HEALTH COMMITTEE

Date:Tuesday, 16 January 2018

13:30hr

Democratic and Members' Services
Quentin Baker
LGSS Director: Lawand Governance

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 - 14th December 2017**	**5 - 16**
3	**Petitions**	

SCRUTINY

4	**Eating Disorder Service - Ombudsman Report** *the accompanying appendix to this report is to follow*	**17 - 20**
5	**Local Urgent Care Service Hubs Pilot Project (East Cambridgeshire and Fenland)**	**21 - 28**
6	**Northstowe Healthy New Town - Clinical Commissioning Group (CCG) Update**	**29 - 36**

7	**Emerging Issues in the NHS**	
	DECISIONS	
8	**Finance & Performance Report - November 2017**	**37 - 76**
9	**Member Working Group / Quarterly Liaison Meeting Update Report**	
	To follow.	
10	**Health Committee Training Plan**	**77 - 80**
11	**Health Committee Agenda Plan and Appointments to Oustisde Bodies**	**81 - 86**

The Health Committee comprises the following members:

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

Councillor Lorna Dupre Councillor Lynda Harford Councillor David Jenkins Councillor Linda Jones Councillor Kevin Reynolds Councillor Tom Sanderson 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

Clerk Name: Daniel Snowdon

Clerk Telephone: 01223 699177

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HEALTH COMMITTEE: MINUTES

Date: Thursday 14th December 2017

Time: 1:40pm to 16:25

Present: Councillors C Boden (Vice-Chairman), D Connor (substituting for Councillor Hudson), L Dupre, D Jenkins, L Jones, K Reynolds, P Topping and S van de Ven

District Councillors M Abbott (Cambridge City), S Ellington (South Cambridgeshire) and J Tavener (Huntingdonshire).

Apologies: County Councillors L Harford and P Hudson and District Councillor M Cornwell

66. DECLARATIONS OF INTEREST

There were no declarations of interest.

67. MINUTES – 16TH NOVEMBER 2017 AND ACTION LOG:

The minutes of the meeting held on 16th November 2017 were agreed as a correct record and signed by the Vice-Chairman subject to the amendment of the final paragraph of minute 63 to: it was agreed for a version of the dashboard and workforce development document to be circulated to Members following redaction of confidential material for public dissemination.

The action log was noted including the following updates relating to on-going actions:

- Minute 61, Members agreed for a Member Steering Group be established to assist officers regarding a conference on air quality. It was agreed to appoint Councillors Boden, Dupre and Jones to the Steering Group.

- Requested that regarding minute 25, the appointment of a Member Champion for Mental Health be appointed at the next meeting of the Committee.

- Requested that a column be added to the action log that would provide an indicative completion date.

- The Local Member for Doddington, Councillor Connor provided an update to the Committee in relation to minute 63 regarding Minor Injury Units in his division. Following a meeting with Maxine Drake from North West Anglia Foundation Trust, Councillor Connor had received assurance that IT systems would be fully compatible and referrals to Doddington Hospital could be made and patients would be encouraged to attend. Increasing the footfall of Doddington Hospital was vital to ensure the sustainability of the hospital and to be able to provide patients with choice regarding where they were treated. Further promotion of Doddington Hospital would take place in order to ensure the future of the hospital.

68. PETITIONS

No petitions were received.

69. FINANCE AND PERFORMANCE REPORT – OCTOBER 2017

The Committee received the October 2017 iteration of the Finance and Performance report. The Committee was informed that Public Health forecast position remained the same with a forecast underspend of £96k.

Attention was drawn to the performance summary contained at paragraph 4 of the report.

It was resolved to:

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

70. PUBLIC HEALTH SERVICE COMMITTEE REVIEW OF DRAFT REVENUE BUSINESS PLANNING PROPOSALS FOR 2018-19 TO 2022-23

Members received the draft revenue business planning proposals for the Public Health Services. Attention was drawn to paragraph 4.4 of the report which set out those proposals which remained unchanged following the first presentation of the business planning proposals at the October meeting of the Committee. Officers highlighted the further development of the restructure of the Public Health Business Programmes Team that was currently taking place and the a new proposed saving of £28k that related to Decreased Demand for Stop Smoking Services that built on a report that was presented to the October meeting of the Health Committee which identified that a smoking harm reduction pilot in the Fenland area had been unsuccessful.

Members were informed that since the first presentation of the business planning proposals at the October meeting of the Committee further opportunities had arisen to work through the Children's Health Joint Commissioning Unit, to develop a more integrated children's services across Cambridgeshire and Peterborough. It was therefore recommended by officers that in order for the transformational work to take place, the savings to health visiting and school nursing proposed in October be deferred and instead fund the savings shortfall in 2018/19 from Public Health reserves.

During discussion of the report Members:

- Noted and welcomed the opportunity that had arisen for closer working and integration between the health service and the Council.

- Welcomed that the deferral of savings would not result in the lower skilled staff undertaking health checks on children.

- Sought clarification regarding the potential savings closer integration would generate. Officers informed Members that work was being undertaken that would

focus on protecting evidence based frontline services , but greater integration and rationalisation of back office and management functions would produce significant savings.

- Noted the opportunities relating to health visiting through integrating working that would enable more effective coordination between health visitors and other services.

- Expressed concern that there were limitations regarding the integration of services as employees delivering the service are required to take on tasks that were formally the responsibility of managers which therefore affects the service delivered. There were risks associated with the opportunity including the risk that the savings may not be delivered. Officers highlighted the importance of the work in order that the best outcomes be achieved given the wider financial context of the Council.

- Acknowledged the pressures faced by staff, the back office and the vital role it played in service delivery.

- Expressed concern that during periods of significant change the most qualified and able staff were more likely to leave the service and it was crucial to monitor staff turnover and morale. There was also a risk that if the transformation work was focussed too greatly on savings rather than service configuration then the transformation would be poor. Officers explained that the transformational work was focussed on the children and their outcomes. The crucial role of staff in completing the work successfully was highlighted because of their experience and understanding the pressures within the system.

- Requested that reports be presented to a future meeting of the Health Committee and Children's and Young Peoples Committee that provided an update on progress and to allow the Committee's to have an input into the process. **ACTION**

- Noted that the drivers for change were not solely financial. Closer integration across 0-19 year's services had been a strategic goal for a considerable time, prior to financial pressures within the Council becoming so acute.

- Welcomed the involvement of parents and children within the transformation work, listening to their suggestions to make changes and help deliver better outcomes for families.

- Clarified what elements of the original proposals would still go ahead if the proposed savings were deferred. Officers explained that certain elements such as 'Chat Health' and the duty desk for school nursing had already been implemented. However if the Committee decided to defer the savings of £238k then the changes to health visiting and the skill mix of staff would not take place.

- Requested that a briefing note regarding the proposal and clarifying the impact of the proposals be circulated to Members. **ACTION**

- Expressed concern regarding the financial pressures faced by the Public Health service and that savings were being realised within preventative services and early intervention that would result in greater demand for services in the future. Councillor Jones therefore proposed with the agreement of the Committee that recommendation C be amended to note and refer the draft revenue savings proposals.

It was resolved to:

a) Note the overview and context provided for the 2018/19 to 2022/23 Business Plan revenue proposals for the Service, updated since the last report to the Committee in October

b) Comment on the draft revenue savings proposals that are within the remit of the Health Committee for 2018/19 to 2022/23, and agree that the Committee's preferred option was to defer the 2018/19 savings relating to the 0-19 service and fund the £238k shortfall through the Public Health reserves, in order to develop a more transformational approach to integrated children's services across Cambridgeshire and Peterborough.

c) Note and refer the draft revenue savings proposals for 2018/19 to 2022/23, including the Committee's preferred option for the Public Health 0-19 services, to the General Purposes Committee as part of consideration for the Council's overall Business Plan.

71. INTEGRATED COMMISSIONING OF CHILDREN'S HEALTH AND WELLBEING SERVICES.

Members were presented an update regarding the restructure of the provision of Children's Centres and the links to Health Provision and Services following the move of the restructure to the implementation phase. Further engagement with Midwives, and the Healthy Child Programme was ongoing and work streams had been developed regarding buildings utilisation. There was an overarching ambition to identify services that were currently provided in hospital and move them into the community within children's centres.

During the course of discussion Members:

- Drew attention to paragraph 3.2 of the report and the response to question 3 of the public consultation.

- Questioned whether with fewer children's centres would there be a reduction in the level of provision of services. Officers emphasised the importance of delivering an integrated approach that would deliver an effective service.

- Expressed concerns regarding the accessibility of services in the South Cambridgeshire area in particular areas with poor public transport links. Officers agreed to share work streams with members and address specific concerns with the Implementation Board. **ACTION**

- Requested that a survey of areas of deprivation be undertaken to understand how vulnerable people and families accessed Children's Hubs in those areas. **ACTION**

- Requested that future reports demonstrated how the implementation of the changes was working at an operational level and demonstrate areas where improvements have taken place, together with key outcomes and the progress made against them. It was also requested that case studies be provided which would be helpful in evaluating the programme. **ACTION**

- Expressed concern that not all vulnerable families were easily identifiable and through losing the Children's Centres the opportunity to provide a general service was lost. There was therefore greater reliance on vulnerable families being identified.

It was resolved to note the work completed to date and the timescales for future implementation.

72. HEALTH COMMITTEE UPDATE REGARDING THE CAMBRIDGE GP OUT OF HOURS BASE MOVE FROM CHESTERTON TO ADDENBROOKE'S INCLUDING THE CO-LOCATION OF GP STREAMING

Members were presented an update regarding the relocation of Cambridge GP out of hours base including the co-location of GP Streaming. Members were informed that the Out of Hours Service was accessed through the NHS 111 service and the number of patients accessing the relocated base was between 20-15% less than that of Chesterton. However, that was comparable to trends across the Integrated Urgent Care service across Cambridgeshire. There had been a 4% growth in the number of patients attending the Emergency Department at Addenbrooke's Hospital since the relocation of the service which was below the forecast 6% increase. Signage at the site had been improved and checked to ensure that it was clear and in place. Officers highlighted the level of apprehension regarding the re-location of the service but despite some initial issues there had not been significant numbers of complaints from members of the public.

In discussion Members:

- Requested that graphs in future reports be contextualised.

- Expressed concern regarding the drop in the numbers of patients accessing the service and queried the level of patient feedback and planned survey work that assist in the monitoring of access to the service. Officers explained that effective monitoring was required and early quantitative data had been obtained and it was now the appropriate time to seek qualitative data from patient experience.

- Expressed concern regarding the pharmacy provision at the site and the distance to the nearest pharmacy which was 6 minutes by car. Officers explained that the ambition for a pharmacy onsite remained and Addenbrooke's had also expressed their commitment. The delay however, was regrettable. Officers further explained that patients could attend any pharmacy of their choice to collect medication. If pharmacies were not open then an emergency supply of medicine was retained at the centre. The NHS Urgent Medicine Supply Service (NUMAS) was also available for people to use.

- Drew attention to concerns to ensure they were not creating a drop in centre and procedures were in place to manage situations Members were informed that to date there had not been occasion where a person had attended the service without a referral.

- Queried whether regarding out of hours indemnity insurance for GPs there was likely to be a resolution to the issue. Officers explained that the lack of affordable out of hours indemnity insurance prevented GPs from practising. A new indemnity insurance scheme provided by the Government was designed to include out of hours cover for GPs. It was anticipated that the new scheme would be operational within 2 years.

- Requested that the methods of transport used to travel to the site be expanded to include cycling.

- Requested that the development of the re-tendering process for the pharmacy and the results of the travel survey be reported to Committee. **ACTION**

- Drew attention to signage and leaflets displayed at Chesterton surgery that was out of date and therefore misleading regarding the changes to the out of hours services. Officers undertook to write to practices asking them to remove any out of date information.

- Noted and welcomed the extended opening hours of GP practices locally. Officers informed Members that funding had been provided through NHS England work streams to encourage practices to extend opening hours and offered to provide a report to Members.

- Confirmed that the range and stock of medicines retained at the site were sufficient to meet demand.

- Queried the level of shifts that were being filled. Officers explained that the target was for 100% of shifts to be filled but it was more realistic for a safe level of cover to be achieved. In order to provide adequate cover there cross cover between bases in operation and daily conference calls took place to monitor shift coverage.

It was resolved to note the contents of the report.

73. EMERGING ISSUES IN THE NHS

This item was removed from the agenda

74. HEALTH COMMITTEE WORKING GROUPS UPDATE

The Committee received an update that related to Health Committee Working Groups.

During discussion Members requested that the Clinical Commissioning Group when next attending the Health Committee provide an overview of their financial position for 2018/19. Officers agreed to take this forward for the agenda plan.

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It was resolved to:

a) Note and endorse the progress made on health scrutiny through liaison groups

b) Note the forthcoming schedule of the quarterly liaison meetings

c) Consider any items from the quarterly liaison meetings that may be included on the forward agenda plan.

75. HEALTH COMMITTEE TRAINING PLAN

It was resolved to note the training plan.

76. HEALTH COMMITTEE AGENDA PLAN AND APPOINTMENTS TO OUTSIDE BODIES

Members received the Health Committee agenda plan and noted that the provisional meeting date scheduled for 8th February would be utilised and the item regarding Non-Emergency Patient Transport would be moved from January to that date. The Finance and Performance report would not be presented in February in order to allow for the Clinical Commissioning Group (CCG) to present the financial position for 2018/19.

Members noted that following a request from Councillor Jenkins, with regard to the publication of a recent Local Government Ombudsman report in relation to eating disorder services the Chief Executive of Cambridgeshire and Peterborough Foundation Trust (CPFT) be called in to provide assurance to Members that the events that took place could not occur again.

There were no appointments to Outside Bodies to be made.

It was resolved to note the agenda plan

Chairman

HEALTH COMMITTEE

Minutes-Action Log

Cambridgeshire County Council

Introduction:

This log captures the actions arising from the Health Committee on **20th July 2017** and updates Members on progress in delivering the necessary actions.

Minute No.	Item	Action to be taken by	Action	Comments	Status & Estimated Completion Date
17.	**Public Health Finance and Performance Report** **a) Health visiting mandated checks whether geographical / social reasons for lack of take-up**	**L Robin**	Health visiting mandated checks - the percentage of children who received 12 month review by 15 months – with reference to the decline in performance, a question was raised regarding whether there was a geographical / social pattern to them not being wanted or not attended? **Action: Dr Robin to find out and report back with more detail.**	Under investigation by CCS staff.	**On-going**
25.	**Appointment of a Member Champion for Mental Health**	**Democratic Services**	This continues to be discussed between Committees of the Council.		**On-going**
32.	**Finance & Performance Report – July 2017**	**V Thomas**	Information would be provided to Members regarding engagement with outreach health checks following a	Further discussions have been held regarding how FDC can	**On-going**

Minute No.	Item	Action to be taken by	Action	Comments	Status & Estimated Completion Date
			meeting with Fenland District Council's senior management team.	support us to work with larger employers	
37.	**Suicide Prevention Strategy Update**	**K Hartley**	Members requested that the report focussed more on the positive results of the strategy and that they be circulated to Members and the public.	Strategy will be presented to Health Scrutiny Committee in Peterborough and the Health and Wellbeing Boards before it is finalised and ready for circulation	**On-going**
48.	**Finance & Performance Report**		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.	This will be taken forward as part of the preparation for a Member workshop on health in Fenland	**On-going**
49.	**Service Committee Review of the Draft Revenue Business Planning Proposals for 2018-19 to 2022-23**		Universal mandated checks at 1 year and 2-2.5 years that would be undertaken by lower skilled staff. Members requested that effective monitoring took place and reported to the Committee.	An alternative option has been proposed in the revenue business planning paper	**On-going**
59.	**Healthy Schools Service**	**V Thomas**	Members requested a meeting take place between the Chair and Vice-Chair of the Health Committee and the Peterborough City Council Portfolio holder for Public Health in order make the decision together	This has been noted and will be arranged at the time of contract award.	**On-going**
61.	**Air Quality in Cambridgeshire**	**Stuart Keeble**	Members requested a briefing paper regarding the work of the Air Pollution Prevention Group.	This is in progress	**On-going**
61.	**Air Quality in Cambridgeshire**		Members requested an air quality conference be arranged	The best timing for a conference is being considered, alongside	**On-going**

Minute No.	Item	Action to be taken by	Action	Comments	Status & Estimated Completion Date
				other air quality training and initiatives which are being planned.	
63.	**Cambridgeshire & Peterborough Sustainability and Transformation Partnership Update Report**		Members requested that a future scrutiny item be scheduled regarding Primary Care	It is proposed that this item will be the focus of the STP scrutiny standing item in March 2018, following a training workshop in February. Arrangements are being confirmed with the NHS.	**On-going**
67.	**Minutes & Action Log**	**Daniel Snowdon**	Members requested that an estimated completion date be added to the Action Log.	This has been added into the final column	**Completed**
70.	**Public Health Service Committee Review of Draft Revenue Business Planning Proposals for 2018-19 to 2022-23**		Members requested that reports be presented to a future meeting of the Health Committee and CYP Committee that provided an update on progress and allow Member input regarding the integration of Children's services across Cambridgeshire and Peterborough.	To be scheduled on the forward agenda plan	**On-going**
71.	**Integrated Commissioning of Children's Health and Wellbeing Services**		Officers agreed to share work streams with Members and address specific concerns regarding accessibility with the Implementation Board.		**On-going**
71.	**Integrated Commissioning of Children's Health and Wellbeing Services**		Members requested that future reports demonstrated how the implementation of the changes was working at an operational level and demonstrate areas where improvements have taken place, together with key outcomes and the progress made against them.	This will be incorporated into future reports	**Completed**

Minute No.	Item	Action to be taken by	Action	Comments	Status & Estimated Completion Date
			It was also requested that case studies be provided which would be helpful in evaluating the programme.		
72.	**Health Committee Update Regarding the Cambridge GP Out of Hours Base Move from Chesterton to Addenbrooke's Including the Co-location of GP Streaming**		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.		**Ongoing**

Agenda Item No: 4

EATING DISORDERS OMBUDSMAN REPORT

To:	**Health Committee**
Meeting Date:	**16th January 2018**
From:	**Tracey Dowling, Chief Executive, Cambridgeshire & Peterborough Foundation NHS Trust**
Electoral division(s):	**All**
Forward Plan ref:	**Not applicable** ***Key decision:*** **No**
Purpose:	**To provide the Committee with an overview of the actions being undertaken by Cambridgeshire & Peterborough NHS Foundation Trust following the serious incident in 2012 and the wider recommendations outlined in the Parliamentary and Health Service Ombudsman report published on 6th December 2017.**
Recommendation:	**The Committee is asked to review and comment on the report and to note the actions being undertaken by CPFT to address the recommendations cited in the Ombudsman report.**

	Officer contact:		***Member contacts:***
Name:	Kate Parker	Names:	Councillor Peter Hudson
Post:	Head of Public Health Business Programmes	Post:	Chairman
Email:	Kate.Parker@cambridgeshire.gov.uk	Email:	Peter.Hudson@cambridgeshire.gov.uk
Tel:	01480 379561	Tel:	01223 706398

1.0 INTRODUCTION

1.1 Members at the Health Committee meeting held on 14 December 2017 agreed to invite representatives from Cambridgeshire & Peterborough Foundation NHS Trust (CPFT) to attend the January meeting to scrutinise the organisations response to the Parliamentary and Health Service Ombudsman report.

1.2 An overview of the current provision of Eating Disorder Services managed by CPFT will be provided. The report will also focus on the organisational response to the recommendations made in the Ombudsman's report.

2.0 BACKGROUND

2.1 The Parliamentary and Health Service Ombudsman released a report "Ignoring the alarms: How NHS eating disorder services are failing patients" on the 6th December 2017. The report follows an investigation responding to a number of complaints received by the Ombudsman in regards to failings within NHS Eating Disorder services.

2.2 The main focus of the Ombudsman report is an investigation into a serious incident that occurred in 2012, resulting in the tragic death of a patient undergoing treatment at Cambridgeshire & Peterborough Foundation Trust (CPFT), Addenbrookes Hospital, Norfolk & Norwich University Hospital, GP practice and NHS England's response to the complaint.

2.3 The report identified five national areas of focus to improve services.

1. The General Medical Council (GMC) should conduct a review of training for all junior doctors on eating disorders to improve understanding of these complex mental health conditions.
2. Health Education England (HEE) should review how its current education training can address the gaps in provision of eating disorder specialists. If necessary HEE should consider how the existing workforce can be further trained and used more innovatively to improve capacity. It should also look at how future workforce planning might support the increased provision of specialists in this field.
3. The Department of Health and NHS England should review the existing quality and availability of adult eating disorder services to achieve parity with child and adolescent services.
4. The National Institute for Clinical Excellence should consider including co-ordination in its new Quality Standard for eating disorders to help bring about urgent improvements in this area.
5. Both NHS Improvement and NHS England have a leadership role to play in supporting local NHS providers and commissioners to conduct and learn from serious incident investigations. NHS E and NHS I should use forthcoming Serious Incident Framework review to clarify their respective oversight roles in relation to serious incident investigations. They should also set out what their role would be in circumstances where local NHS organisations are failing to work together to establish what has happened and why, so that lessons can be learnt.

2.4 The paper provided by Cambridgeshire & Peterborough Foundation Trust will provide an overview of the current provision of Eating Disorder Services in Cambridgeshire. CPFT will also share actions taken immediately following the Serious Incident and the current action plan in light of the Ombudsman report.

Source Documents	**Location**
Parliamentary and Health Service Ombudsman. Report "Ignoring the alarms: How NHS eating disorder services are failing patients"	https://www.ombudsman.org.uk/publications/ignoring-alarms-how-nhs-eating-disorder-services-are-failing-patients

Agenda Item No: 5

LOCAL URGENT CARE SERVICE HUBS PILOT PROJECT (EAST CAMBS & FENLAND)

To:	**HEALTH COMMITTEE**
Meeting Date:	**16TH JANUARY 2018**
From:	**Associate Chief Officer, C&P CCG**
Electoral division(s):	**East Cambs and Fenland**
Forward Plan ref:	**Not applicable** *Key decision:* **No**
Purpose:	**The purpose of this report is to update members on the East Cambs and Fenland Local Urgent Care Service pilot project, and a related policy development for Urgent Treatment Centres.**
Recommendation:	**Members are asked to note the report.**

	Officer contact:		***Member contacts:***
Name:	**Matthew Smith**	Names:	Councillor Peter Hudson
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Tel:	01223 725389	Tel:	01223 706398

1. BACKGROUND

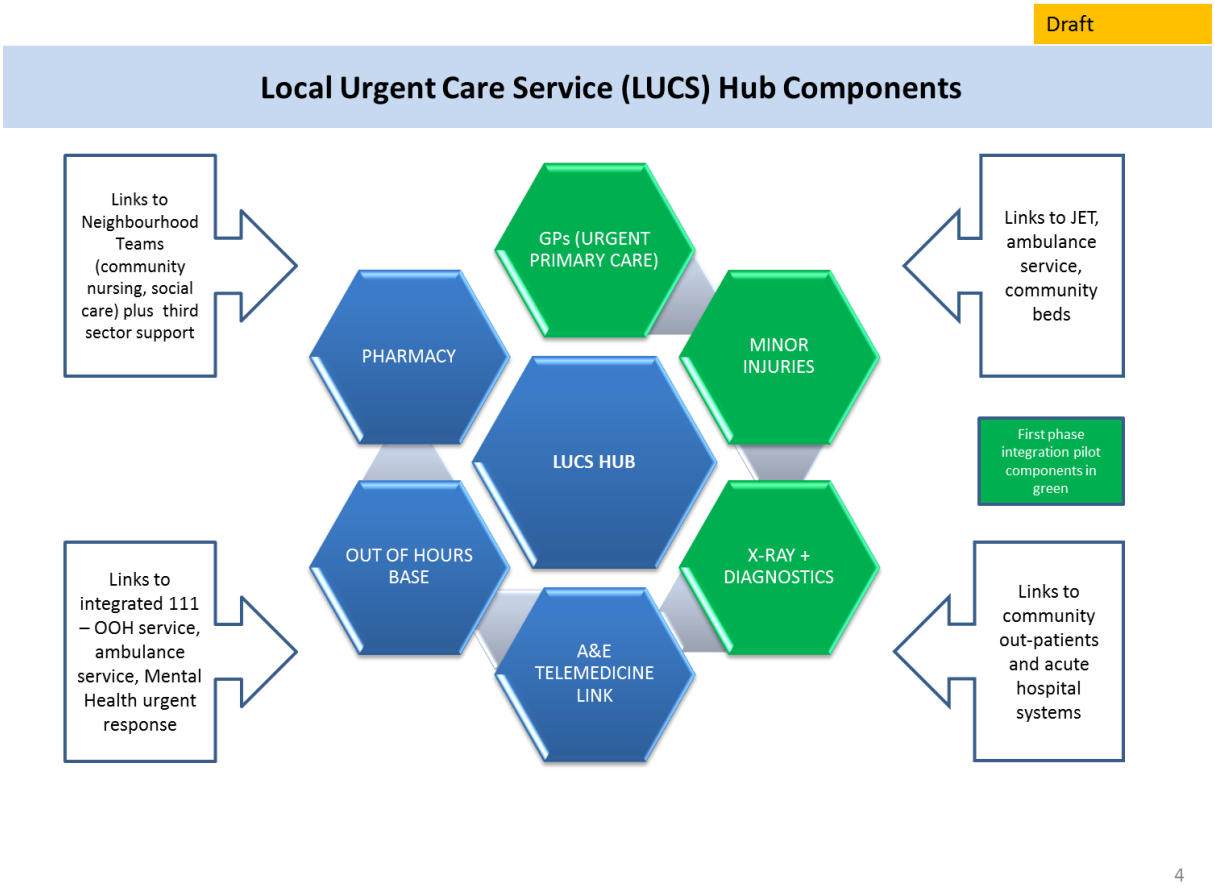
1.1 Local Urgent Care Services pilot development

During 2016, the CCG reviewed the three Minor Injury Units, (MIUs), in East Cambridgeshire and Fenland, and undertook extensive engagement with the public, providers, and other stakeholders on a range of options for the future. Taking this feedback into account, we identified significant opportunities to deliver more joined-up, effective, and efficient local urgent primary care services which reflect the rural geography, deprivation, and demography. The decision was taken to pilot Local Urgent Care Services (LUCS) hubs.

The LUCS hubs pilot was designed to deliver the following benefits for improved patient experience:

- A local urgent care service for patients living a significant distance from an acute hospital
- An integrated service that can manage patient need in a more co-ordinated manner reducing the frequency of patients being passed between services
- A one stop local service for those with urgent non-life threatening health issues
- Clarity for patients about the service available – development of a clear brand
- A service with an expanded scope that allows a wider range of patients to receive local urgent care treatment, e.g. children under 2
- Provides a local alternative to an A&E attendance for people with minor illness and injury
- Provide a local alternative to an A&E or Ambulatory Care Department attendance for people with a deterioration in their Ambulatory Care Sensitive conditions (ACSCs)Foundation for local collaborative working in primary care which will support delivery of improved access to primary care via hubs which will be developed to offer extended hours for a range of services

The LUCS hubs will offer a clear local alternative to A&E by bringing together the services shown in the diagram below in a more coherent, better understood service offer.



2. MAIN ISSUES

2.1 Pilot evaluation criteria

The following criteria are being used to assess the pilot as it develops:

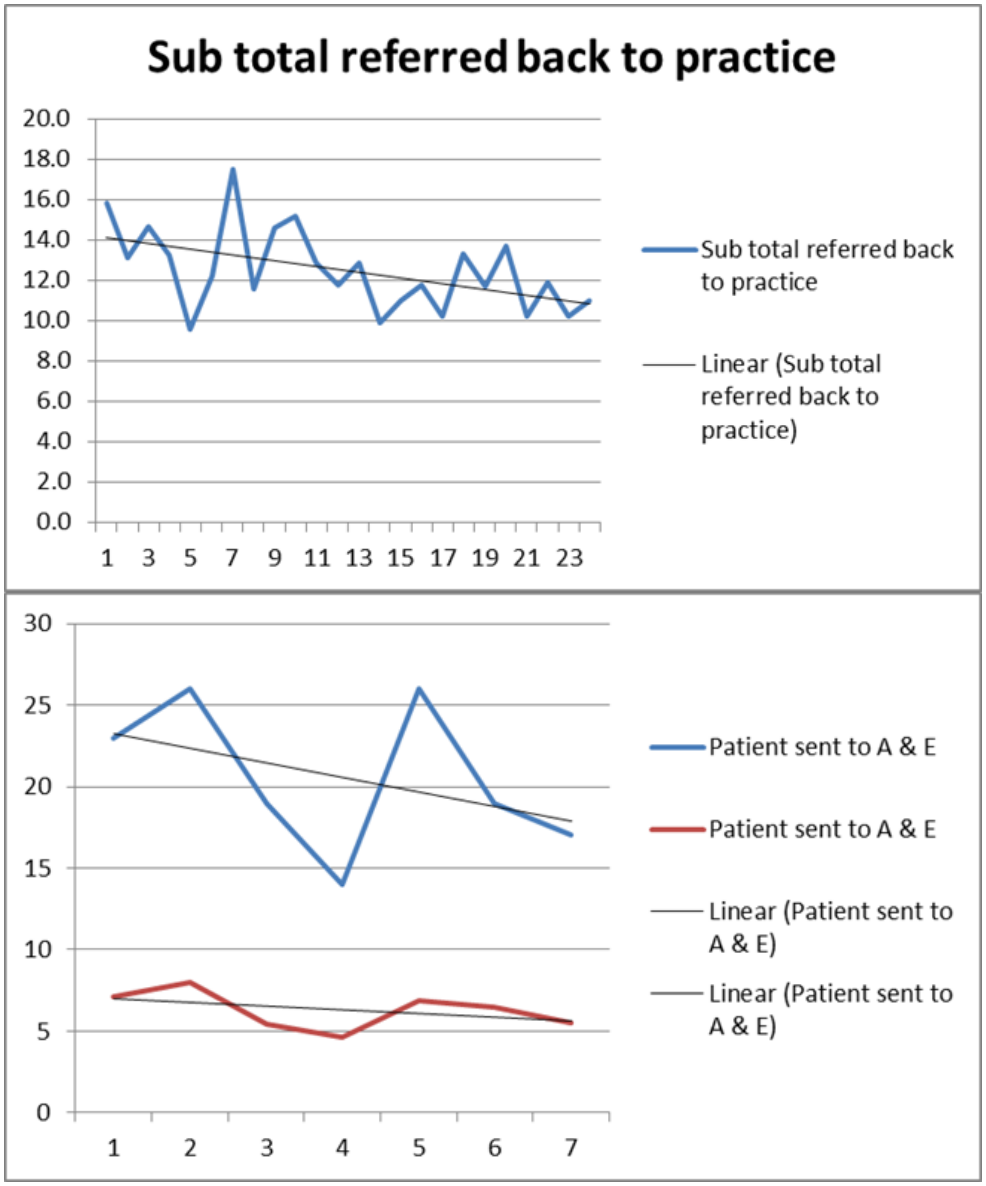
- Increase in LUCS Hub attendances for minor illness and injury;
- Reduction in avoidable Ambulatory Care Sensitive Conditions activity;
- Reduction in the percentage of onward referrals from the hubs;
- Effective use of the skills and capacity of the MIU Nurse Practitioners;
- Extent to which the hubs contribute to additional primary medical services capacity;
- Patient experience;
- Referrer views on the service (GP, 111, ambulance);
- Overall cost.

2.2 Progress to date

Ely LUCS Hub

The first phase involves integrating medical and nursing expertise to broaden the scope of patients who can be seen locally, with GPs supporting Nurse Practitioners to deal with more complex urgent care, prescribing, risk management and children under 2 years old.

The Ely LUCS Hub pilot has been operating with GPs on site Monday - Friday since May with promising results so far. There is evidence that it is providing a one stop service more patients, with the percentage of patients being referred back to their GP or sent on to A&E reducing over time.



More patients have attended the LUCS hub from May – November 2017 compared with the same period in 2016.

The range of conditions which can be dealt with at the Ely LUCS hub has been expanded, and this is reflected in the 111 ‘Directory of Services’ used to send patients to the most appropriate service.
A new pathway has been agreed with the ambulance service, which gives crews the option to ring the LUCS hub GP for clinical advice on whether or not to take patients to A&E, and if appropriate to take them to the LUCS hub for treatment.

Work is also taking place on options to extend the hub hours covered by a GP into weekends.

Hospital activity data shows that there has been a modest decrease in A&E attends for the Ely locality for the period May – September 2017, compared with the same period in 2016, and also a decrease in specific types of admissions (a subset of ambulatory care sensitive conditions identified for the pilot). It is too early to draw definite conclusions from this data.

Whilst there has been positive progress, there have also been a range of challenges which the project team have worked through. For example, the process of securing honorary contracts for the GPs with CPFT needed to be started earlier, a range of clinical and information governance issues have had to be worked through, and IT has at times been problematic. This learning will support development of the other hubs.

Wisbech LUCS Hub

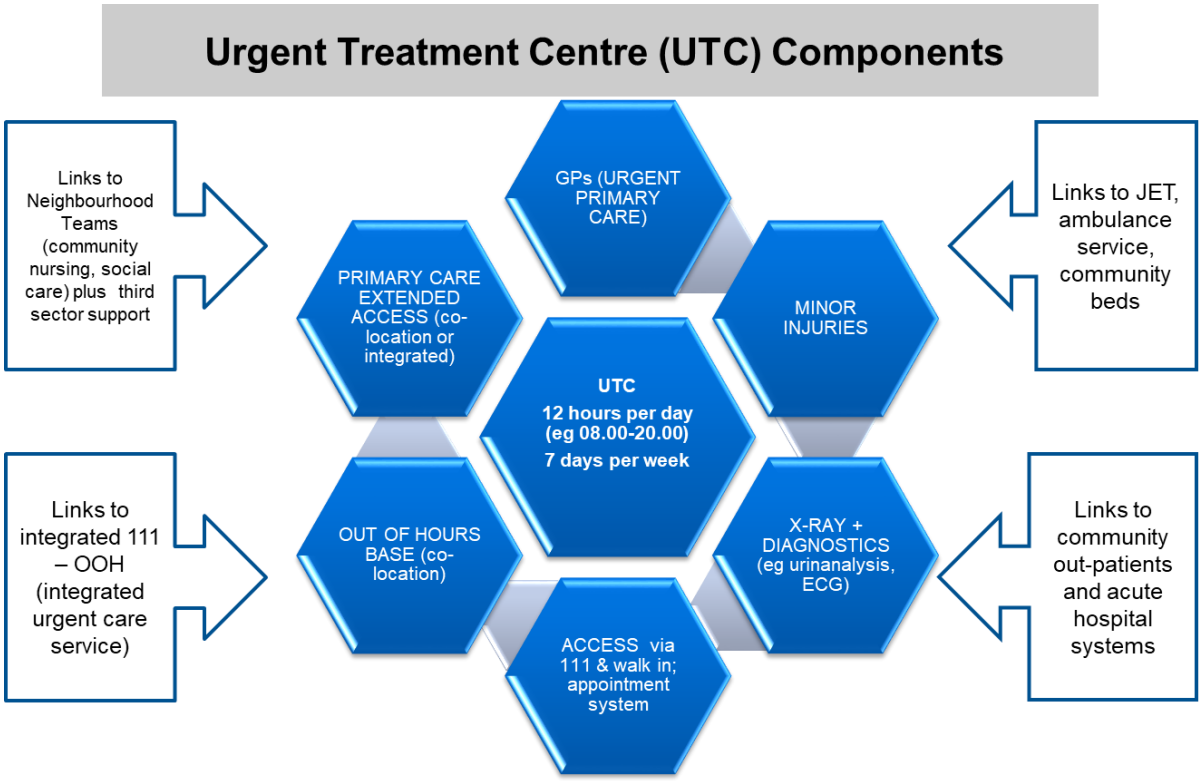
The CCG is continuing to work on development of the Wisbech LUCS hub. However, there has been a delay due to withdrawal of the original GP proposals to support the hub in September 2017, mainly due to GP recruitment and delivery challenges. The CCG worked with all the Wisbech practices and CPFT during September – November to review options for taking the LUCS hub project forward. Further more detailed work and meetings are due to take place in January 2018 with North Brink practice and CPFT.

South Fenland (area surrounding Doddington Hospital)

There are significant workforce and workload challenges in the South Fenland locality. For this reason, the CCG invested in a 'Time to Care' initiative for the local practices, enabling them to apply national best practice on freeing up clinical / practice time. For example, a large number of receptionists have been trained as 'navigators' so that patients can be directed to the right service first time – including a range of community and voluntary services. A second example is a new system which will be introduced for managing correspondence which frees up GP time. The intention is that the Time to Care process will make supporting a LUCS hub more feasible. However, the likely time-scale is now mid 2018.

2.3 Urgent Treatment Centres

New national guidance was issued July 2017 setting out criteria for designation of Urgent Treatment Centres (UTCs). UTCs are community and primary care facilities providing access to urgent care for a local population. They are intended to offer a clear 'brand' for the next tier down from A&E, and to provide a level of service consistency which the current mix of MIUs, walk in centres etc do not. The service elements are shown in the diagram below:



The CCG has undertaken a process of self-assessment by current providers of potential UTC services, and peer review against the national standards. Work is currently taking place on a business case setting out the service benefits and the costs involved in designating potential UTCs. Working closely with STP partners, the CCG has to submit its final UTC plan to NHS England by March 2018. The NHS England guidance and frequently asked questions can be found at the addresses below:

https://www.england.nhs.uk/wp-content/uploads/2017/07/urgent-treatment-centres–principles-standards.pdf
https://www.england.nhs.uk/wp-content/uploads/2017/07/urgent-treatment-centres-faq.pdf

The three East Cambs & Fenland MIUs / LUCS hub have been assessed against the 27 national criteria. The main areas where development / investment would be needed to achieve the UTC criteria are:

- Extension of opening hours to 12 hours each day
- GP input needed during extra hours and weekends
- Appointment system needed
- Need to extend scope to children under 2 years
- Access to x-ray at weekends

UTCs need to be fully compliant with the national criteria by 2019. If it is not feasible to achieve full UTC status, we can either apply for exceptions (eg on the grounds of rurality), or designate the service as a ‘GP access centre’.

3. ALIGNMENT WITH CORPORATE PRIORITIES

Report authors should evaluate the proposal(s) in light of their alignment with the following three Corporate Priorities.

3.1 Developing the local economy for the benefit of all

There are no significant implications for this priority.

3.2 Helping people live healthy and independent lives

There may be scope to extend the LUCS Hub / UTC concept to incorporate wider health and well-being services, working jointly with Local Authorities.

3.3 Supporting and protecting vulnerable people

The national criteria for UTCs cover all standard safeguarding policies and procedures.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

There are NHS resource implications for development of Urgent Treatment Centres. Cost effectiveness will be a factor in determining the success of the LUCS hubs pilot.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

NHS procurement rules will be applied where appropriate.

4.3 Statutory, Legal and Risk Implications

LUCS hub pilots and UTCs will be delivered within the normal NHS statutory framework.

4.4 Equality and Diversity Implications

The LUCS hub pilot business case included health inequality and inequalities impact assessments. The UTC business case will also include these impact assessments.

4.5 Engagement and Communications Implications

Extensive public and patient engagement was undertaken on the future of the MIUs in East Cambs and Fenland in 2016. Regular stakeholder communications are produced for the LUCS hub project. Engagement regarding the UTC development will be undertaken as appropriate to any changes which may be considered.

4.6 Localism and Local Member Involvement

Local councillors and MPs have been briefed / engaged with in the MIU review work and subsequent LUCS hub development. A briefing session for councillors to update on progress took place on 14th December.

4.7 Public Health Implications

A specific health needs assessment has been drafted to support the UTC business case process. It is currently being finalised.

Agenda Item No: 6

NORTHSTOWE HEALTHY NEW TOWN – CCG COMMISSIONING UPDATE

To:	**CAMBRIDGESHIRE HEALTH COMMITTEE**
Meeting Date:	**16 January 2018**
From:	**Sue Watkinson, Director of Transformation and Delivery – Primary and Planned Care, Cambridgeshire and Peterborough CCG**
Electoral division(s):	**South Cambridgeshire – Longstanton, Northstowe and Over**
Forward Plan ref:	**N/A** *Key Decision:* ***No***
Purpose:	**This report to the Health Committee is provided to update Members on the planning and engagement that has been/is underway to secure primary care medical services for the emerging and anticipated population for Northstowe.**
Recommendation:	**The Committee being asked to note the progress to date.**

	Officer contact:		***Member contacts:***
Name:	**Sue Watkinson**	Names:	Councillors
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1. BACKGROUND

1.1 Healthy New Towns Programme

As outlined in the previous report (20 July 2017) to this Committee, the development of Northstowe is part of NHS England's National Healthy New Towns (HNT) Programme. Locally this initiative is primarily focused on phases 2 and 3, although the work on the new model of care and the care hub outlined below includes Phase One.".

The Northstowe bid identified the need for a clear understanding of the health and social care needs and preferences of our ageing population. Research into the future demand for specialist accommodation is key to understanding how new communities must respond to the changing demographic and facilitate more effective, community focussed strategies for care and support, as envisaged by the CCG's Sustainability and Transformation Plan (STP).

In developing the STP and General Practice Forward View (GPFV) strategy for Cambridgeshire and Peterborough, the CCG recognised the opportunity that Northstowe presents, in relation to how we might reconfigure services and work differently to:

- maintain health and well-being;
- prevent illness;
- build resilience; and
- empower people to self-care.

1.2 Opportunity for an innovative approach

New towns afford a valuable opportunity to explore (i) how best the built environment can, contribute towards a shift to healthier lifestyles (for example, through interventions which encourage active travel and positive community identity) and (ii) how existing models of care may be reshaped in response to increasing demands on NHS services, resulting from a population beset by lifestyle diseases and an increasingly elderly demographic, in the face of static or reducing budgets.

Given the population size of Northstowe when built out (c.25,000 - 28,000) and the planned development of a Health Hub in the town centre within Phase Two, Northstowe presents itself as a natural candidate for considering new models of care in service design.

1.3 Implications for planning primary care provision

The focus on new care models underpins the overall planning for primary care provision for Northstowe. This cannot be considered, however, in isolation of the wider ambitions to deliver integrated services and to secure the objectives of the overall programme in terms of the delivery of proactive and preventive integrated services for a growing, resilient and empowered community. Achieving this will challenge existing commissioning approaches and current contractual frameworks. In response to this challenge therefore, additional contract management resource within the CCG has been allocated in support of commissioning new care models, including specifically Northstowe.

Additional management capacity to support development of the new care model has also been agreed with the CCG. A project management role (located within the STP's Service Development Unit) will take a lead role in ensuring that the new care model and subsequent

facility design is completed, as planned by March 2019). This role will be funded from NHS England's Healthy New Town grant.

2. MAIN ISSUES

2.1 Current Primary Care Provision

As previously reported, general practice service provision has been made at the Willingham Practice, and in particular at its branch in Longstanton, to accommodate new registrations prior to the completion of the Health Hub planned for in Phase Two of the development. The Section 106 agreement stipulates that the Health Hub must be available following the occupation of 1500 homes; this was previously projected to therefore be required by June 2021. With occupations commencing slightly later in 2017 than planned and a potential delay in first residential construction in Phase Two, this is however currently under review. A meeting was held with Willingham Medical Practice on 6 December to ensure that any subsequent changes would not negatively impact on meeting the projected need. The practice reported that it had received just under 40 new registration applications to date.

Citizens Advice Bureau (CAB) support, accommodated within the practice, has been operational since July 2017. This service was commissioned in recognition of the wider needs of new residents and the previous utilisation of health services for more social or financial advice reasons. A report on the service utilisation will be provided in January.

2.2 Realising the longer term vision for health service delivery at Northstowe

Northstowe provides an opportunity to develop a place-based, integrated health and social care model, with an emphasis on prevention. A local solution, drawing on the national experience of health vanguard Multispecialty Community Providers, Primary Care Homes and local social care service pilots, such as Cambridgeshire County Council's Neighbourhood Cares pilot, which is based on the Netherland's Buurtzorg community nursing approach. All of which aligns to the strategic objectives of Cambridgeshire and Peterborough's Sustainability and Transformation Plan.

All key health stakeholders were invited to a visioning event, held 18 October in Northstowe. There was representation from all six neighbouring GP practices (staff and patients), the CCG, Cambridgeshire and Peterborough Foundation Trust, North West Anglia Foundation Trust (Hinchingbrooke Hospital), Cambridgeshire Community Services, Cambridgeshire County Council, South Cambridgeshire District Council and Cambridgeshire and Peterborough Healthwatch. (Representatives from Addenbrookes hospital (CUH) were not able to attend). Presentations included 'what we know' regarding new town health profiles based on Cambourne experience, as well as new health care and business models across the country.

This event allowed open discussion and debate concerning the principles on which any new care model should be established and the range of models developed both locally and nationally, which can inform our thinking, along with the commissioning tools and contract forms now available to support such new care models. There was a strong consensus that the new care model should be clinically led and that patient involvement should be central to the process.

As a result, local general practice staff have agreed to meet twice as a group to explore both their clinical aspirations and potential implications of new ways of working from a primary care perspective. They anticipate being in a position to share their thoughts with other key stakeholders (including social care) in the new year.

Analysis of referral data from local general practices to both Addenbrookes and Hinchingbrooke hospitals provides both trend data and information at a specialty/service level. This information can contribute to the broader conversation, with regard to delivering services, traditionally provided within a hospital setting, potentially in the community.

2.3 Facility Specification under Section 106

The Health Hub within the community building (part of the Community Facility for Phase Two), for which £14.5m capital is secured within the Section106 has assigned 1500m² in the outline specification. This reflects its potential to function as a wider hub, supporting neighbouring practices and out of hospital services through, for example, providing space for diagnostics, physiotherapy, acute outreach clinics. At the current time, there has been no capacity/ space built in to accommodate dentistry and pharmacy, design could accommodate this if required but would clearly reduce GP space. We believe a facility of 1,500m2 excluding space for dentistry and pharmacy, which could be located in any available retail space within the development is sufficient for the 3 phases, i.e. 10,000 dwellings in total.

Further discussion is required and dependent on decision of the CCG regarding relocation of an existing facility, phasing needs to be agreed to ensure value for money and appropriate level of service delivery.

2.4 National significance of Northstowe to the national Healthy New Town programme

Northstowe has been identified as the national lead for both *New Models of Care* and *Digital* elements of the programme. As such, both areas are priorities for this programme of work. It should be noted that a Digital workshop was also held (14 September) to discuss the opportunities that could be incorporated within this development. This workshop was also well attended and considered not only the health perspective but wider environment and planning possibilities.

Other areas of work, that may contribute to the national programme include:

- a collaboration with the Centre for Diet and Activity Research, University of Cambridge, tracking changes in the food environment (through business registrations and licensing) and household type and turnover (via Council Tax records) to observe how food access begins and evolves in a new community (subject to approval by South Cambridgeshire District Council)
- the application of *age-friendly city* principles throughout the development process and as the community grows, in the new town context
- the production of a new model to predict the housing, care and support needs of older people for use by any local authority. This tool has been created by Sheffield Hallam University (commissioned using Northstowe Healthy New Town funding), applied to Greater Cambridge and the findings reported (report received by the Sub-

Regional Housing Board in November). The County Council are currently considering these findings, prior to general release in the new year.

2.5 Workforce Planning

Workforce challenges in primary care are well documented – there are options to consider new models with a broad skill mix. More detail to follow as the project progresses

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

There are no significant implications for this priority.

3.2 Helping people live healthy and independent lives

The following bullet points set out details of implications, as identified above.

- In developing the STP and General Practice Forward View (GPFV) strategy for Cambridgeshire and Peterborough, the CCG recognised the opportunity that Northstowe presents, in relation to how we might reconfigure services and work differently to:
    - maintain health and well-being;
    - prevent illness;
    - build resilience; and
    - empower people to self-care.
- New towns afford a valuable opportunity to explore how best the built environment can contribute towards a shift to healthier lifestyles (for example, through interventions which encourage active travel and positive community identity).
- The focus on new care models underpins the overall planning for primary care provision for Northstowe. This cannot be considered, however, in isolation of the wider ambitions to deliver integrated services and to secure the objectives of the overall programme in terms of the delivery of proactive and preventive integrated services for a growing, resilient and empowered community.

3.3 Supporting and protecting vulnerable people

The following bullet points set out details of implications, as identified above.

- the application of age-friendly city principles throughout the development process and as the community grows, in the new town context
- the production of a new model to predict the housing, care and support needs of older people for use by any local authority.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

The following bullet points set out details of significant implications identified by officers.

- Section 106 associated with Phase Two of £14.5m capital contribution.
- Full capital and revenue consequences are yet to be determined.
- As yet unknown ongoing revenue costs associated with infrastructure. Under existing primary care contract regulations, rental costs for space to deliver primary medical services are reimbursed by the CCG. These costs may not be incurred under a new contract model but would be reflected in the service delivery costs.
- Service delivery costs under both traditional and integrated care models will need to be costed to take in planned growth.
- Integrated models of care require budgetary transparency and identification of population level costs for joint commissioning across organisations.
- Workforce challenges in primary care are well documented – options to consider new models with a broad skill mix provide a level of mitigation for this risk.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category.

4.3 Statutory, Legal and Risk Implications

- This is a high profile programme for which reputational risks for all key stakeholder organisations will need to be continually assessed.
- The integration ambitions may well be facilitated by the Devolution priorities and opportunities.

4.4 Equality and Diversity Implications

- The five key themes of this programme include behavioural change, mental health, positive community identity and new care models. Equality Impact Assessments will be undertaken as the project evolves.
- Commissioning for new services requires us to undertake further impact assessments that cover quality impact; privacy, and sustainability.

4.5 Engagement and Communications Implications

- Engagement with Willingham's patient participation group and early contact with new residents continue to be engaged.
- We intend to engage with the patient participation groups and residents more broadly as the new care model is developed and the Healthy New Town programme is implemented; we will use the communication channels already in place for Northstowe.

4.6 Localism and Local Member Involvement

- CCG representatives will continue to liaise with local members and council officers, as the project progresses.

4.7 Public Health Implications

- The growth associated with the new community will impact on the wider determinants of health. Public Health colleagues are developing their population predictive modelling in the context of anticipated disease, which will influence design of the health service specification.

Source Documents	Location
New Housing Developments and the Built Environment JSNA (2015/16)	Http://cambridgeshireinsight.org.uk/joint-strategic-needs-assessment/current-jsna-reports/new-housing-developments-and-built-environment

FINANCE AND PERFORMANCE REPORT – NOVEMBER 2017

To:	**Health Committee**
Meeting Date:	**16th January 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 November 2017 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 November 2017.**
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 November 2017.**

	Officer contact:		***Member contacts:***
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Tel:	01223 699733	Tel:	01223 706398

From: Martin Wade

Tel.: 01223 699733

Date: 12 Dec 2017

Public Health Directorate

Finance and Performance Report – November 2017

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
Oct (No. of indicators)	3	12	11	3	29

2. INCOME AND EXPENDITURE

2.1 Overall Position

Forecast Variance - Outturn (Oct) £000	Service	Current Budget for 2017/18 £000	Current Variance £000	Forecast Variance - Outturn (Nov) £000	Forecast Variance - Outturn (Nov) %
-46	Children Health	9,200	-48	-46	-0.5%
0	Drug & Alcohol Misuse	5,845	-14	0	0%
0	Sexual Health & Contraception	5,297	-73	0	0%
-50	Behaviour Change / Preventing Long Term Conditions	3,910	-55	-50	-1.3%
0	General Prevention Activities	56	-1	0	0%
0	Adult Mental Health & Community Safety	263	-0	0	0%
0	Public Health Directorate	2,149	-205	-60	-2.8%
-96	**Total Expenditure**	**26,720**	**-397**	**-156**	**-0.6%**
0	Public Health Grant	-26,041	-3	0	0%
0	s75 Agreement NHSE-HIV	-144	0	0	0%
0	Other Income	-149	-3	0	0%
0	Drawdown From Reserves	0	0	0	0%
0	**Total Income**	**-26,334**	**0**	**0**	**0%**
-96	**Net Total**	**386**	**-397**	**-156**	**-40.4%**

The service level budgetary control report for November 2017 can be found in appendix 1.

Further analysis of the results can be found in appendix 2.

2.2 Significant Issues

The forecast underspend has increased by £60k to £156k.

An additional underspend of £60k has been identified against the Public Health Directorate staffing budget. This is due to vacancies within the Drugs & Alcohol and Behaviour Change areas of work.

As previously reported, there are forecast underspends in Children Health of £46k against the Vision Screening budget and in Behaviour Change/Preventing Long Term Conditions of £50k against the Smoking cessation and NHS Health Checks budgets.

All other budgets are currently forecasting a balanced position but this will be kept under review in the coming months. 2017/18 Savings are monitored through the monthly savings tracker and are currently all on track; any exceptions will be reported to Health Committee and any resulting overspends would be included in this 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 £26.9m, of which £26.041m 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)

Performance data relates to activity in October 2017.

Sexual Health (KPI 1 & 2)

- Performance of sexual health and contraception services remains good with all indicators green.

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 remains stable.

National Child Measurement programme (KPI 14 & 15)

- The new measurement programme for 2017/18 has commenced in September 2017 as measurements are undertaken during the school term. Performance is currently good with direction of travel moving up. all indicators green.

NHS Health Checks (KPI 3 & 4)

- NHS Health Checks completed performance indicator remain red.
- The number of outreach health checks remains red. Whilst both indicators remain red there is an upward movement from the previous month. Please see the commentary for detailed explanations.

Lifestyle Services (KPI 5,16-29)

- From the 14 Integrated Lifestyle Service indicators reported the overall performance shows 5 green and 9 amber with no red indicators. Direction of travel from the previous month is generally positive with 8 indicators moving upwards.
- KPI 26 please see commentary but no data is available for this month from the provider.

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

- Health Visiting and School Nursing data is reported on quarterly and the data provided reflects the Quarter 2 period for 2017/18 (July – Sept).
- As a result of quarterly reporting the overall performance indicators reported on will be the same information received by the Health Committee in December.
- In summary Health Visiting and School Nursing show two green, three amber and one red indicator (Q2)

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 will now be in receipt of routine monthly data reports on the "Fit for the Future" programme circulated prior to meetings. The remaining scrutiny priorities around communications and engagement and Primary Care Developments requires further consideration from the committee on reporting requirements.

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

Appendix 7 reports on the current spend against the MOU for public health services provided by other directorates. It is not expected that there will be any underspend against the MOU at the end of the year.

4.5 Appendix 8 – Public Health Risk Register

It was agreed at the Quality & Safety Risk Group to provide an update on the Public Health Risk Register on a six monthly bases as part of the Finance and Performance Report. Appendix 8 records the current position of the directorates risk register.

4.6 Appendix 9 – Public Health Outcomes Framework (PHOF)

The Department of Health provides a set of indicators called the Public Health Outcomes Framework (PHOF), to help us understand how well public health is being improved and protected. Appendix 9 provides a summary of the PHOF for Cambridgeshire where most indicators are benchmarked against the England average. The summary provides details of new indicators and explanations and lists all indicators that are rated statistically significantly worse than the England average.

APPENDIX 1 – Public Health Directorate Budgetary Control Report

Forecast Variance Outturn (Oct) £'000	Service	Current Budget for 2017/18 £'000	Expected to end of Nov £'000	Actual to end of Nov £'000	Current Variance £'000	Current Variance %	Forecast Variance Outturn (Nov) £'000	Forecast Variance Outturn (Nov) %
	Children Health							
0	Children 0-5 PH Programme	7,253	3,627	3,627	0	0.00%	0	0.00%
-46	Children 5-19 PH Programme - Non Prescribed	1,707	1,085	1,033	-52	-4.78%	-46	-2.68%
0	Children Mental Health	240	234	237	3	1.49%	0	0.00%
-46	**Children Health Total**	**9,200**	**4,945**	**4,897**	**-48**	**-0.98%**	**-46**	**-0.50%**
	Drugs & Alcohol							
0	Drug & Alcohol Misuse	5,845	4,058	4,043	-14	-0.35%	0	0.00%
0	**Drugs & Alcohol Total**	**5,845**	**4,058**	**4,043**	**-14**	**-0.35%**	**0**	**0.00%**
	Sexual Health & Contraception							
0	SH STI testing & treatment – Prescribed	3,975	2,393	2,347	-45	-1.89%	0	0.00%
0	SH Contraception - Prescribed	1,170	475	454	-20	-4.31%	0	0.00%
0	SH Services Advice Prevn Promtn - Non-Presribed	152	74	67	-7	-9.29%	0	0.00%
0	**Sexual Health & Contraception Total**	**5,297**	**2,941**	**2,868**	**-73**	**-2.47%**	**0**	**0.00%**
	Behaviour Change / Preventing Long Term Conditions							
0	Integrated Lifestyle Services	2,006	1,311	1,309	-2	-0.15%	0	0.00%
0	Other Health Improvement	279	296	307	10	3.39%	0	0.00%
-30	Smoking Cessation GP & Pharmacy	828	279	243	-36	-13.04%	-30	-3.62%
0	Falls Prevention	80	54	55	1	1.54%	0	0.00%
-20	NHS Health Checks Prog – Prescribed	716	422	394	-28	-6.54%	-20	-2.79%
-50	**Behaviour Change / Preventing Long Term Conditions Total**	**3,910**	**2,362**	**2,307**	**-55**	**-2.33%**	**-50**	**-1.28%**
	General Prevention Activities							
0	General Prevention, Traveller Health	56	31	30	-1	-3.84%	0	0.00%
0	**General Prevention Activities Total**	**56**	**31**	**30**	**-1**	**-3.84%**	**0**	**0.00%**
	Adult Mental Health & Community Safety							
0	Adult Mental Health & Community Safety	263	98	97	-0	-0.15%	0	0.00%
0	**Adult Mental Health & Community Safety Total**	**263**	**98**	**97**	**-0**	**-0.15%**	**0**	**0.00%**

Forecast Variance Outturn (Oct) £'000	Service	Current Budget for 2017/18 £'000	Expected to end of Nov £'000	Actual to end of Nov £'000	Current Variance £'000	Current Variance %	Forecast Variance Outturn (Nov) *£'000*	Forecast Variance Outturn (Nov)
	Public Health Directorate							
0	Children Health	315	216	194	-22	-9.99%		0.00%
0	Drugs & Alcohol	265	184	128	-56	-30.38%	-25	-9.43%
0	Sexual Health & Contraception	189	131	129	-2	-1.62%		0.00%
0	Behaviour Change	723	502	386	-116	-23.05%	-35	-4.84%
0	General Prevention	152	105	102	-3	-3.28%		0.00%
0	Adult Mental Health	43	30	28	-2	-6.14%		0.00%
0	Health Protection	140	97	95	-2	-2.19%		0.00%
0	Analysts	322	223	221	-2	-1.07%		0.00%
0		**2,149**	**1,488**	**1,283**	**-205**	**-13.80%**	**-60**	**-2.79%**
-96	**Total Expenditure before Carry forward**	**26,720**	**15,922**	**15,525**	**-397**	**-2.49%**	**-156**	**-0.58%**
0	**Anticipated contribution to Public Health grant reserve**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0.00%**
	Funded By							
0	Public Health Grant	-26,041	-19,754	-19,757	-3	-0.02%		0.00%
0	S75 Agreement NHSE HIV	-144	-144	-144	0	0.00%		0.00%
0	Other Income	-149	-75	-72	3	4.00%		0.00%
	Drawdown From Reserves	0	0	0	0	0.00%	**0**	0.00%
0	**Income Total**	**-26,334**	**-19,973**	**-19,973**	**0**	**0.00%**	**0**	**0.00%**
-96	**Net Total**	**386**	**-4,051**	**-4,448**	**-397**	**-9.80%**	**-156**	**-40.39%**

APPENDIX 2 – Commentary on Expenditure Position

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

Service	Current Budget for 2017/18 £'000	Current Variance		Forecast Variance - Outturn	
		£'000	%	£'000	%

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

Awarding Body : DofH

Grant	Business Plan £'000	Adjusted Amount £'000	Notes
Public Health Grant as per Business Plan	**26,946**		Ring-fenced grant
Grant allocated as follows;			
Public Health Directorate	20,050	26,041	Including full year effect increase due to the transfer of the drug and alcohol treatment budget (£5,880k) from CFA to the PH Joint Commissioning Unit. Also the transfer of the MH Youth Counselling budget (£111k) from CFA to PH mental health budget.
CFA Directorate	6,322	331	£5,880k drug and alcohol treatment budget and £111k mental health youth counselling budgets transferred from CFA to PH as per above.
ETE Directorate	153	153	
CS&T Directorate	201	201	
LGSS Cambridge Office	220	220	
Total	**26,946**	**26,946**	

APPENDIX 4 – Virements and Budget Reconciliation

	£'000	Notes
Budget as per Business Plan	20,560	
Virements		
Non-material virements (+/- £160k)	-8	
Budget Reconciliation		
Drug and Alcohol budget from CFA to PH	6,058	
Youth Counselling budget from CFA to PH	111	
Current Budget 2016/17	**26,721**	

APPENDIX 5 – Reserve Schedule

Fund Description	Balance at 31 March 2017	2017/18		Forecast Closing Balance	Notes
		Movements in 2017/18	Balance at 30 Nov 2017		
	£'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	400	0	400	300	Anticipated spend £100k per year over 5 years.
Falls Prevention Fund	400	0	400	200	Planned for use on joint work with the NHS in 2017/18 and 2018/19.
NHS Healthchecks programme	270	0	270	170	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	850	0	850	592	£517k Committed to the countywide 'Let's Get Moving' physical activity programme which runs for two years 2017/18 and 2018/19.
Other Reserves (<£50k)	0	0	0	0	
subtotal	**1,920**	**0**	**1,920**	**1,262**	
TOTAL	**2,960**	**0**	**2,960**	**2,302**	

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

Fund Description	Balance at 31 March 2017	2017/18		Forecast Closing Balance	Notes
		Movements in 2017/18	Balance at 30 Nov 2017		
	£'000	£'000	£'000	£'000	
General Reserve					
Joint Improvement Programme (JIP)	59	0	59	59	
Improving Screening & Immunisation uptake	9	0	9	9	£9k from NHS ~England for expenditure in Cambridgeshire and Peterborough
TOTAL	**68**		**0**	**68**	

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 October 2017 can be seen within the tables below:

	Measures											
KPI no	Measure	Period data relates to	Y/E Target 2017/18	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous period actual	Current period targe	Current period actual	Direction of travel (from previous period)	Comments
1	GUM Access - offered appointments within 2 working days	Oct-17	98%	98%	100%	100%	G	100%	98%	100%	← →	
2	GUM ACCESS - % seen within 48 hours (% of those offered an appointment)	Oct-17	80%	80%	91%	91%	G	92%	80%	91%	↓	
3	Number of Health Checks completed	Q2 Jul-Sep 17	18,000	9,000	7,711	86%	R	85%	4500	87%	↑	The comprehensive Improvement Programme is continuing this year. The introduction of the new software into practices has commenced which is increasing the accuracy of the number of invitations that are sent out for NHS Health Check. Issues with the practice data templates have now been resolved and the data quality has improved with corresponding improvement in the Programme outputs.
4	Number of outreach health checks carried out	Oct-17	2,000	1333	499	37%	R	29%	167	43%	↑	The Lifestyle Service is commissioned to provide outreach Health Checks for hard to reach groups in the community and in workplaces. Workplaces in the South of the county are performing well. However it has not been possible to secure access to the factories in Fenland where there are high risk workforces. This has affected overall performance. Engaging workplaces in Fenland is challenging with in excess of 100 workplaces and community centres contacted with very little uptake. There is a need to secure high level support that could be from an economic development perspective, if employers are to be effectively engaged. This would reflect the evidence that supporting employee health and well being brings cost benefits to businesses.
5	Smoking Cessation - four week quitters	Sep-17	2278	829	859	104%	G	120%	165	82%	↓	• 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 • There is an ongoing programme to improve performance that includes targeting routine and manual workers (rates are known to be higher in these groups) and the Fenland area.

KPI no.	Measure	Period data relates to	Y/E Target 2017/18	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	Q2 Jul-Sep 17	56%	56%	55%	55%	G	55%	56%	55%	↔	The 2017/18 target for breastfeeding has been established as 56%. This quarter the breastfeeding prevelance rate remains the same, falling just below target but is well within a 10% tolerance of the target position and exceeds the national average of 45%.
7	Health visiting mandated check - Percentage of first face-to-face antenatal contact with a HV at >28 weeks	Q2 Jul-Sep 17	50%	50%	28%	28%	R	27%	50%	29%	↑	The proportion of antenatal contacts continues to fall below the 50% target, although impovements have been made against last quarter's (Q1) performance. Performance data (%) for antenatal contacts is not available nationally due to difficulties with getting the relevant denominator and only numbers are reported nationally. Although the health visitor checks are mandated, there are no national targets set, instead these are agreed locally. Currently the antenatal visits are targeted to first time mothers and those who are vulnerable, as opposed to universally; this was agreed with providers as expectant mothers receive a lot of input from midwives during pregnancy. It was agreed that the health visitors would focus on the new birth visit, of which performance is above the 90% target. The notification from midwifery to health visiting, due to different IT systems has not historically been good, but is improving and processes are being put in place to improve notifications.
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	Q2 Jul-Sep 17	90%	90%	95%	95%	G	95%	90%	94%	↓	The number of New Birth Visits completed within 14 days of birth continues exceed the 90% target. Exemption reporting for this quarter arose for reasons pertaining to hospitalisation at birth, re-admission to hospital, visitng relatives and parental choice.
9	Health visiting mandated check - Percentage of children who received a 6 - 8 week review	Q2 Jul-Sep 17	90%	90%	89%	89%	A	93%	90%	85%	↓	The proportion of 6-8 week development checks completed within 8 weeks has declined this quarter, falling below the 90% target. With exemption reporting the percentage for this quarter is an average of 85%. There is a geographical difference; this target is being met in Huntingdon, Cambridge City and South Cambridgeshire, but is falling short in East Cambs and Fenland. This is due in part to a change in the way the 6 - 8 week visit is being offered to families. Families on the universal pathway are being offered clinic based appointments, whist home visits are offered to more vulnerable groups. This has meant a change in recording processes and staff training. Since this is a recording issue rather than an actual decline in performance, it is expected that the performance against the target will improve towards the end of Quarter 3, as the system changes are embedded.
10	Health visiting mandated check - Percentage of children who received a 12 month review by 15 months	Q2 Jul-Sep 17	100%	95%	87%	87%	A	87%	95%	87%	↔	This figure is below the set target but remains consistant against last quarter's performance. However if we take into account exception reporting (Not Wanted/Did Not Attend) the figure for Q2 increases to 96%, which falls within the target.
11	Health visiting mandated check - Percentage of children who received a 2 -2.5 year review	Q2 Jul-Sep 17	90%	90%	80%	80%	A	81%	90%	78%	↓	The number of 2-2.5 year reviews being completed is below the set target. However if exception reporting is accounted for, the figure for Q2 increases to 92% which is above the set target established for this year. It has been reported that there was a slight increase in the number of DNA's/Not Wanted appointments over July and August, the main holiday period, which is a time that families often cancel or defer their appointment for their convenience.
12	School nursing - Number of young people seen for behavioural interventions - smoking, sexual health advice, weight management or substance misuse	Q2 Jul-Sep 17	N/A	N/A	136	N/A	N/A	109	N/A	27	↓	The School Nursing service has introduced a duty desk this quarter 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. Since opening the duty desk in June there has been a total of 1312 enquires. The figures reported are for those that have been seen in clinics in relation to a specific intervention. There has been a significant reduction in the number of pupils being seen this quarter due to the school summer break when no clinic based appointments are run during this period.
13	School nursing - number of young people seen for mental health & wellbeing concerns	Q2 Jul-Sep 17	N/A	N/A	1271	N/A	N/A	919	N/A	352	↓	The School Nursing service has introduced a duty desk to offer a more efficient and accessible service. Since opening in June there have been 1312 calls to the duty desk. The figures reported are for those that have been seen in clinics in relation to a specific intervention. Whilst there is an overall increasing trend in the volume of young people being seen for emotional health and wellbeing issues, there has been a decrease this quarter due to the school summer holidays, when clinics do not run. It has been reported that enhancements to the reporting system has identified that this figure has previously been overreported and work is being undertaken to assure accurancy of the data moving forward.

KPI no.	Measure	Period data relates to	Y/E Target 2017/18	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)	Oct-17	90%	90.0%	163.0%	163.0%	G	92%	90.0%	163.0%	↑	The National Child Measurement Programme (NCMP) has been completed for the 2016/17 academic year. The coverage target was met and the measurement data has been submitted to the PHE on 21/07/2017 in line required timeline. The cleaned measurement data will be available at the end of the year. The new measurement programme for 2017/18 started in Spetember.
15	Childhood Obesity (School year) - 90% coverage of children in reception by final submission (EOY)	Oct-17	90%	90.0%	163.0%	163%	G	95%	90.0%	163.0%	↑	
16	Overall referrals to the service	Oct-17	5100	3400	4121	121%	G	66%	425	161%	↑	
17	Personal Health Trainer Service - number of Personal Health Plans produced (PHPs) **(Pre-existing GP based service)**	Oct-17	1517	1011	927	92%	A	62%	126	47%	↓	The Service has been undergoing extensive re-organisation. A formal letter has been written to them indicating that the formal process of penaltie will be commenced unless some improvement is seen within 2 months.
18	Personal Health Trainer Service - Personal Health Plans completed **(Pre-existing GP based service)**	Oct-17	1138	795	688	91%	A	55%	95	156%	↑	
19	Number of physical activity groups held **(Pre-existing GP based service)**	Oct-17	664	443	413	93%	A	90%	55	172%	↑	
20	Number of healthy eating groups held **(Pre-existing GP based service)**	Oct-17	450	300	276	92%	A	103%	38	48%	↓	
21	Personal Health Trainer Service - number of PHPs produced (Extended Service)	Oct-17	723	482	566	117%	G	77%	60	101%	↑	
22	Personal Health Trainer Service - Personal Health Plans completed (Extended Service)	Oct-17	542	361	413	114%	G	59%	45	188%	↑	
23	Number of physical activity groups held (Extended Service)	Oct-17	830	553	529	96%	A	16%	69	25%	↑	
24	Number of healthy eating groups held (Extended Service)	Oct-17	830	553	498	90%	A	62%	69	152%	↑	
25	Proportion of Tier 2 clients completing the intervention who have achieved 5% weight loss.	Oct-17	30%	30%	24.0%	24.0%	A	25%	30%	N/A	↔	The percentage of participants who achieve the recommended weight loss is affected by the severity of the obesity. As part of the demand management for the Tier 3 service, patients are directed to Tier 2, these patients are more complex and have higher levels of obesity. It should also be noted that this follows a high percentage of clients achieving the 5% weight loss.

KPI no.	Measure	Period data relates to	Y/E Target 2017/18	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
26	Proportion of Tier 3 clients completing the course who have achieved 10% weight loss	Oct-17	60%	60%	55.0%	55.0%	A	66.7%	60%	43.0%	⇐⇒	This month only 9 patients were discharged which reflects the length and complexity of the cases. It is difficult to make any robust observations about the % achieving the 10% weight loss from such small numbers. Initial data for the next months indicates an improvement.
27	% of children recruited who complete the weight management programme and maintain or reduce their BMI Z score by agreed amounts	Oct-17	80%	80%	100%	125%	N/A	n/a	N/A	N/A	⇐⇒	No courses completed during this period
28	Falls prevention - number of referrals	Oct-17	386	257	278	108%	G	98%	32	165%	⇑	
29	Falls prevention - number of personal health plans written	Sep-17	279	111	102	92%	A	123%	30	53%	⇓	This follows a high number of referrals in the previous month.

* All figures received in November 2017 relate to October 2017 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

Monies allocated to other directorates under the Public Health MOU are as follows:

	£
People & Communities (ex CFA)	
Counting Every Adult	68,000
Education Wellbeing/PSHE	15,000
Children's Centres	170,000
CAMH Trainer (mental health)	71,000
PH contribution to Anti Bullying	7,000
Strengthening Communities – KickAsh	23,000
ETE	
Active Travel (overcoming safety barriers)	55,000
Explore additional interventions for cyclist/ pedestrian safety	30,000
Road Safety	20,000
Illicit Tobacco	15,000
C&CS	
Research	22,000
Transformation Team support	27,000
Communications	25,000
Strategic Advice	22,000
Emergency Planning support	5,000
Strengthening Communities Service – Fenland	10,000
LGSS managed overheads (IT, telephones etc.)	100,000
LGSS	
Overheads associated with PH function (i.e. Finance, HR, etc.)	220,000

Directorate	Service	Q2 Update
P&C	**Chronically Excluded Adults (MEAM)**	CEA caseload update: Referrals: 30 Accepted: 5 Active: 30 20 positively engaged in treatment and support including drug and alcohol treatment, mental health support, probation, physical health issues.
P&C	**Education Wellbeing/PSHE KickAsh**	• 10 secondary schools recruited and committed to the Kick Ash programme for 2017-18 • Programme content and delivery reviewed by Reference Group/Education Wellbeing Team for the educational component • Kick Ash mentors currently being recruited in 10 schools • Training programme for mentors developed and commenced on a rolling programme through the autumn with participating secondary schools • Whole school collaborative event planned for all Kick Ash mentors for April 2018
P&C	**Children's Centres**	Information awaited for Q1 and 2
P&C	**CAMH Trainer**	Between 1st April – 31st June 2017: Whole School Briefings have been delivered to 2 primary schools (75 members of staff) and 1 secondary school (50 members of staff). Training courses have been delivered to a further 3 schools (including 1 Youth Mental Health Awareness course delivered to 14 participants), and Fenland

		Heads and SENCo's, and the Festival of Education Fringe Event. £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 in schools. This contract will come into effect from 1st January 2018 and has been awarded to Chums.
P&C	**Contribution to Anti-Bullying**	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.
P&C	**Strengthening Communities Service - KickAsh**	The Strengthening Communities Service delivers aspects of Kick Ash which focus on the legislation requirements and the role of business to support Kick Ash. The young people are trained and supported to go out with a Trading Standards Officer to talk to businesses about their compliance with the legislation and why that is important. Some of the young people follow a script when talking to businesses , others are more confident about explaining why they think it is important for young people to remain smoke free. They look to see if the supplier/business is displaying the right signs and following the requirements, and explain why they are in place. **July - Swavesey Village College** - Following the school's successful recruitment of new year 10s for 2017/18 before the end of the summer term, training sessions were delivered to 25 very keen new mentors to take us forward into 2017/18 Kick Ash. **September** - **Bottisham Village College.** Training was delivered to 12 very enthusiastic year 10s. **Sir Harry Smith, Whittlesey:** Met 26 year 10s to talk about the Kick Ash programme and to deliver the messages about plain packaging, illicit tobacco etc.
ETE	**Active Travel (overcoming safety barriers)**	48 schools achieved bronze accreditation for their Modeshift STARS travel plans in July, 1 school has achieved silver and 2 gold. A further 9 schools are very close to accreditation and should be ready to submit in December. Work undertaken to support schools in Walk to School Month for October.
ETE	**Explore additional interventions for cyclist/ pedestrian safety**	Officers have prepared information on cycle safety for new University students to use at Fresher's Fair in Cambridge. Officers have also discussed possibilities around Operation Close pass with Cambridgeshire Police.
ETE	**Road Safety**	There are 26 schools on the JTA scheme and 15 on the waiting list. Officers are exploring ways the capacity to deliver this highly engaging programme can be extended so that more schools can benefit from the support for their students to identify and address road safety and sustainable travel issues in their community. In addition to this, officers are also exploring how capacity to deliver a similar approach in secondary schools could be made available. One school has had a play written for them about safe travel to school and this could be shared with other schools around the county.
ETE	**Illicit Tobacco**	• Cases are being prepared for Court. • Financial Investigations ongoing. • Intelligence work on going. • One alcohol licence review initiated. Paperwork served on Premises licence holder following joint operation with HMRC. • Alcohol licence hearing adjourned, which was the 2nd hearing. • Multi-agency enforcement across Peterborough and Cambridgeshire, focusing on Peterborough and Fenland District, carried out. • 9 premises visited. Illicit tobacco found in 2 shops and 2 cars seized. These

		cars are associated with 2 different shops.
C&CS	**Research**	As a reminder the 2015 population forecasts and estimates were published during Q1. The team is commencing a series of new development surveys which will support the planning of health services within new settlements (among other things). The revision of Cambridgeshire Insight onto the Instant Atlas platform continues.
C&CS	**Transformation Team Support**	**Business Planning** • The Transformation Team continues to lead the Council's Business Planning Process, ensuring that the Business Planning process sufficiently aligns with the work of the Public Health directorate, and supporting Public Health colleagues to engage with the Business Planning process **Health and Wellbeing Board and Strategy** • Transformation have worked alongside Public Health on development of the HWB strategy, including facilitating workshop sessions **Business Transformation** • The Transformation Team continued to provide project management support and advice to Public Health • The authority's new project management system is being rolled out 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 have developed and submitted the Better Care Fund plan for Cambridgeshire, to improve integration between social care, Public Health and the wider health system. • 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.
C&CS	**Communications**	• Website development • Producing animations for Health & Wellbeing week • Campaigns, including Stoptober, Health Checks, 10 minute shake up, Stay Well, Keep your head etc • Support with reactive enquiries
C&CS	**Strategic Advice**	Strategic advice over Q2 has involved: • Inputting strategically into the business planning process, e.g. Member workshops, Committee meetings, SMT meetings and CLT meetings • Leading work for corporate / GPC oversight of Council business plan, specifically around KPIs and risk • Providing advice around population growth and forecast developments to support planning for new communities • Leading the corporate Health, Safety and Wellbeing Board to ensure that CCC's public health role for supporting our own staff's wellbeing, is given greater focus • Developing Cambridgeshire Insight, the shared platform for public sector partners in Cambridgeshire including Public Health to publish information such as JSNA
C&CS	**Emergency Planning Support**	Ongoing close working with the Health Emergency Planning Officer (HEPRO)across a range of 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 have relevance to public health • Assistance with Mass Casualties Validation Plan
C&CS	**Strengthening Communities Service**	**<u>Engaging with communities in Fenland</u>** In addition to the day to day 'business as usual' engagement with communities in Fenland, officers have also been involved in more strategic work including: • Focusing members of the new Communities and Partnership Committee on

		key areas of deprivation across the county, including Fenland. A workshop for the new committee was held in Wisbech and a tour of Waterlees followed, taking in visits to vibrant and successful community projects in that area. • 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. • Managing the Support Cambridgeshire contract and including training events in Fenland for community groups and volunteers. • Setting up a 'Fenland Community Place Team', made up of community facing service representatives from across CCC with the aim of creating a professional and informed workforce, able to articulate council projects, priorities or available support to community contacts; aligning resources to areas of need; increasing opportunities to share resources and adopt a creative, solution orientated approach. Community resilience development • Rima Ladies and Families: Group of local Eastern European ladies who now meet weekly and deliver information and family activities. Being supported to develop a constituted group and work with others including the Rosmini Centre. • 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). • Time Credit networks in Chatteris, March and Wisbech.
C&CS	**LGSS Managed Overheads**	This continues to be supported on an ongoing basis, including: • Provision of IT equipment • Office Accommodation • Telephony • Members allowances
LGSS	**Overheads associated with PH function**	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

As at the end of Q2, actual spend versus expected can be seen in the summary below.

Directorate	YTD (Q2) expected spend	YTD (Q2) actual spend	Variance
P&C	£177,000	£175,957	£1,043
ETE	£60,000	£60,595	(£595)
C&CS	£105,500	£105,500	£0
LGSS	£110,000	£110,000	£0
TOTAL Q2	**£452,500**	**£452,052**	**£448**

- Within ETE there is a slight overspend on illicit tobacco, which we are assured will be rectified in Q3.

It is not expected that there will be any underspends at year end at this point in time.

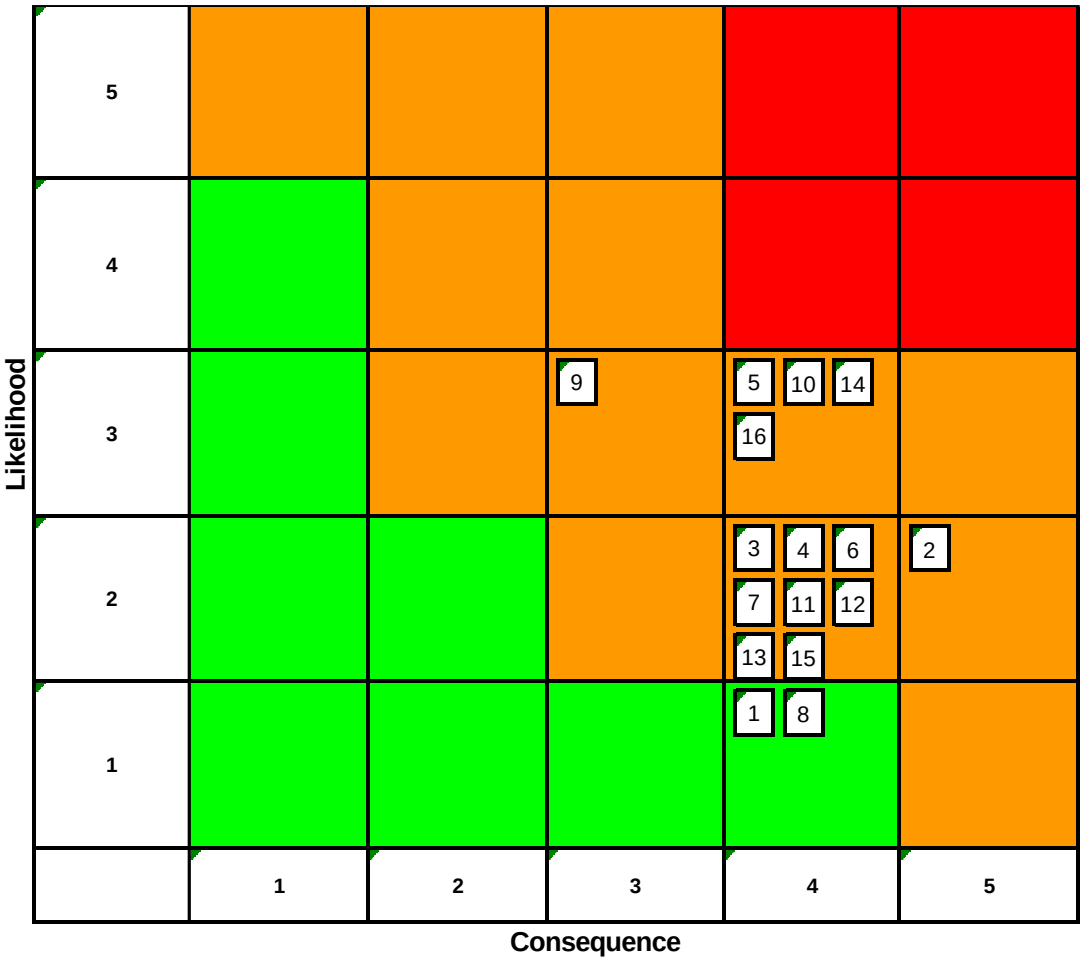
Q3 information will be requested at the end of December and ready to report by end of January.

APPENDIX 8

PUBLIC HEALTH RISK REGISTER

Further to discussions at SMT, a decision has been made to provide Risk information within the F&PR.

Risk appetite has been left blank at this moment in time, and we are awaiting a response from Corporate as to whether they will be providing a Risk Appetite Statement and Framework.



Risk #	Risk	Risk Owner	Residual Risk Level	Risk Appetite	Review Date
1	1. Budget significantly over/under spent	Liz Robin	4		21/02/2018
2	2. Disruption to business of Public Health Directorate	Kate Parker	9		21/02/2018
3	3. Excess pressure on staff due to mis-match of workload and capacity	Liz Robin	12		21/02/2018

4	4. The Council has assurance that Health Protection Systems to control communicable diseases and environmental hazards, function effectively across all responsible organisations	Linda Sheridan	8		21/02/2018
5	5. A lack of Compliance and appropriate data protection and information governance legislation and good practice	David Lea	8		21/02/2018
6	6. Public Health Services will not meet quality safety and risk standards	Liz Robin	8		21/02/2018
7	7. Child Health Information System (CHIS): Risk that reprocurement of CHIS by NHS England impacts on currently agreed processes through which CHIS supports local authority public health services.	Linda Sheridan	12		21/02/2018
8	8. Health inequalities that can be addressed by the Health & Wellbeing Board and Public Health services do not reduce	Liz Robin	8		21/02/2018
9	9. Performance targets for School Nursing and Health Visiting as set out in the 2016/17 business plan not met	Raj Lakshman	12		21/02/2018
10	10. Childhood Immunisation Targets - Rates of immunisations, below national average with potential risk to public health of children	Linda Sheridan	10		21/02/2018
12	12. Awareness of legislation, training and legal requirements	Liz Robin	8		21/02/2018
13	13. Multi Agency Emergency plans require updating - plans for emergencies need to take account of ongoing organisational changes in the health sector	Linda Sheridan	8		21/02/2018
14	14. Cancer Screening – risk that uptake of cancer screening is	Linda Sheridan	12		21/02/2018

	below average and therefore some cases are not identified and treated early.				
15	15. Partner organisations do not work together effectively to deliver health outcomes	Liz Robin	8		21/02/2018
16	16. Transformation not delivered/or key aspects of the business not maintained	Liz Robin	8		21/02/2018
17	17. Legal or public challenge to Health & Wellbeing Board Pharmaceutical Needs Assessment (PNA) findings		4		21/02/2018

Changes to the risk register were agreed at the Quality Safety and Risk meeting on 14 November, and include:

- Removal of Risk 11 pertaining to On-Call Rota, which is now covered under Risk 4 Health Protection.

The next meeting of the Quality Safety and Risk group will be in February 2018.

Public Health Outcomes Framework – Key changes and updates for Cambridgeshire and its districts: November 2017

Introduction and overview

The Department of Health first published the Public Health Outcomes Framework (PHOF) for England in January 2012, setting out a vision for progress in public health. The framework was revised in November 2016, presenting a refreshed PHOF for England 2016-2019; a set of indicators helping us to understand how well public health is being improved and protected.

The latest technical specification can be found at: https://www.gov.uk/government/publications/public-health-outcomes-framework-2016-to-2019

The PHOF focuses on the overarching indicators of **healthy life expectancy** and **life expectancy**, key measures of the overall health of the population.

These overarching indicators are supported by further indicators across four domains, helping local systems to view the context and drivers of healthy life expectancy:

1. Wider determinants of health
2. Health improvement
3. Health protection
4. Healthcare public health and premature mortality

Public Health England present data for the PHOF in an Interactive Fingertips Data Tool at www.phoutcomes.info.

Data in the PHOF are updated quarterly in February, May, November and November. Each update refreshes indicators for which new figures have become available. Few indicators actually show quarterly data, with the majority presenting annual or 3-yearly rolling data, often guided by the stability of the numbers available.

Most indicators in the PHOF are benchmarked against the England average, but some are compared with a national target, goal or percentile. Indicators in this summary are colour coded to indicate their current rating:

Statistically significantly worse than the England average or below target

Statistically similar to the England average or similar to target

Statistically significantly better than the England average or above target

This local summary:

- Highlights indicators with newly published/revised data or changed RAG-ratings
- Provides a summary of new indicators or new definitions introduced
- Lists all indicators which rate statistically significantly worse than the England average or below the national target (red rated indicators) at November 2017
- Lists all indicators updated this quarter

It is important to remember that indicators rating similar to or better than the national average do not necessarily mean that they are not important public health issues as they may affect large numbers of people or disproportionately affect particular vulnerable groups or deprived areas.

Main source: Public Health England. Public Health Outcomes Framework.

Contact: Cambridgeshire County Council Public Health Intelligence: PHI-Team@cambridgeshire.gov.uk

CAMBRIDGESHIRE

Wider determinants of health

RAG-rating changes with the November 2017 update: 'better'

1.09i - Sickness absence - the percentage of employees who had at least one day off in the previous week

Data updated to 2014-16. The percentage fell in Cambridgeshire, returning to a level statistically similar to the England average.

1.09ii - Sickness absence - the percent of working days lost due to sickness absence

Data updated to 2014-16. The percentage fell in Cambridgeshire to a level statistically significantly lower than the England average.

RAG-rating changes with the November 2017 update: 'worse'

1.08i - Gap in the employment rate between those with a long-term health condition and the overall employment rate

Data updated to 2016/17. The gap increased in Cambridgeshire, becoming statistically significantly higher than the England average.

Health improvement

Indicators with revised source and methodology

2.11i - Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)

2.11ii - Average number of portions of fruit consumed daily (adults)

2.11iii - Average number of portions of vegetables consumed daily (adults)

Newly published data for 2015/16 from the Active Lives Survey.

2.12 - Percentage of adults (aged 18+) classified as overweight or obese

Newly published data for 2015/16 from the Active Lives Survey.

2.13i - Percentage of adults physically active

2.13i - Percentage of adults physically inactive

Newly published data for 2015/16 from the Active Lives Survey.

RAG-rating changes with the November 2017 update: 'better'

2.15i - Successful completion of drug treatment - opiate users

Data updated to 2016. The percentage completing treatment improved, returning to a level statistically similar to the England average.

2.15ii - Successful completion of drug treatment - non-opiate users

Data updated to 2016. The percentage completing treatment improved slightly, returning to a level statistically similar to the England average.

RAG-rating changes with the November 2017 update – 'worse'

2.15iii - Successful completion of alcohol treatment

Data updated to 2016. The percentage completing treatment declined, returning to a level statistically similar to the England average.

Health protection

Indicators with updates and revised benchmarking

3.05i - Treatment completion for TB

Data source revised, updated to 2015 and newly benchmarked against the national average. The percentage completing treatment in Cambridgeshire increased in 2015, returning to a level statistically similar to England.

3.05ii - Incidence of TB

Data source revised, updated to 2014-16 and newly benchmarked against the national average.

RAG-rating changes with the November 2017 update: 'better'

None.

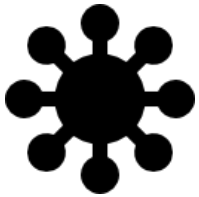
RAG-rating changes with the November 2017 update: 'worse'

3.04 – HIV late diagnosis

Data updated to 2014-16. The percentage increased slightly in Cambridgeshire, returning to a level statistically significantly higher than the England average.

Healthcare public health and premature mortality

RAG-rating changes with the November 2017 update: 'better'



4.08 - Mortality rate from a range of specified communicable diseases, including influenza (Female)

Data updated to 2014-16. The rate of mortality from communicable disease fell in Cambridgeshire females to a level statistically similar to the England average.

4.10 - Suicide rate (Persons)

Data updated to 2014-16. The suicide rate among Cambridgeshire persons fell, returning to a rate statistically significantly lower than the England average.

4.15i - Excess winter deaths index (single year, all ages) (Persons)

Data updated to Aug 2015 - Jul 2016. Excess winter deaths in Cambridgeshire persons fell to a level statistically significantly lower than the England average.

4.15iii - Excess winter deaths index (3 years, all ages) (Male)

Data updated to Aug 2013 - Jul 2016. 3-yr average excess winter deaths in Cambridgeshire males fell to a level statistically significantly lower than the England average.

RAG-rating changes with the November 2017 update: 'worse'

None.

List of all red rated indicators as at November 2017

- 1.02i - School readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception (Persons, Females)
- 1.02ii - School readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check (All children and children with free school meal status) (Persons, Males and Females)
- 1.06i - Adults with a learning disability who live in stable and appropriate accommodation (Persons, Males and Females)
- 1.06ii - Adults in contact with secondary mental health services who live in stable and appropriate accommodation (Persons, Males and Females)
- 1.08i - Gap in the employment rate between those with a long-term health condition and the overall employment rate
- 1.08ii - Gap in the employment rate between those with a learning disability and the overall employment rate (Persons, Males and Females)
- 1.08iii - Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate (Persons, Males and Females)
- 1.10 - Killed and seriously injured (KSI) casualties on England's roads
- 2.07ii - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)
- 2.10ii - Emergency hospital admissions for intentional self-harm
- 2.18 - Admission episodes for alcohol-related conditions - narrow definition (Female)
- 2.20ii - Cancer screening coverage - cervical cancer
- 2.22iv - Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check
- 2.24iii - Emergency hospital admissions due to falls in people aged 80+ (Persons, Females)
- 3.02 - Chlamydia detection rate (15-24 year olds)
- 3.03vi - Population vaccination coverage - Hib / Men C booster (5 years old)
- 3.03x - Population vaccination coverage - MMR for two doses (5 years old)
- 3.03xiv - Population vaccination coverage - Flu (aged 65+)
- 3.03xv - Population vaccination coverage - Flu (at risk individuals)
- 3.04 HIV late diagnosis
- 4.09ii - Proportion of adults in the population in contact with secondary mental health services

Note: Indicator 2.03 Smoking status at time of delivery is also red in PHOF for Cambridgeshire but this is based on the percentage for Cambridgeshire and Peterborough CCG. The CCG rate is strongly influenced by higher rates in the north of the CCG and so not an accurate reflection of rates in Cambridgeshire.

CAMBRIDGE

Wider determinants of health

RAG-rating changes with the November 2017 update: 'better'

1.09ii - Sickness absence - the percent of working days lost due to sickness absence

Data updated to 2014-16. The percentage fell in Cambridge to a level statistically significantly lower than the England average.

1.17 - Fuel poverty[1]

Data updated to 2015. The percentage of households in fuel poverty has fallen in Cambridge to a level below the England average.

RAG-rating changes with the November 2017 update: 'worse'

None.

Health improvement

Indicators with revised source and methodology

2.11i - Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)

2.11ii - Average number of portions of fruit consumed daily (adults)

2.11iii - Average number of portions of vegetables consumed daily (adults)

Newly published data for 2015/16 from the Active Lives Survey.

2.12 - Percentage of adults (aged 18+) classified as overweight or obese

Newly published data for 2015/16 from the Active Lives Survey.

2.13i - Percentage of adults physically active

2.13i - Percentage of adults physically inactive

Newly published data for 2015/16 from the Active Lives Survey.

RAG-rating changes with the November 2017 update

None.

[1] RAG-rating applied locally for guidance only. PHE have removed RAG-ratings in PHOF for this indicator due to methodological issues.

Health protection

Indicators with updates and revised benchmarking

3.05ii - Incidence of TB
Data source revised, updated to 2014-16 and newly benchmarked against the national average.

RAG-rating changes with the November 2017 update

None.

Healthcare public health and premature mortality

RAG-rating changes with the November 2017 update: 'better'

4.15i - Excess winter deaths index (single year, all ages) (Females)
4.15ii - Excess winter deaths index (single year, age 85+) (Persons, Females)
Data updated to Aug 2015 - Jul 2016. Excess winter deaths in Cambridge fell notably, returning to a levels statistically similar to England in all age females, and in persons and females aged 85+.

RAG-rating changes with the November 2017 update: 'worse'

None.

List of all red rated indicators as at November 2017

- 1.03 – Pupil absence
- 1.14i - The rate of complaints about noise
- 1.15i - Statutory homelessness - Eligible homeless people not in priority need
- 2.07ii - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)
- 2.10ii - Emergency hospital admissions for intentional self-harm
- 2.18 - Admission episodes for alcohol-related conditions - narrow definition (Persons, Males and Females)
- 2.20i - Cancer screening coverage - breast cancer
- 2.20ii - Cancer screening coverage - cervical cancer
- 2.20iii - Cancer screening coverage - bowel cancer
- 2.24i - Emergency hospital admissions due to falls in people aged 65 and over (Persons, Males and Females)
- 2.24ii - Emergency hospital admissions due to falls in people aged 65-79 (Persons)
- 2.24iii - Emergency hospital admissions due to falls in people aged 80+ (Persons)
- 3.02 - Chlamydia detection rate (15-24 year olds)
- 3.04 - HIV late diagnosis
- 4.11 Emergency readmissions within 30 days of discharge from hospital (Female)

EAST CAMBRIDGESHIRE

Wider determinants of health

RAG-rating changes with the November 2017 update: 'better'

1.08iv - Percentage of people aged 16-64 in employment
Data updated to 2016/17. The percentage increased in East Cambridgeshire, returning to a level statistically significantly higher than the England average.

RAG-rating changes with the November 2017 update: 'worse'

None.

Health improvement

Indicators with revised source and methodology

2.11i - Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)
2.11ii - Average number of portions of fruit consumed daily (adults)
2.11iii - Average number of portions of vegetables consumed daily (adults)
Newly published data for 2015/16 from the Active Lives Survey.

2.12 - Percentage of adults (aged 18+) classified as overweight or obese
Newly published data for 2015/16 from the Active Lives Survey.

2.13i - Percentage of adults physically active
2.13i - Percentage of adults physically inactive
Newly published data for 2015/16 from the Active Lives Survey.

RAG-rating changes with the November 2017 update

None.

Health protection

Indicators with updates and revisions

3.05ii - Incidence of TB
Data source revised, updated to 2014-16 and newly benchmarked against the national average.

RAG-rating changes with the November 2017 update

None.

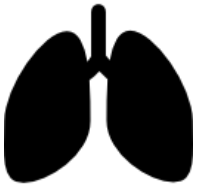
Healthcare public health and premature mortality

RAG-rating changes with the November 2017 update: 'better'

4.05ii - Under 75 mortality rate from cancer considered preventable (Females)
Data updated to 2014-16. The rate of preventable premature mortality due to cancer decreased in East Cambridgeshire females to a level statistically significantly lower than the England average.

4.06ii - Under 75 mortality rate from liver disease considered preventable (Persons and Males)

Data updated to 2014-16. Rates of preventable premature mortality due to liver disease decreased in East Cambridgeshire persons and males to levels statistically significantly lower than the England averages.



4.07i - Under 75 mortality rate from respiratory disease (Males)

4.07ii - Under 75 mortality rate from respiratory disease considered preventable (Males)

Data updated to 2014-16. Rates of premature mortality and preventable premature mortality due to respiratory disease decreased in East Cambridgeshire males to levels statistically significantly lower than the England averages.

4.10 - Suicide rate (Persons)

Data updated to 2014-16. The suicide rate among East Cambridgeshire persons fell to a rate statistically significantly lower than the England average.

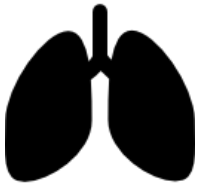
RAG-rating changes with the November 2017 update: 'worse'

4.04i - Under 75 mortality rate from all cardiovascular diseases (Persons and Males)

Data updated to 2014-16. Rates of premature mortality due to CVD increased in East Cambridgeshire to levels statistically similar to the England average, in persons and males.

4.04ii - Under 75 mortality rate from all cardiovascular diseases considered preventable (Males)

Data updated to 2014-16. The rate of preventable premature mortality due to CVD increased in East Cambridgeshire males to a level statistically similar to the England average.



4.07i - Under 75 mortality rate from respiratory disease (Females)

Data updated to 2014-16. The rate of premature mortality due to respiratory disease increased in East Cambridgeshire females to a level statistically similar to the England average.

List of all red rated indicators as at November 2017

- 1.10 - Killed and seriously injured (KSI) casualties on England's roads
- 2.10ii - Emergency Hospital Admissions for Intentional Self-Harm
- 2.12 - Percentage of adults (aged 18+) classified as overweight or obese
- 2.24ii - Emergency hospital admissions due to falls in people aged 65 and over - aged 65-79 (Male)
- 3.02 - Chlamydia detection rate (15-24 year olds)
- 4.16 – Estimated dementia diagnosis rate (aged 65+)

FENLAND

Wider determinants of health

RAG-rating changes with the November 2017 update: 'better'

1.09i - Sickness absence - the percentage of employees who had at least one day off in the previous week
Data updated to 2014-16. The percentage fell in Fenland, returning to a level statistically similar to the England average.

RAG-rating changes with the November 2017 update: 'worse'

1.08i - Gap in the employment rate between those with a long-term health condition and the overall employment rate
Data updated to 2016/17. The gap increased in Fenland returning to a level statistically significantly higher than the England average.

Health improvement

Indicators with revised source and methodology

2.11i - Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)
2.11ii - Average number of portions of fruit consumed daily (adults)
2.11iii - Average number of portions of vegetables consumed daily (adults)
Newly published data for 2015/16 from the Active Lives Survey.

2.12 - Percentage of adults (aged 18+) classified as overweight or obese
Newly published data for 2015/16 from the Active Lives Survey.

2.13i - Percentage of adults physically active
2.13i - Percentage of adults physically inactive
Newly published data for 2015/16 from the Active Lives Survey.

RAG-rating changes with the November 2017 update

None.

Health protection

Indicators with updates and revised benchmarking

3.05ii - Incidence of TB
Data source revised, updated to 2014-16 and newly benchmarked against the national average.

RAG-rating changes with the November 2017 update

None.

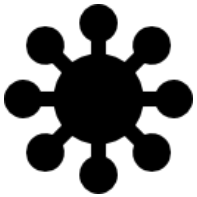
Healthcare public health and premature mortality

RAG-rating changes with the November 2017 update: 'better'

4.04ii - Under 75 mortality rate from all cardiovascular diseases considered preventable (Persons)

Data updated to 2014-16. The rate of preventable premature mortality due to CVD decreased in Fenland to a level statistically similar to the England average.

RAG-rating changes with the November 2017 update: 'worse'



4.08 - Mortality rate from a range of specified communicable diseases, including influenza (Persons)

Data updated to 2014-16. The rate of mortality from communicable diseases increased in Fenland to a level statistically significantly higher than the England average.

List of all red rated indicators as at November 2017

- 0.1ii - Life expectancy at birth (Male)
- 0.2iv - Gap in life expectancy at birth between each local authority and England as a whole (Male)
- 1.01i - Children in low income families (all dependent children under 20)
- 1.01ii - Children in low income families (under 16s)
- 1.08i - Gap in the employment rate between those with a long-term health condition and the overall employment rate
- 2.02i - Breastfeeding - breastfeeding initiation
- 2.02ii - Breastfeeding - breastfeeding prevalence at 6-8 weeks after birth - historical method
- 2.07ii - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)
- 2.10ii - Emergency Hospital Admissions for Intentional Self-Harm
- 2.12 - Percentage of adults (aged 18+) classified as overweight or obese
- 2.14 - Smoking Prevalence in adults - current smokers (APS)
- 2.18 - Admission episodes for alcohol-related conditions - narrow definition (Persons, Females)
- 2.20iii - Cancer screening coverage - bowel cancer
- 2.24i - Emergency hospital admissions due to falls in people aged 65 and over (Persons, Males and Females)
- 2.24iii - Emergency hospital admissions due to falls in people aged 65 and over - aged 80+ (Persons, Males)
- 3.02 - Chlamydia detection rate (15-24 year olds)
- 3.04 – HIV late diagnosis
- 3.08 - Adjusted antibiotic prescribing in primary care by the NHS
- 4.03 - Mortality rate from causes considered preventable (Persons, Males)
- 4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (Persons)
- 4.08 - Mortality rate from a range of specified communicable diseases, including influenza (Female)
- 4.16 – Estimated dementia diagnosis rate (aged 65+)

HUNTINGDONSHIRE

Wider determinants of health

RAG-rating changes with the November 2017 update: 'better'

1.09i - Sickness absence - the percentage of employees who had at least one day off in the previous week

Data updated to 2014-16. The percentage fell in Huntingdonshire to a level statistically significantly lower than the England average.

1.09ii - Sickness absence - the percent of working days lost due to sickness absence

Data updated to 2014-16. The percentage fell in Huntingdonshire to a level statistically significantly lower than the England average.

RAG-rating changes with the November 2017 update: 'worse'

1.08i - Gap in the employment rate between those with a long-term health condition and the overall employment rate

Data updated to 2016/17. The gap increased in Huntingdonshire returning to a level statistically significantly higher than the England average.

1.08iv - Percentage of people aged 16-64 in employment (Persons and Females)

Data updated to 2016/17. The percentages decreased slightly in Huntingdonshire persons and females to levels statistically similar to the England averages.

Health improvement

Indicators with revised source and methodology

2.11i - Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)
2.11ii - Average number of portions of fruit consumed daily (adults)
2.11iii - Average number of portions of vegetables consumed daily (adults)

Newly published data for 2015/16 from the Active Lives Survey.

2.12 - Percentage of adults (aged 18+) classified as overweight or obese

Newly published data for 2015/16 from the Active Lives Survey.

2.13i - Percentage of adults physically active
2.13i - Percentage of adults physically inactive

Newly published data for 2015/16 from the Active Lives Survey.

RAG-rating changes with the November 2017 update

None.

Health protection

Indicators with updates and revised benchmarking

3.05ii - Incidence of TB
Data source revised, updated to 2014-16 and newly benchmarked against the national average.

RAG-rating changes with the November 2017 update

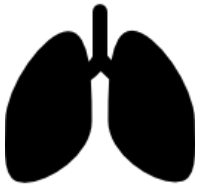
None.

Healthcare public health and premature mortality

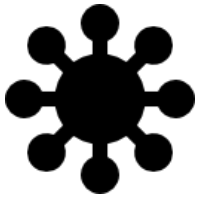
RAG-rating changes with the November 2017 update: 'better'

4.01 Infant mortality
Data updated to 2014-16. Rates of infant mortality fell to a rate statistically significantly lower the England average.

4.06ii - Under 75 mortality rate from liver disease considered preventable (Females)
Data updated to 2014-16. The rate of preventable premature mortality due to liver disease decreased in Huntingdonshire females to a level statistically significantly lower than the England average.



4.07i - Under 75 mortality rate from respiratory disease (Females)
Data updated to 2014-16. The rate of premature mortality due to respiratory disease decreased in Huntingdonshire females to a level statistically significantly lower than the England average.



4.08 - Mortality rate from a range of specified communicable diseases, including influenza (Persons and Females)
Data updated to 2014-16. Rates of mortality from communicable diseases decreased in Huntingdonshire persons and females to levels statistically similar to the England average.

4.15iii - Excess winter deaths index (3 years, all ages) (Persons)
Data updated to Aug 2013 - Jul 2016. 3-yr average excess winter deaths in Huntingdonshire persons fell to a level statistically significantly lower than the England average.

RAG-rating changes with the November 2017 update: 'worse'

4.05i - Under 75 mortality rate from cancer (Males)
Data updated to 2014-16. The rate of premature mortality from cancer in Huntingdonshire men increased slightly to a level statistically similar to the England average.

4.15iii - Excess winter deaths index (3 years, all ages) (Females)

Data updated to Aug 2013 - Jul 2016. 3-yr average excess winter deaths in Huntingdonshire females fell very slightly but a greater fall in national rates saw the districts RAG-rating return to a level statistically similar to England.

List of all red rated indicators as at November 2017

- 1.08i - Gap in the employment rate between those with a long-term health condition and the overall employment rate
- 1.10 - Killed and seriously injured (KSI) casualties on England's roads
- 2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)
- 2.10ii - Emergency hospital admissions for intentional self-harm
- 3.02 - Chlamydia detection rate (15-24 year olds)
- 3.04 - HIV late diagnosis
- 3.08 - Adjusted antibiotic prescribing in primary care by the NHS

SOUTH CAMBRIDGESHIRE

Wider determinants of health

RAG-rating changes with the November 2017 update: 'better'

1.08iv - Percentage of people aged 16-64 in employment (Male)
Data updated to 2016/17. The employment rate increased in South Cambridgeshire males to a level statistically significantly higher than the national average.

RAG-rating changes with the November 2017 update: 'worse'

1.08i - Gap in the employment rate between those with a long-term health condition and the overall employment rate
Data updated to 2016/17. The gap increased in South Cambridgeshire returning to a level statistically significantly higher than the England average.

Health improvement

Indicators with revised source and methodology

2.11i - Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)
2.11ii - Average number of portions of fruit consumed daily (adults)
2.11iii - Average number of portions of vegetables consumed daily (adults)
Newly published data for 2015/16 from the Active Lives Survey.

2.12 - Percentage of adults (aged 18+) classified as overweight or obese
Newly published data for 2015/16 from the Active Lives Survey.

2.13i - Percentage of adults physically active
2.13i - Percentage of adults physically inactive
Newly published data for 2015/16 from the Active Lives Survey.

RAG-rating changes with the November 2017 update

None.

Health protection

Indicators with updates and revised benchmarking

3.05ii - Incidence of TB
Data source revised, updated to 2014-16 and newly benchmarked against the national average.

RAG-rating changes with the November 2017 update

None.

Healthcare public health and premature mortality

RAG-rating changes with the November 2017 update

None.

List of all red rated indicators as at November 2017

- 1.08i - Gap in the employment rate between those with a long-term health condition and the overall employment rate
- 1.10 - Killed and seriously injured (KSI) casualties on England's roads
- 3.02 - Chlamydia detection rate (15-24 year olds)
- 4.16 - Estimated dementia diagnosis rate (aged 65+)

All indicators updated in November 2017 (short titles)

Wider determinants of health

1.08 Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services
1.09 Sickness absence rate
1.15 Statutory homelessness
1.17 Fuel poverty
1.18 Social isolation

Health improvement

2.03 Smoking status at time of delivery
2.09 Smoking prevalence – 15 year olds
2.11 Diet
2.12 Excess weight in adults
2.13 Proportion of physically active and inactive adults
2.15 Drug and alcohol treatment completion and drug misuse deaths
2.16 Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison
2.2 National screening programmes

Health protection

3.03 Population vaccination coverage
3.04 HIV late diagnosis
3.05 Treatment completion for Tuberculosis (TB)

Healthcare public health and premature mortality

4.01 Infant mortality
4.03 Mortality rate from causes considered preventable
4.04 Under 75 mortality rate from cardiovascular diseases (including heart disease and stroke)
4.05 Under 75 mortality rate from cancer
4.06 Under 75 mortality rate from liver disease
4.07 Under 75 mortality rate from respiratory diseases
4.08 Mortality rate from a range of specified communicable diseases, including influenza
4.10 Suicide rate
4.15 Excess winter deaths

Glossary of Key Terms

Indicator

The term indicator is used to refer to a quantified summary measure of a particular characteristic or health outcome in a population. Indicators are well-defined, robust and valid measures which can be used to describe the current status of what is being measured, and to make comparisons between different geographical areas, population groups or time periods.

Benchmark

The term 'benchmark' refers to the value of an indicator for an agreed area, population group or time period, against which other values are compared or assessed.

National average

The national average for England, which acts as the 'benchmark' for comparison of local values in the PHOF, represents the combined total summary measure for the indicator for all local authorities in England.

Statistical significance

Where possible, comparisons of local values to the national average in PHOF are made through an assessment of 'statistical significance'. For each local indicator value, 95% confidence intervals are calculated which provide a measure of uncertainty around the calculated value which arises due to random variation. If the confidence interval for the local value excludes the value for the benchmark, the difference between the local value and the benchmark is said to be 'statistically significant'.

Recent time trends

A number of PHOF indicators include statistical assessment of recent trends over time. Statistical trends in other indicators have been assessed locally using comparable methods where possible. It is not possible to assess trends for all indicators as there is not always enough time periods or it is not possible because of the measure.

RAG-rating

RAG-rating refers to the colour-coding of local indicator values according to a red-amber-green (RAG) system. Local indicator values that are significantly worse than the national benchmark are colour-coded red and local indicator values that are significantly better than the national benchmark are colour-coded green. Local indicator values that are not significantly different to the national benchmark are colour-coded amber.

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HEALTH COMMITTEE TRAINING PLAN	Updated December 2017	**Agenda Item No: 10**

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	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 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 11.30	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 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 10-11.30 – 1pm	Public Health	Development Session	All members of Health Committee	5	**Completed** 33% of full committee
~~6.~~	~~***Public Health Business Planning (part 2)***~~ ~~***This may not be required***~~	~~To review final proposals for public health savings for 2018/19. Please note that this session may not be necessary and may be used for STP training.~~	~~2~~	~~Nov Tbc~~	~~Public Health~~	~~Development Session~~	~~All members of Health Committee~~		~~**Removed**~~
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	March 2018	Public Health	Development Session	All members of Health Committee + Fenland Members + FDC + Wisbech Town Council		
8.	***Public Health Strategy***	To further develop the Public Health Strategy for the Health Committee	3	Jan 30th pm 2018	Public Health	Development Session	All members of Health Committee + Subs		

Ref	Subject	Desired Learning Outcome/Success Measures	Priority	Date	Responsibility	Nature of training	Attendance by:	Cllrs Attending	Percentage of total
		PHE providing support around Prioritisation framework							
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 TBC	Public Health	Development Session	All Health Committee members		

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 POLICY AND SERVICE COMMITTEE AGENDA PLAN	Revised 21st December 2018 (KP)	Cambridgeshire County Council

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. Additional information about confidential items is given at the foot of this document.

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
08/02/18	Scrutiny Item: East of England Ambulance Service	Kate Parker	Not applicable	26/01/18	30/01/18
	Scrutiny Item: Non-Emergency Patient Transport (NEPT) Service Performance – Six Month Update	Kyle Cliff, CCG	Not applicable		
	Scrutiny Item: CCG Financial Position 2018-19	To be confirmed	Not applicable		
15/03/18	Public Health Finance and performance report	Chris Malyon/ Liz Robin	Not applicable	02/03/18	06/03/18
	Scrutiny Item: Sustainability and Transformation Plan (STP) update [standing item]		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		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
	Agenda plan and appointments to outside bodies	Daniel Snowdon	Not applicable		
[19/04/18] Provisional meeting				*06/04/18*	*10/04/18*
17/05/18	Notification of Chairman/woman and Vice-Chairman/woman	Daniel Snowdon	Not applicable	04/05/18	08/05/18
	Co-option of District non-voting Members	Daniel Snowdon	Not applicable		
	Public Health Finance and performance report	Chris Malyon/ Liz Robin	Not applicable		
	Scrutiny Item: NHS Quality Accounts (provisional)	Kate Parker	Not applicable		
	Scrutiny Item: Sustainability and Transformation Plan (STP) update [standing item]	Scott Haldane	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		
[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		
	Committee training plan (standing item)	Kate Parker/ Daniel Snowdon	Not applicable		
	Agenda plan and appointments to outside bodies	Daniel Snowdon	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
[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		
	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 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		

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		
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 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		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
	Agenda plan and appointments to outside bodies	Daniel Snowdon	Not applicable		

Notice made under the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 in compliance with Regulation 5(7)

Decisions to be made in private as a matter of urgency in compliance with Regulation 5(6)

1. At least 28 clear days before a private meeting of a decision-making body, public notice must be given which must include a statement of reasons for the meeting to be held in private.
2. At least 5 clear days before a private meeting of a decision-making body, further public notice must be given which must include a statement of reasons for the meeting to be held in private, details of any representations received by the decision-making body about why the meeting should be open to the public and a statement of the Council's response to such representations.
3. Where the date by which a meeting must be held makes compliance with the above requirements impracticable, the meeting may only be held in private where the decision-making body has obtained agreement from the Chairman of the Council.
4. Compliance with the requirements for the giving of public notice has been impracticable in relation to the business detailed below.

Forward plan reference	Intended date of decision	Matter in respect of which the decision is to be made	Decision maker	List of documents to be submitted to the decision maker	Reason for the meeting to be held in private
…/…	[Insert Committee date here]		[Insert Committee name here]	Report of … Director	The decision is an exempt item within the meaning of paragraph … of Schedule 12A of the Local Government Act 1972 as it refers to information ….

5. The Chairman of the Council has agreed that the Committee may hold a private meeting to consider the business referred to in paragraph 4 above because the meeting is urgent and cannot reasonably be deferred for the reasons stated below.

Date of Chairman's agreement	Matter in respect of which the decision is to be made	Reasons why meeting urgent and cannot reasonably be deferred

For further information, please contact Quentin Baker on 01223 727961 or Quentin.Baker@cambridgeshire.gov.uk