HEALTH COMMITTEE

Date:Thursday, 12 July 2018

13:30hr

Democratic and Members' Services
Fiona McMillan
Deputy Monitoring Officer

Shire Hall
Castle Hill
Cambridge
CB3 0AP

Kreis Viersen Room
Shire Hall, Castle Hill, Cambridge, CB3 0AP

AGENDA

Open to Public and Press

CONSTITUTIONAL MATTERS

1	**Apologies for absence and declarations of interest** *Guidance on declaring interests is available at http://tinyurl.com/ccc-conduct-code*	
2	**Minutes & Action Log - 17th May 2018**	**5 - 24**
3	**Co-option of District Members**	
4	**Petitions**	

SCRUTINY ITEMS

5	**Eating Disorder Service Update**	**25 - 30**
6	**Health Committee Working Group Update**	**31 - 38**

The Health Committee comprises the following members:

Councillor Peter Hudson (Chairman) Councillor Chris Boden (Vice-Chairman)

Councillor David Connor Councillor Lynda Harford Councillor David Jenkins Councillor Linda Jones Councillor Kevin Reynolds Councillor Simone Taylor Councillor Peter Topping and Councillor Susan van de Ven

For more information about this meeting, including access arrangements and facilities for people with disabilities, please contact

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HEALTH COMMITTEE: MINUTES

Date: Thursday 17 May 2018

Time: 1.35pm to 4.55pm

Present: Councillors C Boden, D Connor, L Harford, P Hudson (Chairman), A Bradnam (substituting for Cllr D Jenkins), L Jones, P Topping and S van de Ven.

Apologies: County Councillors D Jenkins and S Taylor
District Councillor Cornwell

106. NOTIFICATION OF CHAIRMAN AND VICE-CHAIRMAN

The Committee noted the appointment of Councillors Hudson and Boden as the Chairman and Vice Chairman of the Health Committee for the municipal year 2018/19.

107. DECLARATIONS OF INTEREST

There were no declarations of interest.

108. MINUTES AND ACTION LOG: 15th MARCH 2018

The minutes of the meeting held on 15th March 2018 were agreed as a correct record and signed by the Chairman, subject to correction of the spelling of Councillor van de Ven's name in the record of attendance.

The Action Log was noted. The following oral updates were provided:

- Minute 17 – a report on the performance of Cambridgeshire Community Services NHS Trust (CCS) had been circulated to committee members, and there had been an opportunity for Lead Members, the Chairman and Vice-Chairman to meet with the Chief Executive of CCS; this meeting had taken place earlier in 2018

- Minute 32 – an update on outreach health checks in Fenland had been included in the Finance and Performance Report (item 6 on the current agenda)

- Minute 48 – a date of 2 July had been identified for the deep dive session on the initiatives taking place in the Fenland area.

  Several members reported that this date would be impossible for them, and officers were asked to identify a fresh date or dates in September 2018. **ACTION**

- Minute 72 – in relation to the relocation of the Cambridge GP Out of Hours base from Chesterton to Addenbrooke's Hospital, a briefing note on the development of the re-tendering process for the pharmacy and the results of the travel survey would be circulated to committee members in June and if necessary could be discussed at the July Health Committee **ACTION**

- Minute 85 – officers had been unable to identify any obvious problem with the tables within the Risk Register, and would endeavour to provide a clearer explanation of the Risk Register next time it was presented to Committee

- Minute 99 – the Deputy Monitoring Officer had advised that the treatment of underspends was more of an audit issue than a legal one, so officers had asked Internal Audit to consider the matter. The Section 151 Officer and the Director of Public Health were confident that the treatment had been correct.

109. CO-OPTION OF DISTRICT MEMBERS

In the absence both of District Council members and of nominations from the District Councils, it was resolved to defer the co-option of District Members to the next meeting.

110. PETITIONS

There were no petitions.

111. FINANCE & PERFORMANCE REPORT - OUTTURN 2017-18

The Committee considered the 2017-18 Outturn Finance and Performance report for Public Health. Members noted that the financial position at outturn was little changed from that forecast in the March report to Committee. In relation to the issue recorded in the Action Log, because Public Health had received £386k from corporate funds on top of the ring-fenced grant from Public Health England (PHE), the underspend of £336k would be transferred to the County Council's general reserve, as the total underspend was less than the amount of core funding allocated to Public Health.

Discussing the report, members

- commented that the Cambridgeshire and Peterborough Public Health directorate seemed to be lean and effective by comparison with some of the others around the country, and stressed the importance of ensuring that staff were not being overworked in the quest for efficiency. The Director of Public Health acknowledged members' concern and said that some feedback on pressures was starting to be received from staff; the national Public Health grant was being reduced so it was necessary to take action in response to this, but there was a risk of reducing expenditure so much that staff would be overloaded. It was important to care for employees' health and wellbeing and to be mindful of workforce pressures

- queried the low level of spending on falls prevention. Officers advised that a joint programme had been developed as part of the Sustainability and Transformation Programme (STP), funded by Public Health, the STP, and the Better Care Fund (BCF). Because arranging it had proved complex, the programme had started in October and staff had been appointed to it gradually. The programme's manager was on secondment from another post within the Public Health directorate, but because it had not been possible to appoint fixed term cover for the staff member's original post, their salary costs had not been transferred to the falls prevention programme

- noted that improvement in the notification process between Midwifery and the Healthy Child Programme, and in meeting targets for health visiting mandated checks, required negotiation with CCS and the health visiting service. The Director of Public Health undertook to bring information on this back to members. **ACTION**

- sought clarification of the underspend in percentage terms. Officers advised that it was 1.5% of total expenditure, but the 'net total' figure of 87% referred only to the underspend of the funding allocated to Public Health by the County Council

- expressed disappointment that some of the underspend was not being used to boost general prevention activities, but noted that there was a clear programme of reductions in public health grant funding which would make it difficult to maintain new investments recurrently, and that elements of the underspend, such as not recruiting to two maternity leave cover posts, would not necessarily be repeated in another year.

It was resolved unanimously to:

> Review and comment on the report and to note the finance and performance position as at the end of 2017/18.

112. ANNUAL HEALTH PROTECTION REPORT 2017

The Committee considered the Annual Health Protection Report, providing information on and assurance of the delivery of health protection functions in Cambridgeshire. The report author was thanked for her hard work in compiling the report.

Discussing the report, members

- commented that the percentage of those not being immunised was important, and asked whether there was any explanation for Cambridgeshire showing improved performance over the past eight quarters in five of the six graphs on immunisation rates, while the rate for England seemed to be declining.

  It was pointed out that Cambridgeshire had established a local task and finish group around immunisation, but there was no obvious factor to account for the difference in performance. The Consultant in Public Health undertook to ask NHS England (NHSE) whether it was able to explain the difference. **ACTION**

- drawing attention to the small number of cases involved and the length of time required to process the data, asked whether it would be possible to spot an rise in TB cases in time to prevent an increase developing into an epidemic, and also asked whether there were significant numbers of UK-born citizens being diagnosed as suffering from TB. The Consultant in Public Health undertook to check with NHSE whether more recent data was available. **ACTION**

- noted that the failure to call some women for their final breast screening had been nation-wide rather than local; a national team was co-ordinating the response to this, and the Director of Public Health would be supplied with local information

- expressed concern at the low number of people coming forward for bowel cancer screening, and asked whether the recent publicity campaign had had any effect on numbers. They advised that the Cambridgeshire performance was in line with that of other authorities nationally; numbers presenting for screening for diseases tended to be sensitive to nationally-publicised occurrences such as celebrity illness

- asked whether data on cervical screening uptake could be provided at a more local level. The Consultant in Public Health undertook to check whether cervical screening data could be broken down by small area in Cambridgeshire. **ACTION**

- expressed appreciation of the report as a whole, as being full of interesting information

- asked why the uptake of the front line healthcare worker flu vaccine varied so widely between trusts, and whether there was any correlation between levels of vaccination and of staff sickness. It was suggested that it could be easier for hospital-based staff to get vaccinated than for those working in the community. Councillor Jones said she would look out for and perhaps comment on the issue when examining the remaining Quality Accounts. The Consultant in Public Health undertook to find out more about healthcare worker vaccination uptake. **ACTION**

- drew attention to the lack of statistics in the section on Environmental Health, and requested more information in future reports on such matters as food inspection and links with trading standards. The Consultant in Public Health said that the District Council environmental health officers reported regularly to the Health Protection Steering Group, and undertook to note the need for more information in the next year's report. **ACTION**

It was resolved unanimously to:

Note the information in the Annual Health Protection Report 2017.

113. CAMBRIDGESHIRE YOUNG PEOPLE'S DRUG & ALCOHOL SERVICES PROCUREMENT

The Committee received a report describing the rationale and benefits of procuring Cambridgeshire Young People's Drug and Alcohol Treatment Service through a competitive tender. Members were advised, however, that the original recommendation – seeking approval to take forward a competitive tender process – had been modified in the light of discussions at the Cambridgeshire and Peterborough Joint Commissioning Board (JCB). The recommendation to Committee was now to instigate a review and benchmarking, with a report back to members in August before any decision on proceeding to tender was taken.

Part of the proposed tender process had been to look at synergies with commissioning for 0-19 services, and the JCB had recommended that it would be better to explore Section 75 options before proceeding to tender, as Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), who delivered the current services, had been performing well. It was however important to benchmark CPFT against drug and alcohol services in other geographical areas.

Discussing the report and revised recommendation, members

- expressed support for a more integrated approach and the revised recommendation, and suggested that it should be possible to be clearer about outcomes and have sharper Key Performance Indicators (KPIs) through this revised approach

- noted that, from a local survey, the number of young people abusing alcohol was declining, but the severity of abuse by those fewer people was increasing. In relation to drug abuse, cannabis was favoured by young people, but use of Xanax and of other, new drugs was causing concern, with internet sales facilitating and exacerbating their use

- expressed disappointment that tobacco had not been mentioned in the report, as it was also a drug. Officers replied that tobacco was treated differently because its use was legal, and did not involve the dysfunctionality sometimes associated with

the use of illegal drugs. There was an emerging evidence base on intervention with young people using tobacco, but this was a complex area

- commented that there was quite a strong link between use of tobacco and of cannabis; work on tobacco cessation was likely to have an impact on cannabis use

- noted, in response to one member's example of a group of teenagers taken to hospital as a result of drug use, that local teams were assiduous in picking up incidents in their area. CPFT clinicians went into schools, particularly when there had been an issue

- expressed concern at a perceived reduction in community policing and knowledge of drug dealing in local communities despite obvious drug activity in villages.

The Chairman pointed out that the Committee was not due to meet in August, the month when the revised recommendation envisaged a report back to Committee, so it was agreed that the report would be submitted in September. Members noted that permission might perhaps be sought to extend the existing contract, if no meaningful conclusions could be drawn in September from the work to review and benchmark.

It was resolved unanimously to approve the following actions:

- A review of the commissioning opportunities afforded by the 0-19 commissioning agenda.

- Benchmark the current service against other services in terms of outcomes and cost.

- Review the evidence for alternative models for service delivery to identify opportunities for improving outcomes and increasing cost-effectiveness.

- To report the findings of this work to the Health Committee in September to inform any decision regarding the commissioning of this service.

114. CONTROLLED DRINKERS SERVICE PROCUREMENT

The Committee received a report informing it about the procurement of a six-bed Controlled Drinkers Accommodation Service. This was a small service costing £80k a year, which provided a home for homeless long-term drinkers with the aim of getting people to a point where they could live independently.

The original recommendation to Committee had been to proceed to competitive tender, but as with the preceding report, the matter had been considered by the JCB, who recommended that more intensive research was needed, based on the work of the Supported Housing Review. The implications of the review for the Controlled Drinkers Accommodation Service should be taken into account before making any decision about its future.

In response to points raised in discussion, members noted that

- more information was held about outcomes for homeless drinkers who had been part of this programme, but no figures were published because the numbers involved were so small that individuals could be identified

- there was no limit to the length of stay in the accommodation, but in practice people remained for one to two years; the aim was within a year to get them to the point where they could live independently, having received treatment, linked in to other support and recovery networks, found out about entitlement to benefits and how to access them, and learned how to obtain help after leaving the accommodation

- it would be possible to build monitoring in to any new specification, to measure the long-term outcome of staying in the accommodation and whether there was any subsequent relapse into long-term drinking.

It was resolved unanimously to approve the following actions:

- To review the findings of the Supported Housing Review and identify any potential commissioning opportunities that could enhance outcomes and improve cost-effectiveness.

- To report the findings of this work to the Health Committee to inform any decision regarding the future commissioning of this Service.

115. PUBLIC HEALTH ENGLAND SEXUAL HEALTH SERVICES COMMISSIONING PILOT

The Committee received a report seeking its support for an invitation from Public Health England to Cambridgeshire County Council and Peterborough City Council to work with other local commissioners of sexual health and reproductive health services to develop a local collaborative commissioning model for these services.

Members noted that locally, recommissioning of integrated sexual health and contraceptive services had been about to start; the invitation to take part in one of two national pilots would provide an opportunity to look at efficiencies in commissioning. Discussions had been held with the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and NHSE, and a report was being taken to the CCG's Clinical Executive Committee in June. Subject to confirmation from all the organisations involved, the pilot was expected to be completed by December 2018.

Discussing the report, members welcomed PHE's support for integrated commissioning of sexual health services, but asked what system-wide improvements could be expected in future, and how the services would be monitored, particularly once the pilot had been completed. The question of how much room there was to make further efficiency savings was raised, members noting that there was still considerable scope for improvements, such as in the maternity services pathways for commissioning of contraception following a birth in hospital.

It was resolved unanimously:

a) To discuss the Public Health England invitation to take part in the Sexual Health and Reproductive Services Commissioning Feasibility Study

b) To support Public Health Commissioners working with colleagues from the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and NHS England (NHSE) to develop a more efficient and cost-effective system wide approach to the commissioning of sexual health and reproductive services.

116. CHILDREN'S HEALTH JOINT COMMISSIONING UNIT INTEGRATION UPDATE

The Committee received a report updating it on progress made by the Children's Health Joint Commissioning Unit (CHJCU) in developing an Integrated Children Young People and Families (CYPF) service, and presenting the plan to include the Public Health grant funded Healthy Child Programme (HCP 0-19) within the CYPF service. Members were reminded that the proposed savings to the HCP 0-19 had been deferred in order to allow time to fully develop the integration work being taken through the CHJCU. The work was being led by the Executive Director: People and Communities in close collaboration with CCS and CPFT, and its focus was on bringing services together around the child and the family to give one point of contact and ensure consistency and continuity of services, particularly in the areas on the border between Cambridgeshire and Peterborough.

Discussing the paper, members

- suggested that it would be helpful to see KPIs for the CYPF service

- reported on a recent visit to the Peacock Centre in Cambridge. Despite efforts to make this feel like a children's centre, it still seemed to be very much an NHS facility, where a lot of specialist staff and services were gathered; the Centre was trying to develop measures to see what the health and wellbeing impact of its work was, but it was necessary to measure not only whether the treatment had worked, but also whether it had succeeded in giving the family the feeling that they were receiving support. Such measures were needed for similar facilities across the area

- expressed disquiet at the phrasing of paragraph 2.1; the reference to 'cultural dependency on public services' did not fit well with the overarching vision of the service, 'that all children and families in Cambridgeshire and Peterborough have the right to be kept safe and healthy etc'; families were entitled to these services.

- asked what the experience of working in the service was like for individual members of staff, and whether any staff survey on this had been conducted. Members were advised that CCS was in communication with staff; recruitment and retention were a challenge in Cambridgeshire, and staff might find themselves having to carry out a wide range of roles within an organisation, a situation which might be eased when several organisations worked together

- welcomed greater integration, but pointed out that the problem of health inequality across Cambridgeshire needed to be addressed, including the issue of consistency of availability of treatment and interventions across Cambridgeshire as a whole

- commented that there was in general a lack of information on the evolution of health-related services in children's centres, and on how the delivery of services was to be tackled in rural areas

- pointed out that this expenditure of Public Health funding represented good value for money for children's health, a point which should be reported by to the Children and Young People Committee.

The Director of Public Health undertook to take back the points raised above by members, including the need for indicators as well as looking at outcomes, the removal of the reference to cultural dependency on public services, the need to address the

issues of health inequalities more explicitly, though they had been implicitly considered throughout the development of the CYPF service, and the need for more information on health services in children's centres. **ACTION**

The Committee considered the question of a further update and whether the Executive Director: People and Communities should be invited on that occasion. Members were advised that the officer leading the work, Janet Dullaghan, Head of Commissioning Child Health and Wellbeing, had been invited to attend the present meeting but had been unable to do so; the Executive Director could be invited for the next update.

It was resolved unanimously

a) To note the work done to date and what the Children's Health Joint Commissioning Unit was trying to achieve.

b) To note the plans for inclusion of the Healthy Child Programme (HCP 0-19) in an integrated Children and Young People's Service.

117. CAMBRIDGESHIRE & PETERBOROUGH'S GENERAL PRACTICE FORWARD VIEW STRATEGY 2017-2020 - DELIVERY PLAN & ASSOCIATED CHALLENGES

The Committee received a report updating it on the current general practice landscape, future development, and associated challenges, following the presentation made to members of the Committee at a workshop in February 2018. Attending from the CCG to present the report and respond to members' questions and comments were Rob Murphy, Associate Director of Planned Care, and Dr Gary Howsam, Clinical Chair and Chief Clinical Officer. Introducing the report, they advised members that

- the forward view strategy had been developed with input from multiple stakeholders, and was a local response to the pressure being felt by GP services nationally

- although Cambridgeshire and Peterborough, as elsewhere in the UK, had a growing and ageing population, the demography varied across the area, so the strategy needed to be tailored to the different areas within the STP footprint

- the national direction for general practice was to serve a population of a minimum of 30,000 to 50,000 people per practice

- the age profile of GPs varied across the footprint, and work was being done on how to retain GPs already working in the area, and how to incentivise trainee GPs to stay within the local system once their training was complete

- NHSE had brought forward the date by which the CCG was required to commission for 100% population coverage from October 2018 to September 2018

- the intention was to achieve 100% compliance with NHSE access requirements, which were to provide access to primary care from 8am to 8pm

- some progress had been made to date, 18 months in to a five-year programme.

Discussing the report, members

- reported that one GP group in Peterborough served over 200,000 individuals, and seemed to be working well. It was explained that there was not an extensive evidence base behind the 30-50,000 practice size, but such a size meant that the

group of staff was small enough to form a community rather than being part of a commercial entity; the large Peterborough confederation had smaller hubs, and had been developed partly for reasons of business resilience rather than clinical delivery

- observed that primary care delivered such good value for money that, with such a restricted budget, resources should be shifted from hospital care to primary care. The Clinical Chair said that primary care undertook 90% of health contacts with less than 9% of the budget, and there was indeed a move to encourage more investment into primary care; there were new ways of contracting to ensure that the shift of care was accompanies by a shift of resource

- enquired what progress was being seen in the five-year period, which was not very long for the size of task involved. The Clinical Chair said that the business model for general practice would take more than five years to complete; it had initially been concerned with stabilising the crisis of practices shutting nationally for lack of funding or of staff. There was now work being done round new ways of meeting health needs, because it was not always necessary to see a GP to achieve improvements in health.

  The traditional model of GP practice was that partners carried unlimited personal liability, but young GPs now carried substantial debts after training, plus a burden of housing costs. Bringing practices together had the effect of spreading the financial risk for GPs. Cambridgeshire and Peterborough currently had 102 practices, having had 106 practices 18 months previously. It was expected that the number of GP businesses would shrink to 60 over the next few years, but this did not mean that there would be fewer outlets where GP services could be accessed; administrative staff would be shared across outlets rather than being employed by each small practice separately

- in relation to staff retention, noted that it was possible for people to work 'whole time equivalent' hours of 37 a week in two-and-a-half days rather than five. Efforts were being made to recruit internationally; Cambridgeshire already had a significant number of GPs who had been trained outside the UK. There were also issues of pension changes, and mental health problems and burn-out amongst health professionals, as general practice was a complex and pressured area in which to work. In short, more GPs were needed

- commented that it was harder to deliver large practices in rural areas where the population was more widely dispersed, and important to maintain access to GP services. In some areas, GPs rented premises at a peppercorn rent from parish councils, but that meant that the GPs could not take a profit when they left the practice. Members were advised that the only saleable asset when a GP left a practice was the bricks and mortar; unlike for example dental practices, there was no goodwill associated with the list of registered patients. On the other hand, GPs coming into practices in buildings own by the NHS or third parties did not have to bring a large sum of money into the partnership

- raised the question of some GP practices being unwilling to expand to meet demand. The Associate Director of Planned Care said that part of the role of the Primary Care Commissioning Committee was to ensure adequate GP coverage; options for doing this included local practices coming together, or going out to tender to cover gaps in the service.

It was resolved unanimously to:

Note the current general practice landscape, future development, and associated challenges

118. CAMBRIDGESHIRE & PETERBOROUGH CLINICAL COMMISSIONING GROUP 2017-18 FINANCIAL POSITION & PLANNING FOR 2018-19

At the Chairman's invitation, Jane Howell asked a question seeking further information in plain English about Guaranteed Income Contracts (GICs), including the risks and advantages of such arrangements. The Chairman thanked Ms Howell for her question, and undertook to supply an answer in writing within ten working days (text of question and Chairman's written answer attached to these minutes as Appendix A).

The Committee considered a report on the CCG's financial position in 2017/18 and its financial plan for 2018/19. The report set out the main reasons driving the deterioration in CCG finances, which had reported a deficit of £42.1m in 2017/18 against the £15.5m control deficit agreed with NHSE before the start of the year. Attending from the CCG to present the report and respond to members' questions and comments were Jan Thomas, Acting Interim Accountable Officer, and Dr Gary Howsam, Clinical Chair and Chief Clinical Officer. Introducing the report, they advised members that

- a greater demand for acute care than had been planned for, an increase in prescribing cost, and a rise in the number of NHS Continuing Healthcare patients had all contributed to the deficit

- the savings planned under QIPP (Quality, Innovation, Productivity and Prevention) had not been delivered as intended

- the final version of the Financial Plan was based on having GICs with three NHS provider trusts; these had been negotiated on the basis of the likely activity for the year less the realistic level of QIPP. On the old contract system, the CCG paid on a unit basis, the hospital had to increase its activity to increase its income, and the CCG had to fund less activity in order to stay in budget.

  Through GICs, the CCG wanted to take a more commercial and practical approach and find ways of doing things more effectively. The three trusts had agreed to ways of working differently, but there would be no drop in standards or expectations. A lot of time and effort had gone into setting up the old-style contracts, only to find that something would not be done if it was not covered in the contract; the new way of working aimed to take different approach, with clinicians and patients at its heart. The Clinical Chair said that, in his experience of the introduction of GICs in Suffolk, they had been well-received by clinicians and had received good feedback from patients

- PricewaterhouseCoopers (PWC) was carrying out a capacity and capability review, and the CCG was working with its auditors; a full report of their findings would be presented to the CCG Governing Body

- it was necessary to devise a realistic and achievable plan for 2018/19; the NHSE regulators had been both supportive and challenging in this endeavour.

Examining the report, members

- sought clarification of the arithmetic in the report, saying that there appeared to be a gap of £21m in the calculations, and enquired whether NHSE had agreed that the deficit could be carried forward from 2017/18 to 2018/19.

  The Acting Accountable Officer said that the CCG had an obligation to deliver a balance budget, but had been clear that this would not be possible in the current year, though written confirmation that the regulators would accept the £35m deficit had not yet been received. The use of GICs and different ways of working would lock some of the savings in, the focus on the QIPP target had increased, and time and effort had been invested into ensuring that the financial plan was achievable. There had been some movement of non-recurrent funding to recurrent funding, when what had started as non-recurrent had proved to be recurrent funding. The Acting Accountable Officer undertook to provide an explanation of the perceived £21m gap in the calculations. **ACTION**

- pointed out that there had been several accountable officers recently and asked where responsibility would lie if there were to be a repetition of the previous year's poor financial performance. The Interim Acting Accountable Officer said that it was necessary to provide stability; there was a structured improvement plan in place, and the process of recruiting a substantive accountable officer was under way

- with reference to a recent weekend closure of the Minor Injuries Unit (MIU) at Ely recently, sought assurance that the MIUs were not at risk. Members were advised that there had been some long-term sickness amongst MIU staff, which when combined with short-term sickness had meant it would not have been safe to keep the Ely unit open that weekend; the CPFT Chief Executive was looking at how to improve staff planning, and would be talking to the Committee's liaison group in due course

- in response to a question about proportion of the CCG spend which would take place through guaranteed income contracts, noted that the CCG had two-year contracts with providers for 2017-19 so the GICs were effectively an agreed contract variation. The reality was that the local system as a whole had to look at efficiencies throughout the system; the CCG was committed to locality delivery models, and greater delegation of delivery could mean that the CCG needed to maintain only a thin strategic layer, ideally integrated for provision of health and social care.

It was resolved unanimously to:

a) Note the update on the Clinical Commissioning Group's financial performance and the challenging yet achievable plan for 2018/19

b) Request the Clinical Commissioning Group to supply written clarification of the apparent discrepancy of £21m in figures quoted in the 2018/19 Financial Plan

c) Request the Clinical Commissioning Group to attend Committee in six months' time to provide an update, particularly on the budget and improvement plan.

119. NHS QUALITY ACCOUNTS – ESTABLISHING A PROCESS FOR RESPONDING TO 2017-18 REQUESTS

The Committee received a report and oral update on Quality Accounts received from and responses submitted to NHS Provider Trusts. Members were advised that after the report had been written, Quality Accounts had been received from CPFT on 14 May, with a revised response date of 22 May, and from the East of England Ambulance Service NHS Trust (EEAST) with a response date of 13 June. As they were not foundation trusts, EEAST and CCS were not obliged to submit their Quality Accounts to NHS Improvement by the end of May, so were able to set a later comment deadline.

Members noted that North West Anglia NHS Foundation Trust (NWAFT) had clearly taken notice of the comments on their Quality Account. A meeting for stakeholders had been held at which the Trust had gone through the responses from the Committee and from Healthwatch and explained what it would be doing to address the points raised.

The Chairman and members thanked Councillor Jones for her hard work and valuable comments on the draft Quality Accounts. The point was made that, although they were obliged to include comments from Overview and Scrutiny Committees in their Quality Accounts, many trusts had not allowed sufficient time for the Committee to comment; NHS England should be made aware of this and a better system be found for securing Overview and Scrutiny comments in future years. Members noted that an update report would be brought to the next meeting.

It was resolved unanimously to

a) Note the statements and responses sent to the NHS Provider Trusts

b) Note any Quality Accounts that were outstanding.

120. HEALTH COMMITTEE TRAINING PROGRAMME

The Committee considered its training plan, asking that a date for the Health in Fenland deep dive be found in September rather than July, and noting that a further workshop regarding Public Health prioritisation would now take place in June. The Head of Public Health Business Programmes undertook to re-notify members of the date. **ACTION**

The question of best practice in IT was raised. Members were advised that intercommunication between health bodies formed part of an STP Workstream; there was a proposed project on much better data linkage. As this topic was of great interest to the Health and Wellbeing Board (HWB), it was suggested that any development session on it might be thrown open to HWB members.

It was resolved unanimously to:

agree the Training Plan, subject to changing the date for the Health in Fenland event from May 2018 to September 2018.

121. HEALTH COMMITTEE AGENDA PLAN AND APPOINTMENTS TO OUTSIDE BODIES

On behalf of the Committee, the Chairman thanked Ruth Yule, Democratic Services Officer, for her work supporting the Health Committee, both at the present meeting and for many years until recently; he wished her well for her retirement.

The Committee examined its agenda plan, taking into account various additions identified at the meeting, and also considered the appointments to partnership and liaison groups which the General Purposes Committee had asked it to make.

It was resolved unanimously to:

(i) note the Forward Agenda Plan, subject to the following changes made in the course of the meeting:

c) 12 July 2018
- add Health Committee Working Group Update and Membership
- add an update on NHS Quality Accounts received and responded to
- combine the entries for Health Care Public Advice Service and Healthcare Public Health Memorandum of Understanding into one item

d) 8 November 2018
- add an update from the Clinical Commissioning Group on its financial position and improvement plan

(ii) agree the following appointments to partnership liaison and advisory groups as detailed in Appendix 3 of the report before Committee:

a) Cambridge University Hospitals NHS Foundation Trust Council of Governors – Councillor M Howell
b) Cambridgeshire and Peterborough NHS Foundation Trust Council of Governors – Councillor G Wilson
c) North West Anglia NHS Foundation Trust Council of Governors – Councillor J Gowing

(iii) not to appoint to the Cambridge Local Health Partnership, as it had been replaced by a Living Well Partnership, to which no member appointment was required

(iv) defer appointment to the Huntingdon Local Health Partnership pending confirmation that it had been replaced by a Living Well Partnership **ACTION**

(v) defer appointment to the Papworth Hospital NHS Foundation Trust Council of Governors until the District Council members of the Committee had been co-opted.

(vi) defer appointment to the Committee's four liaison groups until the next meeting, when the Committee would receive a report on the work and membership of these groups.

Chairman

Appendix A

Questions for the Health Committee 17 May 2018

Ref: Agenda item No.13 Cambridgeshire and Peterborough CCG 2017/18 Financial Position and Planning for 2018/19

Regarding 2018/19 Financial Plans, Guaranteed Income Contracts are being introduced as a new management tool. From the limited information provided in the document it is impossible to assess the purpose of these contracts and what they are intended to achieve without a specific briefing on the subject.

Point 2.13 states: A core advantage of Guaranteed Income Contracts is the change in system behaviours they facilitate as well as removing a key element of risk from the CCG's position. This allows both the CCG and providers to work collaboratively to reduce as far as possible the levels of activity seen within the Trust's, ensuring that patients are treated in the most appropriate settings and removing the potentially adversarial elements of contract enforcement present under payment by results.

Q.1 In plain English what does this mean? For example what impact will the contract have on the providers, the CCG and the patients?

Q.2 What are the advantages to utilising this contract and what risks have been taken into account? What is the main risk?

Q.3 The name of the agreement is "Guaranteed Income Contracts". What is it that's guaranteed? From the point of view of the CCG, and the point of view of the providers?

Q.4 Have these Guaranteed Income Contracts got a good track record and been successfully used in this way by other CCG's? and would they work being used in the procurement of other healthcare services?

Jane Howell

Response from Councillor Hudson

Dear Ms Howell

Thank for bringing an interesting question to the Health Committee on May 17th in relation to Guaranteed Income contracts in the local NHS.

The Health Committee scrutinises the NHS, but does not itself have a high level of technical expertise in NHS Finance or the details of NHS contractual mechanisms.

I hope that the verbal explanations of Guaranteed Income Contracts provided by Cambridgeshire and Peterborough Clinical Commissioning Group representatives at the Health Committee meeting which you attended, were helpful to you. Specifically in relation to your 4th question, we have noted in the draft minutes that Guaranteed Income Contracts had been used in Suffolk and thought to be successful there.

However, given that the technical expertise to provide the full answer to your questions sits with the C&PCCG rather than with the Health Committee, I would recommend that you raise your questions directly with C&PCCG at their Governing Body meeting in public. Their next meeting is on the afternoon of July 3rd.

Yours with very best wishes

Cllr Peter Hudson

Chair: Cambridgeshire County Council Health Committee

HEALTH COMMITTEE

Minutes-Action Log

Cambridgeshire County Council

Introduction:

This log captures the actions arising from the Health Committee up to the meeting on **17 May 2018** and updates Members on progress in delivering the necessary actions.

Meeting of 19 October 2017

Minute No.	Item	Action to be taken by	Action	Comments	Status & Estimated Completion Date
48.	**Finance & Performance Report**	**L Robin / K Parker**	Members requested that an in depth analysis be undertaken and presented to the Committee of all the initiatives taking place in the Fenland area and whether they were successful in achieving their goals.	Provisional dates for the meeting will be circulated to Members in advance of the 17th May meeting.	**See 17 May Minute 108**

Meeting of 14 December 2017

Minute No.	Item	Action to be taken by	Action	Comments	Status & Estimated Completion Date
72.	**Health Committee Update Regarding the Cambridge GP Out of Hours Base Move from Chesterton to Addenbrooke's Including the Co-**		Members requested that the development of the re-tendering process for the pharmacy and the results of the travel survey be reported to the Committee.	A briefing on the results of the travel survey were sent to the Committee on 11th June. A briefing on the pharmacy has been provided by the CCG, and will be circulated to the Committee, with a covering note	**See 17 May Minute 108**

	location of GP Streaming			from the DPH including some additional information from NHS England.	

Meeting of 17 May 2018

Minute No.	Item	Action to be taken by	Action	Comments	Status & Estimated Completion Date
108.	**Minutes and Action Log 15 March 2018**	**K Parker**	Identify a date or dates in September for the deep dive into initiatives taking place in the Fenland area	Date set for 19th September 2018.	**Completed**
108.	**Minutes and Action Log 15 March 2018**	**CCG**	Supply a briefing note on the development of the re-tendering process for the pharmacy at the relocated GP Out of Hours base at Addenbrooke's; if necessary, discuss at Committee in July	Chased 6th June	
111.	**Finance and Performance Report – Outturn 2017-18**	**L Robin**	Find out and report to members on improvements in the notification process between Midwifery and the Healthy Child Programme, and on meeting targets for health visiting mandated checks	This will be covered in the Public Health Annual performance report item with officers in attendance.	**Completed**
112.	**Annual Health Protection Report 2017**	**K Johnson**	1) Ask NHSE whether it could explain the difference in immunisation performance between Cambridgeshire and the rest of England	Circulated 3rd July 2018	**Completed**
112.	**Annual Health Protection Report 2017**	**K Johnson**	2) Ask NHSE whether more recent data was available on number of TB cases, and on number of UK citizens diagnosed with TB	Circulated 3rd July 2018	**Completed**
112.	**Annual Health Protection Report 2017**	**K Johnson**	3) Check whether cervical screening data could be broken down by small area in Cambridgeshire	Circulated 3rd July 2018	**Completed**

Minute No.	Item	Action to be taken by	Action	Comments	Status & Estimated Completion Date
112.	**Annual Health Protection Report 2017**	**K Johnson**	4) Find out more about healthcare worker vaccination uptake	Circulated 3rd July 2018	**Completed**
112.	**Annual Health Protection Report 2017**	**K Johnson**	5) Note the need for more information on Environmental Health matters in next year's Annual Report	Circulated 3rd July 2018	**Completed**
116.	**Children's Health Joint Commissioning Unit Integration Update**	**L Robin**	Convey members' points to officers, including need for indicators, for more information on health services in children's centres, and addressing health inequalities more explicitly.	Key points and a copy of the minutes of the Health Committee meeting shared with Children's Health Joint Commissioning Unit officers by e-mail on 26th June. .	**Completed**
118.	**Cambridgeshire & Peterborough Clinical Commissioning Group 2017-18 Financial Position & Planning for 2018-19**	**J Thomas, CCG**	Supply written clarification of the apparent discrepancy of £21m in figures quoted in the 2018/19 Financial Plan	Forwarded to Jess Bawden 6th June	
121.	**Health Committee Appointments to Outside Bodies etc.**	**K Parker**	Seek confirmation that the Huntingdon Local Health Partnership has been replaced by a Living Well Partnership	Confirming that there is a Huntingdon Living Well Partnership	**Completed**

Agenda Item No: 5

Cambridgeshire and Peterborough NHS Foundation Trust

Report to Cambridgeshire Health Committee

Follow – up to 16th January 2018 meeting regarding the Health Service Ombudsman's report into the death of Averil Hart

1.	**INTRODUCTION / BACKGROUND**
	The Health Committee requested a follow up report after the January 2018 meeting where the findings of the Health Service Ombudsman's Report regarding delivery of services by CPFT was discussed.
2.	**BODY OF REPORT**
	The Committee has requested an update in the following areas: • Progress on the internal CPFT Action Plan which was being implemented to identify risks and how they were being mitigated • Discuss CPFT policy around closer working with Universities • Update on why the anonymised case study had been withdrawn from the Marsipan Guidelines • Update on how the CEO was being informed of the service pressures within the Eating Disorder services. • Progress made against Ombudsman recommendations • Communications with Mr Hart
2.1	**Progress on the internal CPFT action plan**
	The action plan has been implemented. Many of the areas of action were considered by the CQC whilst undertaking their recent inspection of eating disorder services within the Trust. There are areas of the action plan that continue to be further developed, mainly as part of quality improvement work across the Trust. The impetus for these developments has come directly from reviews of serious incidents and feedback from families and carers. These areas include: • Continued work to develop and improve the care planning approach used in the Trust • Development of the centralised human resources management system to include records of staff supervision so that adherence to supervision requirements can be monitored • Introduction of mandatory training for all clinical staff on involving families and carers as partners in care

	• A family liaison officer has been appointed to support carers/ relatives following the death of a person in our care • Complaints management timelines are being monitored and reviewed to improve the timeliness of complaints responses • The Serious Incident process has been revised as part of work with the Royal College of Psychiatrists. Improvements include the involvement of carers / relatives in the review process. In addition the Trust has led work with NHSI and the CCG to ensure that any serious incidents that involve patients under the care of the Trust Eating Disorders Services and other providers, such as acute trusts, will be declared once as a Serious Incident, and investigated once on behalf of all organisations involved. NHSI, NHS England and the CCG are involved in work to establish these investigations as they are needed. In this way we are ensuring that the learning from Mr Hart regarding multiple investigations and complaint handling is remedied going forwards. The CCG has taken the local co-ordinating lead for this. In early Autumn the Trust will lead a regional seminar regarding safe and effective care for patients with severe anorexia nervosa, focussed on where care is shared with GPs and where patients present with acute physical ill health. We will use good practice learning and development between the Norfolk Community Eating Disorders Services and the Norfolk and Norwich Hospital to lead this seminar. We will also have a clear focus on the need for acute staff to recognise how seriously vulnerable ents to life threatening physical ill health patients with anorexia are as a result of extreme frailty not usually seen in younger people. The regional eating disorders network are also going to assist with the planning of this event.
2.2	**Discuss CPFT Policy regarding closer working with Universities**
	The protocol for the Norfolk community service to work with the local University was developed in 2014. This is currently being revised and updated. The protocol sets out steps to be taken especially over the long summer vacation. It includes ensuring arrangements are made for medical monitoring, for psychological support, and, particularly for high risk patients, transfer to a local specialist service over the vacation if it is not feasible to retain direct management by the community service. The importance of involving families in the care planning is explicit within the protocol. The service has also provided teaching and training to the UEA Counselling Service and also to ARU Counselling Services. When young people in the care of eating disorder services move to our area to start University, the CPFT service liaises with the transferring service, and consults with the university / college nurses, support services and students GPs. For students leaving our area, we make contact with their University Wellbeing Services and the GP.
2.3	**Update on why the anonymised case study was withdrawn from the Marsipan guidelines**

	The Marsipan guidelines are national guidelines. The author of the guidelines made the decision to remove the case study from the appendix. This was not a decision taken by the Trust.
2.4	**Update on how the CEO was being informed of the service pressures within the Eating Disorder services.**
	It is not possible for me to report on how the CEO was being informed of service pressures in 2012. The current arrangements for keeping me informed of service pressures include: • Monthly directorate performance and risk meetings with the executive team, chaired by the Chief Executive, where issues relating to service pressures, risk and delivery for each service in the Trust are escalated. Eating Disorder services are considered and discussed in these meetings. • Attendance of the Chief Executive at the Quality, Safety and Governance subcommittee of the Board where issues with quality and safety in any service is discussed. • Reports to the Executive Committee (chaired by the Chief Executive) for decision making in response to service pressures. This applies for all services and has been utilised by the eating disorder services when necessary. These meetings are reported to the Trust Board in the Chief Executives report bi-monthly. • Stop the Line processes exist for any staff member to highlight direct to the executive is service pressures need to be addressed immediately. • All staff are notified of the Freedom to Speak up process – which reports to the Director of Nursing and Quality, the Chief Executive and to the Quality and Safety and Governance sub committee of the board • In addition I visit services and report to the Board on these visits, I also have direct meetings with staff from services in order to support them with service delivery, with making the case for additional resources and with managing the delivery of high quality services. This has included a visit to the eating Disorders ward, to the Children and Young People eating Disorder unit and attendance at a high risk patients monitoring meeting to observe first hand how the policy is implemented in practice. • The Trust has a system of operational risk registers for each service. These risks are assessed, actions to mitigate documented, and risks reassessed at regular intervals. The service operational risk registers are compiled and reviewed at the service directorate level, and then corporately. The high level risks are reflected in the Board Assurance Framework. These risk management registers are reviewed at the above executive and board meetings and sub committee meetings to ensure risk is recognised and managed.
2.5	**Progress made against Ombudsman recommendations**
	The Ombudsman asked CPFT to: • Apologise in writing to Mr Hart and his family for the injustice they suffered as a result of the failings the Ombudsman found • He asked that we send the letters to Mr Hart within one month of the report and that the letters were copied to the Ombudsman • They asked that CPFT pay Mr Hart £3000 compensation and write to the Ombudsman to confirm this • The Ombudsman asked that each organisation (and therefore CPFT) write to Mr Hart to explain what they have done with regard to lessons learned and actions taken.

	These actions have been complied with and the Ombudsman has written to say that they are satisfied that CPFT has complied with their recommendations. In addition the Trust is developing a seminar for the East of England Region for early Autumn as described above.
2.6	**Communications with Mr Hart**
	The Trust has communicated with Mr Hart as described above in relation to the request of the Ombudsman. There is also a piece of work in progress to seek to find answers to the questions Mr Hart continues to have regarding the service his daughter received. I have kept this work under close review and this is almost complete. Once complete this will be shared with Mr Hart. Mr Hart and myself have agreed that a meeting with the team would be beneficial. However we need to ensure that the facilitator of this meeting has the confidence of the staff as well as the confidence of Mr Hart. Unfortunately a letter sent by Mr Hart by post was not received by the Trust so there has been a delay in arranging this meeting. The most recent proposal is that a member of the Health Committee undertake this role of facilitator, and this seems like a very satisfactory way forwards.
3.0	**Report from CQC regarding CPFT Eating Disorder Services – June 2018**
	As stated above the Trust received the CQC report in June 2018. The CQC inspected ten core services including specialist mental health services for people with an eating disorder. The Trust also had an inspection of the 'Well-led' domain. The eating disorders service was rated as 'good'. The summary report findings are as follows: " Our rating of the service stayed the same. We rated it as good because: • There was a culture of learning to ensure improvements were made and maintained in this service. Staff were encouraged to report incidents and received timely feedback. There was evidence of learning from incidents, which was shared across the service. Staff used appropriate governance frameworks, risk management strategies and quality monitoring measures to improve patient care, safety and outcomes. There were effective processes in place to assess and escalate deteriorating patients. • Staff provided care and treatment in line with national guidance and good practice. The service monitored the effectiveness of care and treatment through local and national audits. • The multidisciplinary team worked in partnership with patients, families and carers. Staff interacted with patients and their carers in a caring, polite and friendly manner. They were aware of the need to provide emotional support for patients, families and carers. This included providing a variety of therapeutic approaches. There was a range of information and support available for patients, families and carers. • Senior managers were visible, approachable and supportive. Staff were supported to develop their knowledge and skills whilst working in this service. However: • Staff at the Phoenix centre did not have access to suitable equipment for searching patients" The safety domain was assessed as 'requires improvement' due to drawing pins being used on noticeboards and drawing pins and a stapler being available in the resource room. Also the CQC were concerned that in the Phoenix unit patients had hair straighteners and there was a comb with a spiked handle. They were also concerned that patients might be able to construct a ligature from pipe cleaners (used for art work). All these issues have been addressed.

	There is also a recommendation that Phoenix Unit has its own metal detector rather than borrowing one from the adjacent ward to search patients. The report found that risks are well managed, that the risks posed by staffing levels are managed well, and that there is good senior management support and visibility. Phoenix Unit was identified as having outstanding practice in relation to activities for patients. There are recommendations to ensure that staff recruitment and training efforts continue to be actively managed and monitored. All of these areas are included in the trust CQC action plan (currently under development in response to the report.) I
4.0	**Conclusion**
	The Trust recognises the failings established in the Ombudsman's Report and is sorry for the tragic death of Averil Hart. The Trust has responded with seriousness to the findings, and has put the action plan in place with good rigour. Anorexia has a high mortality rate and our patients are often classified as high risk. They are also vulnerable to physical ill health and there is more to do to ensure wider understanding of this. The Trust will continue to ensure the actions are embedded and built on; that the learning is shared across the Trust and to other providers; and that we continue to develop eating disorder services to ensure they deliver good outcomes and that they are services that staff choose to work in.

Author: Tracy Dowling
Title: Chief Executive
Date: 4th July 2018

Agenda Item No: 6

HEALTH COMMITTEE WORKING GROUP UPDATE

To:	**HEALTH COMMITTEE**
Meeting Date:	**12th July 2018**
From	**Head of Public Health Business Programmes**
Electoral division(s):	**All**
Forward Plan ref:	**Not applicable**
Purpose:	**To inform the Committee of the activities and progress of the Committee's working groups since the last update.**
Recommendation:	**The Health Committee is asked to:**

1) **Note the content of the quarterly liaison groups and consider recommendations that may need to be included on the forward agenda plan.**

2) **Note the forthcoming schedule of meetings**

3) **Agree membership for each of the quarterly liaison meetings.**

Officer Contact:		***Chair Contact:***	
Name:	Kate Parker	Name:	Councillor Peter Hudson
Post:	Head of Public Health Business Programmes	Post:	Chair
Email:	Kate.Parker@cambridgeshire.gov.uk	Email:	Peter.Hudson@cambridgeshire.gov.uk
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1.0 BACKGROUND

1.1 The purpose of this report is to inform the Committee of the health scrutiny activities that have been undertaken or planned since the committee last discussed this at the meeting held on 15th March 2018

1.2 This report updates the committee on the liaison meetings with health commissioners and providers. The report covers Quarter 1 (2018-19) liaison meetings with:

- Cambridgeshire & Peterborough Clinical Commissioning Group (CCG) & Cambridgeshire & Peterborough Healthwatch
- Cambridgeshire & Peterborough Foundation Trust (CPFT)
- Cambridgeshire University Hospital Foundation Trust (CUH)
- North West Anglia Foundation Trust (NWAFT) – Hinchingbrooke Hospital

1.3 Liaison group meetings are precursors to formal scrutiny and/ or working groups. The purpose of a liaison group is to determine any organisational issues, consultations, strategy or policy developments that are relevant for the Health Committee to consider under it's scrutiny function. It also provides the organisation with forward notice of areas that Health Committee members may want further information on or areas that may become part of a formal scrutiny.

2. MAIN ISSUES

2.1 <u>Liaison Meeting with HealthWatch Cambridgeshire & Peterborough and the Clinical Commissioning Group (CCG)</u>

The liaison group members in attendance were Councillors Connor, Hudson and Jones. Apologies were received from Councillor van de Ven and Ellington.

A meeting was held on 26th April 2018 with Jessica Bawden (Director of Corporate Affairs, CCG) and Val Moore (Chair of Healthwatch Cambridgeshire & Peterborough).

2.1.1 An update from the CCG was received on the following areas.

- New Communities – STP funded project officer post
- CCG Financial position briefing provided
- International GP Scheme in October 2018 notified of 115 GPs recruited to Cambridgeshire area.
- Merger of Grant Practice joining with Shelford GP practice.
- Wheelchair procurement plans
- Improving access to primary care (i.e. additional hours 6.30-8.30pm starts in June 2018)
- Interim leadership arrangements for the CCG

Members raised the following issues

- Cllr Jones asked about guidelines for GPs referring NHS patients to private sectors for NHS treatment.
- Cllr Jones asked Healthwatch about the implications of social care problems for discharge and domiciliary support. Healthwatch have designed patient leaflet with support information.
- Cllr Connor asked about the future of the Local Urgent Care hubs in the context of the CCGs financial plans 18-19

2.1.2 An update from Healthwatch was received on the following areas.

- Healthwatch are developing partnership boards for carers following closure of Cambridgeshire Alliance Carers charity.
- Establishing mechanisms to gather real community feedback following the merger of Cambridgeshire and Peterborough Healthwatch. Looking to find natural communities in Cambridgeshire to receive this feedback.

2.1.3 The next liaison meeting is scheduled for Thursday 9th August 2018 @ 10am, Shire Hall, Cambridge

2.2 <u>Liaison meeting with Cambridgeshire & Peterborough Foundation Trust (CPFT)</u>

The liaison group members in attendance were Councillor Hudson and Joseph. Apologies were received from Councillors Harford and Ellington.

A meeting was held on 11th May with Julie Frake-Harris (COO) at Ida Darwin, Fulbourn. Apologies were received from Tracy Dowling (CEO).

2.2.1 The following topics were discussed at this meeting:

- CQC Inspection informal feedback (Trust expecting to receive informal report from CQC on 21st May)
- CPFT Workforce Strategy 2016-21
  - CPFT have recruited over 155 staff in the last 9 months and the staffing has doubled following TUPE transfer of staff from CCS. Discussion focused on workforce related challenges.
- Update PRISM (Primary Care Mental Health workers in GP practices)
- Update on Phoenix Unit (pausing on the provision of the Tier 4 children's inpatient eating disorders unit)
- Update on integrated neighbourhood teams and issues around inability to share patient records across the healthcare system.

Challenges noted by the Trust around:

- Workforce
- Financial stability due to year on year resources constraints
- Organisational and system change.

Members raised the following issues:

- Cllr Joseph notified CPFT that she was the mental health champion for CCC. Julie Frake-Harris offered the opportunity to visit CPFT sites and provide feedback to the trust.
- CPFT were reminded that Tracy Dowling's attendance was scheduled for the 12th July Health Committee, to provide a follow up on progress since the Trust discussed the Ombudsman report on Eating Disorders at the January 2018 meeting.

2.2.2 Recommendation
Consider holding a development session on the STP Digital IT workstream with a particular focus on progress around sharing patient records across partner organisations.

2.2.3 The next liaison meeting is scheduled for Friday 10th August at Shire Hall, Cambridge.

2.3 Liaison meeting with Cambridgeshire University Hospital Foundation Trust (CUH)

The liaison group members in attendance were Councillors Jones, Harford and van de Ven. Apologies were received from Councillor Hudson

A meeting was held on 8th June 2018 with Roland Sinker (CEO - CUH) and Ian Walker (Director of Corporate Affairs - CUH)

2.3.1 The following topics were discussed at this meeting:

- Delayed Transfers of Care
  - Establishment of an integrated multidisciplinary discharge planning team across health and social care.
  - Trusted assessor pilot
  - Workforce issues around intermediate care workers recruitment (advised about the Nursing apprenticeship programme)
- Biomedical Campus update
  - Active travel on site being promoted to accommodate the campus expanding with including the Royal Papworth Hospital move in September and AstraZeneca's move in 2019
- Out of Hours relocation impact on CUH
  - No negative impact on relocation has been reported
  - CUH has taken over the GP streaming service on the 1st May 2018 which aims to divert non-emergency drop in's from A&E.

Members raised the following issues:

- Cllr Jones highlighted concerns previously raised with the CCG in regards to patients receiving NHS treatment from sub-contracted private providers. CUH noted that NHS contractors were subject to the Trusts verification process.

- Cllr Harford requested an update on key worker housing. CUH and Papworth have put a submission into Northstowe development.
- Cllr van de Ven & Jones requested that the analysis of CUH staff travel survey was reported on at the next liaison meeting.

2.3.2 Recommendation
Consider holding a development session on the Nursing Apprenticeship programme running at CUH.
Consider calling CUH in for a formal update scrutiny session.

2.3.3 The next liaison meeting is scheduled for Monday 17th September 2018 at 10am at Addenbrookes.

2.4 Liaison Meeting with North West Anglia Foundation Trust (NWAFT)

The liaison group members in attendance were Councillors Connor, Harford and district councillor Tavener.

A meeting was held on 14th June 2018 with Stephen Graves (CEO- NWAFT) and Caroline Walker (CFO – NWAFT)

2.4.1 The following topics were discussed at this meeting:

- CQC Inspection update
  - Inspection was conducted week commencing 4th June. Inspectors viewed 7 services at Hinchingbrooke Hospital site and 2 services at Peterborough City Hospital site.
  - Unannounced visit still due along with “Clinical Efficiency” and “Well-Led” inspection.
  - Report expected mid /late September 2018.
- Delayed Transfer of Care
  - CEO group from Health & Social Care leading on issues as a shared priority
  - Support from the National Emergency Care Improvement Programme (ECIP) on discharge to assess
- Workforce planning
  - Permanent consultant in Emergency Department at Hinchingbrooke has been made.
  - Appointed a Director of Workforce and Organisational Development in April 2018
  - Relaunched organisational development strategy.
  - Update on overseas recruitment provided
- CEO recruitment plan
  - Appointment scheduled to be made around mid to end July.

Members raised the following issues:

- Cllr Connor discussed concerns over outpatient clinics provided by NWAFT at Doddington Hospital and ensuring that the site is actively used as a resource to support local residents.

2.4.2 The next liaison meeting is scheduled for 4th September 2018 at Hinchingbrooke Hospital.

2.5 Review of Quarterly Liaison Membership

Due to changes within the Health Committee membership the membership for the quarterly liaison meetings needs to be reviewed to ensure there is appropriate representation at each of the liaison meetings.

Appendix A has details of current membership and planned meetings for 2018/19.

3.0 SIGNIFICANT IMPLICATIONS

3.1 **Resource Implications**

Working group activities will involve staff resources in both the Council and in the NHS organisations that are subject to scrutiny.

3.2 **Statutory, Risk and Legal Implications**

These are outlined in a paper on the Health Committee powers and duties, which was considered by the Committee on 29th May 2014

3.3 **Equality and Diversity Implications**

There are likely to be equality and diversity issues to be considered within the remit of the working groups.

3.4 **Engagement and Consultation Implications**

There are likely to be engagement and consultation issues to be considered within the remit of the working groups.

3.5 **Localism and Local Member Involvement**

There may be relevant issues arising from the activities of the working groups.

3.6 **Public Health Implications**

Working groups will report back on any public health implications identified.

Source Documents	**Location**
None	

Appendix A

Health Committee Quarterly Liaison meetings and Schedule of Meetings 2018/19

Liaison Meeting	Current Membership	Meeting Dates
Cambridgeshire & Peterborough Clinical Commissioning Group and Cambridgeshire & Peterborough Healthwatch	Councillors: David Connor Lynda Harford Peter Hudson Linda Jones Susan van de Ven	25th October 2018 23rd January 2019 1st May 2019
Cambridgeshire & Peterborough Foundation Trust (CPFT)	Councillors: Peter Hudson Lynda Harford Linda Joseph	10th August 2018 19th October 2018 18th January 2019 11th April 2019
Cambridge University Hospital Foundation Trust (CUH)	Councillors: Peter Hudson Lynda Harford Linda Jones Susan van de Ven	17th September 2018 13th December 2018 8th March 2019
North West Anglia Foundation Trust (NWAFT)	Councillors David Connor Lynda Harford Peter Hudson District Councillor: Jill Tavener	4th September 2018 20th December 2018 5th March 2019

HEALTH COMMITTEE TRAINING PLAN 2017/18	Full training provided to Health Committee from June 2017- June 2018	**Agenda Item No: 7**

Ref	Subject	Desired Learning Outcome/Success Measures	Priority	Date	Responsibility	Nature of training	Attendance by:	Cllrs Attending	Percentage of total
1.	***Health Committee Induction Training***	To provide the new committee members with an overview of the Health Committee's remit. To provide members with background information on the Public Health executive function of the committee and its statutory health scrutiny function.	1	14th June 2017	Democratic Services / Public Health	Training Seminar	For new members of Heath Committee (all members welcome)	9	**Completed** 60% of full committee
2.	***Finance Training***	To provide members with a background information around the council's finance process and familiarise new members with the specific details of the Public Health Directorate budgets	2	14th July 2017 9.30-10.45	Public health	Training seminar	All members of Health Committee	9	**Completed** 60% of full committee
3.	***Sustainable Transformation Programme – workforce planning***	To provide new committee members with an overview of the Sustainable Transformation Programme	1	Nov 6th 2017 1.30	Public Health	Scrutiny Training	All members of Health Committee	8	**Completed** 53% of full committee

Ref	Subject	Desired Learning Outcome/Success Measures	Priority	Date	Responsibility	Nature of training	Attendance by:	Cllrs Attending	Percentage of total
4.	***Health Committee Priorities 2017-18***	To develop and identify Public Health priority areas for the Health Committee to focus for 2017-18	1	21st July 2017 2-4pm	Public Health	Development session	All members of Health Committee	8	**Completed** 53% of full committee
5.	***Public Health Business Planning (part 1)***	To discuss and advice on proposals for public health savings for 2018/19 as part of the councils business planning	1	22nd Sept 2017 10-11.30 – 1pm	Public Health	Development Session	All members of Health Committee	5	**Completed** 33% of full committee
8. a	***Public Health Strategy PHE Prioritisation - 1***	To further develop the Public Health Strategy for the Health Committee PHE providing support around Prioritisation framework	3	Jan 30th pm 2018	Public Health	Development Session	All members of Health Committee + Subs	9	**Completed** 60% of full committee
8. b	***Public Health Strategy PHE Prioritisation – 2 a***	PHE Prioritisation Workshop 2 – Scoring Programme	2	8th March 2018 13:00	Public Health	Development Session	Officer only	N/A	**Completed**
8.b	***Public Health Strategy PHE Prioritisation – 2 b***	PHE Prioritisation Workshop 2 – Scoring Programme	2	27th April 13:00	Public Health	Development Session	Officer Only	N/A	**Completed**
8. c	***Public Health Strategy PHE Prioritisation – 3***	PHE Prioritisation Workshop 3 – Scoring Local Evidence	2	10th May 2018	Public Health	Development Session	All members of Health Committee	5	**Completed** 33% of full committee
8 d.	***Public Health Strategy PHE Prioritisation – 4***	PHE Prioritisation	2	1May 9.30	Public Health	Development Session	All members of	5	**Completed**

Ref	Subject	Desired Learning Outcome/Success Measures	Priority	Date	Responsibility	Nature of training	Attendance by:	Cllrs Attending	Percentage of total
		Workshop 4 - recommendations					Health Committee		33% of full committee
9.	***STP: STP developments to support general practice.***	To provide the committee members with an overview of STP work to develop and support GP led primary care.	2	Feb 8th 13.30	Public Health	Development Session	All Health Committee members	12	**Completed** 80% of full committee

In order to develop the annual committee training plan it is suggested that:

- The relevant Executive/Corporate/Service Directors review training needs and develop an initial draft training plan;
- The draft training plan be submitted to a meeting of the relevant committee spokesmen/women for them (in consultation with their Groups as appropriate) to identify further gaps/needs that should be addressed within the training plan; The draft plan should be submitted to each meeting of the committee for their review and approval. Each committee could also be requested to reflect on its preferred medium for training (training seminars; more interactive workshops; e-learning etc and also to identify its preferred day/time slot for training events.)

Each attendee should be asked to complete a short evaluation sheet following each event in order to review the effectiveness of the training and to guide the development of future such events

HEALTH COMMITTEE TRAINING PLAN 2018/19	Updated July 2018	**Agenda Item No: 7b**

Ref	Subject	Desired Learning Outcome/Success Measures	Priority	Date	Responsibility	Nature of training	Attendance by:	Cllrs Attending	Percentage of total
7.	***Health in Fenland***	To provide a deep dive into reviewing and understand the key health inequalities in the Fenland District. To be held at FDC March office.	1	19th Sep 2018	Public Health	Development Session	All members of Health Committee		
1.	***Business Planning (Strategic)***	To provide the committee members with an overview of CCC strategic Business Planning timescales and deadlines	1	20th July 2018 and/ or 9th	Public Health	Development session	All		
2.	***Business Planning (Operational)***	To discuss the Public Health Business Planning priorities for 2019/20	1	Sept 2018	Public Health	Development Session	All		
	Consider including recommendations from the quarterly Liaison reports								

In order to develop the annual committee training plan it is suggested that:

- The relevant Executive/Corporate/Service Directors review training needs and develop an initial draft training plan;
- The draft training plan be submitted to a meeting of the relevant committee spokesmen/women for them (in consultation with their Groups as appropriate) to identify further gaps/needs that should be addressed within the training plan; The draft plan should be submitted to each meeting of the committee for their review and approval. Each committee could also be requested to reflect on its preferred medium for training (training seminars; more interactive workshops; e-learning etc and also to identify its preferred day/time slot for training events.)

Each attendee should be asked to complete a short evaluation sheet following each event in order to review the effectiveness of the training and to guide the development of future such events

Agenda Item No: 8

NHS QUALITY ACCOUNTS – HEALTH COMMITTEE FINAL RESPONSES TO QUALITY ACCOUNTS 2017/18

To:	**HEALTH COMMITTEE**
Meeting Date:	**12TH July 2018**
From	**The Monitoring Officer**
Electoral division(s):	**All**
Forward Plan ref:	**Not applicable**
Purpose:	**To provide an update to the Committee on responses submitted to NHS Provider Trusts in regards to their Quality Accounts 2017/18. It is a requirement for NHS Provider Trusts to request comment from Health Scrutiny Committees on their Quality Accounts.**
Recommendation:	**The Health Committee is asked to**

a) note the statements and responses sent to the NHS Provider Trusts

	Officer contact:	***Member contact:***
Name:	Kate Parker	Cllr Peter Hudson
Post:	Head of Public Health Business Programmes	Chairman
Email:	Kate.parker@cambridgeshire.gov.uk	Peter.Hudson@cambridgeshire.gov.uk
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1. BACKGROUND

1.1 NHS Healthcare providers are required under the Health Act 2009 to produce an annual Quality Account report. A Quality Account is a report about the quality of services by an NHS healthcare provider.

1.2 It is a requirement for NHS Healthcare providers to send to the Health Committee in its Overview and Scrutiny function a copy of their Quality Account for information and comment. Statements received from Healthwatch and Health Overview and Scrutiny Committees must be included in the published version.

1.3 Quality Accounts are an important way for local NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders. The quality of the services is measured by looking at patient safety, the effectiveness of treatments that patients receive, and patient feedback about the care provided.

1.4 This Health Committee on 16th March 2018 delegated approval of the responses to the Quality Accounts, received from NHS Providers, to the Head of Public Health Business Programmes in consultation with the views of members of the Task and Finish Group.

2. MAIN ISSUES

2.1 Councillors Dupre, Hudson and Jones were appointed to the Task and Finish Group on 16th March 2018. Table 1 details Quality Accounts that have been received at the time of this report was compiled.

2.2 An update was provided to committee on 17th May of the responses sent by the Task and Finish group. The final Quality Accounts have now been received and this report provides a record of all submissions from the Health Committee.

Table 1

Organisation	Quality Account Received	Deadline to respond	Response Made
Cambridge University Foundation Trust	3rd April 2018	27th April 2018	27th April 2018 Appendix 1
North West Anglia Foundation Trust	20th April 2018	4th May 2018	4th May 2018 Appendix 2
Cambridgeshire Community Services	27th April 2018	28th May 2018	25th May 2018 Appendix 3
Cambridgeshire & Peterborough Foundation Trust	11th May 2018	22nd May 2018	22nd May 2018 Appendix 4
East of England Ambulance Service Trust	14th May 2018	13th June 2018	13th June 2018 Appendix 5

2.3 A further quality account was received from the Royal Papworth Hospital Trust on the 21st May requesting a response by 23rd May. Apologies were received from the Trust that an oversight on their part had meant the first draft had not been circulated to the committee. However the timescales to respond were viewed as insufficient and a statement to that effect was submitted on behalf of the committee (Appendix 6)

2.3 Responses submitted are provided in Appendix 1-6. In addition to formal statements from the Health Committee comments on clarifications and recommendations for improvements were also fed back to the providers.

SIGNIFICANT IMPLICATIONS

3.1 Resource Implications
Officer time in preparing a paper for the Committee.

3.2 Statutory, Risk and Legal Implications
These are outlined in a paper on the Health Committee powers and duties, which was considered by the Committee on 29th May 2014.

3.3 Equality and Diversity Implications
There may be equality and diversity issues to be considered in relation to the quality accounts.

3.4 Engagement and Consultation Implications
There may be engagement and consultation issues to be considered in relation to the quality accounts.

3.5 Localism and Local Member Involvement
There may be relevant local issues in relation to the quality accounts.

3.6 Public Health Implications
The quality of services at local healthcare providers will impact on public health

Source Documents	Location
NHS Choices information on Quality Accounts	http://www.nhs.uk/aboutNHSChoices/professionals/healthandcareprofessionals/quality-accounts/Pages/about-quality-accounts.aspx
Reports to and minutes of Health Committee	https://cmis.cambridgeshire.gov.uk/ccc_live/Committees/tabid/62/ctl/ViewCMIS_CommitteeDetails/mid/381/id/6/Default.aspx

Appendix 1

CAMBRIDGE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST - QUALITY ACCOUNT 2017/18

STATEMENT BY CAMBRIDGESHIRE COUNTY COUNCIL - HEALTH COMMITTEE

The Health Committee within its scrutiny capacity has not called on representatives from Cambridgeshire University Hospital over the last year to attend scrutiny committee meetings. However, committee members have maintained an open dialogue with senior leadership at the Trust through the valuable quarterly liaison meetings which are seen as an essential part of the scrutiny function.

In response to the Quality Report 2017/18 members have found the "other Information section" very helpful in setting out targets, measurements and degree of success in reaching targets. The Committee would welcome further conversations to understand the links between not meeting targets and the challenges the Trust faces in terms of staffing. The Committee has paid a particular interest in workforce development and recruitment and retention issues across the whole health care sector and specifically scrutinising this under the Sustainable Transformation Programme (minutes can accessed via the link below).

https://cmis.cambridgeshire.gov.uk/ccc_live/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/538/Committee/6/Default.aspx

There are four objectives, of which one is 'Strengthening the Organisation'. The goal is admirable and the Committee would welcome further clarity about how this is being achieved. It would be interesting to understand the impact of this on patient journeys and organisational strength. Engaging patients in improvement is important and more information of patient involvement would be welcomed.

The Committee would like to comment on how impressive that in the staff survey over two-thirds of staff would recommend CUH as a place to work. A deeper understanding would be helpful about why there was less confidence shown by staff in their responses to taking actions over errors, near misses and incidents.

Evidence of the pressure the Trust is under through rising demand for services and vacancy rates is evident in the missed target for cancelled operations and delayed transfers of care. The Health Committee recognised that this is a whole system issue involving health and social care and acknowledge the work that CUH are undertaking in working within a partnership framework to address this local pressure.

The Committee has provided some clarification comments separately, recognising the Quality Accounts are a technical document but would like to conclude that this is a helpful report in explaining the Trusts stance on issues and what is being done though the year to make improvements.

Appendix 2

NORTH WEST ANGLIA FOUNDATION TRUST

QUALITY ACCOUNT 2017/18

STATEMENT BY CAMBRIDGESHIRE COUNTY COUNCIL HEALTH COMMITTEE

The Health Committee within its scrutiny capacity has welcomed the opportunity to comment on the Quality Account for North West Anglia Foundation Trust (NWAFT) during its first year of existence. We recognise that the Trust has had a number of challenges during the merger of the Peterborough and Stamford NHS Foundation Trust (PSHFT) and Hinchingbrooke Healthcare Trust (HHCT). Previously the Health Committee has examined a number of issues with the former HHCT as it move out of special measures.

The Health Committee within its scrutiny capacity has not called on representatives from NWAFT over the last year to attend scrutiny committee meetings, recognising that the Trust needed time to address the impact of the merger. However, committee members have maintained an open dialogue with senior leadership at the Trust through the valuable quarterly liaison meetings which are seen as an essential part of the scrutiny function.

The report highlights the significant staffing challenges the Trust faces and how recruitment for nursing staff is be addressed both at internally through programmes like “Aspiring Clinical Managers” and through overseas nurse recruitment. The committee welcomes continued dialogue with the Trust around wider medical workforce issues. We have paid a particular interest in workforce development and recruitment and retention issues across the whole health care sector and specifically scrutinising this under the Sustainable Transformation Programme (minutes can accessed via the link below).

https://cmis.cambridgeshire.gov.uk/ccc_live/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/538/Committee/6/Default.aspx

At the time of reviewing NWAT’s Quality Account a final figure was not available for the target set for developing and retaining the workforce and the committee await this with interest as part of their wider scrutiny of workforce planning in both the health and social care sector.

The Committee was particularly impressed with the Trusts progress around CQUIN on Healthy Eating working with the Trusts supplies of food and drink in the hospitals, to assist them in making changes to their outlets to offer staff and visitors healthier choices.

Of concern the Health Committee has noted that the volume of complaints has increased and it will be interesting to see next year if this changes i.e. how much of it is related to the impact of the merger and how much is managing increased demand on the health care system.

In recognising that the Quality Accounts are a technical document the Committee has provided some clarification comments separately. The committee has been encouraged to see how the Trust has actively responded to this feedback, inviting members to a stakeholder meeting and incorporated suggestions in the final Quality Account. This is an excellent example of listening to ones stakeholders.

Appendix 3

CAMBRIDGESHIRE COMMUNITY SERVICES NHS TRUST
QUALITY ACCOUNTS 2017/18
STATEMENT BY CAMBRIDGESHIRE COUNTY COUNCIL - HEALTH COMMITTEE

The Health Committee within its health scrutiny capacity has welcomed the opportunity to comment on the Quality Account for Cambridgeshire Community Services (CCS). The Health Committee has not called on representatives from CCS over the last year to attend scrutiny committee meetings however the committee has received briefings from senior Trust representatives.
The introductory section focuses on positives (in terms of staff survey results, strong patient feedback) which are carefully substantiated in the body of the report. Services moving to new providers (closure of outpatients, dermatology and acute children's services) are noted it would have been useful to see the impact on patients, although the committee realises that CCS may not have been able to assess this.

There have been a high number of external and internal clinical audits and CCS provides the evidence that it has performed well in these. For example, in the two-year cycle of CQUIN (p14) it is on track to deliver most on of the 13 targets, although not flu jabs for staff. It would be helpful to have an explanation of why there is a 7% reduction here. It was noted that patient safety incidents have increased and some discussion on the reasons why would be helpful. It is clear that CCS are being very effective in other measures e.g. infection control. The committee welcomed the Trusts transparency in its approach to discussing serious incidents, including the involvement of patients through the process and full apologies in line with the duty of candour.

There is a substantial discussion of quality improvement, even though the staff and patient survey results were above average and 90% of users were likely to recommend the service to friends or family. The most impressive part of the report focuses on doing better, picking up issues raised in earlier years and tracking them through in terms of improvements made. It uses the 'You said. We did' approach to demonstrate concrete responses to staff and user feedback.
The Health Committee has paid a particular interest in workforce development and recruitment and retention issues across the whole health care sector and specifically scrutinising this under the Sustainable Transformation Programme (minutes can be accessed via the link below)
https://cmis.cambridgeshire.gov.uk/ccc_live/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/538/Committee/6/Default.aspx
The committee has been briefed on workforce issues that CCS have faced this year. It is clear in the Quality Account that the Trust understands that workforce improvement lies at the heart of quality improvement. Findings from the previous year's staff survey are reflected on in terms of responses and improvements are now recorded.

One important area, bullying and harassment, has been addressed through a range of improvements including a confidential phone line, new appraisals process and flexible working. Quality innovation in systems, information management etc. is also noted.
The priorities set for 2018-19 suggest that the future focus on quality improvement and enhancement will remain strong. The Committee is pleased to receive a Quality Account that is well focused, succinct and honest and looks forward to continuing with an open dialogue with the Trust in the year ahead.

Appendix 4

CAMBRIDGESHIRE & PETERBOROUGH FOUNDATION TRUST (CPFT)
QUALITY ACCOUNTS 2017/18
STATEMENT BY CAMBRIDGESHIRE COUNTY COUNCIL - HEALTH COMMITTEE

The Health Committee within its scrutiny capacity has welcomed the opportunity to comment on the Quality Account for Cambridgeshire and Peterborough Foundation Trust (CPFT). The committee has requested attendance from the Trust at a public Health Scrutiny meeting on 16th January 2018 to discuss the findings of the Ombudsman report into Eating Disorders and specifically scrutinise CPFT's response to the report. A further follow up session has been scheduled for 12th July 2018. Minutes of this discussion are available from the link below: https://cmis.cambridgeshire.gov.uk/ccc_live/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/540/Committee/6/Default.aspx

The committee acknowledges that the Trust has recently undergone a further CQC inspection in March 2018 and is encouraged that the trust will build on its previous "good" rating from the CQC inspection in 2015. However the committee recognises there were some areas for improvement required and that the Trust has evolved and now has a very complex range of services grouped into three areas; children, young people and families services (CYPF); and older people and adult's community services (OPAC). The Health Committee in preparing the statement for this year's Quality Account has focused on understanding the degree and type of improvements made in 2017-18 in these three areas.

The committee is hopeful that the CQC concerns in 2015 on safety and responsiveness in CYPF services and in specialist community mental health services for children & young people have been addressed in previous years but would have liked more clarity on this. The range of audits and surveys undertaken by the Trust provide a detailed picture of quality and areas of progress, it was noted that in many areas these link in well to future priority setting for example the use of National Falls survey data indicating increased falls fed into priorities set for 2018-19. The committee has paid particular attention in the last year to workforce development issues across the Health Care system and would have welcomed more information around the issues associated with not meeting the CQUIN 2017-18 targets for improving the health and wellbeing of staff. However the anti-bullying campaign launched in May 2018 demonstrates an on-going commitment to addressing staff health and wellbeing. CPFT workforce has only a brief section at the end of the report and given the Trust has recently expanded the workforce to include wider and more diverse professional groups, further detail would have been welcomed by the committee. However the Health Committee through the quarterly liaison meetings with senior leadership at the Trust have recently been appraised of the Trusts workforce plans and are encouraged by the recognition of workforce related challenges and the commitment to address them.

In the Health Committee's health scrutiny role, the importance of patient safety has been the focus of previous scrutiny with CPFT. The committee has noted that the Quality Account reflected the importance the Trust places on patient safety, "reducing avoidable harm" and improving patient experience and both featured as quality priorities for 2017-18 and restated for 2018-19. Although the summary performance data shows a mixed picture, the discussions of these issues sets out a clear pathway from outcomes to future improvements. The committee welcomes the Trusts commitment to improving the patient experience but does acknowledge that complaints have increased significantly particularly in the OPAC service area but is pleased to see the Trust setting out ideas for practical improvements.
In recognising the Quality Accounts are a technical document the committee has provided some clarification comments separately. The Health Committee welcomes the open dialogue developing between the new senior leadership and is encouraged that this will enable effective and meaningful scrutiny of CPFT in the future.

Appendix 5

EAST OF ENGLAND AMBULANCE SERVICE QUALITY ACCOUNT 2017/18 STATEMENT BY CAMBRIDGESHIRE COUNTY COUNCIL - HEALTH COMMITTEE

The Health Committee within its scrutiny capacity has welcomed the opportunity to comment on the Quality Account for East of England Ambulance Service Quality Account 2017/18. The committee has requested attendance from the Trust at a public Health Scrutiny meeting on 8th February 2018. The Minutes of this discussion are available from the link below:
https://cmis.cambridgeshire.gov.uk/ccc_live/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/541/Committee/6/Default.aspx

The Committee acknowledges that it is a complex service operating from 130 sites, with 4000 staff serving a population of six million. On average, it receives 3000 calls each day, making judgments about level of emergency/urgency and responding to DH standards in terms of call-response times.

Their quality strategy was framed in 2015-16 as a three year plan focusing on reducing avoidable harm by 50%, underpinned by an honest, responsive, supportive, safe and listening approach (p7). The focus in their introduction to quality highlights is on the reduction of serious incidents, with 71% being 'near miss incidents with no significant harm caused' and only one incident of patient safety (p12) being investigated by NHS England. After a risk summit, this was found not proven. EEAST are awaiting the outcome of a CQC inspection following the previous one in 2016 in which the CQC reported that improvement was needed in several areas to ensure a safe, effective, responsive and well-led service. It called for more learning from incidents.

In response, EEAST have worked to shift from compliance to a greater focus on quality improvement. However, the national targets response time set for ambulance trusts, which changed mid-year in October 2017, are an inevitable and important focus for quality. In category 1, the most urgent, the national target time to reach a patient is 7 mins and the Trust time is 8mins 46 secs (p20). There is no comment on the reasons for this and it would have been helpful to have more clarity here – and perhaps to measure the Trust against other Trusts with a similar demographic and infrastructure (roads, settlement patterns, population density).
In Part 2, a statement about 2018-19 objectives, the mandatory targets remain and other indicators are rolled forward from 2017-18, which is important in a quality improvement plan.

Part 3 focuses on the review of 2017-18 and there could be greater clarity here to aid the reader. In the context of discussing complaints, for example, it is stated that compliments 'always outweigh' complaints but in the period Oct-Dec 2017 there were an equal number of each with no explanation given (p28). It would be helpful to understand the figures, which may relate to winter pressures on the NHS service as a whole. However, it is stated (p29) that the Trust took over the PT service in October 2017 and complaints rose by 15% so this may be the cause. It would help if the graph on page 28 was more clearly labelled as it is a key one.

There is summary reporting of the PALA and patient surveys but it would be helpful to understand more about what the Trust sees as their significance and how these surveys fed back into the 2018-19 quality objectives.
There is a strong discussion of quality priorities for 2017-18 from page 37ff, with a focus beyond DH targets to Trust set objectives, such as patient safety priorities and patient experience. That said, patient safety is the main focus and work on areas such as deep cleaning of PT vehicles, a focus on clinical effectiveness in areas such as sepsis, ACS and anti-microbial infections is reported, with evidence of significant progress in several areas.

Although there are references throughout the report on staff training and a section (p58ff) on supporting our staff, a lot of the focus here is on training and e-learning. Given that in the NHS staff survey there were reported concerns about EEAST providing equal opportunities for career progression and about levels of harassing and bullying from staff – although these were lower they were still above target – it would be helpful to find out more about the Trust's planned actions in these areas. In this area, there is not much evidence of feeding forward into the 2018-19 quality plans.

THE ROYAL PAPWORTH HOSPITAL TRUST
QUALITY ACCOUNTS 2017/18
STATEMENT BY CAMBRIDGESHIRE COUNTY COUNCIL - HEALTH COMMITTEE

The Health Committee within its health scrutiny capacity received the Quality Account from the Royal Papworth Hospital Trust on 21st May 2018. This did not provide the committee with time to fully review the Trusts Quality Account for 2017/18.
However the Committee would like to comment that the “Summary of Progress” against the 2017-18 Quality Priorities provides a clear overview. The committee would also like to acknowledge the changes that the Trust is currently going through and looks forward to receiving the Quality Accounts in good time for review next year.

Agenda Item No: 9

FINANCE AND PERFORMANCE REPORT – Outturn 2017/18

To:	**Health Committee**
Meeting Date:	**12th July 2018**
From:	**Director of Public Health** **Chief Finance Officer**
Electoral division(s):	**All**
Forward Plan ref:	**Not applicable** ***Key decision:*** **No**
Purpose:	**To provide the Committee with the May 2018 Finance and Performance report for Public Health.** **The report is presented to provide the Committee with the opportunity to comment on the financial and performance position as at the end of May 2018.**
Recommendation:	**The Committee is asked to review and comment on the report and to note the finance and performance position as at the end of May 2018.**

	Officer contact:		***Member contacts:***
Name:	Martin Wade	Names:	Councillor Peter Hudson
Post:	Strategic Finance Business Partner	Post:	Chair
Email:	martin.wade@cambridgeshire.gov.uk	Email:	Peter.Hudson@cambridgeshire.gov.uk
Tel:	01223 699733	Tel:	01223 706398

1.0 BACKGROUND

1.1 A Finance & Performance Report for the Public Health Directorate (PH) is produced monthly and the most recent available report is presented to the Committee when it meets.

1.2 The report is presented to provide the Committee with the opportunity to comment on the financial and performance position of the services for which the Committee has responsibility.

2.0 MAIN ISSUES IN THE MAY 2018 FINANCE & PERFORMANCE REPORT

2.1 The May 20118 Finance and Performance report is attached at Annex A.

2.2 A balanced budget was set for the Public Health Directorate for 2018/19, incorporating savings as a result of the reduction in Public Health grant.

Savings are tracked on a monthly basis, with any significant issues reported to the Health Committee, alongside any other projected under or overspends.

The May 2018 Finance and Performance report (F&PR) is attached at Annex A and shows the forecast outturn for the Public Health Directorate is currently a balanced position.

Further detail on the outturn position can be found in Annex A.

2.3 The Public Health Service Performance Management Framework for April 2018 is contained within the report. Of the thirty Health Committee performance indicators, seven are red, five are amber, sixteen are green and two have no status.

3.0 ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

3.1.1 There are no significant implications for this priority.

3.2 Helping people live healthy and independent lives

3.2.1 There are no significant implications for this priority

3.3 Supporting and protecting vulnerable people

3.3.1 There are no significant implications for this priority

4.0 SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

4.1.1 This report sets out details of the overall financial position of the Public Health Service.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

4.2.1 There are no significant implications for this priority

4.3 Statutory, Legal and Risk Implications

4.3.1 There are no significant implications within this category.

4.4 Equality and Diversity Implications

4.4.1 There are no significant implications within this category.

4.5 Engagement and Communications Implications

4.5.1 There are no significant implications within this category.

4.6 Localism and Local Member Involvement

4.6.1 There are no significant implications within this category.

4.7 Public Health Implications

4.7.1 There are no significant implications within this category.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: Clare Andrews
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	N/A
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	N/A
Have the equality and diversity implications been cleared by your Service Contact?	N/A
Have any engagement and communication implications been cleared by Communications?	N/A
Have any localism and Local Member involvement issues been cleared by your Service Contact?	N/A
Have any Public Health implications been cleared by Public Health?	N/A

Source Documents	Location
As well as presentation of the F&PR to the Committee when it meets, the report is made available online each month.	https://www.cambridgeshire.gov.uk/council/finance-and-budget/finance-&-performance-reports/

From: Martin Wade

Tel.: 01223 699733

Date: 12 June 2018

Public Health Directorate

Finance and Performance Report – May 2018

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
Apr (No. of indicators)	7	5	16	2	30

2. INCOME AND EXPENDITURE

2.1 Overall Position

Forecast Outturn Variance (Apr) £000	Service	Budget for 2018/19 £000	Actual to end of May 18 £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
-	Children Health	9,266	-14	0	0%
-	Drug & Alcohol Misuse	5,625	155	0	0%
-	Sexual Health & Contraception	5,157	120	0	0%
-	Behaviour Change / Preventing Long Term Conditions	3,812	-206	0	0%
-	Falls Prevention	80	0	0	0%
-	General Prevention Activities	56	19	0	0%
-	Adult Mental Health & Community Safety	256	0	0	0%
-	Public Health Directorate	2,019	265	0	0%
-	**Total Expenditure**	**26,271**	**339**	**0**	**0%**
-	Public Health Grant	-25,419	-6,563	0	0%
-	s75 Agreement NHSE-HIV	-144	144	0	0%
-	Other Income	-40	-0	0	0%
-	Drawdown From Reserves	-39	0	0	0%
-	**Total Income**	**-25,642**	**-6,419**	**0**	**0%**
-	**Net Total**	**629**	**-6,080**	**0**	**0%**

The service level budgetary control report for 2018/19 can be found in appendix 1.

Further analysis can be found in appendix 2.

2.2 Significant Issues

A balanced budget has been set for the financial year 2018/19. Savings totalling £465k have been budgeted for and the achievement of savings will be monitored through the monthly savings tracker, with exceptions being reported to Heath Committee and any resulting overspends reported through this monthly Finance and Performance Report.

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

The total Public Health ring-fenced grant allocation for 2017/18 is £26.253m, of which £25.541m 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)

Details of virements made this year can be found 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)

The performance data reported on relates to activity in April 2018.

Sexual Health (KP1 & 2)
Performance of sexual health and contraception services remains good with all indicators green and an upwards trajectory.

Smoking Cessation (KPI 5)
This service is being delivered by Everyone Health as part of the wider Lifestyle Service. Performance indicators for people setting and achieving a four week quit have moved to Amber which an upward trajectory. Appendix 6 commentary provides analysis of the year end target position and provides further explanations.

National Child Measurement Programme (KPI 14 & 15)

- Performance remains good with both indicators green with an upward trajectory.
- Measurements for the 2018/19 programme are taken during the academic year and the programme will re-commence in September 2018.

NHS Health Checks (KPI 3 & 4)

- The data presented for the NHS Health Checks is the end of year position for 2017/18. Both indicators for the number of health checks completed by GPs and the outreach health checks are red.
- The commentary in Appendix 6 provides a year end explanation.

Lifestyle Services (KPI 5,16-30)

- There are now 16 Lifestyle Service indicators reported on, the overall performance is very good and shows 11 green, 3 amber and 2 red indicators. Appendix 6 provides further explanation on the red indicators for the personal health trainer service and physical activity groups held.
- Direction of travel from the previous month is mixed with 8 indicators moving up.

Health Visitor and School Nursing Data (KPI 6-13)

The performance data provided is the same data presented in the April 2018 report. Health Visiting and School Nursing data is reported on quarterly and the data provided reflects the Quarter 4 period for 2017/18 (Jan-March).

- The new data for Quarter 4 shows 1 green, 3 amber and 2 red indicators (KPI data is not available at this time for indicators 12 & 13 school nursing but the commentary provides an update)
- Performance for Health Visiting mandated checks for 6-8 weeks is amber but Cambridgeshire does exceed the national average for this visit. The performance indicator for Health Visiting mandated check at 2- 2 ½ years is red but includes data from checks that are not wanted resulting in a high did not attend rate. The commentary provides further explanation to the analysis and plans to address this in the immediate future.
- Breastfeeding prevalence rates fluctuate but are higher than the national average. Details of localised actions to increase breastfeeding are provided in the commentary.

4.2 Health Committee Priorities

Priorities identified on 7 September 2017 are as follows:

- Behaviour Change
- Mental Health for children and young people
- Health Inequalities
- Air pollution
- School readiness
- Review of effective public health interventions
- Access to services.

4.3 Health Scrutiny Indicators

Priorities identified on 7 September 2017 are as follows

- Delayed Transfer of Care (DTOCs)
- Sustainable Transformation Plans
    - Work programme, risk register and project list
    - Workforce planning
    - Communications and engagement
    - Primary Care developments

The Health Committee has requested routine monthly data reports on the “Fit for the Future” programme circulated prior to meetings, these are being received sporadically. The remaining scrutiny priorities around communications and engagement and Primary Care Developments requires further consideration from the committee on reporting requirements.

4.4 Public Health Services provided through a Memorandum of Understanding with other Directorates (Appendix 7)

All Quarter 4 reports for the Public Health MOU services are now complete and included in Appendix 7. Spend is in line with expectations and no year end variances are reported. The MOU 2017-18 documentation has been approved and signed off via internal audit. Appendix 7 provides further details of MOU spend.

APPENDIX 1 – Public Health Directorate Budgetary Control Report

Previous Outturn (Apr) £'000	Service	Budget 2018/19 £'000	Actual to end of May £'000	Outturn Forecast £'000	%
	Children Health				
0	Children 0-5 PH Programme	7,253	0	0	0%
0	Children 5-19 PH Programme - Non Prescribed	1,706	-14	0	0%
0	Children Mental Health	307	0	0	0%
0	**Children Health Total**	**9,266**	**-14**	**0**	**0%**
	Drugs & Alcohol				
0	Drug & Alcohol Misuse	5,625	155	0	0%
0	**Drugs & Alcohol Total**	**5,625**	**155**	**0**	**0%**
	Sexual Health & Contraception				
0	SH STI testing & treatment – Prescribed	3,829	101	0	0%
0	SH Contraception - Prescribed	1,176	-20	0	0%
0	SH Services Advice Prevn Promtn - Non-Presribed	152	39	0	0%
0	**Sexual Health & Contraception Total**	**5,157**	**120**	**0**	**0%**
	Behaviour Change / Preventing Long Term Conditions				
0	Integrated Lifestyle Services	2,062	-23	0	0%
0	Other Health Improvement	299	77	0	0%
0	Smoking Cessation GP & Pharmacy	735	-166	0	0%
0	NHS Health Checks Prog – Prescribed	716	-95	0	0%
0	**Behaviour Change / Preventing Long Term Conditions Total**	**3,812**	**-206**	**0**	**0%**
	Falls Prevention				
0	Falls Prevention	80	0	0	0%
0	**Falls Prevention Total**	**56**	**19**	**0**	**0%**
	General Prevention Activities				
0	General Prevention, Traveller Health	56	19	0	0%
0	**General Prevention Activities Total**	**56**	**19**	**0**	**0%**
	Adult Mental Health & Community Safety				
0	Adult Mental Health & Community Safety	256	0	0	0%
0	**Adult Mental Health & Community Safety Total**	**256**	**0**	**0**	**0%**

Previous Outturn (Apr) £'000	Service	Budget 2018/19 £'000	Actual to end of May £'000	Outturn Forecast £'000	%
	Public Health Directorate				
0	Children Health	189	28	0	0%
0	Drugs & Alcohol	287	34	0	0%
0	Sexual Health & Contraception	163	21	0	0%
0	Behaviour Change	753	99	0	0%
0	General Prevention	199	30	0	0%
0	Adult Mental Health	36	5	0	0%
0	Health Protection	53	9	0	0%
0	Analysts	339	39	0	0%
0		**2,019**	**265**	**0**	**0%**
0	**Total Expenditure before Carry forward**	**26,271**	**339**	**0**	**0%**
0	**Anticipated contribution to Public Health grant reserve**	**0**	**0**	**0**	**0.00%**
	Funded By				
0	Public Health Grant	-25,419	-6,563		0%
0	S75 Agreement NHSE HIV	-144	144		0%
0	Other Income	-40	0		0%
	Drawdown From Reserves	-39	0		0%
0	**Income Total**	**-25,642**	**-6,419**	**0**	**0%**
0	**Net Total**	**629**	**-6,080**	**0**	**0%**

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	Budget 2018/19 £'000	Forecast Outturn Variance	
		£'000	%

APPENDIX 3 – Grant Income Analysis
The tables below outline the allocation of the full Public Health grant.

Awarding Body : DofH

Grant	Business Plan £'000	Adjusted Amount £'000	Notes
Public Health Grant as per Business Plan	**26,253**	**26,253**	Ring-fenced grant
Grant allocated as follows;			
Public Health Directorate	25,419	25,419	
P&C Directorate	283	283	
P&E Directorate	130	130	
CS&T Directorate	201	201	
LGSS Cambridge Office	220	220	
Total	**26,253**	**26,253**	

APPENDIX 4 – Virements and Budget Reconciliation

	£'000	Notes
Budget as per Business Plan		
Virements		
Non-material virements (+/- £160k)		
Budget Reconciliation		
Current Budget 2018/19		

APPENDIX 5 – Reserve Schedule

Fund Description	Balance at 31 March 2018	2018/19		Forecast Closing Balance	Notes
		Movements in 2018/19	Balance at end May 2018		
	£'000	£'000	£'000	£'000	
General Reserve					
Public Health carry-forward	**1,040**	0	1,040	**1,040**	
subtotal	**1,040**	**0**	**1,040**	**1,040**	
Other Earmarked Funds					
Healthy Fenland Fund	300	0	300	200	Anticipated spend £100k per year over 5 years.
Falls Prevention Fund	378	0	378	259	Planned for use on joint work with the NHS in 2017/18 and 2018/19.
NHS Healthchecks programme	270	0	270	270	This funding will be used to install new software into GP practices which will identify patients for inclusion in Health Checks. The installation work will commence in June 2017. Funding will also be used for a comprehensive campaign to boost participation in NHS Health Checks.
Implementation of Cambridgeshire Public Health Integration Strategy	579	0	579	300	£517k Committed to the countywide 'Let's Get Moving' physical activity programme which runs for two years from July 2017-June 2019.
subtotal	**1,527**	**0**	**1,527**	**1,029**	
TOTAL	**2,567**	**0**	**2,567**	**2,069**	

(+) positive figures should represent surplus funds.
(-) negative figures should represent deficit funds.

Fund Description	Balance at 31 March 2018	2018/19		Forecast Closing Balance	Notes
		Movements in 2018/19	Balance at end May 2018		
	£'000	£'000	£'000	£'000	
General Reserve					
Joint Improvement Programme (JIP)	136	0	136	136	
Improving Screening & Immunisation uptake	9	0	9	9	£9k from NHS ~England for expenditure in Cambridgeshire and Peterborough
TOTAL	**145**		**145**	**145**	

APPENDIX 6 PERFORMANCE

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

The Public Health Service Performance Management Framework (PMF) for Apr 2018 can be seen within the tables below:

	Measures											
KPI no.	Measure	Period data relates to	Y/E Target 2018/19	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous period actual	Current period target	Current period actual	Direction of travel (from previous period)	Comments
1	GUM Access - offered appointments within 2 working days	Apr-18	98%	98%	100%	102%	G	99%	98%	100%	← →	
2	GUM ACCESS - % seen within 48 hours (% of those offered an appointment)	Apr-18	80%	80%	93%	116%	G	89%	80%	93%	↑	
3	Number of Health Checks completed (GPs)	Mar-18	18,000	18,000	15962	89%	R	74%	4500	106%	↑	This is the end of year data for 2017 18. Data is captured quarterly, Q1 for 2018 19 will be available in July 2018. The conversion rate for those who are invited and go on to have a completed health Check has increased to 53% from 38% in the previous year. These changes reflect much improved data processes. Data in previous years was not always robust and but this year improved data capture methods have ensured the final figures better reflect the actual activity
4	Number of outreach health checks carried out	Apr-18	2,200	198	81	41%	R	N/A	198	41%	← →	Outreach Health Checks are provided by the Lifestyle Service. Data reporting is for Fenland and the rest of the county. The main need is in Fenland which also has presented a challenge in engaging the target high risk groups. However there has been a steady improvement and the Fenland target has been achieved this month. The poor performance reflects the rest of the county. Efforts have been focused upon Fenland and consequently capacity across the rest of the county has been compromised.
5	Smoking Cessation - four week quitters	Mar-18	2278	2278	2090	92%	A	76%	190	94%	↑	Although there was some recovery from a dip in performance the end of year target was not achieved. There has been a fall in GP and Community Pharmacy activity. Some of this activity has been picked up by the Core Service. However long-term sickness and staff turnover has compromised its capacity. The Core Service did achieve its target. The most recent Public Health Outcomes Framework figures (June 2017 data for 2016) suggest the prevalence of smoking in Cambridgeshire remains at a level statistically similar to the England average (15.2% v. 15.5%). Rates remain higher in Fenland (21.6%) than the Cambridgeshire and England figure.

KPI no.	Measure	Period data relates to	Y/E Target 2018/19	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous period actual	Current period target	Current period actual	Direction of travel (from previous period)	Comments
6	Percentage of infants being breastfed (fully or partially) at 6 - 8 weeks	Q4 Jan-Mar 2018	56%	56%	53%	53%	A	49%	56%	50%	↑	The breastfeeding prevalence target has been set locally 56%, although performance against this fluctuates. The target has been missed over the last three quarters, including this quarter but remains within the 10% tolerance limit. Over the 2017/18 period the breastfeeding prevalence is an average of 53.25%. The Health Visitor Infant Feeding Lead is developing an action plan to address localised issues where breastfeeding rates are below target. The breastfeeding rates in Cambridgeshire are higher than the national breastfeeding rates (national average 44%), however prevalence will continue to be monitored closely, with the aim of achieving the 56% target.
7	Health visiting mandated check - Percentage of first face-to-face antenatal contact with a HV at >28 weeks	Q4 Jan-Mar 2018	50%	50%	25%	25%	R	22%	50%	20%	↓	In Cambridgeshire a local target has been set for 50%, with the longer term goal of achieving a target of 90% in 2 years. The contact is currently low as it is currently targeted at first time mothers and those who are vulnerable, rather than universally offered. Additionally, the notification process between Midwifery and the Healthy child programme (HCP) has not been robust and poses a challenge in achieving the target. Since the last quarter, a locality workshop has been held to engage with the staff on how to work differently in order to build capacity to meet this mandated target. The provider clinical lead and service lead are working with the acute midwifery units to establish an electronic notification syatem so that there is assurance that health visitors are notified of every expectant woman to enable the ante natal contact to take place. Furthermore Health Visitors are being asked to complete incident forms when a new birth visit is carried out but they weren't notified of the pregnancy to understand the extent of the problem.
8	Health visiting mandated check - Percentage of births that receive a face to face New Birth Visit (NBV) within 14 days, by a health visitor	Q4 Jan-Mar 2018	90%	90%	95%	95%	G	94%	90%	96%	↑	The 10 - 14 new birth visit remains consistent each month and numbers are well within the 90% target.
9	Health visiting mandated check - Percentage of children who received a 6 - 8 week review	Q4 Jan-Mar 2018	90%	90%	88%	88%	A	88%	90%	84%	↓	The performance for the 6 - 8 week reviewhas fallen to 84% . A staffing deficit in East Cambs & Fenland and Cambridge City has affected the overall performance this quarter. Engagement workshops undertaken in April was undertaken to support staff to work consistently across caseloads, including the implementation of a review tool which will support staff to focus work where there are identified health needs, thus increasing capacity to support mandated contacts. The provider achieved an average of 88% over 2017/18, and Cambridgeshire continues to exceed the national average for this visit, which in 2016/17 was 82.5%.
10	Health visiting mandated check - Percentage of children who received a 12 month review by 15 months	Q4 Jan-Mar 2018	100%	95%	85%	85%	A	81%	95%	85%	↑	The 12 month visit by 15 months has increased this quarter from 81% to 85%. Service Leads will review this assessment with the staff to ensure that the planning of this development assessment is completed within a 12 month timeframe, to ensure that this target is achieved.
11	Health visiting mandated check - Percentage of children who received a 2 -2.5 year review	Q4 Jan-Mar 2018	90%	90%	79%	79%	R	80%	90%	77%	↓	The number of two year old checks completed this quarter is 77%. Iif data is looked at in terms exception reporting, which includes parents who did not want/attend the 2 year check then the average percentage achieved for this quarter increases to 90%. During quarter 4,144 appointments were not wanted and 116 were not attended. Performance in March has reduced the overall figures for this quarter as only 67% checks were completed. Three Nursery Nurses were supported during this period to undertake their nurse training, resulting in reduced staffing capacity in March. Moving forward, to ensure that the 2 year old checks are completed, additional staff hours are being offered and positions are being advertised for bank staff to fill this shortfall in the interim.
12	School nursing - Number of young people seen for behavioural interventions - smoking, sexual health advice, weight management or substance misuse	Q4 Jan-Mar 2018	N/A	N/A	249	N/A	N/A	81	N/A	29	N/A	The School Nursing service has introduced a duty desk to offer a more efficient and accessible service, which does mean that there is an expected reduction in children and young people attending clinic based appointments in school. This figure is only representative for those seen in clinics. The duty desk has received 1082 calls during the quarter 4 period and feedback from school regarding the introduction of the duty desk has been positive, identifying the value of immediate access to staff for support, referral and advise. Chat Health has also been introduced, a text based support for children and young people. This service is now starting to establish itself, in increasing access to health support and advise for young people. Following the promotion of the service, there has been an increase in usage.
13	School nursing - number of young people seen for mental health & wellbeing concerns	Q4 Jan-Mar 2018	N/A	N/A	2381	N/A	N/A	666	N/A	385	N/A	By far the largest number of referrals is for mental health and wellbeing, which is mirroring a national trend. To address staffing and capacity issues, an action plan has been implemented, including the county wide duty desk and the Chat Health service, which offers text based support to young people and launched in March. This quarter has witnessed the introduction of CHUMS Counselling and Talking Therapies service and Emotional Wellbeing Practitioners. It is anticipated that these organisations will work with the School Nursing team to reduce pressures. The reduction in the volume of pupils seen this quarter for emotional health concerns may be attributed to this.

KPI no.	Measure	Period data relates to	Y/E Target 2018/19	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous period actual	Current period target	Current period actual	Direction of travel (from previous period)	Comments
14	Childhood Obesity (School year) - 90% coverage of children in year 6 by final submission (EOY)	Apr-18	90%	90.0%	72.0%	80%	G	68.0%	90.0%	72.0%	↑	
15	Childhood Obesity (School year) - 90% coverage of children in reception by final submission (EOY)	Apr-18	90%	90.0%	70.0%	78%	G	58.0%	90.0%	70.0%	↑	
15	Overall referrals to the service	Apr-18	5610	505	980	194%	G	106%	425	194%	↑	
17	Personal Health Trainer Service - number of Personal Health Plans produced (PHPs) **(Pre-existing GP based service)**	Apr-18	1670	150	282	188%	G	91%	150	188%	↑	
18	Personal Health Trainer Service - Personal Health Plans completed **(Pre-existing GP based service)**	Apr-18	1252	113	109	96%	A	158%	113	96%	↓	It is not always possible to predict monthly completion numbers as it reflects client preference for the period of support. Last month saw a very high percentage of completions and this is reflected in slightly lower number this month.
19	Number of physical activity groups held **(Pre-existing GP based service)**	Apr-18	730	66	85	129%	G	170%	66	129%	↓	
20	Number of healthy eating groups held **(Pre-existing GP based service)**	Apr-18	495	45	59	131%	G	228%	45	131%	↓	
21	Personal Health Trainer Service - number of PHPs produced (Extended Service)	Apr-18	795	72	120	167%	G	375%	72	167%	↓	
22	Personal Health Trainer Service - Personal Health Plans completed (Extended Service)	Apr-18	596	54	47	87%	R	85%	54	87%	↑	This primarily is a capacity issue with staff turnover creating three vacancies. Interviews are planned.
23	Number of physical activity groups held (Extended Service)	Apr-18	913	82	53	65%	R	90%	82	65%	↓	This primarily is a capacity issue with staff turnover creating three vacancies. Interviews are planned.
24	Number of healthy eating groups held (Extended Service)	Apr-18	627	56	64	114%	G	102%	56	114%	↑	

KPI no.	Measure	Period data relates to	Y/E Target 2018/19	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous period actual	Current period target	Current period actual	Direction of travel (from previous period)	Comments
25	Proportion of Tier 2 clients completing the intervention who have achieved 5% weight loss.	Apr-18	30%	30%	21.0%	70.0%	R	17%	30%	21%	↑	This reflects a high drop rate at 5/6 weeks into the programme. Currently the provider is conducting focus groups to try and understand why clients drop out at this stage.. The results from these will shape the development of the course to increase the retention rate.
26	Proportion of Tier 3 clients completing the course who have achieved 10% weight loss	Apr-18	60%	60%	70.0%	117.0%	G	67.0%	60%	117.0%	↑	
27	% of children recruited who complete the weight management programme and maintain or reduce their BMI Z score by agreed amounts	Apr-18	80%	80%	N/A	N/A	G	N/A	80%	N/A	↔	There is a longstanding challenge of recruiting children and families to weight management courses . This summer different approaches are being taken forward. The Service is working with Fenland District Council on it "Fit and Fed" programme to ensure that it has physical activity element. In Cambridge City and Huntingdonshire over the summer holiday periods it will run a six week course with sessions being held twice a week. They will have strong focus upon physical activity.
28	Number of referrals received for multi factorial risk assessment for Falls Prevention	Apr-18	425	38	46	121%	G	174%	38	121%	↓	The high percentage achievement last month is reflected in the lower percentage this month.
29	Number of Multi Factorial Risk Assessments Completed - Falls Prevention	Apr-18	180	16	65	406%	G	295%	16	406%	↑	
30	Number clients completing their PHP - Falls Prevention	Apr-18	230	21	21	100%	G	139%	21	100%	↓	The high percentage achievement last month is reflected in the lower percentage this month.

* All figures received in May 2018 relate to April 2018 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

PUBLIC HEALTH MOU 2017-18 UPDATE FOR Q4/EOY

Directorate	Service	Allocated	Q4 Update	YTD expected spend	YTD actual spend	Variance
P&C	**Chronically Excluded Adults (MEAM)**	£68k	CEA caseload update: Referrals: 9 Accepted: 6 Closed: 5 Active: 29 (at end of quarter) 13 in independent accommodation 6 in supported accommodation 9 in other circumstances e.g. sofa surfing, rough sleeping, HMP 21 positively engaged in treatment and support including drug and alcohol treatment, mental health support, probation, physical health issues. --- The final copy of the CEA 5 year strategy 2018-23 is attached.  Cambridgeshire Counting Every Adu	£68,000	£68,000	0
P&C	**Education Wellbeing/PSHE KickAsh**	£15k	10 Secondary schools recruited and participating in KickAsh Programme for 2017-2018. Training programme for mentors completed. Primary programme is progressing. Whole School collaborative event planned for all KickAsh mentors for 28 April 2018. Secondary school event held in March at around the time of what would have been National	£15,000	£15,000	0

			No Smoking Day.			
P&C	**Children's Centres**	£170k	Over the last 12 months, a review of Children's Centres in Cambridgeshire has been completed resulting in the implementation of the new Child and Family Centre offer that operates across a wider age range, offering more responsive and flexible services on a district based structure. The level of frontline delivery has remained the same in the new offer and the consultation response renewed the commitment to delivering integrated health provision as a key part of this offer. The overall aim of the offer remains ensuring a healthy start to life for all children 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. The Public Health funding is utilised as part of the total budget to improve health of children, with particular focus on the youngest children. Close alignment and joint working with community health colleagues in Health Visiting, Family Nurse Partnership and Maternity Services is established and work is ongoing with CCG partners to develop a network of Community Hubs (part of the Better Births programme) from our centres.	£170,000	£170,000	0
P&C	**CAMH Trainer**	£66k	The CAMH trainers are employed by CPFT and deliver specialist mental health training for a range of roles working with children and young people. £20,000 is being removed from this contract annually to go into a broader children's mental health service contract. It will fund mental health literacy work/training in schools. This contract came into effect on 1st January 2018 and has been awarded to CHUMS. As a result the schools briefings and e-learning offered by the CAMH trainer are being reduced. In addition a £5k saving is being made in 2018/19 for this contract. The service is adapting to these changes, and this has been a key focus of this quarter. The CAMH Trainer is continuing to deliver the CAMH Foundation Module, which is popular with schools and the wider children and young people's workforce. This course supports individuals to build knowledge and confidence in identifying and responding to mental health issues in young people. Awaiting latest data, however, between 1/4/17-17/10/17 there was delivery of: • Whole School Briefing (1 hour sessions) – delivered to 3 schools	£66,000	£66,000	0

			• Schools Workshops (follow-up to Whole School Briefing) – 2 schools • 'Be Confident' Seminar delivered • Youth Mental Health Awareness – 4 courses • Continued delivery of the Foundation Course for cohorts 14 and 15 (11 days across the 2 courses) • CPD day delivered • Resilience training – 3 courses Youth Mental Health First Aid – 1 course.			
P&C	**Strengthening Communities Service - KickAsh**	£23k	**<u>January</u>** **Training** was delivered to a small group of mentors at **St Ivo school**. This involved educating the young mentors on legislation relating to the sale, display and packaging of tobacco products and Nicotine Inhaling Products (NIPs) as well as providing information about counterfeit products and the harm they cause and the Challenge 25 scheme to help retailers keep to the law. Six mentors from **Sawtry Village Academy** carried out **positive business visits** with appropriate officers to five tobacco/NIP retail premises. Each shop received information from the students about the Kick Ash project, checks were made for compliance with all relevant legislation and a Challenge 25 training pack was provided to help the business comply with the age restriction applicable to tobacco products and NIPs. Meetings with the mentors took place at **Cottenham, Sawtry** and **Bottisham** colleges to discuss plans for No Smoking Day in March and possible additional work based on the vaping statistics obtained from the latest Health Related Behaviour Survey (HRBS). At the same time plans were discussed for the big Kick Ash event in April for all mentors from all participating schools to attend. Suggestions received from mentors at Cottenham that mentors could participate in the Race For Life 5km run in aid of Cancer Research in July. Planning continued this month for the big event in April 2018 for all 10 schools to attend including **finding and booking** the venue. **<u>February</u>** A brainstorming session took place with mentors from **Longsands Academy** to discuss the opportunities to positively promote the low statistics for vaping amongst the school's students as identified by the HRBS. Additional meetings with schools took place to confirm plans for Primary School visits. **<u>March</u>** **No Smoking Day 2018** took place on 14th of this month and support was given to a number of the colleges with their efforts for the occasion.	£23,000	£23,000	

			Further engagement to organise future engagement with Cottenham, St Ivo and Witchford schools is ongoing.			
P&C	**Strengthening Communities Service**	£10k	In addition to the day to day 'business as usual' engagement with communities in Fenland activities include: • Providing regular support to the Area Champion for Fenland, an elected member from within the Communities and Partnership Committee with responsibility for championing community action. Engagement a local level includes attendance at every Fenland parish councils sharing information on HFF and health initiatives. • Wisbech 2020: SCS Manager co-lead on the priority to 'secure resource to work within the community to develop new capacity', developing action plan and delivering to that. Officers actively engaged on the CLG supported 'Participation at Scale' project in Wisbech, aimed at increasing community development. • Facilitating discussions between Support Cambridgeshire and the training provider for the CLG fully funded accredited training for public sector officers interested in community organising, democratic engagement, community empowerment and social action. One day introductory course held in March. • Managing the Support Cambridgeshire contract and including training events in Fenland for community groups and volunteers, plus access to the Funding Portal (part funded by Strengthening Communities). • Time Credit networks in Chatteris, March and Wisbech continue with support from officers in SCS. A total of 50,000 hours have been worked by volunteers across Cambridgeshire throughout the life of Time Credits, expectation is that a third of those will be in Fenland. The communication campaign publicising the programme and the 50k milestone featured Glenda from Wisbech who was previously homeless and gained confidence, support, experience and employment through Time Credits. • Community Protection officers have been giving advice and support to four Fenland residents who were referred to the team as a result of investigations by the National Scams Team. Those affected by loneliness and social isolation are encouraged to take part in local community groups and coordinators. • Encouraging increased physical activity, health and wellbeing continues through • The Fenland Trails, promoting long distance walking routes within Wisbech, Wimblington, Chatteris and March.	£10,000	£10,000	0

			• Rings End Nature Intervention, with Friends of Rings end working with volunteers and developing their own nature intervention for health and wellbeing. • Wisbech Footpaths Volunteer Group, improved right of way network to encourage more people being physically active. • Table Tennis and sports sessions for young people and families with additional needs being provided in Wisbech. • Support for young people and families continues through • Weekly youth club run by volunteers in Gorefield and supported by Youth and Community coordinators. • Paws for Wellbeing: supporting animal assisted therapies for young people from a wellbeing centre in a primary school. • Library activities and Arts Alive/Library Presents performances in Fenland Libraries. Community resilience development • Rima Ladies and Families: Group of local Eastern European ladies who now meet weekly and deliver information and family activities. Signposted to Wisbech CLLD for funding opportunities. • Strengthening workforce in museums: encouraging and recruiting volunteers and trustees in museums in Fenland, including Wisbech, March, Chatteris and Whittlesey. Developing skill sets of those involved and encouraging volunteers from all ages and backgrounds. • Viva Communities and Families, play sessions for families being held in Wisbech (including in the library).			
P&C	**Contribution to Anti-Bullying**	£7k	This is a nominal amount and is part of a large budget, it is therefore difficult to pull out exactly what the £7k covers, and difficult to apportion amounts. This will be spent in total.	£7,000	£7,000	£0
			SUB TOTAL : P&C Q4	**£344,000**	**£344,000**	
ETE	**Active Travel (overcoming safety barriers)**	£55k	A total of 96 schools are now using Modeshift STARS for school travel planning 48 schools achieved bronze accreditation for their Modeshift STARS travel plans, 1 school has achieved silver and 2 Gold. Walk to School Month activity was delivered in October. Barnabas Oley school won the School of the East of England and also the School of the Nation Modeshift STARS Awards. This is a significant achievement for the school, reflecting a huge amount of effort on their part and also a recognition of the quality of service offered to Cambridgeshire schools through this scheme. This is also the second year in a row that a	£55,000	£55,000	0

			Cambridgeshire school has won School of the Region – Godmanchester Primary went on to be runners-up in the School of the Nation award in 2016/2017.			
ETE	**Explore additional interventions for cyclist/ pedestrian safety**	£30k	Adverts for students in Student Pocket Guide to promote safe cycling. A profile of cycling collisions in Cambridgeshire has been undertaken including both the cyclists involved and any other parties. This has shown that the demographic profile of cyclists and drivers involved in collisions where at least one bicycle is involved is almost identical (male commuters age 25-45), the only real difference being the mode of travel. This was used to support development of a Police operation using plain clothes officers on bikes (Op Velo) which began in February 2018 and will run throughout the year to provide advice to drivers and cyclists who drive/cycle carelessly as well as tickets for other offences detected. Resources for cycle promotion have been refreshed. Be bright be seen campaign was delivered in October/November for school pupils and in wider media.	£30,000	£30,000	0
ETE	**Road Safety**	£20k	This year has seen an increase to 26 schools on the JTA scheme and a further 15 on the waiting list. There are now 144 JTAs across the 26 schools. Activities they have undertaken include: - A competition to write 'be bright be seen' songs and poems for when the clocks changed - Walk to school promotion, including Happy Shoes Day - School assemblies - A school play - Designing their own banners for outside school - Charity events to support the Road Victims Trust Moving forward there is an opportunity to grow the scheme and meet the additional demand through the Council's new road safety hub approach in partnership with Peterborough City Council.	£20,000	£20,000	0
ETE	**Illicit Tobacco**	£15k	• Preparation and completion of cases, with 3 cases in Magistrates Court. Hearing dates confirmed in June. • Intelligence work on going. Intelligence received that 13 shops selling in Wisbech, other intelligence received about sellers and gangs in Wisbech. • Tobacco seized by Police and passed over to TS.	£15,000	£15,000	

			SUB TOTAL : ETE Q4	**£120,000**	**£120,000**	**0**
C&CS	**Research**	£22k	• Development of Cambridgeshire Insight to ensure sound and future-proofed platform for publishing JSNAs and other PHI data aligned with other datasets about the county • Production of population forecasts • New development surveys to support robust population forecasting methodology	£22,000	£22,000	0
C&CS	**Transformation Team Support**	£27k	**Business Planning** The Transformation Team continues to lead the Council's Business Planning Process, ensuring that the Business Planning process (and the Business Plan agreed by the Council in Q4) sufficiently aligns with the work of the Public Health directorate, and supporting Public Health colleagues to engage with the Business Planning process. **Business Transformation** • The Transformation Team remain available to provide project management support and advice to Public Health; as well as operating a range of projects that include public health representation • The authority's new project management system continues to be rolled out and refined at present; this includes Public Health projects and wider projects that public health colleagues are engaged in. **Links between Public Health, STP and Devolution** • The Transformation Team continue to engage and support the development of STP work led by Public Health, including the Ageing Well programme. • The Transformation Team worked with colleagues in People and Communities Commissioning to support the implementation of the BCF Plan following sign off in Q3, and put in place arrangements for monitoring delivery of the plan via the Integrated Commissioning Board. • Devolution work also continues, and the Transformation team will be involved in work on future devolution deals including the potential inclusion of public health activity.	£27,000	£27,000	0
C&CS	**Communications**	£25k	Comms worked on the following campaigns in the final quarter: • Stay Well • Dry January • No Smoking Day • One You • Health Checks • Change4Life	£25,000	£25,000	0

			We also supported reactive enquiries and the Health Committee			
C&CS	**Strategic Advice**	£22k	• Inputting strategically into the business planning process, e.g. Member workshops, Committee meetings, SMT meetings and CLT meetings • Managing the corporate risk management and corporate performance management frameworks and ensuring that Public Health is fully accounted for in these • Leading the corporate Health, Safety and Wellbeing Board to ensure that Public Health, & its role in supporting for staff wellbeing, is given greater focus • Managing winter alerts to encourage people towards self-care or other appropriate options instead of A&E attendance • Delivered a variety of communications campaigns Developing a campaign to highlight loneliness in the county	£22,000	£22,000	0
C&CS	**Emergency Planning Support**	£5k	Close co-operation with the Health Emergency Planning Officer (HEPRO) across a range of resilience tasks. • Provision of emergency planning support when the HEPRO is not available • Provision of out of hours support to ensure that the DPH is kept up to date with any incidents that may occur, and which may have impact upon Public Health. • Ongoing support across all areas of resilience preparation	£5,000	£5,000	0
C&CS	**LGSS Managed Overheads**	£100k	This continues to be supported on an ongoing basis, including: • Provision of IT equipment • Office Accommodation • Telephony • Members allowances	£100,000	£100,000	0
			SUB TOTAL : CCS Q4	**£201,000**	**£201,000**	**0**
LGSS	**Overheads associated with PH function**	£220k	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	**£220,000**	**£220,000**	**£0**
			SUB TOTAL : LGSS Q4	**£220,000**	**£220,000**	**£0**

SUMMARY

Directorate	YTD (Q4) expected spend	YTD (Q4) actual spend	Variance
P&C	£344,000	£344,000	0
ETE	£120,000	£120,000	0
CS&T	£201,000	£201,000	0
LGSS	£220,000	£220,000	0
TOTAL Q4	**£885,000**	**£885,000**	**0**

Agenda Item No: 10

ANNUAL PUBLIC HEALTH PERFORMANCE REPORT (2017/18)

To:	**Health Committee**
Meeting Date:	**May 2018**
From:	**Director of Public Health**
Electoral division(s):	**All**
Forward Plan ref:	***Key decision:*** **No**
Purpose:	**To present the Cambridgeshire Annual Public Health Performance Report**
Recommendation:	**The Committee is asked to note the information in the Annual Public Health Performance Report (2017/18).**

	Officer contact:	***Cllr Contact***
Name:	Liz Robin	Name: Cllr Peter Hudson
Post:	Director of Public Health	Post: Health Committee Chair
Email:	Liz.robin@cambridgeshire.gov.uk	
Tel:	01223 703261	

1.0 PURPOSE

1.1 The Annual Public Health Performance Report (2017/18) provides a summary of performance against the main public health contracts and deliverables over the past year.

2. MAIN ISSUES

2.1 Performance of services commissioned by the Public Health Joint Commissioning Unit is outlined in Annex A. These include sexual health and contraception services; drug and alcohol services; integrated lifestyle services and public health services commissioned from primary care providers (GP practices and pharmacies).

2.2 Performance of public health services commissioned by the Children's Health Joint Commissioning Unit is outlined in Annex B. These include health visiting, school nursing and family nurse partnership services.

2.3 Performance of local Health Protection services, which are provided by a range of organisations, was described in the Annual Health Protection Report (2017) which was presented to the Health Committee in May 2018.

2.4 Performance of the mandated Healthcare Public Health Advice service to local NHS commissioners is described in a separate paper to this meeting of the Health Committee. This report also makes reference to joint projects with the NHS delivered through the Sustainable Transformation Partnership (STP) such as the jointly funded STP falls prevention, stroke prevention and suicide prevention programmes, and projects delivered through the CCG such as the National Diabetes Prevention Programme (NDPP).

2.5 Performance of public health grant funded services provided by other County Council Directorates through the Public Health Memorandum of Understanding arrangements is described in detail through the PHMOU Q4 report in Annex 7 of the May Finance and Performance Report, also on the agenda for this meeting.

2.5 A range of other services are either directly delivered or commissioned by the Public Health Directorate, which are not included in the performance reports outlined above. Examples of these are listed below and further information is available on request.

2.5.1 Public health strategy development and implementation

The focus during the past year has been on

- Suicide prevention strategy
- Healthy weight strategy
- Public mental health strategy

2.5.2 Partnership working

- Public Health staff worked in partnership with other directorates within the County Council and with external partnerships to provide public health input and analysis. These included

- Health and Wellbeing Board (lead officer)
- Place based Living Well Partnerships
- Safeguarding Boards
- Child Death Overview Panel
- Vulnerable Children's Board
- County-wide Community Safety Strategic Board
- Drug and alcohol delivery board (Chair)
- Sexual health delivery board (Chair)
- Mental health commissioning board
- Integrated Commissioning Board (BCF oversight)
- Healthy Ageing Board (Chair)
- Local Nature Partnership
- Road Safety Partnership
- Cambridge Biomedical Campus Transport Study Working Group
- NHS Northstowe Healthy New Town Programme

2.5.3 **Public Health advice on environment, transport and planning issues**

- Review of public health implications of papers to E&E, H&C and C&I Committees (over 60 papers in 2017/18), with public health input at an early stage where health implications are significant.
- Scoping and commissioning of research to provide a future health profile for the Northstowe area in order to support the new models of care.
- Provision of public health comments at informal pre-application stage for a number of major growth sites (including Waterbeach New Town, Wintringham Park, St Neots Blueprint, Waterbeach Station relocation), and at the formal planning application stage.- The County Council is a statutory consultee on all planning applications received by the 5 district planning authorities and as such Public Health is an internal consultee within the County Council. We respond to all strategic sites applications and Pre-application advice which was mainly for six main sites last year, however each site requires many hours of public health input during the planning process.
- Acted as an interface between Planning team and Public Health England for Waterbeach Energy from Waste consultation
- Arranging training on air quality, for County Council transport planners and District Council officers across Cambridgeshire and Peterborough
- Submitted and gave evidence to the Network Rail public inquiry on closure of railway crossings
- Significant input into the NHS Northstowe Healthy New Town Programme which has delivered:
    - a tool to ascertain the type and numbers of older people's housing required in housing developments, which will be used nationally
    - a healthy living youth and play strategy for Northstowe
    - started conversations locally on the "new model of care" which is being recognised nationally
- Worked with Living Sport on a successful application to Sport England for the Core Markets Bid (circa £500K) , to support residents to maintain physical activity during the "life change" of moving to a new development

2.5.4 **Joint work programme with District Councils**

- Health is Everybody's Business workshops delivered in Fenland and East Cambridgeshire District Councils and Cambridge City Council.

- County Council public health workplace lead officer engaged with all District Councils to support delivery of healthy workplace programmes including trained health champions.
- Successful implementation of 'Lets Get Moving' community physical activity programme by all District Councils, funded from the County Council ring-fenced public health grant reserve.
- Evidence review of interventions to tackle social isolation delivered for South Cambs District Council, and used to support the work of a Member led task group, leading to agreed actions.
- Work with Fenland District council on the LGA sponsored 'Prevention at Scale' asset based community development initiative, focussed on Wisbech.
- Work with Living Sport, District Councils and Peterborough City Council, on a successful application to the Sport England Supporting Families to be Active Together Fund for £325k.

2.5.5 **Work with the Combined Authority**

- Participation in the Department of Work and Pensions 'Work and Health' procurement, with the Public Health Consultant: Health Improvement, acting as the Combined Authority representative, and chairing the local partnership implementation group, post-procurement.
- Providing public health input to Combined Authority activities including the the CA Outcomes Framework.

2.5.6 **Smaller voluntary sector contracts**

- Commissioning the 'Healthy Fenland Fund' and associated community development from Care Network and Cambridge Community Foundation
- Commissioning preventive sexual health outreach work for vulnerable communities from DHIVERSE.
- Commissioning the Stop Suicide campaign from MIND
- Commissioning the Rosmini Centre to deliver migrant worker communications

2.5.7 **Public Health Campaigns**

- Development and implementation of the 'Be Well in Cambridgeshire' website
- Delivery of a range of local campaigns aligned with national campaign calendars
- Local Stay Well in Winter campaign and small grants initiative.

2.5.8 **Traveller's Health Programme**

- Delivery of an outreach Traveller health programme, led by a public health nurse with support commissioned from the Ormiston Trust and CREDs team.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

Effective public health interventions promote a healthy and productive workforce.

3.2 Helping people live healthy and independent lives

Public health interventions directly support people to live healthy lives and stay healthy for as long as possible.

3.3 **Supporting and protecting vulnerable people**

Public health interventions to address health inequalities support vulnerable populations and communities.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

There are no immediate resource implications from the Annual Public Health Performance Report.

4.2 Statutory, Risk and Legal Implications

The County Council has a statutory duty to take such steps as it considers appropriate to improve the health of the local population.

4.3 Equality and Diversity Implications

No significant implications .

4.4 Engagement and Consultation Implications

No significant implications

4.5 Localism and Local Member Involvement

No significant implications

4.6 Public Health Implications

Covered in the main body of the report.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Not Applicable
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	Yes Name of Officer: Fiona McMillan
Have the equality and diversity implications been cleared by your Service Contact?	Yes: Name of Officer: Liz Robin

Have any engagement and communication implications been cleared by Communications?	Yes Name of Officer : Matthew Hall
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes Name of Officer: Liz Robin
Have any public health implications been cleared by Public Health	Yes Name of Officer: Liz Robin

Source Documents	**Location**
Annual Health Protection Report (2017)	

ANNEX A: Public Health Joint Commissioning Unit Performance Report 2017/18	

AUTHOR: Val Thomas and Public Health Joint Commissioning Unit (PHJCU)

1. BACKGROUND

The PHJCU was created in May 2017 and it brought together the Public Health Commissioning functions across Cambridgeshire County Council and Peterborough City Council. Three teams were formed, Drugs and Alcohol/Sexual Health, Lifestyles and Primary Care. This included staff from the former DAAT team as well as Health Improvement Specialists. It is led by the Assistant Director of Commissioning for Cambridgeshire and Peterborough and the Consultant in Public Health (Health Improvement) for Cambridgeshire and Peterborough. The model aims to bring together commissioning staff and Public Health staff to ensure that Public Health commissioning is informed by evidence of need and effectiveness, including cost benefits alongside robust commissioning practice. Health Improvement staff also continue to hold their wider roles in the public health team.

2. SCOPE OF THE PUBLIC HEALTH JCU

The JCU is responsible for the commissioning and performance monitoring of substance misuse, sexual health, lifestyles and all the primary care public health contracts. In addition, it also manages the commissioning and performance management of some smaller mental health contracts. It does not include children and young people's services, health visiting and school nursing, in its remit. These sit within the Children and Young People's JCU. It should also be noted that all staff are involved in wider work with partners to develop joint pathways and commissioning, shared strategic approaches and policy development.

3. PERFORMANCE

The following is an overview of the performance of the majority of the main contracts that the Public Health JCU manages until the end of Q4 of 2017/18 financial year. Not all the Key Performance Indicators (KPIs) are included in the report but those considered to be key to achieving the service outcomes are presented

4. INTEGRATED SEXUAL HEALTH SERVICES

The Integrated Sexual Health Services are provided by Cambridgeshire Community Services (CCS). It operates a hub and spoke model. Generally the Service is performing well with all KPIs being met, including targets for the proportion of patients offered an appointment and seen within 48 hours. The exceptions are as follows:

Table: Percentage of women who have access to Long Acting Reversible Contraception (LARC) method of choice within 5 working days of contacting service.

Threshold	Q1	Q2	Q3	Q4
90%	59%	54%	56%	65%

Table: Percentage of outreach sessions and attendance conducted in areas of high deprivation or aimed at vulnerable groups, including prison

Threshold	Q1	Q2	Q3	Q4
70%	77%	62%	63%	69%

4.1 Activity

Total sexual health monthly clinic attendance exceeds planned activity by around 5.3%. This increased activity is at all the hub clinics with the exception of Huntingdon which is underachieving by 13%. The highest level of activity is at the Ely and Wisbech clinics at 17% and 12% exceeded planned activity

Total contraception attendance is underachieving by 11% but telephone consultations are over-achieving by 19.5%. The majority of telephone calls do not require an additional clinic attendance and are an effective means of manging demand. The Fenland clinics are the over-achieving clinics.

4.2 Commentary

The prolonged wait for LARCs reflects the increased demand for the service from women who would have previously accessed this service from their GP practices. Currently the number of primary care clinicians trained to provide LARCS has fallen through retirement etc. A new LARC training programme has commenced and improvements are anticipated.

The second under-achievement area is the targeting of high risk/vulnerable groups. The threshold is 70%; in Q1 it was 77% then fell to around 62% in Q2 and Q3. This has improved in Q4 and is now 69%. This continues to be monitored closely and an action plan has been developed with the Terence Higgins Trust, which is sub-contracted by CCS to provide this Service

5. DRUGS AND ALCOHOL SERVICES

Inclusion Integrated substance Misuse Contract

5.1 Background

The Inclusion integrated adult specialist drug and alcohol treatment service provides preventative, harm reduction and recovery focused interventions enabling clients to access appropriate, and timely treatment in a range of settings appropriate to their needs, across Cambridgeshire.

It is the aspiration that the service will contribute to the delivery of the following outcomes:

- To contribute towards reduced alcohol and drug related attendance at A&E and alcohol and drug related hospital admissions. Where admission is necessitated by co-morbidity, then the objectives are to reduce hospital length of stay and reduce hospital re-admission rates.
- To reduce alcohol and drug related mortality.
- To improve people's experience of alcohol and drug treatment and care.
- To promote recovery through integrated treatment that involves family and carers, and provides access to holistic services.
- To reduce alcohol and drugs related harm through delivering interventions that make people aware of the potential risks of alcohol and drugs misuse.
- To improve the health and wellbeing of residents of Cambridgeshire.
- To reduce the impact on children and young people of growing up in households where alcohol and drug misuse is present.
- To ensure children and young people and vulnerable adults are appropriately safeguarded where alcohol and drug misuse occurs within the family.
- To include the delivery of effective Aftercare and support.

The current contract ends on the 30th of September 2018. A comprehensive recommissioning exercise has been conducted which is on track, now in the latter stages and drawing to conclusion. The new contract will begin on the 1st of October 2018.

5.2 Performance Summary: Areas of success

The following areas of success were noted at the Q4 performance monitoring meeting (Note: performance data for drug and alcohol services is held nationally through the PHE 'NDTMS' system and is confidential until fully quality checked and benchmarked. Therefore it is possible to give an overview, but not the detailed performance charts):

- Successful Completions across all substances are now sitting within the top quartile ranges.
- Representation numbers have stabilised in Q4 and are decreasing for alcohol and non-opiate clients.
- 100% of patients in Q4 2017/18 were seen within the waiting time target (percentage of clients waiting over three weeks to start first intervention).
- HCV testing data is continues to look positive, particularly in relation to new presentations.
- Substance misusing parents' outcome data is good across all substances (except abstinence rates): those successfully completing treatment are good and re-presentation numbers are lower than the national average.
- Completion of internal audit work (allocated a post holder for a 12 month period) has demonstrated an increase in quality standards and embedded new frameworks.

5.3 Performance summary: Areas for improvement

The following areas for improvement are noted. (These areas are being addressed via quarterly performance meetings and also monthly focus meetings with the service manager).

- Abstinence rates, there is some concern around the opiates and crack figures – both below the lower expected range.
- Retention in treatment for 12 weeks or more – some concern as numbers are falling despite new triage system being in place.
- Unplanned early exits numbers are on the rise and this is of some concern as this is nearly double the national average for some cohorts.
- Criminal Justice system has a lower proportion of offenders in contact with the treatment system across all cohorts and lower numbers of successful completions (apart from alcohol).
- 'No longer' injecting rates are lower than expected at the 6 month review stage and have consistently been below the lower expected range.

5.4 Other drug and alcohol services

The JCU manages a number of smaller services that work alongside the main providers and with other agencies

5.4.1 Cambridgeshire Adolescent Substance Misuse Service (CASUS)

CASUS is part of the Cambridgeshire and Peterborough Foundation Trust (CPFT) is a substance misuse service which covers Cambridgeshire (excluding Peterborough) provided for young people aged 12-18 years of age.

This service has historically been a high performing service meeting or exceeding all the targets met. By the end of Quarter 4 2017/18 CASUS had exceeded all targets part from one target relating to Children of Substance Misusing Parents Work. Although the service was very close at meeting the target.

The most frequent substance used is cannabis followed by ecstasy and cocaine. Opiate use among young people in treatment is now very uncommon. In recent months there has been an increase in the number of young people coming into the service. This is attributed to an increase in use of Xanax which is a short acting Benzodiazepine not widely available in the UK but available on prescription in the USA CASUS is currently developing some harm reduction material which will highlight the harms from Xanax and promote treatment pathways.

5.4.2 Youth Offending Service (YOS) Substance Misuse Service

This service is provided for young people under the age of 18 who are in contact with the youth justice system and who require support around their substance misuse.
The service has seen a reduction in Tier 3 interventions and an increase in Tier 2 work as YOS moves to a more preventative model. This is being monitored in the quarterly performance meetings. The percentage of successful completions sits below the national average but this needs to be seen in context. The national figure given is across all young people's services, the local YOS service picks up young people with the most challenging needs. In regards to reduction of excessive drinking, the local performance in this measure exceeds the national performance.

5.4.3 Controlled Drinkers Service

This is a 6 bed unit for people with a long-term alcohol misuse issue managed by Jimmy's located in Cambridge City. The service opened in 2006 and traditionally took a harm reduction approach to managing alcohol use. Following a recommissioning exercise in 2014 a more recovery orientated model was introduced. Success in the project is measured by the % of positive move-ons.

Table: % percentage of positive move-ons

Period	Percentage of positive move-on
2014/15 – Yearly average across all quarter	33%
2015/16 – Yearly average across all quarters	27%
2016/17 – Yearly average across all quarters	66%
2017/18 – Yearly average across all quarters	44%

The service works in close co-operation with the Inclusion treatment service. All new service users receive drink management plans which are signed off by Inclusion. The homelessness outreach worker at Inclusion makes regular visits to the project. Given the small number of beds the percentage of successful completions can vary considerably. The annual target is for 2 out of the 6 clients to move on positively in a year or 33%. Recent performance has been strong as the new model has become more embedded. The current contract runs until the 31st of March 2019. There remains a need for a service like this in Cambridge City., Work is planned to review the model as part of developing a revised service specification, and this is being undertaken as part of a broader review of supported housing being undertaken by the Councils Communities Directorate. This is due to report in July 2018 at which point a decision will be made on the timescales and scope of the recommissioning exercise.

5.4.4 Luminus Offenders Service

This is a 12 bed housing related support project in Huntingdon, the current contract started on the 1st of April 2017 and is comprised of a dispersed shared housing model. The service is aimed at people with an offending history and who are homeless. Candidates are selected who are committed to addressing their offending behaviour and receive accommodation based support. Referrals are managed via a Housing Panel comprising of the provider, Probation, IOM, CEA and the District Council which meets monthly.
15.1 Performance

Table: % of beds occupied

Period	Bed Utilisation
Q1 17/18	6 50%
Q2 17/18	6 50%
Q3 17/18	7 58%
Q4 17/18	9 79%

Following Luminus being awarded this contract there was a local restructure and a loss of experienced staff at the project. There is now evidence the service is starting to stabilise and fill up the beds. There are now new more experienced staff in place at this project following a period of high staff turnover. The new staff are reviewing the support service on offer and improving the procedures for supporting service users.

As part of this the service will be required to:

- Ensure formal reviews of all service user support plans and risk assessments take place quarterly
- Provided weekly face to face meetings and support sessions with each service user
- Introduce a house meeting at each property to ensure clients are getting on ok and resolving any difficulties
- Reviewing the system for tracking and evidencing the progress of client outcomes while they are at the project
- Delivering a range of internal life skills courses and also helping service users to access external opportunities which are available.

5.4.5 Cyrenians Offenders Service

This is a 10 bed housing related support project in Cambridge, the current contract started on the 1st of April 2017 and is run as a single specialist offender hostel. The service is aimed at people with an offending history and who are homeless. Candidates are selected who are committed to addressing their offending behaviour and receive accommodation based support.

This service has performed well in terms of finding appropriate candidates and the project is currently fully occupied. In quarter 4 there has been a total of 6 people who have moved on positively from the project out of the 10 residents.

5.4.6 Cambridgeshire and Peterborough Foundation Trust (In-patients detoxification services)

The service provide planned inpatient detoxification to service users with substance related dependency that require specialist medical, psychiatric and psychological care 24 hours a day, 7 days per week. The service provision includes 3 beds based on the Mulberry Ward (Fulbourn) for Cambridgeshire residents who are 18 years and over and who are in structured treatment with Cambridgeshire Specialist Treatment Services for either drug or alcohol misuse. The contract in place is a two year extension of the original contract that was awarded on 1st April 2016.

The average percentage of successful alcohol detox completions and drug detox completions in 2017/18 is good. A smoking ban was introduced across the hospital site at the end of Q2 2017/18, this has had an impact on overall bed occupancy and completion rates (particularly noticeable in Q3 2017/18) as service users have found it difficult to cope with their detox treatment whilst having to refrain from smoking. Some evidence to suggest that the smoking ban on site has led to early discharges although it was reported that in Q4 this appears now to be settling down.
The service response to this is to undertake strengthening preparatory work in relation to smoking cessation and to engage with service users who have recently used the beds to see how we can improve the current response.

5.4.7 The National Drug Treatment Monitoring System (NDTMS)

All drug and alcohol providers submit their treatment outcome data to the National Drug Treatment Monitoring System (NDTMS) where it is cleaned and matched to national and local comparators. These outcomes can be found in the Diagnostic Outcomes Monitoring Executive Summary (DOMES) and are used to demonstrate performance. However they are confidential until they have been fully quality assured and benchmarked, which means that they do not provide timely information to present to Health Committee. The aim is that new local performance indicators will be introduced through new contracts, that will provide additional more timely local information, which can be presented to the Health Committee in the routine Finance and Performance Report.

6. INTEGRATED LIFESTYLE SERVICES

In Cambridgeshire the Lifestyle Service is commissioned from Sports and Leisure Management Ltd. and provided by their Public Health organisation, Everyone Health. The Service includes:

- Health Trainer Services
- Falls Prevention Health Trainer Service
- Stop Smoking Services
- Adult Weight Management Services (Tiers 2 & 3)
- Child Weight Management Training
- Physical activity and healthy eating community programmes.
- Outreach NHS Health Checks
- National Child Measurement Programme
- Behaviour Change Training

(Please note Stop Smoking Performance across all providers is found in the Primary Section)

An additional health trainer service has also recently been commissioned for mental health. There is not any data on the mental health trainer, currently available for this report.

The Health Trainer service is divided into two different type of service models. The more intensive service which is based in the 20% most deprived areas where the health trainers are attached to GP practices. In the rest of the county there is less intensive service where health trainers are based in the community but receive referrals from practices. The health trainer graphs indicate performance against their key KPIs that they are required to achieve.

The other Services operate throughout the county. The Tier 3 weight management services delivered by Cambridge University Hospitals Foundation Trust (CUHFT) – Addenbrookes is delivered in Wisbech and Huntingdon as well as at the hospital in Cambridge. The following describes the Service's performance against its key indicators at the end of 217/18. (Please note Stop Smoking Performance across all providers is found in the Primary Section)

6.1 Health Trainers

Figure: Overall Referrals and Vulnerable Group Referrals

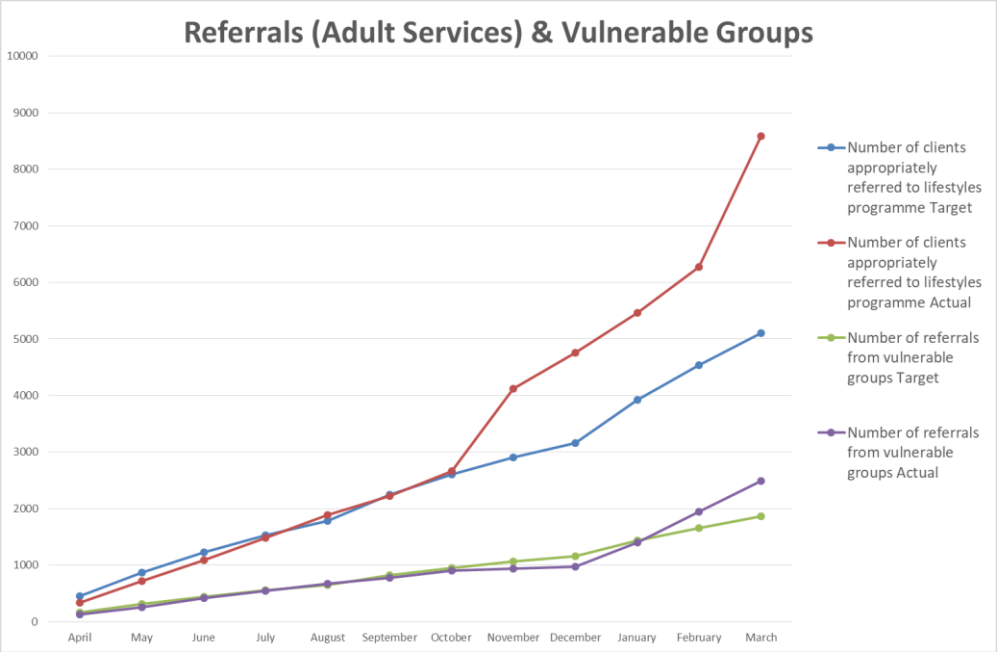
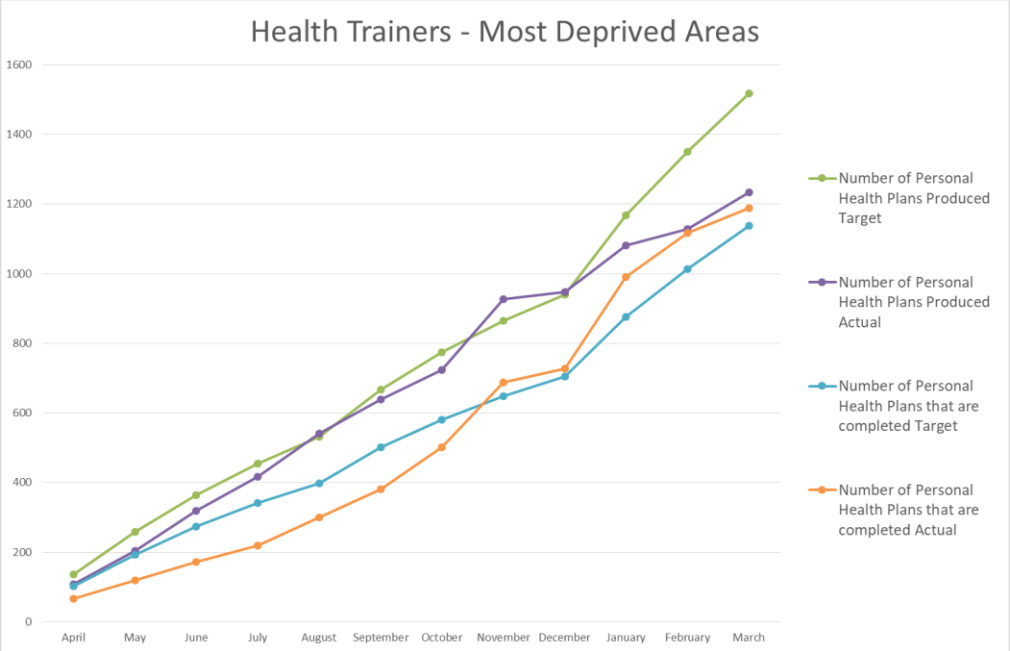


Figure: Health Trainers, 20% Most Derived Areas – Personal Health Plans Produced

Personal health plans are a key element of health trainer activity, as an evidence based intervention in support of behaviour change. Personal health plans include a number of goals to achieve the behaviour change and this is captured in the partial achievement indicator.



The underachievement of the number of personal health plans produced is consequence of clients initially being triaged by Health Trainers and then referred onto other services especially weight management services. However Health Trainers were including them in their client group. This situation has now been rectified and staff training has taken place.

Figure: 20% Most Deprived Areas: Health Trainer: Be Active Be Healthy

These are community based physical activity sessions and include Healthy Walks along with healthy eating sessions.

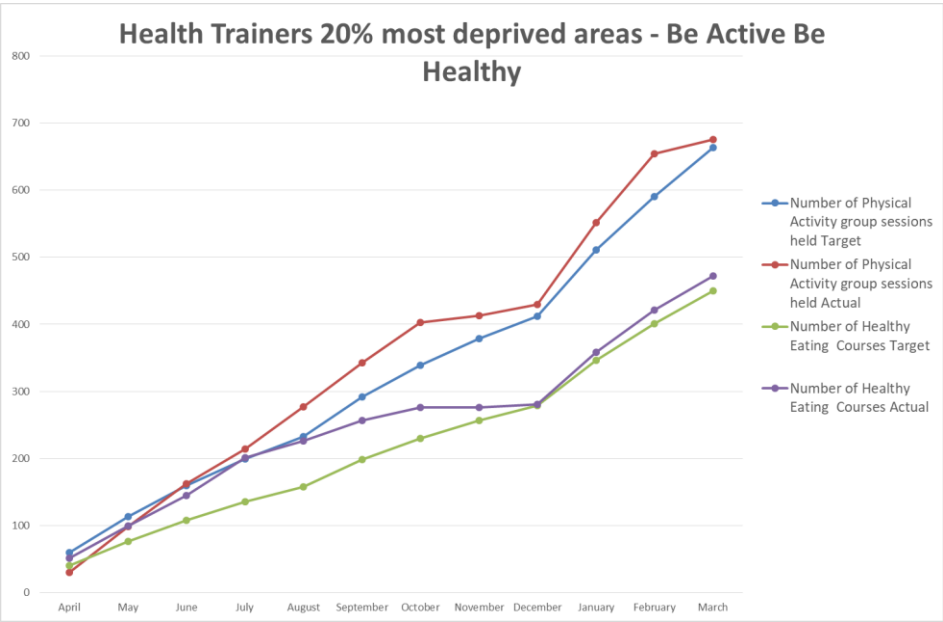


Figure: Health Trainers, Less Deprived Areas: Personal Health Plans Produced and Completed

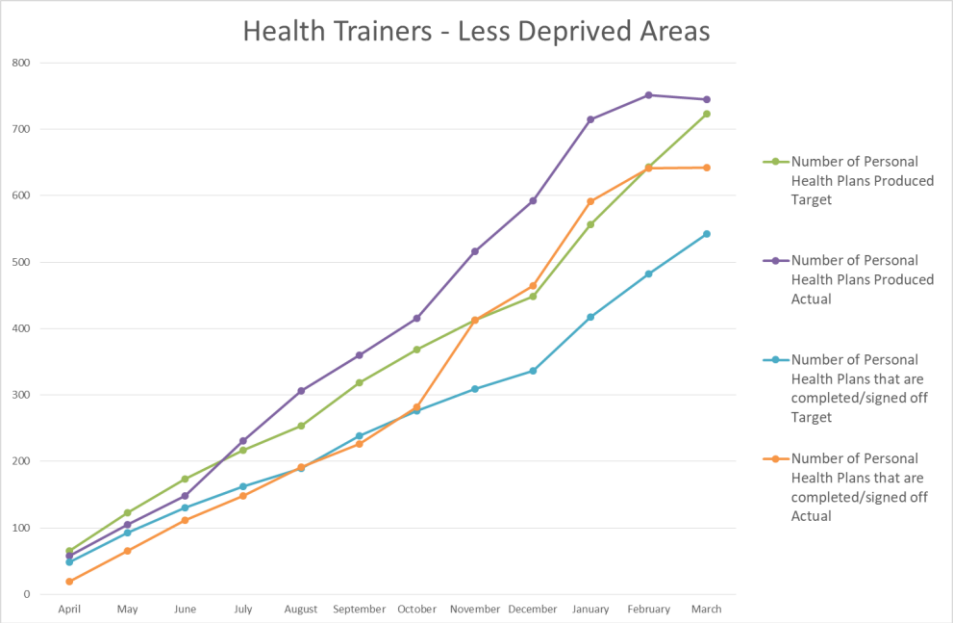
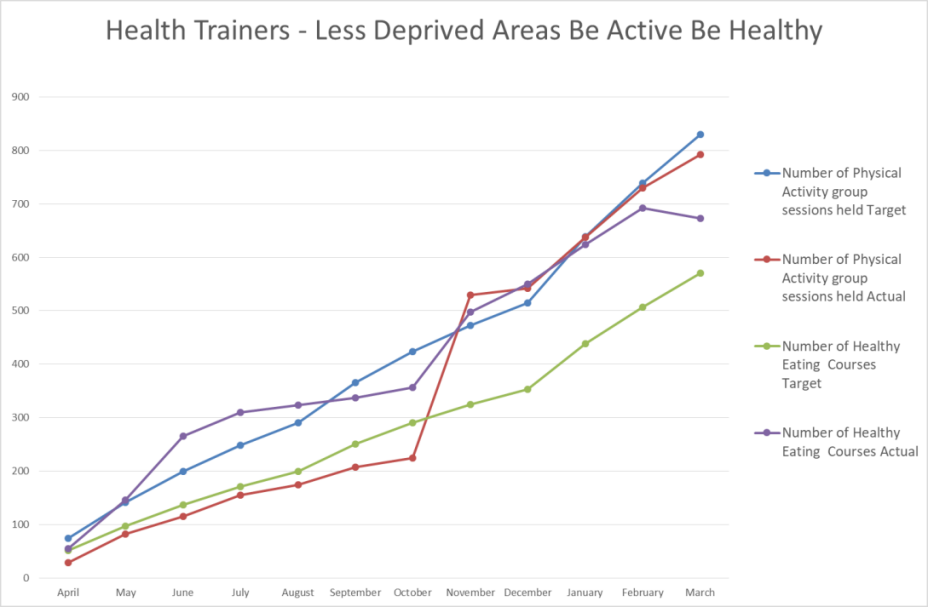


Figure: Health Trainers, Less Deprived Areas - Physical Activity and Healthy Eating Courses



The physical activity underachievement reflects the impact of the exceptionally cold weather in March when many walks etc. were cancelled. In the less deprived areas the activities are more focused on outdoor activities such as walks. The dip in performance was not experienced in the more deprived areas as interventions are more intensive and many take place indoors.

Figure: Falls Prevention

The Falls Prevention Health Trainers also uses the personal health plans to underpin the interventions that support the target group to avoid falling.

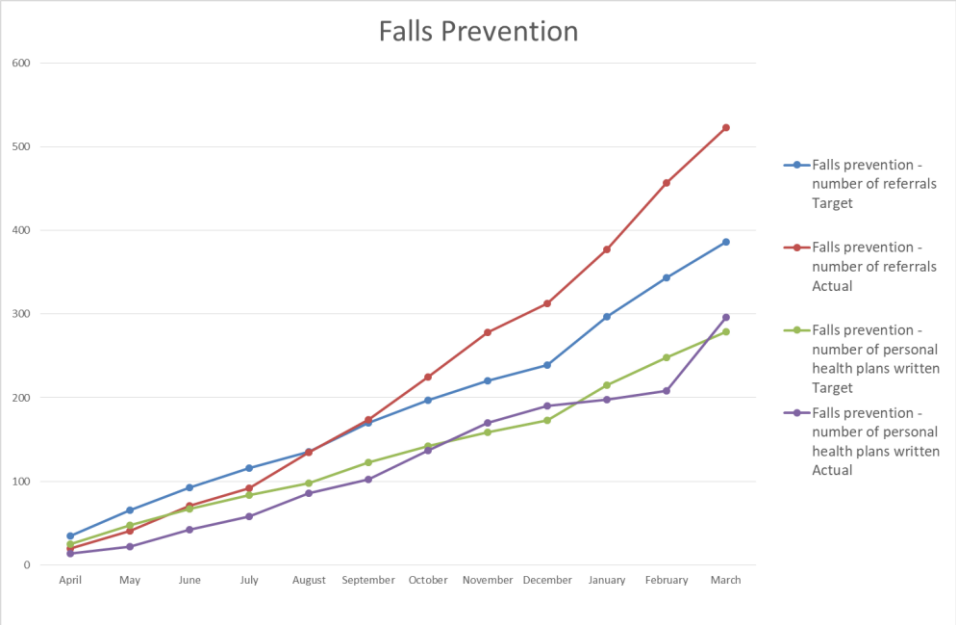
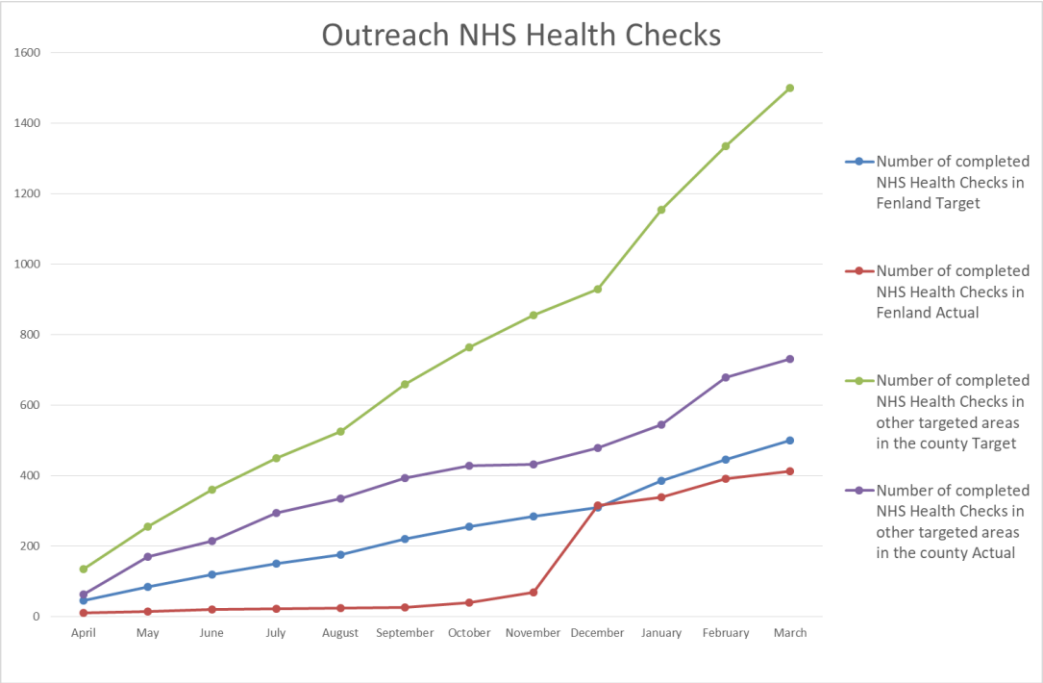


Figure: Outreach NHS Health Checks

This is undertaken by Health Trainers and complements the GP NHS Health Check provision by targeting more hard to reach population groups. There is a focus on Fenland which reflects the high rates of cardio-vascular disease and hard to reach population groups.

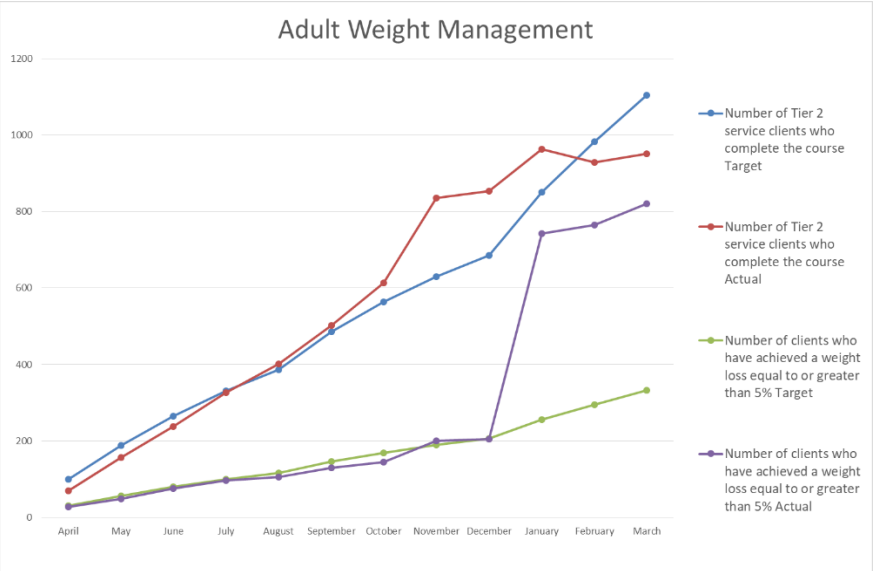


Althought he Fenland target was not met the figure represents vast improvement on 16/17 when only 37 people received an outreach health check compared to 410 in 18/19.

6.2 Weight Management Services

This includes Tiers 2 and 3 weight management services. Tier 2 is an evidenced based community service, where individuals receive a range of interventions. Patients referred for Tier 3 services may be triaged and access Tier 2 services if appropriate, as part of demand management for tier 3 services.

Figure: Weight Management Services – Tier 2



The underachievement of the number of people who complete the Tier 2 weight Management service is being analysed. They generally occur at the same time. Those who have dropped out of courses re being contacted to try understand the issues underlying issues associated with non-completion of the course.

Figure: Weight Management Services – Tier 3- Completers

The Integrated Lifestyle Service sub-contracts with Cambridge University Hospitals Foundation Trust (CUHFT) for the provision of the specialist Tier 3 weight management services which offers intensive interventions for more complex patients. The high % of completers includes patients who commenced treatment in in 16/17. Patients can be treated for up to year.

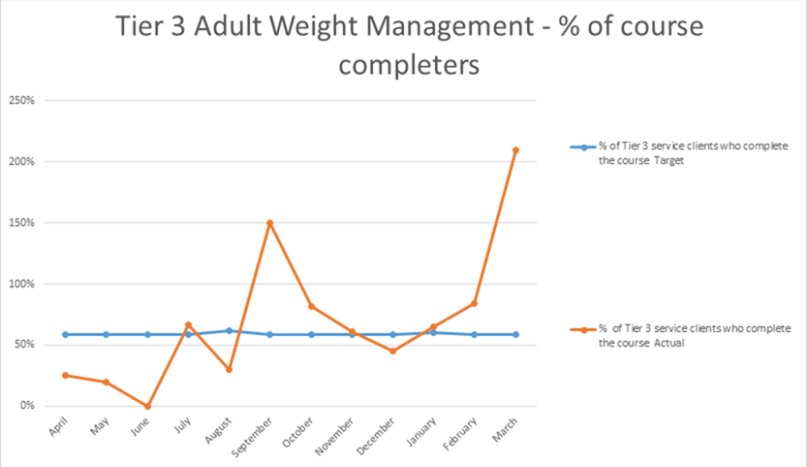
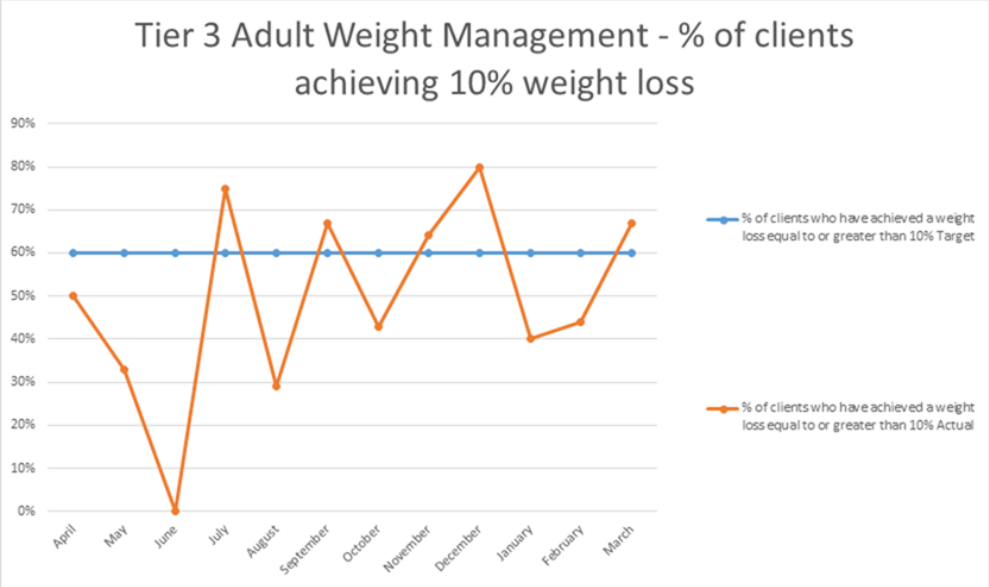


Figure : Weight Management Services – Tier 3- % of patients who achieve a 10% weight loss

Performance against the 10% weight loss target varied over the year that reflects the the different times that patients stay in treatment.



6.3 Commentary

Overall the Healthy Lifestyle Service has improved its performance with the majority of the targets being met.

The Service over the past year underwent considerable changes with a complete change of leadership and a number of interims which created considerable instability and fall in performance. A considerable amount of work has been undertaken with

the new leadership including a workshop to identify issues and approaches to improve performance.

The Service also hit its target number of referrals. Most Health Trainer Services are meeting or overachieving against targets. The National Child Measurement Programme has consistently over-achieved its targets

Referral targets for the Tier 2 weight management programme have been achieved and the weight loss target. The child programme has seen a high number of non-completers but those who do complete, meet the weight loss targets. The teams are reviewing the programme evaluations, model, branding and recruitment process to inform the 2018/19 schemes.

Considerable effort has been put into Fenland Health Checks in Quarter 4 with pop up clinics, community and workplace based events which has resulted in 82% of the target being achieved. A delivery plan has now been in implemented for the rest of the county where performance has declined. The plan includes lessons learnt for the Fenland Q4 improvements such as special events, clinic and improved marketing.

The behaviour change training has suffered through a lack of demand which has recently changed and training GP practices has commenced since agreeing it with the STP leads. The national training scheme has changed to make basic accreditation more accessible going forward.

Mental Health specification KPIs and delivery plan are in the process of being agreed. Going forward the improvement focus 18/19 is on child weight management programmes, Tier 3 weight management and the promotion of the services..

7. PRIMARY CARE COMMISSIONING OVERVIEW

A number of public health services are commissioned from primary care, that is, GP practices and community pharmacies. The table below identifies the services commissioned in the different areas.

Table: Primary Care Contracts in Cambridgeshire

Service	Cambridgeshire					
	GPs	**No. of contracts sent out**	**No. returned and delivering**	**Comm. Pharm.**	**No. of contracts sent out**	**No. returned and delivering**
Stop Smoking	x	77	66	x	109	40 NRT voucher only & 22 full service (62 in total)
NHS H.C.	x	77	71	X (Fenland only)	3	2
LARCs	x	77	65	N/A	N/A	N/A
EHC	N/A	N/A	N/A	x	109	46
Chlamydia Screening	x	77	69	x	109	40
Alcohol Detox.	x	77	33 (5 active)	N/A	N/A	N/A

7.1 Commentary

Contract returns and their timeliness in Cambridgeshire has improved in the past few years. Practices are not paid for any reported activity until they have returned their signed contracts. However, the community pharmacy contract returns remain challenging in terms of uptake and the finalising of contracts.

7.2. Stop Smoking Services

Primary care has been providing stop smoking services for a prolonged period. The core stop smoking services support practices to deliver the services through training and ongoing problem solving. Individual practices are provided with targets and there are aggregated targets for the two areas. In some practices the core stop smoking services provide some or all of the practice service and this is reflected in the payment structures. The service in community pharmacies is more limited and they also receive the same level of support.

7.3 Stop Smoking Services - Cambridgeshire

In Cambridgeshire, the Stop Smoking Service transferred to the Everyone Health Lifestyle Service in July 2017. These services also have targets and these are aggregated to measure performance against the overall local authority targets that are submitted to the Department of Health.

Figure: Cambridgeshire GP Stop Smoking Performance

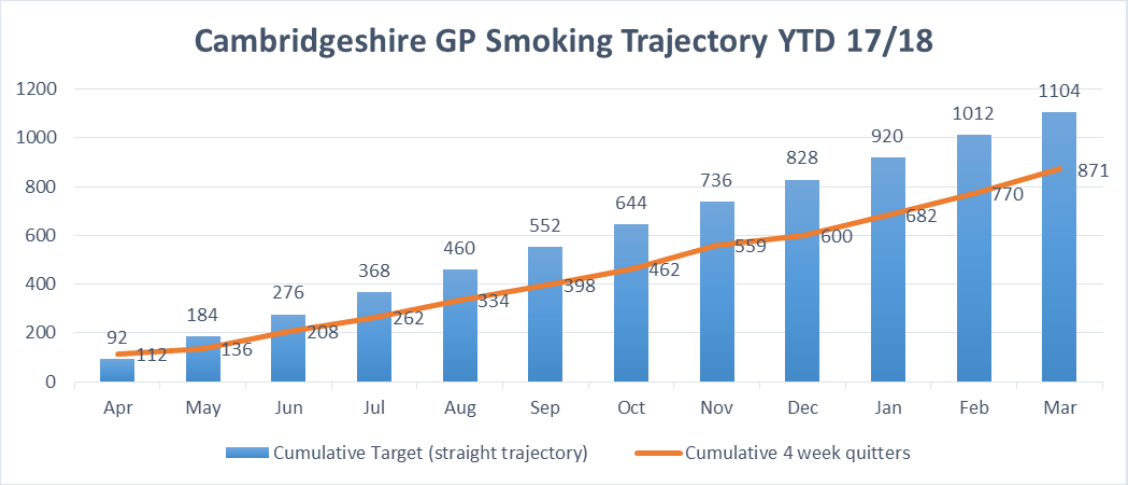


Figure: Cambridgeshire Community Pharmacy Stop Smoking Performance

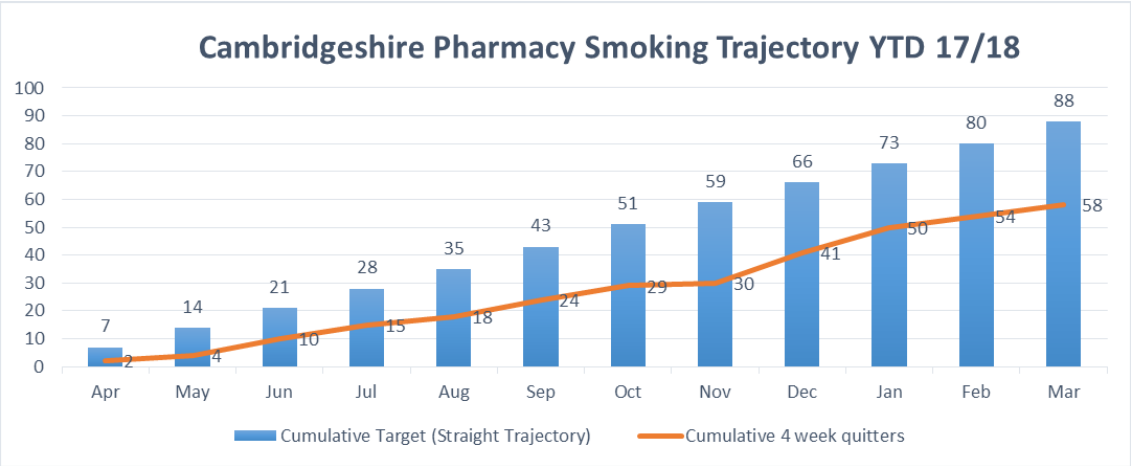


Figure: Everyone Health Stop Smoking Performance

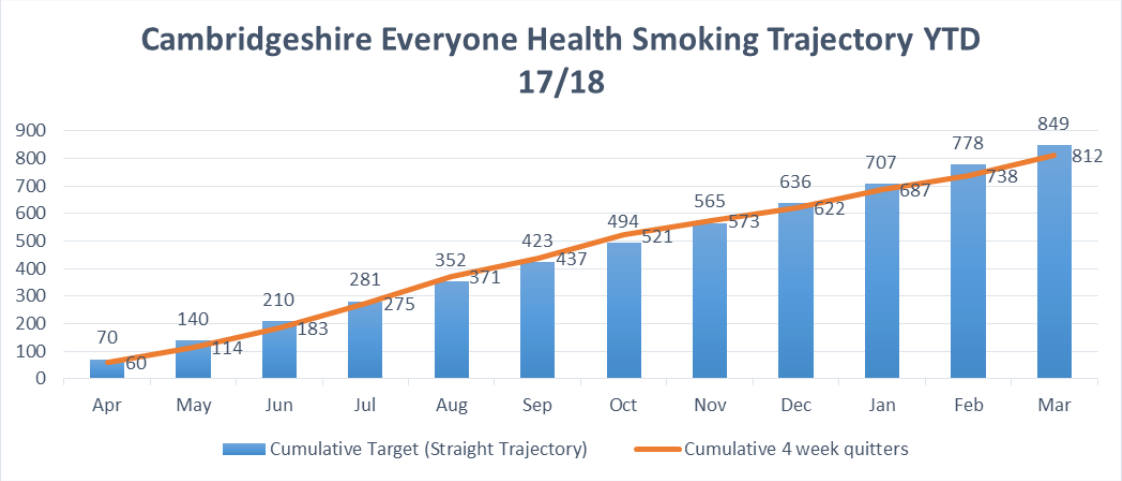
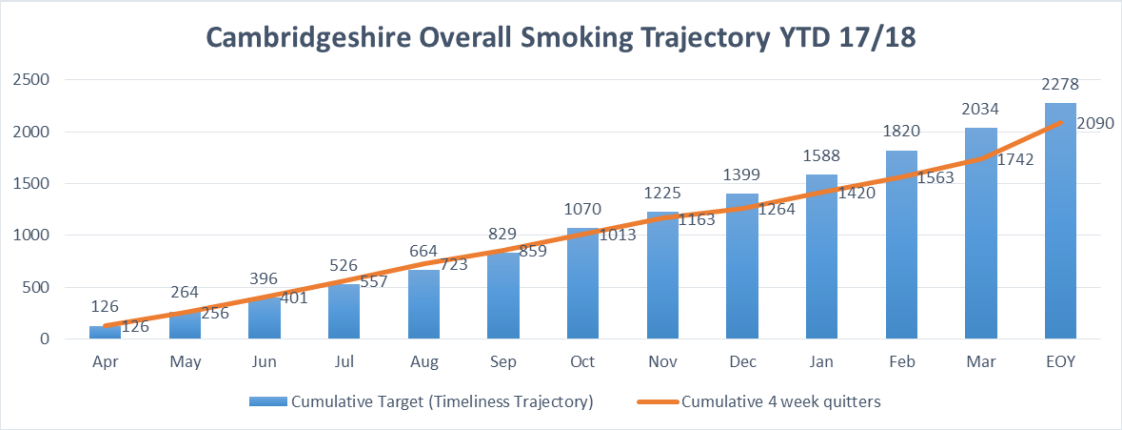


Figure: Cambridgeshire Overall Stop Smoking Performance

Cambridgeshire overall Stop Smoking Performance includes the cumulative 4 week quitters recorded from GP Practice, Community Pharmacy and Everyone Health (CAMQUIT). The overall trajectory is set based on timeliness..



7.4 Commentary

The annual target this year was not met. This reflects a continued fall in GP practice and community pharmacy activity. An increasing number of GP practices are choosing to request the core service to provide the service in their practices. Community pharmacy activity has been poor for the past three years and the JCU team have been meeting with the Local Pharmaceutical Committee to explore ways to improve the overall service and performance. The CAMQUIT service performance remains high, though slightly below the target figure. There was a substantial reduction in capacity during the second six months of the year due to staffing issues but at the end of June new staff had been recruited.

7.5 Long acting reversible contraception (LARCS)

The trajectories below are based on last year's out-turn and there is an ambition to maintain the same level of activity.

Figure: LARC Implant Insertion

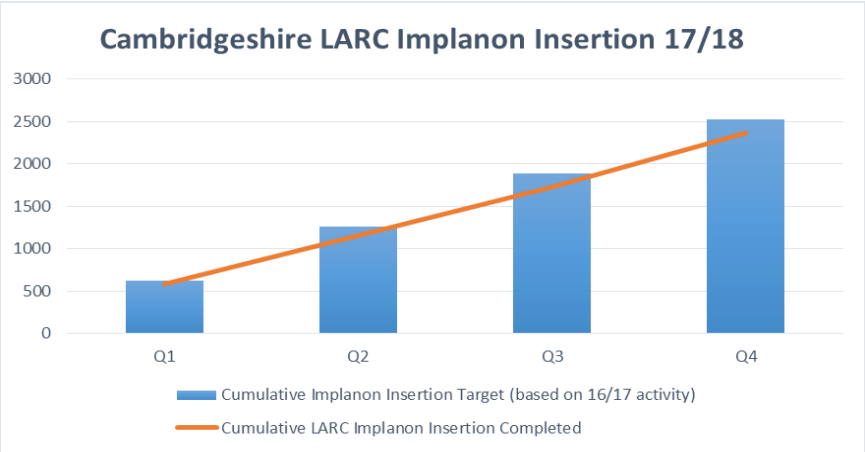


Figure: LARC Implant Removal

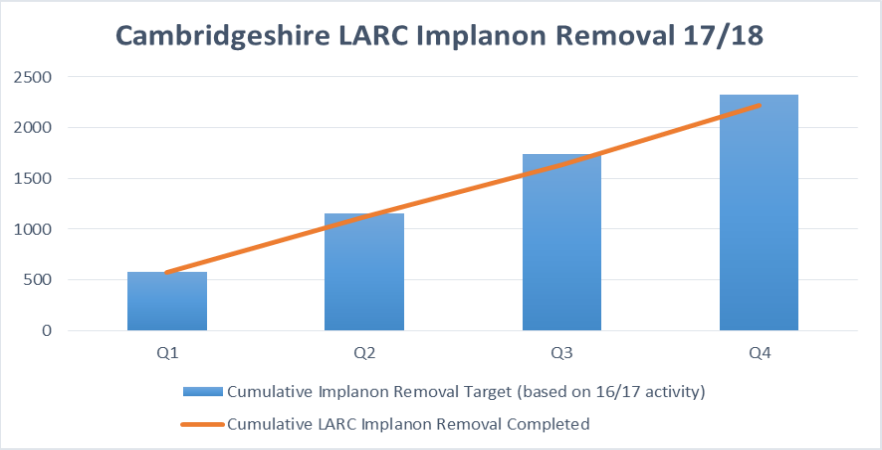


Figure: LARC IUCD Insertions

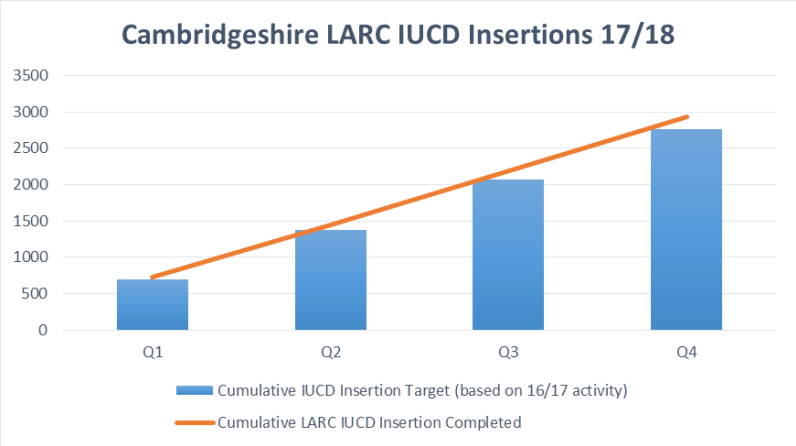


Figure 52: LARC IUCD 6/52 Week Checks

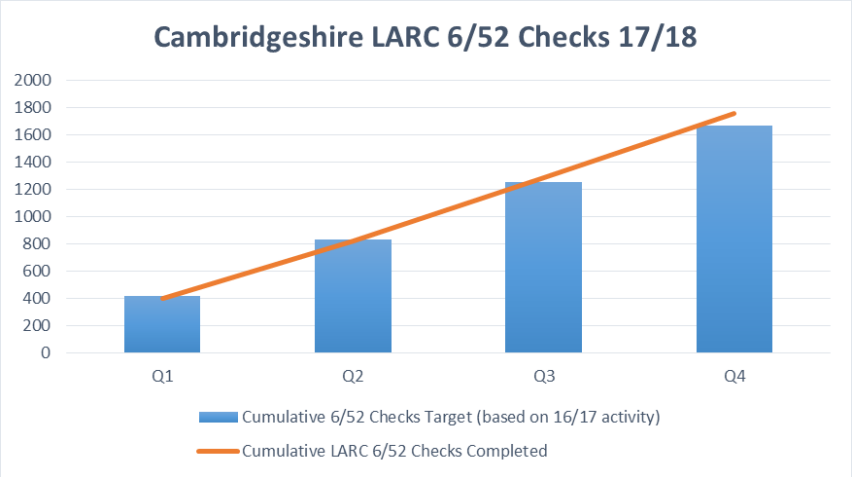
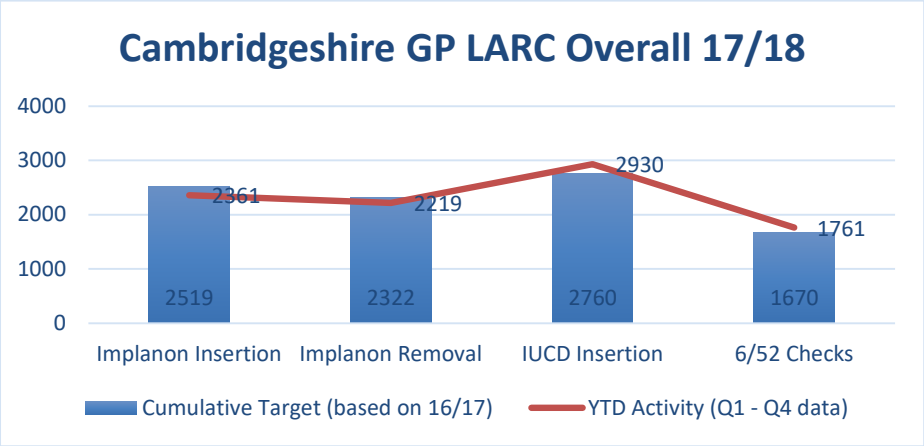


Figure 53: Overall Summary of LARCS Performance



7.6 Commentary

Targets for IUCD insertions and the 6 week follow up check were exceeded and 94% of the Implant insertions target was met. The team are working with the CCG primary care team to review and refresh the coding within the practice templates.

The LARC training programme is being promoted and there will also be a contraception update training session at the Practice Nurse forum in June.

7.7 NHS Health Checks (See Lifestyle Section for Outreach HCs)

In Cambridgeshire, NHS Health Checks are primarily provided in GP practices but there is a small number of community pharmacies in Fenland that provide NHS Health Checks. In addition, there is the outreach NHS Health Checks described above that are undertaken by the lifestyle provider Everyone Health. See Lifestyle section

Figure: NHS Health Checks GPs - Cambridgeshire

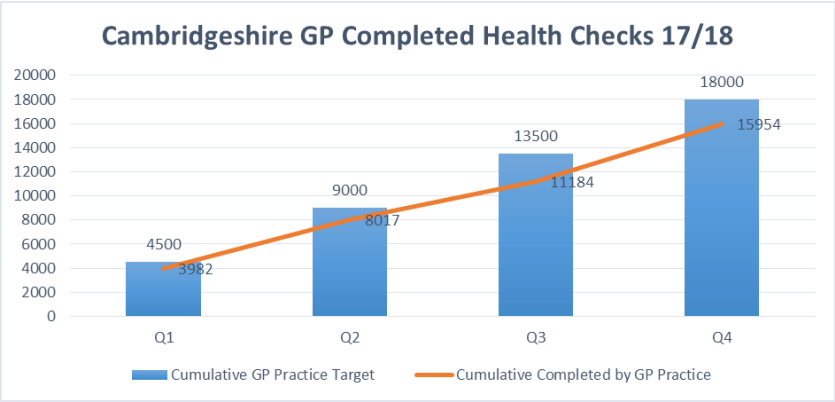
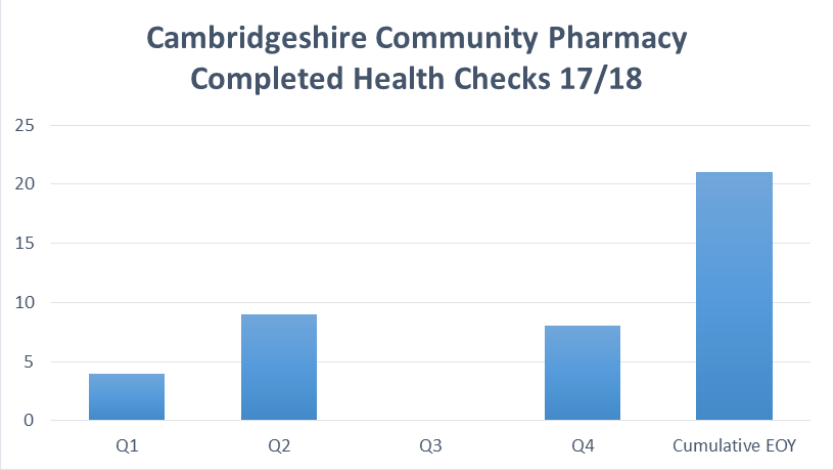


Figure: NHS Health Checks Community Pharmacies - Cambridgeshire



The Community Pharmacy Health Checks programme is a pilot scheme and was only offered to select Pharmacies in the Fenland area. No targets were set as these Health Checks are opportunistic. The chart represents the completed Health Checks in 17/18 only.

Figure: Cambridgeshire Overall NHS Health Checks

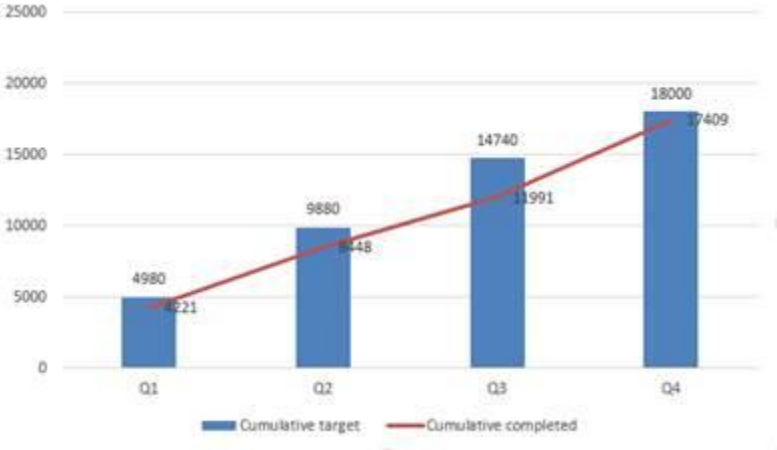


Figure: Cambridgeshire NHS Health Checks- Conversion Rate

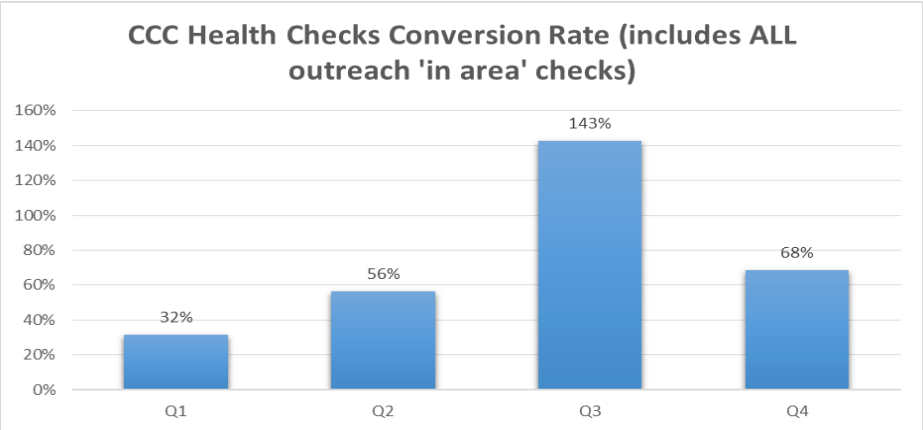
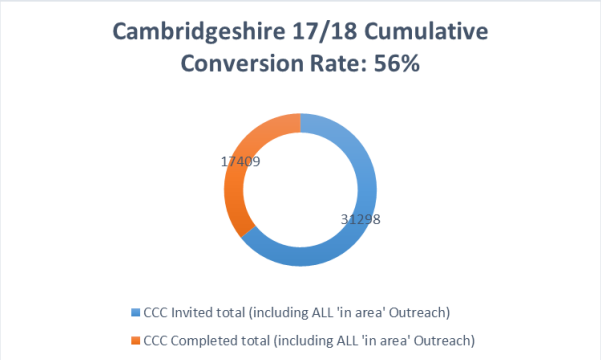


Figure: Cambridgeshire 17/18 Cumulative Conversion Rate

The cumulative figure reflects ALL quarterly data received to date.



7.8 Commentary

Health checks data quality continues to improve at the point of delivery and the JCU are exploring ways to improve the communication of health checks outcomes from outreach to the GP practices i.e. options to use “system one” rather than faxing or emailing outcomes.

The JCU team continue to work with the CCG Primary Care Information team to improve the Health Checks template and reporting codes as practices are confident in the use of this existing process and system. We are exploring the use of an existing clinical tool within the practice system to identify those eligible and target high risk patients who can then be invited as a priority for a health check.

Overall the number of Health Checks completed is similar to 16/17 but the conversion has improved form 39% to 56%.

7.9 GP CHLAMYDIA SCREENING

Primary care is include in the Chlamydia screening programme in Cambridgeshire.

Figure: GP Chlamydia Screening Target

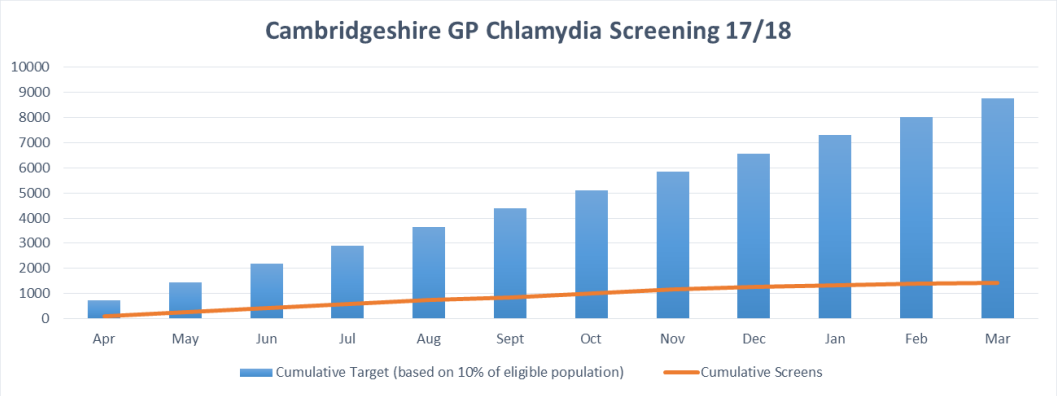
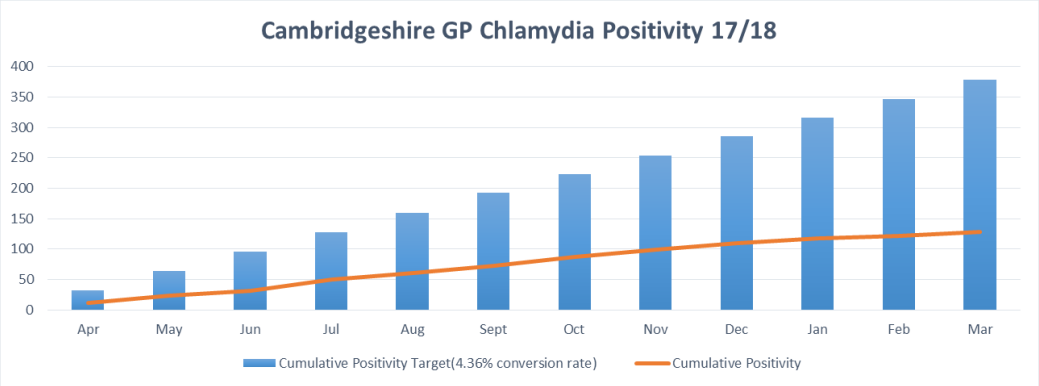


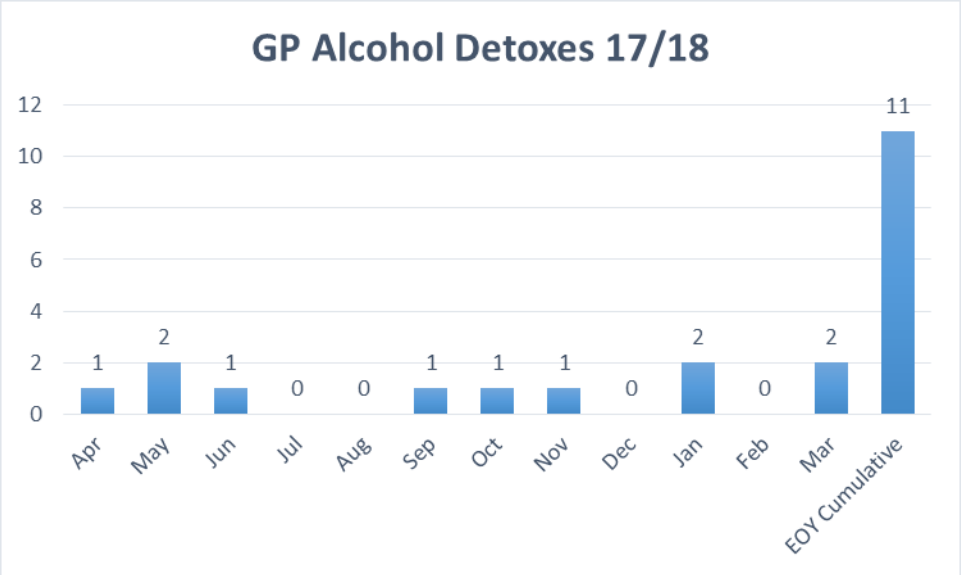
Figure: GP Chlamydia Screening Positivity Rate

The target positivity conversion rate is 4.36%, the actual is 8.9% (1431 screens and 128 positives). GPs are screening fewer than the target number but their high positivity rate indicates that they are screening the most at risk young people. The target number of screens will be reviewed for next year to reflect this approach.



7.10 Alcohol detoxification

Figure: GP Alcohol Detoxification



It has proved extremely challenging to engage GP practices in undertaking community detoxification (with the support of the treatment service) despite promotion and support offered to practices.

8.0 FOOD FOR LIFE PROGRAMME

Cambridgeshire County Council (CCC) and Peterborough City Council (PCC) both commission through separate contracts a school based programme that promotes diet and physical activity. The Food for Life Programme (FFL) is part of the Soil Association and works with schools helping them build knowledge and skills through a 'whole setting approach'. This engages children and parents, staff, patients and visitors, caterers, carers and the wider community to adopt a healthier eating lifestyle. It has been operational in Cambridgeshire for four years, focusing upon schools in more deprived areas where there are higher rates of childhood obesity. It has also started in early years settings in 2016/17

The targets for FFL focus upon recruiting schools of high need and supporting them to achieve the different levels of accreditation for the whole school approach (bronze to gold). The provider has a target number of schools to work with and accreditations to secure.

Schools: 2017/18 (end of Q4)

- 29 Schools (primary) are working towards a FFL award out of a target of 30
- 10 FFL Schools awards to date (all Bronze) (5 awarded in 2017/18 out of a target of 8)

- A further 10 schools may potentially achieve an award by June 2018.

Early Years: 2017/18

- 21 Early Year Settings have been engaged to work towards a FFL award out of a target of 20
- 3/5 new early years engaged for 2017/18
- 5 FFL Early Years awards to date out of a target of 20 with up to a further 8 settings predicted to achieve an award by June 2018.

8.1 Commentary

FFL has largely achieved their school engagement target. The focus in recent months has therefore been to support those 29 schools engaged to progress towards an award.

FFL has engaged more early year settings than their initial target and are working with these settings to support them to achieve an award, however it is not predicted that this particular target will be met.

The contract for this service will cease in June 2018. Services provided through this contract have however been incorporated into a new Healthy Schools Service specification that is to be procured for Cambridgeshire and Peterborough. The new Healthy Schools Service is due to begin delivery in September 2018.

9 HEALTHY WORKPLACE SERVICE

In 2017/18 Cambridgeshire County Council and Peterborough City Council commissioned Living Sport through separate contracts to provide health improvement interventions within workplace settings. There is a particular focus on targeting employers with routine and manual workers to improve access for this group and tackle health inequalities.

The targets for the workplace programme focus upon numbers of new employers engaged, numbers of Mental Health First Aid Lite training sessions delivered and number of support networks provided (in order to maintain engagement with workplaces involved in the programme).

Health Champion training sessions are also provided to ensure that volunteers within engaged organisations can signpost to local services and run health focused campaigns for staff. The programme is closely aligned with the Integrated Healthy Lifestyle Services in each area to ensure outreach NHS Health Checks, weight management and other services are part of the workplace health 'offer' for employers.

Table: Cambridgeshire 2017/18 (End of Q4)

Description	Annual Target	Q1 – Q4 achieved
New employers engaged	**11**	**12**
Mental Health First Aid Lite sessions delivered	**5**	**6**
Wellbeing Practitioner networks delivered	**3**	**4**

In addition, 16 sessions of Health Champion training have been provided to employers and 6 Health Champion Networks across Cambridgeshire and Peterborough.

9.1 Commentary

The current provider, Living Sport, has met or exceeded their overall targets in both Cambridgeshire and Peterborough.

As the existing contract was due to expire a procurement exercise has recently been undertaken for this service. Following this procurement exercise Sport and Leisure Management Ltd (Everyone Health) have been awarded this contract and will commence delivery from June 2018.

10. SUMMARY

This report only details main higher value or higher profile contracts and how any issues are being managed.
Currently, there are no outstanding performance issues relating to the Public Health JCU contracts not described here.
The next quarterly report will include information relating to the Lets Get Moving programme and the Healthy Fenland Fund.

ANNEX B (i) Cover note for Cambridgeshire Child Health Annual Performance Report June 2018

1.0 It is recognised that delivery of the child health mandatory checks has not been performing at a consistent, or satisfactory level for all reported areas. This cover paper summarises the issues and actions related to under-performing areas only.

2.0 Workforce:

2.1 The level of workforce, in particular Health Visitors continues to be the most significant area of concern in respect of achieving target performance for the Healthy Child Programme.

2.2 Mandated checks undertaken by Health Visitors are monitored quarterly except where performance issues occur and do not recover to satisfactory levels. In this instance, more frequent monitoring is undertaken through monthly contact, and further information is requested to provide assurance that sufficient actions are being taken to recover performance. It is recognised that there is a national issue with a wide range of NHS staffing in terms of recruitment and retention compounded by proximal retirement of skilled workforce, and this is reflected locally including the number of Health Visitors. Despite the 2014 call to action, national workforce issues have not been sufficiently resolved.

2.3 Locally our provider has had issues with recruitment and retention particularly in East Cambridgeshire, Fenland and City areas. This is reflected in achievement of performance targets here, with south Cambridgeshire second in performance and Huntingdonshire being best performing.

2.4 We have requested and received a draft business continuity plan and detailed workforce plans to provide us with an improvement trajectory against a timeline, and reassurance about which elements of the business continuity plan are at risk of being utilised.

2.5 The current issues that providers have reported in their workforce plan are:

- the availability of substantive staff in the 0-5 pathway is resulting in increased pressure on the clinicians and low staff morale and reduced performance.

As such they have worked to stabilise the situation by:

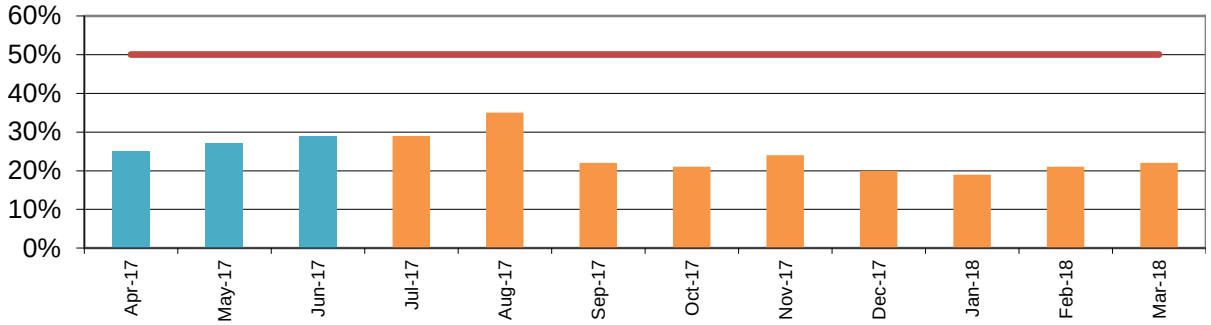
- Hunts locality has offered 2.0wte substantive staff to East Cambs & Fenland leaving 74% of HV capacity.
- East Cambs & fenland has 21% of substantive staff and this has been uplifted to 74% with the use of long term agency and bank staff.
- Cambs City & South has 60% substantive staff available uplifted to 72% with the use of long term bank

2.6 They have provided us with a detailed workforce plan that gives us a level of assurance that they are focussed on improving performance over the next three months whilst addressing long-term recruitment, management of sickness and leave. We will continue to closely monitor this plan on a monthly basis and seek to improve through the system transformation programme currently at planning stage.

3.0 Overview of exception performance monitoring

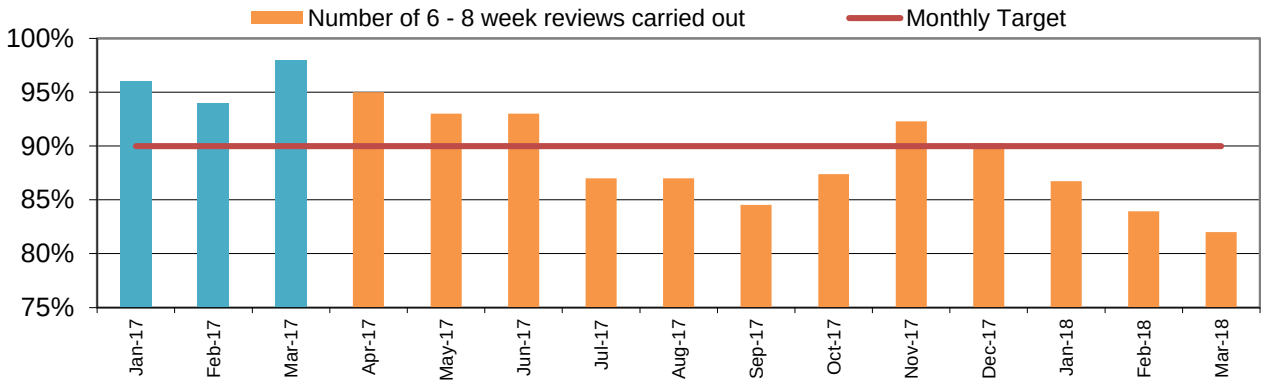
Detailed below are the areas we are currently monitoring closely, these are lifted from the performance report illustrated at a more granular level of monthly performance over the past 12-months. Accepting the workforce issues discussed above, we have also summarised in table format other specific issues and actions that are in place to mitigate

- **Antenatal checks – target=50%**



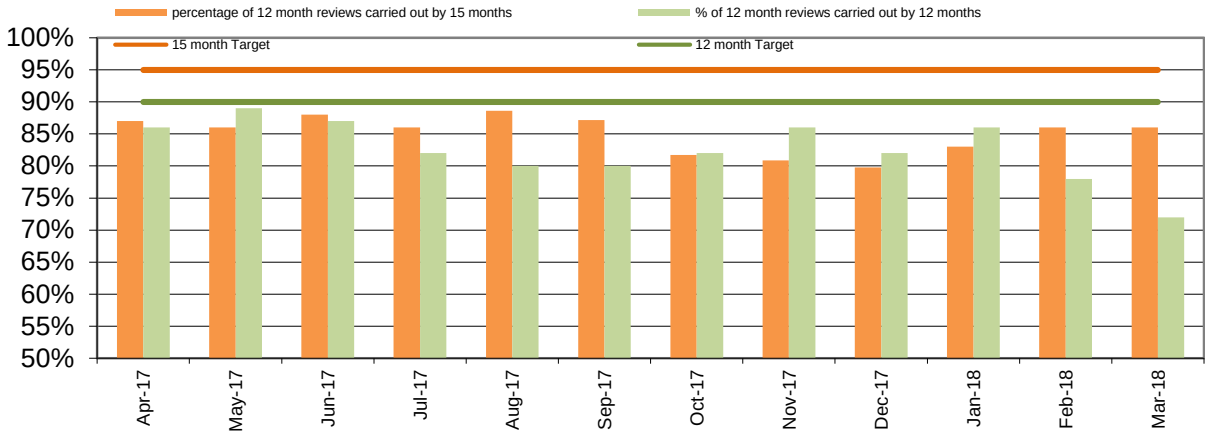
Issue	Action
Performance is significantly below the locally set target of 50% due to • workforce (addressed as a whole below) and • notification issues The intention to target first time mothers (primigravida) and vulnerable mothers has been negatively affected because of the lack of systematic new birth notification being received by Health Visitors	Notification Process • **QEH** - all processes agreed and in place. First data set will be shared w/c 2nd July • **Hinchingbrooke and Peterborough** – for Peterborough all processes are in place and due to commence w/c 9th July. Further discussions taking place for Hinchingbrooke as currently no electronic maternity system in use. Clinical lead and Lead midwife in communication. • **Addenbrookes** – Clinical lead for HCP and lead midwife are in discussion to agree a date for an initial meeting for discussion

- **6-8 weeks checks – Target=90%**



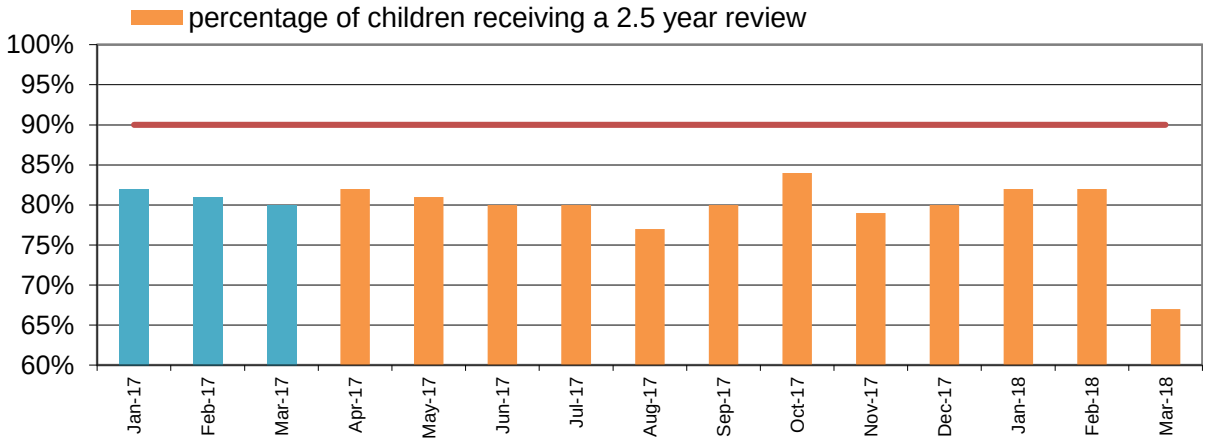
Issue	Action
Between November 2017 and March 2018 we have reported a 10% reduction in performance from 92% to 82% with a target of 90%. The issues relate to workforce (addressed above)	Workforce planning detailed above Universal checks have been offered in a clinic setting and will be monitored.

- **12-month review**



Issue	Action
This review has consistently failed to achieve the performance target over the year the widest variance being 15% percentile points against a 15-month target and 18 percentile points against the 12-month target. Performance is affected by those families who do not take up the check, or who do not attend an appointment	Exception reporting is in place for those parents who do not attend, or do not take up an appointment. A second appointment is sent out and if families do not attend then notification is sent to multidisciplinary teams. Exception reporting is in place for those families who DNA. If these numbers are considered within the calculation, then achievement of targets would be much closer for 15 months.

- **2 -2.5 yr check**



Issue	Action
Excluding the impact of holidays (August 17) and training (March 18) performance against target varies between 6 and 11 percentile points. This is compounded by the number of families who do not attend checks, or fail to take up the offer of a check. These	In addition to the previous comments in respect of follow up, there needs to be consideration by Public Health on actions that can be taken across the system to market and encourage a higher level of attendance/take up of checks

numbers are significant and excluding these from the calculation would bring performance up to 95% except for August 17 and March 18. The issue here relates more to take up of the check	

ANNEX B

Healthy Child Programme age 0-19

Performance Report 2017/18

The Healthy Child Programme is commissioned by the Children's Health Joint Commissioning unit. The CHJCU commissions public health, local authority children's services, and NHS programmes which support children and young people's health and wellbeing, ensuring that services funded by different commissioners are joined up around the needs of children and families. The CHJCU monitors outcomes from the public health, NHS and social care outcomes frameworks. Performance data is only given here for the public health programmes for which Health Committee is responsible – health visiting, school nursing and family nurse partnership.

Context - April 2018

This performance report is presented on a quarterly basis to the Joint Commissioning Unit which has membership from Cambridgeshire County Council, Cambridgeshire and Peterbrough Clinical Commissioning Group and Peterborough City Council.

It is a dynamic document which is amended to reflect changes in service provision. Over the next 2-years the services provided to children and young people will be subject to system wide transformation where the 2-main providers of our services are coming together. We will be working together with providers to undertake the transformation and are focussing on outcomes and commissioning of a consistent equitable service based on the principles set out below.

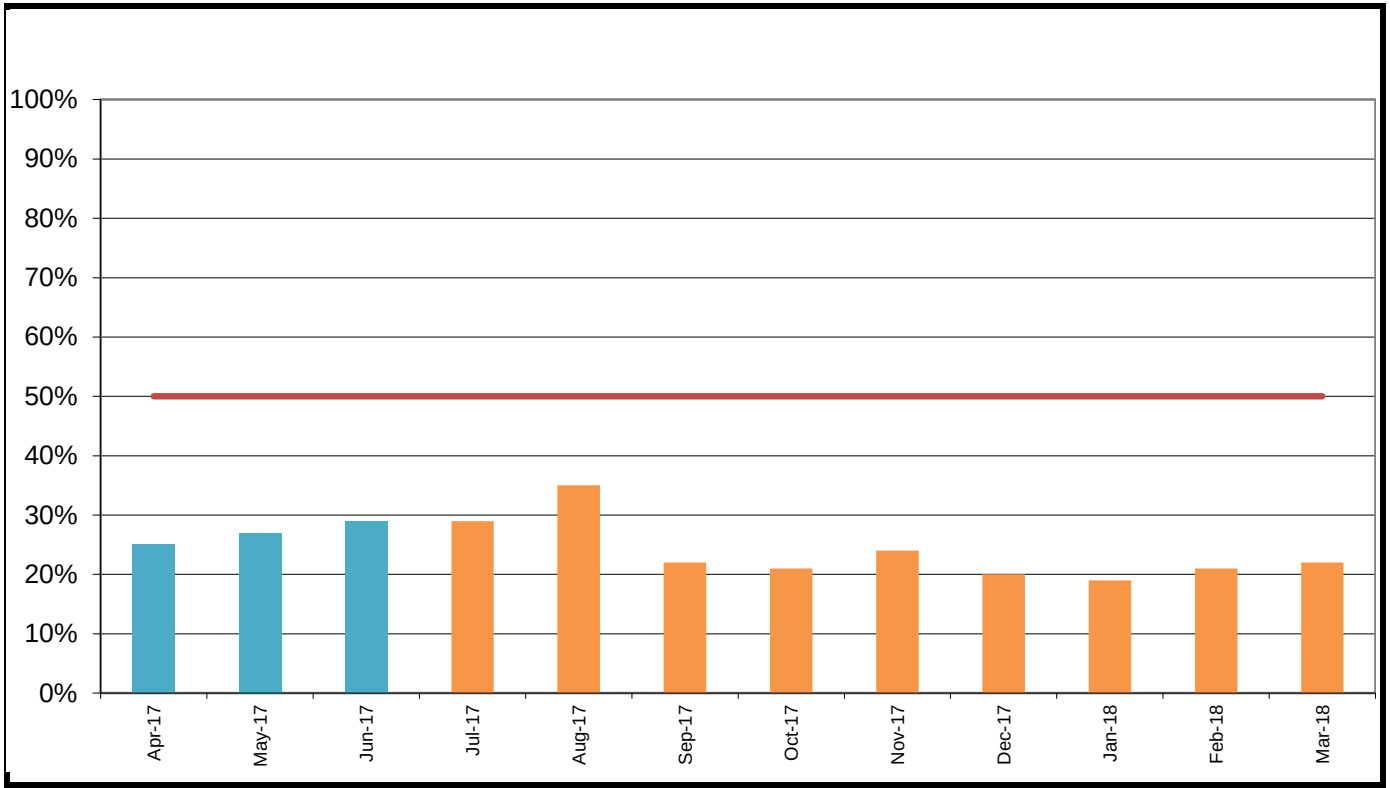
We recognise that some elements of performance are affected by provider staffing issues which is a reflection of the national position, workforce is therefore a key area where we are seeking innovation. We are prioritising areas of concern in the programme phasing.

In the meantime, areas of concern are managed through existing contract mechanisms

Principles	Description
Consistency	• Single specification for each service across the county to deliver equitable services • Consistent thresholds that prevent people falling through the system • Consistent policies, ie safeguarding, operating policies, HR, terms and conditions, recruitment
Evidence based	• Service delivery must have a robust evidence base of best practice, with continuous service review and improvement
Outcome focussed	• Mix of quantitative and qualitative outcomes • Meets all statutory requirements and outcome measures including Key Performance Indicators • Review of goals and achievements/Outcomes star
Needs led differentiated in response to local demand	• Responds to local needs • Service user feedback is embedded as part of service review/development
Flexible workforce to respond to demand across all service provision	• Work force is able to work in different settings and across different services with core training. • Policies and procedures are harmonised • Staff are exposed to different services and able to signpost and reassure CYP and families with a level of confidence • Provider culture is developed to build openness, trust and embed integrated working as the norm
Building on a community resilient, self-help model	• Enabling children and families to thrive, be resilient and cope at home, at school and in their neighbourhoods. This includes easy access to sound information and advice. • Where required, children and families get focussed help from evidenced based interventions as early as possible, in locally based services where possible • For those that require more specialist interventions, some community based services will be delivered across in more centralised settings • Shared decision-making supports children and young people's preferences and outcomes are closely monitored • Where a minority of children and young people are not benefitting from interventions and remain at risk to themselves or others, they and their families' schools and communities are supported to keep children safe in their daily lives and build their capacity to self-manage.
Integrated	• Less fragmented, fewer handoffs, process is clear and aligned to wider partners. • No barriers between LA and Health organisations. Single record • Seamless transition between internal and external service
Innovative	• Work with system partners as part of the STP and across CIP/QIPP plans, identifying opportunities that benefit wider systems • Solution focussed • Consider opportunities with community voluntary sector • Work with local areas to develop own solutions • Business acumen that benefits the whole system to address year on year efficiency requirements • Financial transparency

1. Healthy Child Programme

Proportion of Antenatal Contacts Recorded



Direction of travel	Target
↓	50%
Eastern Region	RAG
	R

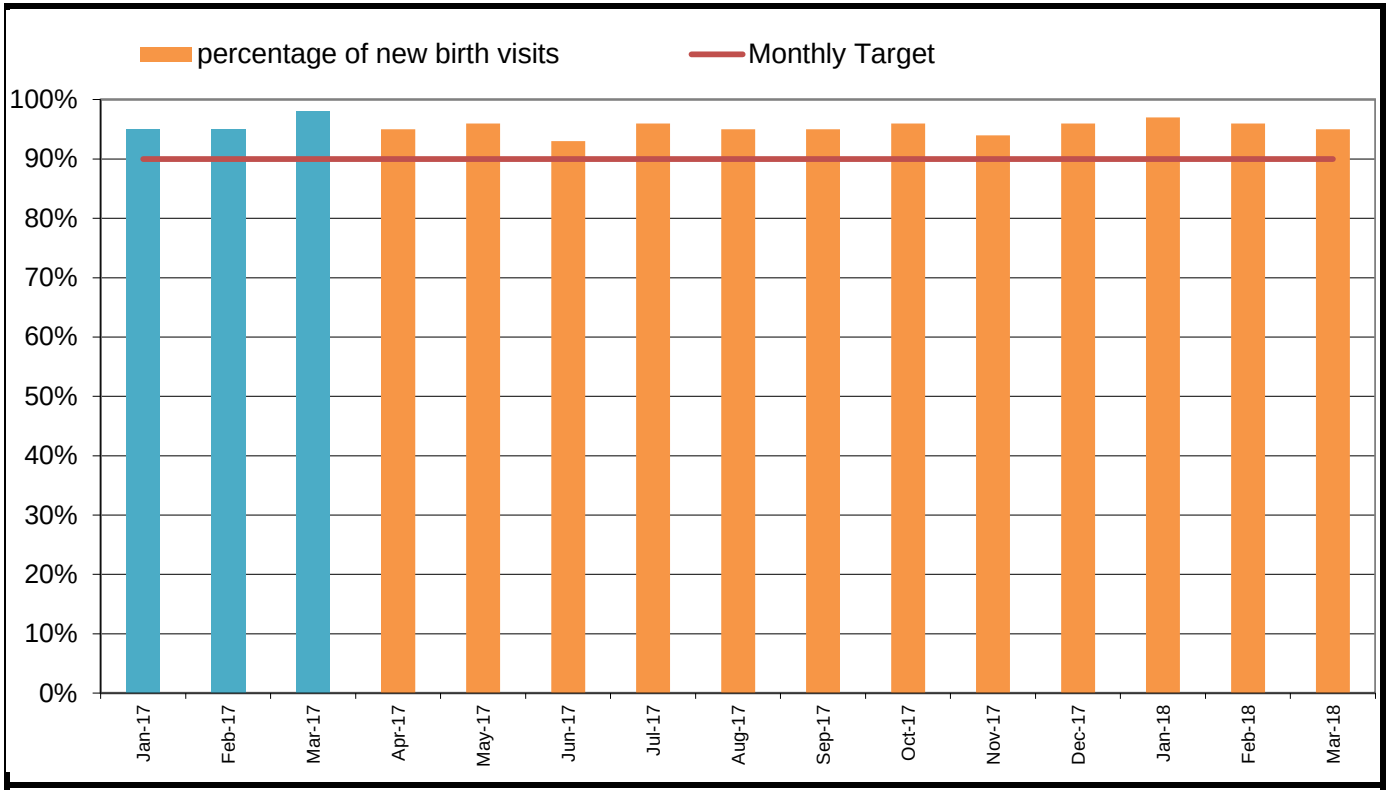
Although there is no national target for this mandated visit, in Cambridgeshire a local target has been set for 50%, however this is not being met. This is primarily due to capacity issues within the workforce, therefore the provider is currently targeting first time mothers and those who are vulnerable, rather than universally offered. Performance has also been affected by the notification process between midwifery and the healthy child programme which has not been sufficiently robust and also poses a challenge in achieving the target. The clinical lead and service lead for the healthy child programme are working with the acute midwifery units to introduce electronic notification systems which will ensure the team are made aware off all expectant women. To understand the scope of the issue Health Visitors are completing Datix incident forms when a visit is carried out but the pregnancy was not known to the HCP team. Locality workshops were held in April 2018 to investigate how the team can work differently to build capacity to deliver this contact. A clear strategy is underway to achieving the 50% target with the long term goal of achieving a stretch target of 90% in 2 years.

The antenatal contact is a promotional, listening contact, offering support as directed by the parents. It enables health visitors to offer early support, introduce the services and support parents in terms of preparing for parenthood. This contact is particularly targeted towards vulnerable women and precedence is placed on ensuring vulnerable groups are identified and offered an antenatal visit by their Health Visitor. Performance data for the antenatal contacts is not available nationally because of difficulties with getting the relevant denominator (monthly birth rate are used as a denominator in this instance). Although checks are mandated, there are no national targets and these are agreed locally with the Provider.

Cambridgeshire County Council

1. Healthy Child Programme

10-14 Day New Birth Visits Uptake within 14 days



Direction of travel	Target
↔	90%
Eastern Region	RAG
	G

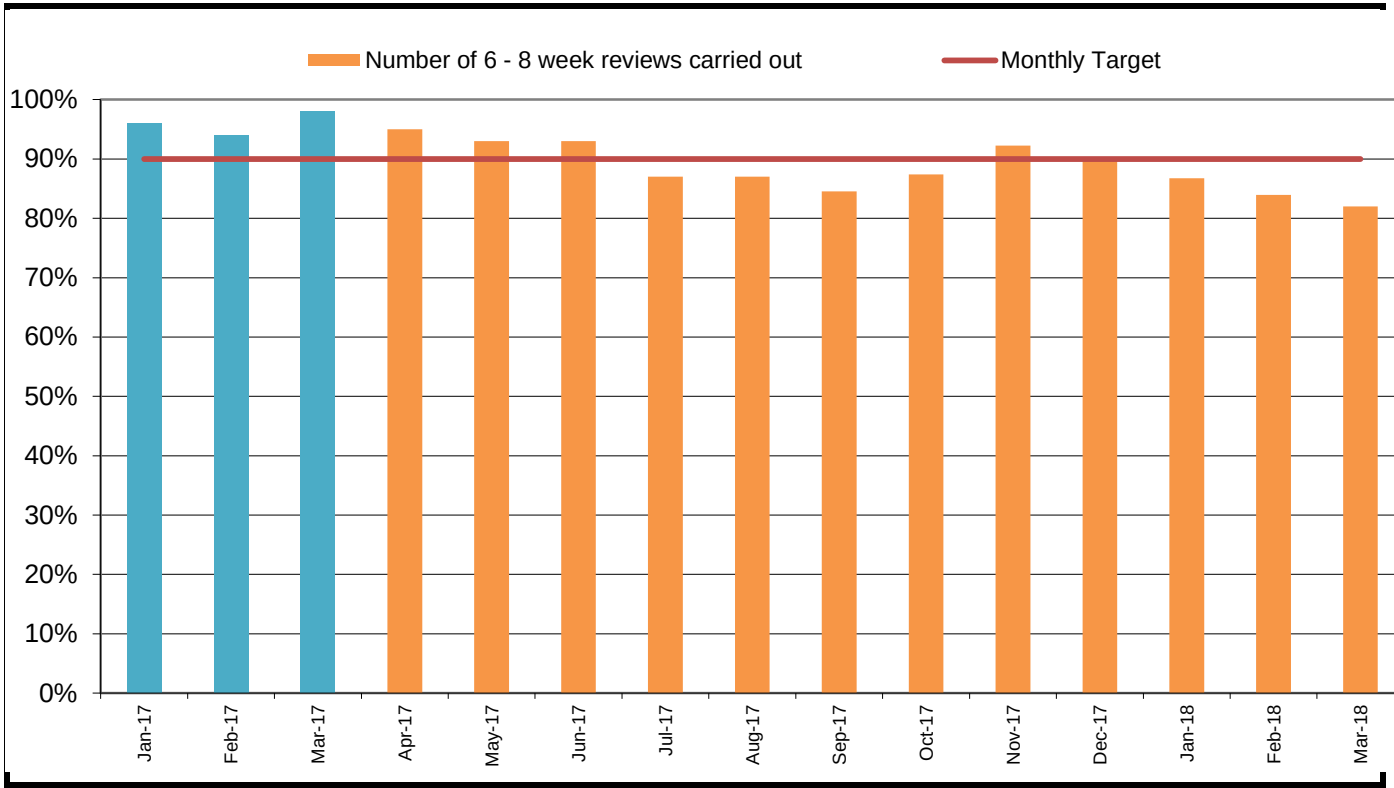
The 10 - 14 new birth visit remains consistent each month and numbers are well above the 90% target.

The new birth visit is a face to face review and will include the provision of information on a range of subject areas including infant feeding, SIDS prevention and safe sleep, the immunisation schedule and outcomes of all screening and NIPE examination results; they will check the new born blood spot status if this was not conducted by the Midwifery team. The Health Visitor will also assess maternal mental health and the baby's growth and development.

Cambridgeshire County Council

1. Healthy Child Programme

6 - 8 week reviews



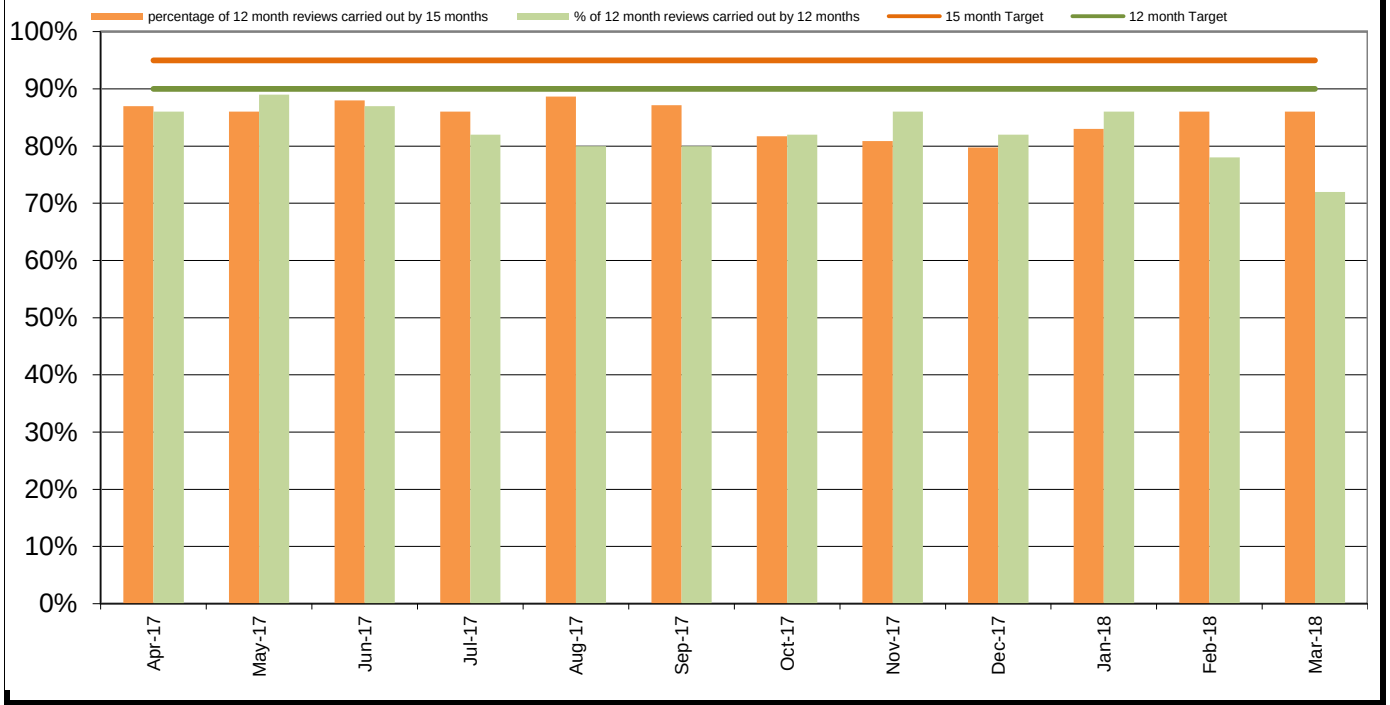
Direction of travel	Target
↓	90%
Eastern Region	RAG
	A

The performance for the 6 - 8 week review visit has fluctuated this year, averaging across the year at 88%, 2 percentile points below target. Due to the large geographical area, staffing and capacity issues in certain localities has impact on the overall performance. For example, in Q4, workforce capacity in East Cambridgeshire & Fenland and Cambridge City affected the overall percentage this quarter as this target was met in other areas. Where there are staffing issues, parents on a universal pathway are being offered the 6 - 8 week review via clinic based appointment rather than in the home, which impacts take up but this is being monitored. A recruitment strategy has been implemented with interviews being held in May and agency workers are in place in Fenland to support the team during the interim period. Despite these issues, Cambridgeshire continues to exceed the national average for this visit, which in 2016/17 was 82.5%.

This visit is crucial for assessing the baby's growth and well-being alongside providing core health messages, including breastfeeding, immunisations, sensitive parenting and for supporting on specific issues such as sleep. The Health Visitor will review their general health and provide contact details for the local health clinics and children's centres, where the mother can access a range of support. The visit, in addition to the 6 - 8 week medical review, which is often completed by the GP, forms part of the Child Surveillance Programme.

1. Healthy Child Programme

12 month review



By 12 months	
Direction of travel	Target
↓	90%
RAG	
A	

By 15 months	
Direction of travel	Target
↓	95%
RAG	
A	

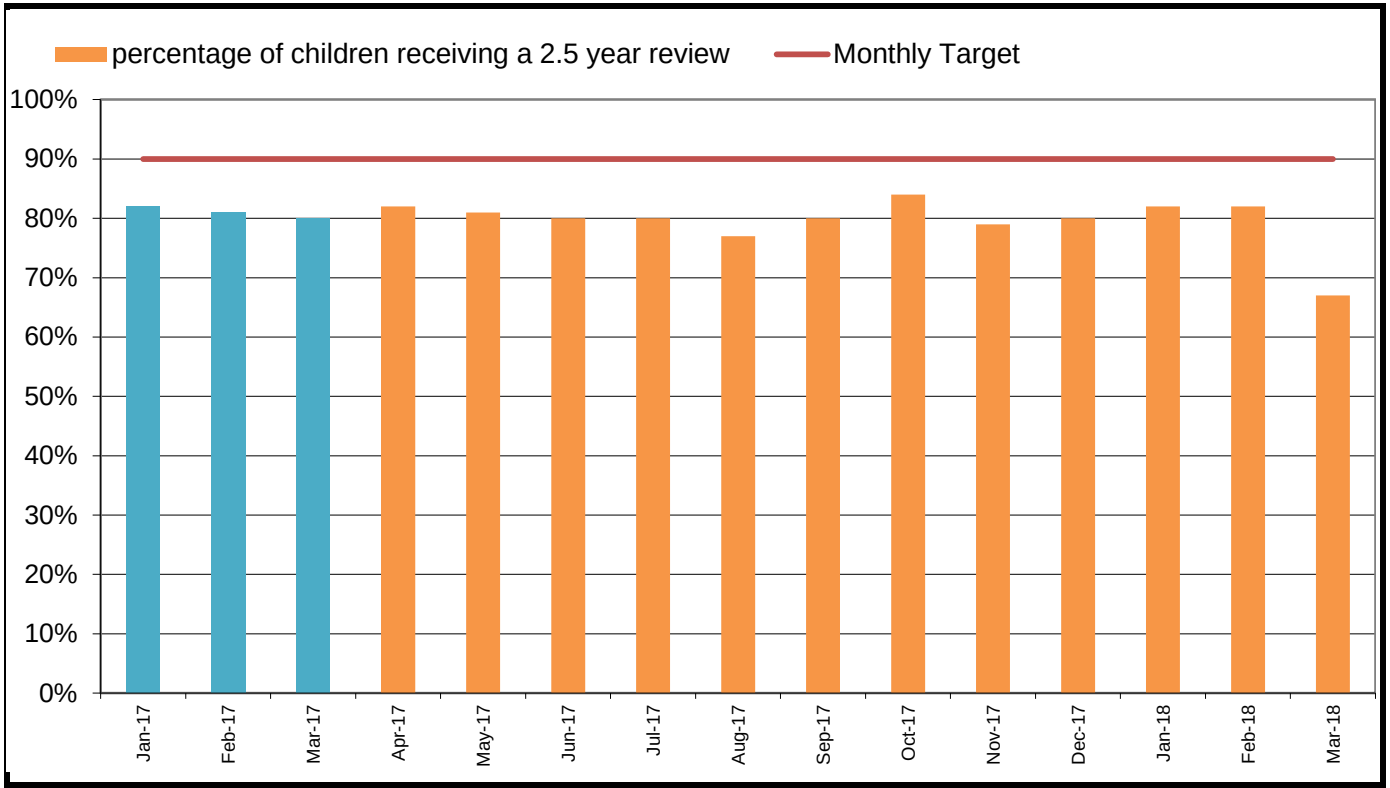
The proportion of 12 month visits being completed has remained relatively stable over the course of the year. Performance has fallen short of the target, although remains within a 10% tolerance, with the exception of 12 months by 12 months in February and March 2018. If exception reporting is accounted for, which comprises of contacts that were not wanted/attended or not recorded, the yearly average for visits completed by the time the child is 12 months old increases to 92%, thus exceeding the target; visits completed by 15 months rises to 94%, one percentile below the target. This indicates that although a majority of families are offered this visit, it is not always taken up. If a family 'Did Not Attend' (DNA) their first appointment, they are contacted by telephone or letter offering a second appointment and if this is still declined it is recorded on the Child Health Record and escalated through the multi agency forums for children identified as vulnerable. The service lead is working with staff to ensure that the planning of this development assessment is completed early enough to meet the 12 month target.

The 12 month review includes an assessment of the baby's physical, emotional and social development, as well as offering support to parents and providing information on a range of topics such as attachment, development, parenting and overall health promotion (oral hygiene, healthy eating, injury and accident prevention, safety).

Cambridgeshire County Council

1. Healthy Child Programme

2.5 year check - (Health Visitors) - Percentage of children given 2-2.5 year review



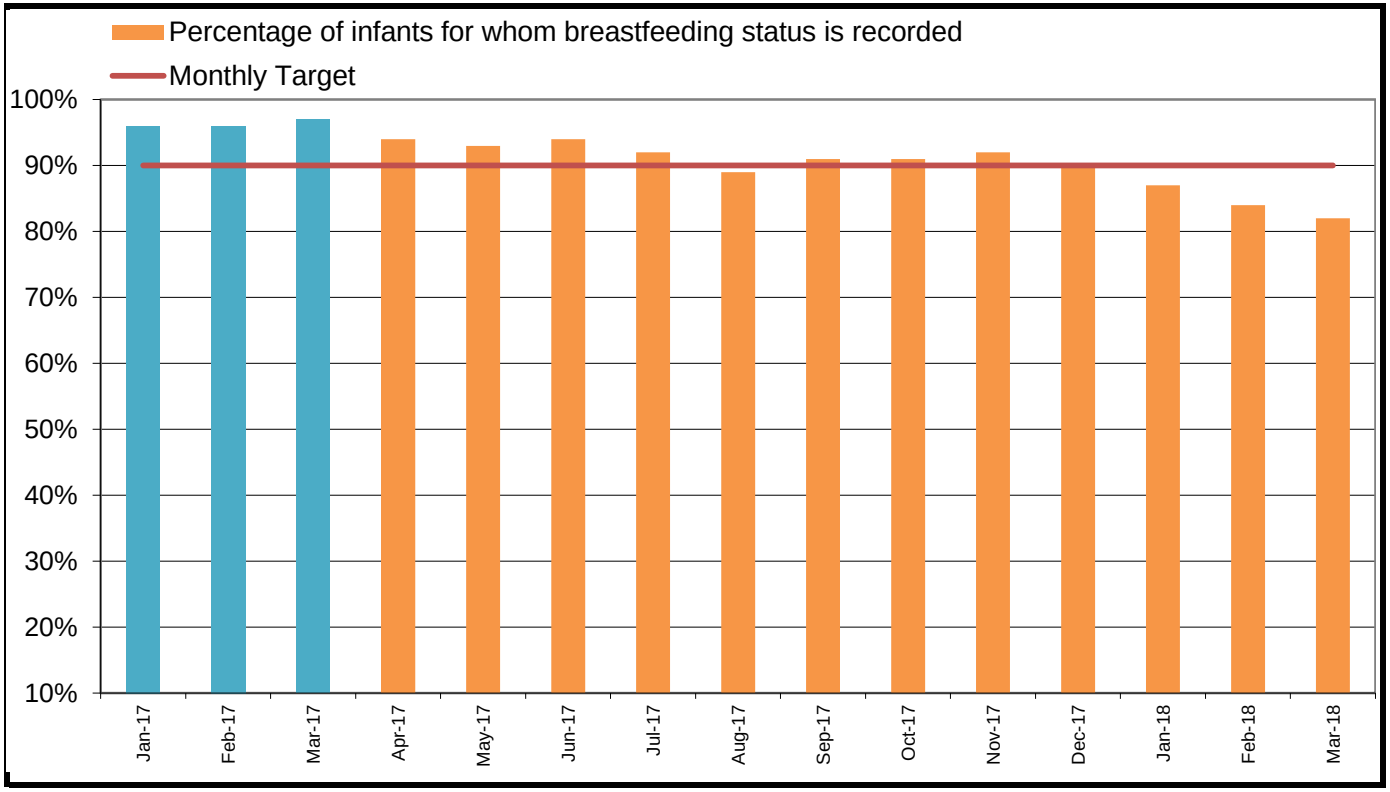
Direction of travel	Target
↓	90%
Eastern Region	RAG
	R

The number of two year old checks undertaken, whilst remaining steady, is not meeting target of 90%, averaging 80% across the year. There was a particularly low completion rate in March (67%) due to three of the nursery nurses, who complete this development check, undertaking nurse training in March. This is part of the "Grow your own" initiative, to support staff in their training, which should improve staff retention and capacity in the long term. If data is looked at in terms exception reporting, which includes parents who did not want/attend the 2 year check then the completion rates increases to a yearly average of 93%, which would meet the target. To support the gap in workforce due to training, other staff members are being offered additional hours and the provider continues to use bank staff.

The 2 year check includes the review with parents of the child's, emotional, social, behavioural and language development using the ASQ3. The visit will respond to any concerns, offer guidance on behaviour management, promote language development, encourage the take up of early education and the two year old funded offer, as well as general health promotion (dental health, healthy eating, injury and accident prevention, toilet training).

1. Healthy Child Programme

Percentage of infants for whom breastfeeding status is recorded at 6-8 weeks from birth (%)



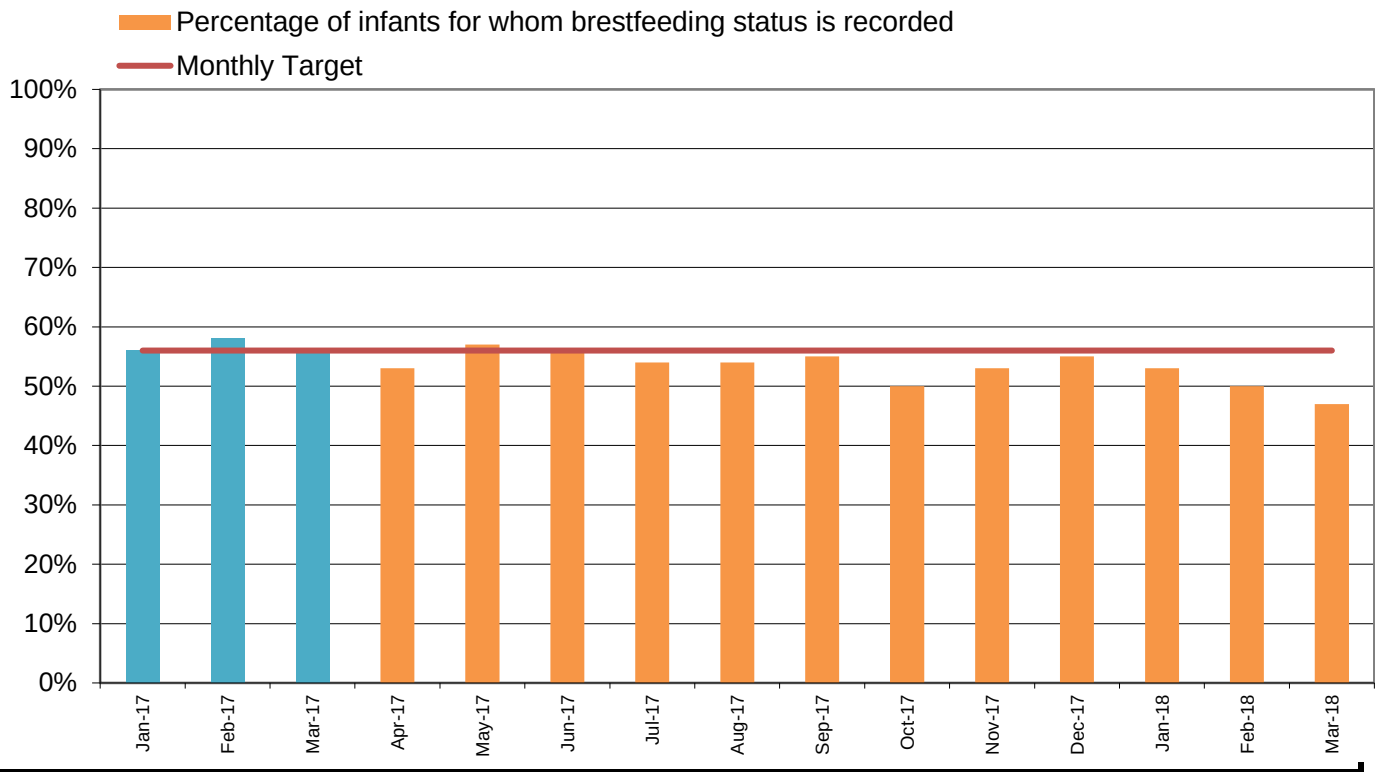
Direction of travel	Target
↓	95%
Eastern Region	RAG
	A

Research has highlighted that feeding your child breastmilk has numerous health benefits for babies as well as supporting the bonding process between mother and child. To allow us to monitor breastfeeding trends and ensure accuracy in breastfeeding prevalence data, it is important that breastfeeding status is recorded by midwives and health visitors at key milestone points.

This measure records the number of women who the breastfeeding status at the 6-8 week mandated check by Health Visitors has been recorded. It is important to ensure a high proportion of recording to ensure that the breastfeeding data is accurate. The fall in recording in quarter 4 2017/18 is reflective of the decrease in the proportion of 6 - 8 week visits completed during that period.

1. Healthy Child Programme

Prevalence of breastfeeding (totally plus partially) at 6-8 weeks from birth (%)



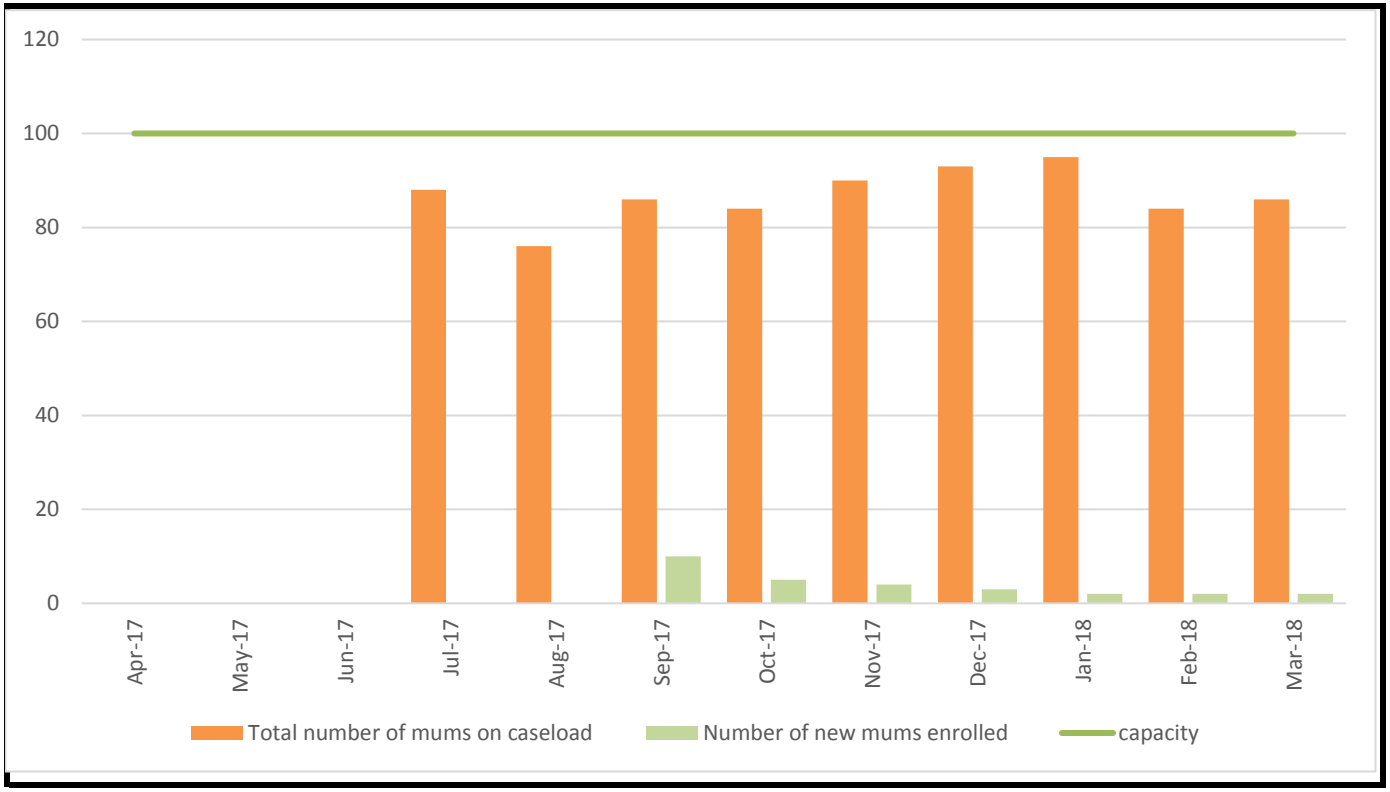
Direction of travel	Target
↓	56%
Eastern Region	RAG
	A

The breastfeeding prevalence target has been set locally at 56%, although performance against this has fluctuated across the year, falling below the 10% tolerance limit in March at 47% - the average for the year stands at 50%. Again this decline in Q4 is attributed to the reduction in 6-8 week mandated visits completed as this information is obtained at the check. The breastfeeding rates in Cambridgeshire are higher than the national breastfeeding rates (national average 44%). The Infant Feeding Lead is developing action plans to address localised issues where breastfeeding rates are below target - investigation is underway to find out which areas have the lowest prevalence rates.

There has been substantial research published demonstrating the positives outcomes breastfeeding can have on mother and infant outcomes. It is recommend that mothers exclusively breastfeed. Breastmilk is associated with a number of benefits such as a reduction in the risk of infections, obesity and diabetes in the infant coupled with a reduced risk of ovarian/breast cancer in the mother. Breastfeeding is also known to have a positive impact on mother and infant attachment and enhance the quality of relationships between parents and their babies and will positively influence a child's future life chances.

1. Healthy Child Programme

Number of mothers being supported through Family Nurse Partnership



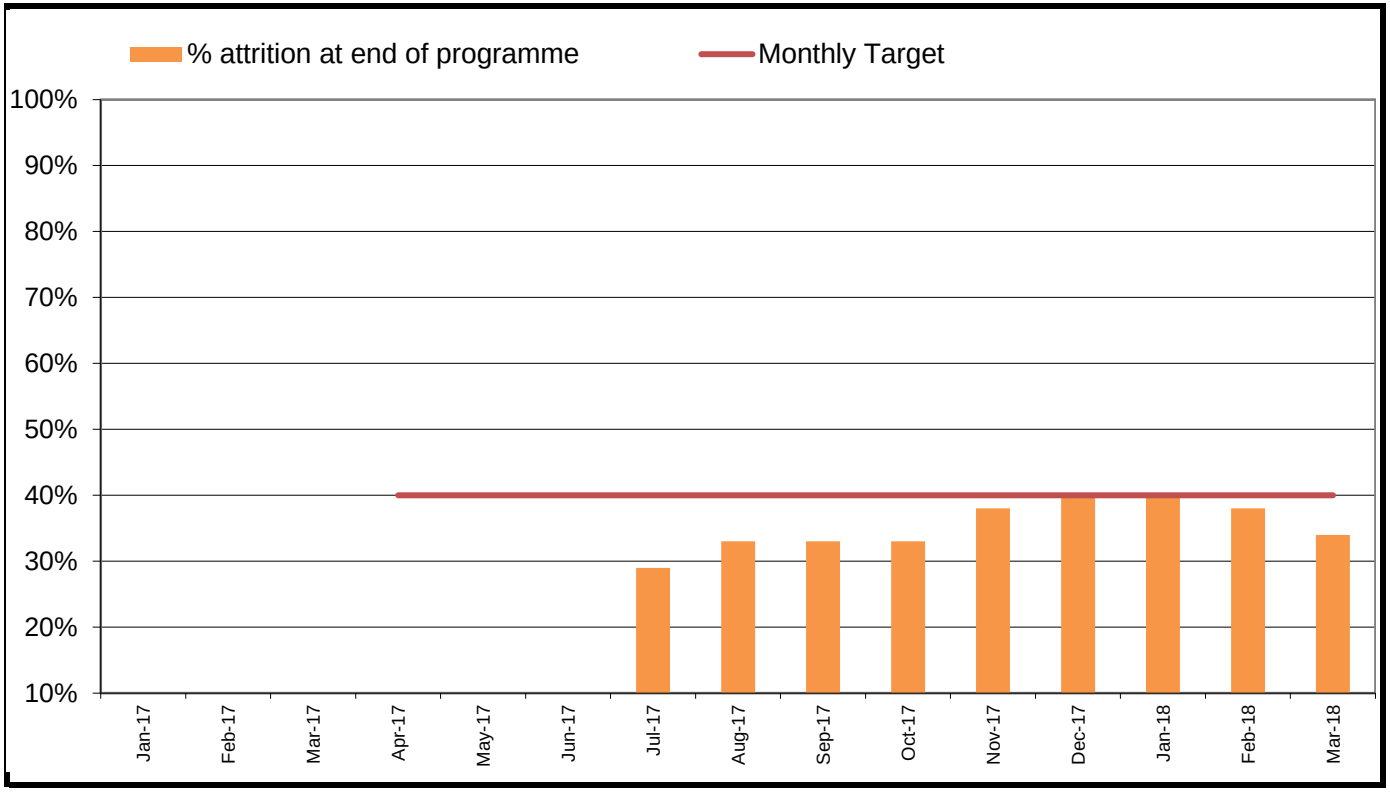
Direction of travel	Target
↑	N/A
Eastern Region	RAG

The Family Nurse Partnership provides a dedicated home visiting service for vulnerable first time teenage mums and families. The programme is designed to support young mums to have a healthy pregnancy, promote their child's health and development through building positive relationships with their baby,, plan their futures and reach their aspirations. Statisitcs highlight that young parents are at an increased risk of poor maternal & mental health, having an unstable family background and fewer support networks, social isolation, lower occupational attainment and higher likelihood of relationship breakdown with the father.

A review of the FNP programme was undertaken in 2016, which concluded in the introduction of new criteria to ensure that the most vulnerable teenage mums access the service. The data shows that whilst the overall number on their caseload is steadily increasing they are yet to reach full capacity. It is however recognised that the provider needs to ensure there is flexibility to take on new clients. The service tries to retains a number of spaces to ensure they are able to take on the most serious of cases that are referred. Over the next months we are working on reporting different statistics, which will provide improved information about the FNP outcomes.

1. Healthy Child Programme

FNP cumulative programme attrition through to child's 2nd birthday



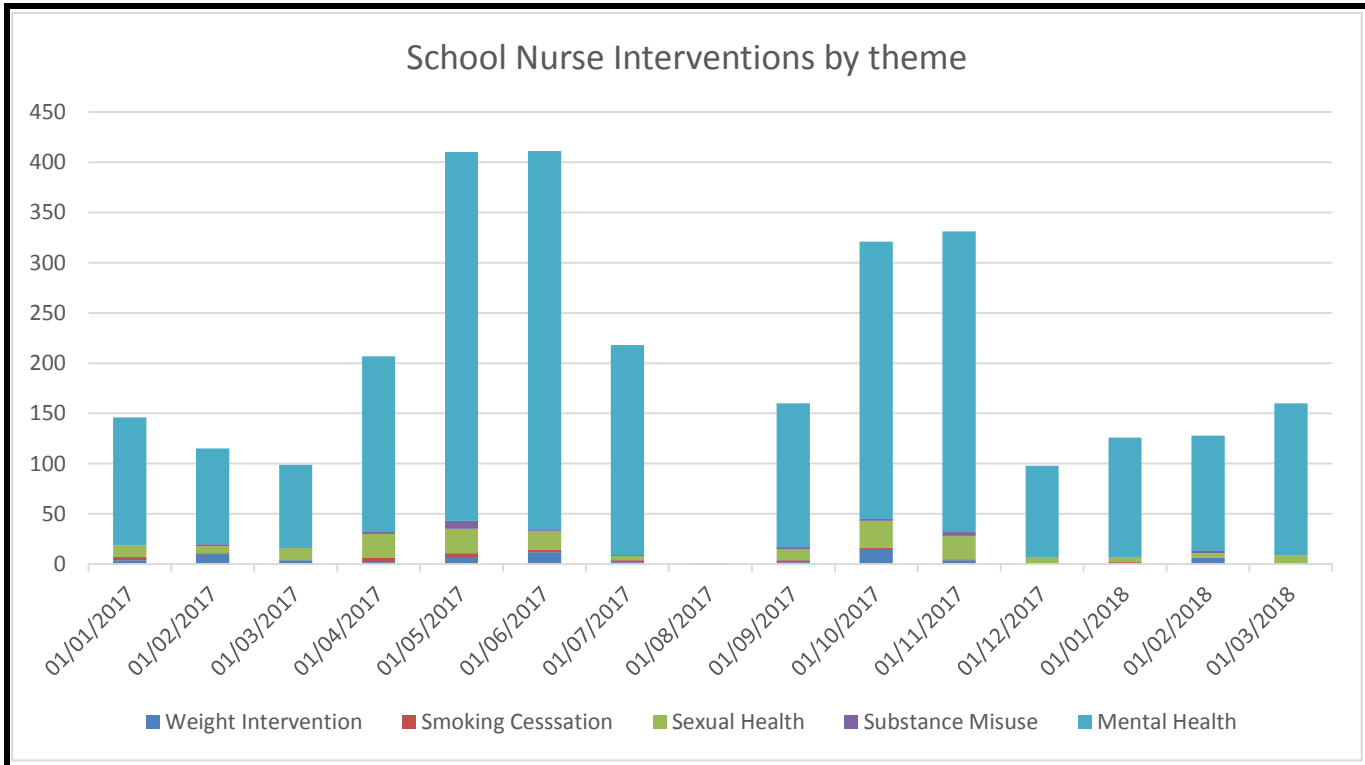
Direction of travel	Target
↓	<40%
Eastern Region	RAG
	G

This service has only started to be reported on in this report from quarter 3 2017/18. Trends indicate that the proportion of young families completing the programme in full remains at around a quarter of the cohort. It has been recognised that this figure accounts for any client who has left the programme between enrolment by the time their child is 2.5 years old, meaning there are lots of reasons this figure is low, including the client moving out of area, declining the programme, having the child removed from maternal care. Discussions are also underway to explore to possibility of introducing an 'early graduation' element to the programme, which would further impact on this indicator. Ove the next months we are working on reporting different statistics, which will provide improved information about the FNP outcomes.

Service users who complete the full two year programme will be more likely to have increased life chances, including self efficacy, resilancy, and broken the cycle of disadvantage. Their child wil be more likely to have met their developmental milestones and be more 'school ready'.

1. Healthy Child Programme

School Nurse Interventions - key themes



The school nursing service records the type of intervention that has been completed with presenting young people. The chart above illustrates this breakdown. By far the largest number of referrals is for mental health, which is mirroring a national trend. Activity reported is reflective of the academic calendar and a reduction in activity is attributed to school holidays where pupils are not available to be seen in clinics. In March the provider introduced the Chat Health service, which offers text based support to young people. Feedback is very positive and there is a noticable increase in usage of the service following initial promotion. A communications strategy is underway to promote this further, including not only schools but youth clubs, GPs and community centres. Longer term strategic development of the service is to introduce goal based outcome measures for all interventions undertaken by the team, which will allow for more meaningful reporting. Once this service transformation is embedded a review will be conducted on what additional reporting can be included in this report.

Direction of travel	Target
	n/a
Eastern Region	RAG
	n/a

It is important to record the themes that children and young people approach the School Nursing service with as this allows us to monitor any trends devleoping with the issues CYP are presenting.

Cambridgeshire County Council

Agenda Item No: 11

LOCAL AUTHORITY HEALTHCARE PUBLIC HEALTH ADVICE SERVICE (CORE OFFER) TO CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP: 2017/2018 ANNUAL REVIEW

To:	**Health Committee**
Meeting Date:	**12 July 2018**
From:	**Director of Public Health**
Electoral division(s):	**All**
Forward Plan ref:	**For key decisions** *Key decision:* **No**
Purpose:	**The purpose of this report is:** **To provide a brief annual report covering the services provided by the Cambridgeshire County Council (CCC) and Peterborough City Council (PCC) Local Authority Healthcare Public Health Advice Service to NHS Cambridgeshire and Peterborough Clinical Commissioning Group (the 'CCG') for 2017/18**
Recommendation:	**The Health Committee is asked to** **a) Note the 2017/18 annual review of the Cambridgeshire County Council and Peterborough City Council Local Authority Healthcare Public Health Advice Service to the CCG and comment as appropriate.**

	Officer contact:
Name:	**David Lea**
Post:	Assistant Director Public Health Intelligence
Email:	david.lea@cambridgeshire.gov.uk
Tel:	01480 379494

1. BACKGROUND

1.1 The Local Authority Healthcare Public Health Advice (HPHAS) is an advisory mandated service and is therefore provided to Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) at no cost.

1.2 The service is provided by Cambridgeshire County Council and Peterborough City Council's Public Health Directorate and covers support to the CCG, including input to partnership work through the local Sustainability and Transformation Partnership (STP). The service has been in operation since it was mandated under the Health and Social Act starting in April 2013, was operational throughout 2017/18, and continues into 2018/19.

1.3 With the development of local Sustainability and Transformation Partnerships (STP), the operation of the service has naturally and recently become correspondingly more partnership based in nature and this is in line with current guidance.

2. MAIN ISSUES

2.1 The following annual review report presents an overview of work completed in 2017/18 and work that began in 2017/18 and is currently ongoing. Service outputs are described in relatively general terms, and are categorised by broad subject area. Where necessary, examples are provided to aid understanding. More detail on the work completed is available on request.

2.2 In summary, the work completed in, or ongoing from, 2017/18, covered the key areas listed below (these are not always mutually exclusive). Table 1 that follows provides examples of work completed for each broad work category and a link for further information.

- Public health advice and support to NHS clinical policy and treatments.
- Public health advice on CCG commissioning plans, preventive and lifestyle services and service redesign, including the Sustainability and Transformation Plan (STP).
- Public health advice covering the 'health' response to housing growth and associated NHS priorities and planning.
- Partnership work covering preventive and healthcare services for children and young people.
- Partnership work covering preventive and healthcare services for older people.
- Partnership work for mental ill health prevention and mental health services.
- Healthcare public health advice service staff management, process input and CCG engagement.
- Public health attendance at CCG and partnership meetings,
- General partnership area based needs assessments and local health and wellbeing strategy monitoring - in partnership with local Health and Wellbeing Boards.
- Further general public health intelligence based analytical support.

The table includes Internet links to further information about the above areas of work where available. In general the Internet links describe the overall project or area of work, rather than specifying the public health input provided. Please contact David Lea at david.lea@cambridgeshire.gov.uk for any further details.

Table 1: Cambridgeshire and Peterborough Public Health Directorate – work completed under the local authority public health advice service during 2017/18

Broad area of advice and support	Examples of work completed (not exhaustive)	Link / contact for more information
Public health advice and support to NHS clinical policy and treatments.	Development of clinical prioritisation policies and advice on exceptional and individual NHS clinical funding treatment cases requests - for the Clinical Priorities Forum and Exceptional Cases Panel respectively. Associated evidence reviews for specific services or clinical areas and general advice on the use of the evidence base. All policies are reviewed to reflect current clinical evidence and NICE guidance, and are benchmarked against the policies of other CCGs. For more information please see the clinical policies area on the CCG's Clinical Policies Forum website.	https://www.cambridgeshireandpeterboroughccg.nhs.uk/health-professionals/clinical-policies-and-thresholds/clinical-policies-forum/
Public health advice on CCG commissioning plans, preventive and lifestyle services and service redesign, including the Sustainability and Transformation Plan (STP).	Atrial fibrillation related stroke hospital admissions. Analysis and benchmarking for sepsis. Analytical support to the Transforming Cancer Care programme. Urgent care centre needs assessment. Benchmarking of inpatient and day case admission ratios. Analysis & presentation of MSK data for STP MSK strategy group. NHS Diabetes Prevention Programme public health support to implementation. Analytical support to stroke pathway work.	https://www.fitforfuture.org.uk/
Public health advice covering the 'health' response to housing growth and associated NHS priorities and planning.	Planning for the Northstowe development - Northstowe referral rates from primary to secondary care and support to statutory planning requirements for healthcare.	https://www.england.nhs.uk/ourwork/innovation/healthy-new-towns/northstowe/
Partnership work covering preventive and healthcare services for children and young people.	Support to Better Births workstream - development of local maternity services. Children's Continuing Care and SEND needs assessments. Development and annual review of children's outcomes framework.	https://www.england.nhs.uk/integratedcare/stps/view-stps/cambridgeshire-and-peterborough/
Partnership work covering preventive and healthcare services for older people.	Falls Prevention Programme - senior responsible officer support, programme management, development of key performance indicators (falls dashboard) and general public health support. Clinical leadership for Ageing Well and Chair of the Ageing Well Strategy Board. Public health contribution into STP strategy development relating to older people including stroke (atrial fibrillation) end of life care and dementia. End of life care - analysis of deaths by place of death.	https://www.cambridgeshireandpeterboroughccg.nhs.uk/health-professionals/patient-pathways/atrial-fibrillation/ https://www.fitforfuture.org.uk/2018/02/05/more-falls-services/

Table 1: Cambridgeshire and Peterborough Public Health Directorate – work completed under the local authority public health advice service during 2017/18 (continued)

Broad area of advice and support	Examples of work completed (not exhaustive)	Link / contact for more information
Partnership work for mental ill health prevention and mental health services.	Funding model design for discharge planning from mental health services (Section 117). Commissioning support for counselling service. Commissioning and managing Thrive projects. Management of the Keep Your Head children's website. Suicide prevention strategy implementation, STP business case, annual audit and analytical support.	http://www.keep-your-head.com/
Healthcare public health advice service staff management, process input and CCG engagement.	Joint meetings and development of draft Memorandum of Understanding.	http://www.adph.org.uk/wp-content/uploads/2017/08/Healthcare-Advice-Service-Briefing.pdf
Public health attendance at CCG and partnership meetings,	Director pf Public Health (DPH) representation at CCG Governing Body. DPH representation at Health and Care Executive. Public Health Consultant attendance at Clinical Advisory Group. Public Health Consultant attendance at Primary Care and Integrated Neighbourhoods Delivery Board groups.	Please contact David Lea at david.lea@cambridgeshire.gov.uk for further details
General partnership area based needs assessments and local health and wellbeing strategy monitoring - in partnership with local Health and Wellbeing Boards.	JSNA Core Datasets for Cambridgeshire and Peterborough. Peterborough Health and Wellbeing Strategy Quarterly Updates and annual review - actions and performance data	https://cambridgeshireinsight.org.uk/wp-content/uploads/2018/02/CP_JSNA_CDS_FINAL_20180208.pdf
Further general public health intelligence based analytical support.	General practice clustering and benchmarking report. Provision of mapping service. Patient flows analysis by GP practice and CCG neighbourhood teams.	https://cambridgeshireinsight.org.uk/health/healthcare/

Source: Cambridgeshire and Peterborough Public Health Directorate

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

A healthy population with appropriate access to healthcare enables economic growth and prosperity. The public health advice service aims to support the CCG/STP in commissioning health services that support those aims.

3.2 Helping people live healthy and independent lives

The public health advice offered to the CCG/STP under the healthcare public health advice service aims to support the CCG/STP to commission health services that help people to live healthy and appropriately independent lives.

3.3 Supporting and protecting vulnerable people

The public health advice offered to the CCG/STP under the healthcare public health advice service aims to support the CCG/STP to commission health services that are supportive of vulnerable population groups and, where appropriate, to reduce inequalities in health.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

There are no significant implications within this category.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category.

4.3 Statutory, Legal and Risk Implications

Provision of a Local Authority Healthcare Public Health Advice Service to the local clinical commissioning group is a mandated local authority public health function.

4.4 Equality and Diversity Implications

There are no significant implications within this category, but where requested, public health advice services would aim to reduce inappropriate differentials in access to healthcare.

4.5 Engagement and Communications Implications

Cambridgeshire and Peterborough Clinical Commissioning Group will receive a similar report covering the work completed during 2017/2018 and discussions will continue with regard to the need for, and focus of, a 2018/19 formal Memorandum of Understanding covering the service.

4.6 Localism and Local Member Involvement

There are no significant implications within this category

4.7 Public Health Implications

The local authority public health advice service aims to improve population health by providing good quality public health advice and evidence to the local CCG/STP. However, it should be noted that the service is advisory only and the CCG/STP has the decision making remit related to any advice provided.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes or No Name of Financial Officer:
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes or No Name of Officer:
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	Yes or No Name of Legal Officer:
Have the equality and diversity implications been cleared by your Service Contact?	Yes or No Name of Officer:
Have any engagement and communication implications been cleared by Communications?	Yes or No Name of Officer:
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes or No Name of Officer:
Have any Public Health implications been cleared by Public Health	Yes or No Name of Officer:

Source Documents	Location
Public Health England, Association of Directors of Public Health and Faculty of Public Health, 2017. Core Offer: The Healthcare Public Health Advice Service to Clinical Commissioning Groups.	http://www.adph.org.uk/wp-content/uploads/2017/08/Healthcare-Advice-Service-Briefing.pdf

HEALTH POLICY AND SERVICE COMMITTEE AGENDA PLAN	Published 1st May 2018 Updated 30th May	Cambridgeshire County Council **Agenda Item No: 12**

Notes

Committee dates shown in bold are confirmed.
Committee dates shown in brackets and italics are reserve dates.

The definition of a key decision is set out in the Council's Constitution in Part 2, Article 12.
* indicates items expected to be recommended for determination by full Council.
+ indicates items expected to be confidential, which would exclude the press and public.

Draft reports are due with the Democratic Services Officer by 10.00 a.m. eight clear working days before the meeting.
The agenda dispatch date is six clear working days before the meeting

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
[14/06/18] Provisional meeting					
12/07/18	Public Health Finance and performance report	Chris Malyon/ Liz Robin	Not applicable		
	Scrutiny Item: emerging issues in the NHS (standing item)	Kate Parker	Not applicable		
	Healthcare Public Health Memorandum of Understanding	Liz Robin (David Lee)	Not applicable		
	Public Health Performance Annual Report	Liz Robin	Not applicable		
	Scrutiny Item: Eating Disorder Service Update.	Tracy Dowling.	Not applicable		
	Health Committee Working Group Update and Membership	Kate Parker	Not applicable		
	NHS Quality Accounts received and responded to	Kate Parker	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
	Committee training plan (standing item)	Kate Parker/ Daniel Snowdon	Not applicable		
	Agenda plan and appointments to outside bodies	Daniel Snowdon	Not applicable		
[09/08/18] Provisional meeting					
13/09/18	Public Health Finance and performance report	Chris Malyon/ Liz Robin	Not applicable		
	Scrutiny Item: emerging issues in the NHS (standing item)	Kate Parker	Not applicable		
	Children and Young People's Drug and Alcohol Treatment Services Procurement.	Val Thomas	Yes		
	Child and Adolescent Mental Health Services (scrutiny item)	Lee Miller	Not applicable		
	Committee training plan (standing item)	Kate Parker/ Daniel Snowdon	Not applicable		
	Agenda plan and appointments to outside bodies	Daniel Snowdon	Not applicable		
11/10/18	Public Health Finance and performance report	Chris Malyon/ Liz Robin	Not applicable		
	Scrutiny Item: emerging issues in the NHS (standing item)	Kate Parker	Not applicable		
	Committee training plan (standing item)	Kate Parker/ Daniel Snowdon	Not applicable		
	Agenda plan and appointments to outside bodies	Daniel Snowdon	Not applicable		
08/11/18	Public Health Finance and performance report	Chris Malyon/ Liz Robin	Not applicable		
	Scrutiny Item: emerging issues in the NHS (standing item)	Kate Parker	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
	Scrutiny Item: Update on the Clinical Commissioning Group's financial position and improvement plan	Kate Parker	Not applicable		
	Committee training plan (standing item)	Kate Parker/ Daniel Snowdon	Not applicable		
	Agenda plan and appointments to outside bodies	Daniel Snowdon	Not applicable		
06/12/18	Public Health Finance and performance report	Chris Malyon/ Liz Robin	Not applicable		
	Scrutiny Item: emerging issues in the NHS (standing item)	Kate Parker	Not applicable		
	NHS Dentistry Provision (Scrutiny Item)		Not applicable		
	Committee training plan (standing item)	Kate Parker/ Daniel Snowdon	Not applicable		
	Agenda plan and appointments to outside bodies	Daniel Snowdon	Not applicable		
17/01/19	Public Health Finance and performance report	Chris Malyon/ Liz Robin	Not applicable		
	Scrutiny Item: emerging issues in the NHS (standing item)	Kate Parker	Not applicable		
	Committee training plan (standing item)	Kate Parker/ Daniel Snowdon	Not applicable		
	Agenda plan and appointments to outside bodies	Daniel Snowdon	Not applicable		
[07/02/19] Provisional meeting					
14/03/19	Public Health Finance and performance report	Chris Malyon/ Liz Robin	Not applicable		
	Scrutiny Item: emerging issues in the NHS (standing item)	Kate Parker	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
	Committee training plan (standing item)	Kate Parker/ Daniel Snowdon	Not applicable		
	Agenda plan and appointments to outside bodies	Daniel Snowdon	Not applicable		
[11/04/19] Provisional meeting					
23/05/19	Public Health Finance and performance report	Chris Malyon/ Liz Robin	Not applicable		
	Scrutiny Item: emerging issues in the NHS (standing item)	Kate Parker	Not applicable		
	Committee training plan (standing item)	Kate Parker/ Daniel Snowdon	Not applicable		
	Agenda plan and appointments to outside bodies	Daniel Snowdon	Not applicable		