service)	578	410	536	131%	G	115%	30	163%	↑	

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
Number of healthy eating groups held (Extended Service)	726	531	571	108%	G	231%	45	198%	↓	
Proportion of Tier 2 clients completing the intervention who have achieved 5% weight loss.	30%	30%	42%	140%	G	121%	30%	167%	↑	
Proportion of Tier 3 clients completing the course who have achieved 10% weight loss	60%	60%	61%	102%	G	107%	60%	83%	↓	
% of children recruited who complete the weight management programme and maintain or reduce their BMI Z score by agreed amounts	80%	80%	88%	110%	G	n/a	80%	113%	↑	
Falls prevention - number of referrals	386	242	262	108%	G	72%	15	93%	↑	
Falls prevention - number of personal health plans written	279	175	210	120%	G	71%	11	82%	↑	

\* All figures received in January 2017 relate to December 2016 actuals with exception of Smoking Services, which are a month behind and Health Checks, some elements of the Lifestyle Service, School Nursing and Health Visitors which are reported quarterly.

\*\* Direction of travel against previous month actuals

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

## **APPENDIX 7**

### **Health Committee Priorities**

#### **Health Inequalities**

##### **Smoking Cessation**

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

##### **Monthly update:**

- The percentage of the smoking quit target achieved in December has increased compared to the previous month in least deprived 80%. In the most deprived 20% of practices in Cambridgeshire the percentage of the smoking quit target achieved has decreased.
- In the least deprived 80%, 103 four-week quits were achieved, 89% of the monthly target of 116; in the most deprived 20% of practices, 64 four-week quits were achieved, 89% of the monthly target of 72.
- Looking at performance data for the year to date, the percentage of the quit target achieved in the least deprived 80% of practices stands at 74% and in the most deprived 20%, at 80%.

##### **Year-to-date:**

- The RAG statuses for the year-to-date smoking quit targets are red indicating that the targets for both the least deprived 80% and most deprived 20% of practices remain more than 10% away from the targets.
- Although year-to-date targets are not met within either group, the performance in the most deprived 20% of practices is currently better than in the least deprived 80%.

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, December 2016/17

Practice deprivation category	Year end target	Year-to-date					December			Previous month	
		Target	Completed	Percentage	Difference from target	RAG status	Target	Completed	Percentage	Percentage	Direction of travel
Least deprived 80%	1,388	1,041	767	74%	26%		116	103	89%	66%	↑
Most deprived 20%	861	646	514	80%	20%		72	64	89%	103%	↓
All practices	2,249	1,687	1,281	76%	24%		187	167	89%	80%	↑

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	December	Previous month	Direction of travel
Percentage point gap	6%	0%	37%	*

\* Achievement of the quit target the same in both groups - direction of travel for reducing the gap not assessed

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 Health and Social Care Information Centre Organisation Data Service  
 Office for National Statistics Postcode Directory  
 Prepared by:  
 Cambridgeshire County Council Public Health Intelligence, 17/02/17

## 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.

### Quarter 3

- The percentage of the health check target achieved in Quarter 3 was higher in the least deprived 80% of practices than in the most deprived 20%.
- In the least deprived 80%, 3152 health checks were delivered, 99% of the quarterly target of 3173; in the most deprived 20% of practices, 1077 health checks were delivered, 81% of the quarterly target of 1327.
- The gap in performance between the two groups was 18 percentage points in Quarter 3.
- The gap in performance between the two groups decreased in Q3 compared to the gap seen in Q2 due to a greater increase in health checks for the most deprived practices and a decrease in health checks for the least deprived 80%.

### Year-to-date

- Looking at performance data for the year to date, the percentage of the health check target achieved is more than 10% away from the target in the most deprived 20% of practices (at 75%) but is meeting the year-to-date target in the least deprived 80% (at 104%)
- The gap in performance between the two groups is 29 percentage points.



# Percentage of health check target achieved by deprivation category of general practices in Cambridgeshire, 2016/17 Quarter 3

Practice deprivation category	Year end target	Year-to-date					Quarter 3			Previous quarter	
		Target	Completed	Percentage	Difference from target	RAG status	Target	Completed	Percentage	Percentage	Direction of travel
Least deprived 80%	12,691	9,518	9,943	104%	-4%	Green	3,173	3,152	99%	104%	↓
Most deprived 20%	5,309	3,982	2,995	75%	25%	Red	1,327	1,077	81%	78%	↑
All practices	18,000	13,500	12,938	96%	4%	Yellow	4,500	4,229	94%	97%	↓

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 3	Previous quarter	Direction of travel
Percentage point gap	-29%	-18%	-27%	↑

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, 16/02/2016

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 a focus upon Fenland working in community settings including workplaces. However it has been challenging securing the engagement of employers which is currently being discussed by the Health Committee.

## Life expectancy and healthy life expectancy

Due to time restrictions and pressing deadlines life expectancy has not been updated

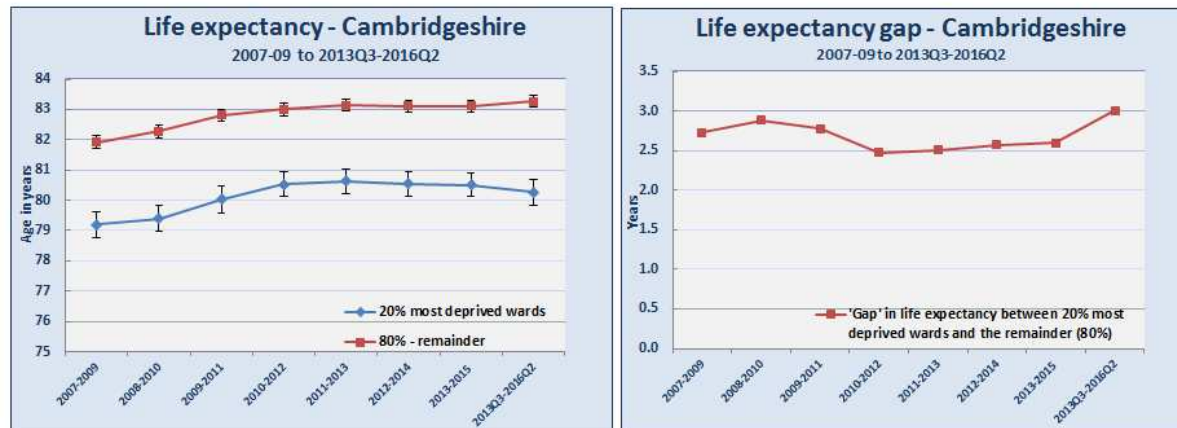
Inequalities in life expectancy: aiming to reduce the gap in years of life expectancy between residents of the 20% most deprived and the 80% least deprived electoral wards in Cambridgeshire.

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

people who are homeless, also have lower life expectancy than the general population. Key interventions to reduce this gap are in tackling lifestyle factors and ensuring early intervention and prevention of key diseases.

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

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



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

Sources: NHS Digital Primary Care Mortality Database (Office for National Statistics Death Registration data), Office for National Statistics ward-level population estimates, Communities and Local Government Index of Multiple Deprivation 2010

## Healthy life expectancy.

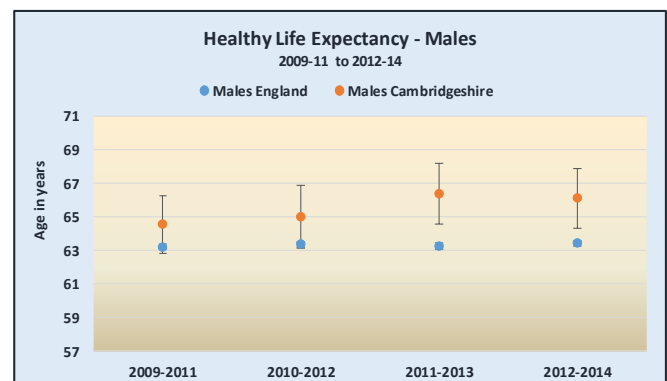
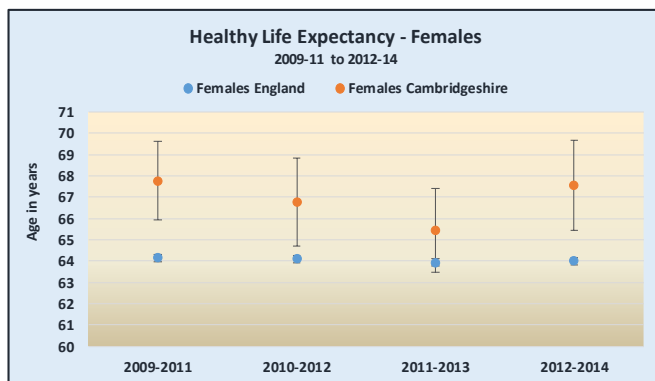
- Healthy life expectancy for men for the period 2012-2014 in Cambridgeshire was 66.1 years. For females the figure was 67.6 years. The 'actual' figure for men (66.1 years) is lower than for females (67.6 years). No target has been set for this indicator. The local value reported is to be assessed in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

influence these figures as well. In many countries with lower life expectancies this difference between male and females is not so apparent.

Calendar years	Cambridgeshire			England		
	Life expectancy (years)	Healthy Life Expectancy (95% confidence interval) years	% of life spent in 'good health'	Life expectancy (years)	Healthy Life Expectancy (95% confidence interval) years	% of life spent in 'good health'
<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.

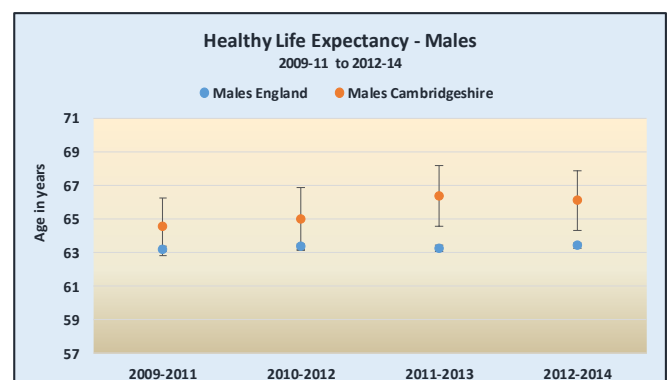
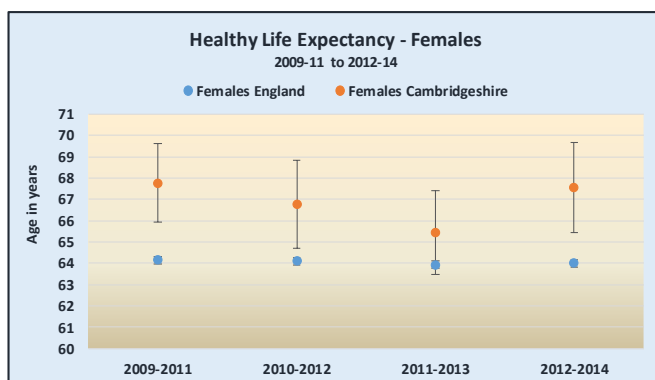
NB: chart axes do not start at zero.



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 2015/16 Fenland did not meet this target (21.4% actual against 19.6% target), but there was a reduction from the previous year (22.4%). There continues to be a downward trend in Cambridgeshire as a whole, which meant the target was met (18.7% actual, 19.8% target). The gap between Fenland and Cambridgeshire had reduced in 2015/16.

#### 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	262	248	224	237	-	222	-
	%	26.8%	24.9%	21.6%	22.4%	20.6%	21.4%	19.6%
Cambridgeshire	Number	1,399	1,318	1,392	1,326	-	1,270	-
	%	22.5%	20.2%	20.8%	19.4%	20.3%	18.7%	19.8%
Gap		4.3%	4.7%	0.8%	3.0%	0.3%	2.7%	-0.2%

Source: NCMP, HSCIC

Note : The target and actual data has changed to reflect changes in the PHOF. Local authority is now determined by the postcode of the pupil rather than the postcode of the school.

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

There was a decrease in the recorded obesity prevalence in Reception children in Cambridgeshire between 2014/15 and 2015/16 (7.3% to 6.9%). 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 2015/16 (9.6% actual, 9.6% target). The proportion remained the same as in 2014/15. The target for the remaining 80% of areas was also met (6.2% actual, 6.9% 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		137	
	Total	1,310	1,444	1,477	1,521		1,420	
	%	11.3%	10.8%	10.6%	9.6%	10.1%	9.6%	9.6%
80 least deprived	Number	344	327	372	344		326	
	Total	4,819	4,997	5,108	5,177		5,300	
	%	7.1%	6.5%	7.3%	6.6%	7.1%	6.2%	6.9%
Total (CCC only)	Number	492	483	529	490		463	
	Total	6,129	6,441	6,585	6,698		6,720	
	%	8.0%	7.5%	8.0%	7.3%		6.9%	

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 the 20% most deprived areas in Cambridgeshire between 2014/15 and 2015/16 (19.6% to 18.4%), and the target was met. There was a slight increase in the remaining 80% of areas, but the target was also met.

#### 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		199	
	Total	1,107	1,117	1,136	1,182		1,081	
	%	22.1%	19.4%	19.9%	19.6%	19.4%	18.4%	18.9%
80 least deprived	Number	613	623	671	596		622	
	Total	4,174	4,207	4,411	4,345		4,474	
	%	14.7%	14.8%	15.2%	13.7%	15.0%	13.9%	14.8%
Total (CCC only)	Number	858	840	897	828		821	
	Total	5,281	5,324	5,547	5,527		5,555	
	%	16.2%	15.8%	16.2%	15.0%		14.8%	

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

There was a noticeable decrease in the proportion of physically active adults in Fenland between 2014 and 2015, and the target (described below) was not met. Cambridgeshire as a whole also experienced a decline in the proportion of physically active adults and also did not meet the target in 2015.

### Physically active adults

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

Area	Actual			2015		2016	
	2012	2013	2014	Actual	Target	Actual	Target
Fenland	50.5%	51.1%	52.1%	47.9%	53.1%		54.1%
Cambridgeshire	60.3%	60.2%	64.5%	58.6%	65.0%		65.5%
Gap	-9.8%	-9.1%	-12.4%	-10.7%	-11.9%	0.0%	-11.4%

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 health eating workplace policy.

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

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

## Mental health

### Proposed indicators:

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

The whole school briefing delivered by CPFT offers an introduction to thinking about mental health with a focus on ethos and culture around mental health in schools. This foundational training to all staff.

- Between 1<sup>st</sup> Oct 2016-30<sup>th</sup> January 2017 6 secondary schools had a whole school briefing (146 people attending).
- A further 7 schools (104 individuals) have accessed other face-to-face training, such as youth mental health awareness training.
- There have been 106 new e-learning accounts registered by people working in schools between 1<sup>st</sup> October-31<sup>st</sup> December 2017.

- **Number of secondary schools taken up offer of consultancy support around mental and emotional wellbeing of young people** (annual) – To date (June 2016), 21 out of 30 secondary schools have taken up the offer of a consultancy visit.

*This piece of work was funded for the 2015/16 academic year only.*

- **Number of front line staff that have taken part in MHFA and MHFA Lite commissioned training** (quarterly):

Mental Health First Aid and Mental Health First Aid Lite are offered free of charge to front line staff within Cambridgeshire County Council and partner organisations. The contract with an external provider to deliver this training finished at the end of October 2016, however a range of training will continue to be offered via different channels and models of delivery.

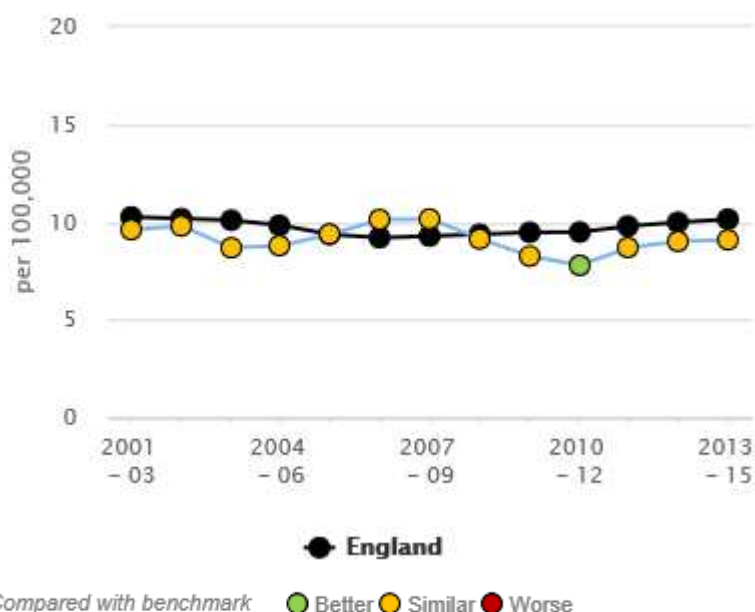
- MHFA (2 day course) attendance: 398
- MHFA Lite (1/2 day) attendance: 216

- **PHOF Indicator: Mortality rate from suicide and injury of undetermined intent** (annual):

- In Cambridgeshire, the rate of suicide and injury of undetermined intent is 9.1 per 100,000 (3 year average, 2013-15), 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.



Suicide age-standardised rate: per 100,000 (3 year average)  
(Persons) – Cambridgeshire



Source: Public Health Outcomes Framework (Benchmark is England)

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

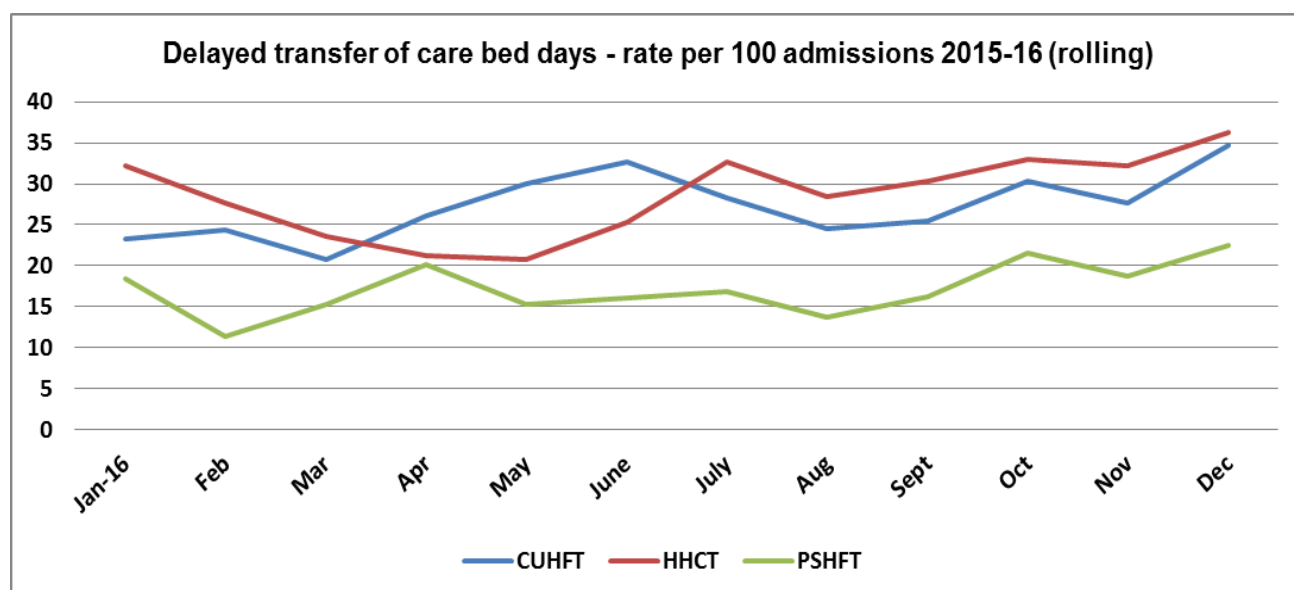
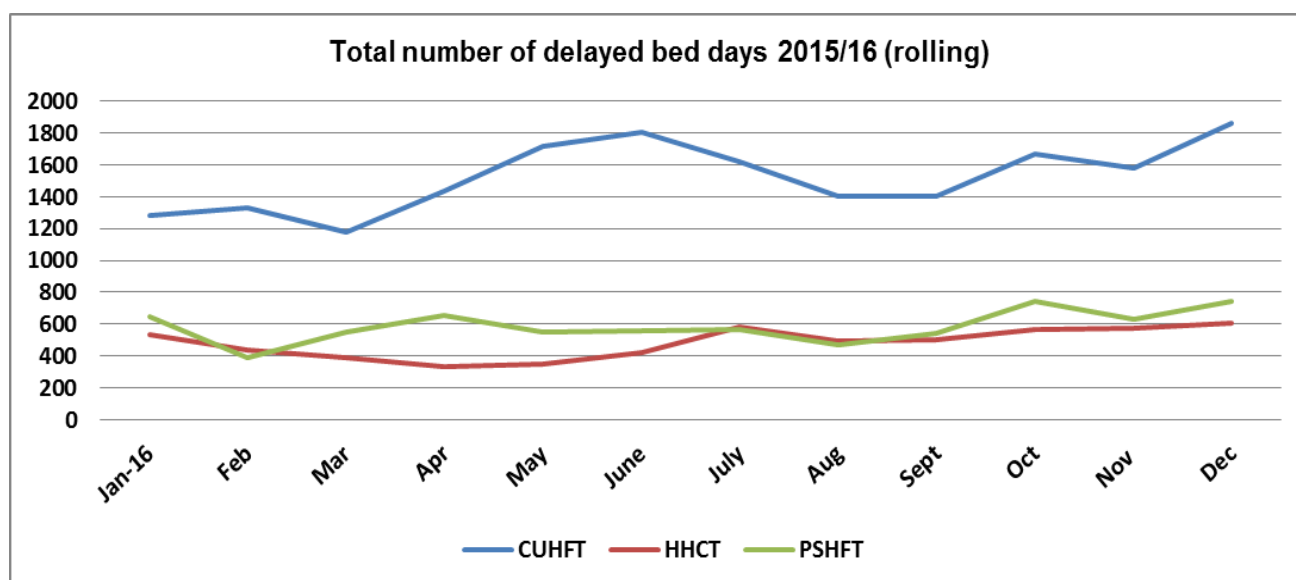
## APPENDIX 8

### Health Scrutiny Indicators

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

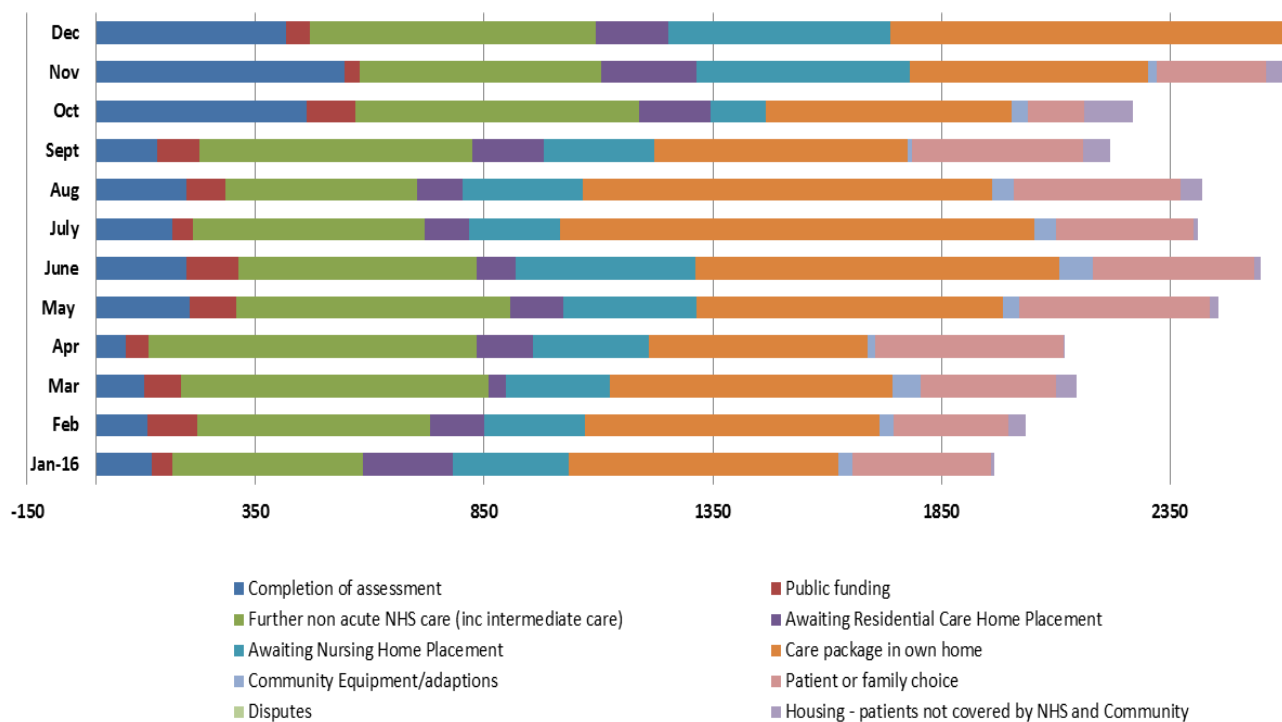
- **Delayed Transfer of Care (DTOC)**

The trend of increasing DTOC continues from the previous report to Health Committee. The data provided for December 2016 for DTOC for both Hinchingsbrooke Health Care NHS Trust and CUHFT indicates a significant increase in DTOC. This is now data taken from the winter pressure period for acute trusts. There has been significant national and local media coverage around the pressures the trusts are experiencing in both A&E and the impact that DTOC has on emergency department's capacity. Both trusts report that they continue to work with system partners to address the large scale impact of DTOCs.

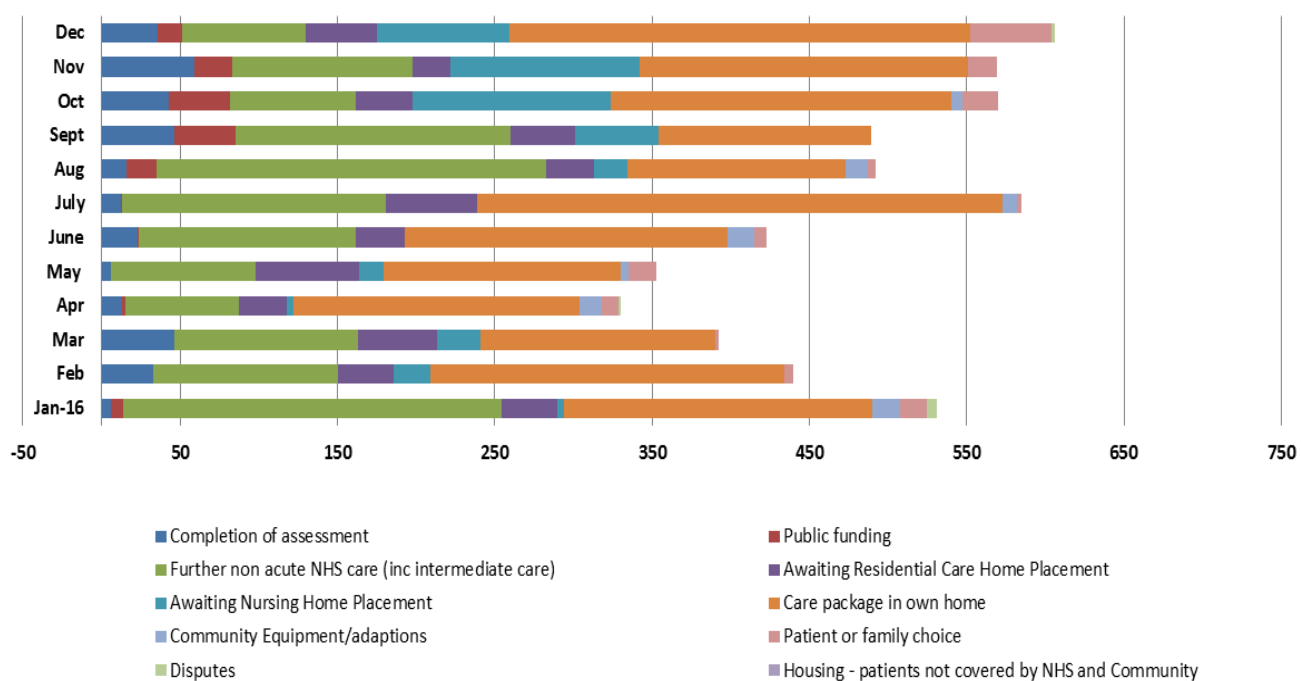




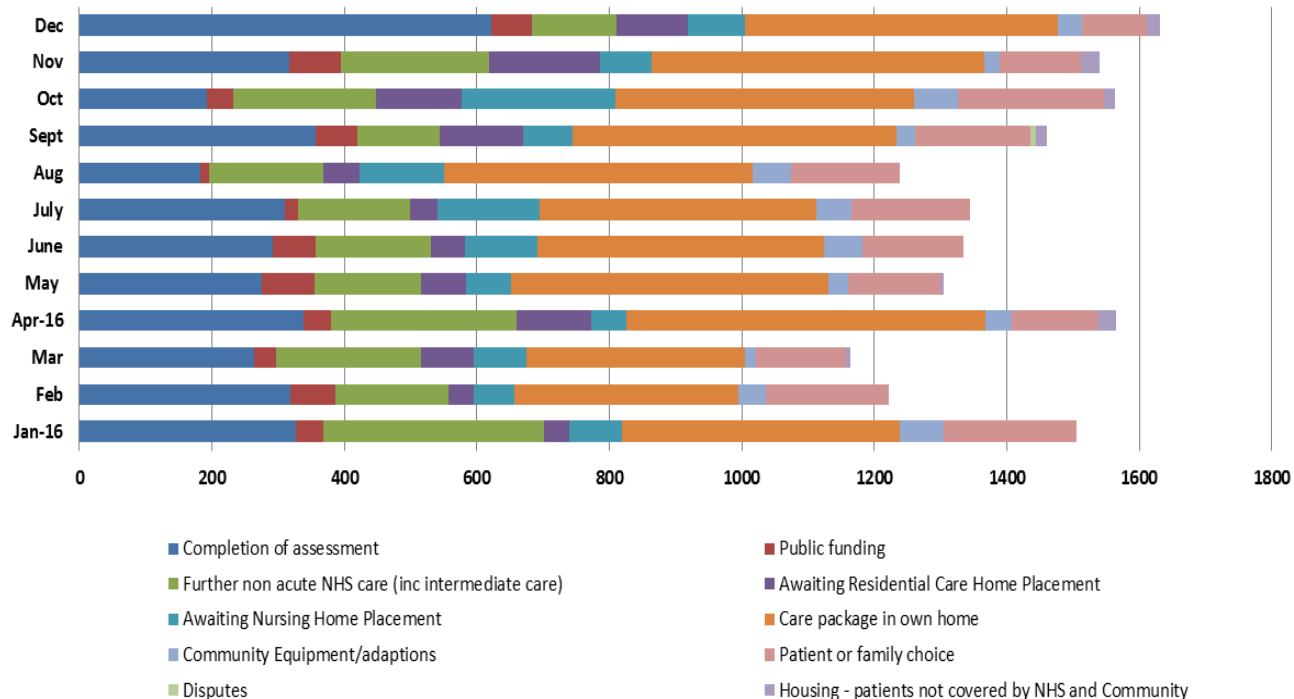
Total number of Delayed Bed Days at CUHFT by Delay Reason 2015-16 (rolling)



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



**Total number of Delayed Bed Days at PSHFT by Delay Reason**



## APPENDIX 9

### PUBLIC HEALTH MOU 2016-17 UPDATE FOR Q3

Directorate	Service	Allocated	Q3 Update	YTD expected spend	YTD actual spend	Variance
CFA	Chronically Excluded Adults (MEAM)	£68k	<p>During Q3 we received 14 referrals and were able to start work with five new complex needs clients. Two clients have been closed. One of these had demonstrated that she was not wishing to change her current situation. The other is doing well in her tenancy with support that we have brought in. In addition to this CEA continues to provide support and advice to non CEA clients and agencies. Various level of brief intervention were given to 14 non CEA clients, as well as supporting 4 professionals meetings.</p> <p>A new worker has joined the CEA tem in a post funded by Cambridge City Council, to support street based clients with a focus on those perpetrating Anti-Social Behaviour. The worker has already drawn up a referral process and started work with a caseload of 9 clients. Her early work has identified the difficulty for street based clients to access treatment for substance misuse, at the same time as accessing accommodation. We have instigated conversation with the treatment misuse service in Cambridgeshire, which we will progress in Q4.</p> <p>We continue to lead on the Housing First strategy in Cambridgeshire and have also presented nationally at a workshop hosted by Homelesslink.</p> <p>CEA were invited, and attended, a round table at MEAM to examine the national strategy going forward, and what contributions we could make locally. The conversations covered the following areas:</p> <ul style="list-style-type: none"> <li>• Increase the number of MEAM Approach areas</li> <li>• Develop an evaluation framework that can 'compare and contrast'</li> </ul>	£51,000	£51,000	0

			<p>findings across the two networks</p> <ul style="list-style-type: none"> <li>• Create opportunities for cross-network learning</li> <li>• Support more people with multiple needs to live fulfilling lives and create a stronger legacy for both networks at the end of the funded period</li> </ul> <p>CEA were invited to present its work at CHS Group's annual conference and also the Integrated Offender Management annual conference at HMP Peterborough. CEA contributed to the local application to the national 'Trailblazer' find. The multi-agency application achieved a national grant of £400,000 which is to be spent on the provision of a dual diagnosis outreach team, to support rough sleepers. CEA will be attending the steering group starting in January.</p>			
CFA	PSHE KickAsh	£15k	<ul style="list-style-type: none"> <li>• Ten secondary schools recruited to the programme</li> <li>• All mentor training completed in all for participating secondary schools</li> <li>• Primary school visits commenced January 2017</li> </ul>	£11,250	£11,250	0
CFA	Children's Centres	£170k	<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>	£127,500	£127,000	0
CFA	Mental Health Youth Counselling	£111k	<p>Youth Counselling services are provided by Centre 33 and YMCA covering the whole of Cambridgeshire for 13-25 year olds. This quarter's contract monitoring meeting is upcoming.</p> <p>There continues to be a high number of young people accessing these counselling services, in 2015/16 550 young people accessed the services. There remains a waiting list for counselling in certain areas.</p> <p>As part of a wider re-design of child and adolescent mental health</p>	£83,250	£83,250	0

			services, this service is being re-tendered this year. The existing contracts have been extended to December 2017 to align with the tendering timeline, and to ensure that there is no gap in provision. The service will be re-commissioned across Cambridgeshire and Peterborough, with additional funding from Peterborough City Council and Cambridgeshire and Peterborough Clinical Commissioning group.			
CFA	CAMH Trainer	£71k	<p>The CAMH trainer is employed by CPFT, and delivers specialist mental health training for a range of roles working with children and young people. Training specifically tailored to the needs of schools is also provided with a new 1 day Youth Mental Health Awareness course for the 2016/17 academic year.</p> <p>Between October-December 2016, 60 individuals attended a whole school briefing (designed to raise awareness of mental health and to lead into specific schools training) across 3 schools. Training was delivered in a further 2 schools (one school undertook the Youth Mental Health Awareness training with 14 members of staff)</p> <p>106 people from school setting have newly registered for an e-learning account between October-December 2016.</p> <p>A CPD day on 'LGBT Mental Health' was also delivered (14 attendees) and a 1 hour CPD Seminar on 'Managing Self-Harm' (6 attended). A range of individuals from education settings and from the local authority (ie Family workers) attended the training.</p> <p>14 people have begun the foundation module course that is delivered; this is a more extensive course over 13 days, spread across the year. A range of professionals are engaged in this training including Family Workers and Young People's workers.</p>	£53,250	£53,250	0
CFA	DAAT	£5,980k	<p>At the end of Qtr 3 there had not been any current spend for the allocated budget for GP Shared Care &amp; Nalmafene, this information is passed through for recharge by PH and to date no financial information has been received for processing any payments.</p> <p>The inpatient detox beds contract is paid up to end November and Decembers invoice has been sent for payment but did not go through procurement system in time to show at the end of Qtr3 report so this will show in Qtr4.</p> <p>The Service User Contract is paid to end Qtr 3 as per agreements.</p>	£4,485m	£4,205,786	£279,214

			<p>Qtr 1, Qtr 2 and Qtr 3 80% invoices from Inclusion for the Drug &amp; Alcohol Contracts have been received and paid as well as the Qtr 1 invoice for the 20% performance element of the contract.</p> <p>Qtr 3 of the young people's contract has now been paid and this will show in Qtr 4's report.</p> <p>The predicted Q3 spend is based solely on 3/4 of the overall allocated budget so the predicted and actual spend will vary during the year depending on when invoices are received. It is anticipated the budget will be spent by year end with the exception of the predicted underspend of £35K already reported to Public Health which is made up £15K commissioning (admin post), £10K GP Shared Care/Nalmafene and £10K substance misuse interventions.</p> <p>Currently the only invoices we are expecting which will not be paid by year end and will be put on reserves list is 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	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 spend in total.	£5,250	£5,250	0
			<b>SUB TOTAL : CFA Q3</b>	<b>£4,816,500</b>	<b>£4,537,286</b>	<b>£279,214</b>
ETE	Active Travel (overcoming safety barriers)	£55k	<p>Currently 66 schools are actively engaged in the school travel planning process through STARS, 32 accredited to Bronze level and 2 Gold. Awaiting further update on accreditations submitted in December.</p> <p>Since the beginning of April:</p> <ul style="list-style-type: none"> <li>• Walk Smart has been delivered to 132 pupils</li> <li>• Scoot Smart has been delivered to 1,118 pupils</li> <li>• Pedal Smart has been delivered to 120 pupils</li> </ul> <p>Delivery October to February is limited due to weather, so limited during Q3 and Q4. Work has been focussed on booking schools for</p>	£41,250	£41,250	0

			<p>Spring/Summer 2017 and training volunteers to deliver Scoot Smart at 5 schools.</p> <p>Exhibits/education resources have been reviewed and serviced/ updated</p>			
ETE	Explore additional interventions for cyclist/ pedestrian safety	£30k	<p>'Be Bright Be Seen' promotion ran just before and after the clocks changed in October and in to November.</p> <p>Data and intelligence continues to be interrogated to produce a profile for collisions involving cyclists.</p> <p>Exploring possibility of repeating intervention used successfully in London, where signs stating 'most cyclists stop at red lights' are placed at key junctions in the city. This may run in the Spring/ Summer 2017.</p>	£22,500	£22,500	0
ETE	Road Safety	£20k	<p>15 Schools are now signed up to the Junior Travel Ambassador Scheme, with not all the ones who expressed an interest in September having fully taken up the scheme.</p> <p>The 7 new schools this academic year have appointed JTA's and there are now approximately 90 JTA's across the 15 schools.</p> <p>Additional schools will continue to be added as appropriate.</p> <p>Schools took part in a poster competition to design a poster that would encourage others to keep safe when the clocks changed in October. The majority of entries came from JTA schools demonstrating the value of this scheme and the winning posters have been made available for all schools in the county to use.</p>	£15,000	£15,000	0
ETE	Trading Standards KickAsh	£23k	<p>Kick Ash got off to a good start for the new school year of the programme, and we continued with training in schools and planning the year going forward.</p> <p><b>October:</b></p> <ul style="list-style-type: none"> <li>Delivered training to 20 pupils at Longsands Academy. Focusing on the Nicotine Inhaling Products (NIPs) that are becoming popular among young people and those who are nicotine dependent. Working with a new link within the school, will plan the group's work over the coming months to get the best from the keen volunteer pupils.</li> <li>Training delivered to 40 pupils at Cromwell Community College. Aim to get a proportion of those pupils to visit businesses in March</li> </ul>	£17,250	£16,663	£587

			<p>and wider Fenland to talk about Kick Ash, NIPs and attempted underage purchases.</p> <ul style="list-style-type: none"> <li>• New contact established within Cottenham Village College, so visits made to discuss the project in full and to attend a Year 10 assembly to help recruit pupils to co-ordinate the project.</li> <li>• Meeting dates planned for three schools to discuss and plan the work for the year ahead. This includes awareness displays for Christmas events in school, the big event for all mentors across the country in January, No Smoking Day events, primary school visits and work on behalf of Trading Standards.</li> <li>• Met with Bottisham VC and mentors to discuss the year ahead – appointing a lead person in school to communicate with others.</li> </ul> <p><b><u>November:</u></b></p> <ul style="list-style-type: none"> <li>• Training delivered to a total of 25 pupils at Cottenham and Witchford Village Colleges</li> <li>• Attended meetings with mentors from Longsands, Cottenham and Bottisham to plan the year ahead and discuss work and targets</li> <li>• Meetings with Kick Ash resource team to discuss the big event in January for all the schools to come together and be creative in sharing their smoke free messages by way of graffiti art on large canvases that will be displayed within their schools – following a large display of finished items to help raise awareness on No Smoking Day. Resource gathering and dissemination of materials for school displays and events.</li> </ul> <p><b><u>December:</u></b></p> <ul style="list-style-type: none"> <li>• Mentor training for new school Sawtry Village College. Also planning for year ahead; supporting the new school link in her new role as co-ordinator for Kick Ash.</li> <li>• Eight days were covered by staff from the Community Resilience Development team for the Ramsey and Ely Safety Zones – supporting the messages about underage sales and shop policies, and sharing information with approximately 700 children aged 9/10 about E-Cigarettes, the effects of those and tobacco on their health.</li> <li>• Continued work on improving the communication between the school leads and mentors. Developing an individual programme of events and expectations for each of the four schools (Cottenham Village College, Longsands Academy, Bottisham Village College and Sawtry) within our area of responsibility.</li> </ul>			
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ETE	Illicit Tobacco	£15k	<ul style="list-style-type: none"> <li>Following the 6 Magistrates warrants executed late March and all 6 premises yielding illicit tobacco, the financial investigations were ongoing, court hearings therefore ongoing so delaying sentencing for affected defendants.</li> <li>Interview of owner of the premises raided in Wisbech in September (hand rolling tobacco seized which was concealed in roof behind light fitting)</li> <li>4 Public Houses visited with regard to alleged sales of illicit tobacco by customers in the premises. All premises licence holders and breweries received a warning letter.</li> <li>Intel gathering on suspected premises selling.</li> </ul>	£11,250	£14,589	-£3,339
ETE	Business and Communities Team	£10k	<p><b>Prioritised work completed by Community Resilience Development Team (CRD) focusing on improving lives in Fenland</b></p> <p><b>Libraries and Older People Project – Fenland:</b> Work continues to increase the ability of some residents to improve their lives through use of digital media. Bid submitted to Arts Council East for extension to Tea &amp; Tablets sessions (digital skills for older people). Focus on digital art through library innovation fund to include Wisbech &amp; March libraries.</p> <p><b>Stay Warm and Well Health Packs:</b> Q3 – 870 packs delivered to Fenland libraries and 50 to library at home service volunteers who support Fenland housebound residents. Library displays in all Hub libraries and packs available in all Fenland libraries and via the mobile library service.</p> <p><b>Mental Health Support for young people in Fenland:</b> ‘Shelf Help’. Part of the Reading Well Books on Prescription scheme, which provides 13-18 year olds with high quality information, support and advice on a wide range of mental health issues such as anxiety, depression, eating disorders, self-harm and difficult life pressures, such as bullying and exams. Q3 – loan stats: 501</p> <p><b>Dementia Awareness and local support:</b></p> <ul style="list-style-type: none"> <li>Delivery of sessions and support to Dementia Friends and Dementia Alliance. Increased available information and book collections in all Fenland libraries, running dementia friends’ sessions across Fenland. Health &amp; Wellbeing training for frontline</li> </ul>	£8,686	£8,363.59	£322.41

			<p>staff now completed as of November 2016.</p> <ul style="list-style-type: none"> <li>Initial discussions held with musician delivery music for dementia session in libraries, linking with existing partnership work with Dementia Action Alliance work in Fenland libraries.</li> <li>Developing Dementia group sessions in conjunction with Museum colleagues/volunteers. Further meeting to be held during January 2017.</li> </ul> <p><b>Community Protection Service:</b></p> <ul style="list-style-type: none"> <li>'Scams Aware'; training sessions delivered in March library, Wisbech library, Wisbech Age UK day centres and Libraries Home Service (March). Attendees included library staff, volunteers, library service users (all age), Age UK day centre service users, staff and volunteers, carers and older/vulnerable people.</li> <li>The role of the wider community in supporting the more vulnerable is a key element of the awareness raising and prevention agenda</li> <li>Good Neighbours Schemes: Visits to Fenland communities where there have previously been concerns with unwanted trades people and rogue traders, resulted in two new volunteer Community Co-ordinators being set up to manage their own No Cold Calling Zones/Good Neighbour Schemes in March and Parsons Drove</li> <li>Cybercrime and Internet protection: Officers co-delivered prevention and protection awareness at three events in Wisbech (Queen Mary Centre), Whittlesey (Silver Linings) and Manea (Over 60's)</li> </ul>			
ETE	Fenland Learning Centres	£90k	Contract awarded and all funds allocated.	£67,500	£67,500	0
			<b>SUB TOTAL : ETE Q3</b>	<b>£183,436</b>	<b>£185,865</b>	<b>- £2,429.59</b>
CS&T	Research	£22k	<p>For Q3 the activity remains as it was for the previous quarters. Nominally this money is set against the hosting of public health related content on Cambridgeshire Insight, the development of further tools to enhance the presentation of Public Health data, ie Instant Atlas.</p> <p>Cambridge Insight development continues – most recently we have added the social mobility index to the site.</p> <p>The money is also set against a proportional contribution to the development of the County's population estimates forecasts</p>	£16,500	£16,500	0

			Both forecasting and estimates are being delivered in accordance with the agreed timescales			
<b>CS&amp;T</b>	<b>H&amp;WB Support</b>	£27k	No longer in post, but funding is being used to support input to public health programmes from the CCC Transformation Team.	£20,250	£20,250	0
<b>CS&amp;T</b>	<b>Communi-cations</b>	£25k	Continued campaign work around the following: <ul style="list-style-type: none"> <li>• Stop Smoking</li> <li>• Obesity</li> <li>• Alcohol</li> <li>• Stay Well – including comms strategy</li> <li>• Physical Activity</li> </ul>	£18,750	£18,750	0
<b>CS&amp;T</b>	<b>Strategic Advice</b>	£22k	Strategic Advice over the third quarter has involved: <ul style="list-style-type: none"> <li>• Inputting strategically into the business planning process, ie Member Workshops, Committee meetings, SMT meetings and CLT meetings – which have all progressed the business planning process</li> <li>• Inputting into the ongoing devolution negotiations with Government – and in particular ensuring that the diverse range of needs of this Council (including Public Health) are reflected within those.</li> <li>• Liaison with Public Health over the Corporate Capacity Review and the best way to position Public Health resources within that process/change</li> </ul>	£16,500	£16,500	0
<b>C&amp;CS</b>	<b>Emergency Planning Support</b>	£5k	Ongoing close working with Health Emergency Planning Officer (HEPRO) on a number of emergency planning tasks: <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 Public Health ensuring that the DPH is kept up to date with any incidents of relevance that occur, or are responded to, outside 'normal working hours'</li> <li>• Drafting of new Excess Deaths plan in support of Pandemic Flu arrangements</li> <li>• Delivery of Business Continuity exercise to test BC arrangements prepared within Public Health</li> </ul>	£3,750	£3,750	£0
<b>CS&amp;T</b>	<b>LGSS Managed Overheads</b>	£100k	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>	£75,000	£75,000	0
			<b>SUB TOTAL : CS&amp;T Q3</b>	<b>£150,750</b>	<b>£150,750</b>	<b>£0</b>

LGSS	Overheads associated with PH function	£220k	<p>This covers Public Health contribution towards all of the fixed overhead costs.</p> <p>The total amount of £220k contains £65k of specific allocations as follows:</p> <p>Finance £20k HR £25k IT £20k</p> <p>The remaining £155k is a general contribution to LGSS overhead costs</p>	£165,000	£165,000	0
			<b>SUB TOTAL : LGSS Q3</b>	<b>£165,000</b>	<b>£165,000</b>	<b>0</b>

### SUMMARY

Directorate	YTD (Q3) expected spend	YTD (Q3) actual spend	Variance
CFA	£4,816,500	£4,537,286	£279,214
ETE	£183,436	£185,866	-£2,430
CS&T	£150,750	£150,750	0
LGSS	£165,000	£165,000	0
<b>TOTAL Q3</b>	<b>£5,315,686</b>	<b>£5,038,902</b>	<b>£276,784</b>