HEALTH COMMITTEE

Date:Thursday, 14 March 2019

13:30hr

Democratic and Members' Services
Fiona McMillan
Monitoring Officer

Shire Hall
Castle Hill
Cambridge
CB3 0AP

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

AGENDA

Open to Public and Press

CONSTITUTIONAL MATTERS

1	**Apologies for absence and declarations of interest** *Guidance on declaring interests is available at http://tinyurl.com/ccc-conduct-code*	
2	**Minutes - 7th February 2019**	**5 - 10**
3	**Health Committee Action Log**	**11 - 14**
4	**Petitions and Public Questions**	

DECISIONS

5	**Finance and Performance Report - January 2019**	**15 - 62**
6	**NHS Quality Accounts - Establishing A Process for Responding to 2018-19 Requests**	**63 - 68**

SCRUTINY

7	**Regional Children's Hospital Communication and Engagement Plan**	
	To follow	
8	**Cambridgeshire and Peterborough CCG Financial Position at Month 9**	**69 - 74**
9	**General Practice Forward View - Local Implementation Update Report**	**75 - 84**
	OTHER DECISIONS	
10	**Training Programme 2018-19 & Draft Training Programme 2019-2020**	**85 - 86**
11	**Health Committee Forward Agenda Plan & Appointments to Outside Bodies**	**87 - 90**

The Health Committee comprises the following members:

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

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

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

Clerk Name: Daniel Snowdon

Clerk Telephone: 01223 699177

Clerk Email: Daniel.Snowdon@cambridgeshire.gov.uk

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HEALTH COMMITTEE: MINUTES

Date: Thursday, 7 February 2019

Time: 1.35p.m. – 2.37p.m.

Present: Councillors C Boden (Vice-Chairman), D Connor, L Harford, P Hudson (Chairman), L Jones, S Taylor, Topping and S van de Ven

District Councillors G Harvey and N Massey

Apologies: Councillors M Cornwell, D Jenkins, K Reynolds and J Tavener

191. DECLARATIONS OF INTEREST

There were no declarations of interest.

192. MINUTES - 17TH JANUARY 2019

The minutes of the meeting held on 17th January 2019 were agreed as a correct record and signed by the Chairman.

In relation to Minute 187 – Annual Public Health Report 2018, one Member questioned whether self-harm should include suicide. The Director of Public Health reported that this reflected the definition in The International Global Burden of Disease study. The Chairman suggested bringing a report to a future meeting on this issue. **Action Required.**

193. HEALTH COMMITTEE – ACTION LOG

The Action Log was noted.

194. PETITIONS

There were no petitions.

195. PUBLIC HEALTH ENGLAND SEXUAL HEALTH SERVICES COMMISSIONING PILOT

The Committee considered a report seeking its support and approval to award an interim contract for the delivery of the Integrated Contraception and Sexual Health (iCaSH) service to the current provider, Cambridgeshire Community Services (CCS). The CCS interim contract would run for six months commencing 1 October 2019 and terminating on the 31 March 2020. Members were informed of an amendment to the fifth recommendation to reflect staff changes in LGSS Law, as follows:

> Authorise Val Thomas, Consultant in Public Health, in consultation with Debbie Carter-Hughes, Interim Executive Director of LGSS Law to approve and complete the necessary contract documentation.

Attention was drawn to the background and main issues relating to the contract. Members noted the rationale for having an interim direct award contract until March

2020, which reflected not only the need to align dates but also other complexities and considerations that made for a longer procurement process. It was also noted that a number of alternative options had been considered. Members were reminded that the Authority had a statutory duty to provide these services, and that it would be very difficult to establish a service for nine months only, which could create a destabilisation effect. The Committee was informed that there were risks associated with this proposal which reflected the legal position with regard to the direct award. Advice had been sought from the legal and procurement teams. It was proposed to issue a Voluntary Ex Ante Transparency (VEAT) Notice as a means of advertising the intention to let the contract without opening it up to formal competition.

One Member expressed his support for aligning the main contract date with Peterborough City Council (PCC). However, he was concerned about the legal position as it conflicted with EU procurement legislation. He therefore requested reassurance regarding the level of risk. The LGSS Interim Principal Lawyer reported that this proposal was not without precedent, particularly when an Authority was required to deliver a statutory service. It was therefore necessary to balance the statutory requirements against the risk of challenge from the EU or other providers. The VEAT Notice was important to achieve transparency before carrying out a full competitive process and did mitigate the risk. In her experience, most providers welcomed a VEAT Notice, which provided an opportunity for more time to prepare a tender. It was noted that the EU would look at the whole picture, which included the need to provide a statutory service against the rights of contractors. It was also important to note that it was difficult to bid for a nine month contract.

The same Member queried the situation relating to other contracts, which needed to be aligned with PCC. The Consultant in Public Health explained that the work involved in the Public Health England Sexual Health Services Commissioning Pilot had delayed the retendering and aligning of the contract for iCaSH. She reported that all other contracts had been aligned with PCC.

Another Member acknowledged that there was a need to balance risk. She queried whether any public funding would be used to stimulate the market if there was going to be a robust competitive process. The Consultant in Public Health explained that work on the contract would be reported to a future meeting of the Committee. At the moment, it was proposed to use soft market testing via an electronic portal to stimulate the market. The same Member queried whether the current provider was doing a good job. It was noted that part of the work being undertaken would include a due diligence and financial model. Members were reminded that monthly reports to Committee showed that performance was quite good.

A Member queried what would happen if someone challenged the VEAT Notice. The Committee was informed that the Authority would be rushed into procuring the service, which would put at risk the ability to secure efficiencies and improvements. The Authority was keen to have a robust procurement process. Members were reminded that the VEAT Notice gave providers reassurance that there would be a procurement process.

Whilst acknowledging that such situations were not unusual, one Member queried whether the procurement process had been started too late. The Committee was reminded that the process was taking longer because the Council was part of a national pilot. As well as aligning with PCC, there was also a need to align with the commissioning cycles of the NHS. Another Member queried whether the future contract presented to the Committee would be as the result of a Section 75 Agreement

or competitive tender. The Consultant in Public Health confirmed that officers were considering the robustness of both. It was important to have good information in order to select the best provider. One Member highlighted the different demographics associated with PCC.

It was resolved unanimously to:

1. Review the rationale for the request to award an interim contract.

2. Support the interim contract being awarded to CCS for the delivery of iCaSH services in Cambridgeshire.

3. Support the publication of a Voluntary Ex Ante Transparency Notice (VEAT) to mitigate any procurement risks.

4. Authorise the Director of Public Health, in consultation with the Chairman and Vice Chairman of the Health Committee, to formally award the contract subject to compliance with all required legal processes

5. Authorise Val Thomas, Consultant in Public Health, in consultation with Debbie Carter-Hughes, Interim Executive Director of LGSS Law to approve and complete the necessary contract documentation.

196. RE-COMMISSIONING OF THE HEALTHY CHILD PROGRAMME

The Committee considered a report detailing the re-commissioning options for the Healthy Child Programme. Attention was drawn to the background and main issues relating to the contract. The Committee was being asked to consider two commissioning options but it was noted that Option 2 would result in a 12 month delay. Members were reminded that they had noted the proposed model, which involved integrating with PCC, at their December meeting. It was further noted that Cambridgeshire County Council (CCC) would act as the lead commissioner. Attention was drawn to the Draft Cabinet Member Decision Notice at Appendix 1 and a revised Appendix 2 detailing the Draft Delegation Agreement (DA).

The Chairman asked Councillor Jones about her recent visit with Health Visitors. Councillor Jones reported that it had been a very informative visit with a number of concerns raised. She thanked officers for arranging the visit.

One Member queried Schedule A of Appendix 2, as she felt the diagram containing non delegated activities contained activities she thought had been delegated. She also queried whether the good CQC rating on page 28 of the report covered both providers. It was acknowledged that more work needed to be carried out on the DA. The document had been provided to the Committee at this stage for illustrative purposes only. It was noted that both providers had a good CQC rating.

A Member commented that he was inclined to support Option 2. However, he acknowledged the importance of a robust, flexible, accountable and innovative approach, which would be delivered through partnership working via Option 1. He stressed the importance of a proper partnership approach and the need for the contract to perform well. In proposing Option 1, he drew attention to the risks associated with this option. The LGSS Interim Principal Lawyer reported that there was no risk as there would be no breach. However, the Authority would need to demonstrate that best value

and integration had been achieved. It was noted that in order to achieve transparency and mitigate against any risks, it was proposed to use a VEAT Notice.
One Member highlighted the need to talk to other authorities about their experience of integrating services and bringing two sets of contracts together. She also raised concerns about the contract going forward, in particular the accuracy of the Benson Model. She felt that the data was not robust enough to do workforce analysis. Members were informed that when the key performance indicators were reviewed all assumptions regarding the Benson Model would be considered. Another Member commented that it would be useful to have a discussion regarding how the Committee oversaw this large amount of data. It was important to have a straight forward system to manage this contract. It was agreed that there should be a discussion about this issue at Chairs and Lead Members. **Action Required.**

A Member queried whether PCC was supportive, and also queried whether current providers would be asked how they worked together rather than the Council just telling them. Attention was drawn to the Cabinet Member Decision Notice at Appendix 1. It was also noted that the two partners' (CCS and Cambridgeshire and Peterborough Foundation Trust) partnership board, and the child health joint commissioning unit (comprising PCC, CCC and CCG) fed into the Children's Transformation Board.

One Member queried why the County Council had taken the lead. The Director of Public Health reported that it was common practice for the authority putting the larger amount of funds into a contract to take the lead. It was important to note that the preparatory work for the contract would be supported by a joint Public Health Directorate and the legal teams from both authorities.

It was resolved unanimously to:

a) Endorse an integrated commissioning approach for the Healthy Child Programme (HCP) across Cambridgeshire and Peterborough, with Cambridgeshire County Council (CCC) as the lead commissioner.

b) Approve **Option 1** for the approach to be adopted for the re-commissioning of the Healthy Child Programme

Option 1: A Section 75 Agreement with the current providers of the Healthy Child Programme which includes the following:

- Approval for the development and implementation of a revised Section 75 Agreement.

- Approval for the development of a new service specification in collaboration with the Section 75 provider.

- Authorisation of the Director of Public Health in consultation with the Chair and Vice Chair of the Health Committee to complete the negotiation of the proposed Section 75 agreement, finalise arrangements and enter into the proposed agreement.

- Authorisation of LGSS Law to draft and complete the necessary documentation to enter into the agreement.

197. HEALTH COMMITTEE FORWARD AGENDA PLAN

The Committee examined its agenda plan and raised the following items for further consideration:

- the need to ask Addenbrooke's, the Bio-Medical Campus, and Papworth Hospital for their vision for the next five years. It was agreed that this should be discussed at Chairs and Lead Members first. **Action Required.**

- the need to include the Public Health reserves in the Finance and Performance Report to be considered in July. **Action Required.**

- the need for Public Health to be responsible for progressing the motion proposed by Councillor Kavanagh at full Council regarding clean air zones near schools. **Action Required.**

- the need for a report on Doddington Hospital. **Action Required.**

It was resolved unanimously to note the Forward Agenda Plan.

Agenda Item No: 3

HEALTH COMMITTEE

Minutes-Action Log

Cambridgeshire County Council

Introduction:

This log captures the actions arising from the Health Committee up to the meeting on **6 December 2018** and updates Members on progress in delivering the necessary actions.

Meeting of 12 July 2018

Minute No.	Item	Action to be taken by	Action	Comments	Status & Estimated Completion Date
130	**Finance and Performance Report – May 2018**	**L Robin**	Emphasised the benefits of interventions for cycle and pedestrian safety as an investment in the future. It was requested that officers explore ways to find funds in order to avoid any reduction in the "Bikeability" scheme.	Work is continuing to bring together different streams of cycle safety and promoting active travel.	**Ongoing**
131	**Annual Public Health Performance Report 2017/18**	**Democratic Services**	Questioned whether regarding significant procurement exercises there was scope for greater Member involvement at an earlier stage of the procurement process. Officers agreed to investigate further the possibility of earlier Member involvement.	This query has been raised with the LGSS Procurement Team correspondence is continuing and an update will be provided.	**Ongoing**

Meeting of 13 September 2018

142	**Community First (Learning Disability Beds Consultation)**		Officers agreed to provide a spreadsheet detailing the funding of the project.	Update provided at November meeting. Awaiting further information from the CCG	**Ongoing**

Meeting of 8th November 2018

160	**Finance & Performance Report – September 2018**	**Liz Robin / Clare Andrews**	Requested that indicators within the report be reviewed in readiness for the new financial year.	An update will be provided on this piece of work in the new year.	**Ongoing (March/April 2019)**

Meeting of 6th December 2018

171	**Finance & Performance Report – October 2018**	**Raj Lakshman**	Further information and narrative would be included in the report regarding Health Visitors.	This will be provided in the next quarterly update on health visiting performance in the public health FPR	**Ongoing**

Meeting of 17 January 2019

185.	**Finance & Performance Report – November 2019**	**Liz Robin /**	Provide further information relating to the Ambulance Trust within C&CS Research	Research team has been asked for an update.	**Ongoing**

Meeting of 7th February 2019

196.	**Re-Commissioning of the Healthy Child Programme**	**Liz Robin**	Lead Members to do discuss how the Committee oversaw large amounts of performance data.	A review of performance data was being undertaken though which the views of Lead Members would be sought	**Ongoing March/April 2019**
197.	**Health Committee Agenda Plan**	**Kate Parker / Dan Snowdon**	Items to be included in forward plan	Items requested are being programme into the most appropriate meeting date.	**Completed**

Agenda Item No: 5

FINANCE AND PERFORMANCE REPORT – JANUARY 2019

To:	**Health Committee**
Meeting Date:	**14th March 2019**
	Director of Public Health
	Chief Finance Officer
From:	
Electoral division(s):	**All**
Forward Plan ref:	**Not applicable** ***Key decision:*** **No**
Purpose:	**To provide the Committee with the January 2019 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 January 2019.**
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 2018.**

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

1.0 BACKGROUND

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

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

2.0 MAIN ISSUES IN THE JANUARY 2019 FINANCE & PERFORMANCE REPORT

2.1 The January 2019 Finance and Performance report is attached at Annex A.

2.2 The total forecast underspend for the Public Health Directorate remains at £459k, (which includes £281k due to an over-accrual carried forward from a previous financial year in error), and this is the same as the position to the end of November previously report to Health Committee in January. Underspend within the Public Health directorate up to the level of corporate funding allocated on top of the public health grant funding (£391k) will be attributed to corporate reserves at year end.

A balanced budget was set for the Public Health Directorate for 2018/19, incorporating savings as a result of the reduction in Public Health grant. Savings are tracked on a monthly basis, with any significant issues reported to the Health Committee, alongside any other projected under or overspends.

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

2.3 During business planning for 2018/19 it was identified that a proposed 2018/19 saving of £238k on the Section 75 contract for 0-19 healthy child services with Cambridgeshire Community NHS Trust (CCS), was unlikely to be deliverable in-year due to the degree of service transformation required. The saving was deferred to 2019/20, but because there was insufficient public health grant revenue funding to cover this, £238k was allocated to the 2018/19 CCS contract from public health reserves. In-year financial monitoring of the CCS service has identified some underspend during 2018/19 due to staff vacancies. This is likely to reduce the required contribution from CCC public health reserves in 2018/19. Further information will be provided in the February FPR.

2.4 The Public Health Service Performance Management Framework for December 2018 is contained within the report. Of the thirty one Health Committee performance indicators, eight are red, two are amber, eighteen are green and three have no status.

3.0 ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

3.1.1 There are no significant implications for this priority.

3.2 Helping people live healthy and independent lives

3.2.1 There are no significant implications for this priority

3.3 Supporting and protecting vulnerable people

3.3.1 There are no significant implications for this priority

4.0 SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

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

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

4.2.1 There are no significant implications for this priority

4.3 Statutory, Legal and Risk Implications

4.3.1 There are no significant implications within this category.

4.4 Equality and Diversity Implications

4.4.1 There are no significant implications within this category.

4.5 Engagement and Communications Implications

4.5.1 There are no significant implications within this category.

4.6 Localism and Local Member Involvement

4.6.1 There are no significant implications within this category.

4.7 Public Health Implications

4.7.1 There are no significant implications within this category.

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

involvement issues been cleared by your Service Contact?	
Have any Public Health implications been cleared by Public Health?	N/A

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

From: Martin Wade

Tel.: 01223 699733

Date: 13th February 2019

Public Health Directorate

Finance and Performance Report – January 2019

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
Dec (No. of indicators)	8	2	18	3	31

2. INCOME AND EXPENDITURE

2.1 Overall Position

Forecast Outturn Variance (Dec) £000	Service	Budget for 2018/19 £000	Actual to end of Jan 19 £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
0	Children Health	9,266	7,601	0	0%
0	Drug & Alcohol Misuse	5,625	3,977	0	0%
-331	Sexual Health & Contraception	5,157	3,228	-331	6%
-50	Behaviour Change / Preventing Long Term Conditions	3,812	2,521	-50	-1%
0	Falls Prevention	80	81	0	0%
-8	General Prevention Activities	56	42	-8	-14%
0	Adult Mental Health & Community Safety	256	260	0	0%
-70	Public Health Directorate	2,019	1,453	-70	-3%
-459	**Total Expenditure**	**26,271**	**19,163**	**-459**	**-2%**
0	Public Health Grant	-25,419	-25,627	0	0%
0	s75 Agreement NHSE-HIV	-144	-144	0	0%
0	Other Income	-40	-23	0	0%
0	Drawdown From Reserves	-39	0	0	0%
0	**Total Income**	**-25,642**	**-25,794**	**0**	**0%**
68	**Contribution to/(Drawdown from) Public Health Reserve**	**0**	**0**	**68**	
-391	**Net Total**	**629**	**-6,631**	**-391**	**-62%**

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

Further analysis can be found in appendix 2.

2.2 Significant Issues

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

The total forecast underspend for the Public Health Directorate remains at £459k, (which includes £281k due to an over-accrual carried forward from a previous financial year in error). Underspend within the Public Health directorate up to the level of corporate funding allocated on top of the public health grant funding (£391k) will be attributed to corporate reserves at year end.

During business planning for 2018/19 it was identified that a proposed 2018/19 saving of £238k on the Section 75 contract for 0-19 healthy child services with Cambridgeshire Community NHS Trust (CCS), was unlikely to be deliverable in-year due to the degree of service transformation required. The saving was deferred to 2019/20, but because there was insufficient public health grant revenue funding to cover this, £238k was allocated to the 2018/19 CCS contract from public health reserves. In-year financial monitoring of the CCS service has identified some underspend during 2018/19 due to staff vacancies. This is likely to reduce the required contribution from CCC public health reserves in 2018/19. Further information will be provided in the February FPR.

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

The total Public Health ring-fenced grant allocation for 2018/19 is £26.253m, of which £25.419m 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)

Sexual Health (KP1 & 2)

- Performance of sexual health and contraception services is good.

Smoking Cessation (KPI 5)

This service is being delivered by Everyone Health as part of the wider Lifestyle Service.

- The indicators for people setting and achieving a four week quit remain still remain at red. However there is an upward trajectory.
- Appendix 6 provides further commentary on the ongoing programme to improve performance and notes work with GP practices to improve data returns.

National Child Measurement Programme (KPI 14 & 15)

- The coverage target for the programme was met in 2017/18.
- Year end data from the programme showed that the proportion of children aged 4-5 with excess (unhealthy) weight had decreased from 18.5% in 20116/17 to 17.5% in 2017/18. This is significantly better than the national average of 22.4%.
- Year end data also showed that the proportion of children aged 10-11 with excess (unhealthy) weight had increased from 27.1% in 2016/17 to 28.4% in 2017/18. This is significantly better than the national average of 34.3%.
- Measurements for the 2018/19 programme are taken during the academic year and the programme commenced in November 2018

NHS Health Checks (KPI 3 & 4)

- Indicator 3 for the number of health checks completed by GPs is reported on quarterly. Q3 is presented whilst this indicator is reporting as red it is comparable with performance from this time last year.
- Indicator 4 for the number of outreach health checks remains red.

Lifestyles Services (KPI 5, 16-30)

- There are 16 Lifestyle Service indicators reported on, the overall performance is good and with 12 green and 4 red indicators.
- Appendix 6 provides further explanation of the red indicators for smoking cessation and the personal health trainer service, proportion of Tier 2 clients completing weight loss interventions.

Health Visiting and School Nurse Services (KPI 6-13)

The performance data provided reports on Q3 (Oct – Dec 2018) for the Health Visiting and School Nurse services.

Health Visiting

- Breast feeding rates in the county are exceeding the challenging target of 56% and this quarter has seen a further 2% increase this quarter on top of the 3% increases seen in quarter 1 and 2. Performance for this indicator is green.
- Health visiting mandated checks (face to face antenatal contact with HV from 28 weeks) quarter 3 shows a decline by 4% in performance of

antenatal contacts across the service. Performance for this indicator is red. Appendix 6 provides a breakdown of performance across all localities.
- Health visiting mandated checks for new birth visit with HV (within 14 days) indicator is green. Mandated checks for both 6-8 week review and 12-15 month review are both at amber for quarter 3.

School Nursing

- Performance indicator 13 has been further broken down into number of calls made to the duty desk (13a) and number of young people who access advise and support through Chat Health (13b). The trajectory is showing an upward trend for this indicator.
- The majority of calls are around emotional health and wellbeing and Appendix 6 provides a more detailed analysis.

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

The Q3 update is provided as Appendix 7, giving details of programmes delivered under the Memorandum of Understanding. Spend of PHMOU budgets is on track.

4.3 Public health outcomes framework (PHOF) update

Appendix 8 provides the latest quarterly updates to the national Public Health Outcomes Framework for Cambridgeshire and its Districts. In general these are outcome indicators which are updated annually.

APPENDIX 1 – Public Health Directorate Budgetary Control Report

Previous Outturn (Dec) £'000	Service	Budget 2018/19 £'000	Actual to end of Jan £'000	Outturn Forecast £'000	%
	Children Health				
0	Children 0-5 PH Programme	7,253	5,440	0	0%
0	Children 5-19 PH Programme - Non Prescribed	1,706	1,855	0	0%
0	Children Mental Health	307	307	0	0%
0	**Children Health Total**	**9,266**	**7,601**	**0**	**0%**
	Drugs & Alcohol				
0	Drug & Alcohol Misuse	5,625	3,977	0	0%
0	**Drugs & Alcohol Total**	**5,625**	**3,977**	**0**	**0%**
	Sexual Health & Contraception				
-281	SH STI testing & treatment – Prescribed	3,829	2,642	-281	-7%
-50	SH Contraception - Prescribed	1,176	552	-50	-4%
0	SH Services Advice Prevn Promtn - Non-Presribed	152	34	0	0%
-331	**Sexual Health & Contraception Total**	**5,157**	**3,228**	**-331**	**-6%**
	Behaviour Change / Preventing Long Term Conditions				
0	Integrated Lifestyle Services	1,980	1,677	-0	0%
0	Other Health Improvement	413	352	0	0%
-50	Smoking Cessation GP & Pharmacy	703	73	-50	-7%
0	NHS Health Checks Prog – Prescribed	716	419	0	0%
-50	**Behaviour Change / Preventing Long Term Conditions Total**	**3,812**	**2,521**	**-50**	**-1%**
	Falls Prevention				
0	Falls Prevention	80	81	0	0%
0	**Falls Prevention Total**	**80**	**81**	**0**	**0%**
	General Prevention Activities				
-8	General Prevention, Traveller Health	56	42	-8	-14%
-10	**General Prevention Activities Total**	**56**	**42**	**-8**	**-14%**
	Adult Mental Health & Community Safety				
0	Adult Mental Health & Community Safety	256	260	0	0%
0	**Adult Mental Health & Community Safety Total**	**256**	**260**	**0**	**0%**

Previous Outturn (Dec) £'000	Service	Budget 2018/19 £'000	Actual to end of Jan £'000	Outturn Forecast £'000	%
	Public Health Directorate				
0	Children Health	189	154	0	0%
0	Drugs & Alcohol	287	192	0	0%
0	Sexual Health & Contraception	164	118	0	0%
-50	Behaviour Change	753	549	-70	-9%
0	General Prevention	199	171	0	0%
0	Adult Mental Health	36	20	0	0%
-20	Health Protection	53	47	0	0%
0	Analysts	338	202	0	0%
-70		**2,019**	**1,453**	**-70**	**-3%**
-459	**Total Expenditure before Carry forward**	**26,271**	**19,163**	**-459**	**-2%**
68	**Anticipated contribution to Public Health grant reserve**	**0**	**0**	**68**	**0.00%**
	Funded By				
0	Public Health Grant	-25,419	-25,627	0	0%
0	S75 Agreement NHSE HIV	-144	-144	0	0%
0	Other Income	-40	-23	0	0%
	Drawdown From Reserves	-39	0	0	0%
0	**Income Total**	**-25,642**	**-25,794**	**0**	**0%**
-391	**Net Total**	**629**	**-6,631**	**-459**	**-73%**

APPENDIX 2 – Commentary on Expenditure Position

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

Service	Budget 2018/19 £'000	Forecast Outturn Variance	
		£'000	%
Sexual Health Testing and Treatment	**3,829**	**-281**	**-7%**
An underspend of £281k has been identified against the Sexual Health budget. This is as a result of an over-accrual which had been carried forward from a previous financial year in error. The over-accrual will be moved into Public Health ring-fenced grant reserve and will be used to fund £281k of Public Health eligible funding during 2018/19 in place of £281k of general CCC funding, producing an underspend against the CCC corporate funding.			

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

Awarding Body : DofH

Grant	Business Plan £'000	Adjusted Amount £'000	Notes
Public Health Grant as per Business Plan	**26,253**	**26,253**	Ring-fenced grant
Grant allocated as follows;			
Public Health Directorate	25,419	25,419	
P&C Directorate	283	293	£10k movement of Strengthening Communities Funding moved from P&E to P&C
P&E Directorate	130	120	£10k movement of Strengthening Communities Funding moved from P&E to P&C
CS&T Directorate	201	201	
LGSS Cambridge Office	220	220	
Total	**26,253**	**26,253**	

APPENDIX 4 – Virements and Budget Reconciliation

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

APPENDIX 5 – Reserve Schedule

Fund Description	Balance at 31 March 2018	2018/19		Forecast Closing Balance	Notes
		Movements in 2018/19	Balance at end Dec 2018		
	£'000	£'000	£'000	£'000	
General Reserve					
Public Health carry-forward	**1,040**	0	1,040	**870**	£238k fund Healthy Child Programme saving deferred to 2019/20. Anticipated 2018/19 underspend +£68k.
subtotal	**1,040**	**0**	**1,040**	**870**	
Other Earmarked Funds					
Healthy Fenland Fund	300	0	300	200	Anticipated spend £100k per year over 5 years.
Falls Prevention Fund	378	0	378	259	Planned for use on joint work with the NHS in 2017/18 and 2018/19.
NHS Healthchecks programme	270	0	270	270	This funding will be used to install new software into GP practices which will identify patients for inclusion in Health Checks. The installation work will commence in June 2017. Funding will also be used for a comprehensive campaign to boost participation in NHS Health Checks.
Implementation of Cambridgeshire Public Health Integration Strategy	579	0	579	300	£517k Committed to the countywide 'Let's Get Moving' physical activity programme which runs for two years from July 2017-June 2019.
subtotal	**1,527**	**0**	**1,527**	**1,029**	
TOTAL	**2,567**	**0**	**2,567**	**1,899**	

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

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

APPENDIX 6 PERFORMANCE

More than 10% away from YTD target	Below previous month actual
Within 10% of YTD target	No movement
YTD Target met	Above previous month actual

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

	Measures											
KPI no.	Measure	Period data relates to	YfE Target 2018/19	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous period actual	Current period target	Current period actual	Direction of travel (from previous period)	Comments
1	GUM Access - offered appointments within 2 working days	Dec-18	98%	98%	100%	102%	G	100%	98%	100%	↔	
2	GUM ACCESS - % seen within 48 hours (% of those offered an appointment)	Dec-18	80%	80%	91%	114%	G	90%	80%	91%	↑	
3	Number of Health Checks completed (GPs)	Q3 (Oct-Dec18)	18,000	13500	10898	81%	R	76%	4500	78%	↑	The latest data for Q3 indicates that although it remains below target it is comparable to last year's Q3 performance.
4	Number of outreach health checks carried out	Dec-18	1,800	1350	835	62%	R	62%	108	58%	↓	The Lifestyle Service is commissioned to provide outreach Health Checks for hard to reach groups in the community and in workplaces. This includes securing access to workplaces in Fenland where there are high risk workforces. Wisbech Job Centre Plus is receiving sessions for staff and those claiming benefits. In addition sessions in community centres in areas that have high risk populations are ongoing and a mobile service has been introduced. Performance dropped in Fenland but the rest of the county improved. The Fenland Service demands a high level of resource to secure results. This is difficult to sustain in some periods. A number of events have been booked for the new year. A Health Checks pop up shop has already for Huntingdon.
5	Smoking Cessation - four week quitters	Nov-18	2154	1436	1071	75%	R	81%	141	111%	↑	• The main issue is the core Everyone Health service is exceeding its targets for number of quitters, from routine and manual groups, pregnant smokers and carbon monoxide verification rates. • In previous months quit rates from primary care have been falling some of this is due to poor data returns but generally activity has decreased. The Provider is asked to increase its support to practices to increase their engagement in delivering stop smoking services. .• GP practice quitter numbers have improved this month due to work undertaken by the JCU with practices to improve their data returns. • 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. A new promotional campaign has been commissioned for January/February 2019 •The most recent Public Health Outcomes Framework figures released in July 2018 with data for 2017) suggest the prevalence of smoking in Cambridgeshire is statistically similar to the England figure , 14.5% v 14.9%. All districts are now statistically similar to the England figure. Most notable has been the improvement in Fenland where it has dropped from 21.6% to 16.3%, making it lower than the Cambridge City rate of 17.0%

KPI no.	Measure	Period data relates to	Y/E Target 2018/19	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous period actual	Current period target	Current period actual	Direction of travel (from previous period)	Comments
6	Percentage of infants being breastfed (fully or partially) at 6 - 8 weeks	Q3 Oct-Dec 2018	56%	56%	56%	100%	G	56%	56%	58%	↑	Despite being a challenging target, county breastfeeding statistics have seen a further 2% improvement on top of the 3% increase in Q2 and 3% improvement in Q1, which is positive. Overall breastfeeding rates across the county are currently exceeding the local target of 56% and national average of 45%, based on quarterly averages. Breastfeeding prevalence rates, which comprise of both exclusive breastfeeding and mixed feeding vary across the county, with a higher proportion of breastfed babies in the South Locality (66%) and fewer in East Cambs & Fenland (49%), although there has been notable improvement, raising from 33% in Q1 and 43% in Q2. Of note, the service has been successfully accredited with Stage 3 UNICEF infant feeding status which demonstrates quality of care in terms of support, advice and guidance offered to parents/carers and the excellent knowledge that staff have in respect of responsive feeding.
7	Health visiting mandated check - Percentage of first face-to-face antenatal contact with a HV from 28 weeks	Q3 Oct-Dec 2018	50%	50%	21%	42%	R	23%	50%	19%	↓	In Cambridgeshire a local target has been set for 50%, with the longer term goal of achieving a target of 90% by 2020. Service transformation, which has included use of the Benson Modelling tool to determine workforce required to deliver the service, has accounted for Health Visitors to be completing all antenatal contacts and will be worked against from April 2019. Despite an increase last quarter, quarter 3 shows a decline of 4% in the proportion of antenatal contacts achieved across the service. Disaggregated into areas, this quarter East Cambs and Fenland and Huntingdon completed 30% of contacts, however South Cambs and City only achieved 5%, which has attributed to the overall decline in performance. The provider reports that all localities experienced significant pressures in December due to increased sickness and annual leave affecting capacity. An outstanding vacancies in the South locality has caused further pressures for this team. To address these issues the team is utilising bank staff as much as possible and have approached an agency for additional support, however finding suitable candidates has been challenging. There has been an ongoing challenge to recruit in the area due to high living costs; there has been a rolling advert out for 12 month, which has received no applicants. There are 6 student nurses local to the City area and it is anticipated that they will work in this locality once they graduate, which will ease capacity. Investigation is underway to gain greater understanding as to why this indicator is not improving as expected and it has been identified that how waiting lists are managed within the service case management system is influencing this. The service has recently appointed a clinical lead, who is due to commence in post at the end of January, and will be prioritising progression of the antenatal pathway.
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	Q3 Oct-Dec 2018	90%	90%	95%	106%	G	94%	90%	95%	↑	The 10 - 14 day new birth visit remains consistent each month and numbers are exceeding the 90% target. If those completed after 14 days are accounted for, the quarterly average increase to 98%, which is positive.
9	Health visiting mandated check - Percentage of children who received a 6 - 8 week review	Q3 Oct-Dec 2018	90%	90%	89%	99%	A	92%	90%	91%	↓	Performance for the 6 - 8 week review has been steadily improving since Q4 17/18 and despite a 1 percentile decrease this quarter, has exceeded the target threshold of 90% in both Q2 and Q3. YTD performance stands at 89%, which is 1% below target and is due to a average of 85% of reviews being completed in Q1. Broken down by locality, this quarter 93% was achieved in East Cambs and Fenland and Huntingdon, whereas 89% of contacts were completed in South Cambs and City, which again is a result of an outstanding vacancy within the locality team. Challenges in December also contributed to a slight dip in performance. In some areas universal pathway families were invited to attend clinic based appointments to mitigate the temporary reduction in staffing capacity.

KPI no.	Measure	Period data relates to	Y/E Target 2018/19	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous period actual	Current period target	Current period actual	Direction of travel (from previous period)	Comments
10	Health visiting mandated check - Percentage of children who received a 12 month review by 15 months	Q3 Oct-Dec 2018	95%	95%	83%	87%	A	78%	95%	84%	↑	Performance has improved in Q3 from 78% to 84%; 81% of families received this visit by the time the child turned 12 months old. The inclusion of exception reporting would increase performance to 96% of families having this review by the time the child turns 15 months. Of all appointments offered this quarter, 140 were not wanted by the family and 78 were not attended. Assurances are in place to ensure vulnerable families (those on Universal Plus or Universal Partnership Plus pathways) are receiving this contact and an escalation plan is in place if these mandated visits are missed. A further 74 of contacts were 'not recorded'. Work is underway improve data completeness in this regard and there has been demonstrable improvement over the past quarter (Q2 not recorded n=210). The South Locality has introduced a Saturday clinic for universal pathway families where this review and the 2-2.5year review can be completed and has been well received by service users and there have been minimal DNAs.
11	Health visiting mandated check - Percentage of children who received a 2 -2.5 year review	Q3 Oct-Dec 2018	90%	90%	71%	79%	R	74%	90%	75%	↑	Performance has improved continually from Q1 (65%) and Q2 (74%), however continues to fall below the target threshold of 90%. Performance varies across the county, from 80% in East Cambs and Fenland to 74% in South Cambs and 71% in Huntingdon. If exception reporting is accounted for, overall performance increases to 94%, which is well within target. This quarter it was reported that 202 reviews were not wanted and 154 were not attended. 115 contacts were listed as 'not recorded', which is an improvement from 155 in Q2. Initiatives to improve uptake of this mandated visit include having the Home Visiting offer reinstated in deprived areas and continuation the Saturday morning clinics delivered in the City Centre. The processes for sending out appointments has recently been reviewed to ensure they are sent out earlier to be able to offer second appointment within timeframe if needed; this process has been reviewed across the service.
12	School nursing - Number of young people seen for behavioural interventions - smoking, sexual health advice, weight management, emotional health and well being, substance misuse or domestic violence	Q3 Oct-Dec 2018	N/A	N/A	313	N/A	N/A	104	N/A	109	↑	The School Nursing service is actively delivering brief interventions for Healthy Weight, Mental Health, Sexual Health and Domestic Violence. The numbers of brief interventions for domestic violence are particularly high and are shown to be increasing and account for half of all interventions delivered this quarter (n=55), which may be indicative of wider needs and needs to be monitored. There continues to be no brief interventions for substance misuse or smoking cessation. This is worrying given the number of onwards referrals to all Public Health services, including substance misuse and smoking cessation services, is very low too. An urgent review of school nursing service offer and pathways with young people's substance misuse and smoking cessation services was undertaken during November, however the outcome did not highlight any miss-reporting and therefore it may be reflective of changes in CYP behaviours, however a similar trend has been noted for emotional health and wellbeing, which also requires further investigation.
13a	School nursing - number of calls made to the duty desk	Q3 Oct-Dec 2018	N/A	N/A	2498	N/A	N/A	689	N/A	1008	↑	Chat Health continues to be well embedded as the universal offer for the School Nursing service. Figures have improved significantly from Q2, which were lower due to the summer school holidays. Emotional health is by far the most popular topic. This quarter 1265 text messages were exchanged and 101 unique conversations were undertaken with young people via CHAT Health. The provider reports that the significant difference in figures are likely due to issues/queries being resolved by a singular message rather than requiring numerous exchanges. The majority of contacts relate to seeking emotional health and health wellbeing support (n=87) and signposting to other services (n=101). December saw a substantial decrease in the number of attributes (theme/nature of the contact) being recorded, which has prompted a staff training update session on the importance of linking an attribute to a conversation in January. It is expected that following this update session, more practitioners will be recording attributes, making thematic data more reliable and meaningful.
13b	School nursing - Number of children and young people who access health advices and support through Chat Health	Q3 Oct-Dec 2018	N/A	N/A	2387	N/A	N/A	381	N/A	1265	↑	

KPI No.	Measure	Period data relates to	Y/E Target 2018/19	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous period actual	Current period target	Current period actual	Direction of travel (from previous period)	Comments
14	Childhood Obesity (School year) - 90% coverage of children in year 6 by final submission (EOY)	Dec-18	>90%	25%	N/A	104%	G	N/A	25%	26%	← →	The National Child Measurement Programme (NCMP) has been completed for the 2017/18 academic year. The coverage target was met and the measurement data has been submitted to the PHE in line with the required timeline. The current programme is on track.
15	Childhood Obesity (School year) - 90% coverage of children in reception by final submission (EOY)	Dec-18	>90%	25%	N/A	124%	G	N/A	25%	31%	← →	
16	Overall referrals to the service	Dec-18	5300	3286	4224	129%	G	104%	318	89%	↓	
17	Personal Health Trainer Service - number of Personal Health Plans produced (PHPs) **(Pre-existing GP based service)**	Dec-18	1670	1035	871	84%	R	54%	100	48%	↓	This is an issue of ongoing concern and it has been exacerbated by two health trainers leaving. New staff have now been appointed. However this being closely monitored to understand the workforce capacity issues.
18	Personal Health Trainer Service - Personal Health Plans completed **(Pre-existing GP based service)**	Dec-18	1252	776	931	120%	G	112%	75	124%	↑	
19	Number of physical activity groups held **(Pre-existing GP based service)**	Dec-18	730	453	819	181%	G	231%	44	184%	↓	
20	Number of healthy eating groups held **(Pre-existing GP based service)**	Dec-18	495	307	364	119%	G	210%	30	117%	↓	
21	Personal Health Trainer Service - number of PHPs produced (Extended Service)	Dec-18	800	496	562	113%	G	101%	48	73%	↓	
22	Personal Health Trainer Service - Personal Health Plans completed (Extended Service)	Dec-18	650	403	443	110%	G	119%	39	174%	↑	
23	Number of physical activity groups held (Extended Service)	Dec-18	830	515	517	100%	G	91%	50	101%	↑	
24	Number of healthy eating groups held (Extended Service)	Dec-18	570	352	351	100%	G	256%	34	85%	↓	

KPI no.	Measure	Period data relates to	Y/E Target 2018/19	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous period actual	Current period target	Current period actual	Direction of travel (from previous period)	Comments
25	Proportion of Tier 2 clients completing the intervention who have achieved 5% weight loss.	Dec-18	30%	30%	24.0%	80%	R	N/A	30%	50%	← →	This has been an ongoing issue and in October Weight Watchers and Slimming World were sunontracted to provide a percentage of the Tier 2 service. The first cohorts should complete their courses in January. However this is being closely monitored.
26	Proportion of Tier 3 clients completing the course who have achieved 10% weight loss	Dec-18	60%	60%	50.0%	83%	R	33%	60%	57%	↑	Generally this service performs well but it does have some very challenging complex patients that find meeting the 10% weight loss target difficult. There has been an improvement this month however in its recent performance. Everyone Health the Lifestyle provider sub-contracts the Tier 3 service to Addenbrookes and is working with Hospital to improve performance.
27	% of children recruited who complete the weight management programme and maintain or reduce their BMI Z score by agreed amounts	Dec-18	80%	80%	80%	100.0%	G	0%	80%	43%	↑	A new programme has commenced.
28	Number of referrals received for multi factorial risk assessment for Falls Prevention	Dec-18	520	322	567	176%	G	294%	31	168%	↓	
29	Number of Multi Factorial Risk Assessments Completed - Falls Prevention	Dec-18	442	274	541	197%	G	277%	27	115%	↓	
30	Number clients completing their PHP - Falls Prevention	Dec-18	331	205	299	146%	G	91%	20	120%	↑	

APPENDIX 7

PUBLIC HEALTH MOU 2018-19 UPDATE FOR Q3

Directorate	Service	Q3 Update	YTD expected spend	YTD actual spend	Variance
P&C	**Counting every Adult (MEAM)**	CEA caseload update: Total referrals received: 12 **Activity** Accepted: 3 Declined: 16 Withdrawn: 2 Decision Pending: 2 Closed: 4 Active: 30 (at end of quarter) 14 in independent accommodation 6 in supported accommodation 4 rough sleeping 6 other 20 positively engaged in treatment and support including drug and alcohol treatment, mental health support, probation, physical health issues. **Systems Change** Having employed the MEAM approach in Cambridgeshire for 7 years, we have embarked on the final part of the MEAM Approach to explore systems change and sustainability. On 4 October, CEA held its first Systems Change workshop with key operational members. We explored areas of difficulty and systems barriers to produce a long list of issues affecting those facing multiple disadvantage. At the following operational	£51,000	£51,000	0

		group meeting, we selected three areas that we would like to look at in more detail. 1. Prison Release / hospital discharge 2. Linear treatment pathways 3. What is appropriate accommodation The operational group will now link in with the CEA coproduction group to explore these areas in more detail			
P&C	**Education Wellbeing/PSHE KickAsh**	The Kickash Programme was transferred to the Healthy Schools Support Service following a competitive procurement process with the contract being awarded to Everyone Health, the current provider of the Integrated Lifestyle Service. Schools will continue to be supported to deliver the Programme and new schools will be recruited. Kickash is due to recommence in the Spring Term.	£15,000	£15,000	0
P&C	**Children's Centres**	The Public Health funding is utilised as part of the total budget to improve health of children, with particular focus on the youngest children. (For context, the Public Health contribution of £170k makes up 3.89% of the overall budget of £4,372,159) During quarter 3, 755 separate activities were delivered from our Child and Family Centre providers across the county under the 'Child and Family Health' heading. These included ante and post- natal support, breastfeeding advice and support, clinics, first aid sessions, healthy eating and weaning support. Highlights from 3 of our district teams (South Cambs, Cambridge City and South Fenland) are listed below. I will include updates from the other districts in the Q4 report. • In **South Cambridgeshire** the team have been developing their place-based offer and have been working with local communities to understand needs and gaps in provision. New activities being delivered as a result of this include new baby groups in Bassingbourn and Northstow, and a new group promoting physical activity in Gamlingay.	£127,500	£127,500	0

		• In **South Fenland** the Intergenerational play sessions with a care home in March continue, with plans to extend this work with a new partner in Whittlesey in February. These sessions encourages the young and old to interact, which can also reduce depression and isolation in the elderly and help children develop empathy and improve their language and communication skills. • In **Cambridge City**, the Child and Family Centre and Health Visiting team are reviewing well baby clinic sessions across the city and have designed a new offer of 'Well Baby Drop-ins'. These will take the form of a Stay and Play session run by Child and family Centre Workers with Health Visitors available to offer advice and support to parents of babies. Weighing facilities will also be available. This new format are already taking place in Trumpington and the Peacock Centre Child & Family Zones and this model will be across the city by March 2019.			
P&C	**Strengthening Communities Service - KickAsh**	*Allocation covers salary for 0.45 FTE SO1 grade officer.* Following the change in the provider of the **Kick Ash** programme there has been delay in the in the re-commencement of the Kickash programme (as described above). It has now re-commenced and the Strengthening Communities Team, Public Health, Trading Standards and the new provider have been reviewing the model. Previously input has been provided from Trading Standards, however changes within CCC meant that staff have been re-organised and the funding transferred to Strengthening Communities. It was proposed and agreed by all that if funding is returned to Trading Standards it could resume making test purchasing visits to retailers and interactive sessions with the support of the Kickash mentors. Strengthening Communities staff are not legally able to undertake test purchasing. In the meantime Strengthening Communities officer time has been used as follows: Resources and merchandise held in storage for **Kick Ash** have been evaluated, re-organised and delivered to Huntingdon for Everyone Health. Officers are engaging with Police and the Police Cadet	£17,250	£14,639	£2,611

		volunteer organisers, with a view to possibly carrying out underage sales test purchasing using that group of young people in the future if the Kickash programme is not resumed. Officers continue to deliver smoking prevention work to young people at Safety Zones as follows: **Ely Safety Zone** over 5 days, sharing information with over 450 nine/ten year olds from ten schools around the Ely area **Ramsey Safety Zone** over 3 days sharing information with 150 pupils from five schools in the local area. This zone in particular presented new challenges in that the planned venue was condemned as unsafe just beforehand so new venues had to be identified and officers be flexible to this new requirement. At both Ely and Ramsey Safety Zones a 'safe in the home' scenario was delivered. This workshop helps build on existing knowledge and awareness for year 5 pupils. The session provides valuable information and encourages conversations about the safety of certain everyday products that can pose a hazard to health and wellbeing, including tobacco and vape products. By supplementing the workshop delivery with the provision of information flyers to all pupils and schools attending, teachers and parents are able to build on the pupils' experience and learned activities.			
P&C	**Strengthening Communities Service**	Business as usual continues in Fenland, below are a few of the highlights for this quarter. **<u>Prevention at Scale</u>** Wisbech Prevention at Scale brings together public and voluntary sector partners to increase community ownership of changes and projects in the town , the rationale being that if there is greater engagement from communities overall, if they are empowered to understand and commit to changes, if they begin to own projects or services and exert a voice and influence then, impacts are likely to be greater, whether that be in heath, well-being, skills, employment or educational attainment (or indeed any other broad theme). This project is about the population and communities of Wisbech and dovetails neatly with the overarching vision and themes of Wisbech 2020.	£7,500	£7,500	0

		We and other partners have been collectively listening to hundreds of people who work, live and invest in Wisbech, at community events on the Market Stall and the cinema and within existing community groups. This 'I Heart Wisbech' community conversation focuses on what people love about Wisbech, what they would change and what people are prepared to do about it, whilst connecting people to the resources to help make those ideas happen. The community conversation will continue in the new year, captured on smart survey, with partners following up with the many people that have expressed an interest to see how they can take their ideas forward, culminating in a wider community event in the spring. **Wisbech Community Led Local Delivery (CLLD)** Using ESF and partnership funding (including CCC) , Wisbech CLLD is a programme being delivered through a range of local projects which will help people facing multiple disadvantages to move closer to work, either into paid employment or into activities that may build their confidence and skills to help them find work. Project funding applications are considered by a Local Action Group which includes Strengthening Communities and local community leaders who are representative of the town's demographics. **Time Credit networks** in Chatteris, March and Wisbech continue with support from officers in SCS. The current contract ends Jan 2019 and a Request for Quote was advertised during Q2 to continue with the programme. That resulted in interest from a couple of potential suppliers and as a result the new contract has been awarded to Tempo who will deliver the programme across Cambridgeshire from Jan 2019 through to March 2021. 1763 hours have been given in Fenland this quarter through the Time Credits scheme and a Community Spend Trip took place organised by Time Credits partners with support from CCC and Tempo, press coverage here.			

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.	£5,250	£5,250	£0
		SUB TOTAL : P&C Q3	**£223,500**	**£220,899**	
ETE	**Active Travel (overcoming safety barriers)**	105 schools are now using the Modeshift STARS on-line travel planning system in Cambridgeshire. Education settings now taking part in Cambridgeshire's STARS programme range from pre-school through to higher education establishments. 1st November 2018 Modeshift National Conference Sheffield one of our School Travel Champions Sue Mulley from Fourfields Primary school won the an award for individual contribution to sustainable healthy travel 13th November Modeshift STARS School Regional Awards were held in London. Hatton Park Primary School was shortlisted and was one of 75 schools across the Country in the running for the award. Hatton Park has silver accreditation and runner up in school of the east of England (primary category) for increasing walking. Other schools achieving awards at the November event were: Waterbeach Toddler Playgroup achieved Modeshift STARS early years setting awards at the regional awards in November. Barnbas Oley Primary School, Godmanchester Primary Academy and Fourfields Primary at Yaxley have all achieved National Gold level Modeshift STARS accreditation. St Bedes Interchurch Academy has achieved the Secondary School of Cambridgeshire Modeshift STARS award. Spring Common Academy in Huntingdon is Special school of the east of England and will now go forward to the Modeshift National awards in London in March 2019 Autumn Term events October is Walk to school month	£41,250	£41,250	0

		November 19th – 25th Road Safety Week			
ETE	**Explore additional interventions for cyclist/ pedestrian safety**	Road Safety Officers attended Cambridge Fresher's Fair promoting Safer Cycling to students. Adverts for students in Student Pocket Guide to promote safe cycling. Road Safety Officers assisted Cambridgeshire police at "Road Safety Day of Action" for the Lit Campaign" held in November Road Safety Week JTA's promoted the **Be safe be Seen** messages to cyclists and pedestrians and also in the **Way to Go** magazine distributed to all schools across Cambridgeshire. Officers attended and helped out at Op Velo days in Cambridge City with Cambridgeshire police Looking at some additional analysis of collisions where close pass recorded as a factor.	£22,500	£22,500	0
ETE	**Road Safety**	There are now 173 JTAs across the 26 schools. JTA's held many competitions and had some really innovative and creative ideas through the Autumn term JTA's focused this term on the Be Safe Be Seen message Running fun assemblies and organising competitions. Including: Creating posters, badges, writing poems and designing reflective outfits for pets and bling your bike WOW (Walk Once a Week) is still very popular with many schools taking part. One school has started a Bike Breakfast club, the JTA's contacted a large local supermarket to try and get some funding. The first Cambridgeshire JTA conference was held on 30th October and was a huge success 140 JTA's and staff attended the fun packed day. Activities included a theatre workshop, big games and getting creative to help them to promote road safety and sustainable travel in their schools. The day was a	£15,000	£15,000	0

		great opportunity for the Junior Travel Ambassadors to enjoy the workshops but more importantly they were able to meet all the other JTA's from across the county and to share ideas Inspired by the conference many of the schools then held Road Safety activity days during Road Safety week in November. Activities included Games Days promoting active travel, and creating their own boot camp poems. Junior Travel Ambassador is aimed at yr. 5 pupils and empowers them to make their own decisions about what they and their fellow pupils would like to do and identify what they think needs to change to improve road safety for their school. JTA also encourages pupils to get more active and lead healthier lifestyles. Maree Richards, Road Safety Officer and coordinator of the project said "It is a truly wonderful and inspirational project to be working on, the young Junior Travel Ambassadors are so enthusiastic and keen to make their schools safer as well as feeling strongly about the need to improve the environment by using more sustainable travel, they find fun and innovative ways to get the messages across to their peers".			
ETE	**Illicit Tobacco**	• Intelligence work on going. Intelligence received on shops selling in various places across the county. • Considerable amount of information about one shop selling in Fenland area, which resulted in joint working with HMRC and surveillance work. Surveillance forms completed, court attended and sign off from District Judge. 3 test purchases were made. The shop was visited twice and on the first occasion no tobacco found and on the second occasion visited immediately after a test purchase. Only one packet seized from 'shop worker' who gave two home addresses, and is not paid in money for her work! Alcohol licence review paperwork submitted to district authority. Investigation work continuing. • Two test purchase exercises to determine if challenge 25 was being adhered too and to prove that illicit tobacco is being sold to younger people. A 20 year old was requested to ask for cheap cigarettes. In general was asked for ID but	£11,250	£11,046	£204

		7 sales out of 21 on the first occasion, in September, 5 of these were illicit tobacco for as little as £3. On the second occasion in November, 4 sales out of 15, two of which were illicit cigarettes. • Planning for visits to shops in January has started. • Ongoing intelligence work on a number of premises.			
		SUB TOTAL : ETE Q3	**£90,000**	**£89,796**	**£204**
C&CS	**Research**	The main focus for the quarter continues to be the delivery of the New Communities survey work. This will provide insight into the demographics of new communities (in support of the planning of new facilities and services) and also include some questions on the perceived health of respondents. The team have completed the Cambridge fringe developments and is following this up with focus groups with new residents. The consistent review and update to CambridgeshireInsight and CambridgeshireInsight OpenData (the MOU covers this costs of the Insight Service incurred by Public Health. The team have also continued to support the P&C committee with information on deprivation and disadvantage.	£16,500	£16,500	0
C&CS	**Transformation Team Support**	**Business Planning** The Transformation Team continues to lead the Council's Business Planning Process, ensuring that the 2019-20 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. **Business Transformation** • The Transformation Team continue to collaborate with Public Health colleagues around the development of approaches to transforming programmes and practices, with the goal of working together to increasing Public Health Directorate's capacity to improve outcomes for children and families in Cambridgeshire. • The Transformation Team remain available to provide project management support and advice to Public Health; as well as operating a range of projects that include public health representation.	£20,250	£20,250	0

		• The authority's project management system continues to be refined; this includes Public Health projects and wider projects that public health colleagues are engaged in. **Best Start in Life Board** • The Best Start in Life board was created to bring together public and community health, early year's education and early help teams together to develop a strategy and design a delivery model that supports early year's outcomes for children pre-birth to 5. • Public Health is leading on the development of the strategy, while Transformation is leading on the design elements. The strategy and design is being completed in tandem, resulting in close collaboration between the Transformation Team and Public Health.			
C&CS	**Communications**	Campaign support and development – Stay Well and Flu prevention Stronger for Longer 50000 reasons Early stages of the smoking campaign Health checks Reactive – Stoptober Winter pressures Flu jabs and pregnancy Drug related deaths Breast feeding Also Comms support for the Health Committee	£18,750	£18,750	0
C&CS	**Strategic Advice**	• Leading the corporate Health, Safety and Wellbeing Board to ensure that Public Health, & its role in supporting for staff wellbeing, is given greater focus • Support with specification and supply of analytical software • Managing the corporate risk management and corporate performance management frameworks and ensuring that Public Health is fully accounted for in these	£16,500	£16,500	0

C&CS	**Emergency Planning Support**	Ongoing close working with the Health Emergency Planning Officer (HEPRO) across a range of relevant 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 emergency planning activity as necessary	£3,750	£3,750	0
C&CS	**LGSS Managed Overheads**	This continues to be supported on an ongoing basis, including: • Provision of IT equipment • Office Accommodation • Telephony • Members allowances	£75,000	£75,000	0
		SUB TOTAL : CCS Q3	**£150,750**	**£150,750**	**0**
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	**£165,000**	**£165,000**	**0**
		SUB TOTAL : LGSS Q3	**£165,000**	**£165,000**	**£0**

SUMMARY

Directorate	YTD (Q3) expected spend	YTD (Q3) actual spend	Variance
P&C	£223,500	£220,889	£2,611
ETE	£90,000	£89,796	£204
CS&T	£150,750	£150,750	0
LGSS	£165,000	£165,000	0

TOTAL Q3	**£629,250**	**£626,435**	**£2815**

APPENDIX 8 PUBLIC HEALTH OUTCOMES FRAMEWORK (PHOF)

Public Health Outcomes Framework – Key changes and updates for Cambridgeshire and its districts: February 2019

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, August 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 February 2019
- 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

Overarching indicators

RAG-rating changes with the February 2019 update – 'better'

None.

RAG-rating changes with the February 2019 update – 'worse'

0.1i Healthy life expectancy at birth – males
Data added and back series revised 2009-11 to 2015-17. Healthy life expectancy in Cambridgeshire has fallen to a level statistically similar to England for males.

Wider determinants of health

RAG-rating changes with the February 2019 update – 'better'

None.

RAG-rating changes with the February 2019 update – 'worse'

None.

Other indicator updates

1.11 Domestic abuse-related incidents and crimes
2017/18 data added. The rate has decreased from 21.2 per 1,000 in 2016/17 to 20.7 per 1,000 in 2017/18*. The national rate in 2017/18 was 25.0 per 1,000. This indicator is not RAG-rated.

**LA's are allocated the rate of the police force within which they sit*

Health improvement

RAG-rating changes with the February 2019 update – 'better'

2.03 Smoking status at time of delivery
2017/18 data added. The smoking status proportion has decreased between 2016/17 and 2017/18 and is now statistically significantly similar to the national rate for Cambridgeshire.

2.24ii Emergency hospital admissions due to falls in people aged 65 and over - aged 65-79
Data added and back series revised 2010/11 to 2017/18. The admissions rate per 1,000 in Cambridgeshire has decreased to a level statically significantly better than England.

2.24iii Emergency hospital admissions due to falls in people aged 65 and over - aged 80+
Data added and back series revised 2010/11 to 2017/18. The admissions rate per 1,000 in Cambridgeshire has decreased to a level statically similar to England.

RAG-rating changes with the February 2019 update – 'worse'

2.18 Admission episodes for alcohol-related conditions - narrow definition
Data added and back series revised 2008/09 to 2017/18. Admissions in Cambridgeshire have increased since 2016/17, and the rate per 1,000 has increased to a level statistically similar to the national average.

2.20iv Abdominal Aortic Aneurysm screening – coverage
2017/18 data added. The screening coverage has decreased to a rate statistically similar to England.

2.23iii Self-reported wellbeing - people with a low happiness score
2017/18 data added. Cambridgeshire percentages have increased to a level which is statistically similar to the national average.

Other indicator updates

2.20xii Newborn hearing screening – coverage
2017/18 data added. Data was not available for 2016/17. 2017/18 screening coverage for Cambridgeshire is statistically significantly better than England.

Health protection

RAG-rating changes with the February 2019 update – 'better'

3.03xii Population vaccination coverage - HPV vaccination coverage for one dose (females 12-13 years old)
2017/18 data added. Coverage in Cambridgeshire has increased to a level statistically significantly better than England and the national benchmark.

RAG-rating changes with the February 2019 update – 'worse'

3.03xvi Population vaccination coverage - HPV vaccination coverage for two doses (females 13-14 years old)
2017/18 data added. Coverage in Cambridgeshire has decreased to a level statistically significantly similar to England. Coverage has remained similar to the national benchmark since 2015/16.

Other indicator updates

3.01 Fraction of mortality attributable to particulate air pollution
2017 data added. The proportion in Cambridgeshire has changed from 5.3% in 2016 to 5.4% in 2017. The 2017 rate for England is 5.1%. This indicator is not RAG-rated.

Healthcare public health and premature mortality

RAG-rating changes with the February 2019 update – 'better'

4.14 Hip fractures in people aged 65 and over
2017/18 data added. The rate of hip fractures per 100,000 has decreased in Cambridgeshire to a level statistically significantly better than the national rate.

RAG-rating changes with the February 2019 update – 'worse'

None.

List of all red rated indicators as at February 2019

- 1.02i - School readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception
- 1.02ii - School readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check
- 1.02ii - School readiness: the percentage of Year 1 pupils with free meal status achieving the expected level in the phonics screening check
- 1.05 16-17 year olds not in education, employment or training (NEET) or whose activity ids not known
- 1.06i - Adults with a learning disability who live in stable and appropriate accommodation
- 1.08ii - Gap in the employment rate between those with a learning disability and the overall employment rate
- 1.10 - Killed and seriously injured (KSI) casualties on England's roads
- 2.05ii - Proportion of children aged 2-2½yrs receiving ASQ-3 as part of the Healthy Child Programme or integrated review
- 2.08ii – Percentage of children where there is a cause for concern
- 2.10ii - Emergency hospital admissions for intentional self-harm
- 2.15ii - Successful completion of drug treatment - non-opiate users
- 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
- 3.02 - Chlamydia detection rate (15-24 year olds)
- 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)
- 3.03xvii – Population vaccination coverage – Shingles vaccination coverage (70 year olds)
- 3.04 - HIV late diagnosis
- 4.09ii - Proportion of adults in the population in contact with secondary mental health services
- 4.16 - Estimates dementia diagnosis rate (aged 65+)

CAMBRIDGE

Overarching indicators

RAG-rating changes with the February 2019 update: 'better'

0.1ii Life expectancy at 65 – males
2015-17 data added. Life expectancy at 65 for males has increased to a level statistically significantly better than the national rate.

RAG-rating changes with the February 2019 update: 'worse'

0.1ii Life expectancy at birth – females
2015-17 data added. 2015-17 data shows life expectancy at birth for females in Cambridge has decreased to a level statistically similar to England, having been statistically significantly better since 2001-03.

0.2iv Gap in life expectancy at birth between each local authority and England as a whole – female
2015-17 data added. The gap in life expectancy at birth for females in Cambridge has decreased to a level statistically similar to England, having been statistically significantly better since 2001-03.

Wider determinants of health

RAG-rating changes with the February 2019 update: 'better'

None.

RAG-rating changes with the February 2019 update: 'worse'

1.08i Gap in the employment rate between those with a long-term health condition and the overall employment rate
Data added and back series revised 2013/14 to 2017/18. The gap in employment rate continues to increase. From 2017/18 it is statistically significantly worse than the national rate.

1.12i Violent crime (including sexual violence) - hospital admissions for violence
Data added and back series revised 2010/11-2012/13 to 2015/16-2017/18. This indicator has typically been statistically significantly better than England for Cambridge, however 2015/16 – 2017/18 data shows that the rate per 100,000 has increased to a level statistically similar to England.

Health improvement

RAG-rating changes with the February 2019 update: 'better'

2.07ii Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)
Data added and back series revised 2010/11 to 2017/18. Hospital admissions have continued to decrease for 2016/17. Rates per 10,000 are statistically significantly better than the national rate.

RAG-rating changes with the February 2019 update: 'worse'

None.

Health protection

RAG-rating changes with the February 2019 update: 'better'

None.

RAG-rating changes with the February 2019 update: 'worse'

None.

Other indicator updates

3.01 Fraction of mortality attributable to particulate air pollution
2017 data added. The proportion in Cambridge has changed from 5.5% in 2016 to 5.6% in 2017. The 2017 rate for England is 5.1%. This indicator is not RAG-rated.

Healthcare public health and premature mortality

RAG-rating changes with the February 2019 update: 'better'

None.

RAG-rating changes with the February 2019 update: 'worse'

None.

List of all red rated indicators as at February 2019

- 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
- 1.14i - The rate of complaints about noise
- 1.15i - Statutory homelessness - Eligible homeless people not in priority need
- 2.10ii - Emergency hospital admissions for intentional self-harm
- 2.17 - Estimated diabetes diagnosis rate
- 2.18 - Admission episodes for alcohol-related conditions - narrow definition
- 2.20i - Cancer screening coverage - breast cancer
- 2.20ii - Cancer screening coverage - cervical cancer
- 2.20iii - Cancer screening coverage - bowel cancer
- 2.20iv – Abdominal aortic aneurysm screening - coverage
- 2.24i - Emergency hospital admissions due to falls in people aged 65 and over
- 2.24ii - Emergency hospital admissions due to falls in people aged 65-79
- 2.24iii - Emergency hospital admissions due to falls in people aged 80+
- 3.02 - Chlamydia detection rate (15-24 year olds)

EAST CAMBRIDGESHIRE

Overarching indicators

RAG-rating changes with the February 2019 update: 'better'

None.

RAG-rating changes with the February 2019 update: 'worse'

None.

Wider determinants of health

RAG-rating changes with the February 2019 update: 'better'

None.

RAG-rating changes with the February 2019 update: 'worse'

1.08i Gap in the employment rate between those with a long-term health condition and the overall employment rate
Data added and back series revised 2013/14 to 2017/18. The gap in employment continues to increase. From 2017/18 East Cambridgeshire is statistically similar to the national rate.

Health improvement

RAG-rating changes with the February 2019 update: 'better'

2.24ii Emergency hospital admissions due to falls in people aged 65 and over - aged 65-79
Data added and back series revised 2010/11 to 2017/18. The admissions rate per 1,000 in East Cambridgeshire have decreased to a level statically significantly better than England.

RAG-rating changes with the February 2019 update: 'worse'

2.18 Admission episodes for alcohol-related conditions - narrow definition
Data added and back series revised 2008/09 to 2017/18. Admissions in East Cambridgeshire were statistically significantly similar to England from 2012/13 to 2016/17. The rate of admission episodes per 100,000 has increased in 2017/18 to a level that is statistically similar to England.

2.20i Cancer screening coverage - breast cancer
2018 data added. Breast Cancer screening coverage in East Cambridgeshire has decreased to a level that is statistically similar to the national rate.

Health protection

RAG-rating changes with the February 2019 update: 'better'

None.

RAG-rating changes with the February 2019 update: 'worse'

None.

Other indicator updates

3.01 Fraction of mortality attributable to particulate air pollution
2017 data added. The proportion in East Cambridgeshire has remained at 5.2% in 2016 and 2017. The 2017 rate for England is 5.1%. This indicator is not RAG-rated.

Healthcare public health and premature mortality

RAG-rating changes with the February 2019 update: 'better'

4.14i Hip fractures in people aged 65 and over

Data added and back series revised 2010/11 to 2017/18. The rate per 100,000 in East Cambridgeshire has been statistically similar to England since 2010/11. In 2017/18 hip fractures per 100,000 have decreased to a level statistically significantly better than the national rate.

4.14ii Hip fractures in people aged 65 and over - aged 65-79

Data added and back series revised 2010/11 to 2017/18. The rate of hip fractures in East Cambridgeshire have declined to a level that is statistically significantly lower than England.

RAG-rating changes with the February 2019 update: 'worse'

None.

List of all red rated indicators as at February 2019

- 1.09ii The percentage of working days lost due to sickness absence
- 1.10 - Killed and seriously injured (KSI) casualties on England's roads
- 2.10ii - Emergency Hospital Admissions for Intentional Self-Harm
- 3.02 - Chlamydia detection rate (15-24 year olds)
- 4.16 – Estimated dementia diagnosis rate (aged 65+)

FENLAND

Overarching indicators

RAG-rating changes with the February 2019 update: 'better'

None.

RAG-rating changes with the February 2019 update: 'worse'

0.1ii Life expectancy at 65 – males
2015-17 data added. Life expectancy at 65 for males in Fenland has decreased to a level statistically significantly worse than the national rate.

Wider determinants of health

RAG-rating changes with the February 2019 update: 'better'

1.08i Gap in the employment rate between those with a long-term health condition and the overall employment rate
Data added and back series revised 2013/14 to 2017/18. The gap in employment rate for Fenland has returned to a level statistically similar to the national rate.

1.10 Killed and seriously injured (KSI) casualties on England's roads
Data added and back series revised 2011-13 to 2015-17. KSI casualties in Fenland have decreased between 2014-16 and 2015-17, to a rate statistically similar to the national rate.

RAG-rating changes with the February 2019 update: 'worse'

1.12i Violent crime (including sexual violence) - hospital admissions for violence
Data added and back series revised 2010/11-2012/13 to 2015/16-2017/18. Hospital admissions for violent crime have increased. The rate per 100,000 has increased to a level statistically similar to England.

Health improvement

RAG-rating changes with the February 2019 update: 'better'

2.24i Emergency hospital admissions due to falls in people aged 65 and over
Data added and back series revised 2010/11 to 2017/18. Admissions due to falls have decreased. The rate per 100,000 is now statistically similar to the national rate.

2.24iii Emergency hospital admissions due to falls in people aged 65 and over - aged 80+
Data added and back series revised 2010/11 to 2017/18. Admissions in this age group have decreased for the second year for Fenland, to a level statistically similar to England.

RAG-rating changes with the February 2019 update: 'worse'

2.06 Child excess weight in 4-5 and 10-11 year olds - 4-5 year olds
2017/18 data added. The proportion of children with excess weight has decreased between 2016/17 and 2017/18 for Fenland, however, this indicator has changed from being statistically significantly better than England in 2016/17 to statistically similar in 2017/18.

Health protection

RAG-rating changes with the February 2019 update: 'better'

None.

RAG-rating changes with the February 2019 update: 'worse'

None.

Other indicator updates

3.01 Fraction of mortality attributable to particulate air pollution
2017 data added. The proportion in Fenland has decreased from 5.3% in 2016 to 5.1% in 2017. The 2017 rate for England is 5.1%. This indicator is not RAG-rated.

Healthcare public health and premature mortality

RAG-rating changes with the February 2019 update: 'better'

None.

RAG-rating changes with the February 2019 update: 'worse'

None.

List of all red rated indicators as at February 2019

- 0.1ii - Life expectancy at birth (Male, Female)
- 0.1ii Life expectancy at 65 (males)
- 0.2iv - Gap in life expectancy at birth between each local authority and England as a whole (Male, Female)

- 1.01i - Children in low income families (all dependent children under 20)
- 1.01ii - Children in low income families (under 16s)
- 2.02i - Breastfeeding - breastfeeding initiation
- 2.10ii - Emergency Hospital Admissions for Intentional Self-Harm
- 2.12 - Percentage of adults (aged 18+) classified as overweight or obese
- 2.13i – Percentage of physically active adults
- 2.13ii – Percentage of physically inactive adults
- 2.18 - Admission episodes for alcohol-related conditions - narrow definition
- 2.20iii - Cancer screening coverage - bowel cancer
- 3.02 - Chlamydia detection rate (15-24 year olds)
- 3.08 - Adjusted antibiotic prescribing in primary care by the NHS
- 4.03 - Mortality rate from causes considered preventable
- 4.07i Under 75 mortality rate from respiratory diseases
- 4.07ii Under 75 mortality rate from respiratory disease considered preventable
- 4.08 - Mortality rate from a range of specified communicable diseases, including influenza
- 4.16 – Estimated dementia diagnosis rate (aged 65+)

HUNTINGDONSHIRE

Overarching indicators

RAG-rating changes with the February 2019 update: 'better'

None.

RAG-rating changes with the February 2019 update: 'worse'

None.

Wider determinants of health

RAG-rating changes with the February 2019 update: 'better'

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

Data added and back series revised 2013/14 to 2017/18. The gap in employment rate for Huntingdonshire has returned to a level statistically significantly better than the national rate.

RAG-rating changes with the February 2019 update: 'worse'

None.

Health improvement

RAG-rating changes with the February 2019 update: 'better'

None.

RAG-rating changes with the February 2019 update: 'worse'

2.07i Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)

Data added and back series revised 2010/11 to 2017/18. The rate of admissions per 10,000 have increased in Huntingdonshire to a level statistically similar to England.

2.10ii Emergency hospital admissions for intentional self-harm

Data added and back series revised 2010/11 to 2017/18. The rate of admissions per 10,000 have increased in Huntingdonshire to a level statistically similar to England.

2.20iv Abdominal Aortic Aneurysm screening - coverage

2017/18 data added. The rate of coverage in Huntingdonshire has declined in 2017/18. It is not statistically different to the national average.

Health protection

RAG-rating changes with the February 2019 update: 'better'

None.

RAG-rating changes with the February 2019 update: 'worse'

None.

Other indicator updates

3.01 Fraction of mortality attributable to particulate air pollution

2017 data added. The proportion in Huntingdonshire has remained at 5.4% for 2016 and 2017. The 2017 rate for England is 5.1%. This indicator is not RAG-rated.

Healthcare public health and premature mortality

RAG-rating changes with the February 2019 update: 'better'

None.

RAG-rating changes with the February 2019 update: 'worse'

None.

List of all red rated indicators as at February 2019

- 1.10 - Killed and seriously injured (KSI) casualties on England's roads
- 2.12 – Percentage of adults (aged 18+) classified as overweight or obese
- 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

Overarching indicators

RAG-rating changes with the February 2019 update: 'better'

None.

RAG-rating changes with the February 2019 update: 'worse'

None.

Wider determinants of health

RAG-rating changes with the February 2019 update: 'better'

None.

RAG-rating changes with the February 2019 update: 'worse'

None.

Health improvement

RAG-rating changes with the February 2019 update: 'better'

2.18 Admission episodes for alcohol-related conditions - narrow definition
Data added and back series revised 2008/09 to 2017/18. Admissions in South Cambridgeshire were statistically better than England from 2011/12. The rate of admission episodes per 100,000 has increased in 2017/18 to a level that is statistically similar to England.

RAG-rating changes with the February 2019 update: 'worse'

2.07ii Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)
Data added and back series revised 2010/11 to 2017/18. South Cambridgeshire has seen a spike in hospital admissions for this indicator. After continued similarity to the national rate, it has increased in 2017/18 to a level that is significantly worse than England.

2.10ii Emergency hospital admissions for intentional self-harm
Data added and back series revised 2010/11 to 2017/18. The rate of admissions per 10,000 have increased in South Cambridgeshire to a level statistically significantly worse than England.

Health protection

RAG-rating changes with the February 2019 update: 'better'

None.

RAG-rating changes with the February 2019 update: 'worse'

None.

Other indicator updates

3.01 Fraction of mortality attributable to particulate air pollution
2017 data added. The proportion in South Cambridgeshire has increased from 5.3% in 2016 to 5.4% in 2017. The 2017 rate for England is 5.1%. This indicator is not RAG-rated.

Healthcare public health and premature mortality

RAG-rating changes with the February 2019 update: 'better'

None.

RAG-rating changes with the February 2019 update: 'worse'

4.14i Hip fractures in people aged 65 and over

Data added and back series revised 2010/11 to 2017/18. Rates of hip fractures per 100,000 have returned to levels statistically similar to England after being lower, and statistically significantly better, in 2016/17.

4.14iii Hip fractures in people aged 65 and over - aged 80+

Data added and back series revised 2010/11 to 2017/18. Rates of hip fractures per 100,000 have returned to levels statistically similar to England after being lower, and statistically significantly better, in 2016/17.

List of all red rated indicators as at February 2019

- 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
- 2.17 - Estimated diabetes diagnosis rate
- 3.02 - Chlamydia detection rate (15-24 year olds)
- 4.16 - Estimated dementia diagnosis rate (aged 65+)

All indicators updated in February 2019 (short titles)

Overarching indicators

0.1 Life expectancy
0.2 Differences in life expectancy and healthy life expectancy between communities

Wider determinants of health

1.02 School readiness
1.05 16-17 year olds not in education, employment, or training
1.06 Adults with a learning disability/in contact with secondary mental health services who live in a stable and appropriate accommodation
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
1.10 Killed and seriously injured casualties on England's roads
1.11 Domestic abuse
1.12 Violent crime (including sexual violence)

Health improvement

2.03* Smoking
2.06* Child excess weight in 4-5 and 10-11 year olds
2.07 Hospital admissions caused by unintentional and deliberate injuries in under 25's
2.10 Self-harm
2.17 Estimated diagnosis rate for people with diabetes mellitus
2.18 Alcohol-related admissions to hospital
2.20 National screening programmes
2.23 Self-reported well-being
2.24 Injuries due to falls in people aged 65 and over

Health protection

3.01 Fraction of morality attributable to particulate air pollution
3.03 Population vaccination coverage

Healthcare public health and premature mortality

4.14 Hip fractures in people aged 65 and over

**Indicator updated in PHOF since the previous update, but before this quarterly update (February 2019).*

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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Agenda Item No: 6

NHS QUALITY ACCOUNTS – ESTABLISHING A PROCESS FOR RESPONDING TO 2018-19 REQUESTS

To:	**HEALTH COMMITTEE**
Meeting Date:	**14th March 2019**
From	**The Monitoring Officer**
Electoral division(s):	**All**
Forward Plan ref:	**Not applicable**
Purpose:	**For the Committee, as part of its Health Scrutiny function, to agree the process to respond to statements on the Quality Accounts provided by NHS Provider Trusts.**
Recommendation:	**The Health Committee is asked to note the requirement for NHS Provider Trusts to request comment from Health Scrutiny committees and**

a) To consider if the committee wishes to respond to Quality Accounts and if so prioritise which Quality Accounts the Committee will respond to

b) To note the improvements in the process introduced for responding to Quality Accounts in 2018 and feedback from the Trusts

c) To delegate approval of the responses to the Quality Accounts to the Head of Public Health Business Programmes acting in consultation with the views of members of the Committee appointed to the Task and Finish Group; and

d) To appoint members of the committee to the Task and Finish Group.

	Officer contact:	***Member contact:***
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1. BACKGROUND

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

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

1.3 This paper outlines the proposed response to the Quality Accounts received by the Health Committee and the internal deadlines to respond to the NHS Trusts. This paper also reflects on the success of the processes introduced for responding to the Quality Accounts in 2018.

2. MAIN ISSUES

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

2.2 NHS Healthcare providers are required to submit their final Quality Account to the Secretary of State by 30th June each year. For foundation trusts the Quality Accounts are required to be submitted to NHS Improvement by 31st May for audit purposes. However each provider will have internal deadlines for receipt of any comments from relevant statutory consultees.

2.3 As discussed at the Health Committee meeting in previous years, the timing of the Quality Account deadlines puts the Committee in a difficult position to provide an adequate response. Often NHS Trusts are unable to send copies of their draft Quality Accounts until mid to end of April, resulting in a short timescale for the committee members to formally agree a response. There is no statutory requirement for the Health Committee to respond to the Quality Accounts.

2.4 A new process was introduced in 2018 whereby the Health Committee appointed members of the committee to a task and finish group. This group reviewed the content of the Quality Accounts that they were in receipt of and feedback was provided to the Trust. The Head of Public Health Business Programmes was responsible for submitting final statements to each Trust. It is a legal requirement for the Trusts to publish these statements as part of their complete quality account.

3. PROCESS FOR RESPONDING TO NHS QUALITY ACCOUNTS

3.1 Under the committee system of governance, it is not possible to delegate decisions to individual elected members or groups of members, but scrutiny regulations require that scrutiny be carried out by elected members and not delegated to officers.

3.2 Due to time constraints identified in section 2.2, responses before 2018 were limited to details of where the Trust has attended the Health Committee for the purposes of health scrutiny. Any recommendations made by the committee were submitted within the statement. Feedback received from the Trusts noted that they had expected more of a reflection and comment on the content of the Quality Account rather than an overview of scrutiny actions.

3.3. As a result of this feedback, in 2018 a new process was introduced whereby the committee appointed a task and finish group to review the Quality Accounts provided by trusts and provide a more detail critical analysis. Feedback from the Trusts was positive and some examples of how the Trusts used the information from the responses received is provided below.

North West Anglia Foundation Trust (NWAFT)

The Trust held a stakeholder review meeting whereby all responses received from statutory partners and Trust Governors were discussed with the stakeholders in attendance. Where appropriate changes were made to the Quality Account providing further clarification or building on the feedback.

Cambridgeshire Community Services (CCS)

The Trust responded to a number of points of clarification that were raised and altered the Quality Account to address these.

Royal Papworth Hospital Trust (RPHT)

The committee were not in receipt of RPHT's Quality Account in time to respond. The process was communicated to the Trust and contact details provided so that this would not be an issue in 2019. RPHT has been the first trust to contact the Head of Public Health Programmes this year to ensure that the Health Committee will receive the Quality Account in time to respond.

4.0 PROPOSED PROCESS FOR RESPONDING TO NHS QUALITY ACCOUNTS IN 2019

4.1 As in previous years the scheduling of the committee meeting does not allow for members to discuss the responses at the Committee meeting on 23rd May 2019 as most Trusts will require a response before then. Section 4 outlines the expected deadlines from Trusts may require responses to be submitted prior to the committee meeting. In the past Trusts have refused to publish "draft" statements that have not been endorsed by the committee.

4.2 It is suggested that due to last years success in regards to identifying an effective process to respond to Quality Accounts, the committee follows the procedures agreed last year and delegates approval of the responses to the Quality Accounts to the Head of Public Health Business Programmes, acting in consultation with, and in accordance with the views of the Committee. Last year the committee established a task and finish working group that responded to the Quality Accounts to ensure the views of the committee were represented.

4.3 The committee is asked to nominate members to the task and finish working group.

The committee is asked to prioritise which Quality Accounts should be responded to.

5.0 EXPECTED DEADLINES FOR RECEIPT OF QUALITY ACCOUNTS

5.1 In order to prioritise and prepare for responding to NHS Quality Accounts, Table 1 provides details of the timescales worked on in 2018 to respond to Quality Accounts which vary for each trust and can be very tight.

Table 1: Quality Account Timeline for 2018

Organisation	Quality Account Received	Deadline to respond	Response Made
Cambridge University Foundation Trust (CUH)	3rd April 2018	27th April 2018	27th April 2018
North West Anglia Foundation Trust (NWAFT)	20th April 2018	4th May 2018	4th May 2018
Cambridgeshire Community Services (CCS)	27th April 2018	28th May 2018	25th May 2018
East of England Ambulance Service Trust (EAST)	14th May 2018	13 June 2018	13th June 2018
Royal Papworth Hospital Trust (RPH)	21st May 2018 (First draft was never sent to CCC)	24th May 2018	No formal response made due to late receipt of Quality Account
Cambridgeshire & Peterborough Foundation Trust (CPFT)	11th May 2018	22nd May 2018	22nd May 2018

6.0 SIGNIFICANT IMPLICATIONS

6.1 Resource Implications

Officer time in preparing a paper for the Committee.

6.2 Statutory, Risk and Legal Implications

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

6.3 Equality and Diversity Implications

There may be equality and diversity issues to be considered in relation to the quality accounts.

6.4 Engagement and Consultation Implications

There may be engagement and consultation issues to be considered in relation to the quality accounts.

6.5 Localism and Local Member Involvement

There may be relevant local issues in relation to the quality accounts.

6.6 Public Health Implications

The quality of services at local healthcare providers will impact on public health

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

Agenda Item No: 8

CAMBRIDGESHIRE AND PETERBOROUGH CCG FINANCIAL POSITION AT MONTH 9

To:	**HEALTH COMMITTEE**
Meeting Date:	**14th March 2019**
From:	**CCG Chief Finance Officer**
Electoral division(s):	**All**
Forward Plan ref:	**Not applicable**
Purpose:	**To provide the Committee with a briefing on the CCG's 2018/19 financial position**
Recommendation:	**The Committee is asked to note the CCG's financial position.**

1. BACKGROUND

1.1 The CCG has agreed a planned deficit control total of £35.069m for 2018/19 with NHSE, this requires delivery of a £35.142m QIPP savings plan. This report details the CCG's month 9 and forecast financial position.

2. MAIN ISSUES

2.1 Financial Overview

Financial Overview	YTD Month 9				Forecast Position			
	Plan	Actual	Variance		Plan	Actual	Variance	
			Fav / (Adv)				Fav / (Adv)	
	£'000	£'000	£'000	%	£'000	£'000	£'000	%
Allocation	890,274	890,274	0	0	1,187,576	1,187,576	0	0
Programme Expenditure								
Acute Services	453,013	458,155	(5,141)	(1.1)	603,946	609,134	(5,188)	(0.9)
Mental Health Services	88,064	91,993	(3,929)	(4.5)	117,418	122,638	(5,220)	(4.4)
Community Services	78,027	78,593	(566)	(0.7)	104,036	104,747	(711)	(0.7)
Continuing Care	50,838	52,659	(1,821)	(3.6)	67,784	69,378	(1,594)	(2.4)
Primary Care (incl Delegated)	198,711	197,395	1,316	0.7	267,508	268,066	(558)	(0.2)
Central Budgets and Reserves	32,453	23,994	8,459	26.1	41,325	28,760	12,565	30.4
Total Programme Expenditure	901,105	902,788	(1,682)	(0.2)	1,202,017	1,202,723	(706)	(0.1)
Running Costs	15,470	14,948	522	3.4	20,628	19,922	706	3.4
Total Expenditure	**916,576**	**917,736**	**(1,160)**	**(0.1)**	**1,222,645**	**1,222,645**	**(0)**	**(0.0)**
In year deficit	**(26,302)**	**(27,462)**	**(1,160)**	**4.4**	**(35,069)**	**(35,069)**	**(0)**	**0.0**
B/Fwd Cumulative Deficit	(43,532)	(43,532)	0	0.0	(58,042)	(58,042)	0	0.0
Total Surplus / (Deficit)	**(69,833)**	**(70,993)**	**(1,160)**	**1.7**	**(93,111)**	**(93,111)**	**(0)**	**0.0**

The table above shows that the CCG is reporting an adverse variance to plan of £1.16m at month 9 but is forecasting to recover this position and to achieve its planned deficit of £35.1m by year end. A brief description of the main areas is given below.

- Acute – The CCG has agreed Guaranteed Income Contracts (GICs) with its main providers, this has significantly reduced the in-year financial risk to the CCG and also enables the system to work in partnership to reduce costs across the system.

  The overspend is driven by costs of Discharge to Assess (D2A), winter bed provision, Increased costs at CUH for High Cost Drugs (HCD) that sit outside of the GIC also and the impact of the DTOC penalties at CUH. Managing DTOCs and resolving the D2A overspend are two of the CCGs priorities.

- Mental Health – The overspend due to pressure on S.117 cases and LD Pool charges. The LD Pool Forecast has worsened as, following the conclusion of discussions with the Local Authority, the CCG has agreed to fund its share of the LD Pool in year overspend. S.117 is the third priority of the CCG and PWC have been working with the CCG to improve the management of this area and have produced a set of recommendations for the CCG to implement.

- Community Services – The year to date overspend is mainly the result of under delivery of QIPP, along with some smaller community contract overspends. The forecast assumes that these smaller contracts continue to overspend and that the QIPP does not deliver in full.

- Continuing Care – This area continues to have a higher than planned increase in patients.

- Central budgets – this underspend as a result of release of contingency and uncommitted reserves budget to mitigate against the pressures realised above.

2.2 QIPP Delivery

Workstream	Full Year Plan £'000	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000	Forecast £'000
Acute	14,000	10,454	10,477	23	14,114
CHC	7,500	5,625	5,625	0	7,500
Community Services	5,500	4,325	3,596	(729)	4,844
Mental Health	300	225	225	0	300
Prescribing	5,700	4,289	4,986	697	5,870
Primary Care	2,000	1,500	1,500	0	2,000
Corporate Affairs	142	124	375	251	514
Total	**35,142**	**26,542**	**26,784**	**242**	**35,142**

- The above table shows a small £0.24m favourable position, against the QIPP target at Month 9.

- The risk to non delivery against any acute QIPP schemes has been managed in year by agreeing Guaranteed Income Contracts with CUHFT NWAFT and Papworth.

- As a result of the progress to date the CCG is forecasting full delivery of the QIPP target for 2018/19.

2.3 Risks

	Month 9				
	Total Risk	Risk Assessment	Assessed Risk	In Forecast	Residual Risk
	£'000	%	£'000	£'000	£'000
Total Current Risks Identified	**(29,001)**	73%	**(21,131)**	**(16,454)**	**(4,677)**
Total Current Mitigations					
Contingency 0.5%	3,011	100%	3,011	3,011	0
Other mitigations	24,876	73%	18,120	13,443	4,677
Current Mitigations	**27,887**		**21,131**	**16,454**	**4,677**
Current shortfall in mitigations	**(1,114)**		**0**	**0**	**0**

The CCG has a identified total risks of £29m, these have been risked assessed down to £21.1m. As the year has progressed, £16.5m of these risks have crystalised and have been included in the CCG's I&E forecast leaving £4.7m of residual risk. The CCG currently has identified sufficient mitigations to offset these risks and is reporting a balanced net risk position.

3. Improvement and Delivery Plan (IDP)

Due to the CCG's deteriorating financial position, early in 2018 the CCG commissioned PricewaterhouseCoopers (PwC) to conduct a Capability, Capacity and Independent Review of our financial plan. The review identified significant failings in financial control, contract and performance management, leadership and governance; which together with instability at an Executive level had contributed to the CCG's position. In addition, the CCG was rated Inadequate by NHSE's CCG Improvement and Assessment Framework (CIAF) for 2017-18, leading to special measures and a continuation of NHSE Legal Directions first put in place in 2016. The CCG's External Auditors also exercised its powers under Section 24 (Schedule 7) of the Local Audit and Accountability Act 2014 and issued statutory recommendations to the CCG (also reported to the Secretary of State and NHS England) which required the CCG to develop a detailed improvement plan which should be formally ratified by NHSE; and formally agree a robust medium term financial plan to return to normal NHS business rules in a timeframe agreed by NHSE.

Through our Improvement and Delivery Plan (IDP), the CCG has provided assurance to NHSE of our commitment to sustainable improvement, which will be in three stages:

- Driving Immediate Improvement – delivering the recommendations from the PwC Report and requirements from NHSE
- Meeting National Must Dos and CIAF Domains (Better Health, Better Care, Sustainability and Leadership)
- Transforming to an Integrated Care System.

The CCG's Governing Body is fully committed to delivering the Plan to ensure that there is sustained and embedded improvement. This has required a significant shift in culture and a refreshed Organisational Development programme to support this. At month 9, the CCG has made good progress and is on track to deliver the Plan. Key areas of focus have been:

- Recruitment of a substantive Accountable Officer, and new Executive Director Team
- Recruitment of two new Lay Members and a refresh of Committee leadership
- Implementation of a detailed Governing Body Development programme
- Refresh of the CCG's Organisational Development Strategy and Plan, Leadership Strategy and Communications and Engagement Strategy
- Clear focus on delivery of key performance targets, with a taskforce approach on areas of significant risk.

The CCG sought independent assurance on delivery of the Plan through a follow up review undertaken by PwC in November/December 2018. In summary, they have concluded that the CCG has made good progress against a very significant improvement agenda, but remains in the early stages of their overall organisational turnaround journey. They acknowledged that the scale of the challenge is significant and continued focus, drive and energy is required to build on the progress made to date. The CCG has made significant progress against the Improvement Plan, which addresses all of the recommendations included in the March 2018 PwC Capability, Capacity and Independent Financial Review report. Their view of the CCG's progress aligns with the CCG's reporting. The CCG is reporting that it will deliver its £(35.1m) planned deficit. There are a number of risks to this position, which are understood by the CCG.

Responsibility for delivering the Improvement and Delivery Plan rests with the Chief Officer (Accountable Officer), supported by the Executive and Clinical Executive leadership team. Regular monitoring and scrutiny of actions is in place to ensure that the improvements are effectively measured to provide assurance to the Governing Body and to NHSE.

The CCG will meet with NHSE for its annual Assurance meeting at the end of March 2019. We anticipate that the ratings CCG's rating for 2018-2019 will be published in July 2019. The CCG's Chief Officer Team is now developing the 2019-2020 Improvement Plan which will be presented to the Governing Body in public at a future meeting.

4. CONCLUSION

The Committee are asked to note the contents of the report. It is clear that the CCG still faces significant financial challenges, it is required to deliver a £35.1m savings programme but this still results in a year end deficit position of £35.1m. There are risks to delivery of this £35.1m control total and the CCG currently has sufficient mitigating actions to mitigate this risks. However, we need to continue to ensure that all of these actions are delivered in the last months of the year in order to achieve our financial control total.

Agenda Item No: 9

GENERAL PRACTICE FORWARD VIEW – LOCAL IMPLEMENTATION UPDATE REPORT

To:	**Cambridgeshire Health Scrutiny Committee**
Meeting Date:	**14th March 2019**
From:	**CCG**
Electoral division(s):	**ALL**
Purpose:	**The Committee is being provided with an update on the local implementation of the General Practice Forward View**
Recommendation:	**The Committee is asked to note the content of the report and the progress to date**

1. BACKGROUND

1.1 Cambridgeshire & Peterborough CCG's General Practice Forward View (GPFV) Strategy recognises the need to ensure the foundation of general practice is sustainable, but also to build a strong primary care platform that will enable us to deliver on future Sustainability and Transformation Plan (STP) ambitions.

1.2 Delivery of the CCG's GPFV Strategy is now well into its second year and although not necessarily always visible, there has been a significant amount of work and effort undertaken to ensure we deliver on our six key ambitions, as described below.

1.3 Cambridgeshire and Peterborough CCG were tasked, under the National Operational Planning and Contracting Guidance (2017-2019) with the development of a General Practice Forward View (GPFV) strategy. This strategy realises that demand in general practice continues to grow, with patient needs changing and becoming more complex.

1.4 Cambridgeshire and Peterborough's STP Fit for the Future Plan recognises the role that primary care/general practice must play if it is to deliver on its strategic ambitions, especially its priority of *At Home is Best*, with the focus on neighbourhood care hubs with GPs at the centre. Integrated working is likely to ease some of the pressure across both primary care and community services, making the most effective use of this limited resource. A focus on pathways and LTCs will benefit patients that require more comprehensive care.

1.5 The recent publication of new National Operating Planning Guidance and the 2019 General Practice contract changes will refocus the direction of primary care on the establishment of Primary Care Networks and the benefit that can be achieved by contracting for services in general practice in this way.

1.6 The key risk is as noted is the failure to deliver service transformation due to pressures and challenges facing primary care, and insufficient or uncoordinated resources for commissioning primary care

2. MAIN ISSUES

2.1 General Practice Forward View Strategy:

2.2.1 Primary Care at Scale and New Models of Care

Ambition 1: Our new care model will be enabled by practices working increasingly at scale, with redesigned incentives for better ways of working.

Ambition 2: Working closely with clinicians and patients, we will redesign how care is delivered, with a focus on patients in care homes, patients with multiple long-term conditions, and patients with urgent care needs.

There are four main areas of work that we are focussed on with regards to these two ambitions.

1. Primary Care Home (PCH) - Granta Medical Practices

Granta is continuing to further develop its Primary Care Home plans with the wider system and in the context of the Neighbourhood Development Framework and emerging Primary Care Networks. The emphasis is on providing integrated care to a population of between 30,000 to 50,000 in line with demographic need and ensuring sustainable service delivery. Learning from Granta's experience in redesigning how care is delivered will help shape the networks across the county.

2. Local Urgent Care Hubs (LUCHs)

Local Urgent Care Hubs have been opened in Ely and Wisbech providing GP support in the delivery of urgent care appointments in Minor Injuries Units and prevention of unnecessary attendance at A&E. A third LUCH is proposed for Doddington.

3. Primary Care at Scale

The CCG has been working in partnership with At Scale Limited to develop the CCG's *Primary Care at Scale Programme*. At Scale is a company that supports the transformation of primary care with a focus on building resilience and sustainability.

Five groups of practices are working within the programme which is supporting them to identify the most effective ways they can work together. Merger plans are being developed with 4 groups and the 5th group is working on ways in which it can collaborate more effectively. 2 groups are working to a six-month completion plan. One group has self-identified as a Primary Care Network as a result of this work and will now be supported to submit their registration as per the process being set down nationally.

The programme uses an Accelerator Tool which supports practices in the completion of their At Scale ambitions. The online tool provides programme overview and project support ensuring all aspects of the business alignment processes are properly managed, this also facilitates later due diligence requirements. Licences for the tool have been purchased as part of the overall programme and feedback from the practices is positive in uptake and effectiveness. Consideration of a further phase of work is underway, subject to available funding.

2.2.2 Improving Access

Ambition 3: We are required by NHS England to determine how we will improve access to primary care over evenings and weekends. We will ensure this access is used to support patients with the greatest need, aligned to the emerging care models above.

From 1 October 2018, there was 100% population coverage for improved access across Cambridgeshire and Peterborough. All 10 hubs are now live. In Cambridgeshire, the two GP Federations, Cambridge and West Cambs, hold the contracts for the delivery of the services out of 9 hubs. The service specification requires:

1) Over each week there must be appointments to cover a minimum of 30 minutes per weighted 1,000 population provided by GPs or other clinical staff (smoking cessation services do not count);

2) The service must cover the whole population at least Monday to Friday 6.30 until 8pm and evidence-based provision every Saturday, Sunday, and Bank Holiday. This does

not mean every hub needs to be open every day, but 100% of the population must be covered every day;

3) The appointments must be bookable in advance. Where there have been delays from IT providers, there must be interim workarounds to make this possible;

4) The service must be advertised so that patients know about it. As a minimum this needs to be on every practice website.

The GP Federations have actively communicated and promoted the service and practices advertise this on their website.

Emphasis is currently on setting up the functionality in Cambridge and West Cambs services for Direct Booking into Improved Access slots from NHS 111. Both services are in the process of adding phlebotomy and cervical cytology appointments at the hubs.

2.2.3 Workforce

Ambition 4: Our workforce programme's ambition is to support our primary care staff in working safely, through recruitment and retention, leadership development and capacity creation.

Workforce is a top priority for the GPFV Strategy. The workforce programme has 4 key areas of focus:

- Recruitment

This part of the programme includes the International GP Recruitment Programme (IGPR), General Practice Nursing, Clinical Pharmacists and Physicians Associates. The intention is to increase workforce in each of these key workforce groups. The IGPR is not expected to deliver the original ambitions of the programme so trajectories have been managed on this basis. In addition to the two GP currently on this programme in Cambridgeshire and Peterborough, a further GP has been interviewed and offered a place through the IGPR scheme.

The 10-point plan for General Practice Nursing is being led by the county's Training Hub to maximise practice engagement and access to nurses. Clinical Pharmacists are a popular resource for practices to recruit and the local GP federations are leading on supporting this programme. NHS England commended Cambridgeshire and Peterborough on the successful recruitment of Clinical Pharmacists and asked for the good practice to be shared. Recruitment of Physicians Associates is yet to get underway however there is some emerging interest and two placements are available.

- Retention

Retention of GPs at various career points is the key focus of this part of the workforce programme. Inputs at the point of qualification when trainees are looking for substantive posts, mid-career and on considering retirement are the most important times to engage GPs in retention conversation and the activities in the programme are centred on maximising these opportunities. Local and national approaches are available.

Further to our previous bid of £118,000, the CCG has just successfully bid for an additional £60,000 to support retention schemes across the county.

In collaboration with the LMC and RCGP, we plan to deliver the following support -

- GP Trainees – Post CCT Fellowship Scheme and Essential Toolkit Conference
- First 5 - Essential Toolkit Conference, First5 Support Group, Lead, Manage, Thrive!, Shapes with ongoing mentoring, Coaching and Mentoring
- Mid-career - Shapes Resilience Course, Lead, Manager, Thrive!, Coaching and Mentoring
- Wise5 - Final5 Support Group, Coaching and Mentoring, GP Flexible Scheme
- Returners - Career Break/Returners Course, GP Flexible Scheme

- Enabling Programmes

These include work to develop the primary care networks, delivery of training hubs, workload management schemes and emphasis on GP leadership.

- Improving Data quality

The CCG works closely to support practices in their data submissions of the workload dataset and is seeking to improve the quality of that data through the methods to submit aligned workforce data and improve the management of anomalies. Progress is being made towards 0% estimation.

2.2.4 Workload

Ambition 5: We will begin by supporting the creation of capacity in primary care, finding strength and resilience by enabling practices to adopt proven methods of addressing workload challenges, and through working together more effectively. The CCG will re-prioritise its staffing to provide significant additional support to general practice from early 2017.

This year the CCG is linked into the national programme of work and has offered practices an opportunity to participate in three initiatives.

1. Productive General Practice Quick Start Programme

This programme aimed to provide fast, practical improvement to help reduce pressures and release inefficiencies within general practice. The facilitators provided on-site support visits which are practical and focused on making changes and improvement over the 12-week programme. A total of 34 practices have engaged with this programme from across Cambridgeshire and Peterborough.

The quantitative outcomes in terms of savings were -

- 11,212hrs of admin time saved annually
- 8,774hrs of clinical time saved annually

- £31,405 cost-savings

Delegates reported that, “Definitely saves me more time... I'm no longer fire-fighting, I can now breath again and do my job more effectively.” “This is the best value for money programme this practice has taken on, it is the only one that has delivered positive change immediately.

2. Time for Care: Learning in Action

This programme was launched in September 2018.The aim is to support practices to learn how quality improvement techniques can be used in general practice and then how to apply these skills to one to two of the High Impact Actions. This programme will take place over six to eight months and practices will record their outcomes on an achievement poster. We have 39 participants from 20 practices registered for this programme

3. Fundamentals of Change and Improvement

This programme was also introduced at our *Time for Care Engagement Event*. The proposed launch for this programme is also in September 2018.The aim is to provide practices with an overview of delivering change and the application of skills to a local project. This programme will take place over three weeks with two one-day workshops. We have 39 participants from 20 practices registered for this programme. Key highlights reported from the programme were “sharing best practice”, “having protected time away from surgery” and “identifying opportunities for more productive working.”

Testbeds – Document Management Pilot

This local pilot programme seeks to release clinical capacity by diverting clinical correspondence to a training member of the administrative team.

The project objectives are to:

- reduce clinician's administrative workload by up to 80%;
- develop a skilled and resilient administrative team in reading and coding correspondence;
- review pilot outcomes and review rolling out an effective training programme to all member practices.

Interim reports have shown that 48% of correspondence is currently being managed by the workflow administrators resulting in the release of a minimum of 895 GP hours.

Wider roll out is planned with the next tranche focussing on group practices / at scale providers.

2.2.5 Infrastructure

Ambition 6: Our strategy will be enabled by ambitious digital and estates strategies. We wish to maximise the benefits of modern information technology, and to develop a clear approach to premises investment linked to the service and provider developments above.

Information Technology

There are four key areas of work under this workstream:

1. GP Online Consultations (GPOLC)

   Demonstrations to practices have commenced at a round of Primary Care IT Update events. First deployments are underway. The product is Doctorlink and the provider is Medvivo.

2. WiFi Operability

   This initiative is now complete for eligible sites. Note: due to some planned practice building moves/changes, a small number of sites do not have WiFi in their current buildings, as agreed with NHS Digital. There is ongoing work with Egton and NHS Digital with regard to reporting and landing page developments.

3. Patient-On-Line

   The GP contract aim in 2018/19 is for 30% patients at practices to be registered for use of Online services, and for those under 10% to work with NHS England to improve uptake. Latest figures are expected from NHSE. The highest performing practice currently has 58% of patients registered for use and approximately one third of other practices are achieving 30% or more.

4. N3 Network.
   The National Aggregated Procurement to replace N3 connections with Health & Social Care Network (HSCN) connections. Procurement has completed and we have started work with the Provider who is Redcentric. Initial outline plan to migrate all N3 connections to HSCN by Sept 2019.

Estates

The Premises Group is working through a significant number of complex applications and is developing the premises application process with NHS England and the STP. This includes bids submitted through the Estates and Technology Transformation Fund of the GPFV. Applications go through a four-stage process of approval and range in size. This also takes into consideration the development associated with new growth and funding sources from developer contributions. Decisions relating to increases in ongoing rent reimbursement are being mapped according to the financial year that they will impact.

NHS England's most recent Capital and Investment Oversight Group (CIOG) for the East Region met on the 31st January 2019. Five local schemes were presented and each was progressed onto the next stage of its four stage approval journey. The STP review each scheme ahead of submission to capital oversight to consider the strategic fit of the schemes being put forward.

Advice was sought from the CIOG about the NHS capital process that needs to be followed to progress the health input to Civic Hub planned at Northstowe. The CCG will need to comment on the build, design and shared occupation of the space assigned for health, it will not be investing in the capital for the build but other capital associated with IT and equipment may be required.

2.2.5 GPFV Transformation Budget

The following table outlines the key schemes that the CCG has funded through its Transformation Budget associated with the delivery of the GPFV ambitions, and describes the impact it has had in transforming primary care:

Initiative	Footprint	Funding	Impact
LUCHS in Ely & Wisbech	Ely & Wisbech	£194k	Created GP led urgent care capacity in rural locations, supports workload management and reduces use of A&E. Good test of community urgent care in future Primary Care Networks.
Primary Care Home – Granta	Granta	£99k	Supported development of Primary Care Home model in large merged practice. Has enabled alternative contracting models to be explored and gained attended of national leads.
Alliance working – GPN	Greater Pboro	£261k	Facilitated the running of the Integrated Delivery Board in Greater Peterborough – this will support the development of Primary Care Networks and will accelaerate progression into integrated working.
Northstowe – CAB	Northstowe	£8k	Tested the model of co-locating Citizens' Advice in general practice. Supported emerging population in Northstowe. Learning to be shared with other growth sites.
Primary Care at Scale – online assessment tool & 4 entities identified for phase 1 support which includes At Scale & support from Octagon	Huntingdon, Ely, Cambridge, Fenland	£440k	Facilitated support with backfill for groups of practices to consider most appropriate model for achieving scale. Software and consultancy support to complete full merger/collaboration process. Equates to 13 GP practices and population of 120k. Shared learning from other mergers.
Development of Federations in West Cambs & Cambridge	Huntingdon & Fenland / Cambridge & Ely	£403k	Resource to support establishment and business readiness of GP Federations in Cambridge and West Cambs. Enabled early delivery of Improved Access and mechanism to deliver other services at scale.
Training Hub – match	Huntingdon &	£293k	Collaboration between 3 local

fund HEE funding for CEPN Recruit Nurse Tutors Education events	Fenland / Cambridge & Ely / Peterborough & Wisbech		Federations – hosted by GPN Outcomes for General Practice Nursing 10 Point Plan Supported 35 1st yr student nurses to experience primary care – invested £9k to support host practices Nurse/HCA Conference - June 2018 (112 attendees, 16 workshops, 19 workforce stands) Recruitment of a Project team & Nurse Strategic lead & Nurse Tutor posts 5 locality learning forums established in Peterborough, Fenland, Huntingdon, Cambridge and East Cambs Access to a Training Hub website –a 'one stop shop' for training & education, apprenticeships and career information
Time to Care – Wave 1 (local programme) including Document management pilot Backfill support for NHSE programmes on offer Wave 2 (includes Productive General Practice Quickstart, Fundamentals of Change & Improvement and Learning In Action)	Huntingdon & Fenland / Cambridge & Ely / Peterborough & Wisbech	£248k	Local collaborations – project focussed – sharing learning Local reports describe release of clinical & working hours Document management Pilot Activity to date: • 42 Staff trained • Resulted in 44% of correspondence completed by admin = saving 696 hrs GP time

In line with the new Planning Guidance and GP contract changes, the transformation budget from 2019/20 onwards will be directed towards Primary Care Networks for their establishment and maintenance. Most of the schemes above will no longer have a source of funding for ongoing investment or expansion. Opportunities will be taken to share learning outcomes and good practice and to build on the benefits realised by this investment going forward.

HEALTH COMMITTEE TRAINING PLAN 2019/20

Updated March 2019

To be discussed at Health Committee on 14th March 2019.

Agenda Item No: 10

Proposals

Ref	Subject	Desired Learning Outcome/Success Measures	Priority	Date	Responsibility	Nature of training	Attendance by:	Cllrs Attending	Percentage of total
	Public Health Peer Review	Provide a feedback session on the LGA peer review and developing action plan							
	Public Health Performance reporting	To provide committee members with an overview of current performance reporting and an opportunity to discuss current Key Performance Indicators							
	Mental Health Interventions	To provide committee members with an overview of public mental health focusing on local interventions and services.							
	School Nursing Service Overview	To provide committee members with an overview of the current school nursing service. Specifically focusing on the provisions within the service and associated trend data around access							

HEALTH POLICY AND SERVICE COMMITTEE AGENDA PLAN

Published on 1st March 2019

Cambridgeshire County Council

Agenda Item No: 11

Notes

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

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

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

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
14/03/19	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		
	Scrutiny Item: CCG Finances update position	Jan Thomas	Not applicable		
	Scrutiny Item: GP Five Year Forward View	Jan Thomas	Not applicable		
	Committee training plan (standing item)	Kate Parker/ Daniel Snowdon	Not applicable		
	Delegation for Quality Accounts	Kate Parker	Not applicable		
	Agenda plan and appointments to outside bodies	Daniel Snowdon	Not applicable		
11/04/19	CGL Contract Novation in Cambridgeshire	Val Thomas	2019/021		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
	Let's Get Moving – Evaluation Plans	Val Thomas	Not applicable		
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		
	Scrutiny Item: CUH CQC Inspection Report	CUH	Not applicable		
	Scrutiny Item: Minor Injury Unit Update	CCG	Not applicable		
	Scrutiny Item: STP Workforce Planning	STP	Not applicable		
	Response to Quality Accounts Report	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		
[20/06/19] Provisional Meeting					
11/07/19	Finance & Performance Report	Liz Robin			
	Scrutiny Item: STP Digital Strategy	STP			
	Health Committee Training Plan	Kate Parker			
	Agenda Plan and appointments to outside bodies	Daniel Snowdon			
[08/08/19] Provisional Meeting					

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
19/09/19	Finance & Performance Report	Liz Robin			
	Health Committee Training Plan	Kate Parker			
	Agenda Plan and appointments to outside bodies	Daniel Snowdon			
17/10/19	Finance & Performance Report	Liz Robin			
	Health Committee Training Plan	Kate Parker			
	Agenda Plan and appointments to outside bodies	Daniel Snowdon			
14/11/19	Finance & Performance Report	Liz Robin			
	Health Committee Training Plan	Kate Parker			
	Agenda Plan and appointments to outside bodies	Daniel Snowdon			
05/12/19	Finance & Performance Report	Liz Robin			
	Health Committee Training Plan	Kate Parker			
	Agenda Plan and appointments to outside bodies	Daniel Snowdon			
23/01/20	Finance & Performance Report	Liz Robin			
	Health Committee Training Plan	Kate Parker			
	Agenda Plan and appointments to outside bodies	Daniel Snowdon			
[06/02/20] Provisional Meeting					
19/03/20	Finance & Performance Report	Liz Robin			
	Health Committee Training Plan	Kate Parker			

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			
[16/04/20] Provisional Meeting					
28/05/20	Finance & Performance Report	Liz Robin			
	Health Committee Training Plan	Daniel Snowdon			
	Agenda Plan and appointments to outside bodies	Daniel Snowdon			