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Annex A

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Public Health Directorate

Finance and Performance Report – January 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
December (No. of indicators)	13	4	13	8	38

2. INCOME AND EXPENDITURE

2.1 Overall Position

Forecast Variance - Outturn (Dec) £000	Directorate	Current Budget for 2015/16 £000	Current Variance £000	Current Variance %	Forecast Variance - Outturn (Jan) £000	Forecast Variance - Outturn (Jan) %
-745	Health Improvement	9,048	-2,075	-28.1%	-700	-7.7%
0	Children Health	5,606	-295	-8.8%	0	0%
-220	Adult Health & Well Being	979	-398	-51.5%	-250	-25.5%
0	Intelligence Team	26	2	15.8%	0	0%
-5	Health Protection	16	2	15.5%	-5	-32.3%
-10	Programme Team	153	-40	-31.5%	-25	-16.4%
-150	Public Health Directorate	2,567	-926	-43.2%	-150	-5.9%
-1,130	Total Expenditure	18,395	-3,730	-27.0%	-1,130	-6.2%
1,610	Public Health Grant	-18,209	342	-1.9%	1,610	-8.8%
-70	Other Income	-186	51	0%	-70	0
1,540	Total Income	-18,395	393	-2.2%	1,540	-8.4%
410	Subtotal	0	-3,337		410	
-410	Anticipated use of carried forward Public Health grant				-410	
0	Net Total	0	-3,337		0	0%

The service level budgetary control report for January 16 can be found in [appendix 1](#).

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

2.2 Significant Issues

The Department of Health has now published its response to the consultation on in-year savings to the public health grant in 2015-16. The response confirms the Government's initial proposal to reduce each local authority's overall public health allocation for 2015-16 by 6.2%, achieving a total £200m saving nationally. The 6.2% saving is based on each authority's share of the overall allocation of public health funding which for Cambridgeshire equates to a reduction of £1,610k. The reduction in grant will be mitigated through a combination of in-year savings/additional income (£1,130k and £70k respectively) and use of carried forward Public Health grant reserve (£410k).

Furthermore, in the Comprehensive Spending Review in November 2015, the Chancellor announced further reductions to the Public Health grant for 2016-17 to 2019-20 and additionally confirmed that the grant would remain a ring-fenced grant for two more years, to the end of March 2018. As a result of the grant remaining ring-fenced, the services funded by the public health grant are required to absorb pressures arising from the grant reduction, demography and inflation. Revised business planning proposals have been submitted to Health Committee endorsed to General Purposes Committee, and approved by Full Council as part of the Council's overall Business Plan.

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

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

The Public Health ring-fenced grant allocation is £22.2m, but an in-year cut has been announced. The grant increased from September 2015 by £3.9m (full year £7.7m) in respect of the transfer from NHS England of 0 – 5 funding. This brings total grant income for 2015/16 to £26.1m. Of the £26.1m, £18.2m is allocated directly to the Public Health Directorate.

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

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

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

3. BALANCE SHEET

3.1 Reserves

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

4. PERFORMANCE

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

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

4.2 Stop Smoking Programme:

Measure	Y/E Target 2015/16	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)
Smoking Cessation - four week quitters	2237	1170	1078	92%	A	91%	173	98%	↑

- Since 2013/14 there has been an ongoing drop in the percentage of the target number of smoking quitters achieved. In 2012/13 92% was achieved, in 2013/14 this fell to 76%. This fall continued in 2014/15 when 64% of the target was met. The drop locally mirrors the national picture for the past three years. A number of factors have been associated with the fall in quitters in recent years but e cigarettes are generally seen as being the key factor across the country. During these years performance in GP practices and community pharmacies was especially poor and they report there is a consistent problem with recruiting smokers to make quit attempts
- The most recent update to the Public Health Outcomes Framework has shown that the fall in the percentage of adults smoking across the County between 2012 and 2013 to 13.5% has now risen again to 15.5%. Inequalities in smoking rates remain, with the prevalence in Fenland, Cambridge City and amongst manual workers being higher than the Cambridgeshire average.
- The target number of quitters has been revised for 2015/16 to reflect the fall in smoking prevalence in Cambridgeshire. The old target was based on the previous higher prevalence. Performance against the revised target is continuing to improve and compares well with the achievement against target for the same period in 2014/15
- There is an ongoing programme to improve performance that includes targeting routine and manual workers and the Fenland area. CamQuit the core Stop Smoking service is providing increasingly higher levels of support to the other providers along with promotional activities. Practices and community pharmacies are regularly visited with poor performers being targeted. During 2014/15 social marketing research was undertaken which is informing activities to promote Stop Smoking Services. Other activities introduced recently include a mobile workplace service, a migrant worker Health Trainer post that will target these communities where smoking rates are high and a wide ranging promotional campaign

4.2 NHS Health Checks

Measure	Y/E Target 2015/16	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)
Number of Health Checks completed	18,000	13,500	10695	79%	R	77%	4500	82%	↑
Percentage of people who received a health check of those offered	45%	45%	41%	41%	A	36%	45%	41%	↑

- Reporting of Health Checks is quarterly. In 2014/15 83% of the target was achieved compared to 93% in the previous year. The % of health checks offered and converted into completed was comparable to 2014/15 at 38%.
- In Q1 2015/16 78% of the quarterly target was achieved with a conversion rate of 38%. Q2 saw no substantial improvement with the percentage against target completed Health Checks being 77% and the conversion rate of 36%. Although there was a considerable improvement in the quality of data returned and numbers referred onwards to services following a health check; which has been attributed to the ongoing training programme.
- Q3 indicates an improvement in the percentage of completed Health Checks against the quarterly target to 82% and the conversion rate to 41%
- The comprehensive Improvement Programme is continuing this year. Intelligence from the commissioned social marketing work clearly indicates a lack of awareness in the population of Health Checks. Actual health check numbers compare favourably to other areas but the issue is the conversion rate which is attributed to the poor public understanding of the Programme. There is a concerted drive to launch a promotion campaign as soon as possible. Other activities include staff training from a commissioned Coronary Heart Disease specialist nurse, new data collection software for practices, Point of Care Testing (POCT) (which avoids patients having to return for their blood results) and additional staff support for practices. In addition in Fenland a mobile service has been established and is visiting factories to offer health checks especially to those more hard to reach groups. The new Lifestyle Service is commissioned to provide outreach health checks for hard to reach groups. This has not commenced due to delays in the contract with the company providing POCT which is required for outreach Health Checks. This has now been finalised and training of staff has commenced and POCT machines distributed.

Background Information

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

4.3 Integrated Lifestyle Service

- The new Countywide Integrated Lifestyle Service provided by Everyone Health commenced on June 1 2015. It includes the Health Trainer and Weight Management Services. The trajectories for many of the indicators for the initial months of the contract reflect the fact that the Service was still recruiting and developing the Service. Also some of outputs are not available in the timeframe as the interventions take place over several months.
- However the Service is now almost fully recruited but there are still delays due to training requirements for new staff and some outstanding posts remaining empty. Various community organisations have been approached to help with recruitment. Performance is being carefully monitored with the Provider. The Service has been later than anticipated due to the very short lead time of two months from contract award to commencement of the Service.

4.4 Health Visiting and School Nursing

Measure	Y/E Target 2015/16	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)
Percentage of infants being breastfed (fully or partially) at 6 - 8 weeks	58%	58%	54%	93%	G	57%	58%	54%	↔
Health visiting mandated check - Percentage of first face-to-face antenatal contact with a HV at >28 weeks	50%	/	31%	62%	R	26%	54%	44%	↑
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%	92%	102%	G	98%	90%	97%	↑
Health visiting mandated check - Percentage of children who received a 6 - 8 week review by 8 weeks	90%	90%	94%	104%	G	96%	90%	94%	↓
Health visiting mandated check - Percentage of children who received a 12 month review by 15 months	100%	100%	93%	93%	A	94%	100%	92%	↓
Health visiting mandated check - Percentage of children who received a 2 -2.5 year review	90%	90%	86%	96%	A	86%	90%	84%	↓
School nursing - Number of young people seen for behavioural interventions - smoking, sexual health advice, weight management or substance misuse	N/A	N/A	249	N/A	N/A	43	N/A	11	↓
School nursing - number of young people seen for mental health & wellbeing concerns	N/A	N/A	1001	N/A	N/A	183	N/A	85	N/A

- Currently school nursing individual contacts continue to be above target while group contacts are below. The low figure for September can be accounted for by some degree by school holidays. However this data doesn't tell us anything about the value on these contacts or the outcomes for those involved.
- A new service specification and Key Performance Indicators for School nursing have been agreed. A new performance template has been developed and this will be used to understand baseline activity from October. Over the next year we will be able to agree targets in areas which contribute towards public health outcomes and reflect this in our reporting. This will also reflect the activity across different parts of the county.

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

4.6 Health Committee Priorities

Health Inequalities

Smoking Cessation

- The following describes the progress against the ambition to reduce the gap in the smoking rates between patients of the most socio-economically deprived 20% of GP practices and the remaining 80% of GP practices in Cambridgeshire (monitored monthly). The GP practices in the 20% most deprived areas of Cambridgeshire are given more challenging smoking cessation targets and more support than other practices, to help reduce this gap.
- The percentage of the smoking quit target achieved in November was higher among the least deprived 80% of practices in Cambridgeshire compared with the most deprived 20%
- In the least deprived 80%, 100 four-week quits were achieved, 88% of the monthly target of 114; in the most deprived 20% of practices, 59 four-week quits were achieved, 81% of the monthly target of 73.
- Looking at performance data for the year to date, the percentage of the quit target achieved in the least deprived 80% of practices stands at 86% and in the most deprived 20%, at 72%.
- The gap in performance in quits achieved between the two groups decreased in November compared to the gap seen in October due to both a increase in quits achieved in the most deprived practices and an decrease in quits achieved for the least deprived practices.

Percentage of smoking quit target achieved (by deprivation category) of general practices in Cambridgeshire, November 2019/20

Practitioner deprivation category	Smoking quit target	Year to date					November			November 2019	
		Actual	Target	Percentage	Quits achieved	Target	Actual	Target	Percentage	Actual	Target
Least-deprived 80%	1,100	911	1,000	91%	100	114	914	1,100	83%	100	114
Most-deprived 20%	673	509	730	69%	59	73	59	73	81%	59	73
All practices	1,773	1,420	1,730	82%	159	187	1,468	1,773	82%	159	187

2019/20 target

Red	Below 80% target
Yellow	80% to 89% target
Green	Above 90% target

Direction of trend

Up	Higher than previous month
Down	Lower than previous month
Stable	Same as previous month

Practice gap is the difference between the percentage of the target achieved in the most deprived 20% compared with the least deprived 80%

	Year to date	November	Previous month	Direction of trend
Practice gap	1,100	73	84%	Up

Direction of trend

Up	Smaller than previous month
Down	Larger than previous month
Stable	Same as previous month

Sources:

General practice returns to Cambridgeshire County Council Smoking Cessation Service
Public Health England 2011 Indices of Multiple Deprivation for general practices, based on the Index of Multiple Deprivation, Department for Communities and Local Government, 2011
Health and Social Care Information Centre Organisation Data Service
Office for National Statistics Postcode Directory

Prepared by:

Cambridgeshire County Council Public Health Intelligence, 01/02/16

**NHS Health
Checks**

The following describes the progress against the NHS Health Checks ambition to reduce the gap in rates of heart disease between patients of the 20% most socio-economically deprived GP practices and the remaining 80% of practices in GP Cambridgeshire (monitored quarterly). The most deprived 20% of GP practices are given more challenging health check targets to support this aim.

Quarterly:

- 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%, 2979 health checks were delivered, 93% of the quarterly target of 3214; in the most deprived 20% of practices, 720 health checks were delivered, 56% of the quarterly target of 1286.
- The gap in performance in health checks delivery between the two groups was 37 percentage points in Quarter 3.
- The gap in performance in health checks achieved between the two groups increased in Q3 compared to the gap seen in Q2 due to both a decrease in health checks in the most deprived practices and an 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 in the least deprived 80% of practices stands at 86% and in the most deprived 20%, at 63%.
- The percentage of the health check target achieved in the year to date is more than 10% away from the target in both groups.
- Performance for the most deprived 20% of practices is 23 percentage points behind performance in the least deprived practices.

Percentage of health check target achieved by deprivation category of general practices in Cambridgeshire, 2015/16 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%	12,858	9,643	8,314	86%	14%		3,214	2,979	93%	80%	↑
Most deprived 20%	5,142	3,857	2,412	63%	37%		1,286	720	56%	69%	↓
All practices	18,000	13,500	10,726	79%	21%		4,500	3,699	82%	77%	↓

RAG status:

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

Direction of travel:

↑	Better than previous 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	-23%	-37%	-11%	↓

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

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

Health and Social Care Information Centre Organisation Data Service

Office for National Statistics Postcode Directory

Prepared by:

Cambridgeshire County Council Public Health Intelligence, 19/02/2016

Life expectancy and healthy life expectancy

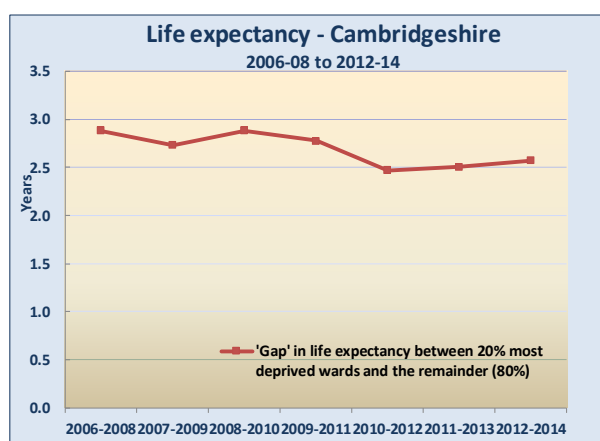
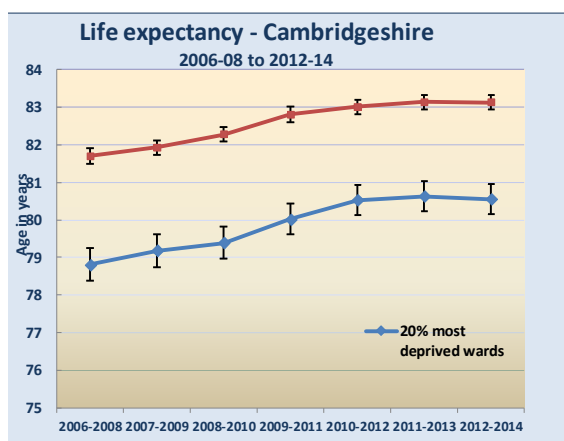
Life expectancy data have been updated to Q3 2013-2015 but there is currently no update to the Healthy Life Expectancy (HLE) annual figure. The next national update to HLE will be released March 10th 2016 so the update (2012-2014) will be provided in the next report.

- Inequalities in life expectancy in the most deprived quintile of Cambridgeshire (monitored quarterly subject to data availability)
 - The indicator statistic is the gap in years of life expectancy between the best-off and worst-off within the local authority, based on a robust statistical model of the life expectancy and deprivation scores across the whole area.
 - The absolute gap in life expectancy at birth for all persons between the 20% most deprived electoral wards in Cambridgeshire and the 80% remainder of areas was 2.6 years for the period 2012-2014.
 - For the years 2013-2015 (provisional data to Q3 of 2015) the absolute gap was 2.5 years.
 - There are significant inequalities nationally and locally in life expectancy at birth by socio-economic group. Certain sub-groups such as people with mental health problems, people who are homeless also have lower life expectancy than the general population. Key interventions to reduce this gap are in tackling lifestyle factors and ensuring early intervention and prevention of key diseases.
- An annual indicator covering healthy life expectancy.

- Healthy life expectancy for men for the period 2011-2013 in Cambridgeshire was 66.4 years. For females the figure was 65.5 years. The 'actual' figure for men (66.4 years) is higher than for females (65.5 years). No target has been set for this indicator. For the period 2011-2013 in England HLE for men was 63.3 years and for women 63.9 years.
- Healthy Life Expectancy (HLE) measures what proportion of years of life men and women spend in 'good health' or without 'limiting illness'. This information is obtained from national surveys and is self-reported (General Lifestyle Survey for example). Nationally the figures suggest that men spend 80% of their life in 'good health' with women spending a slightly lower proportion. Women experience a greater proportion of their lives lived at older ages and with a higher prevalence of disabling conditions. So although women live longer, they spend more time with disability. The fact that this information is "self-reported" may influence these figures as well. In many countries with lower life expectancies this difference between male and females is not so apparent.

Calendar years	Average Life Expectancy (95% confidence interval)		Gap (in years)	Relative gap (%)
	20% most deprived wards	80% remainder of wards		
2006-2008	78.8 (78.4 - 79.3)	81.7 (81.5 - 81.9)	-2.9	3.5%
2007-2009	79.2 (78.8 - 79.6)	81.9 (81.7 - 82.1)	-2.7	3.3%
2008-2010	79.4 (79.0 - 79.8)	82.3 (82.1 - 82.5)	-2.9	3.5%
2009-2011	80.0 (79.6 - 80.4)	82.8 (82.6 - 83.0)	-2.8	3.4%
2010-2012	80.5 (80.1 - 80.9)	83.0 (82.8 - 83.2)	-2.5	3.0%
2011-2013	80.6 (80.2 - 81.0)	83.1 (82.9 - 83.3)	-2.5	3.0%
2012-2014	80.6 (80.2 - 81.0)	83.1 (82.9 - 83.3)	-2.6	3.1%
2013-2015 to Q3	79.4 (78.9 - 79.8)	82.0 (81.8 - 82.2)	-2.6	3.2%

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



Child obesity

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

Children aged 4-5 years classified as overweight or obese

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

decrease in Cambridgeshire, which meant the target was met (19.4% actual, 20.4% target) but that the gap between Fenland and Cambridgeshire had widened.

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

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

Source: NCMP, HSCIC

Children aged 4-5 years classified as obese

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

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

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

Source: NCMP cleaned dataset, HSCIC

Children aged 10-11 years classified as obese

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

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

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

Source: NCMP cleaned dataset, HSCIC

Excess weight in adults

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

Physically active and inactive adults

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

Actions

Interventions to address both childhood and adult obesity include prevention and treatment through weight management programmes. Examples for promoting healthy eating include the commissioning of the Food for Life Partnership to work in schools to set policy, provide information and skills about healthy eating and growing healthy food, similar approaches are being used in children's centres and with community groups. The Workplace Health programme is another avenue for promoting healthy eating workplace policy.

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

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

Mental health

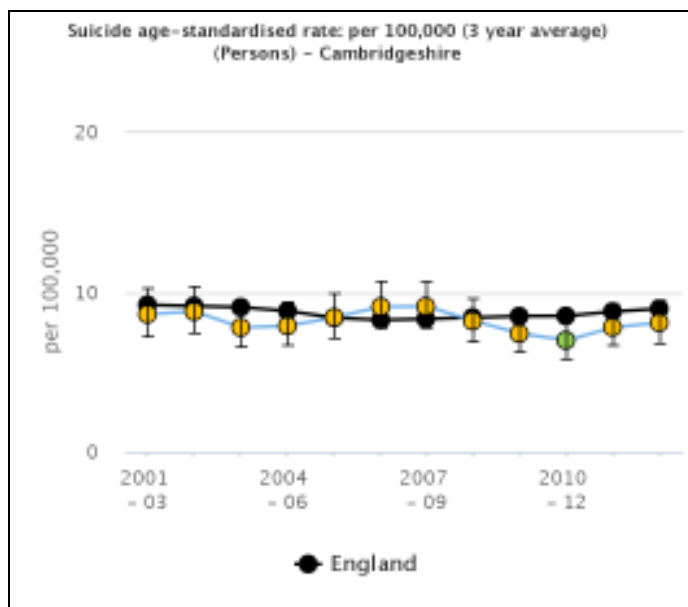
Proposed indicators:

- **Number of schools attending funded mental health training:**
Between 31st July 2015- 10th February 2016, 11 schools have had a whole school briefing with a total of 494 people in attendance. For most schools this is the first step to accessing further mental health training. An additional 8 schools are booked for spring and summer 2016 terms.
Data collection for this training is currently under review so more detail will be provided in future updates.

- **Number of secondary schools taken up offer of consultancy support around mental and emotional wellbeing of young people** (annual) – *data not yet available as this is newly funded work as part of the public mental health strategy.*
- **Number of front line staff that have taken part in MHFA and MHFA Lite commissioned training** (quarterly):
Mental Health First Aid and Mental Health First Aid Lite are offered free of charge to front line staff within Cambridgeshire County Council and partner organisations (up until 29th January 2016):
 - MHFA (2 day course) attendance: 250
 - MHFA Lite (1/2 day) attendance: 113

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

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



Source: Public Health Outcomes Framework

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

Source: Public Health Outcomes Framework

Transport and Health

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

4.7 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 (DTC)**

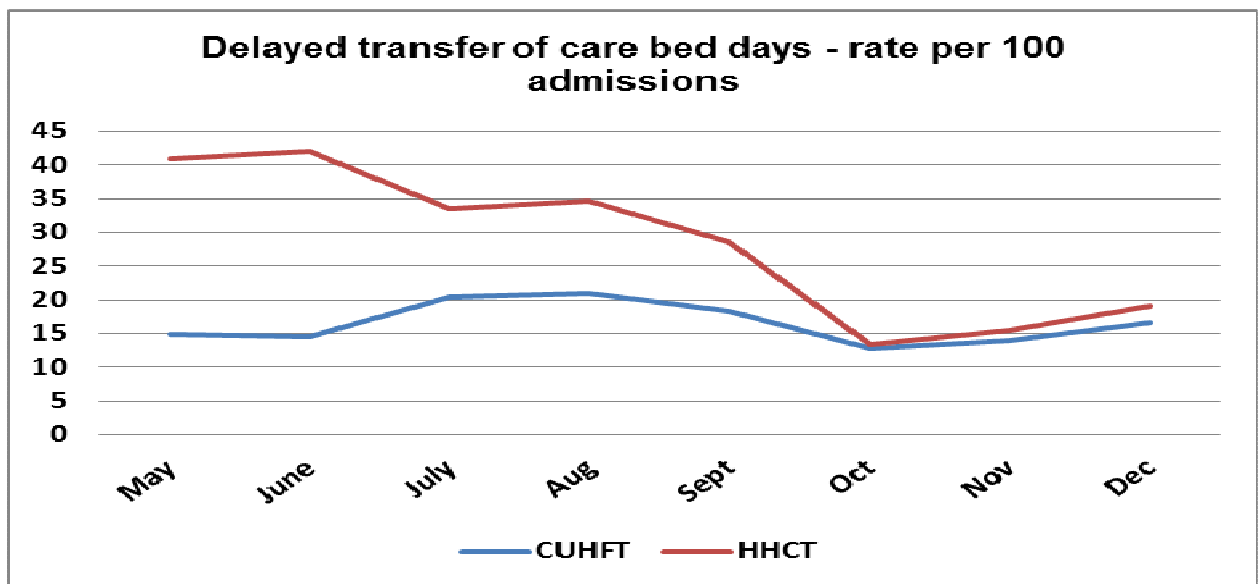
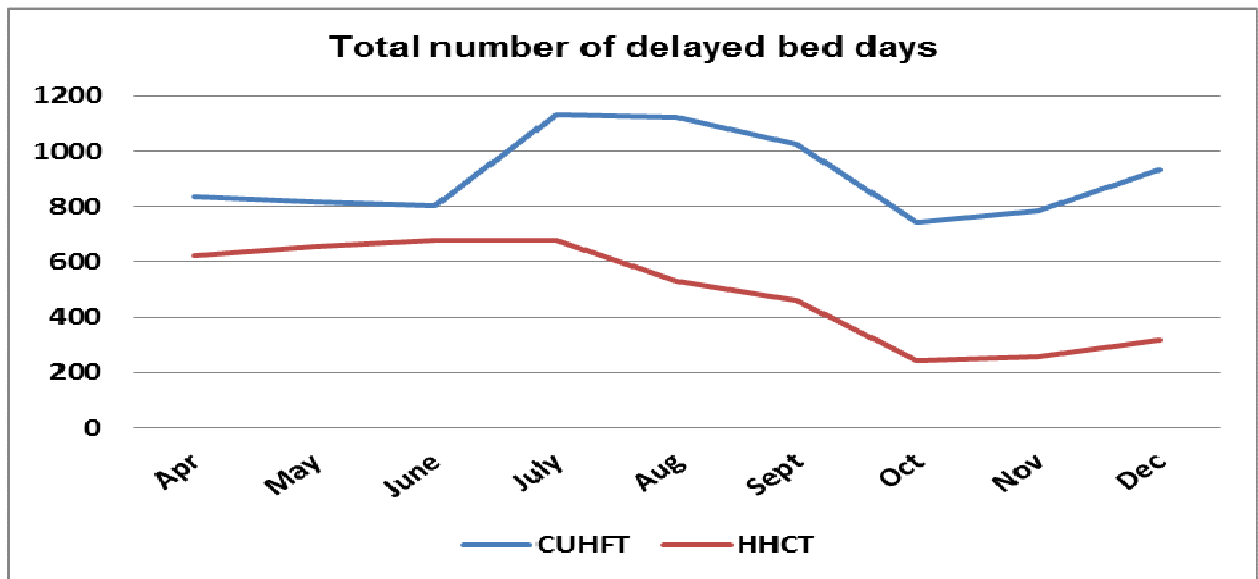
The Health Committee received an update from CPCCG on 28 May 2015 on the position regarding Delayed Transfers of Care (DTOC) in Cambridgeshire and Peterborough and requested regular updates on the current status of Delayed Transfer of Care.

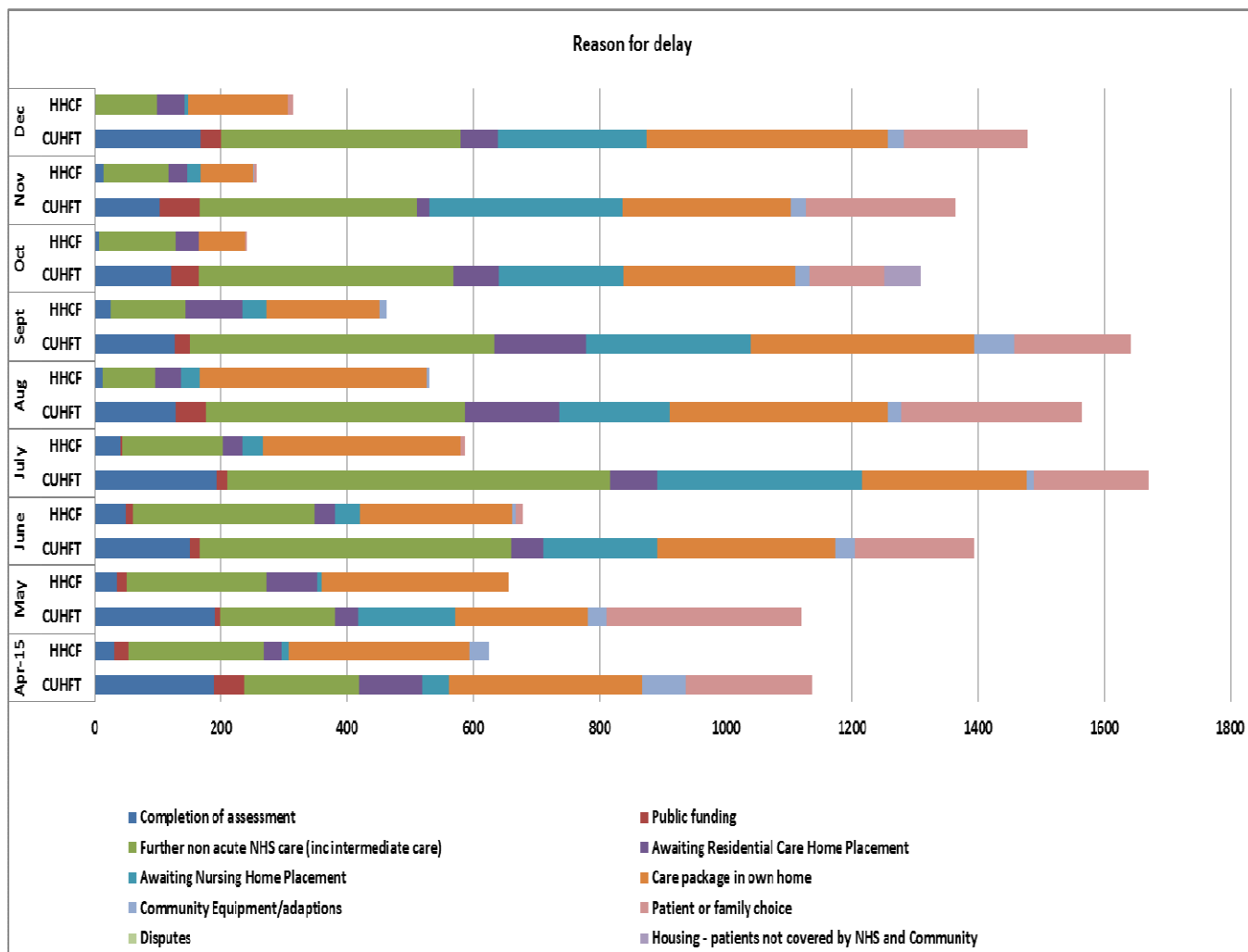
The reasons for DTOC are multi-factorial and need to be addressed by the whole system. Whilst it is not unusual to have delayed transfers of care, the numbers of DTOC across the CCG are higher than the system can manage. A concerted effort continues to be made by all providers in partnership with Commissioning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

Following the Health Committee meeting in January 2016 reporting on DTOC now uses DToC bed days supplied by the Cambridgeshire & Peterborough Clinical Commissioning Group (CCG) rather than NHS England data that was used for previous reports and provides just a patient count on the last Thursday of each month.

The report provides data from the 2015/16 winter period and there is an increase in total number of delayed bed days since the last report from October 2015. The

full winter effect should be considered in the data provided in the next performance report.





- **E-Hospital Programme**

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

Cambridge University Hospital Foundation Trust (CUHFT) have provided the committee with a copy of the e-hospital progress report (January 2016).

The Executive summary notes the following key issues.

- There remain significant challenges to resolve, in particular relating to high cost drugs which will impede a full return to Payment by Results (PbR). Manual fixes are in place in the interim while longer term automated solutions are in development.
- The eHospital teams continue to review and prioritise workload, however it would take a significant amount of time to complete the outstanding requests we have with current resource levels.
- Accelerating the rate of development and optimisation will require investment. A eHospital workforce staffing paper is being prepared to be presented at the Management Executive on 11th February.

- The eHospital Benefits Mobilisation Group has been set up and meets monthly with increased operational input to ensure optimal use of Epic applications. Task and Finish Groups have been established to initially identify benefits with realistic savings; owners for the benefits will be identified and held to account by the Recovery Team.

The full report is provided as Appendix 7. The committee is reminded that a CUHFT will be providing further e-hospital updates at a workshop scheduled for 3rd March 2016.

- **CAMH Waiting Lists**

The Health Committee received a report on the service pressures in Children & Adult Mental Health Services on 16th July 2015. Cambridgeshire & Peterborough Clinical Commissioning Group (CPCCG) CG & Cambridge & Peterborough Foundation Trust were present at the committee to discuss the service pressures in particular relating to the Child and Adolescent Mental Health Services (CAMH).

Following receipt of a report to the Children's Health Joint Commissioning Board (CHJCB) due 7th September, the committee requested updates on the progress around rectifying the waiting list. An up to date position on the Child and Adolescent Mental Health Services (CAMH) and specifically the waiting lists was provided by representatives from CPCCG and CPFT as part of a formal Health Scrutiny session held on 21st January 2016.

Key points from the meeting are noted below:

- due to the length of waiting time, it had been decided in about March 2015 to close the waiting lists for Autistic Spectrum Disorders (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) referrals where there were no associated urgent mental health needs, and to redesign the pathways to ensure that patients received a timely service
- the CCG had invested an additional £600k recurrent and £150k non-recurrent funding in CAMHS for the current year, and a national uplift to CAMHS had also been made available to the CCG, resulting in a further £1.5m funding locally for the current and subsequent years
- some of the national funding had been targeted at, and used for, improvements in eating disorder services
- in December 2015, the waiting lists had been re-opened following pathway redesign
- the referral service for ADHD, which was a neurodevelopmental disorder, now had a pathway with less consultant engagement than previously, and closer to that seen elsewhere in the country
- the hope was that there would be no waiting list for the core CAMH pathway by the end of January 2016.

Full details of the discussion are available through the Health Committee minutes of the meeting held on 21st January 2016.

<http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/Meeting.aspx?meetingID=1038>

APPENDIX 1 – Public Health Directorate Budgetary Control Report

Forecast Variance Outturn (Dec) £'000	Service	Current Budget for 2015/16 £'000	Expected to end of Jan £'000	Actual to end of Jan £'000	Current Variance		Forecast Variance Outturn (Jan)	
					£'000	%	£'000	%
Health Improvement								
-170	1 Sexual Health STI testing & treatment	4,299	3,514	2,664	-850	-24.19%	-155	-3.61%
-100	2 Sexual Health Contraception	1,170	918	788	-131	-14.22%	-100	-8.55%
0	National Child Measurement Programme	0	0	19	19	0.00%	0	0.00%
-30	Sexual Health Services Advice Prevention and Promotion	223	213	142	-71	-33.30%	0	0.00%
0	Obesity Adults	0	0	47	47	0.00%	0	0.00%
0	Obesity Children	82	68	72	4	5.49%	0	0.00%
-15	Physical Activity Adults	100	100	63	-36	-36.37%	-15	-15.07%
-40	Healthy Lifestyles	1,464	1,193	1,045	-148	-12.39%	-40	-2.73%
0	Physical Activity Children	0	0	0	0	0.00%	0	0.00%
-295	3 Stop Smoking Service & Intervention	1,099	827	306	-521	-63.00%	-295	-26.85%
-40	Wider Tobacco Control	123	114	15	-99	-86.89%	-40	-32.50%
-5	General Prevention Activities	386	353	148	-206	-58.22%	-5	-1.29%
-50	Falls Prevention	100	83	0	-83	-100.00%	-50	-50.00%
0	Dental Health	2	0	0	0	0.00%	0	0.00%
-745	Health Improvement Total	9,048	7,384	5,309	-2,075	-28.10%	-700	-7.74%
Children Health								
-	Children 0-5 PH Programme	3,861	1,875	1,875	0	0.00%	0	0.00%
	Children 5-19 PH Programme	1,745	1,462	1,167	-295	-20.18%	0	0.00%
-	Children Health Total	5,606	3,337	3,042	-295	-8.84%	0	0.00%
Adult Health & Wellbeing								
-200	4 NHS Health Checks Programme	719	541	321	-220	-40.65%	-230	-31.99%
-20	Public Mental Health	224	196	54	-142	-72.26%	-20	-8.94%
0	Comm Safety, Violence Prevention	37	37	0	-37	-100.00%	0	0.00%
-220	Adult Health & Wellbeing Total	979	774	375	-398	-51.47%	-250	-25.52%
Intelligence Team								
-	Public Health Advice	16	12	9	-3	-23.15%	0	0.00%
-	Info & Intelligence Misc	10	4	9	5	139.51%	0	0.00%
-	Intelligence Team Total	26	15	18	2	15.81%	0	0.00%
Health Protection								
0	LA Role in Health Protection	11	9	15	6	68.16%	0	0.00%
-5	Health Protection Emergency Planning	5	4	0	-4	-95.10%	-5	-100.00%
-5	Health Protection Total	16	13	15	2	15.52%	-5	-32.26%

Forecast Variance Outturn (Dec) £'000	Service	Current Budget for 2015/16 £'000	Expected to end of Jan £'000	Actual to end of Jan £'000	Current Variance		Forecast Variance Outturn (Jan)	
					£'000	%	£'000	%
Programme Team								
0	Obesity Adults	0	0	-0	-0	0.00%	0	0.00%
0	Stop Smoking no pay staff costs	31	26	20	-6	-23.23%	0	0.00%
-10	General Prev, Traveller, Lifestyle	121	101	68	-33	-33.13%	-25	-20.60%
-10	Programme Team Total	153	127	87	-40	-31.47%	-25	-16.39%
Public Health Directorate								
-150	5 Health Improvement	448	374	285	89	23.86%		0.00%
	Public Health Advice	750	626	617	9	1.44%		0.00%
	Health Protection	150	125	124	1	0.80%		0.00%
	Programme Team	1,081	902	872	30	3.33%		0.00%
	Childrens Health	23	19	19	0	0.87%		0.00%
	Comm Safety, Violence Prevention	52	43	42	1	3.08%		0.00%
	Public Mental Health	63	53	43	10	18.10%		0.00%
-150	Public Health Directorate total	2,567	2,142	2,002	-926	-43.23%	-150	-5.85%
-1,130	Total Expenditure before Carry forward	18,395	13,793	10,849	-3,730	-27.04%	-1,130	-6.15%
-410	Anticipated Carry forward of Public Health grant	0	0	0	0	0.00%	-410	0.00%
Funded By								
1,610	Public Health Grant	-18,209	-18,208	-18,550	342	-1.88%	1,610	-8.84%
	S75 Agreement NHSE - HIV	-144	0	0	0	0.00%		0.00%
-70	Other Income	-42	-21	-72	51	-242.86%	-70	166.67%
1,540	Income Total	-18,395	-18,229	-18,622	393	-2.16%	1,540	-8.37%
0	Net Total	0	-4,436	-7,773	-3,337	-	0	0.00%

APPENDIX 2 – Commentary on Expenditure Position

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

Service	Current Budget for 2015/16 £'000	Current Variance		Forecast Variance - Outturn	
		£'000	%	£'000	%
1 Sexual Health STI testing & treatment	4,299	-850	-24.2%	-155	-3.61%
Part of 2015/16 savings plan. £170k savings to be achieved through predicted underspend through reduced use of the Peterborough Service, reduction in the contingency for unpredicted pressures and lower than expected uptake of the Chlamydia programme. NHS England invoice re HIV (£72k) relating to 2014/15 still not paid					
2 Sexual Health Contraception	1,170	-131	-14.22%	-100	-8.55%
Part of 2015/16 savings plan. £100k non-recurrent in-year savings to be achieved due to reduced activity in delivering Long acting reversible contraception (LARCs) in GP practices.					
3 Stop Smoking Service & Intervention	1,099	-521	-63.00%	-295	-26.85%
Part of 2015/16 savings plan. £295k savings to be achieved due to reduced activity from smoking cessation services.					
4 NHS Health Checks Programme	719	-220	-40.7%	-230	-31.99%
This underspend was created due to the delay in completing and implementing the Point of Care Testing and Data Software procurements which reflects the complexities of introducing the new processes into the 77 GP practices with NHS support. This includes complicated information governance and secure interfaces with GP practice data systems. The new systems will greatly increase the patient experience, efficiency and data robustness of the Programme which should also improve performance of the GP practices that are main providers of the Programme.					
5 Public Health Directorate	2,567	-926	-43.2%	-150	-5.85%
Part of 2015/16 savings plan. £150k savings to be achieved through vacancy management strategy.					

APPENDIX 3 – Grant Income Analysis

The tables below outline the allocation of the full Public Health grant, and includes an update for Quarter 3 of spend by other directorates

Awarding Body : DofH

Grant	Business Plan £'000	Adjusted Amount £'000	Forecast Outturn Expenditure £'000	Expected / Actual Transfer to PH Reserves	Notes
Public Health Grant as per Business Plan	22,155	22,155	22,155		Ringfenced grant (excluding 0 – 5 funding) - Income
Children's 0 – 5 grant (Oct – March)	3,861	3,861			In Public Health directorate
Grant allocated as follows;					
Public Health Directorate	14,319	14,348			As detailed in report. £29k increase ref the transfer of a post from CS&T
Public Health Directorate, Children 0-5	3,861	3,861			
CFA Directorate	6,933	6,933			See following tables for Q3 update
ETE Directorate	418	418			See following tables for Q3 update
CS&T Directorate	265	236			£29k decrease ref the transfer of a post from CS&T to PH. See following tables for Q3 updates
LGSS Cambridge Office	220	220			

PUBLIC HEALTH MOU 2015-16 UPDATE FOR Q3

Directorate	Service	Total	Contact	Cost Centre/ Finance Contact	Q3 Info requested	Q3 Update	Q3 expected spend	Q3 Actual Spend	Variance	Predicted spend Y/E	YTD Expected spend	YTD Actual spend	Variance YTD
CFA	DAAT	£6,269k	Susie Talbot	NB31001- NB31010 Jo D'Arcy/Ali Wilson	05/01/2016	At the end of Q3 there had not been any current spend for the allocated budget for GP Shared Care, Nalmefene, Recovery Hub Coordinator as this is work in progress. Joe Keegan (DAAT Alcohol Coordinator) is awaiting details of spend for GP Share Care & Nalmefene from Public Health. We were awaiting Inclusion Q2 20% performance related invoices which we received early January 2016 so this will now show at year end. Q3 performance related invoices will be paid once the performance meeting has taken place and this agreed by the DACG.	£ 1,469,654	£ 1,618,505	-£ 148,851	£ 6,199,000	£4,606,154	£4,078,765	£527,389
						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 but we anticipate that all contracted payments will be made by then end of Q4.							
						The only exception to this being the Inclusion Contract where the contract is based on 80% in advance quarterly and the remainder 20% performance related which is normally paid during the next quarter following the performance meeting. This is to ensure that Inclusion have met their targets in line with the contract agreement, the 20% performance related invoices are then agreed by the DACG members for payment.							
						At the end of Q3 a prediction was made that there will be a possibility of an underspend in the PHG of around £78K. This is estimated from vacant posts which have not been filled and also from the Nalmefene & GP Shared care budget which to date has no current spend.							

Directorate	Service	Total	Contact	Cost Centre/ Finance Contact	Q3 Info requested	Q3 Update	Q3 expected spend	Q3 Actual Spend	Variance	Predicted spend Y/E	YTD Expected spend	YTD Actual spend	Variance YTD
CFA	Reduction in Self Harm	£189K			05/01/2016	<p>Training provision: draft document covering local authority offer in terms of support for a whole school approach produced. Being circulated for comments and finalising</p> <p>Training offer: Ongoing. Governance meeting in January to promote staff wellbeing and CPFT training as well as Education Wellbeing Team services</p> <p>Consistent sources of information: CRC are undertaking this work and it will be ready Jan/Feb 2016 for launching</p> <p>Costing and implementation of additional support: This work is being implemented</p> <p>Regular contributions to schools newsletters: Ongoing, with regular input to CPFT training. Will be used to promote training offer document as well as links being made with Time to Change and Mind Campaigns Officer</p> <p>Quality assurance framework: Ongoing discussion to establish requirements</p> <p>Diagrammatic version of offer of support: draft produced and circulated for feedback</p>	£47,250	£45,249	£2,001	£189,000	£141,750	£135,744	£6,006
CFA	Physical Activity in Older People	£150k			05/01/2016	8/1/15 baseline data collection was completed with Day Centres. The main finding was that the current provision of physical activity is insufficient in quantity and quality in regards to NICE and CMO guidelines. Requirements re physical activity are not detailed in service specifications for day centres. However, many managers and trustees showed interest in increasing levels of provision, but will require more tailored support to enable this.					£112,500	£112,500	£0

Directorate	Service	Total	Contact	Cost Centre/ Finance Contact	Q3 Info requested	Q3 Update	Q3 expected spend	Q3 Actual Spend	Variance	Predicted spend Y/E	YTD Expected spend	YTD Actual spend	Variance YTD
CFA	Childrens Centres	£170k	Sarah Ferguson/Jo Sollars	CE10001 : Rob Stephens	05/01/2016	<p>The overall aim of Cambridgeshire Children's Centres remains ensuring a healthy start to life for children aged 0-4 and ensuring readiness for school, whilst maintaining a focus on inequalities in the early years, and targeting support which will minimise the need to access specialist services where possible</p> <p>The Public Health funding is utilised as part of the total Children's Centre budget to improve health of children aged 0-5.</p> <p>In Q3 Children's Centres have been further involved in the planning and delivery of the winter 2015 Warm Homes programme. Representatives are working with Public Health to develop a cross-service breast feeding strategy for Cambridgeshire. Children's Centres have worked with Public Health to develop pilot sites for selling of Healthy Start Vitamins, to improve take up of vitamins, and raise wider awareness of Children's Centre services</p> <p>Close alignment and joint working with community health colleagues in Health Visiting, Family Nurse Partnership and Maternity Services is established for all Children's Centres. Work has been initiated to ensure arrangements with Health partners are consistent and functionally effective at a community level for families as service structural change is brought in across the system.</p>	£42,500	£42,500	£0	£170,000	£127,500	£127,500	£0
CFA	Education Well-Being Team : KickAsh, Life Education (LEC) and other tbc	£56k	Amanda Askham	CB40401 : Adam Cook	05/01/2016	<p>Kick-Ash : £25k confirmed spend (two additional schools) - on track</p> <p>Life Education : £15k confirmed spend - on track</p> <p>Training Days for school nurses : £2,500 - currently being negotiated - delayed due to reconfiguration of service/waiting to hear from SN service about training days</p> <p>Research and Development off resources on Health Relationships : £1,500 - on track</p> <p>HBT/SRE resources and training : £3k - on track</p> <p>SRE Theme-set for secondary schools : £9.100 - on track</p>	£17,650	£14,650	£3,000	£56,100	£42,700	£40,200	£2,500

Directorate	Service	Total	Contact	Cost Centre/ Finance Contact	Q3 Info requested	Q3 Update	Q3 expected spend	Q3 Actual Spend	Variance	Predicted spend Y/E	YTD Expected spend	YTD Actual spend	Variance YTD
CFA	Chronically Excluded Adults (MEAM)	£93k	Ivan Molyneux	MN92145 : Matt Moore	05/01/2016	<p>The CEA Team continues to work hard to ensure that the co-ordinated approach is supported by relevant services.</p> <p>The service expansion into Peterborough has been successful with the service embedding the CEA approach to address the issues facing their complex needs population, the CEA team continue to work with colleagues in Peterborough on what promises to be an exciting partnership</p> <p>A three year strategy is currently being put together to take forward the CEA work across Cambridgeshire and its continued expansion into Peterborough</p> <p>Work continues with voices from the frontline in partnership with MEAM.</p> <p>The CEA service is increasingly receiving referrals from complex needs, excluded adults at risk of homelessness and expects over the next year to increase work around homelessness prevention for 'repeat returner' clients who have become excluded, as well as linking existing homeless service users to services</p> <p>This year the CEA Service will be aiming to produce an analysis of this approach to see where its application may benefit other service user groups or systems. CEA will also be looking at current and former clients to see where fairer and sustainable access may be achieved which will be done with no professional assumptions on what housing choices should be made</p> <p>This is with the aim not only of continuing to allow access to Chronically Excluded Adults safe accommodation, but to see how this can achieve longevity across the sector</p>	£28,051	£28,211.95	-£160.95	£110,000	£84,153	£82,246	£1,907
CFA	Housing related support	£6k	Alison Bourne		05/01/2016	<p>Huntingdonshire Floating Support Service continuing to provide support to avoid homelessness, and continues to meet set targets</p> <p>East Cambs Floating Support Service as above, and continues to meet set targets</p> <p>Ferry Project contract provides for single homeless people in Fenland and is continuing to meeting targets</p> <p>Cambridge Cyrenians continues to meet targets</p> <p>Jimmy's continues to support homelessness with 22 beds.</p> <p>Metropolitan Cambridge Mental Health Cluster - Supported Housing/Visiting support, continues to provide 148 supported accommodation units</p>	Total budget is £3,833,156.75, the Public Health element equates to 0.16% of the total, and as such is impossible to split out			£6,000	£4,500	£4,500	£0

Directorate	Service	Total	Contact	Cost Centre/ Finance Contact	Q3 Info requested	Q3 Update	Q3 expected spend	Q3 Actual Spend	Variance	Predicted spend Y/E	YTD Expected spend	YTD Actual spend	Variance YTD
ETE	Reducing Road Traffic Injuries	170k			05/01/2016	<p><u>Child Road Safety</u></p> <p>Childrens Traffic Club: Total of 2365 registrations to end December 2015 (103 nurseries)</p> <p>Advice and information to schools:</p> <p>Safety Zone delivered in Ely and Cambridge - approx 800 Y5 pupils</p> <p>Since the end of September responded to requests for advice/support from the following schools/school communities about specific issues:</p> <p>Cambourne, Teversham, Foxton, Willingham, Cottenham VC, St Faiths, St Matthews, Hills Road, Trumpington Meadows, Over, Somersham, Brampton, St Ivo, Hinchbrooke, St Peter's (Hunts), Wyton on the Hill, Thorndown, Wheatfields, St Helens, The Vine, Alderman Jacobs, Shirley, Morely Memorial, Wisbech St Mary and Elsworth</p> <p>Advice information provided to the following 3rd parties offering road safety/sustainable travel support to schools in Cambridgeshire: Luminous, Hegsons, Atkins, SUSTRANS, Peter Brett Associates LLP, Horizon Learning Foundation</p> <p>Intensive work with 15-20 schools:</p> <p>total of 9 schools signed up to Junior Travel Ambassador Scheme - 45 JTA's (Y5 pupils)</p> <p>Total delifery outcomes to end December. Walksmart delivered to 296 pupils (9 schools), ScootSmart delivered to 231 pupils (4 schools), PedalSmart delivered to 20 pupils (1 school)</p> <p>6 volunteers trained to deliver TravelSmart schemes at three schools - not yet delivered any pupil training</p> <p><u>Young Drivers/Riders</u></p> <p>Drive to arrive: issue with available partner resource for Drive2Arive events meant two had to be cancelled in December.</p> <p>Planning underway for 'Fresher's Fair' style event to be held in June 2016</p> <p>Work with locality teams: awaiting outcomes.</p> <p>Explor additional interventions: targeting profile has been completed and is appended.</p> <p>Work is underway to develop projects for delivery in 2016/17 based on this evidence</p> <p><u>Vulnerable Road Users</u></p> <p>Explore better interventions to improve the safety of motocyclists : no activity undertaken over the winter months.</p> <p><u>Road User Behaviour Change</u></p> <p>Anti-Drink/Drug Driving campaigns: waiting for analysis of Christmas Drink Driving Campaign.</p> <p>Planning for national drug driving campaign in Feb/March 2016</p> <p>Distraction campaigns (mobile phones) : no additional work</p> <p>Speed campaigns : campaign planning for January</p> <p>Seatbelt wearing campaigns: no additional work</p> <p>Explore research partnerships: research proposal with CUH to be submitted in January.</p> <p>Internal research to be undertaken in Q4</p>							

Directorate	Service	Total	Contact	Cost Centre/ Finance Contact	Q3 Info requested	Q3 Update	Q3 expected spend	Q3 Actual Spend	Variance	Predicted spend Y/E	YTD Expected spend	YTD Actual spend	Variance YTD
ETE	Active Travel	£125			05/01/2016	<p>Market Town Strategies</p> <p>PH and TIPF to enage communities in the consultation and ensure that active travel is involved in this</p> <p>Plan to run more detailed focus group style consultations with harder to reach groups which will have a gocus on public health</p> <p>Active Travel</p> <p>Interventions to overcome safety barriers: Currently 47 schools active on STARS with 26 achieving bronze and 1 achieving gold. Additional 9 schools undertaking travel plans for planning purposes (not using STARS)</p> <p>Explore better interventions to improve the safety of cyclists: Be Bright Be Seen campaign in October/November using a range of media</p> <p>Interventions to improve pedestrian safety: summary report compiled but more in depth investgation due in Q4</p>	£44,050	£24,755	£19,295	£125,000	£95,650	£63,195	£32,455
ETE	Community Engagement in Fenland	£100			05/01/2016	Contract has now been awarded : refer to Val Thomas (Consulant in Public Health)							£0
ETE	Kick Ash	£31k	Elaine Matthews or Aileen Andrews	JM12800 : John Steel	05/01/2016	<p>Emulf school have withdrawn from the programme, leaving 9 schools fully engaged in this school year, and two further schools (Longsands, St Neots and St Ivo) involved with a reduced delivery, including an education day and work within school with the year 8's. Business visits will be offered to St Ivo for the New Year</p> <p>Sessions with the schools involved discussion of the role of Trading Standards, its purpose within KickAsh and how they can influece and support local businesses in the campaign to prevent underage smoking and sales.</p> <p>We work with them to prepare their own preventative messages and design their own delivery approach to businesses. Discuss the new laws around the E-Cigarettes, nicotine inhaling products, smoking in cards with children present and plain packaging. Discuss with mentors ways in which the awareness display in schools can influence their peers with increased knowledge into the effects and dangers of smoking</p> <p>Ely Community College : completed 3 sessions with 19 mentors.</p> <p>Two mentors from Ely carried out visits to 6 premises within Ely and Littleport where they introduced and discussed the KickAsh project and the policies for the prevention of underage sales.</p> <p>Cromwell Academy, Chatteris : completed 3 sessions with 26 mentors</p> <p>Cambridge North Academy : completed 2 sessions with 19 mentors</p> <p>Witchford Village College : carred out visits to 6 premises with 5 mentors - using school mini bus</p> <p>Dates for future visits have been offered to 7 Schools:</p> <p>Cottenham, Cambridge North Academy and Bottisham schools have engaged in discussion and we have agreed they will receive 5 lunchtime visits to discuss actions for the various activities throughout the year.</p> <p>ensure they are on track and are working towards completing the activities required</p> <p>Organisation of the Rock Choir Flash mob in January is underway with commitment from 7 schools so far</p>	£3,750	£4,240.46	-£490	£15,000	£11,250	£9,292	£1,958

Directorate	Service	Total	Contact	Cost Centre/ Finance Contact	Q3 Info requested	Q3 Update	Q3 expected spend	Q3 Actual Spend	Variance	Predicted spend Y/E	YTD Expected spend	YTD Actual spend	Variance YTD
ETE	Alcohol Underage Sales	£15k	Elaine Matthews or Aileen Andrews	JM12800 : John Steel	05/01/2016	Review of new licence applications Challenge 25 - underage sales business advice and guidance issued to 13 new alcohol licenced businesses Licencing Act representation for two new licence applications Safety Zones activity includes underage sales information	£3,750	£2,775.55	£974	£10,000	£11,250	£8,765	£2,485
ETE	Illicit Tobacco - joint working	£7k	Elaine Matthews or Aileen Andrews	JM12800 : John Steel	05/01/2016	3 x Magistrates warrants obtained for entry to premises. All 3 shops raided 22 October, detection dogs used. 14,000 cigarettes seized from concealments within shops, one person arrested and interviewed under caution that day. Others interviewed post raids. Reports written and 3 court cases pending and one investigation ongoing. Financial investigations ongoing. Early preparation for proposed enforcement in mid-March 2016 and the summer Intelligence work completed for dissemination to Cambs police One alcohol licence objection on the grounds of illicit tobacco being found on 22 October	£1,750	£8,451	-£6,701	Exceeding £7k	£5,250	£16,469	-£11,219
CS&T	Community Engagement in Fenland	£28.5k			05/01/2016	Contract has now been awarded : refer to Val Thomas (Consultant in Public Health)							£0
CS&T	Research	£22k	Mike Soper	KH5000 : Maureen Wright	05/01/2016	The majority of the funding is used to maintain / develop the CambridgeshireInsight website include maintaining the content for Health Joint Strategic Needs Assessment (http://www.cambridgeshireinsight.org.uk/jsna). The contribution is also used to partly support the Research Team's work on population forecasting and estimating that is used heavily by Cambridgeshire Health Services. Work carried out during Q3 includes: Completion of the business plan consultation on behalf of all Cambridgeshire County Council directorates Roll out of Acorn Demographic profiling tool, making this available for use for all Public Health staff - this will be particularly useful in shaping Public Health Campaign work	£5,500	£5,500	£0	£22,000	£16,500	£16,500	£0

Directorate	Service	Total	Contact	Cost Centre/ Finance Contact	Q3 Info requested	Q3 Update	Q3 expected spend	Q3 Actual Spend	Variance	Predicted spend Y/E	YTD Expected spend	YTD Actual spend	Variance YTD
CS&T	Health & Wellbeing Board support	£27k	Dan Thorpe	KA2000 : Maureen Wright	05/01/2016	<p>With supervision from the Director of Public Health, approx 2.5 days per week of the Policy and Projects Officer's time, who sits within the Policy and Business Support Team of Customer Service and Transformation. Support during Q3 has included:</p> <p>Following up on actions and work arising from the development day held in October 2015, including the setting up of a working group and planning for its first meeting</p> <p>Supporting the effective functioning of the Health and Wellbeing Board</p> <p>Supporting the effective functioning of the Health and Wellbeing Board Support Group</p> <p>Researching and preparing reports to the Health and Wellbeing Board, including on key policy/ strategy changes</p> <p>Presenting relevant reports at the Health and Wellbeing Board Support Group meetings, such as on the prevention strategy</p> <p>Agenda planning for HWB support group and (working with democratic services) the HWB meetings</p> <p>Co-ordinating and preparing the quarterly stakeholder newsletter - currently working on the January issue</p> <p>The above is in addition to ongoing, reactive support as required.</p>	£6,750	£6,750	£0	£27,000	£20,250	£20,250	£0
CS&T	Communications support	£25k	Matthew Hall	KH60000 : Maureen Wright	05/01/2016	<p>Q3 was a busy time with the lead up to some major campaigns around Christmas and New Year. Highlights include:</p> <p>Planning and delivering spectrum Public Health campaigns such as Stoptober, Health Harms, Keep Warm Keep Well, dry January, Sugar Smart, Falls prevention, Volunteering to support older people. These include planning, developing material, working with the media, social media etc</p> <p>Supporting Public Health on the budget updates, including the media briefing, news release, staff briefings etc.</p> <p>Working closely with Val Thomas and other consultants on reactive media enquiries on subjects such as obesity, smoking etc</p> <p>Working with the media to maximise opportunities for Public Health</p> <p>Supporting Health Committee</p>	£6,250	£6,250	0	£25,000	£18,750	£18,750	£0
CS&T	Strategic advice, strategy dev etc	£22k	Sue Grace	KA20000 : Maureen Wright	05/01/2016	<p>The main strategic activity continues to be the development of the new operating model. Most recently this has involved; the change of Chief Executive at the Council and the new vision for the Council that this has brought, responding to member impetus in fast-tracking implementation of an outcome based budgeting approach, and responding to Central Government announcements that impact the Council's budget</p> <p>Activity in Q3 has also included assisting the Council in responding to unexpected Government announcements regarding Public Health ring-fenced and savings targets. The Council's Business Planning Process has had to adapt swiftly in response in order to meet political budget-setting deadlines.</p>	£5,500	£5,500	0	£22,000	£16,500	£16,500	£0

Directorate	Service	Total	Contact	Cost Centre/ Finance Contact	Q3 Info requested	Q3 Update	Q3 expected spend	Q3 Actual Spend	Variance	Predicted spend Y/E	YTD Expected spend	YTD Actual spend	Variance YTD
CS&T	Use of Contact Centre	£6.5k	Joanne Tompkins	KD23500 : Maureen Wright	05/01/2016	Deivery of the Winter Warmth service is underway (from 1 October 2015) with a closure date of March 2016	£1,625	£1,625	0	£6,500	£4,875	£4,875	£0
CS&T	Emergency Planning Support	£5k	Stewart Thomas	KA40000 : Maureen Wright	05/01/2016	<p>On-going close working with the Health Emergency Planning and Resilience Officer (HEPRO) on a number of emergency planning tasks:</p> <p>Close collaboration of the Emergency Management Team in detailing the outputs from Exercise Numbus which took place on 6/7 November 2015</p> <p>Provision of emergency planning support when the HEPRO is not available</p> <p>Provision of out of hours support for the Director of Public Health (DPH), ensuring that the DPH is kept up to date on relevant incidents that occur, or are responded to, outside normal working hours as part of the 24/7 duty provision</p> <p>On-going intervention to secure a review of the 'Excess Deaths Plan' in support of the Pandemic Flu arrangements</p>	£1,250	£1,250	0	£5,000	£3,750	£3,750	£0
CS&T	LGSS Managed overheads	£100k	Sue Grace	UQ10000 : Maureen Wright	05/01/2016	This continues to be supported on an ongoing basis, including: Provision of IT equipment, office accommodation, telephony and Members' allowances	£25,000	£25,000	0	£100,000	£75,000	£75,000	£0
LGSS Cambridge Office	Overheads associated with public health function	£220k	Maureen Wright	QL30000, RL65200, TA76000 : Maureen Wright	05/01/2016	This covers the Public Health contribution towards all of the fixed overhead costs. The total amount of £220k contains £65k of specific allocations as follows: Finance 20k, HR 25k, IT 20k. The remaining £155k is a general contribution to LGSS overhead costs	£55,000	£55,000	£0	£220,000	£165,000	£165,000	£0

APPENDIX 4 – Virements and Budget Reconciliation

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

APPENDIX 5 – Reserve Schedule

Fund Description	Balance at 31 March 2015	2015/16		Forecast Balance at 31 March 2016	Notes
		Movements in 2015/16	Balance at 31 Jan 2016		
	£'000	£'000	£'000	£'000	
General Reserve					
Public Health carry-forward	952	0	952	542	To be part used to meet in-year PH grant reduction
subtotal	952	0	952	542	
Equipment Reserves					
Equipment Replacement Reserve	0	0	0	0	
subtotal	0	0	0	0	
Other Earmarked Funds					
Healthy Fenland Fund	500	0	500	400	Anticipated spend over 5 years
Falls Prevention Fund	400	0	400	200	Anticipated spend over 2 years
NHS Healthchecks programme	270	0	270	0	Delayed 14/15 spend
Implementation of Cambridgeshire Public Health Integration Strategy	850	0	850	700	2-3 years funding commence mid-year 15/16.
Other Reserves (<£50k)	61	-61	0	0	Service earmarked reserves
subtotal	2,081	0	2,020	1,300	
TOTAL	3,033	-61	2,972	1,842	

(+) positive figures should represent surplus funds.

(-) negative figures should represent deficit funds.

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

APPENDIX 6 Performance

The Public Health Service
Performance Management Framework (PMF) for
December 2015 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 2015/16	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)	Comments
GUM Access - offered appointments within 2 working days	98%	98%	99%	99%	G	99%	98%	99%	↔	
GUM ACCESS - % seen within 48 hours (% of those offered an appointment)	80%	80%	89%	89%	G	89%	80%	89%	↔	
Diverse : % of people newly diagnosed offered and accepted appointments	100%	100%	100%	100%	G	100%	100%	100%	↔	
Access to contraception and family planning (CCS)	7200	5400	8441	151%	G	152%	600	151%	↓	
Number of Health Checks completed	18,000	13,500	10695	79%	R	77%	4500	82%	↑	HCs reported quarterly (this is Q3 / end of Dec 15 data)
Percentage of people who received a health check of those offered	45%	45%	41%	41%	A	36%	45%	41%	↑	HCs reported quarterly (this is Q3 / end of Dec 15 data)
Number of outreach health checks carried out	1,050	0%	0%	0%	N/A	N/A	0	0%	N/A	This is part of the new Lifestyle Service contract that began on June 1 . Training commenced 18th Aug 2015. HC targets been revised to take into account mobilisation period.
Smoking Cessation - four week quitters	2237	1170	1078	92%	A	91%	173	98%	↑	October 2015 figures based on timeliness trajectory

Measure	Y/E Target 2015/16	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)	Comments
Percentage of infants being breastfed (fully or partially) at 6 - 8 weeks	58%	58%	54%	93%	G	57%	58%	54%	↔	This contract was transferred to CCC on October 1st 2015 from NHSE. Performance figures continue from April 2015. * This 57% is a stretch target, England Q1 average for breastfeeding was 43.4%. This is a new service this year and has stretch targets to increase coverage.
Health visiting mandated check - Percentage of first face-to-face antenatal contact with a HV at >28 weeks	50%	/	31%	62%	R	26%	54%	44%	↑	
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%	92%	102%	G	98%	90%	97%	↑	
Health visiting mandated check - Percentage of children who received a 6 - 8 week review by 8 weeks	90%	90%	94%	104%	G	96%	90%	94%	↓	
Health visiting mandated check - Percentage of children who received a 12 month review by 15 months	100%	100%	93%	93%	A	94%	100%	92%	↓	
Health visiting mandated check - Percentage of children who received a 2 -2.5 year review	90%	90%	86%	96%	A	86%	90%	84%	↓	
School nursing - Number of young people seen for behavioural interventions - smoking, sexual health advice, weight management or substance misuse	N/A	N/A	249	N/A	N/A	43	N/A	11	↓	This data is part of new KPIs monitoring. No specific targets are set in the first year, the aim is to benchmark the service provided.
School nursing - number of young people seen for mental health & wellbeing concerns	N/A	N/A	1001	N/A	N/A	183	N/A	85	N/A	This data is part of new KPIs monitoring. No specific targets are set in the first year, the aim is to benchmark the service provided.

Measure	Y/E Target 2015/16	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)	Comments
School Nursing : Contacts made	9000	4154	4616	111%	G	119%	923	102%	↓	These are Sept figures. KPI format under review with CFA Commissioners.
School Nursing : Group activities	4784	2208	1947	88%	G	112%	490	4%	↓	
Childhood Obesity (School year) - 90% coverage of children in year 6 by final submission (EOY)	90%	90%	92%	102%	G	N/A	90%	92%	N/A	This is reported on Annually. From June 2015 this service is provided by SLM/Everyone Health. Measurements to commence in Dec 2015 & Jan 2016.
Childhood Obesity (School year) - 90% coverage of children in reception by final submission (EOY)	90%	90%	95%	106%	G	N/A	90%	95%	N/A	
Personal Health Trainer Service - number of referrals received (Pre-existing GP based service)	1675	1075	925	86%	R	71%	175	61%	↓	The new Lifestyles contract started June 1 2015. Many of the indicators were not populated in the initial months as the Service was recruiting and establishing itself or the outputs were not available in the timeframe as the interventions take place over several months.
Personal Health Trainer Service - number of initial assessments completed (Pre-existing GP based service)	1424	914	735	80%	R	63%	149	58%	↓	
Personal Health Trainer Service - Personal Health Plans completed (Pre-existing GP based service)	908	583	493	85%	R	60%	95	33%	↓	Some of these clients will have been referred to and were seen initially by the former Service. Clients may be seen by a Health Trainer for up to a year

Measure	Y/E Target 2015/16	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)	Comments
Number of referrals from Vulnerable Groups (Pre-existing GP based service)	335	215	727	338%	G	211%	35	171%	↓	
Number of physical activity groups held (Pre-existing GP based service)	555	270	216	80%	R	47%	60	53%	↑	Service was still recruiting to posts and priority has been given to the core Health Trainer Service Activity i.e. referrals for Health Plans
Number of healthy eating groups held (Pre-existing GP based service)	555	270	6	2%	R	0%	60	0%	↔	Service was still recruiting to posts and priority has been given to the core Health Trainer Service Activity i.e. referrals for Health Plans
Recruitment of volunteer health champions (Pre-existing GP based service)	20	14	0	0%	R	0	2	0	↔	Service was still recruiting to posts and priority has been given to the core Health Trainer Service Activity i.e. referrals for Health Plans
Personal Health Trainer Service - number of referrals received (Extended Service)	625	250	125	50%	R	23%	100	12%	↓	Service was still recruiting to posts
Personal Health Trainer Service - number of initial assessments completed (Extended Service)	531	213	111	52%	R	23%	85	16%	↓	Service was still recruiting to posts
Personal Health Trainer Service - Personal Health Plans completed (Extended Service)	188	19	2	11%	R	0	19	0	↔	An individual may take up to year to complete a Personal Health Plan
Number of referrals from Vulnerable Groups (Extended Service)	125	50	83	166%	G	60%	20	10%	↓	
Number of physical activity groups held (Extended Service)	600	270	3	1%	R	3%	90	0	↓	Service was still recruiting to posts and establishing itself and was not rag rated

Measure	Y/E Target 2015/16	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)	Comments
Number of healthy eating groups held (Extended Service)	600	270	0			0	90	0	N/A	Service was still recruiting to posts and establishing itself and was not rag rated
Recruitment of volunteer health champions (Extended Service)	21	12	0			0	3	0	N/A	Service was still recruiting to posts and establishing itself and was not rag rated
Number of behaviour change courses held	30	15	0			N/A	4	0%	N/A	Programme scheduled to start in the February. Course currently being advertised.
%r of Tier 2 clients recruited who complete the course and achieve 5% weight loss	300	128	4	3%	R	0%	45	7%	↓	Please note that the minimum time for both children and adult weight management course is 3 months Unable to report weight loss on those patients who transfer from previous provider as no baseline data was provided. This figure therefore potentially underestimates the number achieving the weight loss.
% of Tier 3 clients recruited completing the course and achieve 10% weight loss	11	0	0			N/A	0	0%	N/A	Each patient goes through a 6 months course
% of children recruited who complete the weight management programme and maintain or reduce their BMI Z score by agreed amounts	TBD	0	0			N/A	0	0%	N/A	First course to start in January

* All figures received in January 2016 relate to December 2015 actuals with exception of Smoking Services, which are month behind and Health Checks which are reported quarterly.

** Direction of travel against previous month actuals

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