

**FINANCE AND PERFORMANCE REPORT – NOVEMBER 2017**

*To:* **Health Committee**

*Meeting Date:* **16th January 2018**

*From:* **Director of Public Health  
Chief Finance Officer**

*Electoral division(s):* **All**

*Forward Plan ref:* **Not applicable**      *Key decision:* **No**

*Purpose:* **To provide the Committee with the November 2017  
Finance and Performance report for Public Health.**

**The report is presented to provide the Committee with the  
opportunity to comment on the financial and performance  
position as at the end of November 2017.**

*Recommendation:* **The Committee is asked to review and comment on the  
report and to note the finance and performance position  
as at the end of November 2017.**

<b><i>Officer contact:</i></b>		<b><i>Member contacts:</i></b>	
Name:	Martin Wade	Names:	Councillor Peter Hudson
Post:	Strategic Finance Business Partner	Post:	Chair
Email:	<a href="mailto:martin.wade@cambridgeshire.gov.uk">martin.wade@cambridgeshire.gov.uk</a>	Email:	Peter.Hudson@cambridgeshire.gov.uk
Tel:	01223 699733	Tel:	01223 706398

From: Martin Wade

Tel.: 01223 699733

Date: 12 Dec 2017

## **Public Health Directorate**

### **Finance and Performance Report – November 2017**

#### **1 SUMMARY**

##### **1.1 Finance**

<b>Previous Status</b>	<b>Category</b>	<b>Target</b>	<b>Current Status</b>	<b>Section Ref.</b>
Green	Income and Expenditure	Balanced year end position	<b>Green</b>	2.1

##### **1.2 Performance Indicators**

<b>Monthly Indicators</b>	<b>Red</b>	<b>Amber</b>	<b>Green</b>	<b>No Status</b>	<b>Total</b>
Oct (No. of indicators)	3	12	11	3	29

#### **2. INCOME AND EXPENDITURE**

##### **2.1 Overall Position**

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

The service level budgetary control report for November 2017 can be found in [appendix 1](#).

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

## **2.2 Significant Issues**

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

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

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

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

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

The total Public Health ring-fenced grant allocation for 2017/18 is £26.9m, of which £26.041m is allocated directly to the Public Health Directorate.

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

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

Details of virements made this year can be found in [appendix 4](#).

## **3. BALANCE SHEET**

### **3.1 Reserves**

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

## **4. PERFORMANCE SUMMARY**

### **4.1 Performance overview (Appendix 6)**

Performance data relates to activity in October 2017.

#### **Sexual Health (KPI 1 & 2)**

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

#### **Smoking Cessation (KPI 5)**

- This service is being delivered by Everyone Health as part of the wider Lifestyle Service. Performance indicators for people setting and achieving a four week quit remains stable.

#### **National Child Measurement programme (KPI 14 & 15)**

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

#### **NHS Health Checks (KPI 3 & 4)**

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

#### **Lifestyle Services (KPI 5,16-29)**

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

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

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

### **4.2 Health Committee Priorities**

Priorities identified on 7 September 2017 are as follows:

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

## **4.3 Health Scrutiny Indicators**

Priorities identified on 7 September 2017 are as follows

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

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

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

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

## **4.5 Appendix 8 – Public Health Risk Register**

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

## **4.6 Appendix 9 – Public Health Outcomes Framework (PHOF)**

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

## APPENDIX 1 – Public Health Directorate Budgetary Control Report

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

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

## APPENDIX 2 – Commentary on Expenditure Position

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

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



### APPENDIX 3 – Grant Income Analysis

The tables below outline the allocation of the full Public Health grant.

#### Awarding Body : DofH

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

## APPENDIX 4 – Virements and Budget Reconciliation

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

## APPENDIX 5 – Reserve Schedule

Fund Description	Balance at 31 March 2017	2017/18		Forecast Closing Balance	Notes
		Movements in 2017/18	Balance at 30 Nov 2017		
	£'000	£'000	£'000	£'000	
<b>General Reserve</b>					
Public Health carry-forward	1,040	0	1,040	1,040	
<b>subtotal</b>	<b>1,040</b>	<b>0</b>	<b>1,040</b>	<b>1,040</b>	
<b>Other Earmarked Funds</b>					
Healthy Fenland Fund	400	0	400	300	Anticipated spend £100k per year over 5 years.
Falls Prevention Fund	400	0	400	200	Planned for use on joint work with the NHS in 2017/18 and 2018/19.
NHS Healthchecks programme	270	0	270	170	This funding will be used to install new software into GP practices which will identify patients for inclusion in Health Checks. The installation work will commence in June 2017. Funding will also be used for a comprehensive campaign to boost participation in NHS Health Checks.
Implementation of Cambridgeshire Public Health Integration Strategy	850	0	850	592	£517k Committed to the countywide 'Let's Get Moving' physical activity programme which runs for two years 2017/18 and 2018/19.
Other Reserves (<£50k)	0	0	0	0	
<b>subtotal</b>	<b>1,920</b>	<b>0</b>	<b>1,920</b>	<b>1,262</b>	
<b>TOTAL</b>	<b>2,960</b>	<b>0</b>	<b>2,960</b>	<b>2,302</b>	

(+) positive figures should represent surplus funds.

(-) negative figures should represent deficit funds.

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

## APPENDIX 6 PERFORMANCE

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

	More than 10% away from YTD target
	Within 10% of YTD target
	YTD Target met

	Below previous month actual
	No movement
	Above previous month actual

Measures												
KPI no	Measure	Period data relates to	Y/E Target 2017/18	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous period actual	Current period target	Current period actual	Direction of travel (from previous period)	Comments
1	GUM Access - offered appointments within 2 working days	Oct-17	98%	98%	100%	100%	G	100%	98%	100%	↔	
2	GUM ACCESS - % seen within 48 hours ( % of those offered an appointment)	Oct-17	80%	80%	91%	91%	G	92%	80%	91%	↓	
3	Number of Health Checks completed	Q2 Jul-Sep 17	18,000	9,000	7,711	86%	R	85%	4500	87%	↑	The comprehensive Improvement Programme is continuing this year. The introduction of the new software into practices has commenced which is increasing the accuracy of the number of invitations that are sent out for NHS Health Check. Issues with the practice data templates have now been resolved and the data quality has improved with corresponding improvement in the Programme outputs.
4	Number of outreach health checks carried out	Oct-17	2,000	1333	499	37%	R	29%	167	43%	↑	The Lifestyle Service is commissioned to provide outreach Health Checks for hard to reach groups in the community and in workplaces. Workplaces in the South of the county are performing well. However it has not been possible to secure access to the factories in Fenland where there are high risk workforces. This has affected overall performance. Engaging workplaces in Fenland is challenging with in excess of 100 workplaces and community centres contacted with very little uptake. There is a need to secure high level support that could be from an economic development perspective, if employers are to be effectively engaged. This would reflect the evidence that supporting employee health and well being brings cost benefits to businesses.
5	Smoking Cessation - four week quitters	Sep-17	2278	829	859	104%	G	120%	165	82%	↓	<ul style="list-style-type: none"> <li>The most recent Public Health Outcomes Framework figures (June 2017 data for 2016) suggest the prevalence of smoking in Cambridgeshire remains at a level statistically similar to the England average (15.2% v. 15.5%). Rates remain higher in Fenland (21.6%) than the Cambridgeshire and England figure</li> <li>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.</li> </ul>

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

KPI no.	Measure	Period data relates to	Y/E Target 2017/18	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous period actual	Current period target	Current period actual	Direction of travel (from previous period)	Comments
14	Childhood Obesity (School year) - 90% coverage of children in year 6 by final submission (EOY)	Oct-17	90%	90.0%	163.0%	163.0%	G	92%	90.0%	163.0%	↑	The National Child Measurement Programme (NCMP) has been completed for the 2016/17 academic year. The coverage target was met and the measurement data has been submitted to the PHE on 21/07/2017 in line required timeline. The cleaned measurement data will be available at the end of the year. The new measurement programme for 2017/18 started in September.
15	Childhood Obesity (School year) - 90% coverage of children in reception by final submission (EOY)	Oct-17	90%	90.0%	163.0%	163%	G	95%	90.0%	163.0%	↑	
16	Overall referrals to the service	Oct-17	5100	3400	4121	121%	G	66%	425	161%	↑	
17	Personal Health Trainer Service - number of Personal Health Plans produced (PHPs) (Pre-existing GP based service)	Oct-17	1517	1011	927	92%	A	62%	126	47%	↓	The Service has been undergoing extensive re-organisation. A formal letter has been written to them indicating that the formal process of penalties will be commenced unless some improvement is seen within 2 months.
18	Personal Health Trainer Service - Personal Health Plans completed (Pre-existing GP based service)	Oct-17	1138	795	688	91%	A	55%	95	156%	↑	
19	Number of physical activity groups held (Pre-existing GP based service)	Oct-17	664	443	413	93%	A	90%	55	172%	↑	
20	Number of healthy eating groups held (Pre-existing GP based service)	Oct-17	450	300	276	92%	A	103%	38	48%	↓	
21	Personal Health Trainer Service - number of PHPs produced (Extended Service)	Oct-17	723	482	566	117%	G	77%	60	101%	↑	
22	Personal Health Trainer Service - Personal Health Plans completed (Extended Service)	Oct-17	542	361	413	114%	G	59%	45	188%	↑	
23	Number of physical activity groups held (Extended Service)	Oct-17	830	553	529	96%	A	16%	69	25%	↑	
24	Number of healthy eating groups held (Extended Service)	Oct-17	830	553	498	90%	A	62%	69	152%	↑	
25	Proportion of Tier 2 clients completing the intervention who have achieved 5% weight loss.	Oct-17	30%	30%	24.0%	24.0%	A	25%	30%	N/A	↔	The percentage of participants who achieve the recommended weight loss is affected by the severity of the obesity. As part of the demand management for the Tier 3 service, patients are directed to Tier 2, these patients are more complex and have higher levels of obesity. It should also be noted that this follows a high percentage of clients achieving the 5% weight loss.

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

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

\*\* Direction of travel against previous month actuals

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

## APPENDIX 7

### PUBLIC HEALTH MOU

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

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

Director ate	Service	Q2 Update
P&C	Chronically Excluded Adults (MEAM)	CEA caseload update:  Referrals: 30 Accepted: 5  Active: 30 20 positively engaged in treatment and support including drug and alcohol treatment, mental health support, probation, physical health issues.
P&C	Education Wellbeing/PSHE KickAsh	<ul style="list-style-type: none"> <li>• 10 secondary schools recruited and committed to the Kick Ash programme for 2017-18</li> <li>• Programme content and delivery reviewed by Reference Group/Education Wellbeing Team for the educational component</li> <li>• Kick Ash mentors currently being recruited in 10 schools</li> <li>• Training programme for mentors developed and commenced on a rolling programme through the autumn with participating secondary schools</li> <li>• Whole school collaborative event planned for all Kick Ash mentors for April 2018</li> </ul>
P&C	Children's Centres	Information awaited for Q1 and 2
P&C	CAMH Trainer	<p>Between 1<sup>st</sup> April – 31<sup>st</sup> June 2017: Whole School Briefings have been delivered to 2 primary schools (75 members of staff) and 1 secondary school (50 members of staff).</p> <p>Training courses have been delivered to a further 3 schools (including 1 Youth Mental Health Awareness course delivered to 14 participants), and Fenland</p>



		<p>Heads and SENCo's, and the Festival of Education Fringe Event.</p> <p>£20,000 is being removed from this contract annually to go into a broader children's mental health service contract. It will fund mental health literacy work in schools. This contract will come into effect from 1<sup>st</sup> January 2018 and has been awarded to Chums.</p>
P&C	Contribution to Anti-Bullying	<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 spent in total.</p>
P&C	Strengthening Communities Service - KickAsh	<p>The Strengthening Communities Service delivers aspects of Kick Ash which focus on the legislation requirements and the role of business to support Kick Ash. The young people are trained and supported to go out with a Trading Standards Officer to talk to businesses about their compliance with the legislation and why that is important. Some of the young people follow a script when talking to businesses, others are more confident about explaining why they think it is important for young people to remain smoke free. They look to see if the supplier/business is displaying the right signs and following the requirements, and explain why they are in place.</p> <p><b>July - Swavesey Village College</b> - Following the school's successful recruitment of new year 10s for 2017/18 before the end of the summer term, training sessions were delivered to 25 very keen new mentors to take us forward into 2017/18 Kick Ash.</p> <p><b>September - Bottisham Village College.</b> Training was delivered to 12 very enthusiastic year 10s.</p> <p><b>Sir Harry Smith, Whittlesey:</b> Met 26 year 10s to talk about the Kick Ash programme and to deliver the messages about plain packaging, illicit tobacco etc.</p>
ETE	Active Travel (overcoming safety barriers)	<p>48 schools achieved bronze accreditation for their Modeshift STARS travel plans in July, 1 school has achieved silver and 2 gold.</p> <p>A further 9 schools are very close to accreditation and should be ready to submit in December.</p> <p>Work undertaken to support schools in Walk to School Month for October.</p>
ETE	Explore additional interventions for cyclist/pedestrian safety	<p>Officers have prepared information on cycle safety for new University students to use at Fresher's Fair in Cambridge.</p> <p>Officers have also discussed possibilities around Operation Close pass with Cambridgeshire Police.</p>
ETE	Road Safety	<p>There are 26 schools on the JTA scheme and 15 on the waiting list.</p> <p>Officers are exploring ways the capacity to deliver this highly engaging programme can be extended so that more schools can benefit from the support for their students to identify and address road safety and sustainable travel issues in their community. In addition to this, officers are also exploring how capacity to deliver a similar approach in secondary schools could be made available.</p> <p>One school has had a play written for them about safe travel to school and this could be shared with other schools around the county.</p>
ETE	Illicit Tobacco	<ul style="list-style-type: none"> <li>• Cases are being prepared for Court.</li> <li>• Financial Investigations ongoing.</li> <li>• Intelligence work on going.</li> <li>• One alcohol licence review initiated. Paperwork served on Premises licence holder following joint operation with HMRC.</li> <li>• Alcohol licence hearing adjourned, which was the 2<sup>nd</sup> hearing.</li> <li>• Multi-agency enforcement across Peterborough and Cambridgeshire, focusing on Peterborough and Fenland District, carried out.</li> <li>• 9 premises visited. Illicit tobacco found in 2 shops and 2 cars seized. These</li> </ul>

		cars are associated with 2 different shops.
C&CS	Research	<p>As a reminder the 2015 population forecasts and estimates were published during Q1.</p> <p>The team is commencing a series of new development surveys which will support the planning of health services within new settlements (among other things).</p> <p>The revision of Cambridgeshire Insight onto the Instant Atlas platform continues.</p>
C&CS	Transformation Team Support	<p><b>Business Planning</b></p> <ul style="list-style-type: none"> <li>The Transformation Team continues to lead the Council's Business Planning Process, ensuring that the Business Planning process sufficiently aligns with the work of the Public Health directorate, and supporting Public Health colleagues to engage with the Business Planning process</li> </ul> <p><b>Health and Wellbeing Board and Strategy</b></p> <ul style="list-style-type: none"> <li>Transformation have worked alongside Public Health on development of the HWB strategy, including facilitating workshop sessions</li> </ul> <p><b>Business Transformation</b></p> <ul style="list-style-type: none"> <li>The Transformation Team continued to provide project management support and advice to Public Health</li> <li>The authority's new project management system is being rolled out at present; this includes Public Health projects and wider projects that public health colleagues are engaged in.</li> </ul> <p><b>Links between Public Health, STP and Devolution</b></p> <ul style="list-style-type: none"> <li>The Transformation Team continue to engage and support the development of STP work led by Public Health, including the Ageing Well programme.</li> <li>The Transformation Team have developed and submitted the Better Care Fund plan for Cambridgeshire, to improve integration between social care, Public Health and the wider health system.</li> <li>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.</li> </ul>
C&CS	Communications	<ul style="list-style-type: none"> <li>Website development</li> <li>Producing animations for Health &amp; Wellbeing week</li> <li>Campaigns, including Stoptober, Health Checks, 10 minute shake up, Stay Well, Keep your head etc</li> <li>Support with reactive enquiries</li> </ul>
C&CS	Strategic Advice	<p>Strategic advice over Q2 has involved:</p> <ul style="list-style-type: none"> <li>Inputting strategically into the business planning process, e.g. Member workshops, Committee meetings, SMT meetings and CLT meetings</li> <li>Leading work for corporate / GPC oversight of Council business plan, specifically around KPIs and risk</li> <li>Providing advice around population growth and forecast developments to support planning for new communities</li> <li>Leading the corporate Health, Safety and Wellbeing Board to ensure that CCC's public health role for supporting our own staff's wellbeing, is given greater focus</li> <li>Developing Cambridgeshire Insight, the shared platform for public sector partners in Cambridgeshire including Public Health to publish information such as JSNA</li> </ul>
C&CS	Emergency Planning Support	<p>Ongoing close working with the Health Emergency Planning Officer (HEPRO) across a range of tasks</p> <ul style="list-style-type: none"> <li>Provision of emergency planning support when the HEPRO is not available</li> <li>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</li> <li>Assistance with Mass Casualties Validation Plan</li> </ul>
C&CS	Strengthening Communities Service	<p><b><u>Engaging with communities in Fenland</u></b></p> <p>In addition to the day to day 'business as usual' engagement with communities in Fenland, officers have also been involved in more strategic work including:</p> <ul style="list-style-type: none"> <li>Focusing members of the new Communities and Partnership Committee on</li> </ul>

		<p>key areas of deprivation across the county, including Fenland. A workshop for the new committee was held in Wisbech and a tour of Waterlees followed, taking in visits to vibrant and successful community projects in that area.</p> <ul style="list-style-type: none"> <li>• Wisbech 2020: SCS Manager co-lead on the priority to 'secure resource to work within the community to develop new capacity', developing action plan and delivering to that.</li> <li>• Managing the Support Cambridgeshire contract and including training events in Fenland for community groups and volunteers.</li> <li>• Setting up a 'Fenland Community Place Team', made up of community facing service representatives from across CCC with the aim of creating a professional and informed workforce, able to articulate council projects, priorities or available support to community contacts; aligning resources to areas of need; increasing opportunities to share resources and adopt a creative, solution orientated approach.</li> </ul> <p>Community resilience development</p> <ul style="list-style-type: none"> <li>• Rima Ladies and Families: Group of local Eastern European ladies who now meet weekly and deliver information and family activities. Being supported to develop a constituted group and work with others including the Rosmini Centre.</li> <li>• Strengthening workforce in museums: encouraging and recruiting volunteers and trustees in museums in Fenland, including Wisbech, March, Chatteris and Whittlesey. Developing skill sets of those involved and encouraging volunteers from all ages and backgrounds.</li> <li>• Viva Communities and Families, play sessions for families being held in Wisbech (including in the library).</li> <li>• Time Credit networks in Chatteris, March and Wisbech.</li> </ul>
<b>C&amp;CS</b>	<b>LGSS Managed Overheads</b>	<p>This continues to be supported on an ongoing basis, including:</p> <ul style="list-style-type: none"> <li>• Provision of IT equipment</li> <li>• Office Accommodation</li> <li>• Telephony</li> <li>• Members allowances</li> </ul>
<b>LGSS</b>	<b>Overheads associated with PH function</b>	<p>This covers the 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>

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

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

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

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

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

## APPENDIX 8

### PUBLIC HEALTH RISK REGISTER

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

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

Likelihood	5					
	4					
	3			9	5 10 14 16	
	2				3 4 6 7 11 12 13 15	2
	1				1 8	
		1	2	3	4	5
Consequence						

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

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

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

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

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

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