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Public Health Directorate

Finance and Performance Report – Closedown 2016/17

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
March (No. of indicators)	2	10	19	2	33

2. INCOME AND EXPENDITURE

2.1 Overall Position

Previous Forecast Outturn	Directorate	Budget for 2016/17	Actual	Outturn Variance	Outturn Variance
£000		£000	£000	£000	%
-171	Health Improvement	8,459	8,231	-229	-2.7%
0	Children Health	9,276	9,384	108	1.2%
-50	Adult Health & Well Being	916	864	-52	-5.7%
0	Intelligence Team	13	18	5	35.9%
0	Health Protection	26	9	-16	-63.5%
-32	Programme Team	136	87	-49	-35.9%
53	Public Health Directorate	2,291	2,370	79	3.5%
-200	Total Expenditure	21,118	20,963	-155	-0.7%
0	Public Health Grant	-20,457	-20,466	-9	0.0%
0	Other Income	-319	-352	-33	-10.3%
0	Total Income	-20,776	-20,818	-42	0.0%
0	Planned drawdown from Public Health Reserves	-160	-160	0	
-200	Sub Total	182	-15	-197	
	Contribution to Public Health Reserve	0	15	15	
	Total	182	0	-182	

The service level budgetary control report for 2016/17 can be found in [appendix 1](#).

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

2.2 Significant Issues

At the end of Closedown 2016/17, the Public Health Directorate have an underspend of £197k. This is a minor decrease on the previous forecast outturn (£200k).

The underspend within Health Improvement has increased from the previous forecast (£229k underspent, an increase of £58k) and additional income of £42k above the budgeted level has been received. These are partially netted off by overspends in Children's Health (£108k) and the Public Health Directorate staffing budget (£79k). Along with other smaller under/overspends this makes up the position of £197k underspend.

Of the £197k underspend, £182k will be transferred to the County Council's general reserve, and £15k will be transferred to the Public Health Grant Reserve. The £182k represents the County Council core budget allocated to supplement the national ring-fenced grant to the Public Health Directorate and therefore the first call on any underspend up to the level of £182k is into the County Council's general reserve. Any further underspend beyond this level is allocated to the ring-fenced public health grant reserve.

Details of variances from budget are explained at appendix 2.

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

The total Public Health ring-fenced grant allocation for 2016/17 is £27.6m, of which £20.457m is allocated directly to the Public Health Directorate.

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

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

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

3. BALANCE SHEET

3.1 Reserves

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

4. PERFORMANCE SUMMARY

4.1 Performance overview (Appendix 6)

Sexual Health

- End of year performance for contracted sexual health services is positive with all key performance indicators achieved.

Smoking Cessation

- End of year performance figures are not available until June. There has been an ongoing performance improvement this year. Whilst the 4 week quitter monthly target remains at Amber smoking cessation performance year to date is at 96%. The commentary provides details around smoking rates in routine and manual workers.

National Child Measurement Programme

- Measurements are undertaken during school term time and commenced in November 2016. Both key performance indicators are green.

NHS Health Checks

- There is an overall improvement in the number of NHS health checks completed. However the performance indicators remains at amber commentary provides a detailed explanation around the conversion rate. Outreach NHS Health Checks are red, this reflects the target set for Fenland which has proved challenging. The rest of the county target was met.

Lifestyle Service

- End of year overall performance from the 17 Lifestyle Service indicators reported show twelve green and four amber. The two red indicators reflect the challenge of securing NHS Health Checks in Fenland and the secondly the ongoing impact of longstanding staff vacancies last year which affected the completion of the personal lifestyle plans.

Health Visiting and School Nursing data

- The end of year overall performance indicators for Health Visiting and School Nursing show three amber and three green indicators, the commentary provides further details of targets not met.
- The number of infants recorded as breast feeding at six weeks is one of the highest in the Eastern region.
- Health visiting data is reported quarterly and at the end of Q4 performance is down which has been attributed to reduction of staffing levels by 16%. It is anticipated that a recent recruitment drive will address this.

4.2 Health Committee Priorities (Appendix 7 – not attached)

A development training session was held in April 2017 reviewing the Health committee priorities. New priorities will be developed at the June / July Health Committee meetings.

4.3 Health Scrutiny Indicators (Appendix 8 – not attached)

The Health Committee will be reviewing scrutiny indicators for 2017-18 at the June / July Health Committee meetings.

4.4 Public Health Services provided through a Memorandum of Understanding with other Directorates (Appendix 9)

All Quarter 4 reports for the Public Health MOU Services have been completed. Appendix 9 provides a full year overview of the Public Health Services delivered through the MOU with other directorates.

Areas to note:

- Health and Wellbeing Board support ended after six months, with the incumbent in the role having left the Council. A decision was made to transfer the remaining £13,500 allocated to the new Transformation team, to assist with Public Health Transformation projects.
- At the end of Q3 the DAAT were predicting an underspend of £35k, however at year end the actual underspend amounted to £9,644 against the original allocation.

APPENDIX 1 – Public Health Directorate Budgetary Control Report

Previous Outturn £'000	Service	Budget 2016/17 £'000	Actual 2016/17 £'000	Outturn Variance	
				£'000	%
Health Improvement					
-98	Sexual Health STI testing & treatment	4,074	4,168	94	2.31%
10	Sexual Health Contraception	1,170	1,132	-38	-3.24%
0	National Child Measurement Programme	0	0	0	0.00%
0	Sexual Health Services Advice Prevention and Promotion	152	188	36	23.91%
0	Obesity Adults	0	0	0	0.00%
12	Obesity Children	82	93	11	13.69%
-20	Physical Activity Adults	84	63	-21	-24.54%
0	Healthy Lifestyles	1,605	1,605	0	0.01%
0	Physical Activity Children	0	0	0	0.00%
-120	Stop Smoking Service & Intervention	907	556	-351	-38.73%
0	Wider Tobacco Control	31	34	3	8.51%
45	General Prevention Activities	272	319	47	17.23%
0	Falls Prevention	80	72	-8	-10.57%
0	Dental Health	2	0	-2	-100.00%
-171	Health Improvement Total	8,459	8,231	-229	-2.71%
Children Health					
0	Children 0-5 PH Programme	7,531	7,529	-2	-0.03%
0	Children 5-19 PH Programme	1,745	1,855	110	6.33%
0	Children Health Total	9,276	9,384	108	1.16%
Adult Health & Wellbeing					
-50	NHS Health Checks Programme	716	684	-32	-4.41%
0	Public Mental Health	164	143	-21	-12.67%
0	Comm Safety, Violence Prevention	37	37	0	0.00%
-50	Adult Health & Wellbeing Total	916	864	-52	-5.71%
Intelligence Team					
0	Public Health Advice	13	18	5	33.36%
0	Info & Intelligence Misc	0	0	0	0.00%
0	Intelligence Team Total	13	18	5	35.90%
Health Protection					
0	LA Role in Health Protection	0	5	5	0.00%
0	Health Protection Emergency Planning	26	5	-21	-81.32%
0	Health Protection Total	26	9	-16	-63.52%

Previous Outturn £'000	Service	Budget 2016/17 £'000	Actual 2016/17 £'000	Outturn Variance	
				£'000	£'000
Programme Team					
0	Obesity Adults	0	0	0	0.00%
0	Stop Smoking no pay staff costs	31	26	-5	-16.65%
-32	General Prev, Traveller, Lifestyle	105	61	-44	-41.58%
-32	Programme Team Total	136	87	-49	-35.87%
Public Health Directorate					
53	Health Improvement	606	654	48	7.92%
0	Public Health Advice	709	696	-13	-1.83%
0	Health Protection	174	227	53	30.46%
0	Programme Team	608	633	25	4.11%
0	Childrens Health	72	44	-28	-38.89%
0	Comm Safety, Violence Prevention	69	71	2	2.90%
0	Public Mental Health	53	45	-8	-15.09%
53	Public Health Directorate total	2,291	2,370	79	3.45%
-200	Total Expenditure before Carry forward	21,118	20,963	-155	-0.73%
0	Contribution to Public Health grant reserve	0	15	15	
Funded By					
0	Public Health Grant	-20,457	-20,466	-9	-0.04%
0	S75 Agreement NHSE - HIV	-144	-144	0	0.00%
0	Other Income	-175	-208	-33	-18.86%
	Drawdown From Reserves	-160	-160	0	0.00%
0	Income Total	-20,936	-20,978	-42	-0.20%
-200	Net Total	182	0	-182	

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 for 2016/17 £'000	Outturn Variance	
		£'000	%
Health Improvement	8,459	-229	-2.7%
<p>The overall underspend of £229k against health improvement is a combination of £351k on stop smoking services, and several other smaller overspends and underspends.</p> <p>The underspend on smoking represents the decreased activity within, and therefore payments to, GP practices for their provision of stop smoking services, which is partly as a result of e-cigarettes. In addition, due to general pressures in the health system on GP practices, more activity which used to occur in GP practices is being picked up by the core CAMQUIT Service, which reduces overall costs.</p>			

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	Outturn Expenditure £'000	Expected / Actual Transfer to PH Reserves	Notes
Public Health Grant as per Business Plan	27,627				Ringfenced grant
Grant allocated as follows;					
Public Health Directorate	20,457		20,269	-6	Including full year effect increase due to the Children 0-5 transfer into the LA, the 16/17 confirmed decrease and consolidation of the 15/16 in-year decrease.
CFA Directorate	6,422		6,412	-9	See following MOU tables for Q4 update
ETE Directorate	327		327	0	See following MOU tables for Q4 update
CS&T Directorate	201		201	0	See following MOU tables for Q4 update
LGSS Cambridge Office	220		220	0	See following MOU tables for Q4 update
Total	27,627		27,627	-15	

APPENDIX 4 – Virements and Budget Reconciliation

	£'000	Notes
Budget as per Business Plan	20,948	
Virements		
Non-material virements (+/- £160k)	10	
Budget Reconciliation		
Planned drawdown from reserves	160	
Current Gross Budget 2016/17	21,118	

APPENDIX 5 – Reserve Schedule

Fund Description	Balance at 31 March 2016	2016/17		Year End Balance 2016/17	Notes
		Movements in 2016/17	Balance at Close 2016/17		
	£'000	£'000	£'000	£'000	
General Reserve					
Public Health carry-forward	1,138	-98	1,040	1,040	£113k drawn down from reserves in year to meet cost of redundancies. Final PH Grant underspend of £15k applied to reserve.
subtotal	1,138	-98	1,040	1,040	
Other Earmarked Funds					
Healthy Fenland Fund	500	-100	400	400	Planned spend £100k per year over 5 years.
Falls Prevention Fund	400	0	400	200	Planned for use on joint work with the NHS in 2017/18 and 2018/19.
NHS Healthchecks programme	270	0	270	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	850	0	850	850	Committed to the countywide 'Let's Get Moving' physical activity programme which runs for two years 2017/18 and 2018/19.
subtotal	2,020	-100	1,920	1,920	
TOTAL	3,158	-198	2,960	2,960	

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

Fund Description	Balance at 31 March 2016	2016/17		Year End Balance 2016/17	Notes
		Movements in 2016/17	Balance at Close 2016/17		
	£'000	£'000	£'000	£'000	
General Reserve					
Joint Improvement Programme (JIP)	158	-99	59	59	£52k costs incurred from Suffolk CC. £47k transferred back to Southend and Essex authorities.
Improving Screening & Immunisation uptake	9	0	9	9	£9k from NHS ~England for expenditure in Cambridgeshire and Peterborough
TOTAL	167	-99	68	68	

APPENDIX 6 PERFORMANCE

The Public Health Service
Performance Management Framework (PMF) for
March 2017 can be seen within the tables below:

	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

Measures										
Measure	Y/E Target 2016/17	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)	Comments
GUM Access - offered appointments within 2 working days	98%	98%	98%	98%	G	98%	98%	98%	↔	
GUM ACCESS - % seen within 48 hours (% of those offered an appointment)	80%	80%	93%	93%	G	94%	80%	93%	↓	
Diverse : % of people newly diagnosed offered and accepted appointments	100%	100%	100%	100%	G	100%	100%	100%	↔	
Access to contraception and family planning (CCS)	7200	7200	10,775	150%	G	148%	600	150%	↑	
Number of Health Checks completed	18,000	18,000	17,452	97%	A	94%	4500	106%	↑	<ul style="list-style-type: none"> The comprehensive Improvement Programme is continuing this year. There is an overall improvement in the numbers of Health Checks completed, and the total compares well with other areas. However the issue is the conversion rate. This is the difference between the number offered a health check and the number completed. This is attributed to the poor public understanding of the Programme which intelligence from the commissioned social marketing work supports as it clearly indicates a lack of awareness in the population of Health Checks. All the key CCG and CCC processes required to introduce the new software into practices are completed and installation is scheduled to commence in May Other activities include staff training and a new media campaign
Percentage of people who received a health check of those offered	45%	45%	35%	35%	A	41%	45%	35%	↓	
Number of outreach health checks carried out	1,833	1833	1131	62%	R	46%	223	48%	↑	The Lifestyle Service is commissioned to provide outreach Health Checks for hard to reach groups in the community and in workplaces. Workplaces in the South of the county are performing well, however it has not been possible to secure access to the factories in Fenland where there are high risk workforces. This has affected performance. However the service being delivered outside of Fenland is on target . Engaging workplaces in Fenland however is challenging. In excess of 100 workplaces and community centres have been contacted with very little uptake.
Smoking Cessation - four week quitters	2249	1870	1797	96%	A	85%	205	112%	↑	<ul style="list-style-type: none"> The most recent Public Health Outcomes Framework figures (August 2016 data for 2015) suggest the prevalence of smoking in Cambridgeshire has increased slightly in the last few years, returning to a level statistically similar to the England average (16.4% v. 16.9%), although the trend is not statistically significant. Smoking rates in routine and manual workers are consistently higher than in the general population (27.2% in Cambridgeshire), and notably in Fenland where routine and manual smoking rates have returned to a level worse than the average for England (39.8%). There has been ongoing performance improvement this year. There is an ongoing programme to improve performance that includes targeting routine and manual workers and the Fenland area. Please note that this is not the end of year performance figure as this is available until the end of June

Measure	Y/E Target 2016/17	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)	Comments
Percentage of infants being breastfed (fully or partially) at 6 - 8 weeks	58%	58%	56%	N/A	G	53%	58%	57%	↑	A stretch target for the percentage of infants being breastfed was set at 58% for 2016/17, - above the national average for England. The number of infants recorded as breastfed (fully or partially) at 6 weeks for Q4 has increased to 57%, from a position of 53% in Q3 and the figure is one of the highest statistics in the Eastern region in published Public Health England data (2015/16).
Health visiting mandated check - Percentage of first face-to-face antenatal contact with a HV at >28 weeks	50%	/	47%	N/A	A	36%	50%	33%	↓	All of the health visiting data is reported quarterly. The data presented relates to the Q4 period (Jan to March 2017) and is compared to Q3 2016-2017 data for trend. Since Q3 there has been a further fall in the antenatal contacts from 36% to 33%. Priority is being given to those parents who are assessed as being most vulnerable. Since the same period last year, staffing levels are down by 16%. There has been recruitment days, and posts have been recruited to as a result. New staff are expected to start in the next 3 months.
Health visiting mandated check - Percentage of births that receive a face to face New Birth Visit (NBV) within 14 days, by a health visitor	90%	90%	96%	N/A	G	96%	90%	95%	↓	There has been a small reduction since Q3 - however, the performance is well within the target of 90%
Health visiting mandated check - Percentage of children who received a 6 - 8 week review	90%	90%	94%	N/A	G	92%	90%	95%	↑	Performance has increased since Q3, with an increase of 3% - this is well within the performance targets set
Health visiting mandated check - Percentage of children who received a 12 month review by 15 months	100%	100%	92%	N/A	A	92%	100%	91%	↓	The target of 100% for percentage of children who received a 12 month review by age 15 months has not been met, however if 'not wanted and not attended' figures are included, the figure rises to 96%, which is the same as the previous quarter.
Health visiting mandated check - Percentage of children who received a 2 -2.5 year review	90%	90%	77%	N/A	A	79%	90%	82%	↑	The target of 90% for percentage of children who received a 2-2.5 year review has not been reported as met, although the proportion has increased since the last reporting period again. However, if 'not wanted and not attended' figures are included, Q4 figure rises to 93% which does meet the performance target.
School nursing - Number of young people seen for behavioural interventions - smoking, sexual health advice, weight management or substance misuse	N/A	N/A	1388	N/A	N/A	35	N/A	59	↑	Interventions have increased since Q3, particularly in the area of emotional health and well being. An action plan has been put in place to address staffing issues and improve the school nursing service which is being closely monitored with providers
School nursing - number of young people seen for mental health & wellbeing concerns	N/A	N/A	3521	N/A	N/A	105	N/A	305	↑	

Measure	Y/E Target 2016/17	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)	Comments
Childhood Obesity (School year) - 90% coverage of children in year 6 by final submission (EOY)	90%	52.7%	64.1%	122%	G	135%	52.7%	122%	↓	The National Child Measurement Programme is undertaken during school term times. It is not possible to formulate a trajectory as this is dependent on school timetabling. Measurements commenced in November 2016.
Childhood Obesity (School year) - 90% coverage of children in reception by final submission (EOY)	90%	52.7%	60.9%	116%	G	132%	52.7%	115.6%	↓	
Overall referrals to the service	4611	4611	4545	99%	A	97%	409	93%	↓	The Countywide Integrated Lifestyle Service provided by Everyone Health has now successfully recruited to all areas. We have been working with EH on their data returns supported by the Chief Executive Officer and reviewing the Service to ensure that measures are being put in place to address those areas where there is under achievement. A factor is also the additional Health Trainer Services for Falls and more recently Mental Health which led to the more experienced and skilled health trainers moving to these new areas for career development. However there is an overall upward trend in activity. However because of the lower referrals due to recruitment issues the number of plans produced remain behind target. Clients may take up to 12 months to complete their personal health plans. Over the course of the year the number of referrals has increased considerably and the target was nearly met.
Personal Health Trainer Service - number of Personal Health Plans produced (PHPs) (Pre-existing GP based service)	1433	1433	1310	91%	A	71%	126	72%	↑	
Personal Health Trainer Service - Personal Health Plans completed (Pre-existing GP based service)	1075	1075	1106	103%	G	58%	95	66%	↑	
Number of referrals from Vulnerable Groups (Pre-existing GP based service)	992	992	1118	113%	G	92%	87	101%	↑	
Number of physical activity groups held (Pre-existing GP based service)	581	581	569	98%	A	85%	55	71%	↓	
Number of healthy eating groups held (Pre-existing GP based service)	290	290	377	130%	G	152%	25	140%	↓	

Measure	Y/E Target 2016/17	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)	Comments
Personal Health Trainer Service - number of PHPs produced (Extended Service)	534	534	574	107%	G	142%	53	145%	↑	
Personal Health Trainer Service - Personal Health Plans completed (Extended Service)	400	400	219	55%	R	55%	40	58%	↑	This intervention can take up to one year and therefore performance will vary over the year. The poor performance reflects to some degree the recruitment issues in years 1 and 2 of the contract and the associated lower number of PHPs produced. And therefore the lower number of completions but there is an upward trend.
Number of physical activity groups held (Extended Service)	578	578	669	116%	G	96%	56	79%	↓	
Number of healthy eating groups held (Extended Service)	726	726	956	132%	G	145%	65	237%	↑	
Proportion of Tier 2 clients completing the intervention who have achieved 5% weight loss.	30%	30%	43%	142%	G	115%	30%	131%	↑	
Proportion of Tier 3 clients completing the course who have achieved 10% weight loss	60%	60%	77%	128%	G	117%	60%	167%	↑	
% of children recruited who complete the weight management programme and maintain or reduce their BMI Z score by agreed amounts	80%	80%	89%	111%	G	n/a	80%	114%	↑	
Falls prevention - number of referrals	386	386	365	95%	A	102%	48	46%	↓	
Falls prevention - number of personal health plans written	279	279	287	103%	G	117%	41	39%	↓	

* All figures received in April 2017 relate to March 2017 actuals with exception of Smoking Services, which are a month behind and Health Checks, some elements of the Lifestyle Service, School Nursing and Health Visitors which are reported c

** Direction of travel against previous month actuals

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

APPENDIX 7

Health Committee Priorities

A development training session was held in April 2017 reviewing the Health committee priorities. New priorities will be developed at the June / July Health Committee meetings.

APPENDIX 8

Health Scrutiny Indicators

The Health Committee will be reviewing scrutiny indicators for 2017-18 at the June / July Health Committee meetings.

PUBLIC HEALTH MOU 2016-17 UPDATE FOR Q4/EOY

Directorate	Service	Allocated	Q4 Update	EOY expected spend	EOY actual spend	Variance
CFA	Chronically Excluded Adults (MEAM)	£68k	<p>During Quarter three we received 3 new referrals and began work with four new complex needs clients. The discrepancy is due to the thorough assessment period which means that received referrals are not formally adopted on to the caseload until the following quarter. The drop in referrals numbers from previous quarters is unknown, however it does seem largely consistent with previous years where the fourth quarter has seen fewer referrals by number than other quarters within the year. Two clients unfortunately passed away, both were accommodated with support at that time. One client has been closed as he is no longer in the area. Preparation has begun with two clients with a view to closing as they no longer require CEA input. In addition to this, CEA's continued support and advice for non CEA clients and agencies included brief interventions for 6 non CEA clients as well as supporting 11 other services with advice and guidance to support their work with complex individuals.</p> <p>The CEA Street Life Project now has a full caseload with interventions to enable access marginalised rough sleepers to treatment and support. The project has also been working with Inclusion to allow peer mentors to come out on street shifts to see if this intervention may benefit entrenched substance misusers. We are hopeful that the first shifts will be starting in the first quarter of 2017/18.</p> <p>CEA have put in bids to expand the Training Flat programme in Cambridge City and to explore introducing it to the other districts in Cambridgeshire. A bid to DCLG is outstanding however, a similar bid to the Rotary Club of South Cambridge is being more actively discussed and progressed.</p> <p>CEA has been invited to sit on the steering group for the new Dual Diagnosis Team, largely to input with the experience of providing cost analysis. The Dual Diagnosis Street Team will work with entrenched rough</p>	£68,000	£68,000	0

			<p>sleepers with start date due in the summer of 2017</p> <p>We have liaised closely with FTI consultancy and MEAM to finally be able to provide the data with which we hope to produce a four year longitudinal analysis. Given that FTI are doing this on a pro bono basis, we will wait for them to have available time to look more closely at the data.</p> <p>Close ties with the national MEAM movement were maintained with involvement in the production of a short video to demonstrate the effectiveness of the MEAM approach with one of our clients.</p> <p>MEAM have had a successful bid to the Lottery for funds to expand the MEAM approach programme over the coming years. MEAM will be inviting Cambridgeshire to apply to be part of this new work. In addition, Anne was invited to sit on the interview panel for the recruitment process for the new MEAM regional co-ordinators.</p> <p>We also found time to respond to three invitations to find out more about the CEA work in Cambridgeshire. These were the County Council's Physical Disability Team and Early Help Team and Public Health England – Eastern Region on Public Health and Homelessness</p> <p>We were also very pleased to welcome the operational group representation from the Liaison and Diversion Service in CPFT. Their contribution has been valuable and immediate.</p>			
CFA	PSHE KickAsh	£15k	Programme work completed for 10 secondary schools and partner primary schools	£15,000	£15,000	0
CFA	Children's Centres	£170k	<p>The overall aim of Cambridgeshire Children's Centres remains ensuring a healthy start to life for children aged 0-4 and ensuring readiness for school, whilst maintaining a focus on inequalities in the early years, and targeting support which will minimise the need to access specialist services where possible.</p> <p>The Public Health funding is utilised as part of the total Children's Centre budget to improve health of children aged 0-5.</p> <p>Close alignment and joint working with community health colleagues in</p>	£170,000	£170,000	0

			Health Visiting, Family Nurse Partnership and Maternity Services is established for all Children's Centres. Work continues to ensure arrangements with Health partners are consistent and functionally effective at a community level for families as structural service change is introduced across the system.			
CFA	Mental Health Youth Counselling	£111k	<p>Cambridgeshire Youth Counselling Services:</p> <p>Youth counselling services are provided by Centre 33 and YMCA covering the whole of Cambridgeshire for 13-25 year olds. This quarter's contract monitoring meeting is upcoming and because of the time lag in data (data is not reported until young people have completed their course of counselling), the full number of young people seen through this work will not be available until the summer.</p> <p>There continues to be a high number of young people accessing these counselling services. There remains a waiting list for counselling in certain areas. As of the end of quarter 3, 169 young people had completed counselling (this does not include those in ongoing counselling or waiting for counselling). In addition to this a bereavement support service is commissioned.</p> <p>As part of a wider re-design of child and adolescent mental health services this service is being re-tendered this year. The existing contracts have been extended to December 2017 to align with the tendering timeline and to ensure there is no gap in provision. The service will be re-commissioned across Cambridgeshire and Peterborough with additional funding from Peterborough City Council and Cambridgeshire and Peterborough Clinical Commissioning Group.</p>	£111,000	£111,000	0
CFA	CAMH Trainer	£71k	<p>The CAMH trainer is employed by CPFT and delivers specialist mental health training for a range of roles working with children and young people. Training specifically tailored to the needs of schools is also provided with a new 1 day Youth Mental health Awareness course for the 2016/17 academic year.</p> <p>As of 30/1/17, for 2016/17 830 individuals had attended a whole school briefing across 30 schools. In addition, a further 6 schools (90 individuals) have attended other mental health training through this work e.g. youth mental health awareness training.</p>	£71,000	£71,000	0

CFA	DAAT	£5,980k	<p>At the end of Qtr 4 there had been reported potential spend by PH for the allocated budget for GP Shared Care & Nalmafene of £5,455 for Alcohol Detoxes Completed by GP's/Nalmafene as reported by Amy Hawkins to Joe Keegan on 7th April 2017.</p> <p>The inpatient detox beds contract was paid in full to March 2017.</p> <p>The Service User Contract was paid in full to end March as per contract agreements.</p> <p>All 4 x Qtr 80% invoices from Inclusion for the Drug & Alcohol Contracts have been received and paid as well as the Qtr 1, Qtr 2 and Qtr 3 invoices for the 20% performance element of the contract. Qtr 4 20% will be paid in arrears as per contract and has been put on the reserved list.</p> <p>The Young People's Contract for CASUS was paid in full to end March 2017.</p> <p>Controlled Drinkers contract for 451 Newmarket Road was paid in full to end March 2017.</p> <p>The previous reported predicted underspend was based solely on the overall allocated budget during the year of £35K already reported to Public Health which is made up £15K commissioning (admin post), £10K GP Shared Care/Nalmafene and £10K substance misuse interventions.</p> <p>The original request of £58K from PH reserves was reduced to £23K due to underspend of £10K in Commissioning system, £10K Nalmafene and £10K Substance misuse. Taking into account the £23K from PH reserves, the underspend balance that was returned to PH for 2016/17 was £9,644 from the original allocated budget of £5,980,000.</p>	£5,980		
CFA	Contribution to Anti-Bullying	£7k	<p>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 spend in total.</p>	£7,000	£7,000	0
			SUB TOTAL : CFA Q4	£6,422,000	£6,412,356	£9,644

ETE	Active Travel (overcoming safety barriers)	£55k	<p>Currently 98 schools are actively engaged in the school travel planning process through STARS. 36 accredited to Bronze level and 2 Gold. Also, currently dealing with 10 travel plans related to planning enquiries for school extensions.</p> <p>In 2017/18:</p> <p>Walk Smart has been delivered to 174 pupils Scoot Smart has been delivered to 1345 pupils Pedal Smart has been delivered to 140 pupils</p> <p>Delivery October – February was limited due to weather so work in Q3 & 4 has focussed on booking schools for Spring/Summer 2017 and training volunteers to deliver ScootSmart at 8 schools. A total of 30 volunteers have been trained in 2016/17</p> <p>Exhibits/education resources have been reviewed and serviced/updated</p>	£55,000	£55,000	0
ETE	Explore additional interventions for cyclist/ pedestrian safety	£30k	<p>'Be Bright Be Seen' promotion ran just before and after the clocks changed in October and into November.</p> <p>Data and intelligence continues to be interrogated to produce a profile for collisions involving cyclists and advice provided for engineering interventions at sites where cycle collisions are occurring.</p> <p>Planning in place to repeat intervention used successfully in London where signs stating "most cyclists stop at red lights" are placed at key junctions in the city. This will run in Summer 2017</p> <p>New resources developed for schools to use in the classroom in relation to cycle and pedestrian safety.</p>	£30,000	£30,000	0
ETE	Road Safety	£20k	<p>16 schools are now signed up to the Junior Travel Ambassador Scheme and there are now over 100 JTAs across the 16 schools.</p> <p>Schools took part in a poster competition to design a poster that would encourage others to keep safe when the clocks changed in October. The majority of entries came from JTA schools demonstrating the value of this</p>	£20,000	£20,000	0

			<p>scheme and the winning posters have been made available for all schools in the county to use.</p> <p>JTAs have also been developing banners to display outside their school to encourage safe and sustainable travel, tailored to specific concerns at their school. One school is working on a road safety play which may be able to be shared with other schools.</p>			
ETE	Trading Standards KickAsh	£23k	<p><i>(Please note that from 1 February 2017, this function and delivery moved to Corporate & Customer Services (C&CS))</i></p> <p>A busy start to the calendar year delivering resources when necessary, attending planning meetings and providing assistance and support for public health and PHSE colleagues.</p> <p>January</p> <ul style="list-style-type: none"> Following previous successful annual events which included all of the schools within the Kick Ash programme, it was decided to host a graffiti art event to encourage the pupils to be creative with their smoke free messages. This was attended by 35 pupils from 7 schools and included some team building games while some great art work was created on large canvasses; later to be displayed in the Cambridge Central Library as part of promotional awareness for national 'No Smoking Day' in March before returning to the schools for their personal displays. St Ivo school received their mentor training – delivered to a small but keen group of year 10 pupils. We now have plans to visit some businesses for Challenge 25 and underage sales education in May. Longsands business visits with 4 mentors to 5 shops in St Neots including the vaping shops. The visits offer an opportunity for the pupils to talk about Kick Ash and are often well received by the shop owners – with positive feedback following the pupils' confident delivery manner. We also made the first vaping shop visit to ensure that they were aware of the underage sales policies and to offer an advisory notice for not selling to under 18s. <p>February</p> <ul style="list-style-type: none"> Sawtry Academy a new school joining the project for 2017. Training was delivered to 20 pupils. I continue to work with the pupils, supporting them in their organisation for displays for No Smoking Day and other activities and attend planned lunchtime meetings with the 	£23,000	£23,000	0

			<p>school lead.</p> <ul style="list-style-type: none"> • Witchford Village College – carried out 10 business visits, taking all 14 mentors out over 2 days. Visited the vaping shops in Ely and Soham delivering more Nicotine Inhaling Products (NIPs) age advisory notices and Challenge 25 information. • Bottisham Village College - continued support them with their activities and met with the pupils to confirm their no smoking day activities and to deliver resources. <p>March</p> <ul style="list-style-type: none"> • Attended meetings with pupils at Longsands, Cottenham and Sawtry to finalise activities for No Smoking Day. • Put together and delivered an awareness display for St Peters school, for their 3rd year of No Smoking Day activities which is opened up to the whole school. • Business visits with 3 pupils from Bottisham, visiting 6 shops in Cambridge. • No Smoking Day displays of pupils' graffiti artwork in the central library, supporting PH colleague and providing transport for pupils to experience the event and be included in the press coverage – giving them the opportunity to meet local councillors while proudly seeing their work displayed for public viewing. • Cottenham hosted a bake sale raising £54 for charity • Bottisham raised £160 as part of their fundraising events. • Longsands raised £138 and I coordinated a donation of the money with their local branch of the British Heart Foundation (BHF). • Sawtry – also did a bake sale on No Smoking Day raising awareness throughout school of the Kick Ash Project and £55 for BHF. • Continued work on improving the communication between the school leads and mentors. Updating and sharing the individual programme of events and expectations for each of the four schools I am responsible for the duration of the year. • Still trying to organise work with Cromwell and Sir Harry Smith. Dates planned for Swavesey VC and St Ivo. 			
ETE	Illicit Tobacco	£15k	<ul style="list-style-type: none"> • Following test purchasing, warrants were executed and visits made during 2 days of using tobacco detection dogs. One day in February and one in March. On the first day over 56,000 cigarettes and over 7.5kgs of hand rolling tobacco was seized from 4 shops. On the second day over 23,000 and more than 1.5kgs was seized. Some of the hides were very sophisticated, including an automatic floor hide which worked 	£15,000	£15,000	0

			<p>by remote control, another built behind a live electrical consumer unit and another behind a gas boiler which turned not to be operational although on initial inspection appeared to be connected to gas and the heating system and fully working. During another visit the construction of a hide was underway which would have been a remote control lift built into a wall, moving between 2 floors.</p> <ul style="list-style-type: none"> • Investigations started for all shops where illicit tobacco was seized. • Interviews of workers and owners of the premises raided have started. • Regional Project - Costs not within this allocation. 			
ETE	Business and Communities Team	£10k	<p>ETE Shared Priority: Engaging with communities in Fenland Prioritised work completed by Community Resilience Development Team (CRD) focusing on improving lives in Fenland.</p> <p><u>Promoting Healthier lifestyles:</u> We continue to promote our health offer including Books on Prescription at networking events across Fenland – in the last quarter this included handing out the remaining <i>Stay Warm and Well</i> health packs. Events this quarter included Fenland District Council's Golden Age Fair, FenMHan network meeting (partnership of Richmond Fellowship and CPFT), and a talk to a local Breathe Easy group (COPD charity).</p> <p><u>Dementia Awareness and local support:</u> We continue to actively support the Dementia Action Alliance in Fenland, and delivered a public Dementia Friends sessions at Whittlesey Library, with more planned for the next quarter. Additional Health & Wellbeing training is being planned for new members of staff.</p> <p><u>Libraries Community Participation - Fenland:</u> Chatteris Chatter Jam Children's Book Festival took place 11th March 2017. A partnership project between Cambridgeshire County Council, The Friends of the Library in Chatteris [FROLIC], Chatteris Town Council and local schools to provide a day of book-based activities for children aged 4 – 11 years and their families. The activities featured storytelling, art and craft workshops and talks lead by leading figures from the world of children's books. This event attracted over 400 children and adults.</p> <p><u>New volunteer role "Reading Mail" to be piloted at Wisbech library.</u> This new role will provide a mail reading service to residents who experience difficulty in reading and/or understanding the content of their</p>	£10,000	£10,000	0

mail. The development of this volunteer role has come about from conversations with CENTRA-Fenland Older People Outreach Services (Eastern Region), in which they have highlighted that a significant proportion of their clients have difficulty with reading or understanding the content of their mail. CENTRA's outreach workers found that GP, hospital and health check appointments have been missed, or vital information overlooked due to literacy, language or other difficulties with reading mail. Training for the volunteers will involve information sessions with the Adult Early Help team, CENTRA and Community Navigators, and they will attend Scams awareness and Dementia Friends sessions. We will be starting this pilot project during April - with weekly drop-in sessions at Wisbech Library.

Protecting vulnerable people from emotional and financial harm:

A scams awareness event was held at the Age UK day centre in Chatteris on 16th January. This was well attended and support given to those experiencing unwanted calls as well as general awareness on how to spot and stop scams. An officer is supporting a Wisbech resident who is a referred victim of financial scam. The priority referral was received from the National Trading Standards Scams Team following their investigation into a nationally active scammer.

Three 'Good Neighbour' schemes have recently been developed in Whittlesey and the volunteer coordinators will keep a regular eye on more vulnerable neighbours to ensure they know how to keep themselves safe at home, can access local support and advice when needed and have a friendly face in their community who will keep in touch. A council run No Cold Calling Zone (Rogue Trader prevention initiative) in the area will now also be managed by a local resident.

Encouraging healthier lifestyles through Local Nature Reserves and open spaces:

With Fenland Transport & Access Group (FTAG) we are discussing a follow-on project for Wisbech Missing links Project and meeting Care Network to discuss Healthy Fenland Fund and encourage follow-on project if appropriate.

Working with Friends of Rings End LNR and local residents who are visiting and using the LNR, habitat management works have taken place as part of joint Froglife Project, Amphibian Walk. Preparation has begun at Rings End to have a Bio Blitz, which aims to encourage volunteers of all ages to carry out 'citizen science' through recording and monitoring the wildlife found at the nature reserve; improving their understanding and enjoyment

			<p>of their natural surroundings.</p> <p><u>Young Fenland Cultural Consortium (YFCC)</u> – The aim of this consortium is for young people in Fenland to aspire, achieve and take the lead through their involvement in arts and culture. Working with other members of the consortium we meet regularly to develop this work, which will result in an effective body of home-grown cultural leaders living and working in Fenland.</p> <p>Officers have developed and submitted a Controlling Migration funding application to Dept. of Communities and Local Government called “Many Voices, Many Stories”. If successful, this project will help to address the problems of social isolation experienced by children and parents of both migrant and settled resident communities leading to improved community cohesion in the Fenland area.</p>			
ETE	Fenland Learning Centres	£90k	Contract awarded and all funds allocated.	£90,000	£90,000	0
			SUB TOTAL : ETE Q4	£243,000	£243,000	0
CS&T	Research	£22k	<p>The Research team have continued to maintain the Cambridgeshire Insight website and commit 1 fte of staff time to the development of data visualisation and development of the site as a shared intelligence hub. In turn the Public Health Intelligence Team have used the site to publish JSNA, Health Intelligence and other material.</p> <p>The Research Team have developed the latest 2015 based population estimates for Cambridgeshire and Peterborough (including the revision of estimates back to 2011. This work is fundamental to providing up to data denominators for a range of health indicators.</p> <p>The Research Team is now engaged with a number of health partners and others in developing whole population new communities forecasts to inform future planning e.g. Northstowe as a Healthy New Town</p>	£22,000	£22,000	0
CS&T	H&WB Support	£27k	<p>No longer in post.</p> <p>£13.500 monies transferred to cover Transformation work being undertaken on behalf of Public Health</p>	£13,500	£13,500	0

CS&T	Communi-cations	£25k	<ul style="list-style-type: none"> Continued input to Stay Well campaign, including actioning comms plan for this (social media, traditional media etc) Continued support for public health campaign work (stop smoking, health checks, Change4life, mental health etc) Continued work on development of the public health website (i.e. content) Supporting Kick Ash and media 	£25,000	£25,000	0
CS&T	Strategic Advice	£22k	<ul style="list-style-type: none"> Inputting strategically into the business planning process, e.g. Member workshops, Committee meetings, SMT meetings and CLT meetings – which have all progressed the business planning process Inputting into the ongoing devolution negotiations with Government, including phase 2 – and in particular ensuring that the diverse range of needs of this Council (including Public Health) are reflected within those Providing advice on needs assessments and surveys, including domestic violence needs assessment work and health-related behaviour survey of children of school-age Liaising over the future merger of Healthwatch Cambridgeshire and Peterborough to position this effectively within the Council's Committee structure Leading the corporate Health, Safety and Wellbeing Board to ensure that Public Health, & its role in supporting for staff wellbeing, is given greater focus Liaising over and supporting the distribution of the staff health and wellbeing survey 	£22,000	£22,000	0
C&CS	Emergency Planning Support	£5k	<ul style="list-style-type: none"> Ongoing close working with the Health Emergency Planning Officer (HEPRO) on a number of emergency planning tasks Provision of emergency planning support when the HEPRO is not available Provision of emergency planning out of hours support to ensure that the DPH is kept up to date with any incidents of relevance that may occur Production of new Excess Deaths Plan in support of Pandemic Influenza arrangements Assistance with the development of the Vulnerable Persons Protocol for use during major incidents 	£5,000	£5,000	0
C&CS	Transformation	£13,500	<p>Business Planning</p> <ul style="list-style-type: none"> Strategic resource contributed has been on developing the Transformation Programme into the 16/17 Business Planning Process. This has involved support for SMT sessions, and workshops. 	£13,500	£13,500	0

			<ul style="list-style-type: none"> Colleagues in the Transformation Team are reviewing the Council's business planning process, including ensuring that it aligns with the work of the Public Health directorate. <p>Links between Public Health, STP and Devolution</p> <ul style="list-style-type: none"> During the quarter, the Transformation Team undertook work supporting the development of links between Public Health, the NHS STP and the development of future devolution models for Cambridgeshire and Peterborough. Devolution work also continues, and the Transformation team will be involved in work on future devolution deals including the potential inclusion of public health activity. <p>Business Transformation</p> <ul style="list-style-type: none"> The Transformation Team have provided project management support to the integration of public health functions across Cambridgeshire and Peterborough through development of a Joint Unit. The Transformation Team are also commissioning a new project management system for the whole Council, including Public Health 			
CS&T	LGSS Managed Overheads	£100k	<p>This continues to be supported on an ongoing basis, including:</p> <ul style="list-style-type: none"> Provision of IT equipment Office Accommodation Telephony Members Allowances 	£100,000	£100,000	0
			SUB TOTAL : CS&T Q4	£201,000	£201,000	0
LGSS	Overheads associated with PH function	£220k	<p>This covers Public Health contribution towards all of the fixed overhead costs.</p> <p>The total amount of £220k contains £65k of specific allocations as follows:</p> <p>Finance £20k HR £25k IT £20k</p> <p>The remaining £155k is a general contribution to LGSS overhead costs</p>	£220,000	£220,000	0
			SUB TOTAL : LGSS Q4	£220,000	£220,000	0

SUMMARY

Directorate	YTD (Q4) expected spend	YTD (Q4) actual spend	Variance
CFA	6,422,000	6,412,356	9,644
ETE	243,000	243,000	0
C&CS	201,000	201,000	0
LGSS	220,000	220,000	0
TOTAL Q4/EOY	£7,086,000	£7,076,356	£9,644