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Public Health Directorate**Finance and Performance Report – November 2016****1 SUMMARY****1.1 Finance**

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

1.2 Performance Indicators

Monthly Indicators	Red	Amber	Green	No Status	Total
October (No. of indicators)	8	6	14	6	34

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

Forecast Variance - Outturn (Oct) £000	Directorate	Current Budget for 2016/17 £000	Current Variance £000	Current Variance %	Forecast Variance - Outturn (Nov) £000	Forecast Variance - Outturn (Nov) %
-190	Health Improvement	8,459	-163	-3.6%	-160	-1.9%
0	Children Health	9,276	43	0.8%	0	0%
0	Adult Health & Well Being	916	-44	-12.8%	0	0%
0	Intelligence Team	13	-0	-1.0%	0	0%
0	Health Protection	6	0	8.5%	0	0%
0	Programme Team	136	-41	-44.5%	-26	-19.1%
0	Public Health Directorate	2,395	68	4.2%	71	3.0%
-190	Total Expenditure	21,202	-136	-1.1%	-115	-0.5%
0	Public Health Grant	-20,457	-1,834	-12.0%	0	0%
0	Other Income	-343	178	28.8%	0	0%
0	Total Income	-20,776	-1,656	-10.6%	0	0%
0	Planned drawdown from Public Health Reserves	-244	0	0%	0	0%
-190	Net Total	182	-1,792	-51.0	-115	-63.3%

The service level budgetary control report for November 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.

Expected forecast outturn variances have been added to Health Improvement (-£160k), Programme Team (-£26k) and Public Health Directorate (£71k) this month, bringing the Directorate to an overall expected position of £-115k underspent.

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

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

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

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

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

3. BALANCE SHEET

3.1 Reserves

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

4. PERFORMANCE SUMMARY

4.1 Performance overview (Appendix 6)

- Performance of contract sexual health and contraception service remains good with all monthly key performance indicators achieved.
- Smoking cessation performance, whilst still a red indicator has improved with 101% of the 4 week quitter monthly target achieved compared with 85% the previous month.
- Performance of the Integrated Lifestyles and Weight Management contract remains mixed. From the 14 KPIs that are reported on this month there are 7 green KPIs which includes the number of healthy eating groups moving from amber to green and both falls prevention indicators are green. There are 3 amber KPIs and 5 red KPIs (some improvements expected in the next few months to reflect increased activity).
- Health Visiting and School Nursing data is reported quarterly. Quarter 2 (Jul-Sep) data is presented here so there are no changes to these indicators from last month's report.

4.2 Health Committee Priorities (Appendix 7)

- Smoking cessation performance in the most deprived 20% of areas in Cambridgeshire stands at 86% of the monthly target this is in line with the remainder of the county where performance was 85% of target.
- The contract with the external provider has finished and final data for front line staff taking part in commissioned training on Mental Health First Aid is available with MHFA (2 day course) attendance 398 and MHFA lite (1/2 day course) attendance 216.
- Since the last quarter reporting a further 4 secondary schools and 8 primary schools have attended funded mental health training.

4.3 Health Scrutiny Indicators (Appendix 8)

- Both Cambridge University Hospital Foundation Trust (CUHFT) & Hinchingsbrooke Health Care Trust are indicating an increase in Delayed Transfers of Care compared with last few months. This is an early indication of winter pressures on our acute hospital trusts and health & social care system.

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

Quarter 2 reports for the Public Health MOU services are complete and included in Appendix 9. Spend is in line with expectations with no significant end of year variances currently predicted. A more detailed update will be provided when Quarter 3 data is available.

APPENDIX 1 – Public Health Directorate Budgetary Control Report

Forecast Variance Outturn (Oct) £'000	Service	Current Budget for 2016/17 £'000	Expected to end of Nov £'000	Actual to end of Nov £'000	Current Variance		Forecast Variance Outturn (Nov)	
					£'000	%	£'000	%
Health Improvement								
0	Sexual Health STI testing & treatment	4,074	2,333	2,305	-28	-1.20%	-30	-0.74%
0	Sexual Health Contraception	1,170	587	510	-77	-13.11%	-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	102	104	2	2.27%	0	0.00%
0	Obesity Adults	0	0	0	0	0.00%	0	0.00%
0	Obesity Children	82	55	41	-14	-25.63%	0	0.00%
0	Physical Activity Adults	84	56	63	7	12.13%	0	0.00%
0	Healthy Lifestyles	1,605	959	909	-50	-5.22%	0	0.00%
0	Physical Activity Children	0	0	0	0	0.00%	0	0.00%
-190	Stop Smoking Service & Intervention	907	189	115	-74	-39.26%	-80	-8.82%
0	Wider Tobacco Control	31	21	20	-1	-2.57%	0	0.00%
0	General Prevention Activities	272	183	265	82	44.65%	0	0.00%
0	Falls Prevention	80	54	46	-8	-15.44%	0	0.00%
0	Dental Health	2	1	0	-1	-100.00%	0	0.00%
-190	Health Improvement Total	8,459	4,542	4,379	-163	-3.58%	-160	-1.89%
Children Health								
0	Children 0-5 PH Programme	7,531	4,350	4,399	49	1.13%	0	0.00%
0	Children 5-19 PH Programme	1,745	1,174	1,168	-6	-0.55%	0	0.00%
0	Children Health Total	9,276	5,524	5,567	43	0.77%	0	0.00%
Adult Health & Wellbeing								
0	NHS Health Checks Programme	716	209	257	48	23.01%	0	0.00%
0	Public Mental Health	164	110	43	-67	-61.12%	0	0.00%
0	Comm Safety, Violence Prevention	37	25	0	-25	-100.00%	0	0.00%
0	Adult Health & Wellbeing Total	916	344	300	-44	-12.78%	0	0.00%
Intelligence Team								
0	Public Health Advice	13	9	9	-0	-0.96%	0	0.00%
0	Info & Intelligence Misc	0	0	0	0	0.00%	0	0.00%
0	Intelligence Team Total	13	9	9	-0	-0.96%	0	0.00%
Health Protection								
0	LA Role in Health Protection	0	0	4	4	0.00%	0	0.00%
0	Health Protection Emergency Planning	6	4	0	-4	-100.00%	0	0.00%
0	Health Protection Total	6	4	4	0	8.53%	0	0.00%

Forecast Variance Outturn (Oct) £'000	Service	Current Budget for 2016/17 £'000	Expected to end of Nov £'000	Actual to end of Nov £'000	Current Variance £'000 %		Forecast Variance Outturn (Nov) £'000	
	Programme Team							
0	Obesity Adults	0	0	0	0	0.00%	0	0.00%
0	Stop Smoking no pay staff costs	31	21	9	-12	-57.17%	0	0.00%
0	General Prev, Traveller, Lifestyle	105	71	42	-29	-40.70%	-26	-24.78%
0	Programme Team Total	136	92	51	-41	-44.46%	-26	-19.10%
	Public Health Directorate							
0	Health Improvement	633	422	477	55	13.03%	71	11.22%
0	Public Health Advice	742	495	494	-1	-0.13%	0	0.00%
0	Health Protection	182	121	156	35	28.57%	0	0.00%
0	Programme Team	635	423	434	11	2.52%	0	0.00%
0	Childrens Health	76	51	46	-5	-9.21%	0	0.00%
0	Comm Safety, Violence Prevention	72	48	59	11	22.92%	0	0.00%
0	Public Mental Health	55	37	35	-2	-4.55%	0	0.00%
0	Public Health Directorate total	2,395	1,633	1,701	68	4.17%	71	2.96%
-190	Total Expenditure before Carry forward	21,202	12,148	12,011	-136	-1.12%	-115	-0.54%
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	-15,343	-17,177	-1,834	-11.95%	0	0.00%
0	S75 Agreement NHSE - HIV	-144	0	144	144	0.00%	0	0.00%
0	Other Income	-175	-118	-84	34	28.81%	0	0.00%
	Drawdown From Reserves	-244	-202	-202	0	0.00%	0	0.00%
0	Income Total	-21,020	-15,663	-17,319	-1,656	-10.57%	0	0.00%
-190	Net Total	182	-3,515	-5,308	-1,792	-50.98%	-115	-63.26%

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	%
Health Improvement	8,459	-163	-3.6%	-160	-1.9%
<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	
Total	27,627		27,627	0	

APPENDIX 4 – Virements and Budget Reconciliation

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

APPENDIX 5 – Reserve Schedule

Fund Description	Balance at 31 March 2016	2016/17		Forecast Balance at 31 March 2017	Notes
		Movements in 2016/17	Balance at 30 Nov 2016		
	£'000	£'000	£'000	£'000	
General Reserve Public Health carry-forward	1,138	155	983	638	Estimated use of reserves to fund part year 16-17 savings not made, redundancy costs and one off funding agreed for previously MOU funded activity. (Estimated £500k pending review of commitments)
subtotal	1,138	0	983	638	
Equipment Reserves Equipment Replacement Reserve	0	0	0	0	
subtotal	0	0	0	0	
Other Earmarked Funds Healthy Fenland Fund	500	0	500	400	Anticipated spend £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	
subtotal	2,020	0	2,020	1,445	
TOTAL	3,158	0	3,003	2,083	

(+) positive figures should represent surplus funds.

(-) negative figures should represent deficit funds.

Fund Description	Balance at 31 March 2016	2016/17		Forecast Balance at 31 March 2017	Notes
		Movements in 2016/17	Balance at 30 Nov 2016		
	£'000	£'000	£'000	£'000	
General Reserve Joint Improvement Programme (JIP)	158	-47	111	111	
Improving Screening & Immunisation uptake	9	0	9	9	£9k from NHS ~England for expenditure in Cambridgeshire and Peterborough
TOTAL	158	-24	144	144	

APPENDIX 6 PERFORMANCE

The Public Health Service
Performance Management Framework (PMF) for
October 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%	98%	98%	G	98%	98%	98%	↔	
GUM ACCESS - % seen within 48 hours (% of those offered an appointment)	80%	80%	93%	93%	G	93%	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	4200	6103	145%	G	145%	600	145%	↔	
Number of Health Checks completed	18,000	9,000	7783	87%	R	n/a	4500	87%	↔	<ul style="list-style-type: none"> The comprehensive Improvement Programme is continuing this year. Intelligence from the commissioned social marketing work clearly indicates a lack of awareness in the population of Health Checks. Actual health check numbers compare reasonably well to other areas but the issue is the conversion rate which is attributed to the poor public understanding of the Programme. The introduction of new software into practices has been delayed due to the extensive work that needs to be undertaken to introduce it into the 77 practices. This involves close working with the Clinical Commissioning Group, Information Governance and LGSS. Its purpose is to support the invitation system and to ensure that the data collection system is comprehensive. Other activities include staff training from a commissioned Coronary Heart Disease specialist nurse.
Percentage of people who received a health check of those offered	45%	45%	33%	33%	A	n/a	45%	33%	↔	<p>Currently working with the CCG to improve the NHS Health Checks performance which it has identified as a target area for improvement.. Please 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</p>
Number of outreach health checks carried out	2,633	1559	704	45%	R	44%	223	56%	↑	The Lifestyle Service is commissioned to provide outreach Health Checks for hard to reach groups in the community and in workplaces. This commenced in February and started gaining momentum. However due to recruitment delays/changes the number completed has remained low Recruitment has now improved and improvements can be expected.
Smoking Cessation - four week quitters	2249	959	819	85%	R	85%	162	101%	↑	<ul style="list-style-type: none"> The most recent Public Health Outcomes Framework figures (August 2016 data for 2015) suggest the prevalence of smoking in Cambridgeshire has increased slightly in the last few years, returning to a level statistically similar to the England average (16.4% v. 16.9%), although the trend is not statistically significant. Smoking rates in routine and manual workers are consistently higher than in the general population (27.2% in Cambridgeshire), and notably in Fenland where routine and manual smoking rates have returned to a level worse than the average for England (39.8%). There is an ongoing programme to improve performance that includes targeting routine and manual workers and the Fenland area. CamQuit the core Stop Smoking service is providing increasingly higher levels of support to the other providers along with promotional activities. Practices and community pharmacies are regularly visited with poor performers being targeted. Other activities introduced recently include a migrant worker Health Trainer who targets the communities where smoking rates are high. <p>It should be noted that quitters are always reduced during the summer holidays. The smoking figures are for August as they are reported two months behind the reporting period.</p>

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 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%	0%	0%	0%	N/A	0%	0%	0%	↔	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%	0%	0%	0%	N/A	0%	0%	0%	↔	
Personal Health Trainer Service - number of referrals received (Pre-existing GP based service)	1983	1188	1019	86%	R	84%	175	60%	↓	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. Referrals from practices have fallen this month however.
Personal Health Trainer Service - number of initial assessments completed (Pre-existing GP based service)	1686	1010	976	97%	A	80%	149	81%	↑	
Personal Health Trainer Service - Personal Health Plans completed (Pre-existing GP based service)	1075	645	442	69%	R	83%	95	72%	↓	Quarterly reporting. This intervention can take up to one year. Therefore there are cyclical changes.
Number of referrals from Vulnerable Groups (Pre-existing GP based service)	992	596	783	131%	G	131%	88	85%	↓	
Number of physical activity groups held (Pre-existing GP based service)	581	338	341	101%	G	88%	86	64%	↓	
Number of healthy eating groups held (Pre-existing GP based service)	290	168	175	104%	G	88%	24	163%	↑	
Personal Health Trainer Service - number of referrals received (Extended Service)	739	420	385	92%	A	94%	67	124%	↑	
Personal Health Trainer Service - number of initial assessments completed (Extended Service)	628	355	315	89%	R	66%	57	98%	↑	This reflects the recruitment issue which was resolved in November and activity is improving
Personal Health Trainer Service - Personal Health Plans completed (Extended Service)	400	222	71	32%	R	39%	37	81%	↑	This intervention can take up to one year. Consequently the target KPI s are being reviewed.

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 physical activity groups held (Extended Service)	578	328	427	130%	G	104%	52	106%	↑	
Number of healthy eating groups held (Extended Service)	726	421	332	79%	R	69%	65	48%	↓	Big push given to this in October. In excess of 80 sessions booked for November.
Proportion of Tier 2 clients completing the intervention who have achieved 5% weight loss.	30%	30%	35%	118%	G	200%	30%	185%	↓	This is reported quarterly as the intervention takes 3 - 6 months
Proportion of Tier 3 clients completing the course who have achieved 10% weight loss	60%	60%	n/a	n/a	N/A	n/a	n/a	n/a	↔	No data is currently available for 16/17. Each course is a minimum of 6 months
% of children recruited who complete the weight management programme and maintain or reduce their BMI Z score by agreed amounts	80%	80%	N/A	N/A	N/A	100%	80%	n/a	↔	No programmes completing in October hence no completers.
Falls prevention - number of referrals	386	188	220	117%	G	85%	39	105%	↑	
Falls prevention - number of personal health plans written	279	136	181	133%	G	96%	28	129%	↑	

* All figures received in November 2016 relate to October 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 September has improved from the previous month in both the least deprived 80% and most deprived 20% of practices in Cambridgeshire
- In the least deprived 80%, 99 four-week quits were achieved, 85% of the monthly target of 116; in the most deprived 20% of practices, 62 four-week quits were achieved, 86% 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 70% and in the most deprived 20%, at 74%.

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, September 2016/17

Practice deprivation category	Year end target	Year-to-date					September			Previous month	
		Target	Completed	Percentage	Difference from target	RAG status	Target	Completed	Percentage	Percentage	Direction of travel
Least deprived 80%	1,388	694	489	70%	30%		116	99	85%	75%	↑
Most deprived 20%	861	431	317	74%	26%		72	62	86%	67%	↑
All practices	2,249	1,125	806	72%	28%		187	161	86%	72%	↑

RAG status:

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

Direction of travel:

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

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

	Year-to-date	September	Previous month	Direction of travel
Percentage point gap	4%	1%	-8%	*

* Achievement of the quit target higher in the most deprived 20% - 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 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, 15/12/16

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.

Quarter 2

- The percentage of the health check target achieved in Quarter 2 was higher in the least deprived 80% of practices than in the most deprived 20%.
- In the least deprived 80%, 3311 health checks were delivered, 104% of the quarterly target of 3173; in the most deprived 20% of practices, 1033 health checks were delivered, 78% of the quarterly target of 1327.
- The gap in performance between the two groups was 27 percentage points in Quarter 2.
- The gap in performance between the two groups decreased in Q2 compared to the gap seen in Q1 due to a greater increase in health checks for the least deprived practices.

Year-to-date

- Looking at performance data for the year to date, the percentage of the health check target achieved is more than 10% away from the target in the most deprived 20% of practices (at 70%) but is meeting the year-to-date target in the least deprived 80% (at 102%)
- The gap in performance between the two groups is 32 percentage points.

Percentage of health check target achieved by deprivation category of general practices in Cambridgeshire, 2016/17 Quarter 2

Practice deprivation category	Year end target	Year-to-date					Quarter 2			Previous quarter	
		Target	Completed	Percentage	Difference from target	RAG status	Target	Completed	Percentage	Percentage	Direction of travel
Least deprived 80%	12,691	6,346	6,480	102%	-2%		3,173	3,311	104%	98%	↑
Most deprived 20%	5,309	2,654	1,864	70%	30%		1,327	1,033	78%	59%	↑
All practices	18,000	9,000	8,344	93%	7%		4,500	4,344	97%	86%	↑

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 2	Previous quarter	Direction of travel
Percentage point gap	-32%	-27%	-39%	↑

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, 15/12/2016

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 now commenced that focus upon the deprived areas working in community settings including workplaces.

Life expectancy and healthy life expectancy

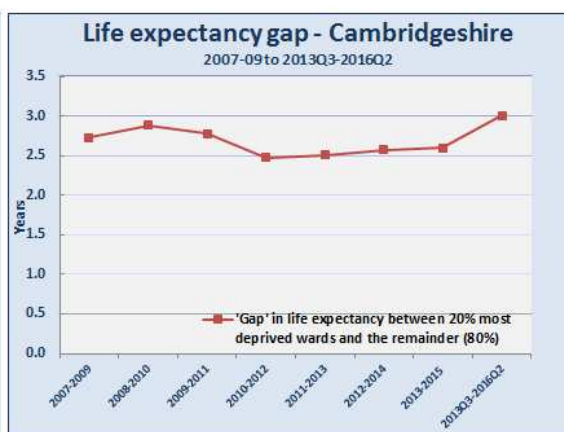
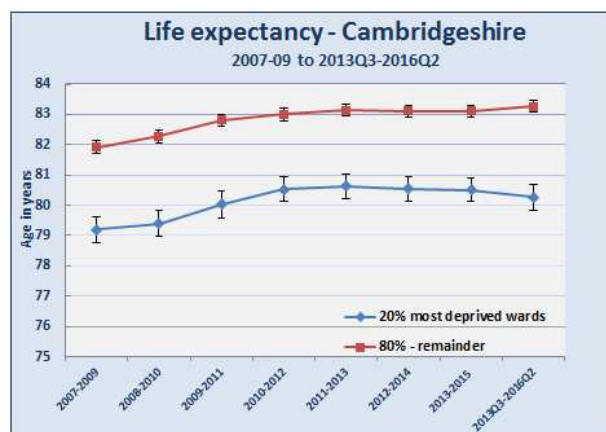
Due to time restrictions and pressing deadlines life expectancy has not been updated

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

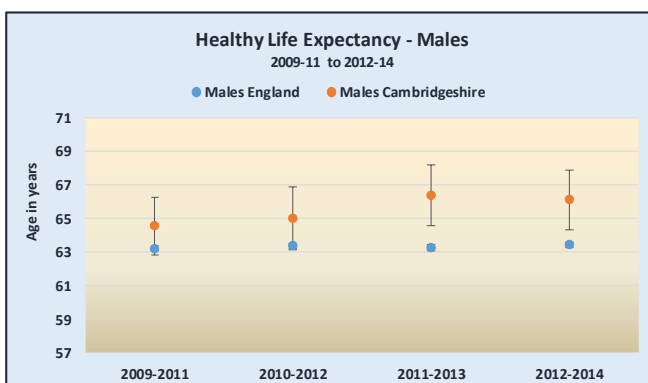
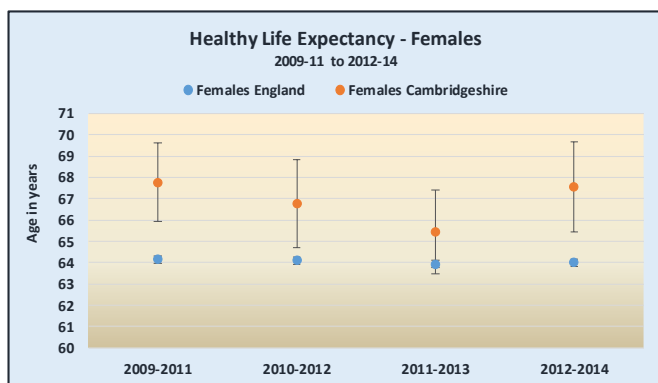
Healthy life expectancy.

- 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'
Males						
2009-2011	80.6	64.5 (62.8 - 62.3)	80.1	78.9	63.2 (63.1 - 63.4)	80.1
2010-2012	81.0	65.0 (63.2 - 66.8)	80.2	79.2	63.4 (63.2 - 63.5)	80.0
2011-2013	81.2	66.4 (64.7 - 68.0)	81.7	79.4	63.3 (63.1 - 63.4)	79.7
2012-2014	81.2	66.1 (64.4 - 67.8)	81.4	79.5	63.4 (63.3 - 63.6)	79.7
Females						
2009-2011	84.5	67.8 (66.1 - 69.5)	80.2	82.9	64.2 (64.0 - 64.3)	77.4
2010-2012	84.6	66.8 (64.9 - 68.7)	79.0	83.0	64.1 (63.9 - 64.3)	77.2
2011-2013	84.6	65.5 (63.6 - 67.3)	77.4	83.1	63.9 (63.8 - 64.1)	76.9
2012-2014	84.5	67.6 (65.8 - 69.4)	80.0	83.2	64.0 (63.8 - 64.2)	76.9

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

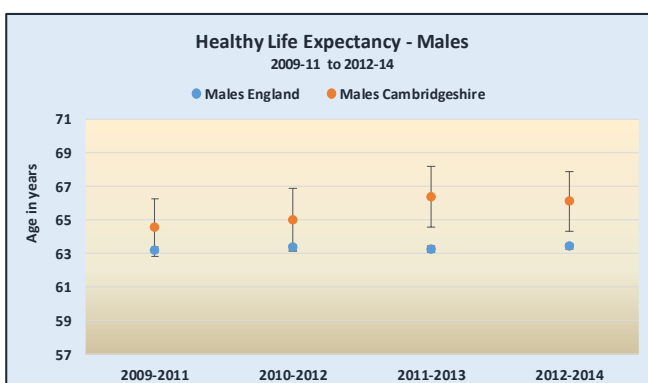
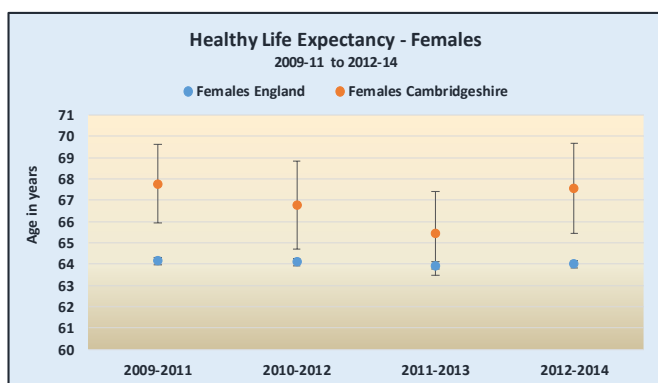
NB: chart axes do not start at zero.



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

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

NB: chart axes do not start at zero.



Child obesity

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

Children aged 4-5 years classified as overweight or obese

The target for Reception children in Fenland is to reduce the proportion of children with excess weight (overweight and obese) by 1% a year, whilst at the same time reducing the proportion for Cambridgeshire by 0.5%. In 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 1st June-30th September 2016 4 secondary schools had a whole school briefing (230 people attending).
- Between 1st June-30th September 2016 8 primary schools had a whole school briefing (215 people attending).
- There have been 72 members of staff accessing e-learning, many of whom will have registered following the whole school briefing.

- **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):**

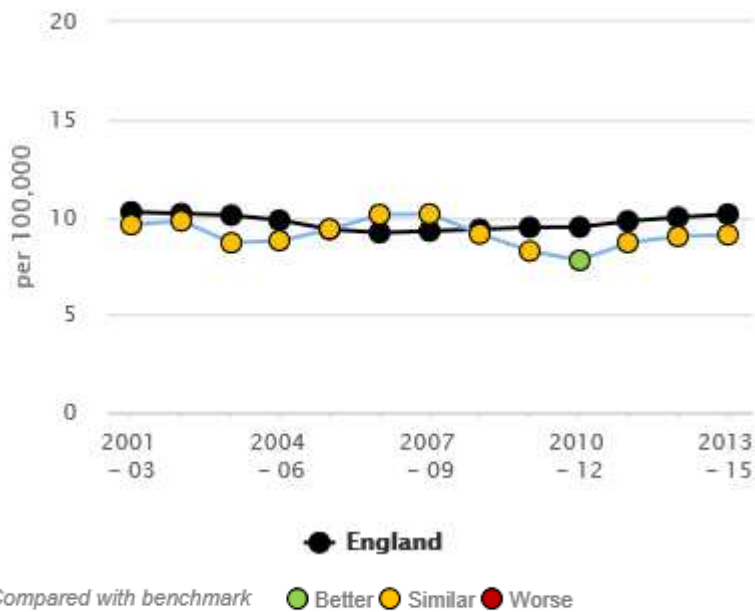
Mental Health First Aid and Mental Health First Aid Lite are offered free of charge to front line staff within Cambridgeshire County Council and partner organisations. The contract with an external provider to deliver this training finished at the end of October 2016, however a range of training will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

Transport and Health

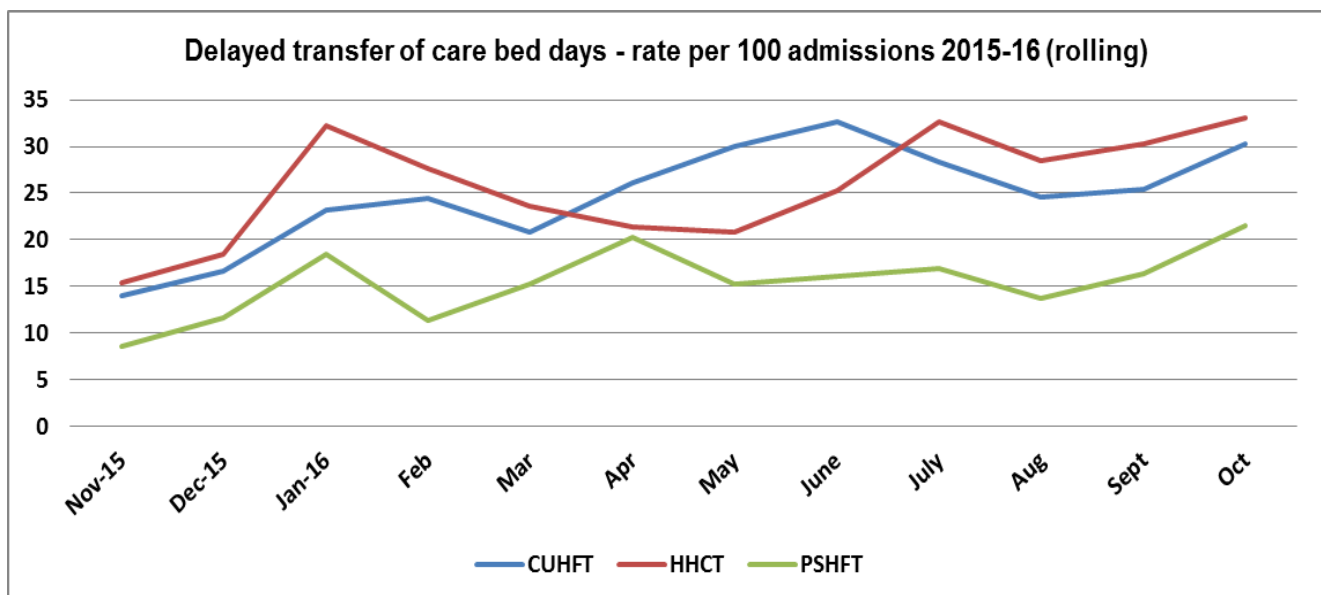
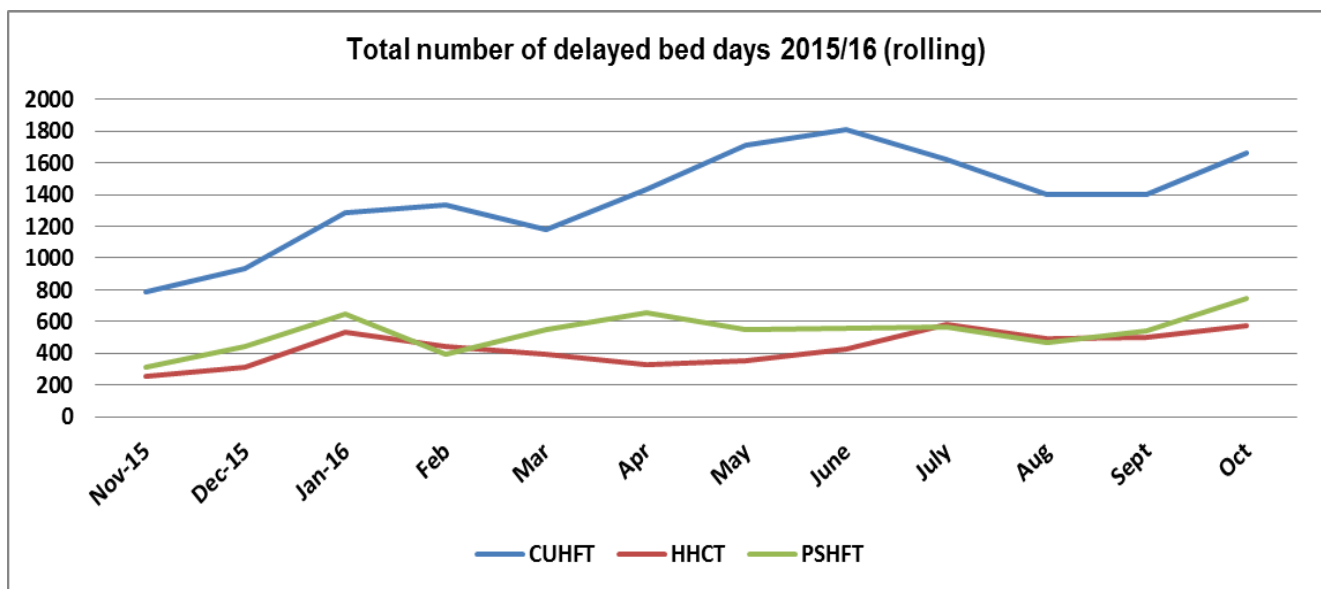
At the January meeting of the Health Committee, it was request that these indicators be reviewed. The Committee is advised that this review is now under way.

APPENDIX 8

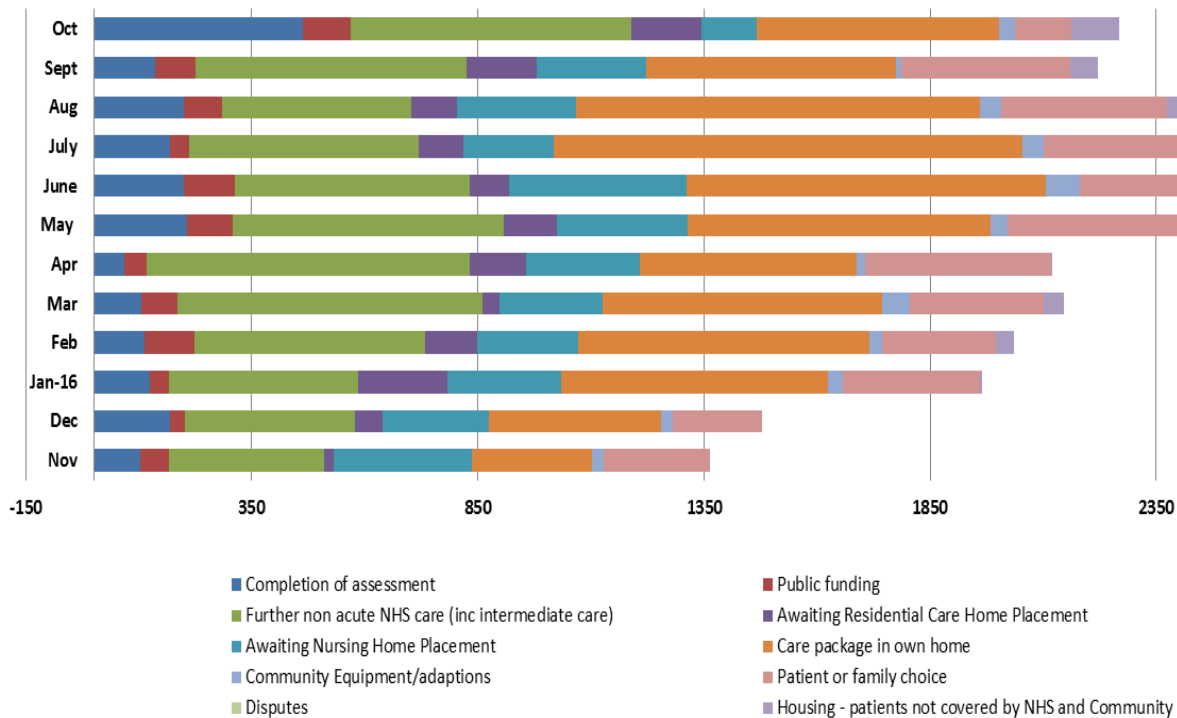
Health Scrutiny Indicators

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

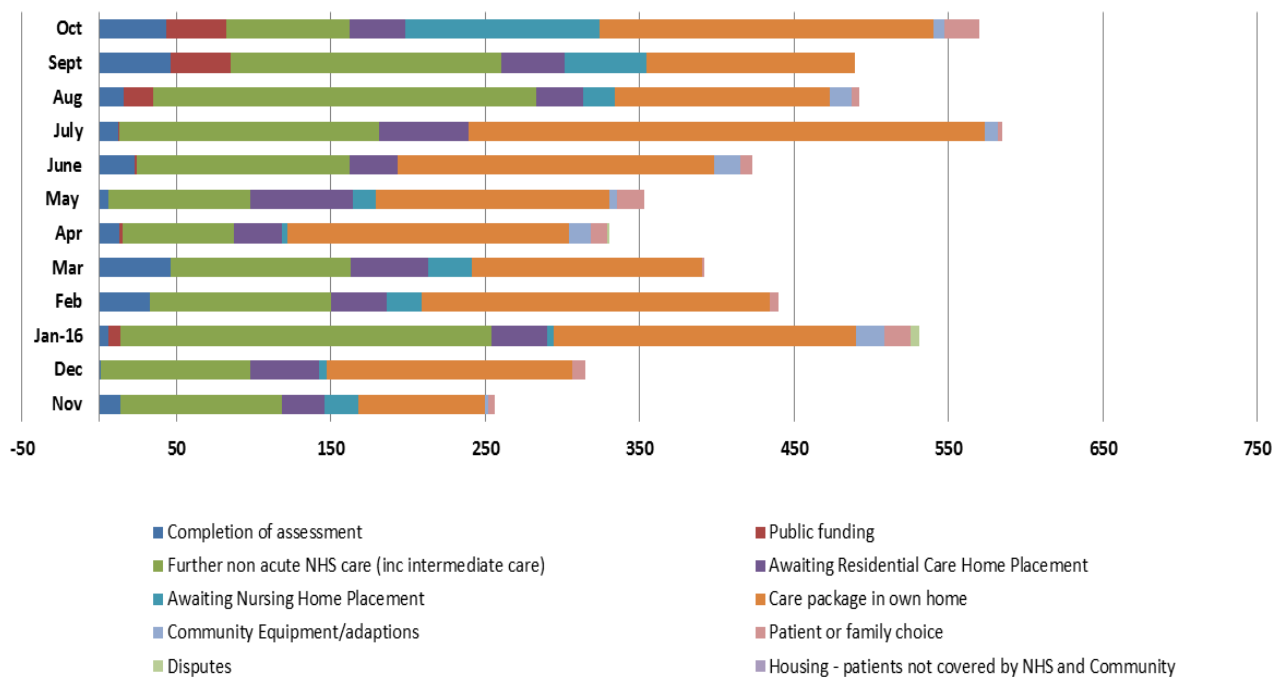
- **Delayed Transfer of Care (DTOC)**

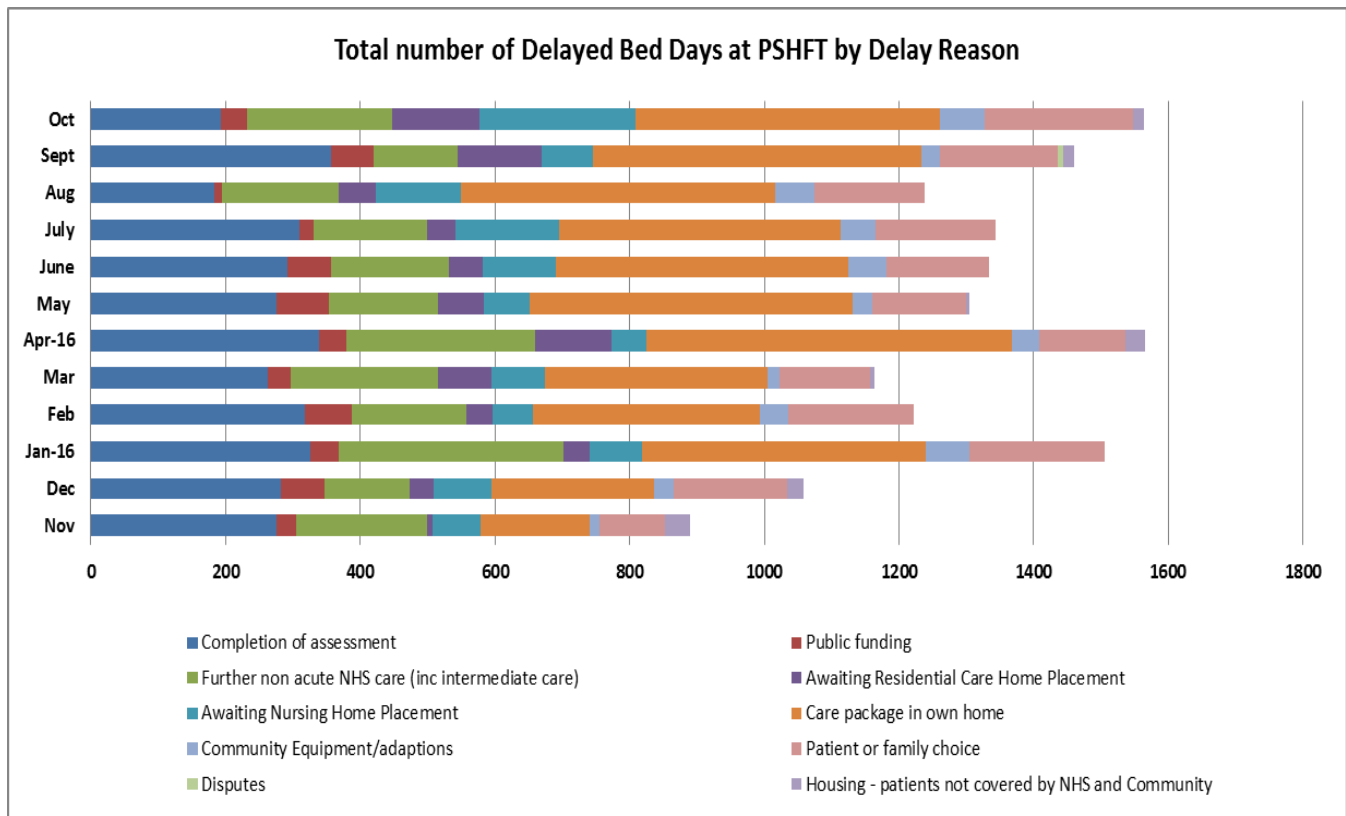


Total number of Delayed Bed Days at CUHFT by Delay Reason 2015-16 (rolling)



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





The data provided for October 2016 for DTOC for both Hinchingbrooke Health Care NHS Trust and CUHFT see a significant increase in DTOC which is of concern as we are entering into the winter pressure period for acute trusts. For CUHFT this is a reversal of the improving trend seen over the last three months. The figures for October 2016 show a 1,257 increase in bed days lost compared to October 2015 (1,150 bed days). The trust report that they continue to work with system partners to address the large scale impact of DTOCs.

APPENDIX 9

PUBLIC HEALTH MOU 2016-17 UPDATE FOR Q2

Directorate	Service	Allocated	Contact	Cost Centre Finance Contact	Q2 Update	YTD expected spend	YTD actual spend	Variance
CFA	Chronically Excluded Adults (MEAM)	£68k	Tom Tallon	MN92145 Stephen Howarth	<p>During quarter two we have started work with four new complex needs clients. Five clients have been closed. Of those three were living more positively and safely and were accommodated, one had left the area and one where CEA could not provide any further assistance. One closed client was now doing some voluntary work.</p> <p>CEA have had information sharing sessions where our approach was discussed with Oxford. We have also had a practice session with Bristol on the theme of engaging with the most marginalised clients.</p> <p>We have recruited and appointed, Heather Yeadon, formerly senior project worker at Wintercomfort to the new post working with the street based community. Heather is due to start at the end of October.</p> <p>A review of our referral process has led to a change in practice with one person, Ben Harwin, now triaging all referrals and allocating after acceptance by the Case Group.</p> <p>Preliminary results from the Peterborough project indicate that savings have been made to the criminal justice system as mirrored with the Cambridgeshire work.</p> <p>CEA have assembled a small working group to look at expansion of the training flat model. We have been asked to present at a Homelesslink event on this work.</p> <p>The first social work student that was placed with the CEA team finished his placement and successfully passed.</p> <p>Following discussions between Making Every Adult Matter (MEAM)</p>	£34,000	£34,000	0

					and CEA, MEAM have asked FTI consultancy to produce a 5 year evaluation of the CEA work. We are currently pulling together the data for this.			
CFA	PSHE KickAsh	£15k	Diane Fenner	CB40101 Jenny Simmons	<ul style="list-style-type: none"> Ten secondary schools in the programme Kick Ash training for secondary school has commenced Primary visits planned for spring term 2-017 	£7,500	£7,500	0
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>	£85,000	£85,000	0
CFA	Mental Health Youth Counselling	£111k	Holly Hodge/ Emma De Zoete	CD20901 Clare Andrews	<p>Cambridgeshire Youth Counselling Services:</p> <p>Youth counselling services are provided by Centre 33 and YMCA covering the whole of Cambridgeshire for 12-25 year olds. This quarter's contract monitoring meeting is upcoming.</p> <p>There continues to be a high number of young people accessing these counselling services and responding positively to the interventions offered.</p> <p>As part of a wider re-design of child and adolescent mental health services this service is likely to be re-tendered in 2017. The existing contracts are currently going through the exemption process to be extended for an additional 6-9months. The service will be re-commissioned across Cambridgeshire and Peterborough with additional funding from Peterborough City Council and Cambridgeshire and Peterborough Clinical Commissioning Group.</p>	£55,500	£55,500	0
CFA	CAMH Trainer	£71k	Holly Hodge/	CD20901	The CAMH trainer is employed by CPFT and delivers specialist mental health training for a range of roles working with children and	£35,500	£35,500	0

			Emma De Zoete	Clare Andrews	<p>young people. Training specifically tailored to the needs of schools is also provided with a new 1 day mental health course for the 2016/17 academic year.</p> <p>Most recent data (July 1016) shows 63 schools and colleges have been engaged in the training programme as shown below:</p> <p>2012-16</p> <table border="1"> <tr> <th>District</th> <th>No. Schools</th> <th>%</th> </tr> <tr> <td>Cambridge City</td> <td>8</td> <td>22</td> </tr> <tr> <td>East Cambridgeshire</td> <td>14</td> <td>39</td> </tr> <tr> <td>Fenland</td> <td>9</td> <td>23</td> </tr> <tr> <td>Huntingdonshire</td> <td>18</td> <td>26</td> </tr> <tr> <td>South Cambridgeshire</td> <td>14</td> <td>19</td> </tr> <tr> <td>Grand Total</td> <td>63</td> <td>25</td> </tr> </table> <p>A range of other courses are run for professionals working with children and young people and attendees have included school nurses, family workers, social workers, young people’s workers and health visitors among other roles. A broad range of topics are included within this training for example, understanding and responding to self-harm.</p>	District	No. Schools	%	Cambridge City	8	22	East Cambridgeshire	14	39	Fenland	9	23	Huntingdonshire	18	26	South Cambridgeshire	14	19	Grand Total	63	25			
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CFA	DAAT	£5,980k	Susie Talbot	<p>NB31001- NB31010 Jo D’Arcy</p> <p>At the end of Qtr 2 there had not been any current spend for the allocated budget for GP Shared Care & Nalmefene, this information is passed through for recharge by PH and to date no information has been received. The inpatient detox beds contract is paid up to end August, Septembers invoice has also now been paid but does not show on the grid, all payments are up to date to the end of Qtr 2. The Service User Contract is also paid to end Qtr 2. Qtr 1 & Qtr 2 80% invoices from Inclusion for the Drug & Alcohol Contracts have been received and paid. We are currently awaiting invoices for the Qtr 1 20% performance element of the contract.</p> <p>Qtr 2 of the young people's contract has now been paid and this will show in Qtr 3's report.</p> <p>The predicted Q2 spend is based solely on half of the overall allocated budget so the predicted and actual spend will vary during</p>	£2,990,000	2,564,890	£425,110																						

					<p>the year depending on when invoices are received however we anticipate the budget will be fully spent by year end.</p> <p>The only exception to this being the Inclusion Contract where the contract is based on 80% in advance quarterly and the remainder 20% performance related which is normally paid during the next quarter following the performance meeting. This is to ensure that Inclusion have met their targets in line with the contract agreement, the 20% performance related invoices are then agreed for payment.</p>			
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 spend in total.	£3,500	£3,500	0
					SUB TOTAL : CFA Q2	£3,211,000	£2,785,890	£425,110
ETE	Active Travel (overcoming safety barriers)	£55k	Matt Staton	HG03560 Jonathan Trayer	<p>Currently 66 schools are actively engaged in the school travel planning process through STARS. 32 accredited to Bronze level and 2 Gold.</p> <p>Since the beginning of April:</p> <p>Walk Smart has been delivered to 132 pupils Scoot Smart has been delivered to 1018 pupils Pedal Smart has been delivered to 120 pupils</p>	£27,500	£27,500	0
ETE	Explore additional interventions for cyclist/ pedestrian safety	£30k	Matt Staton	HG03560 Jonathan Trayer	<p>Partnership campaign 'Let's look out for each other' ran in July</p> <p>Planning is underway for a 'Be Bright Be Seen' promotion after the clocks change in October and into November.</p> <p>Data and intelligence continues to be interrogated to produce a profile for collisions involving cyclists.</p> <p>Discussions have been held with Anglia Ruskin University to see whether any of their research projects looking at eye-tracking and road user behaviour are relevant to cycle safety or if they could be extended to include potential cycle safety elements, particularly in relation to driver search patterns and eye-contact between road users.</p>	£15,000	£15,000	0
ETE	Road Safety	£20k	Matt Staton	HG03560	17 schools are now signed up to the Junior Travel Ambassador Scheme, including 9 schools who were engaged last academic year.	£10,000	£10,000	0

				Jonathan Trayer	The 8 new schools are appointing JTAs during September/October with the total number expected to reach 80-85 JTAs.			
ETE	Trading Standards KickAsh and Alcohol Advice	£23k	Elaine Matthews/ Jill Terrell	LC44590 John Steel	<p><i>A dedicated post has been created to fulfil this funded KickAsh role within Community Protection Team in Community and Cultural Services. This post holder (employed term time only) fulfils the specified activities on behalf of Trading Standards and supports the wider KickAsh team to deliver improved outcomes.</i></p> <p>July: Certificates for the 2015/16 mentors. Collating feedback and gathering information for evaluation. Administrative work completing year end reports and setting up systems for school year 2016/17 ahead. Preparation for recruitment of new Year 10 mentors for September.</p> <p>Attended the Safety Zone in Parkside, Cambridge – delivery messages about underage sales and shop policies and sharing information with approximately 450 9-10 year olds about E-cigarettes, the effects of those and tobacco with their health.</p> <p>August: School holidays, no work carried out during this month</p> <p>September: Launched straight in to the delivery of training to the first pupils recruited to be mentors and take part in the delivery of KickAsh for 2016/17.</p> <p>Swavesey Village College:</p> <ul style="list-style-type: none"> Met 44 very keen year 10's to deliver the messages of being proud to be smoke free. Enhanced the delivery to include more information on Nicotine Inhaling Products that are becoming more popular with young people and those who are nicotine dependent. <p>Bottisham Village College:</p> <ul style="list-style-type: none"> A group of very able and enthusiastic year 10'2 gathered to receive the training. Bottisham VC is one of the link schools that will receive 5 half termly visits to support them to stay on track to deliver messages and events throughout the year. <p>St Peter's College, Huntindon:</p> <ul style="list-style-type: none"> Facilitated a group of 14/15 year olds gathered to discuss the 	£11,500	£10,752	-748

					<p>issues affecting them and their peers, and to increase their awareness of the effects of smoking in young people.</p> <ul style="list-style-type: none"> • They took part in visits to local shops selling tobacco and nicotine inhaling products, advising shopkeepers of the dangers smoking has on their peers, checking Challenge 25 ID and completing the mentor's questionnaire devised for this purpose. • Three members visited three shops to complete the questionnaire and to take part in the Trading Standards Illicit tobacco Awareness roadshow, helping to deliver the messages about plain packaging, illicit tobacco etc. <p>Sir Harry Smith, Whittlesey:</p> <ul style="list-style-type: none"> • Met with 45+ Year 10's to talk about the KickAsh programme and to deliver the messages about plain packaging, illicit tobacco etc. <p>Other work:</p> <ul style="list-style-type: none"> • Continued work to support and improve the communication between the school leads and mentors. Developing an individual programme of KickAsh events and expectations for three schools (Cottenham Village College, Longsands Academy, Bottisham Village College), which fall within wider responsibilities for the duration of the year. 			
ETE	Illicit Tobacco	£15k	Aileen Andrews	JM12800 John Steel	<ul style="list-style-type: none"> • Following the 6 Magistrates warrants executed late March and all 6 premises yielding illicit tobacco, investigation work was concluded and cases prepared for court with cases in court. • Financial Investigations ongoing. • The one week illicit tobacco roadshow was during September (not calculated in to the actual spend as part of a regional project). • Intelligence work on going and intelligence received about sellers within county during roadshow week. 12,974 • One premises raided in Wisbech. Hand rolling tobacco seized which was concealed in roof behind a light fitting. • The simple caution was signed by takeaway owner (mentioned as being offered in quarter one document.) • 5 cases have been through the courts, results – <ol style="list-style-type: none"> 1. Defendant fine reduced to £1500 and victim surcharge £120 after sentencing appeal hearing. 	£7,500	£12,974	£5474

					<ol style="list-style-type: none"> 2. Defendant fined £250 and victim surcharge £25. 3. Defendant fined £465 4. Two defendants (directors of one shop) sentenced to 120 hours unpaid work each. 5. One defendant still going through court (hearings in this qtr.) as proceeds of crime hearings taking place. <p>Regional Project - Costs not within this allocation. Most of the work going forward will be against the regional tobacco project funding.</p>			
ETE	Business and Communities Team	£10k	Elaine Matthews		<p><i>ETE Shared Priority: Engaging with communities in Fenland</i> Prioritised work completed by Community Resilience Development Team (CRD) focusing on improving lives in Fenland.</p> <p><u>Libraries and Older People project – March town</u> Bringing together a range of internal and external partners and volunteers who work on front line with older people in March to maximise use of resources, resulting in improved knowledge and intelligence of the service users, increasing knowledge and information for sharing by front line workers for residents on available services and social/local support groups. Development of a shared ‘Older peoples promise’, using evaluation of Fenland projects to roll out in 2 new areas.</p> <p><u>Community Green Spaces: Rings End Nature Reserve.</u> CRD engagement with a large national locally based employer resulted in 120 hours of volunteer time by their employees at Rings End Nature reserve in September. These capable volunteers were joined by learning disability service users and people from the local community and led by our Green Spaces Manager, working together to create new pathways, cleared a large pond, removed overgrown shrubs and trees and built new deadwood fencing which has opened up the nature reserve to far more visitors from the community and schools, learning disability groups and Forest Schools. The company has donated or pledged useful equipment and supplies for the nature reserves, further man power and loan of heavy duty equipment.</p> <p><u>Winter Warmth Packs,</u> inputting to the development of the packs, the distribution and promotion.</p>	£7,300	£7,372	£72

					<p><u>Mental Health support for young people in Fenland</u> 'Shelf Help' Part of the Reading Well Books on Prescription scheme, which provides 13-18 year-olds with high-quality information, support and advice on a wide-range of mental health issues such as anxiety, depression, eating disorders and self-harm, and difficult life pressures, like bullying and exams.</p> <p><u>Dementia Awareness and local support:</u> delivery of sessions and support to Dementia Friends and Dementia Alliance. Increased available information and book collections in all Fenland libraries, running dementia friends sessions across Fenland as part of health & wellbeing training for front line workers and several DF sessions across the district with more planned up to Christmas</p> <p><i>Note: Costs in Q3 and Q4 anticipated to be lower due to planning carried out in Q1 and Q2. Annual spend on target in line with allocation</i></p>			
ETE	Fenland Learning Centres	£90k			Contract awarded and all funds allocated.	£45,000	£45,000	0
					SUB TOTAL : ETE Q2	£123,800	£128,598	£4798
CS&T	Research	£22k	Dan Thorpe	KH50000 Maureen Wright	<p>The funding is used in two parts: To maintain Cambridgeshire Insight Website, which continues the host enhanced content for the JSNA and other PH material.</p> <p>The funding also contributes to the development of our population estimates/forecasts. We are in the process of developing a new set of these and I hope to be able to report in Q3 that this work has been completed.</p>	£11,000	£11,000	0
CS&T	H&WB Support	£27k	Dan Thorpe	KA20000 Maureen Wright	<p>With supervision from the Director of Public Health, approximately 2.5 days per week of the Policy and Projects Officer's time, who site within Policy and Business Support Team of Customer Services and Transformation.</p> <p>Support during Q2 has included:</p> <ul style="list-style-type: none"> Supporting the effective functioning of the Health and Wellbeing Board Supporting the effective functioning of the Health and Wellbeing Board Support Group 	£13,500	£13,500	0

					<ul style="list-style-type: none"> Researching and preparing reports for the Health and Wellbeing Board, including key policy/strategy changes Presenting relevant reports at the Health & Wellbeing Board Support Group meetings, such as on the HWB Working Group Agenda planning for the HWB support group and (working with democratic services) the HWB meetings. <p>This is in addition to ongoing, reactive support as required.</p>			
CS&T	Communi- cations	£25k	Dan Thorpe	KH60000 Maureen Wright	<p>Q2 Update:</p> <ul style="list-style-type: none"> Supporting a range of campaign developmental work around Stoptober and the Stay Well campaign Supported consultations, such as the Healthy Weight strategy Helped with the development of web resources for the Heads Up website and the PH web presence Provided advice and support in PH steering groups and meetings 	£12,500	£12,500	0
CS&T	Strategic Advice	£22k	Dan Thorpe	KA20000 Maureen Wright	<p>Strategic advice over the second quarter has involved:</p> <ul style="list-style-type: none"> Inputting strategically into the business planning process, e.g. Member workshops, Committee meetings, SMT meetings and CLT meetings – which have all progressed the business planning process 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 	£11,000	£11,000	0
CS&T	Emergency Planning Support	£5k	Dan Thorpe	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"> Provision of emergency planning support when the HEPRO is not available Provision of out of hours support for the Director of Public Health (DPH) ensuring that the DPH is kept up to date on any incidents of relevance that occur, or are responded to outside 'normal working hours' Review of the Excess Deaths Planning in support of the Pandemic Flu arrangements Collaboration on the Business Continuity arrangements developed for Public Health 	£2,500	£2,500	0
CS&T	LGSS Managed	£100k	Dan Thorpe	UQ10000	This continues to be supported on an ongoing basis, including:	£50,000	£50,000	0

	Overheads			Maureen Wright	<ul style="list-style-type: none"> Provision of IT equipment Office Accommodation Telephony Members Allowances 			
					SUB TOTAL : CS&T Q2	£100,500	£100,500	0
LGSS	Overheads associated with PH function	£220k	Dan Thorpe	QL30000 RL65200 TA76000 Maureen Wright	This covers 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	£110,000	£110,000	0
					SUB TOTAL : LGSS Q2	£110,000	£110,000	0

SUMMARY

Directorate	YTD (Q2) expected spend	YTD (Q2) actual spend	Variance
CFA	£3,211,000	£2,785,890	£425,110
ETE	£123,800	£128,598	-£4,798
CS&T	£100,500	£100,500	0
LGSS	£110,000	£110,000	0
TOTAL Q2	£3,545,300	£3,124,988	£420,312