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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	Y/E Target 2018/19	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous period actual	Current period target	Current period actual	Direction of travel (from previous period)	Comments
1	GUM Access - offered appointments within 2 working days	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 suncontracted 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 comples 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)

Cambridgeshire County Council

PUBLIC HEALTH intelligence

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.
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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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